Introduction to Joint Failure and the Guest Doctor

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No, no, I just like to jog every day or I like to lift a little bit of weights. And it seemed like the more a person was moving, the faster the joints were failing.

But that kind of makes sense if you listen to what people are saying today. You run, you're using a joint, it's going to break down faster. But something you mentioned to me one time was my dad was a farmer.

I have a farm. There's been generation upon generation throughout all of mankind's history of movement. And are you telling me, like you said this to a doctor you were talking to, are you telling me that we move more today than we've ever moved in the history of mankind.

We are overusing our joints today more than then. Well, thank you so much for coming today. I've got to tell everybody, if you've ever heard me talk about the doctor I went to Wisconsin to get better from Lyme, this is the guy.

So I've known him for quite a while now. It's actually been 12, 13 years, but today he's not coming here specifically to talk about Lyme. Today, we're going to be talking about why joints and ligaments are failing across the country, across the world.

Why you watch an athlete run down the field and they just have an Achilles tendon burst or why kids are jumping and landing and their ACLs are tearing.

The real reasons why and real solutions why. And we got surprised for you as we're going through today because he's created a solution that we're really excited about.

So Alan, thanks for being here. Hey, thanks for asking me to come in. Let's dive in. Why in the world are people experiencing so many more terrors today than ever before in history?

Well, I've seen a lot of people talk about this and we're both in chiropractic and do muscle testing and all of the work on muscles and ligaments and tendons.

What we really were starting to see is younger and younger kids coming into my practice with these chairs and they were told that, oh, they're working too hard.

They're lifting too many weights. They're really being pushed too hard. And as a young child, that shouldn't be a problem. You should be able to lift weights and recover by the next day.

And we saw this common pattern over and over again. And then I started seeing it in my older patients where they were having problems recovering from a run or recovering from a little bit of lifting.

And so we kept seeing them come in and there was more shoulder problems, more micro tearing as I would call it. And it's so small. that you typically can't see it on an MRI.

You can't see it on an x-ray.

Why Joints and Tendons Are Failing Earlier

So they go in and the common complaint is they're going in there saying, well, geez, you know, my knees sore, my hips sore when I run and they all get diagnosed with a bursitis or tendonitis and they'll give them some prednisone cream or some cream topically or some anti-inflammatory.

Or maybe they do what I did for years and that's just take a bunch of ibuprofen. And when I had Lyme, I lived in ibuprofen continually because the pain became so bad, but that was part of it in the background.

But the other part we found is that the joints were failing because of a copper deficiency. And it took us a long time to figure this out because I've been in practice about 20 years now in practice.

I'm not sure longer or shorter than you. Double. But you see, after about 100,000 patient visits, I was seeing the same pattern, the young and the old.

And the pattern was that we were seeing people's joints fail way too early. And when they go to the orthopedic surgeon, they were saying, well, you know, you probably should have stopped running 10 years ago.

You shouldn't be doing lifting weights and being active. I thought that was bizarre because your body should last a lifetime, 100 years or longer, and your joints should last, but people's joints weren't lasting.

I've had people as young as 38 have a hip replaced, as young as 37 have a knee replaced. And when I asked them, did you do some crazy thing, were you doing some crazy crossfit something?

No, no, I just like to jog every day or I like to lift a little bit of weights. And it seemed like the more a person was moving, the faster the joints were failing.

But that kind of makes sense if you listen to what people are saying today. You run, you're using a joint, it's going to break down faster. But something you mentioned to me one time was my dad was a farmer.

I have a farm. There's been generation upon generation throughout all of mankind's history of movement. And are you telling me, like you said this to a doctor you were talking to, are you telling me that we move more today than we've ever moved in the history of mankind.

We are overusing our joints today more than then. And when you said that to me, I stopped and I thought I was like, I mean, my dad worked 47 years pouring concrete.

Yeah, crazy, right? And he still, except for one joint that got hit by a bus, has all of his joints just fine, no problem. Yet, I know guys that are getting knee replacements like you said at 40s and 50s.

It's common. Yep. And that's what we were seeing. We were seeing these people come in that were active, losing their joints early or having a meniscus tear.

And so this is not just mynias or it's an actual catastrophic failure. Achilles tendon rupturing, bicep tendon coming down, ACL tear. And usually it was, oh, I just jumped off of something or I grabbed something and it kind of slipped and it was that quick motion with the tear.

And it took me a long time, thousands of patient visits to figure it out. But we finally tracked down what I think is the biggest problem, is that if we watch the food supply, how it's changed.

And I grew up on a dairy farm. And I remember my dad parking the cultivator, which takes the weeds out of the fields in about 1980. And then my neighbor came over with this big old sprayer.

And that's when we started applying a lot of herbicides and pesticides to the crops. and it never went back. We had to make up the word conventional farming because there was before, let's say 1955, everything was organic.

There was no conventional farming. You had small farms with commoner and you till the soil up and you plant your

seed and you come through and you cultivate the weeds out.

