Rewiring the Nervous System: Inside the Science of Quantum Neurology with Dr. George Gonzalez Transcript

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Introduction to Nervous System Health

So it's all about strengthening the nervous system. Our base philosophy is a strengthened nervous system outperforms a weak nervous system or compromised nervous system.

So when we talk about strengthening the nervous system, we're talking about muscle skeletal sensation, your cranial nerves, your five senses, your ability to process information and create your reality experience, how you perceive the world around you.

If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone. I'm Dr. Javin, and on redefining wellness with Dr. Javin, we'll be exploring root causes like Lyme disease, mold, and parasites, and I'll guide you with simple and practical steps towards real healing.

Well, Dr. George, I'm really excited to talk to you because you are the founder of quantum neurology, which is a technique that so many of my really close friends that are working with professional athletes, working with chronic ill people are raving about.

I've heard about you for a couple of years and I happen to be at an event and you're here and I was like, we've got to talk. So first of all, what is quantum neurology?

Absolutely. It's an honor to be here. Thank you for having me. Quantum neurology is nervous system rehabilitation. So over the years, I've been developing this concept for about 25 years, and it's developed into best practices of managing nerve conditions and how to take somebody from whichever level.

We say from paralysis to performance, we have health strategies to recover all those situations. The same neurology that's done on somebody that has a paralysis situation is the same techniques we do on the performance athletes.

What Quantum Neurology Is

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You know, I've got a story I want to tell that, you know, I don't really talk about very often, but I have a cousin who, when he was a freshman in high school, he ended up fracturing his L5 vertebra.

So the bottom of your back, if you're not a chiropractor or a medical physician and thinking about the spine and He was in a ton of pain. He did it by doing a power clean.

He was playing football, throwing shot put. He was a big kid, big athlete. His brother's six foot seven. His other one's six four. So I think he was growing to be pretty tall or at least was gonna before he got injured.

And after the fracture healed, the pain didn't go away. He went through physical therapy. He went through orthopedic testing, went through MRIs. I guess he did everything.

And I just remember he had to quit football. Like he wasn't able to keep going. Right. He 14, 15 years old. couldn't do much of anything, so you weren't the bulletproof teenager you thought you were.

My roommate in college, because I went to college in the time where my cousin lived in Warrensburg, Missouri, and my roommate had gone to this training center in Minneapolis that was for professional athletes, and they had a applied kinesiologist, muscle testing chiropractor there that was doing all sorts of neurology work.

And my roommate comes like, he's like, you got to take your MI to this guy. He does muscle testing and it's just incredible what he's doing. And I go, right, okay.

And what are you talking about? Like I've seen chiropractors forever. I don't know what you're talking about. So we bring him down to Dr. Mladenov's clinic in Kansas City, where I'm from.

And my cousin sees one of the associates and he does all this muscle testing. get out some lasers. It says I'm turning on through lasers on your head.

I know you're an expert in all of this. Different neurology for the lower back and the muscles that are weak because he muscle-tested and we found a bunch of muscles in his hip and back that were trotted down and wouldn't respond right.

And when you know it, after three or four years later, like years later, for a young kid, all of a sudden overnight, like in that moment and overnight, he'd go back to the gym workout.

He could start throwing shot put again. And I was just like, what just happened?

Fight, Flight, and Parasympathetic Reset

My mind was just blown with, he's been to the best of the best, at least in our area, that we could find the surgeons, the athletic trainers, the physical therapists, and they're just like, you know, just kind of shrugging.

And then from that moment on, I go, there's a lot more out there than what I've ever known. I mean, here we are today where I'm talking to you on a podcast.

I'm working with complex chronic illness. I've been through Lyme disease personally. And I'm just like, the world of what is mainstream is just the tip of the iceberg of what can help someone.

And you've created an entire technique around these complex situations. What you said about the nervous system, I love because I have become such a proponent of fight flight or freeze.

Right. Absolutely. Like this is where people get stuck. So. When one of your trainees, Noah Moose, worked on me last year, he had lasers all over my body.

He was messing with a laser on the back of my head that I could not see. And my eyes are dilating in and out. And he's recording this because I wanted him to.

And all sorts of stuff's happening. So how, what do you do for fight, flight, freeze? Well, you know, there's that balance between sympathetic and parasympathetic.

And, you know, for those that may not know, sympathetic is flight survival actions of the body, and parasympathetic is rest, digest, and healing actions of the body.

And unfortunately, in today's society, most people are stuck in sympathetic fight-flight survival mode. And it's as if the accelerator is on the gas, and even if you pump the brakes, the accelerator is stuck.

And unfortunately, the longer somebody is stuck in that mode, it leads to exhaustion because they're just burning

their body out. And so we look at it by neurologically, we're activating the parasympathetic nervous system.

