Introduction and Doctor Eckelu2019s Background

Through. Hi, this is Doctor Pollack. I have a fascinating interview today with Doctor Greg Eckel. He is a specialist in one of my favorite areas. And we'll get into and, get into why that's the case.

And I think we both share the same passion for helping people with these kinds of problems. So, doctor Eckel specializes in neurodegeneration. So rather than me talking about that and what he does and how he got here, let me let's ask Doctor Eckel to tell us his path, his journey.

Well, thanks for having me on. It's a pleasure. And, you know, I have been in medical practice for 21 years. Came out of medical school in 2001 and had a general family practice here in Portland, Oregon.

It wasn't until four years ago that I really I got the, school of Hard knocks curriculum and neurodegeneration. My wife Soraya started to develop, rapidly progressing dementia.

And she was young. She was early 40s. And, you know, you think about, well, what could that be? And, in a 42 year old woman and we were thinking, well, maybe it's early menopause.

Maybe it's hormonal changes, maybe it's mold. You know, we go after the low hanging fruit, maybe an infection. But rapidly progressing dementia, in, in anyone is alarming.

And within three months, Soraya wasn't able to talk. It became very ominous on what, you know, what is in the differential there. And I had a lot of growing up to do during that period.

You know, we had blended our medical practices. She was a certified nurse midwife, nurse practitioner. We blended our families, her three kids, my two kids, and, we even had a maid named Alice, just like the Brady Bunch.

And it was, just alarming, you know, you get into that differential and there's, you know, autoimmune conditions of the brain and Creutzfeldt-Jakob disease, which is CJD.

And I always knew Soraya was 1 in 1,000,000, but unfortunately, the the, brain experts agreed. And they gave her the diagnosis of CJD. Which only gets proven until, you know, they offer you a free brain biopsy at the.

I was going to say brain biopsy. Right? Yeah. And it, you know, I don't wish that on anybody. I was uniquely positioned, loving husband and clinician.

So I swung for the fence and I went digging deep with really her life on the line. And unfortunately, I didn't come up with therapies that helped her.

However, the therapies that I did discover are helping thousands of people around the globe. Now, you know, from that's how I, you know, really got into becoming a brain expert is I talk to a lot of brain experts in particular for can we do anything for my wife?

So, you know, in such a weird way, the whole process is ripped me open as a human being. It reinstated my faith in the oneness of all. And it, you know, it's just, you know, life is not for the faint of heart.

Let's just say that I knew, you know, going through it, I knew that the medical system was broken. But to go through it with your wife's life on the line, it's just it's really heartbreaking.

And, you know, coming out of it, I knew I didn't want my suffering to be for not. And so I really, utilized that, that as a catalyst, you know, put a flag in the earth, and taking a stand for people and their brains, their brain health and

neurodegeneration in particular, because I don't know if you've seen, but it's really, gets overwhelming and quite depressing if you have a neurodegenerative condition because there have been no major breakthroughs. Right?

I mean, for Parkinson's disease, we're still using, drug that was sanctioned in 1974. Carbonneau believed Dopa and I, I think that it's time that we make some change for people, and that's what I codified.

I created, my fancy approach to brain regeneration. And, I kind of went into Parkinson's disease because, as I said, CJD is very rare disorder. But in the research, what I discovered was prions and prions are misfolded proteins.

CJD, Prions, and the Origins of His Brain Health Work

And in the first prions textbook, which I have, which is not that old, you know, you find, oh, there's beta amyloid plaque. Well, there's Alzheimer's, it's alpha synuclein, that's Parkinson's.

There's a whole system protein. So there's a bunch of different misfolded proteins in neurodegeneration that causes the symptoms of the brain, central nervous system breaking down.

And so I went, I'm going after that. And, you know, I like to say I'm a clinician's clinician, so I want to use stuff that works, you know, came across frequencies.

And I've been saying, I believe light and sound, frequencies are the future of medicine. And, boy, we really need them now more than ever. Let's go back to prions.

I call them prions. Some people call prions. Prions. Tomato, tomato. Right. That's right, that's right. Well, let's tell let's tell everybody that prions are mad cow disease.

Yeah. So well, not just that. So prions are prions in Phil Jacob disease is mad cow syndrome right. So we've heard of that. But it's also called scrapie in in sheep.