And there were some weeds there, but it wasn't what we do today. That's all been erased. There's very few small farms left. It's all big sprayers, big planters, no-till, they go across the field once, they spray three weeks later, their chemicals, they add a little bit of fertilizer in the summer and they harvest in the fall.

So they've lost all that. But in the process of putting the chemicals on, now the chemicals are coming in. The one that we found primarily was the glyphosate coming into the body.

And I had looked at this years ago and watching the patients and I was trying to figure out how is that getting in there? So I had an interview with a guy named Anthony Samsell.

And it was very interesting. He was making the statement that he had got all of Monsanto's papers, all the information from them. And he said that he felt like glyphosate, the main ingredient in Roundup, was displacing glycine.

They call it analog substitution in the collagen. And once it's there, glyphosate, it grabs the minerals, you know, the chelates, it steals the minerals out of the tissue.

And it's got an affinity for copper like no other mineral in the tissue. So in your collagen, your ligaments and tendons that are holding the load, it was substituting, stealing the coppers through the manganese.

And so normally with collagen, what we do is we have this nice matrix of cross-linking, and then it comes together, and then we cross-link with the copper and the manganese to hold together, but it should be stretchy like a spring.

It's stronger than steel. It should be able to stretch and compress. And we found that it wasn't stretching properly, that with the copper being taken out of the tissue, because the glyphosate had pulled it out, what you're finding is the tendons of the ligaments are becoming brittle.

And what I mean by brittle is if you jumped, it would microtear. And the other half of that, as we looked at with copper, is we had talked about mitochondria and cell energy.

And quite often, when somebody's hurting anywhere in their body, there could be a toxin there, or they're not repairing. So in the mitochondria in general, we have about 40,000 copper atoms.

And the copper was being stolen out of the mitochondria, out of the cell structure. So in the actual part of the mitochondria, we make energy. I always do an analogy.

We have copper wires in the wall. Why? Because copper's a great conductor. And all we're really doing is moving electrons. So the larger the copper wire, the more electrons you can move, the more power you can create in our mitochondria, the more electron transport chains we have.

the more copper we have available, the more electrons we can move, the more ATP we can make, the more energy you can make.

Glyphosate, Copper Loss, and Weak Collagen

So what was happening is we found two things happening at a cell level, doing the analysis that we do. One was we were stripping the copper out of the cross-linking, so we had brittle collagen.

But the second part was, is that when the copper's stolen out of the cell, you can't make enough energy to repair before the next workout, before the next weightlifting.

So the way we started farming led to chemicals in our food that then led to the stripping of copper out of our collagen and mitochondria. So now we have weakened joints and you know you've I think I stole this from you and

when we were talking it's like you put a rubber band in the sun so your ligaments which should be really stretchy but once you put that rubber band out in the sun for month, it starts to become brittle and when you pull it, it snaps.

But then you should be able to heal even if you've overused a tendon, if you've done a CrossFit workout, whatever you've done, you've done something really hard, you did an ultra marathon, you should have your mitochondria come back in and be able to repair that joint.

But the copper's been stripped out of your energy system, so you can't move the electricity. So if you have no no wiring in your house, you're not going to turn lights on.

Right. So now we have a joint with weakened tissue and no energy because of eating food that's toxic. Yeah. And there's about 80 foods today sprayed with just glyphosate alone, and we're not talking about atrazines, we're not talking about pesticides, just one herbicide.

But it has a affinity for positive minerals, but copper's way off the charts. If If I was copper and you were magnesium and glyphosate came into the cell, it would grab me a million times before it would touch you.

So when it comes in the cell, it has a real affinity for certain minerals and it loves copper. So when we strip the copper, what I'm finding is that we're not actually making enough energy to repair between workouts.

So what they tell you today is that, oh, these kids are pushing so hard, you know, they're going lifting weights and stuff. But 80 plus percent of sports engineers today are non-contact.

So no one drove a knee through them. It wasn't a bad tackle. It wasn't someone wiped you out and you're doing a rebound. That's not the problem. I went down the field and I turned and my ACL snapped.

I jumped up in the air and I landed my Achilles. tour. That's not normal. But what we should be able to do if we have proper copper in the cells, we should be able to have that cross-linking there.

Think of like a spring. A spring absorbs energy in a way. You can stretch it, bend it, compress it, twist it, and I should have brought one along, but it doesn't break.

And it is collagen is stronger than steel, gram for gram, ounce for ounce. So you should not be able to break that. But when you've lost that springiness to it, it's like having a car with the strut and the spring not working.

You're trying to drive on the road and you're bouncing all over because you've lost that springiness there. That's what's happening. So when someone lands, they micro tear the tendon on the end of the muscle.

And then the muscle as your body actually turns the muscle down to protect you from tearing more. So say an athlete jumps up and it lands. So when we're jumping and landing, we're putting about 10 times your body weight through that joint.

Especially if you come down on one leg, it's probably more than 10 times your body weight. So when you land, if the muscles can't fully contract to stop that motion, that fast acceleration, all the load goes to the ACL or to the PCL or the MCL, LCL, and it's tearing the knee.

But an athlete naturally should have good ligaments, good tendons, good integrity there. So they do a workout, lift some weights, and then go home, eat a nice meal, and by the next day they should recover.