And hardwired parasympathetics is your cranial nerve 9 and 10 for vagus nerve. So vagus nerve stimulation and sacral, you know, cranial nerve sacral is the mnemonic for parasympathetic.

The sacral nerves go to the pelvic floor and into the feet, into the toes. So very simply, to hardwire activate your parasympathetics, you could curl your toes, kegel exercise, or tighten your pelvic floor, and you could activate your vocalization and tickle your palate.

So all those things together, curling toes, pelvic floor, and I like saying nyung nyung nyung nyung, because it's stimulating the posterior palate, and there we're able to activate the entire parasympathetic nervous system.

And now one of my students, Dr. Edward Chauvin, developed an exercise we call the hummingbird exercise. Very simple to do at home. You sit in a chair, raise your toes up, because if we're going to get into fight, fight-flight survival, we're going to be on our toes.

And we're going to be curled forward in a fight posture. And that's a sympathetic posture. So to unlock the sympathetic dominance in the body, we reverse it.

So by stretching the gastroc soleus, by making the toes go above the ankles, and you could put a towel or a wedge or anything to do that. And then reversing that fight posture to an extension posture, the arms behind the back, it's more a vulnerable position in techniques like NET, they call it the position of success.

Like after you win the race, you go into extension. And so we want to strengthen the extensors of the nervous system because that's the balance that we need to counterbalance the sympathetic, those fighting positions that we rest in, we watch television, we sit at the computer, we drive the car, all in that sympathetic posture.

So by developing, exercising the opposite side of the nervous system, we're able to help the patient balance that energy flow and swim in and out of sympathetic and parasympathetic instead of being stuck in that fight-flight mode.

So I know you mentioned a little bit of it, but if you had to tell somebody, symptomatically speaking, go look for these things with your spouse, that means they're unsympathetic.

What would that be? Absolutely. So a simple test is just to pick the heels up while the patient is lying face up and just rotate the toes inward.

Signs of Sympathetic Dominance

And diagnostically, one foot is going to be able to go further than the other. So the side that's tight, usually the right side. It's not always, but it's usually the right side.

We're going to see a one-sided tightness on the entire side of the body that's sympathetic dominant. So that means that the ankles, the knees, the hips, shoulders, elbow, wrist, jaw, ears, eyes, so all these things are going to tighten up.

All the muscles associated with that side are going to tighten up. So astigmatism in the eye, sinus problems on that side of the face, hearing difficulties, tinnitus on that side.

When you start seeing one-sided injuries throughout the nervous system, that's a very clear sign of sympathetic dominance. Okay. And are these people anxious or irritable?

Are the shoulders pinned to their ears? What are those little bitty things? You're very clinical with what you're saying, but most people aren't thinking about those things on a day-to-day basis.

What are those simple little things? I think people who can't rest, digest, or heal. People have difficulty digesting their food. After they eat, they're bloated, they're gassy, they're irritable bowel all the way to Crohn-type conditions.

They're not able to relax. And so those patients that, you know, they're workaholics. They say, I like drinking coffee late and staying up late and I get more done.

Those are all symptoms of people who are stuck in that sympathetic dominance that Uh, not able to relax and rest and, and enjoy, you know, that's the side of the nervous system that we need to heal and strengthen.

Our society's stuck in that, you know, I got to get every minute of the day, purposeful and active. And, uh, if, if I free up some time, I'm going to fill it up with some more stuff to, to stress me out with.

You know? I'm going to scroll on the internet and have a dopamine response. Yeah. And keep the blue light in my eyes, even when I should just be closing them and just Resting a little bit.

Of course now I'm like, I'm sitting in all this blue light to make this podcast look nice. But at the same time, you do have to have a downtime. So you've talked about a few exercises that you're doing with people.

Let's talk about these biohacks and that's what I'm going to call them. It's probably not what you could refer to them as when you're doing lasers and different things on people.

What are these different things you're using? Well, we use light therapy and we do nerve-specific exercises in quantum neurology. So we evaluate what I call the nervous system code, which is the circuit board of the nervous system, every major nerve in the body that's available for testing.

Light Therapy and Nervous System Testing

In neurology, we call those the myotomes and the cranial nerves. And that's basically every function in your body stems off of these nerves. So if we're able to evaluate and test for function on the nerves that are coming right off the spine, right off the brainstem, then all the other tests that are associated through kinesiology and other tests that we know of are, in my opinion, secondary, because we need to make sure that the circuit board is able to send its signals outward to be able to do all these other things that we test.

So I feel that quantum neurology brings a very strong concept of we have the circuit board and we have the evaluation of the circuit board and make sure that it's functioning appropriately.

