Introduction to Sensitivity and Trauma Biology

Sensitivity reactivity. So many people are trying to do emotional work, trauma work, and yet their biology is so sensitive they actually can't do much.

Their body lets them know when they have done too much. They get sick. They get aches. They get pains. They may get headaches, stomach pain. Many people who have come to the 21 day journey describe it as My body seems to shut down.

I feel my body can't keep up with what I want to be doing, with what I know I need to be doing. My body is betraying me. If this is you or if you work with people who seem to have sensitive bodies, you will get so much value out of this.

Talk on the Biology of Trauma Summit 3.0, where we're talking about the trauma disease connection. But in today's talk, we're looking at the biology of trauma through a different angle.

We're not looking at it from the angle of what disease does the trauma response in our body, cause we're looking at it from what biology, what disease actually is causing a trauma response in my body that has nothing to do with the events in my life.

It's not an emotional trigger. It's causing an emotional trigger. My biology, the conditions that we're talking about today, are actually causing what you feel are emotional triggers, sensitivities and reactivity.

And when we don't address the biology and the conditions that are driving a trauma response in the body on a cellular level, you will actually be feeling invalidated, misunderstood and brushed off like we're going to talk about in today's talk.

You actually will get stuck on your healing journey because your body is so sensitive it won't be able to open up and do the work. To lead us through the conversation today on why our bodies are so sensitive and the three things we can start with to address it is Dr.

Neil Nathan. Now. Dr.

Mold, Lyme, and Other Drivers of Reactivity

Neil Nathan I specifically chose him because while he's been practicing medicine for 50 years, he has been treating complex medical conditions for 30 years now and has really landed on mold and line being some of these core drivers for sensitivity.

He is the author of the bestselling book Toxic Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Chronic Environmental Illness.

And you won't want to miss the end of this interview where we give you exactly what you have to start with. If you are finding your body is sensitive or you are working with people whose body is sensitive.

There are three core things that we need to start with. But of those three things, this is exactly what you need to start with. And we go over that at the very end because this is how you can move through that sensitivity and actually show up and do the work for your best physical health, emotional and mental health.

Let's get started so we can see that our bodies can be so sensitive and so reactive and it actually holds us back when we're even trying to do trauma work or emotional work.

And I'd love for you to just give us that big picture of what are some contributing factors that you've come across that may be really driving this sensitivity of someone's body and their reactions?

Sure. On the physical plane, the things that are the primary drivers of sensitivity that we have found are muscle toxicity, Lyme disease, certain other infections.

We're increasingly finding that exposure to EMF well will do that as well. Electromagnetic fields. And what all of those things do to the body is usually to trigger limbic vagal dysfunction and muscle activation as the three primary neurological and cellular events that make people particularly sensitive.

And so when you say that, like, I automatically jump to then your body is operating under a threat physiology and. You get. In the mass. I feel like the massive activation is is the full blown like threat physiology where you're just reacting to everything.

Very much so. So, again, on a cellular level, our method of dealing with threat is the mass health system. On a neurological system, we're dealing with the vagus nerve of the letter called the vagal nerve system poorly vagal theory or the limbic system the limbic and vagal pieces, although there are different parts of the brain, work together very, very intimately to monitor the body for safety.

So all about safety. And if they don't think the body is safe, they're not going to let you do whatever you need to do. Now, it might be inside of the body.

It might be that the thing you're trying to do makes sense. You have measured deficiencies and this and that and you want to take them. The body's going, I'm not sure that that's safe, so I'm not going to let you do it.

And we've got Dr. Stephen Porges really bringing home this idea of how important safety is and the changes that happen, even in that vagus nerve physiology around safety.

And so when our physiology is seen, everything is danger. How does that have anything to do with mold? How does that have anything to do with Lyme? How do those things actually set our body up to go into that threat physiology?

Well, it turns out that the mold toxin is uniquely capable of inflaming the parts of the brain, the limbic and vagal system that really help us with that.

So they're often what happens is we take an individual and I know Dr. Porges almost certainly talked about this. Throughout our lives, we are increasingly subjected to all kinds of stressors, varying degrees, sometimes horribly intense, sometimes mildly intense.

But what matters is how our nervous system interprets that threat. And over time, throughout our lifetime, we become increasingly on edge. Hyper vigilant is the word that I would use for it.

