Podcast Introduction and Guest Background

Cholesterol is used as a building block for healing in the body. Now, if it's not used properly, it's going to plug you up and raise your blood pressure.

So we'll do fossa title choline which is lecithin injections and get blood flow to increase in people's blood vessels. You know we've used that for a long time along with collation usually.

But there's just interesting, weird things that you come across that I think everyone should know. Here's another one for you. You know about glycation diabetes.

Blood sugar in the wrong places, causing all kinds of problems. Study done in the United States with the NIH qui lation study. They followed patients for eight years.

They found by getting the toxic metals out, they were able to reduce the glycation events. That whole losing your eyesight, peripheral neuropathy, pain in your feet, all those things dropped 30%.

That's like okay. This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Welcome to the Two Curious Movies podcast, where we explore the world of integrative and holistic medicine through the lens of narrative medicine.

The stories of healing from both sides of the equation. Today we speak with Doctor David Wickenheiser or Doctor Wick, as he is known. Doctor David Wickenheiser is a licensed naturopathic doctor who has a clinical focus on natural and regenerative medicine.

He enjoys sharing his common sense approach to regaining and maintaining your good health. Doctor Wicked Witch was born and raised in Colonia, B. C., where he now practices and he enjoys researching and implementing new technologies into the health programs. He offers his patients.

Welcome to the two curious MDS podcast, Doctor Rick. Thank you so much. I must say, it's a little odd because a lot of MDS apparently are not that curious. So no, but everybody's curious.

But I think they're most MDS, as you know, are probably exhausted. And so that's hard to be curious when you're exhausted. Absolutely. I think being in health care right now.

We really love reaching across all of these different silos and divides to really learn what we all have to offer each other and the perspectives. And you've been in practice now for.

I graduated 30 years ago, and time flies when you're having fun. So I must have had a lot of fun. But I've learned so much more since the four year degree because I love going to courses.

I love soaking up information, and it's quite funny because some people say, well, you're a lifetime learner. I said, well, maybe, but I'm definitely compulsive.

I soak up in for me, I have a lot of questions. I mean, I'm sure you guys do too, where we just want to know more things. And I'm shocked that so many people don't have questions.

They don't even think about questions. Well, I can't turn it off. I just have to ask a lot of questions. And with some of the new technologies today, some of the AI, I can actually data mine my ancient textbooks, even this is kind of cool.

Curiosity, Burnout, and Lifelong Learning

This is really neat because I can get information for people that matters. Yeah, I love the word data mining because it's like you're digging and exploring and you're rediscovering something ancient that's valuable, that has that metaphor for, you know, and it's exciting, right?

When you mine or when you and yeah, I think I don't know about other physicians, but I know I've always been very curious. And I think when we brought up the idea of this podcast, the curiosity of science and the curiosity of learning, the curiosity of creativity, the curiosity just feeds so many elements of our existence.

And it's hard to not have it. But then there is so many places where you see that that's not there or promoted or encouraged and yeah, medicine. We kind of get burned out to, well, you know.

So focused on delivering and what delivering what people want and what that's determined by usually is advertising. And so they just want the latest. Give me the latest drug.

Well, maybe that's not the best for you. Yeah. And they just want to solve their problems. And then you want to get through the day. And how curious can you be. Well, I totally applaud you both because to maintain that curiosity is not easy.

You got to have energy. And sometimes people say, oh, what are you working on a weekend and say, well, I'm not seeing patients on a weekend, but I've got so many other things to get through.

I've got these courses and that course, and I've got four more books that I just got ordered in that I need to read. And so, so yes, I know it's I know you guys.

Yeah, you can totally resonate with that. And my question number one question is going to be what are the names of those books and what gives you that excitement to read more and learn more in your work that you're doing?

I'm fairly sensitive. I'm a guy I'm not supposed to be, but I am, and I'm really sensitive and take it pretty hard. And it's really personal. And I know you guys do too, when patients don't get results and I've got a lot of patients, they're not supposed to be relatives and friends.

But hey, you got to help immediate people. So I'm really motivated by getting results because I take it pretty hard when people hit the wall, when they burnout, when they.

And a big part of what I do is regenerative meaning joint regenerate. Although it doesn't just stop there. I've got so many new things that I've just gotten into in the last six months, even.

How do we get people to be the best they can be? This is a philosophical question, but it's a very practical question because how do we actually deliver that to our patients?

That's what I'm working for. And I get a real boost. Maybe it's a dopamine dump. Whatever. I'm getting a real boost when I get a solution is I've been working on that solution for so long now I have a saying a lot of what I've learned, I've learned in about maybe six seconds.

Sometimes it's take me 20 years to get to the six seconds, right? Yeah. You guys are the same, right? You've been working on our problem for so long. And finally the answer pops up and you're just so excited.

This is. I mean, I've been waiting 20 years for this. Yeah, yeah. So too. And it comes together so naturally. When those six seconds arrive, it's like they have arrived.

It's a tipping point. It's like, oh my goodness, I got the answer. So yeah, one thing I do is ozone therapy. Yeah. So that's a way of stimulating healing.

And one of the teachers that I've gone to and I'm sure you guys are familiar with Robert Rogan. So okay, so he's one of the top two. You know, I consider ozone trainers in the United States.

Frank Shellenberger is fantastic. Robert Rogan is fantastic. They did a presentation through Doctor Rowan's office. I've been to three of their trainings and ozone.

I'll talk more about it in a moment, but I went to three of their trainings before and they did an online one. So you know who and I think in question.