And if they space their workouts right, the whole idea of working out is that you're going to break the body down a little bit, you're going to create some micro tears, and then you're going to make the ligaments stronger, the tendons stronger, the muscle stronger.

And the bone's stronger. But what we're seeing today is if I steal enough minerals, in this case copper out of the tissue, they can't make enough energy.

So they go out, let's make an example. They go out, here's what's like this. The copper's missing, so we're not really crossing properly. They wear, microtear, don't repair.

Next day, wear, microtear, don't repair. And after weeks and months of doing this, that just takes one move sometimes, and it's a catastrophic failure because they weren't able to repair.

in between workouts and now they've got that ACL snapped in half or they have the Achilles or shoulders and a lot of young kids are doing the Tommy John syndrome, ulnar, a lot of ligaments gone and that's what's happening.

It's not because somebody tackled them or they were doing too much weight and I used to always laugh because I'm watching these kids come in and I'm thinking you know when I was a kid grew up on a dairy farm in Wisconsin we would get up and get chores in the morning and dad said, well, let's go pick some rock or go rake the hay.

And then we'd bale sometimes six, seven, 800 small square bales, weighing 60, 70 pounds a piece. And we'd unload them, go up in the hay barns 110 degrees, stack them.

And he'd go, eh, you better get the football practice. And so you've done eight or 10 hours of physical labor, then you go to practice, and we lift the weights about the same.

And so we had all this physical stuff, but we didn't have the problem with repairing. You know, I was exhausted at night. You eat a nice meal, go to bed, and you could physically do that day after day after day.

And today these kids can't. You go to the football field and you'll see them, their ACLs are torn. And that's because of what's in the food today. gets into the gut system, comes in the body, and it's stripping the minerals off, but primarily from the tissue, it's the copper, so they can't make the energy repair, and they can't cross-link it to keep those tendons strong.

You were telling me a story about a kid that you had come in that had torn two ACLs. Same knee. And then it got even more interesting because his mom came in who you'd been seeing.

Yeah. And tell that story because I think that will help illustrate this to people. Yeah, so a year ago, October, I had a 17-year-old boy come in. He was about 6'1", probably 210 pounds, and the guy just had I mean, he was specimen, just muscle on muscle.

And he came in on crutches and I had asked him what happened. And he said that he was playing basketball and he went for rebound when he came down, his knee shattered, just completely exploded.

And I said, did someone take you out? Did you land wrong? No, no, it was clean. And he said, so I went in and they saw that I had an ACL tear, it was ripped in half, meniscus was torn, two other ligaments.

So he went through the surgery, nine months of rehab. And they said, you're good to go. So he started playing again and got into some games. And within a month and a half, same knee went up for rebound.

And when he landed, the same knee shattered again. So now they're in front of a second surgeon. And the second surgeon is trying to give in some that the first surgeon did it wrong, that the angle of the ligament was wrong.

And I said to him, I said, look, I think the guy probably does 15 a week. He's probably pretty good at what he does. And so, and his mom, I just saw her last week was really kind of funny.

She came and I said, do you remember you shot at me a year ago? And she's like, I did. And she was upset because her son had just torn his ACL for the second time, went through all the rehab, did everything that he was supposed to do.

And the same thing happened to him within, you know, a few basketball games. And so I did an analysis on him and that's where we actually stepped back.

And I said, well, we do muscle testing with the vials and whatnot. And so I found that he had amazing energy in the muscles, good blood supply. And you typically find muscles have great blood supply, so they have great energy and great ability to repair.

But it's the ends of the muscles, and we forget that every muscle ends in the tendon on both ends, and that attaches to the bone. So tendons hold muscles to bone, ligaments hold bone to bone.

That's our basic anatomy that we forget. And so when he went up in the air and came down, so I said, let me just do an analysis on you. So I checked his quad muscle.

It was completely turned off. His hamstrings were turned off. All of the pelvic muscles were turned. I mean, there was just no strength there. Right side was decent.

It wasn't because he tore his ACL, so I started checking him. When I went through my analysis, I found it kept getting toxins. Look, a toxin in his joints, but all the muscles were good, but all the white tissue, that's where the problem was.

So I went down through, I found toxin, I found… White tissue being tendon and ligaments. Ligaments and tendons, yeah. And those also don't have very good blood flow either, right?

Yeah, they have no… So if you think about your knees or any joint, you have synovial fluid, but you have no direct blood supply. So it's a whole different level of exchange taking place there.

So it's almost like a whole nother system. So that's why you don't see the glyphosate or these chemicals building up in the muscles so much, because if it's in the muscles, it's in the blood, it quickly gets placed to the liver, and then the liver will actually turn from a fat soluble toxin to a water soluble, and the kidneys can filter with the urine.

Your blood one way, urine the other way. And so what's happening is when it gets in and the glyphosate displaces the glycine and becomes part of your tissue, it's in there and it's a key layer.

It says, oh, I'll take you copper, I'll take the magnesium. And the next thing you know, you strip that tissue out and then you've lost the strength, the tensile integrity of that ligament or tendon.