How Inflammation Triggers Threat Physiology

We begin to scrutinize the stimuli that we're being exposed to, both internal and external. So more toxicity is an internal stressor. Lyme disease is an internal stressor because both of them trigger a profound inflammatory response that is, without any question to our body, a threat.

So that's how that ties in. And it just happens in our experience that those are two of the most common things that will set us to worsen, kind of like the straw that breaks the camel's back that you could have been going along and coping okay or barely.

Okay. And then you get exposed to mold and then it becomes overwhelming. We lose containment and our nervous system goes, Oh, I'm not sure that anything is safe, so I'm going to protect you by letting you do nothing.

And I want to highlight what you just said. I'm going to protect you by doing nothing. I'm going to protect you by shutting down and conserving our energy.

I'm going to protect you by shutting down. And yet that is not how we, at least our conscious, might experience it. We experience it as my body is betraying me.

Like, why is my body so reactive? Why is my body not able to do what it used to do? And it does. We don't realize that that's its protective mechanism.

Exactly. It's very frustrating for people to experience that. But it's not your body's not trying to hurt you. Never trying to hurt you. It's just trying to teach you or inform you of, hey, you have a problem here.

I'm trying to protect you from it. My job is just to protect you. It's your job to figure out the cause of the problem. So, Neal, let's say that we have someone who's noticing that they are very reactive in life to everything right now, and they're wanting to go into therapy because they're assuming that this is their emotional responses to their environment, not how would they even know that maybe I should look into mold, maybe I should look into Lyme.

What are some of the signs that would cue them in to? This may actually be an internal stressor that has tipped that scale, and it may not just be all the stress in your external environment.

That's a very good question. And unfortunately, in the medical profession, a lot of professionals are not yet clued into the causation of anxiety, depression, OCD, bipolar or exacerbations of all of those.

So I'm afraid that I'm not afraid that I know that tens of thousands of people who have that which is treatable or missed. So for those of you out there who are listening to this, if you have a new onset of anxiety or depression, which doesn't even make sense to you, I mean, I call it physical anxiety.

And what I mean by that is there is a a mental anxiety that you get when you have an IRS audit or your in-laws are coming for the weekend or something where there's an event coming up and, you know, I'm taking my board exams and you name it.

Okay. So that's going to stress anybody to varying degrees. This is different. We're kind of wandering around through your doing and all of a sudden you're freaked out.

We're in a panic attack and it makes no sense. So that kind of anxiety or depression, which is really coming out of the blue. Think of a more physical cause.

And there are actually a lot of things that people need to be looking at. Again, as I mentioned, mold line. So some of the symptoms that you could look at for mold are not only the psychological symptoms, but mold and Lyme both cause cognitive issues, difficulty with focus, memory, concentration, especially word finding, where you're trying to think of a word, you know, you know the word and you just can't come up with it.

Any type of cognitive impairment can be from that cause. Fatigue is almost universal. Some degree of and sometimes that fatigue involves what we call post exertional malaise, which is a type of fatigue in which you do a very light amount of exercise and you're wasted for two days and you can get muscle pain for two days way out of proportion to what you're doing, certain types of pain or unique pains that are electrical in nature or icepick, that could be mold pains that involve joints in various parts of the body that often move around.

That could be mold, but it could also be linked to other symptoms which are accompanying your anxiety and depression, shortness of breath, air hunger, asthma, headaches, muscle and joint pain, pelvic pain of any nature, every type of gastrointestinal system you can imagine gas, bloating, diarrhea, constipation, cramping, all of those things.

Symptoms That Suggest an Internal Stressor

So if you have more going on and it's also different for you, like I didn't have this, but now I do think that there's something else bigger than that going on that you might want to look at.

And yet what if they don't know and so they don't address it? And can this go on for years where a person can look back and be like, but this has been the way I've been for five years.

For ten years. Absolutely. And the tragedy is. Yes, that's true. And a very small number of physicians know about mold toxicity, a slightly larger amount know about Lyme disease, but many of them are under the mis informed portion that they're rare.

But the CDC has now admitted that we are seeing 400,000 new cases of Lyme disease every year and mold toxicity. It's estimated there might be up to 10 million people, Americans, that are currently struggling with mold toxicity, that don't know if so.