It's called wasting syndrome in deer. So all of the animal species have misfolded proteins. That is similar to mad cow. We're more familiar with mad cow syndrome because of the tainted beef in the 80s, coming out of England into Europe.

You know, interestingly enough, there wasn't a spike or a consider a spike of Chris Jacob disease or prions activity. The other thing, you know, when you start reading about prions, they're always called infectious prions, which is alarming, right?

You can't destroy these misfolded proteins. He won't do it. I mean, it's like very, very intense chemical preparations would do it. That's not something that you put in the human body or in an animal body for that matter.

So they're misfolded proteins. So I, you know, I think the trillion dollar question is, why do proteins miss fold? I have a couple hypothesis on that that we can talk about.

But you also then look at other misfolded proteins. So, you know, that came Stanley Brewster got the Nobel Prize in 1987 for discovering, these prions are misfolded proteins.

They're interesting cells in the body because they don't have any, cellular apparatus per se. And he was seeing these on, on the slide. And, of course, with major breakthroughs, there's much, conjecture saying, no, you had some virus.

You're seeing something else that's not there. He really stuck to it. And, because of his work, you know, we now have this whole classification of of diseases.

And why people aren't really talking about them is we're not finding a lot of substances to, to correct, to deal, activate the prions and to eliminate them from, from the body.

And so I think they're called infectious prions because they start once one cell, misfolded from damage is really where I think it's coming from, traumas, unresolved traumas.

It can even be ancestral trauma. It's, oddly enough, levels of toxicity, chemicals in the environment. Those are the biggest runners of, I think, why proteins, they get denatured right?

When you look at just naturally what how to proteins denature. It's usually from a couple of, you know, substances temperatures. Chemicals. I've put the trauma component in there because I really, over the last four years, really deep dive into neurodegeneration.

And, the folks that I'm seeing with dementia, Alzheimer's, even the CJD, it's, you know, there is a pattern for folks, whether it's conscious or unconscious, of unresolved traumas.

And that, to me, makes sense as to why proteins would denature or misfolded. But then other classifications in there, like I mentioned, was Parkinson's.

That's alpha synuclein. That's a misfolded protein. That's a prion. So we can't just put prions in the CJD or in mad cow syndrome category. You know, interestingly enough, Dale Bredesen was in Stanley Newscenter's, lab, and he, has written about potentially anxiety as being caused by prion activity.

So there's some, you know, now that's a, early thought process. Not a lot of research around that, but I thought that's interesting that he we can trace him back into, some of his beginnings down there at UCSF, in that lab and seeing the impact of that prions have on our health.

There are I discovered also that there are, prions in the urinary tract. Yeah. So we can't you know, it's interesting because they are not destroyed. I mean, they're they're ubiquitous in our environment when when folks actually get, you know, learn about prions.

You can really get neurotic because, you know, they, you know, they don't they're not destroyed. Like, even you cremate the human body at death. Those prions are not destroyed.

So that's very high temperature. So, you know, they don't they're not destroyed. So, you know, eating tainted beef, is, you know, where it was called, could route, could ru, out of the tribes of Papua New Guinea?

The women and children were eating the grains of the grain. Kuru, kuru guru kuru. And with that, the eating, the brains, there was a higher incidence of CJD.

So that's really where it, you know, was discovered in people. Now people aren't eating brains anymore. We are being exposed to prions, though. They're on our silverware like they're on surgical instruments.

They're on, you know, in the, crematoriums. And, so they're just it's not these things don't go away so you can start to get like, oh my gosh, they're everywhere.

Well, yeah, they're everywhere. They've been here. You know, there is nothing to be afraid of there. I do think that, there are a lot of things that we can do in a preventative measure, and that's really in the holistic component of, you know, what I've put together in.

That's my fancy approach, which is a capital F, A, and C, because it is a lot, especially in central nervous system and neurodegeneration of, well, how do you prevent that?

And then more importantly, how do you treat it? You know, because a lot of people were just seeing a rise in neurodegeneration. So even if you burn the protein, if you destroy the protein, I mean, if you're burning it, you're basically burning the proteins as well.