And we also have something called neurological recognition. So we make the nervous system aware of the injury. And this is the one thing that really sets quantum neurology apart from other techniques is that concept of being able to make the nervous system aware that it's injured.

You know, we could talk about parasites, and I know you're familiar with the concept of why are the parasites there? Because the nervous system can't see them, right?

It's not aware. There's a biofilm blocking the nervous system from being able to see them. And if we are able to make an awareness for the nervous system to see them there, the nervous system heals itself and it kicks those critters out, right?

And so similarly, whether it's a rotator cuff injury or range of motion problem or a performance issue, or even in paralysis situations, if the neurology, I put my hand here, it's mimicking something being blind to that side of the body.

So something in a stroke pattern, for example, neurologically, the brain can't see that side of their body well. And so it has difficulty connecting with it.

And so what we do in quantum neurology is we reset those communications, the neurocircuitry, and we bring that

back online for function. And that's through the exercises, the laser.

Correct. So nerve-specific exercises and light therapy. Now, obviously someone's got to come get evaluated, which is probably very detail oriented. And then upon leaving that, are you giving them a rehab plan that they take home to do these things on a daily basis?

It depends on the person, but yes, we give them a home exercise like the hummingbird exercise to do. But most of the time it's just turning the circuits on and people say, well, what do I do to continue?

It's like, live your life, use your body, you know, go outside and enjoy your health, right? So the worst thing we could do with, especially a performance athlete, is tell them to bed rest.

They're used to putting input into their nervous system to 15 miles a day, let's say, of running. And if you tell somebody of that caliber to stop running and lie in bed because they twisted their ankle, that's the worst thing you could do for somebody like that.

At best, you need to get them cross-training so that they're able to get that input into their system without continuing to re-injure their injury. In this case, we're talking about an ankle injury.

Whatever the injury is, we have to be considerate that they need that input to continue so that they can maintain their performance. That brings to mind just an example of something that I saw a lot in practice early on.

People would roll an ankle. and then would never have the same coordination. And they were just told, well, you could use proprioceptive exercises, a rebalance on the little wobble board, and that'll get you all you can get.

Yeah, so what happens is when we get injured, my example is a step on a nail, right? So when you step on a nail, it not only affects your foot, you know, the sensation could be damaged on the bottom of the foot.

And if you exceed threshold, which is the level of injury, if you exceed that level of injury in your muscle skeletal system from the reflex action, you could damage muscle skeletal actions.

You know, people step on the nail, they scream, they holler, and their eyes might bug out. Those are all cranial nerve actions. We have what are called autonomic actions, the chills up and down the spine, the goose pimples, all those things are called autonomic functions.

But the shared nerve supply to the bottom of the foot, S1, also goes to sexual organs, bowel and bladder. So that one injury, stepping on a nail, could affect your sensory, your sensation, your muscle movement, your brain cognitive function.

It could affect your heart rate, your body's ability to process autonomic functions, and its organs. You could develop sexual organs, bowel, bladder dysfunction because of stepping on a nail.

Injury Recovery and Restoring Function

And not only that, every step that person takes the rest of their life, it'll be, watch out for that nail, watch out for that nail, watch out for that nail.

It's a protective mechanism to prevent you from re-entering yourself. And so what we do in quantum neurology is we remove the protective mechanism that's no longer necessary.

And by doing that, that restores the function. We say there's three illusions in the nervous system, the illusion of pain, the illusion of dysfunction, and the illusion of decreased range of motion.

And just like your story with your cousin or nephew that got injured, seems like instantly he's able to function again, right? Because those three illusions were removed.

And so when we restore function neurologically, we remove that protective mechanism, which is like the emergency brake on your body from performing, we're able to get all that function restored.

I call it the check engine light. And the reason why I say that is because if you've ever been somewhere got your oil changed and they didn't shut off the check engine light, which is just a switch when you change the oil, it stays on.

That's right. Now, in newer cars, they may have a change in function because the computer in the car says, this needs fixed. I'm going to down regulate everything until you fix it.

The human body is way more advanced than any computer system, and it will absolutely decrease your function if you do not get it back to a state where it feels like it can be optimal.

It will protect itself. Absolutely. That's correct. Now, another topic you just mentioned that we see a lot of in the clinic is autonomic dysregulation, whether that be POTS or any of the other you know, orthostatic hypertension, the dysregulation that can happen, autonomic dysregulation where people feel faint and weak and not very good at changing levels.

So like sitting to standing, they have brain fog and are constantly in a state of like, you know, almost like protection. And this is the autonomic, the subconscious nervous system that you're not in control of, at least not directly.

What are you doing for those individuals? You know, we strengthen the circuit board. We go through the nervous system code. We make sure every nerve functions as it's supposed to.