Yes. And this is tragic and that you can go ahead with treating with SS. Our eyes are entering society medication for decades and and the problem is it's treatable if you could think maybe something else is going on here, then that's also the case.

And as you're talking, you know, I'm reminded of there's different kinds of inflammation and we can see even perhaps how the vagus nerve dysregulation can contribute to leaky gut.

And then you have a sensitivity of your gut and you've got some gut inflammation. But it sounds like this inflammation caused by mold and caused by Lyme is a different kind of inflammation that will be producing these specific types of symptoms, especially around the brain.

And that concentration and the word finding is what's what's unique about this inflammation caused by mold and caused by Lyme. Well, first of all, they're additive so that if you have methyl activation, the inflammation of that adds to the inflammation caused by mold or Lyme.

The inflammation of the Vargas adds to that as well. I've recently had a clarification of that in some recent papers that I've been reading in which it's been clearer that the vagus nerve has branches that go to the famous, which is a major immune gland.

The got the lymphatic tissue that surrounds the gut and the spleen. All of them are major immune organs. And if the vagus nerve is not functioning properly, if you have inflammation, you can't control it because those are out of whack.

Those are not functioning properly. So literally quieting the Vegas will help to reduce inflammation directly you. Now to answer your question more specifically, both infections such as Lyme and toxins such as Mold Act the same way even though once an infection, once a toxin.

And what they're both doing is they're triggering the release of what we call pro-inflammatory cytokines. Now, many of your listeners are the word cytokine is entering the vocabulary of the American public because of COVID.

What we know is that COVID does is it causes cytokine storm, which means a flooding of the body, the cytokines that did all the things that made us scared about when it first arrived on the map.

So mold also triggers the release of cytokines. Lime also triggers the release of cytokines. And the problem is the release of cytokines was intended to be a short stopgap to get the immune system to fight the toxin or the infection.

An example would be a virus so that you have the symptoms of a virus. Many people don't understand or not the virus itself, but the immune system's way of fighting the virus, which is the release of cytokines.

We release cytokines again not to make us sick, but to fight what we think is a threat to our body. So with a normal viral infection, we release the cytokines, we bring the infection under control, we stop releasing the cytokines and

we go back to absolute normal.

The problem with toxins like mold is if we don't get it out of the body, it keeps triggering the release of the cytokines. The problem with Lyme is that it's a uniquely difficult infection for the body to contain so that it keeps releasing the cytokines. So it's the cytokines that is the connecting thread of this inflammatory response.

And what is that doing in the brain? Is that activating the microglia? Is there brain inflammation that is also part of every picture of mold and Lyme, or only for some?

What's happening with that with those cytokines in the brain and around the microglia? Well, everybody's different. So all human beings have a unique biochemistry and a unique genetics.

So this inflammatory response will affect everybody somewhat differently. For some people, it's primarily in the brain, for some people it's in the joints or the muscles.

For some people it's primarily in the gut.

Brain Inflammation, Cytokines, and Reversibility

But for most people, this type of generalized inflammation is all of the above. So the microglia are the white blood cell type that the brain carries, that fights inflammation.

So yes, the microglia are involved in the brain. That's an inflammatory response. So in the simplest way of looking at it, yes, mold toxin is causing inflammation of the brain, especially in the vagal center, which includes not only the vagus nerve, as you know, but also the other cranial nerves that it is connected to.

And it also affects the limbic system so that both of those systems are basically getting inflamed. But here's the good news. It's just inflammation. It's not nerve damage so that we can treat it effectively, even if it's going on for years by reversing it once we figure out the cause and then we can figure out how to treat it properly.

Are there lasting effects if a if this goes unaddressed for years, are there effects, consequences that that do stick that cannot be reversed? Or have you seen that we can come in at any stage and be able to reverse all, if not most of the effects of chronic mold and Lyme infections?

The answer to that, because this is fairly complicated, is mostly so that mostly we can reverse these effects. And here it comes the but here comes the.

However, one of the things that mold toxin and Lyme does is it affects the immune system and will trigger potentially almost any type of autoimmune illness possible.

So when it's just starting to trigger it, it is reversible. Later on it becomes less and less reversible so that some of those autoimmune conditions which could trigger can't always be reversed.

The same is true with some neurological conditions which will trigger because mold and Lyme will trigger Alzheimer like picture, it will trigger M. S., it will trigger Parkinson's disease.