So you know who invented alternating current? Well, that was Nikolai Tesla in about 1890. Who's the first person who created energized oxygen ozone, Nikolai Tesla in 1890.

And who's the first person who ozone aided glycerin Nikolai Tesla in 1890. So during the trip and I've been doing ozone therapy last March, it's 29 years and it's so cool for stimulating healing and turning on the natural ability.

Well, I didn't know about designated glycerin, so they're talking about this at the presentation. And they cited a book that I subsequently bought and it's from 17th edition, 1907.

Oh, and what they list and what they're treating now, ozone is really interesting, interesting for me because it turns on natural ability, for your listeners.

So cytokines are the chemicals of healing, whether that's trauma or infection. Remember people had cytokine storms when they needed to be intubated with Covid infections, being hospitalized.

So our trick is to actually activate the natural healing ability of a person by introducing energized oxygen. Now, that can have some challenges. If we're regenerating spinal discs, which has been done in Europe as long ago as 40 years ago.

So when I treatment that I learned coming up on 30 years ago, we I was board certified after I learned some of the treatments, you introduce the ozone into the body injected, but you got to freeze fur.

So we use protein and B12. And then you introduce the ozone it creates and overnight that modulates the cytokines. So this is a natural way of turning on healing.

Well now the ozone and glycerin the ozone Asian. Now there is some pain when you create the ozone. But that pain isn't present when you do it in glycerin.

But the glycerin being a sugar, is sucked into the body and it's phenomenal. Turning on healing and regeneration, skin care, internal. I'm just very excited because we're not forcing healing on the body.

We're supporting the natural healing cycle.

Ozone Therapy and Regenerative Medicine

Which is really now that we've kind of discovered this art of understanding the way healing really works, it's not really that you take it away. You FC support what's there or force encourage or force that are encourage it or activate it in in a very natural way, like you really push it to what it can do.

Tell us more about how this works in the joint system. I'm I'm fascinated to learn and I know peptide therapy all of these the new I mean I don't know if it's new science is.

But really thinking about things outside of the box of medicine is really what we're really talking about. You know, we don't have to be prescriptive, but we can really think outside of the box and describe to us what that looks like when you talk about ozone and regenerative joints.

So when I'm regenerating tissues, I have a couple of questions. And again, questions just pop into my head. When people come in, I have to know, are they broken or are they out of gas?

Now too many people are out of gas, and quite often you're initiate healing by giving them more energy. Now that can be as simple as straightforward diet and certain nutrients.

And aid is really important for energy. And so we use a lot of that, whether it's in pill form or injectable. The first thing of course assess I have ultrasound training and I've got a machine.

So what is really going on with that particular joint. Then we need to feed the system in there. Certain supplements that we do to feed and then stimulate.

Maybe that's ozone, maybe that's platelet rich plasma to initiate the healing cycles. And then there's follow up. There's different things to nurture the healing ability of nature.

So kind of straightforward just, you know, feed get the blockages to healing out of the way. Get them to stop doing things that they shouldn't. Here's a saying for you I believe all healing, all medical problems are because of a pronunciation error.

So this is a joke. So what do you mean a presumption? Error? It makes sense in a moment. The pronunciation error of the inability to say no. So how many people are overdoing it because they made commitments that they never should have, but they can't say no and they're overcommitting.

There's no boundaries or no expectations, or the expectations are unlimited. So, I mean, in your guys's lives, how many times have you done something that you over committed and you knew it even going in, but you felt them?

You know, you had no choice. But you know, as doctors, we do this maybe all the time, but no. Maybe. Yeah, I'm interested to hear. Tell me a little bit about the, the patients that come to see you and, what's, you know, what's, kind of hallmark patient that you find comes to you and, finds relief from this kind of treatment.

Well, it's a bit of a an interesting circumstance in Canada because we have socialized medicine, which there is a limit, of course, which means you can have anything, any type of treatment.

But you're probably can wait 2 to 3 years. And so there's a lot of delays. There's a lot of delayed care, which is not the greatest. So I get a cross-section of people, typically mature individuals, although I deal with quite a few children as well, but mature individuals, unfortunately frustrated with the system.

They're tired of waiting, they're tired of being delayed. And so they want a system that cares for them. And actually, too many people have not been listened to.

You know, this this bad joke of getting get out, don't mess my hair. It's just like, what can I do in two minutes? Well, I can give you a drug and say goodbye.

Yeah, but you know, my mother is 90. She goes to her doctor, and I counted when I went with her. Nine signs, little signs in the exam room that said one visit, one problem.

Now, that makes me crazy, because by the time we go through their third, fourth, fifth problem, they all overlap. And I don't know how I can separate them.

They all have to be treated together. Yeah. I mean, I'm sure you're going through this personally because this is a challenge that every licensed medical professionals involved with.

So are you guys experiencing this as well? So there's this kind of like moment we're in right now is where people are, I think. And you've been in this for decades, but I think it's getting to a point where the systems have definitely not served the needs of the people who are reaching for help, and there's a greater complexity, of the conditions

that we're seeing in our populations, which is why I wanted to know, how did you come to discovering this treatment and kind of putting those two things together? Right.

You had the patient population. You had these patients who were suffering. They had all of these overlapping chronic problems. They they'd been frustrated by the system because there was no one shot answer to what they were going through.

And here you were saying, no, I want to do this differently. So how did you get those two things together? So so I was trained as we all were in school to solve problems.

I mean, my core competency is pattern recognition. What kind of pattern are we encountering here? That's why I have to ask more questions. I really need to know where we're going, where they came from, where are they going?