And it's just a matter of time because 90% of joint stability for an athlete moving is the muscles properly contracting around the joint, stabilizing it.

You're only supposed to see about 10% getting down to the ACL.

Athletic Injuries and the Role of Muscle Support

They're really there to guide the joints, not hold it together. But when this kid was 210 pounds, when he jumps and he lands, 210 times 10 is 2,100 pounds of force.

And with no muscles, I mean, with that weakness there, it was all driving into the ACL. And that's why it snapped. And so that's what we're seeing in young kids today.

And for us older people, now I'm in my 50s, you're not that old. When I was 48, I had to stop running because I would still run three, four miles a day or try to run four or five days a week.

And I started having terrible groin pain. And I thought, well, I pulled my groin. So I finally went into my friend and he said, oh, you're getting a little bit tight on that one side of your hip joint.

And I thought, oh my God, you know, I did such good work on the Lyme stuff that was quiet. And I thought, why am I having only one hip was really interesting.

The hip was fine, but I started doing stem cell therapy and PRP and all this stuff that you would do with a hip that has a little bit of degeneration there.

and it would work for about a year and a half, then it would just kind of fade out. It seemed like it would come back. So three rounds of that. And then this kid walks in, I'm like, oh my gosh.

So I realized then really with joints, if your joints not lining up, you know, you have a whole surface to your joint, whether it's your hip or your knee, it's just two condyles.

They have to match up perfectly. So what's happening today, if I strain a muscle in my quad, or I strain a tendon in my quad muscle, part of the muscle turns off and now I have an imbalance in my joints, so I'll have one side a little bit more surface area contact, more pressure there.

And it's just a matter of steps before, or years, maybe only a few years if you're really active before you start to wear. And the problem is when your growth plates close in your body, you have no direct blood supply to the cartilage on the surface of the joint.

So when you hit 18, 16, 18, whenever you stop growing, the growth plate closes, no direct blood supply to the cartilage. That cartilage plus synovial fluid should last 100 years.

and we're not even getting close anymore. Because if I have a misalignment in my contact and my condyles or in my rotator cuff or my shoulder comes up and the muscles aren't working, so I'm up on the edge of that, now I'm rubbing.

And I do an analogy and I say, it's like hitting a pothole in the springtime with your car and the car is kind of pulling to the right, but you're too busy to take it into the shop.

You know, oh, it wasn't too bad. About six months later, you walk around the car one day and you're like, holy cow, the tires are bald on one side. And that's the same way.

Trying to put rubber back on your tires, like trying to put college back on the joint. It's really hard to regenerate college because there's no blood supply.

And the bigger problem there's no nerve supply. You don't have a direct nerve supply to cartilage. So you don't know you've got a problem until you've really gone too far in the wrong direction.

So when the cartilage wears out on the surface and it's touching bone, it lights up your world. And by the time you walk an orthopedic surgeon at this point, they're saying, well, Jabin, you just took too many steps.

You did too much CrossFit. You walked too many miles. You ran too many half marathons. And I always make the analogy that my grandparents were born in 1919, and they came through the Depression, got married in the late 30s, and spent 40 years on a dairy farm, very physical, much like your dad, you know, doing the concrete work.

They did 40 years of farming with tractors for several years. For the first couple of decades, they were married. Then the horses went away, and the tractors came in in the 50s, retired in the 80s, left the farm before the chemicals got there.

They never had a joint problem. My grandma walked three, four miles a day until she died in her late 70s and my grandpa was the same way. They weren't big people, but they weren't overweight, but they didn't have any joint problems because they missed the chemical.

Today's 10,000 steps a day, they're doing like 30, 40,000 12-hour days for six days a week for 60 years. Everything manual. And their joints are fine.

Their joints are fine. So you sit back and you watch, and my joke is if you were born before 1930, you're probably

not going to have a lot of joint problems in your life because you got 60 years plus potentially without the chemicals being there.

And of course, hey, let's be honest, at 65, you're not doing what you did when you were 25. So you're not moving as much, you're not probably walking as much, you're not lifting as much.

But I've seen the pattern now in people my age and younger, in your age, with these joints that are completely shot. And they're always saying that there's just too much movement.

It really comes back down to the fact that if the chemicals load into the joints, in this case, I'm tracking on glyphosate, it does such a severe stripping of copper from the tissue.

There's no integrity to the ligament of the tendon. There's no strength there. Because you should be able to stretch it, twist it, bend it, and not tear.

And again, they're microtears. They're so small. And MRI, you'll feel it. You feel like my knee might be sore or my hip might be sore, but you cannot see the tear and MRI.

You have to have a fairly large partial thickness tear or a full thickness tear to see it. And that's why it's going undiagnosed. And so they're just throwing an NSAID or something like that, hoping that it's going to take care of it.

So we talked about having a little surprise today and. Dr. Allen here has been fighting to find a solution. So he gave you the story of the kid that tore the ACL twice.

What he hasn't gotten to is- How he helped him. How he helped him. So he's made this here, this joint cream. So tell us how you helped him. So when we did the analysis, we found it was copper and it was like a light bulb came on.