Yeah. The prion, this component of a misfolded protein, they're not dying with that even with high bleach

concentrations. Now, there are a few substances that we have come across.

Vocal anhydrous chloride and DMSO. It's about $2 million of research on both of those, substances. I have a patent pending on a nasal spray where I've put together, a blend into a nasal spray, called clear Mind that we're actually showing.

Really good results with clinically in the brain. Yeah. Now it gets up into the olfactory apparatus and goes up into the brain. Correct? Yeah. So it goes from the forebrain into the rest of the brain as well.

Yeah. So I don't have that research on exactly the patterning or mechanism of action there. But I will tell you clinically, we've got folks with the Parkinson's diagnosis.

And a lot of times what will happen is they will, start having a weakening of their voice because it's on cranial nerve ten. The vagus nerve goes through the vocal cords.

And with the use of the clear, my nasal spray, they are having unsolicited, response to those around them. I actually remember a business owner. He came back and he said, hey, doc, I think that nasal sprays work.

And I said, oh, really? How how is that? Said, well, you know, I just led a meeting at my company. He's got about 450, employees. And he said they people came up to me afterwards and said they they could really understand me speaking a lot clearer.

He said the only change that I've done is that nasal spray. So it was, you know, I and I time and time again, I've got a lot of folks coming back saying that, you know, we're we're showing some repair of, central nervous system tissue because their voices aren't coming back.

Morgellons. Have you found any relationship to Morgellons and, prions? I have not. Have you seen anything around that? No, I have only seen, like 3 or 4 Morgellons patients.

And they're, they're enigmas anyway. Yes. Right. Because you're, you're dealing with whatever this is and it's probably not really an infectious agent.

Right, right. You know, it's called infectious because they basically once one protein miss folds, it starts triggering the other proteins around them to miss folds.

So there's some some cell signaling that occurs. So they it gets called infectious. And I, I tried to trace it back to the first time somebody said infectious prion.

And and I think it's because of the eating of the brains that that was considered the infectious component. But when you think infectious, it's as if, you know, like a virus or a bacteria and that they're setting up shop and promulgating and propagating themselves in the body.

But that's not what this means. And I don't I don't like the word infectious with it. Like an infection typically takes over the genetic, machinery of the cell.

Right? Yeah. And utilizes it. This is this is this is different. Yeah. Right. I also know that I remember traveling in, in, Greece and I was on a ship, a ferry going from Greece to Italy.

And I saw this guy open up his bag, and he had this sheep's skull. And that that's a delicacy. And in the Middle East, isn't it, chief brains? Yeah. So talk about another potential vector for.

That's right. Yeah, I, I really, I recommend not eating raw brains. That's, you know, just kind of as if they would cook brains. If you're for telling us that we can cook brains and my brain, I would not do the sweetbread like, that's that is off of my palate these days.

Just knowing. You know what? I know what I've seen. I mean, you know, with living with that disease process, you know, it's just not a risk. Why take.

There's no reason for it. Fantastic. So now we have a better a better understanding of these misfolded proteins. Then let's talk about how you discovered fancy.

Yeah. So it was, you know, really looking for, you know, pulling together therapeutics. So I've been in practice now 21 years. At that point it was 17 years.

And as you know, as being a clinician, you know, because you have research on something doesn't necessarily mean it's going to pan out in real life. And of course, we love the research, but I'm a clinicians clinician in that I want to see results like, you know, they tell you when you go to medical school, well, don't get attached to results.

Well, that no wonder it's depressing for a lot of physicians and providers out there, especially in neurologists.

Understanding Misfolded Proteins and Prion Disease

Yes, they have the highest rate of, suicide, actually, of of the licensed, medical providers because besides psychiatrists. Right. Because there's no, been no breakthroughs.

Right. And it is it can be quite depressing for all involved. So, you know, looking for there is actually plenty of research out there. So what the F stands for is a functional medicine approach.

You know, I'm a natural path, a doctor and Chinese medicine practitioner by training and licensure. And in Oregon, we're primary care providers. I have a DEA license.

I can prescribe any drug on the planet. I just choose not to at this point in time. You know, I get, more and more confidence with how the body can heal itself given the right information.

And I speak more confidently every year that I'm in practice because we see more and more spontaneous remissions where, you know, the UN curable disease processes people no longer have.