Again, if we catch it early, we can reverse it in most cases. The longer it goes on and doesn't get diagnosed, the more possible it is that it will become more permanent and harder to treat.

And so that's why it's so important early on with any of the medical conditions that I've named to look for mold and Lyme as a possible cause. Because if we reverse it quickly, great.

If we if we come to it five years later and go, you know, I should have looked for this five years ago, we can't always reverse it. And that is in the category of of tragedy.

So when we talk about the biology of trauma, we actually talk a lot about things like autoimmunity and things like fibromyalgia and chronic pain, some of these chronic health conditions and how it is really this biology that's playing out that we can then come in and have leverage points to change.

And it sounds like modern Lyme should always be part of the panel of things that we look at when we have any of these diagnoses to see it as a contributing cause.

Is that what I'm hearing you say very clearly? Yes. Yes. But we started this discussion talking about people who have become sensitive, which are that's a lot of what I treat over the years.

I became known for being interested in this and physicians would send me their most sensitive patients. So we had to figure out, okay, what is doing that.

So yes, while mold and Lyme are big players, once it triggers mass cell activation, vagal and limbic dysfunction, we often have to treat those 3/1 or our first sensitive patient won't be able to take the treatments they need for mold in Lyme.

Then I really want to make that point and emphasize it that they physiological heart of sensitivity is in that realm. There's a lot of other things which we can talk about as well, but those three issues I call the Big Three and that all three of them inter intertwined with each other so intensely that they themselves have a direct connection to the vagus nerve.

The limbic system has a direct connection to the Vegas and all of these interconnect with each other. So for example, if we have both vagal alembic hypervigilance and we treat the limbic system but we don't treat the Vegas, we're going to stay hypervigilant and vice versa.

The same is true of missiles, so all three have to be looked at or treated in order for a sensitive patient to begin to get well. However, the good news is it is treatable.

The vast majority of sensitive people that I treat can get well. And I'm thinking of someone who maybe is needing to do a detox or things that they need to do a detox.

They've got toxins. They've got they've identified some other issue or even doing emotional work. Either one of those, if you have these three at the heart of causing the sensitivity, it's going to it's not going to go as well, because your system is literally so sensitive.

You can't go through those other treatments.

The Big Three: Mast Cells, Vagus, and Limbic System

You're there under duress. The model that I like to use is about Navier cell danger response model in which Dr. Navier was put together a brilliant understanding of the biochemical changes that the body goes through when it is threatened and the body perceives threat in our little organelles called mitochondria, the parts of our cells that generally make energy for us.

But when when the mitochondria perceive threat and the main threats they perceive are in the category of stress, toxins or infection, when they perceive that threat, they go into shutdown.

So we're not going to move a patient who's already shut down unless we address what they know is the threat. And what I what I will often see are physicians identifying downstream effects of these conditions like mitochondrial dysfunction and methylation and recurrent viral infections and go, oh, okay, I've measured this and you have that.

That's true. They do have that. But those are downstream. And I've had way too many patients treated for years to try to get those into balance when what they really needed is to identify the root cause, what is really threatening this being so that we can address it directly?

It's fascinating because I talk about the mitochondria being at the center of the trauma response that then shuts us down and is an internal it's an internal trauma response.

It is not something that happened to us. It's internally. We are assessing for threat, have determined that there is a threat and our mitochondria shut that down.

And so what how does that play into the mass cell activation, the mitochondria shutting down and the mass cell activation? Yeah. What I find is that massive activation is generally a later event once the persistent inflammation goes on.

So with the mitochondria telling us that you're in danger, so literally it's a or a or or danger. Danger. And it won't shut up until we convince our mitochondria.

This is not psychological, until we convince their mitochondria that we're safer. And the only way to do that is to get those threats neutralized. Then you can't talk him out of it.

The mitochondria are going, I don't know why you're doing this psych number on me because there's still a toxin that's bothering me and there's still an infection that I'm really worried about.

And if you have to deal with it on the level that I'm dealing with it, again, in medicine, we are just beginning to think along those lines. It's a kind of a new way of looking at chronic illness.

And I love that you say that because I can literally imagine, like my mind in my mitochondria, hearing the thoughts that my brain has in me, like you don't have a clue.