So I had read a couple of books on copper that summer and I was coming down to teach glyphosate and collagen dysfunction. And so I said to him, I think we figured out why you keep tearing yourself.

And so I checked all of his joints and I said, let me go up front. And I had, when working on a joint cream, a ligament cream, I had the amino acids and a few minerals.

And I said, let me add some copper to it. And I'll mix it up for you. I want to take it home. And I want to see you every six to eight weeks as I follow through.

Because you have a little bit of Lyme going on, just as part of the story. But Lyme doesn't cause your joints to feel like that. It's an irritant. I've done a lot of evaluations for Lyme disease.

And for a long time, I was blaming the chronic joint issues on Lyme exclusively. Because I would see it. And we would clear the Lyme out of the joints.

And people would feel fairly well. Now, unfortunately, a lot of people get to me bone on bone. and there's nothing I can do for them at that point. But if they didn't have bone on bone and they showed me a good structural integrity where actual meniscus space left, if I got the lime out, I could get most of the joint pain out.

But the last 10 years, I really struggled. Like with this kid coming in, there was some lime there that would have been easy to treat, but that does not cause an ACL to snap like that.

That doesn't happen. It's like a chronic inflammation, low grade irritation. So we found that what we believe was the problem that the glyphosate was still in the copper.

And I said, let's try this. I said, I'm going to put some copper in the cream. I had some copper supplements on the shelf. So I mixed it up. And I said, do me a favor.

I said, do you really want to get this working? He says, yeah. I said, I, I'm desperate. I said, okay, I want you to take some copper orally, six, eight milligrams a day.

And then I want you to do this cream and we're going to put it right on your joints. I said, but actually use all the joints. Cause we're finding the same thing.

We're finding low energy and all the joints and he wasn't, wasn't healing and the muscles were turned off.

The ACL Case Study and Recovery with Copper Cream

So he left and I actually checked his mom that day because she had a little 15 minute appointment with me and was interesting. as you call up on the table.

And I had never checked people this way before with the energy vial and seeing it. And I said, oh, Vicki, you got the same problem as your son. Let's go ahead and I'll mix up some cream for you too.

Do the oral supplement and I'll see you in two months. So of course he had his surgery by then and he came back in and he said he was doing fairly well and I'm checking him.

And after eight weeks, the Lyme was pretty quiet. And I was seeing about a 50% improvement in the joints for energy. I said, oh, that's good. And a lot of his muscles, we fix muscles all the time.

So you check a muscle, if it's not working, you try to fix the muscle. About half his muscles had stayed on. And I didn't check his mom because she was just bringing him along that time when she was focusing on him.

So this was October, then it was December and February. And four months when he came in using the cream with the single copper we put in there, I couldn't find an energy drop in any of his joints.

Everywhere I put my testing vial, he was sowing full energy. And he had about, I would say, 85 to 90% of the muscle staying on. And I said, I think we're on to something.

And I'm still not checking mom because mom's just bringing him along. I saw him at six months, which was, I think, March or it must have been March. How are you doing?

Good. You said, so how do you think surgery went? He said, I'm out of therapy already. I said, you're out of therapy? He says, yeah, I went nine months last time.

I was done before six months this time. Wow. Really? He said, yep, they've released me already. So I checked him. At six months, I couldn't find a single muscle turned off.

I should do the cream, you know? You're doing the coffee, you know? So I said, you know, I'll check in one more time, maybe before, when school gets out, which would be the end of May, because he was a senior then.

So school got out, I saw him at the end of May, he came in, line was quiet, muscles were all working perfectly, the joints were all making energy. And I said, I think we figured this out.

His mom says, well, I got 15 minutes of the day, you need to check me. I think my line was back a little bit. So I put her on the table and I started checking her and I said, Huh.

And I, of course, were using the vial testing. I said, I don't see any change in your joints at all, Vicki. I said, did you do the cream? And then the truth came out.

She's like, well, I didn't really like the cream. It took too much time. And a 17-year-old is on his phone like a 17-year-old would be. He looks up like, Mom, it takes like a minute.

So he's scolding his mom for not doing it. She says, well, I did do the oral supplement. I said, okay. I said, interesting. He did both, you did one, and there was no change.

And what I've learned from an N of one or an N of one was that transdermally, it seems to be the absolute way to go for putting the copper back into the body.

I have to theorize about this because we see a lot of anecdotal stuff in our clinic. We see people get better, not get better, change things. He was completely changed.

She wasn't. And I said, it seems like even though you're taking in the copper orally, the body has a higher priority than your left knee. And so I think what was happening is the body was holding the copper for the vital organs, right?

So your heart and liver, kidney, brain are the biggest users of copper. Now, maybe if I'd given her 12 or 15 or 20 milligrams, which I didn't want to push that high on because I was really experimenting with just trying to figure out what's the right dose.

And it seemed like with him, and I saw I've done this with probably 200 patients now over the last year, watched them and I can exactly tell when they're not putting the cream on, because you don't see any change in the joints, almost no matter how much copper they take.