I am not curing anybody of anything. It is the their vital force, their vitality and the medications that we're using. You know, the root word of doctor is dose is teacher.

So I'm all about educating folks about what their options are, what the choices are. So to have as many choices as possible, you want to step out of the box and utilize all of the medical systems.

So that is what I call the F or in the functional medicine approach, also, we say we treat heart centered dynamic beings moving through time and space.

You know, in Chinese medicine, there's no word for mind body medicine. It's all heart based medicine, the emperor or the empress. And that really resonates with me.

It resonates with the folks that I see here. Because we know the system is broken, the reductionist model of the pieces and parts. It's not. It's not reality. It's not how we function.

You know? Sure, you break your arm or you have some, you know, drastic, event that happens out there. Do not come and see us in our clinic. Go to the E. R.

and, you know, get life saving measures. But for chronic illness or, I would say, really autoimmune conditions, chronic illness, most all the other pieces of medicine that you're needing care.

You want somebody to address you as a human, and you know, understand all of the interrelationships. So that's that functional component, which then leads into the A which is assessment.

You know, I don't know about you, Bill, but I always get people calling me, what can I take or. Sure, you're getting called like, well what pen f machine should I use?

Right. As if it's a one. You know, one trick pony. You know, life is way more dynamic than that. So I, in the assessment, is crucial of taking a broad look and turning over many more stones.

I mean, I, you know, there's low hanging fruit, neurodegeneration, around hormone imbalances, around levels of toxicity, in particular, heavy metals. And then the microbiome is that's the the basic three legged stool for all neurodegeneration.

But in an assessment component, it it's essential because you can set sail in the wrong direction right out of the gate. You know, I see tons of people taking tons of supplementation and doing all kinds of different therapeutics, but they don't have a roadmap, nor do they have a clue or to measure how where they're going.

And, you know, like that Yogi Berra quote is, you know, just watch out. If you don't know where you're going, you might wind up there. Right? And so you want to have a, you know, a guide along the way.

Again, I like to say I don't want people suffering for not I this point. I'm talking to people around the globe and it is very lonely with neurodegeneration.

You know, they go in to see their neurologist. They get evaluated on an annual basis. Maybe there's some medications that may like, even for, you know, aricept for cognitive decline.

It's like really that's what we're using for like there's no other discussion around diet or exercise or you know, other therapeutics that we are showing really great clinical results with, which I'll, I'll share with you after we get through this fancy component.

Then we get into nerve health and and the far and end is on nerve health. Everybody wants to start with that. Like, can I, should I take mushrooms? Should I take you know, what are the supplements that I should be taken for brain health.

Is it Allah or is it are we doing, you know, longevity components within them? And, you know, so I, I did I wrote about, many of these in my book. It's called Shake it Off the Fancy approach.

To Parkinson's Solutions and it's not just all codified there. It's not a laundry list. It's like you really want an individualized approach. So that's the end section.

And then see is the largest lever that I have discovered in 21 years of practice, which is cellular, regeneration. So regenerative medicine, is the largest lever that I have discovered.

And we're doing really, really cutting edge therapeutics here with a, laser activated and guided, very small, embryonic like, stem cell procedure. So it's a V cell vias in Victor, which are just fascinating stem cells that are endemic in your body that we can activate with a, a song modulated laser which goes from light through a, filter into sound.

And there's a lot of research coming out of UCLA using exosomes with ultrasound guided ultrasound treatments. And, we're modeling our, our therapeutics off of that.

So that's it in, in a nutshell. So if you've got any questions in there. No, I think neurogenic neurodegeneration and rebuilding in the brain is is definitely, the future.

I think, but just to amplify a point that you made, you know, if you don't consider all the other things, you know, people could be drinking, you know, Diet Cokes, right?

Oh, yeah. To wake themselves up. So the diet component is going to mess with your brain. Sugar's going to mess

with your brain. So if you all have a degenerative neuro neurological degenerate disorder, and we are all neurodegenerative, all of us, right.

Yeah. Just enough your your neurodegenerative. It's happening right. And it's happening unfortunately you know so Alzheimer's so 2017 blue cross blue shield actuarial data of average age of onset of Alzheimer's in that medical system.