And then from there, I was frustrated when I got out of school because how do I actually look after people? They gave me a certain level of competency, but I'm attracted to going to more courses because I hear stories and oh my goodness, I got to go to that course, bring it home, that skill, go to another course, bring home and meet more people like yourselves that have solved these problems.

Because really, we're solving our own problem by learning more skills. And so most of the people that I care for have come off referrals, which is the best kind, because I know that I got along with who's referring them and they know what to expect.

It's not just a surprise. Very rarely do I have someone come into my office not knowing my approach, which you start with nutrition, get rid of toxins, stop consuming something you shouldn't be.

And in our culture, and that's not easy right now. And that's why I struggle with some of the adolescents and even young adults that are vaping. I mean, this is just not a great idea.

And so certain blockages to healing, we've got to negotiate our way through that, get them healed up, at least in the intestinal track, and then move ahead to using other therapies when they're ready to get some real regeneration.

This is why I love using ultrasound. I was looking at a young man today. He was playing hockey, got really strung out on the goal. He went around behind.

He's only 30, went around behind the goal, got hung up on the goal net and was moving so quickly he stretched himself. So his pubic symphysis in the front is in pain.

Interesting. Let's have a look. Look with the ultrasound and wow, we got some work to do. His opportunity for improvement is big. We can really make a difference feeding the system, stimulating it to heal and getting his pubic symphysis right in the middle.

Now the front as you know, to regenerate because that throws off both hips, throws off his back, his knees all over the place. This this moves all over the place, that problem.

So to actually be able to look that was a big deal for me to get ultrasound training about 15 years ago. So you actually go in and see the problem. This is so cool. Yeah.

I can say the same thing when we do make and we can actually see the dysfunction, you know, and it's, it's hard to see a brain, you know, dysfunctional brain.

Right, for patients. But it's so validating. Yes. It really validates the pain. It really validates their situation. It validates how they feel inside.

And you can relate to it and connect to it with the technology or with even the you know, the human touch, the doctor's touch, the healers hand. That itself gives connection to somebody's pain.

Right? And some, and I think that's part of the, the healing, at least at this what I see that you share to that healing space and then share to that understanding of that.

It's such a sacred connection to have with your patient, To have cutting edge technology, which is what they're looking for. How do I solve this problem?

Is it even possible to solve my problem? Reassuring. Taking full history, you know, tell me your full story, then. Offering solutions and being present and actually.

Well, I take pages of notes, so listening and making notes and to have them heard which of course their family and friends are tired of listening to their problem.

They told everybody and they don't want to, I'm sure, in many cases. And so then we listen and tell them about technology for you, you guys, this case you're talking about EKGs.

Well. Cute eggs. Two eggs. Yeah, kind of I yeah. So that actually numerically gives them the information. Now here's the next part. How many changes do you see over time and with therapy?

Are you noting positive changes? Definitely. And when you when you do stimulation treatment. Yes. Like you're doing with the ultrasound or with other ozone, when you can actually track a function of outcome and measure that and see that over time. Yes.

And to have a quantifiable way to see it, I think really also ensures, you know, the practicality of this approach in the, because we're really cutting edge, right?

We're really doing things on the edge of normal, I guess. What never or whatever normal is, so you have to be able to assess that. And, and the technology, we have technology.

Why not use it? Yeah. Why why not use it? We have ways of really enhancing what we do with that curiosity, I think and I think yes, keep that, you know, ask those questions.

It's still okay. You know, what are the ways that you. That you're talking about to really buffer between the technology and them. And in the end, they just want to know, can you help me?

I love what you showed me. I don't understand it, but can you help me? Are you sure? Yeah. And it's like, well, let's let's watch your progress with the new technology.

Yeah. They get really excited. Speaking of progress. Yeah, yeah. I want to know you. You just mentioned something that's really kind of resonating with me, that there's chronic problems for which this therapy is useful, and we're just focusing on ozone therapy.

We haven't even touched on PRP and Prozac. And then you're also talking about acute issues for for what it works. Tell me about when you, you know, all this, as you're, as you're talking about testing and assessing, right?

We're saying assessment means you check the situation before you do the treatment. You do the treatment, and then you check afterwards. And what's really interesting here is we just in this time now where we can get all of this rich data.

Yeah. Off of each patient versus before where you where we used to have to pull data and to do statistical regressions and things like that, and try to really come up with a cohort that will try to mimic what's happening in real world.

So we are now in this kind of like shifted over state as physicians, as healers, as as people in this interface of let me solve the problem that the person is coming with instead of the need to diagnose and label and all of that.

So tell me about, you know, between acute and chronic, what kind of timelines are we talking about here? When you start to see improvement? Well, it depends always on the problem and how much involvement the patient wants in their own care.

So this is where I skew it a bit because I really work with people that are motivated. I've had a few people show up and they have said right at the start, I don't know why I'm here today.

They said, okay, well, why are you here? Well, my, my, my wife told me to be here. Well, if you're not going to be actually involved and looking for problems, you're just trying to placate a family member.

I don't think I can help you, but if you're really involved now, we can do physical exams. We can look at things, we can do lab exams, all those things you're talking about instead of dealing with on an entire population, but with an individual, by allowing yourself the ability to actually be in the moment and look at their results, not a statistical average.

Well, there's of five out of 12 chance that you'll get better if you take this for three months. It's like, no, let's look at this now. Let's look at ozone therapy, for example, as an example.

There's different ways of applying ozone. You can Limburg. You can put on the surface of the body. This is happy but it's to talk about.