They could take 15, 20 milligrams a day. But it seems like with the body, until the body has saturated the vital organs, it won't give it to the joints, which to me is really interesting.

So transgermally, it goes in very quickly. And we added a few other things that carried in faster. We've got three forms of copper in the one we're releasing in February.

with the boron, with manganese, all the minerals, all the amino acids, and so it very quickly goes in, turns the cell back on, turns the energy back on, starts to cross-link, and we can stabilize hips and knees and shoulders in people that are 30, 40, 50, 60, even 70 years old, which is a lot of fun because we're finally seeing patients hold their adjustment.

keep that alignment there. So if you hold the alignment, you hold the adjustment, your joints should really last a lifetime. And so that's what we've figured out with this.

So it's been really fun with the athletes I'm treating, with the people my age or older or younger, that this chronic pain, this chronic shoulder issue or the knee issue, if you're not bone on bone, you have cartilage there, you can make what I would say is a full recovery.

Well, it sounds like a game changer. I know I was a collegiate athlete. I had knee tendonitis in both knees from training, I thought. I also ended up finding out that I was living in a moldy basement and had Lyme disease pop up after that.

But I don't want to make it about that. I don't want this to this injury or this information that you're giving to be about Lyme because you don't have to have Lyme.

You don't have to have mold. You don't have to have a chronic infection or toxin outside of glyphosate that is driving this. So you can be a completely healthy individual.

I was an all-American college shop putter. I was very healthy looking. I was very strong. Didn't have any seemingly traumatic injuries besides what you'd think of normally for a college athlete.

I was doing hurdle hops, I was doing sprints, I was lifting weights. I was under a coach who was extremely particular about form and technique and I was still having joints.

Even today, I was excited about this because I've got a form injury that is not wanting to go away And as soon as you showed me this cream, I was like, oh man, that's kind of interesting.

So I wanted him to do a example of how he tests muscles looking for a lock versus not a lock and show what this cream can do because it turns stuff on pretty quick, right?

It's amazing, and people ask me how it works that fast, and I can't honestly tell you that I know exactly the mechanism. But when you put it on in less than a minute, we started seeing the muscles start to stabilize and turn back on, and you can put a full contraction out of a shoulder.

We kind of demoed it today in the seminar, but it's fun because When people see something happen that fast and they start to use it and they start to see a change, it looks hope like it's not real because it happens so fast.

But I've seen it with my patients and once they start on this, they don't want to run out on it. And I tell people, how long should I take it? I said, well, with the way we're making food right now, the way we're growing food, what we're spraying on it, I said, probably long term.

And so we have them do it twice a day. And they say, what joints do you want to put on? I said, well, just the ones you want to keep. Because if they have left knee pain, they only want to put in the left knee.

I said, every part of your body that's white tissue, and that's mostly the joints because it's 80 plus percent collagen there. I said, that's where the glyphosate hides, that's where the copper's lost.

I said, put it on every joint, build them back up three, four months into it, usually about four months for a younger person, a little longer for an older person.

I said, you have integrity there again, you have energy there again, and you don't have to sit there and drive that misalignment to the point where you burn the cartilage off and you're in front of a surgeon wanting to replace your knee at 48 or 50. And so that's what we found is it works very quickly.

So we have a lot of drivers in there. It's one of those things where I'm sitting here thinking about is like we do all these things to prevent bad health in so many areas.

Whether it's we eat a certain diet to stay in shape. We eat a certain diet to try to help our brain so that we don't end up with some sort of degenerative disease.

We get told to eat a certain way for our heart. We take probiotics, prebiotics, we take all these things for our gut. There's so much out there, but no one's talking about joint degeneration prevention outside of stretch, outside of keep moving.

But what we're seeing is the orthopedic surgeon saying, well, yeah, keep moving for your heart. come to me and I'll fix your joints because that's going to destroy them." And it doesn't make sense.

It doesn't make sense. And so I've heard this for about the last 12 to 15 years that when people come in, I'd say, well, what did your surgeon say? What did the orthopedic guy say?

Well, he said that I've been just doing too much. And I look at their workouts and I say, that's running two miles a day is too much, lifting weights three times a week is too much.

But again, it goes back to the fact that if you have enough copper loss there, and in truth be told, When I test my soil, I grow some blueberries at home there.

I see the copper deficiency right in my own ground because that was our old farm ground. So a lot of ground is becoming deficient in the actual mineral itself.

So supplementing with certain minerals like boron and copper and the connective tissue minerals are really important. So part of it's probably the loss in the actual ground itself.

So when you eat that plant, it's just not there anymore. And the other half is 80 foods today are sprayed without you knowing it. And so when it comes in the body, guess what?

It's stealing the mineral on top of that again. So we have a deficiency in the soil and a deficiency in you because it's coming in.

Testing the Cream and How It Restores Muscle Function

And when you spray chemicals onto a plant, so you spray an herbicide onto a field that's a GMO, let's say about 95% of it hits the ground. If you think about it, the field's not full.

It's just corns and rows. 95% of it hits the ground. They call it absorption, reabsorption, desorption. So it actually comes up into the plant in a backwards way.