You obviously don't understand me. You don't know what life is like down here. So go ahead and tell yourself all the things that you want. But I'm dealing with the real life and it actually creates a greater disconnect with our body when we're trying to tell ourselves that we're safe and yet our mitochondria are not feeling safe.

And I think that that even contributes more to the vagal dysregulation and that limbic activation. You know, the psych term we use for that is not feeling validated.

And this is happening on a cellular level. So if you will, I don't know if I ever heard it talked about that way, but, you know, off the top of our heads, we can do that.

It's kind of like if a if any patient has an issue and someone tries to talk them out of it and we get annoyed at them going, You're trying to tell me that I don't understand what is really wrong with me.

Not only is that silly, it's counterproductive. Why don't you just honor what I know to be an issue for me? But as we know in medicine, that doesn't always happen.

People will get an idea in their head or therapists or physicians will get an idea in their head. No, no, no. You can't have fill in the blank. And what I get a lot is I've never heard of the small toxicity before, or my infectious disease specialist telling me that Lyme disease is rare in our community.

So something is wrong with you. Go see your your therapist. That don't bother me. And again, I deeply regret that that's happened way too often in medicine because in some ways you have to be your own advocate. You have to go.

I know there's something wrong with me. I am not crazy. This is not mental. I feel horrible. Yes, but I know there's a cause and you haven't found it yet.

So I'm going to have to look harder. I was going to say we have to become our own advocate and detective. Yes, yes. Yeah. That's kind of what I do for forever.

I've been a medical detective trying to figure out, okay, you've had tons of testing. What have we missed? What is going on in your body? I'm always validating my patients, describing that they feel horrible.

There's no reason to ever doubt that. So when I discovered that I was dealing with mold, one of the key articles that made a difference for me was Dr.

Paisanos article that came out in 2016 showing that mold triggers more of an allergic response and more reactivity. And it's for me, like light bulbs went on because it was.

Yes, like this is what is making things worse. It's making my system just react to everything. And it seemed at that time that it's like I couldn't even eat anything, that I wasn't having some reaction to.

And what a dilemma to be in, right, where everything that you're trying to do to help yourself, your body is so sensitive to that.

Starting with Gentle Retraining for Sensitive Bodies

It's reacting. So for for people who are in that place where their body is so sensitive, we're needing to address those three components that you talked about, the limbic activation, the vagal dysregulation, the Marcel, that activation, how, how and where do you start to just kind of put put a calm container around that piece?

It depends how sensitive a particular individual is because some can can do more things simultaneously than others. I just want to make a comment about you talked about mold allergy.

And I want to emphasize that while any allergy mold allergy included can worsen anybody by adding to the inflammatory burden, mold toxicity isn't the same as mold allergy.

It's a it's physiologically different mean mold allergy looks like allergy. Runny eyes, itching eyes, sneezing, nasal congestion, respiratory issues, it looks like allergy.

But my description of mold toxicity is much greater system wise and much more, much more inflamed than that. So I just want to kind of make make that point.

So with the most sensitive patients, they have to start by doing a combination of vehicle and limbic retraining. That's that's the starting point. They will not be able often to take the supplements they need to take from their cell activation until they do that first for somewhere between two and three months.

Usually patients who are a little bit more constitutionally robust can sometimes start the missile supplements concurrently with that. Once those are in place, then they will be able to tolerate the binders and the antifungals we use for mold.

So the antibiotics that we use for Lyme disease and the co-infections. So from my perspective, that's the order that we would look at things. And for me, this is very validating.

Speaking of feeling validated on a cellular level, because when I was seeing patients, when I was still practicing and I was noticing the same thing where I can't really start with the biology piece until I have calmed down your nervous system physiology.

And so I started leading them through a 21 day journey of the equivalent of that limbic and vagal retraining. I use a lot of the somatic work and parts work, but primarily I'm starting with very small microdosing of somatic work that brings in these moments of felt sense of safety.

And I noticed, Neal, that even with that, I couldn't have them do a lot right, because even 10 minutes or 15 minutes in their body might already be in that post exertional malaise, even though they didn't do physical exercise, it was an emotional exercise.

And so we had to, what I call titrate the experience to these micro doses where we're going to do an exercise for 2 minutes and then we're going to wait several hours, and then on your own you're going to start doing this two minute somatic exercise where we're retraining your system to come back to that felt sense of safety, even though we know it won't stick, even though we know it won't last, and your system is going to fall back out into that threat, but at least start redirecting it.