Assessing Patients and Tracking Healing

But it's really good we rectally in flight. So putting it up the rectum, it will react with the lining of the large intestine and actually optimize natural killer cell activity in the bloodstream.

Pretty cool. There's I don't do a lot of that, but I do that for prostate cancer in some breast cancer patients as an adjunctive treatment. Then we've got one where I inject joints or just below the surface.

I'll talk about that in a moment. And then I've got another one where we draw out 200 mils of blood, ozone at the blood, put it back in. We do that ten times. That's called ten pasos.

Now, what I've noticed over time when we inject microdosing, 30 gauge, half inch needle, tiny little needle just under the skin, we watch for three results.

Number one, what do they feel? Because people will feel nothing. Nothing often. Oh my goodness. That's where the chemicals of healing cytokines are backlogged.

And they'll have point tenderness with the injection. Now we also notice that they bleed more there. So I'll be dabbing a spot where there's more of a backlog.

And of course we'll have more pain. Now it's about 4 to 10. So if I do an area they'll be nothing. Nothing. Oh my goodness. And then there'll be a total area that I'm injecting.

And then as a resolve every week. So the healing cycle of nature is seven days. So I see them seven days later, do it again. And you watch the area expand and then contract expanding contract.

And until pretty soon they don't react to any injection. It's not just that they got better. It's not just that they have healed, it's that or that they adapted to it mentally because they know the relief is coming.

It's that they actually processed out the cytokines. They've optimized. And of course, pain, redness, heat and swelling. Inflammation is just signs that the cytokines are backlogged.

So when you get them moving, you know it's moving ahead. Now this is really colorful. When it's chronic they may have some pain but they don't have bleeding.

So part of what we're up to is to stimulate them to. So that comes from a chronic situation to a more immediate and then resolves. And I imagine the cytokines are just one cell line of cells.

And you mentioned, I mean PRP is or platelets and other cells or cell lines, what are the other ways of enhancing kind of natural responses to illness or conditions?

Well, if we're talking about joints, which for me, mobility is a big deal for a lot of people that I treat. We need to feed their system. So there are straightforward supplements like MSM, which is a white powder, methyl sulfur, no methane.

That's a white powder that enhances the elasticity because we don't want you just to heal. We want you to heal. And in a way that you're more elastic, you won't re injure that joint.

So MSM is an oral supplementation pretty good. One chemical change in there is something called DMSO. It's dimethyl sulfoxide. So DMSO topically smells a bit like garlic.

So we feed the system so that they've got the building blocks to heal. Then we stimulate them and then we'll watch later. Now there's many reasons why a person may have joint pain, and injury is a big part of it.

Infection. There's other parts. But for us we're looking at how do we regenerate that tissue, make sure that they're moving better and they've got their life back.

Yeah. I'm curious as to how you approach an inflammation versus, you know, I guess product neurotransmitter deficiency, nutritional deficiency. How do you decide somebody comes in with, say, pain, fibromyalgia for example?

How do you decide what is the best way, which cell lines to kind of approach here? Okay. So comes out of the questioning what is their diet like. What's their nutrition.

So have you heard of the Myers cocktail. Yeah okay. So I learned that in school from Allen Gabe doctor Gabe phenomenal. So many people respond to that.

And that's just the way we do it. Magnesium and B vitamins. But they don't have enough. So you simply top them up and then we can see what's still there.

And there's other things like you're talking about peptides cell signaling. So they're in many people possibly more productive than hormones. And so you're looking at feeding the system, stimulating it locally, but then modulating all of these different aspects of health care.

The we've gotten some phenomenal results lately with the BBC 157. That's worked out so well for a variety of problems. And I know it's on the market and a lot of people have got opinions about it.

But, I think it's useful as a concept. I think it's important for all of us to be modulated properly. I mean, how much is 5G really affecting us? How much is it really suppressing these natural, abilities to heal?

It's a huge question. Yeah. That's so much information. Sorry. I'm going to ask for one one thing. There was definitely we're hearing about the merits of ozone therapy.

And as you're talking, I'm kind of, you know, really sitting here and kind of understanding there's acute and chronic. There's different parts of, you know, different syndromes like tendinopathy or osteoarthritis or fractures and, and, some complex regional pain syndromes and things like that.

What are some of the as you've been practicing, tell us a little bit about maybe the other side of it, you know, when

has it not worked or what are some of its drawbacks.

You know, what are some of the effects, side effects that you discuss with your patients as you're getting ready? If people are too exhausted, they're not going to respond.

You can only stimulate the potential that's there. So if they're backed up with all kinds of toxins, if they have not eaten the right food, we got to start there.

Another big one is what we've seen a lot in stem cells. I went through stem cell training in 2000 and, 12, and it was a gray area of natural. Now the doctors in Canada were doing it.

I wasn't quite as innovative enough to apply what I learned. It became black and white and they said no, but a lot of people have done stem cell treatments that haven't responded.

So it's similar to doing ozone, similar to PRP. When it doesn't work, it could be because they've got an underlying infection that's blocking the healing cycle.

So we've got to optimize it by getting down there. Deep infections, which of course lead to there's a whole cycle with autoimmune based upon deep infections.

And I'm shocked by how many people have deep infections. I mean, you do different tests out of labs and in the States we send a lot of stuff to the labs, doctors data for some intestinal stuff.

We'll use other ones out of Arizona. There's oh, and it was almost in my head there, but there's a number of labs that are telling us about deep infections.

And I'm shocked. Maybe not shocked, but I'm a bit surprised how many people have got deep infections and that's triggering their autoimmune. How are you guys doing with deep infections?