And then we add layers of stress. So layers of stress might be physical activity, might be cognitive, you know, processing information. It might be an emotional prompt that, you know, some people when they have emotional stress, they shut down.

We have sensory issues. Quantum neurology is one of the only techniques that restore sensation to the body. We're able to take each layer of sensation and turn that back on.

A lot of these people have sensory injuries. When they're exposed to certain sensations, they break down. It's easier for people to recognize how devastating losing your vision is or losing your hearing is.

But people don't recognize or tend not to recognize the loss of vibration sense in their body. We're familiar with diabetic neuropathy, glove and stocking type numbness in the hands and feet.

But on the neurology side, we would say, well, that's a loss of pain, temperature, vibration, sense in those areas of the body. So we can restore each of those layers individually with quantum neurology and bring back that reality experience of normal sensation.

I think it was you guys that when my friends came to your event and they learned your training, you had them grab like a vibration tool, put that on an individual when they're doing strength testing to see if that would shut down that function of the muscle.

And I was like, that's interesting because I know for me, we always watched athletes go get worked on on their athletic trainer's table or chiropractor's table.

The table's not upright. It's not where they got injured. So their body wasn't injured in that area. And to the average individual is like, who cares where you were injured?

There's an injury rehab. Right. But to your nervous system and your proprioceptive body, so the awareness of where you are in time and space, it does matter.

I've had individuals who come to my clinic and there was an Olympian that came in for running. And when they first got there, I was doing all sorts of testing.

I get to, I'm just thinking through it, I think it was the oblique muscle. And the oblique muscle wouldn't fire on the right side. So I did a little bit of removing the check engine light, the oblique muscle turned back on.

Autonomic Dysregulation and Performance Rehab

They went back to their track, me came out of the blocks and face planted. So I had some other things fixed now, but they came out so hard that their body actually like was moving at a pace that they weren't used to.

Right. They weren't proprioceptively neurologically ready for that speed to come back. And then someone like yourself told me, Hey, now once when you turn muscle on, make sure that they go out and run hard, but to also make sure that you didn't just do it laying flat on their back when they're supposed to be up standing and running.

Cause that's where the Olympian needed to be able to do really well is come out of the blocks. So when you're fixing things, stress the system in a way that can bring back the problem, is what I tell people.

If it's a hip injury, knee injury, ankle injury, make sure that they can impact the foot, the heel and the toes, and the muscles stay strong. Because if your muscles go weak under the stress that they have to use it for, what was the point?

Absolutely. Absolutely. You know, what we do is when we evaluate the body, we have different positions we evaluate the body in. The basic position, of course, is face up, face down that we do normally.

But then once we have the circuit board online, then we check them seated or standing if they have a disc problem. I know you're familiar that the disc pressure increases when we sit down.

And so if that's an issue for somebody, we will evaluate them seated after we've already corrected everything laying down. And then we'll also do it against standing.

And so different situations for different people. But when we're talking about athletic performance, once we check the circuit board and make sure all the nerves are connecting to the entire body, now we put them in performance position.

And first we isometrically check their endpoints, their certain positions of balance, and then we sweep them through what we call a race. We erase those movements to remove any weaknesses through the range of motion.

And this is the biohack for performance is removing the weakness throughout range of motion so that we're removing any emergency break off of their movement.

Now, a key in athletic performance is the eccentric movement or a negative, what people would call a negative in the gym. It's about being able to control that eccentric movement and be able to perform through that.

Most injury occurs on eccentric movement, but it's also restored through eccentric movement. And so when we're, you know, it's like two dancers moving together in unison.

And when your muscles are not performing in unison, like your bicep, tricep, one has to give as one takes and vice versa, right? And if that's not smooth and has full strength throughout the concentric and eccentric for the bicep and the tricep, we're not going to get high performance.

Most doctors only do concentric rehabilitation on either side. In quantum biology, we do concentric, eccentric on both sides, the agonist and antagonist.

It's not like you just have a system that's designed to look for the missing link. Absolutely.

Finding a Quantum Neurologist

I think that's a good place for us to just come to a kind of a close on this because I feel like that one statement is, if you feel like you have a missing link in your neurology, look for a quantum neurologist to go in and find that missing link.

How do people find a quantum neurologist? And for providers, how do they find the training? Absolutely, both go to the same place. The website is quantumneurology.com.

And if you're on socials, you can check us out on at Quantum Neurology on all the socials. My personal page, drgeorgegonzalezdc. And we also have a research foundation, the Quantum Neurology Research Foundation, which is at QN Research.

Awesome. Well, thank you for doing this with me today. Thank you. Thank you. It's awesome meeting you and I love what you're doing and thank you for all your help.

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