So now the glyphosate locks onto the mineral in the soil. And the plant says, well, I want those minerals to grow, sunlight, carbon dioxide, water, minerals.

And now we're finding the glyphosate right in the seed, in the fruit, right in the center of it. And we all think we're doing organic. So I always jokingly say, organic is probably not organic.

It's just less conventional. Because you can take a crop off a field for 20 years. You can certify it organic in three years. 90% of the chemical is still in the ground.

And it's being pulled and recycled through that plant all the time. And so you're seeing residual coming in and in. And you are trying to do your best, but it's still coming in in a backwards way.

It's not on the plant. It's coming into the plant. And that's a big problem. So we're not being tricked. It is certified organic because of the measures they've taken, but it probably takes 20 to 25 years to really get to the ground where we're not seeing the chemical anymore.

And the half-life is not six months or a year, it's decades. And the harder excuse me, the heavier the soil, a clay soil has more charge to it so it can hold more mineral and more chemicals.

So a sandy soil is easy to fix and easy to screw up. And a heavy soil is hard to screw up and hard to fix because it stays there so much longer. Does that make sense?

It does. So we're seeing it in two different places now. So all of our packaging out there should just say organic-ish. So quick story. I had an older gentleman I was treating his wife and He was a biochemist, a food biochemist, and he worked in the food industry for years.

And he was real hesitant to come to the clinic, because, oh, you do this crazy stuff. So one day I walked up to the car and introduced myself to him. And I said, hey, come on, I want to show you this Krebs cycle.

I got a couple of questions for you. So I brought him in. I was showing him what I thought was going on. And he's watching this because he's got a, I don't know, master's PhD in biochemistry.

And he's looking at all this stuff. He said, huh. So you think it's the chemicals?" And I said, yeah, I do. And he said, you know, back in the early 90s, I was working with a food group and we were trying to develop a symbol for glyphosate-free.

And I can't remember, he said it was a triangle with a G in it or something of the line through. He said, we started testing foods. and we couldn't put the symbol on any food because it was a trace of everything.

So after six months, they actually, I don't know if you ever heard that before, he told me that, they actually got rid of the symbol. So you see GMO free, you see organic, none this, none that, but you show me the symbol.

And so they actually, that was back in the 90s, he said, then was 30 years ago, they actually just finally got rid of the symbol. Maybe they'll bring it back.

But I thought, wow, here's a guy who worked in the food industry. And he was saying that. Isn't that crazy? That's wild. Let's do a quick example of what you're doing.

Sure. I'll push this chair back a little bit. Yeah. So when we do the rotator cuff, there's 19 muscles that run the shoulder, but four in the rotator cuff and an easy one.

We'll just put this down here for a second. So maybe turn a little bit more this way. So the easy one to do is this muscle here. I'll go ahead and push up from here.

So a muscle should lock as a grade five lock. Now, I'll put it down for a second. I want to tell patients, When you go to activate a muscle, I should probably be able to activate that muscle maybe 15, 20 times if you're in shape, and obviously Javen's in shape, before the muscle fatigue.

Does that make sense? So that would be a physical, I'm making you physically weak because I'm using the muscle over and over again, and then I finally fatigue it enough that it doesn't hold.

When you go to a muscle the first time and you cannot hold that actual movement, we're trying to put it with a little bit of force, that muscle's neurologically turned off.

And it's done that to protect you. So if I take, I'll just do different muscles here. Push up here for me, Jamie, push up. So that one's rock solid. That's a grade five right there.

So come up here to the shoulder, push up here for me. He pushes and I can pretty easily push. It's not going to lock. And here's what's funny. So may I fix this for you?

So what we do is we do a lot of origin insertion work in our work with what we learned. So it's like pushing a plug back into the wall. So I'm working on the GTO.

So you're trying to reset the tendon. to the actual periosteum. So I tell my patients, I'm trying to plug the tendon back into the periosteum. And that's just like plugging a wall back in, plugging a plug into the wall.

And I use the example for vacuum cleaners for a lot of my patients, because if the plug comes out of the wall just a little bit, the darn thing shuts off.

And I'll show them. I'll actually pull the plug out of the wall a little bit and say, do you think that's still plugged in? Well, yeah, technically it's still plugged in, and it's just kind of hanging there.

and that's your tendon, it's not quite plugged in. So we can plug it back in and quite often it will, push up for me, turns back on and I can put full force through that.

But Jamin's gonna go do a little bit of weightlifting. So if we just challenge the shoulder and just do a couple quick pulls and maybe some movements here and some up like that and rotate around and just doing some quick sudden pulls on it, quite often what we find in the clinic is they tell me my adjustments aren't holding anymore.

So we'll recheck that now and push up for me. And we're back to that. Just that little bit. I didn't have him grab a 50 pound weight. It wasn't benching 300 pounds.

He wasn't trying to do some crazy pull ups or some crazy quick movements, but that's all it took. So what we can do is take a little bit of cream here and I'll go ahead and put a little bit on there if you don't mind.