I was I was like, wow, it's that young 47 years old, the first signs of neurodegeneration in Blue Cross Blue Shield. So that, you know, they're those are the bean counters looking at, well, what are we doing here?

And that is with a condition with no known cure, right. So that, we know there are a lot of things that we can do. In fact, I just to share a story or two here of what we're seeing.

So that fancy approach, how it rolls out clinically, you know, we are using, you know, hyperbaric oxygen. We're using Chinese medicine, we're using nutraceuticals, Chinese herbs, low level laser therapy.

You know, we're really putting as much on this teeter totter as we can in a coherent manner to get some to get results. So I had a, 65 year old retired pharmacist who, you know, was able to do complex math in his head, you know, you know, while he was brushing his teeth and twirling around.

Right.

The F.A.C.E. Approach to Neurodegeneration

You know, it was he really accelerated through, Covid, meaning he progressed in a negative fashion into a stage to Alzheimer's state, which is he was not able to do one plus one math.

Very confused, you know, pretty gone. And he came in. We did, our laser therapy. So the laser activated and guided the cell procedure and within 30 minutes after that procedure, he was rattling off, multiplication factors like complex tables.

And within a month, his sense of smell came back. So. Cranial nerve, one olfactory nerve. This isn't supposed to happen, right? You're not supposed to be able to regenerate neurons in the brain.

So we, we are seeing that I have folks that were totally debilitated with Parkinson's, on the couch tremor so bad they can't get dressed, walking with, walking aids.

Stop walking because they were falling down. Even with, a tripod walker and came out. Started out with assessment, got their foundations down, came out to what I call camp nature cure is here.

And, actually, Cindy called me a year later from the park saying, hey, Doctor Echo, guess what? I said, you know, I don't like getting calls like that from my patients because it could go either way.

And it was, she said, my husband just told me to slow down walking in the park. It's like, wow, Cindy, when is the last time he's ever said that? That, like, this is a woman that was on stuck on the couch, totally debilitated.

She said, it's been over a decade, so it isn't. I always take that as great hope that it's never too late to try. Like, you know, I think a lot of times when especially you get on the internet, it's like, well, here's your condition and here's where you're going.

And it's like, don't believe that because you are not a statistic. And there are those people are not thinking outside of the box. They're just kind of, you know, submitting, to the dominant thought process, which is there's no hope for you and there's no solution.

Just no, there are a lot of people, you know, and I really congratulate you for putting out the summit because it is

about getting the information out to people, to, to show like, hey, there are a lot of heart centered providers and practitioners that are really working for the collective good, for all of us.

So, you know, I just wanted to share some stories because sometimes it feels like, well, I, I haven't seen it, so it's really hard for me to believe it. Right.

Well, and I know I did a study on concussion, with a very relatively low intensity PMF system where people doing two hours a day of this battery operated, low intensity system, and we monitored them using a device called a brain gauge.

Okay. All right. And then we did a scale, a concussion scale. So we did two instruments to monitor the progress. So for the first two weeks, we we monitor them every day.

And then after that we monitor them, every week and then after that every month. So we did basically three months of treatment, two hours a day, two different parts of the brain, front and back, side to side again with a small, what device called a flex pulse.

It was like the flex pulse, but not exactly that way. That's your device within within within a week, the scales started moving up in terms of functionality, in terms of the brain gauge, and most people plateaued at about two weeks.

At some point, a few patients actually kept going up, but most people plateaued, started within a month, but most people plateaued within two weeks. At the end of three months, we stopped the treatment and reassessed them, and they all regressed.

They all lost about half of their gain. So we know with that particular treatment that we basically had, some improvement in function, but we didn't fix the brain because otherwise it would have stayed.

Right? Yeah. We don't know what a three hours a day would've worked better, or whether six months of treatment would have worked better. But that's, you know, the data that we had at the time.

Well, that is true across the board with the PMF research that I've seen in neurodegeneration. You know, you've got to get into escape velocity, right.

And when you think about central nervous system degeneration, that didn't just happen overnight. And so, you know, it's the research that I've read consistently, in neurodegeneration with PMF is you've got to consistently do the therapeutic.

And and that's why I said it's it's not a stand alone therapy in my thinking in that because there's so many facets of what we're trying to move. Like you've got this 800 pound gorilla over here and it's the tip of the iceberg.