But redirecting it in a way that is not overwhelming to a very sensitive system. I completely agree. And that's always been my approach. For example, the two main methods used to quiet the limbic system for for in my experience have been the anti hyper Dan RS and the Ashok Gupta amygdala retraining program.

Both any and Ashok talk about do it for an hour a day. And when I'm working with my patients, I'll tell them, absolutely ignore that do not. There's a phenomenal I've never seen it written about in a medical book or journal, which I call a brain fatigue, which is that the use of our brains is limited in our sensitive patients so that they just can't think for a period of time.

It's not that they don't want to do it for an hour a day. They literally can't. So exactly the way you're describing, I'll tell them that. Which with every system you start, Chantal, if you're starting with, for example, working on the vagal system, if you're using like osteopathic cranial work, don't get a full half an hour, hour, hour and a half treatment.

Absolutely not. Just a very short first treatment. Just very, very gentle. If you're using a neural stimulator of any kind, whatever the instructions say, don't follow it.

Couple of minutes that's all. So I'm in absolute complete agreement that sensitive people need to start just easing into that system. I almost think about it as a vague, a little bit limiting process.

You have to convince your Olympic legal system that, yep, 5 minutes is good, yes, I can do that. I can do it comfortably, I can even benefit from it. And then 7 minutes in a couple of days, that's going to be good.

So you have to work with it. You can't fight it. You can't go through like a bull in a china shop. You can't take these systems and go, I know what I need and I'm going to do it.

It's like, No, you can't drive with a lot of people. That's how we got here, right? That's I, I warn people about this constantly and for whatever reason, I have a very large percent of type-A behavior, people who have been in their life, very successful, productive human beings.

And they're used to fighting and pushing through. And they have to learn the hard way that this is something you can't push through. I sometimes compare the process to a woman going through labor in that the first the first part of labor you have to at especially at the end of the first part of labor, you're going to relax.

You can't push your way through it. The harder you tense up your muscles, the more you're going to shut it down. So all of the Lamaze exercises and everything that you've learned, that's when it comes into play.

If you are relaxed, your cervix will open and dilate optimally and you'll be comfortable. Yeah. So my patients are too type-A to do that. They just I'm going to make this thing happen.

I'm going to get this baby out of me. But no, wait, wait, wait, wait. Once we get you fully dilated, then you can work as hard as you want to push this baby out.

So we need to gears in order to function in life. And a lot of my patients only have basically overdrive and burnout as their only gears. So I try to teach them.

Let's get a couple more gears in here. Let's let's make this a little easier for us. And I think that that's why the 21 day journey that I lead people through now is more successful for those type-A people because they look at an hour a day, Oh, no, I can't do an hour a day.

And then I come along and like, I just need 10 minutes of your time. I need 10 minutes every day. I'm going to teach you a two minute exercise in that 10 minutes, and then you're going to do a two minute exercise throughout your day.

And it's almost like that's more acceptable to type a person who does have that desire to push through. And yet in the same process, Neal, I'm teaching them the value of being gentle with their system, and they're learning that actually the more gentle they are and the more that they work with their system, they actually accomplish a lot more.

So I am in complete agreement and part of the phraseology that I use is honor what you are experiencing in your body. I know you're not used to that. I know you to ignoring the needs of your body and pushing through to accomplish the wonderful things you've accomplished.

That's been a method that's worked for you through your whole life. But right now that's not going to work. What you really want to do is listen to your body.

If it says it's reacting to something, don't deny it. Don't go. Yes, but just honor it. That's kind of the language that I use to try to help people get there.

It has to start with that retraining, actually getting our physiology into moments. And I call them micro moments sometimes of safety. We actually have to convince our mitochondria, our cells, that we are safe.

It's not just something that we can tell our brain and have our brain try to tell our body that further disconnects us. So your next steps, if you're finding that you are resonating with this talk, it's likely that you're going to want to listen to this again.

So I encourage you to purchase all of the talks for this summit now so that you have all of this talk, the concepts that we covered. This was a big topic on this idea of biology that actually will be driving our trauma response.

It is likely that you will want to take the 21 day journey with me and start this retraining to be able to allow your body to calm down and actually be open and be available for the work, whether that's with your physical health or with that's more emotional and trauma work in your future.

Until next interview on the summit. I will see you then.