And so we rub it directly on. And so I tell all my patients to put it on first thing in the morning, first thing in the morning, last thing at night. And I tell them, well, I'll hold that there.

And I tell them that because I said, if you're gonna go do a walk or a workout, and a lot of my patients pour concrete and they're farmers and whatnot.

I said, if I can get the physical muscle to turn back on, I could protect you all day long. Come home, eat nice supper, take a shower and towel off. And I said, before you go to bed, put it back on.

And once you do saturate that tissue, and you put it and you get it built back up, probably once a day would be really good, especially if you have a planned workout there, because I want every muscle working so you're not tearing more.

So in less than a minute, typically, we go back to check this. Push up for me, David, push up. That's how fast it turns the muscles back on. And people will accuse me quite often of not pushing as hard.

But you'll take somebody and you'll see them wince because it hurts so bad. And you give them a good minute, minute and a half, rub it in. And they go back and they're just holding you.

And they think you're not pushing anymore. But this is a ball and socket. Your hip is a ball and socket. Your elbow is a hinge joint. Your knees are hinge joints.

And these are the most critical joints in the body as far as load. And of course, you know, your hand's not holding much weight, but if you do a lot of lifting like you do, your shoulders go a whole lot of weight.

But the knee is probably the most damaged joint and most critical because it's only meant to hinge, right? And when those muscles aren't working, you're asking it to hinge and twist.

And now you're loading that one edge of the condyle and that starts to wear that out and the high pressure there. And there you go. So I have my patients I'm kind of lazy, so I get on my feet once a day, but it's easy in the bathroom.

I keep right in the bathroom and I dip my finger in and hit my knees all around the back because of the hamstrings in the back and the front quads. I slide up to my hips on the outside and I'll hit my little spot in front where the quad attaches.

Preventing Joint Degeneration and Closing Remarks

a little bit in the low back because your low back is just full of ligaments and tendons, shoulders and elbows if you're a physical person and a little bit at the base of the skull and it's amazing how fast it starts to actually turn back on because if you go through a whole day with the energy to repair and protect it eventually you actually get it you can make enough energy so at four months Typically, you're finally making enough energy so you can repair.

So when you go to work or do the workout, you actually have enough energy there and you can do the work and repair. Otherwise, even at two months out, you're still struggling a little bit.

Does that make sense? Because your body's grabbing that copper, grabbing that manganese and pulling it in there. So at about four months, sometimes it's five months, depending on how old you are and how deficient you are, you have full energy for full repair.

And when that happens, you can do almost any workout, almost any workout, and have recovery from it. Otherwise you can't recover from the workout and then you're always struggling and microtairing and microtairing and then of course No one knows when you're going to have that catastrophic macro tear where the bicep lets go or the ACL tears.

I mean, for a lot of people, it's a matter of just getting out of the car and twisting, and their meniscus will go. I always look at football last year when Wisconsin and our old quarterback, he tore his Achilles.

And so did the Vikings quarterback last year. Nobody hit them. These people are running around just moving. But, you know, they're not 20 anymore, so the repair is a little bit slower.

And the deficiencies there, I know that obviously these guys are eating well and doing everything right. And you can't find this in a blood test. It won't show it to you.

You're not going to see the fact that my shoulder, my collagen is copper deficient. takes part of your ligament out and puts you in the microscope and says, wow, Jabin, you got some micro tears in here.

You're not cross-linking. Nobody does that. So it's so hard to find. So what's fun with what we do and we've done for years is we have a little bit different way into the body.

And that lends us a little bit different lens on what's going on here. Because if I was drawing blood, I'd say you're just fine. You don't have a problem.

Well, that's what we're looking at is there's a pandemic, epidemic, whatever you want to call it of Joints that are being destroyed people are getting injured athletes that are going down.

I mean shoot My cousin and his fantasy football team is always frustrated because his athletes are always hurt right? So this could be the beginning of the solution or the solution to some of those injuries especially the non-contact ones while I'm thrilled to have this information.

I'm so thankful for you to be on here. And if you're listening and you're wondering where to get this, you can check the show notes. You can go to the e-store and we're going to have this because I'm going to be bathing in it now because I want to keep all my joints.

And after all the abuse that I've put through my body through from sports to CrossFit to just enjoying being in the gym, A lot of people stop doing the workout because they can't recover from it.

And not because the workout was too hard, it's because they literally are so sore that they're going to hurt it worse. So I've seen that, especially with a crossfit is a great example.

You get approaching 40 a little bit over and It's all quick, powerful movements, which is great, but that's that quick acceleration, deceleration that creates the problem.

If I was a professional athlete, I'd be looking for something like this because I mean, how is your contract based? Can I play? Am I injury free? And that's the frustration.

There's so many athletes out there. I think hockey's a tough one. Basketball would be a tough one and football because there's so much stop, start, directional change there.

Again, if you take, even running can be a big issue because it's that constant chronic pounding. But you go into a swimming pool, less problem because you have the acceleration, the acceleration's not there and the load's not there, if that makes sense.

Yeah. Well, Ashwin, thank you so much for talking with me today and we'll definitely have to talk more about this after I do this for four months. Yeah, perfect.

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