You know, like for Parkinson's, it could have started 10 to 20 years prior in the gut. And so, you know, if you have 20 to 40 years of neurodegenerative process, like you said, like we're all dealing with this, and if you think that you're not, you're kidding yourself because you know, the stats on over 65 years old in North America by believe it's 20, 30, 50% of people will start having, some noticeable neurodegenerative symptoms and cognitive memory loss and dementia, etc..

So it is, we do use that. We use a low level PMF pad that we discovered before we got on the air with you. But also I have a clinic coming in Park City, Utah, where we're bringing in items, which is similar.

It's, transcranial magnetic stimulation a little higher, and that there's research coming out on. And we're leading with the traumatic brain injury Center there.

And we're working with NFL players and retired sports figures. Chuck Liddell actually is going to be one of the main, spokespeople. I didn't know him prior, but he's a mixed martial artist, world champion.

He's knocked out six times in his life, like flat out, lights out, major brain traumas. He's got his brain back. NFL players are texting, you know, their kids after Thanksgiving.

Like, thank you so much. We've got our dad back. This was with 40 years of ago playing NFL. Now we're able to turn their brains back on with using these technologies of really frequency.

So, we can agree on frequency and we can agree on pmfs. And sometimes the combination works better and sometimes one works better than the other. That's right.

Oh. It's empirical. It's often a matter of trial and error. I want to get back to a point you made about a broken a broken medical system. Yeah. I don't think it's broken.

I think it's a piece. Okay. And the problem is the forces of economics and the forces of, academic medicine at the time of the Pellegrino report basically said, we're going to capture this world.

We're going to take this world by storm. We're going to make this our system the dominant medical system. And it's a pharmaceutically control system. It's a surgically control system.

Most of that happened at places like Hopkins, United, Chicago, you know, whatever the big the big medical schools and say, so we're going to force this system on everybody for everything.

That's the problem. And that paradigm still exists. Well, that is the system. That system is broken. Well, it isn't it isn't a broken system. It's that that system is still on purpose.

Oh, I got it. I got it all right. But you need to have a bigger system. You have to have a bigger view, a more complex concept of health in the body and healing.

The Pellegrino report. There's also the Flexner Report and a Flexner, actually, that was put out by Carnegie Mellon. Yeah. And that, that put the kibosh on an integrative model, because we did actually have an integrated model up to about 1930 in this country.

And so I'm hoping that we get back to that. But unfortunately, the economics and the powers that be aren't so interested in health because we have a very big profit in disease management, and sick based model of care.

So, you know, that's the component we can, you know, it's not broken. It's isolated. It's it's just we're using the wrong system. And we, we need that.

We and we recommend to our, to our patients. Right. Our clients and people we talk to, we educate and inform that you need to it's a village. Certainly that medical system is one house in this bigger village.

And we we, you and I and our patients need to recognize it's one house, right? Listen to us. The people coming to us have already acknowledged that there's.

That house is not enough, right? Right, right. Yeah. I you know, my moniker is where East meets West. Naturally. And so, you know, utilizing for complete care is utilizing all of the information we have at our, you know, access to.

So I totally agree, that that aspect, though, is, you know, driven by the economics people don't have access to a lot of things that aren't that system.

And relying if you're relying on somebody else to be paying for it. So there's the problem, the reliance on somebody else to be paying for it. And when you do that, then basically you're not going to do anything but whatever somebody else is going to pay for.

And if somebody else is paying for their controlling it, right, you're not controlling it. And unfortunately, there was an experiment done in University of Washington in Washington state, actually with Blue Cross Blue Shield.

They funded something like 2 or $3 million paltry, but they funded a program for 2 or $3 million for a short period of time, allowing people to go to, massage therapy, to acupuncture and.

Oh, yeah, therapy. It went bankrupt in six months. So what does that tell you? It tells you that these needs are ongoing. It's not insurance, which is a one time thing.

That's how insurance was designed, that catastrophe. Right. So you can't do it that way. The model has to be self care. And you have to develop a lifestyle around taking care of yourself.

And nobody else is going to do it for you.