Are you finding out the same as me? A lot of people are surprisingly infected. So we do ketamine treatments and I do integrative medicine and combine that option for patients because the mind and the body spirit emotional state is all related, right.

How can you dissect them out there? You know, so when it comes to observing them, even evaluating a patient before treatment, yes, it's important to recognize what's what's the source.

Where is the inflammation. Looking at the labs you know getting that those numbers so you know where they are right in that presentation. And then observing that, you know, treatment response with lower inflammatory reactive, you know, CRP goes down there.

You know, you're supporting injections. Of course, the B12 improves their body. You know, they're these are the basics. So I think it is important to bring that into into the healing space.

Right. An inflammation, an infection. There's such a, you know, kind of, transition. And then we want to bring in the gut microbiome as well. Oh, right.

And in fact, it has and all that we're discovering about this. Yeah. And OCD and C Cascadia, I've seen many patients, that right. And the correlation is so strong that if you don't look for it, you won't treat those KD right.

You miss it completely. Yeah. So let me give you one here. This is something I got involved in a few years ago. And it has to do with physical but also mental looping.

So I don't know if you've gone to courses with Marty Hintze. He's an MD out of, Duluth, Minnesota. So he was, selling or promoting his course at one of the orthopedic conference. I was, I was at.

And it really fascinates me because I'll give you a little bit of a rundown on this. So in that world, it's not complete, but in that world, serotonin and dopamine, two major neurotransmitters.

So serotonin, when you don't have enough, you're at risk of anxiety, depression, poor digestion, poor sleep. And then without enough dopamine, you can't stop.

Joint Regeneration and Inflammation

You loop. So you're going through these tight loops. So with a Parkinson's patient, no dopamine. They're in resting tremors until they lock up. Now, I've treated a wide variety of problems by simply feeding the dopamine cycle and getting them out of their childhood loops, everything from just simple mania.

However, you define that right down to polycystic ovary syndrome, and that when you get them into real time feedback with their hormones, they start ovulating properly because the hormones from the brain luteinizing hormone.

Others actually have an effect. So they're not just looping off in the space. Pretty cool to just basically feed their brain. Now the ketamine stuff is beyond my, scope, but I've heard great stuff.

Similarly, how do you get people to reset? So I applaud you for doing that because that's pretty cool. Yeah, I think we're all kind of approaching how all these complex systems in the body interact and are dependent on each other and have coexisted and regulated, and we've looked at it all from this.

You know, the textbooks are always written in chapters, and each chapter is a different system of the body. But where does it all kind of come together or is on the body of the patient?

And then you're sharing this, then in your exam rooms and in your questioning, you know, why is this happening? Why am I seeing this? Why are these two patients so similar and yet so, you know, react differently?

For example, can you tell us a story about kind of like a conundrum that drove you to search for some of these answers and some memorable, maybe anecdotes or stories?

Well, let. Let me give you another one that's physical. Okay. So I'm challenged by patients who don't get well. So I go and take more courses. So I had a patient that we were treating for Parkinson's, and I knew him from a Rotary Club.

He's a retired Dennis had to retire. And so we were looking after him and putting him on the Hintz protocols and feeding his brain. He's doing way better.

But then the rest of the family comes in, so I'm looking after the wife who they had an acreage and they're both farm people type thing. So she was riding her horse down the driveway.

Of course, it bolted for the barn. She got shucked at the gate and contacted the post hard. So she's now got a plate in her right arm and she pinched nerves in her back.

And so we're looking at neurotransmitters, different things, how it works. But then nerves were pinched coming out of her mid-back at the level that innervates the heart.

So we did something called nerve hydro dissection. So that's just five dextrose 5% water. It resets nerves. But you use the ultrasound, you go in and see where the nerves are stuck in the fascia, and you inflate it and release the nerve.

And she came in one of the sessions she had. Her blood pressure was about 212 over 108. We relieve the stuck nerves and when she got up off the table, we test it again right away.

She went to 142 over 87. So it's like, okay, that was a pinched nerve. That was not a medication problem. That was a physical pinch. Now that's pretty cool.

She your blood pressure's now is fine. I saw her last week. But the big issue here is what's truly the problem. You know, is it just she's got an undiagnosed deficiency of some neurotransmitter or some drug, like Prozac.

You know, that has this place. I'm not saying it doesn't, but too many times that's used because the clinician hasn't gone to enough courses, isn't looking further, isn't going to the next level.

And I'm not saying. That I'm not. Better than anybody else. I'm just more compulsive, perhaps. I mean, we're all compulsive. I mean, we would not got to where we are now if we didn't go further than others.

But I don't care about others. I care about what I need to do for my patients. So you go to another course. Another course, because I'm always scrolling.

I'm a buyers of buyers buyer. I buy courses, so I'm always going through courses and schedule and time to go through the material or traveling to see a lot of courses.

And there's just some great courses. I did one just before our call here and wow, there's new information all the time. So you apply that and watch the look on their face when they see that we've got a solution that works for them.

I love that. It's almost reminding me where we kind of, as physicians and healers, have to go back to basics. You know, when we think of hypertension, right.

And we do the differential for hypertension. We're taught in a really novice state. Think of pain, think of other reasons for hypertension than just a central hypertension.

Think of conditions that may upset the homeostasis of the body, as you basically deduced in this patient, you know, and how to then put those two things together with the anatomy and have a technology to help.

It's a simple technology. It's it's it's skill really that you're. It's physical medicine. It's not it's not that advanced. Well, here's another one for you.