Clinical Results, PMF, and Brain Regeneration

Right? Then you're not going to go to, an insurance company to pay for your meals. There is. So you're speaking to responsibility, right? It is our ability to responsibility and self care, self-reliance.

That's right, that's right. Yeah. The Savior is coming, folks. We have to do it. That's why we educate this way. So yeah. Thank you. So you start as soon as you recognize that there are changes happening and soon as you as soon as you start to see that your diet needs to be changed, your lifestyle needs to be changed.

You need to make these changes that you own, that you have to be responsible for. And you can't rely on the box of cereals. You can't rely on the can of goods.

Yeah, you have to go back. We have to go back to what our fundamentals are. Yeah. Genetics is how old? Billions. It's certainly millions of years old. Yeah.

And what do they the food that we have today is only, what, the last 100 years or so that we developed food the way it is now. So just that for. Yes. Oh, yeah.

I mean, it is that component. As a physician, I've been charged with addressing the root causes of illness. And so, you know, sometimes people think, well, doc, why are you talking about farming policy?

You know, along those lines. So, you know, the quality of our food and our air, and our water. Water, is really important, right? Because those are fundamental building blocks of how these systems work.

Everything. So, you know, it is it gets complex quick. Bill. And, and that aspect around. Okay. Well, what do we do? You know, let's let's leave with the, the fundamentals, which is movement, I think is one of the best things that you can do for your brain.

You know, if you do even high intensity movement for a minute. So meaning, you will increase Bdnf brain derived neurotrophic factor in your brain. It's also why I use Chinese medicine as a foundational discussion with people, because the Chinese were obsessed in medicine around blood flow.

What travels in the blood, the healing properties of the body. So exercise increases your circulation carrying nutrients and oxygen to your brain, which then allows your brain to regenerate so it's not sexy, right?

That is not a sexy statement. But you know, we need to move our bodies. And if we're going to age, well, you know, I've said I want to live to be 150 years old because, you know, if I don't make it, what do I care?

But also it changes my behaviors today in that, you know, I've had the honor to sit with 90 year olds and, you know, hear them say, you know, if I known I was going to live this long, I would have done better myself.

Yeah. So it is, just simple movement. You know, there's a great book out there called the One Minute Workout, developed by a researcher in Ontario, Canada, you know, studying exercise physiology and is like, gosh, you know, I'm I'm supposed to be the expert.

I don't have any time to work out. So he started experimenting on grad students and discovered, well, heck, if you do like a four minute warm up, one minute of high intensity workout on a bike, and then four minute cooldown, you'll get the benefits of that.

That's a that's a big play. Increases Bdnf. The brain drive neurotrophic factor gets your heart going. It's just beneficial across the board. So it's not like you have to become a gym rat, right?

We want to make it fun. And that will also. That's a big that's a big is another one after yoga. Yes. Laughter is awesome as well. Yes. So this since this is the PMF summit. Yes.

Let's transition. And you and I both share an interest in PMF. Yes. And one of the benefits pdf, PMF increased pdf. Yes BNF. It's anti-inflammatory. So huge benefits on the anti-inflammatory component.

Increasing oxygenation in the blood. You know, the, the benefits on that aspect. And, you know, it's just so fascinating that it's from that frequent see that does that.

And I know you've got the different research components on what is the ideal number. And that's the that's where the art of all of this comes in. Right.

Well, one of the, I blog on my website is about identity and how identity and density receptors are responsible for inflammation of the body. And what that research has found is that the optimal magnetic field intensity at the target adenosine receptor is 15 gauss.

Yeah. Because as a measure of magnetic field intensity, so 50 the Earth's magnetic field is a half a goes. By the way, do you know what the, and, PMF intensity is that the space station for the Gauss?

No. Well, we're only point five gauss here. Yes. So what is it? Space. What is the space station? Outer kilometers up. Yeah. Point for Gauss..4.4. Where?

Point five. Okay. 0.4. That's a I thought that they put in the frequency there. They had to put the frequency into the space station. No, no. All right then now it's the magnetic field.

What they need to the space station is gravity. Yeah. Because they already have the magnetic field and they're still getting light into the space station.

So they're getting those natural frequencies anyway. But but the point is that in order to trade across the brain, you need the right magnetic field intensity to be able to reach deep enough into the brain to be able to decrease inflammation through the adenosine receptor on the neutrophils that circulate through the brain, the body and the pmfs increase ATP.

They increase mitochondrial function. They, increase stem cells, neural stem cells. There is research done with neural stem cells. And ten hertz was the, frequency.

But it actually was more about the intensity. And it was 24 hours of stimulation of these neural stem cells that power 400% increase in neural stem cells at about a 100% increase in neuro stem cells at about 200 growth factors were stimulated in these neural stem cells.

Yeah. So that is very similar. And that's why we stack this pan with hyperbaric oxygen because we're seeing the same things. And that research. Then you actually load front end load it with the activated B cells to get into circulation.

So you can see how all of these things stack together. Absolutely. To create the velocity for folks. Absolutely. Now while I think that what you're doing is absolutely heroic, groundbreaking and definitely at the edge of the science, one of the things that I deal with all the time with patients as well, is that I want to create as much independence as possible.

Yeah. So unless we unless you and I can cure a problem, can essentially reverse it, right. Or provide a very long term benefit with our solutions. So you do intensive treatment and provide a long term benefit.

Eventually you're gonna have to repeat the treatment unless they go into a sustainable program at some time. Right. But like the concussion study, people will need to do their own treatments at home.

So in combining what you do with a home therapy and a therapy program, because not everybody could afford a laser, not everybody can afford, light therapy, right. And and so on.

So if you have one system only that you rely on in the home setting, who can afford what, right. It's a subset. It's a subset, right. It is a subset. So in your setting you it works phenomenally well.

But then you need to go home or something. You need to go home. So you could do something every single day. That's right. And that's what the research shows with Pam is you've got to use it consistently through time. Right.

So that is, you know, you have to create a sustainable before and after component, right? Because otherwise you yeah, you slide right back down the continuum.

I get asked that all the time like, hey doc, how many times do I have to come out for the camp? You know, interest strongly enough? Some folks, it is enough of a, a push for the vital force to correct itself where they are.

They're doing lifestyle, everybody. Foundational stuff is, you know, we're working on their diet, their movement, their mindset, their sleep hygiene. You know, all of that is that is a must, right?

Because without it, you're just you're going to go right back to where you came from. And that is nobody's goal. And then having these devices wearable at home and or mats etc., it's really essential so that you maintain what the benefit was and also increase and gain as you go forward.

So it's a really great point not only to the brain. No, it's the whole body, a whole body. The whole body. Oh yeah. It's got to be the whole body, right?

It is. Last time I checked it's connected. They are, I think, a big one. I discovered that the big toe is definitely connected to the brain.

Lifestyle, Self-Care, and Where to Learn More

Right. Probably the hard way. Yeah. I tell you that. We find it out the hard way. So how can people reach you or how people get more information about what you do?

Sure. I am at, be vital pc.com and nature cures clinic.com. So you can, just Google my name or search for my name, on whatever your favorite search engine is.

Greg eckel and, you'll find me out there, and that's Doctor Greg Eckel. Excel. Yes. And you have a book. You said, come take it off, take it off, shake it off.

And integrative approach to Parkinson's Solutions. I wrote it for people to read, so it's very readable. Talks about a lot of the therapies, the research and our approach.

So we've got exercises in there. I'm a big, believer in qigong. I studied in Tibet, in Sichuan province of China. And it's a great thing that people can do to even visualize if they're having trouble moving, can just visualize the videos that we created for you.

So we we want to have a lot of resources for folks, out there. One last point. I also discovered in early in my career that magnetic fields that were acupuncture points of meridians.

And I have a course, actually about acupuncture at Pmfs on the PBF Training Academy. Oh, cool. Six hour course that I did for acupuncturists on how Pmfs can integrate.

And so any whole body treatment with a PMF system or any treatment anywhere in the body with the system is going to basically address acupuncture points and meridians as well.

So that's self acupuncture. Yes. Love it. You can still do acupuncture with a specialist, but you can also get the benefit of acupuncture at home. Love it. Love it.

Well thank you very much Greg. Phenomenal information. Very helpful. I'm sure a lot of people will watch your video over and over again. And they should. They really should.

I look forward to meeting with you and chatting with you again down the road. Thanks so much joy the rest of your day.