Are you familiar with the glycol calyx. So this is the lining of the. So have you ever handled a fish that was slippery. Everyone has. So that slipperiness is the sugar calcium.

The glycol calyx that's on the fish lines are blood vessels. And we've got these little front fingers. So what is a central hypertension. Well it's a blood pressure going up. Now what is that.

Because that well it's because you're not getting enough oxygen. Your heart's trying to compensate. Well why why are the blood vessels more constricted?

Is because the glycol broke down. Maybe. So. There's ways of measuring that and actually feeding the body to be better. Now here's another one for you.

Cholesterol is used as a building block for healing in the body. Now, if it's not used properly, it's going to plug you up and raise your blood pressure.

So we'll do also titled choline which is lecithin injections. And get blood flow to increase in people's blood vessels. We've done a you know we've used that for a long time along with lation usually, but there's just interesting, weird things that you come across that I think everyone should know. So here's another one for you.

You know about glycation, diabetes, blood sugar in the wrong places, causing all kinds of problems. A study done in the United States with the NIH key lation study.

They followed patients for eight years, they found by getting the toxic metals out, they were able to reduce the glycation events. That whole losing your eyesight, peripheral neuropathy, pain in your feet, all those things dropped 30%.

That's like, okay, solved the real problem, the real problem with the toxic metals, because the rest became less of an issue when you got it out. Now it's all it all matters.

You have to eat properly and do all the things you're supposed to. But if you can have an intervention that makes that kind of gain. Wow. Pretty cool.

Yeah. Inflammation and inflammation of all kinds interacting. Yes. And it's not just inflammation because I've been to lectures where people say inflammation is terrible.

And I'm saying, well, hold it. You can't have healing without inflammation, but it has to be fed and has to be supported so that it doesn't just sit there, you know, your C-reactive protein goes through the ceiling.

I mean, why what's going on? What's your blockage to healing? And can we stimulate this to get the job finished? Here's another one for you. All we're talking about.

Like the cycle, you kind of have to complete the circuit. Yep. And or just keep looping where you are. Yeah. And that seems to be some sort of a principle in the body.

Like I think that's what we're connecting with. The the body has an ability to reset. The body has this ability to, expose, problems that are happening on a very, molecular level at the systems level.

And how do you then treat something at the molecular level? You have to approach in a systems level. I feel like that's what you're kind of dancing with here.

Yeah. To the limit of the patient because some you can do this right away. Other people you need to hold their hand and walk them through stuff because it's like they can't get there or they don't have the budget or they they're just not committed.

You guys do it too. This is the art of medicine is really getting patients out of their own way. Or us getting all the way to I mean. We're sending them off to. Oh yeah.

Right, right. And really paying attention to what's being said. Right. Well, this sounds like really amazing. I'm filled with more questions than I would then when we started and I, I think you I love how you remain curious about your patients.

And you go and search out an answer. And it's almost like detective work, right? You're kind of investigating and really thinking about, well, what's the source?

And then what approach should I use with this? And I think that combination is. So let me get another one here. Yeah. Art is. Okay. So we know that the nerve roots out of the spine go to the tree.

But there's three bundles. So within there. So innovation goes at each level to internal organs skeletal muscles and the skin. And so you'll get skin changes.

If I look down the back I can see where they've got a spinal. This problem because the hair changes there. Now here's another one I'm looking at you guys.

I look at everybody. Lateral lines on the neck conform to pinched nerves in the back. We'll take the ultrasound and track and we can see where they're torn and where we're going to, generate tissue in the neck.

Maybe I'm bored at lunchtime, but I leave the. I'm feeling like I need a little bit of an ultrasound right there. I'm

feeling I'm going to need to go get a console.

Well, we're all like that, but we're watching and you're saying. And. Yeah, I get I mean, I catch myself being odd. I mean, yeah, I know we're all on, but at lunch and I do all kinds of IVs and you're always watching when you're doing IVs, who's good?

Who is and how do I work around this? Oh, I'll never get them because they just don't have prominent veins.

Deep Infections, Neurotransmitters, and Resetting Loops

They'll be easy. So I find myself daydreaming at lunch. I go into private self time and I'm watching people and I'm. And I find myself, I'm looking at their elbows because that's what we use.

And okay, they'd be easy. They're good. Yes. I go, oh my goodness, what am I doing here? But you guys catch yourself doing that too. You're checking up. On me, right?

I do it to my kids. Can do it to evaluate them. That's a good one. Yeah. No hesitation. My husband says stop it. I can't do that. You look with veins, honey.

Yeah. Oh. Oh you do. Yes. I love that. But that's part of the training. It's like this is like. Is being fixed with that. And so. Yeah. Well, I'm. You're checking me out again.

Yeah, I know, I'm just checking. Yeah. Just checking out your veins. I love that we're talking about the body as this. And I've always thought about this.

You know, we are taught so intricately in the early, you know, in our medical education, I think I'm bring being brought back to how we're taught in medicine because actually, when we're when we're starting out, we're asked to look at everything.

Physical exam is kind of front and center, you know, like you're talking about when you observe. You take in so much information. And I feel like we don't teach that anymore and we don't give importance to that.

But there's so much that we can get from just looking at the body like you did, like observing this is happening and that's happening. How are those two things linked?

Does it make sense? And then pursuing that question. Well, there's so many different aspects of this right down to a nutritional, physical. How is somebody presenting just what you can see and where's their nutrition?

I mean, and it's it's relatively simple, but you know, it's other parts like liver, kidneys. Here's one for you that I don't know if you're aware of, but so many people want it.

So many women want big lips. So the lip fullness is an indication of adrenal insufficiency, which is rather ironic because a lot of women burn themselves out, get thin lips now they want to pump it up so that they look healthy.

Well, I don't want you to look healthy. Just I want you to be healthy. So how do we support your body so that you will have the inner glow to have enough energy flow so that you'll be the best you can be?

Now, I threaten people, believe it or not, I do. And this threat is how long you're going to live. If you live to 8890, are you going to do it on your terms?

Because the control you now I believe in destiny. You're going to live as long as your destiny. That's between you and your God. I'm not going to, you know, I'm not involved in any of that.

But what happens if you live longer than you want to because you didn't take care of yourself? So my threat is take care of yourself now because you may live longer and you're going to be here the whole time.

So come on, let's get stuff. Deal with your liver, deal with your microbiome, eat enough to feed your brain. Stop starving yourself silly because you're some fashion aware person.

Just do what needs to be done and focus on what really matters. Which in the end is relationships, family? Yeah, friends. Who is meant to be? Well, what be it?

A cocktail, I guess, of something that you would recommend for somebody who has IBS or who has dementia or, you know, just an idea of self, a basic thing that you would say really is a basic nutrient, you know, process to begin with.

And then and then of course, whatever condition. Okay. So let's give you a couple of quick rules. If you're eating food, we all are. And it's crunchy and it didn't grow crunchy.

Don't eat it. So a lot of that's boiled in oil. So French fries not so much. Not a great idea. Usually the oil is rancid and that's not good. So always start with nutrition.

Various supplements like, fast, total, searing for the brain. What about who? Parisian. We're using formulas with that. That's really supporting the brain.

And we're looking at membrane permeability. How well do you release neurotransmitters now? We need to feed them with good nutrition, such as vitamin B6 and good amino acids.

So you need to make sure everything's in place. And then stop poisoning them with foods that are not good for them. And that's a huge deal. This microbiome that you talked about earlier, it's been estimated I don't quite agree with it, but it's been estimated that up to 98% of our thoughts come from the microbiome.

That means it's not us. It's, you know, it's the biochemistry, you know, what are you craving? Is it to feed the Candida in your large intestine? Well, I mean, you know, we need to be aware of things.

And the more sugar you eat, the more you'll be addicted to sugar. So whether that's dementia, if we're looking at certain other aspects of someone's got irritable bowel, well, there's going to be some underlying infections.

But so much of what we're up to and this really gets me upset is factory farming. I have so many patients I'm sure you do to where I am. There's quite a few people from Europe in the area.

They go home, they go back to Germany or France. In the fall. They go home to visit. Not every year, but quite often. Eastern Europe. They'd eat all the wrong foods and they have no problem.

You know, they go to Germany and drink half of ice and wheat beer and have pretzels, and they're better in their intestinal tract than they are here. They come back home, get on their restricted diet within two weeks.

They're they're not good again. So how much of it is simply factory farming? The so-called glyphosate, the roundup, and how much that alters our microbiome and really sabotages us.

You know, these are very real things. Yeah, well, thanks for bringing it back to 2025, because apparently all of those EPA standards have now been, relaxed, relaxed, as you would say.

And so our food is about to get even more dangerous for us. Even more industrial. Well, yeah, that means that you have to run your own life and shop well.

And if you can, not everybody can. But if you can, you need to know who's farming. And maybe that means that you need to do more in the home. I don't care if you've got an apartment.

You can do a micro stack of herbs, take charge where you can, and vote with your money. Where are you buying from? Are you just going to buy from the grocery store that bought it from wherever, or are you going to buy it from

someone who's selling food that matters?

And then you get into ethnicity, ethnic food. I mean, you guys, we're all ethnic, but your your ideal diet is based upon your ethnicity. But can you get ethnically accurate food where you live?

You got to shop. Well, you know, it's not just your mums and grandmas recipes that is your best food, but from where you know me, it's going to be Europe, Eastern Europe, that's the best.

But I mean, can we get that? No. So you got to be really conscious of what is good health and how to feed it and stop consuming anything. And plastic and, and, you know, soda pop and all these things.

Oh my goodness. Well, I definitely hear you.

Blood Flow, Glycation, and Toxic Metals

I think we do think in our brain, our thinking brain really is our gut. Yeah. Because of course it would be your feeding. You know, your blood or transmit, you know, they're transmitted is your production line, your absorption line.

You know, your clearance line. And they mean the gut has got so many different functions. And it's a communicator, you know, it's communicating, hey, this is the system I have to work with.

This is the fuel I'm getting. Good or bad. You got good or bad, you. Communicate you right off the road. Right? Right. This is the genes. And I'm not criticizing anybody.

But you eat lunch at 7-Eleven four days in a row in the fifth day. I guarantee you're going back. Because that style of food now, the same thing works for natural out of plastic food.

That I'm not criticizing any type of food. I'm criticizing people who just rely on one type forever. Yeah, the diversity, the lack of critical. Yeah, critical because you're feeding the gut again.

You know, we're feeding our thoughts. So how. Well, I mean, I know when I'm eating less gluten, not that I have gluten sensitivity or anything, but I know when I go out to eat or when I, I can you can tell I am more attentive to what my gut is telling me.

What is it? Notice what I notice. When is my gut happy with this ingredient? And there's a difference and you can feel it almost immediately. Well, if you're watching this. Yeah, yeah.

So for those of you who are watching, yes, it's like, oh here we go again. This is not going to be good. Yeah. And isn't that the truth. The body kind of knows like there's a there's kind of like a subconscious level of, interaction happening that we may be unaware of in our conscious minds.

Our conscious minds are reacting to. Oh, what kind of packaging did this come in? What kind of triggers is this fulfilling? Is this am I feeding my nostalgia or my need for comfort?

Yes. Or simply responding to advertising? Right? Right, right. How much? Our choices are determined by these patterns that are kind of out there. And so I love how earlier you brought in, like, just listening to your own body and, and we paying attention to that and how that can be a feedback loop of its own.

And we have to be aware of it because it is working. Yeah. Know what you guys are finding out, especially with the different therapies, the ketamine and all these is how much you can actually intervene.

So yeah, that's kind of a big part of your practice isn't it. How do you interrupt these negative cycles? Yes. That's very true. You know the, the the decoupling of the default mode.

Right. And kind of really disengaging from that default system so that somebody can feel motivated or think clearer or, you know, think broader and expansive.

And overcome negative programing from yes, you're too your second year of age. Yeah. Right. Which is all pre-verbal or. Yeah. And and I think our series of talks more recently has been on it ends up going into what we talk about in medicine for social justice, like we cannot separate the social.

Our society, the effect it has, the disparity that we see in our communities. And it's targeted sugar, high fat, you know, really processed food is is delivered and targeted to I mean, lower income, you know, the the disparities that we see.

Yeah. Why in in the schools I mean, you can we can go on and on about the effect of social and this is a, this is a form of social injustice. And it has an effect on health.

And this is what we're seeing. We're seeing the effect of that on the issue. We're not talking you know, we need to look beyond that too, because speaking to that, like you said, what with your money, go to the grocery store that you.

Yeah, that's this is so I want to highlight that that is that is a statement that should stick for this podcast. Well it's being conscious. Our choices matter and we have choices.

People say, oh, I can't really afford groceries. Well, what's the most expensive dairy in meat now I'm not against either. But if you eat less of them and more real vegetables, your dollar goes further.

So I mean, you've got choices. Instead of just saying, well, no, we've always done this and I feel terrible, but I feel comfortable eating this. Can we get you comfortable being happy?

I love how I'm going to just close with this image and we can switch over. What you said about the adrenal fatigue and the thinning of the lips, right.

That really speaks to, you know, we're responding when when people go for like, oh, you know, my appearance is changing. I want to look healthier. And the solution in the marketplace is, oh, let's inject your lips without first looking at your body.

That's a level of injustice as well, because somebody is not putting those two things together and saying, well, actually you're in adrenal fatigue is happening because you are a person who is living in conditions which are so stressful that to just survive and to be able to do those things make those good decisions is really draining.

You don't have a lot of energy. And so by just doing that lipstick on a pig, right? I mean, literally just kind of like getting into that. I think we're really at this cusp of, you know, where there's a lot of this democratization of knowledge that you're describing.

There are a lot of these solutions that are coming up. And I like that when we look at these solutions, what are the lenses? What are some of the ways in which we evaluate them, and how do we bring in the patient centered approach, making sure that we are paying attention to the social justice aspect?

Not blaming the patient, but looking at the circumstances that they're embedded in and then looking at, yeah, the the treatments and the solution, not just a treatment but a solution, that's going to work with this patients.

And so many of these interactions you're talking about have to be done in a community, because every one of us, in every way, are the average of our five closest associations.

So if you're the only healthy one in the group, you're not going to be comfortable. Well, you need to find another group or bring your group along. And maybe you're the shining light to inspire your friends and family.

This has to be respected. And so you have to respect yourself first and set the example. Because an enlightened soul helps others by being not by doing, not by saving other people, but being an inspiration to turn them on to their own ability.

And I think that's what we're aspiring to do, the three of us. But to our patients, we want them to go home and inspire other people to be better. Because we can be, we can be, we can walk without pain.

We can not suffer from so much insult in terms of digestion and brain and all these different problems. They can be solved, but then you can bring the rest of your family along and I mean bring along to my office just yeah.

Nutrition, Microbiome, and Lifestyle Choices

I think people are paying attention. I think Peter Attia talks about this, and I've read his book more recently, and I was just the way we kind of have to look at health span and lifespan.

You know, we really need to be focused on health span. How do you want to live as you die? You know, as you get closer to death, how you want to live to your death really.

And you know, and what are the ways you're going to support your life as you. As what's a life worth living? And and how many friends should you talk to rather than doing something like watch now, I'm not against baseball, but watching baseball games and playing TV bingo.

Maybe it would be more helpful to have a cup of tea with a couple of your friends. Yeah, you know. I love the tea or the Vancouver. Very beautiful. Thank you so much. Yeah.

So, Doctor Wick, David, it's been a wonderful, conversation of curiosity and a lot of compassion and a lot of patient centered caring. And thank you so much for the work you've done that you continue to do.

And thank you for this conversation. And I think our, our patients and our listeners are going to find that very helpful. How would somebody be able to contact you?

Can you give us a little bit you know, your links if you want it? We were happy to post that. We'll have any posts in the in our show notes too. So I'm putting up a lot of the information that I'm assembling because I'm doing a bunch of writing now on to a website called the THC.

Natural facts is pretty presumptive, but the natural facts facts.com. So that's a place to get perspective similar to yours that I've organized into larger articles and some smaller ones, some action steps that people can take.

So the natural facts.com, that's where I've got articles up and we'll go from there. And I'm looking it up right now and I'm beautiful. Thank you so much.

For my patients whose knowledge is power really always thank you. Thank you Bob. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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