Introduction and John Kortum's Background

Well, I'm excited about this interview. Today we got John Kortum and it's pretty incredible what what you've been able to establish. And I'm really excited to be able to share that to especially this group in regards to cancer.

So so thank you for joining me. Michael, I'm delighted to be here. Thank you for inviting me. And you just flew in from Germany? Yes. I just came back from Berlin a few hours ago.

Yeah. So I'm impressed. You're you're you're still up and at it and, yeah. Able to focus on what I like to do for for people to a real understand. You know, John, he he's developed a technique.

He's a sole developer of cutting edge medical assessment called the Kortum technique. A John's examination of the human sensory system culminated and altogether a new comprehensive metal model of care, one that offers detection, correction and prevention of health imbalances.

All based on his intuitive conversation with human biology. And and I just want to hear his book, The Kortum Technique. And I and I just want to kind of read in the back of a book because that pretty much sums it up.

The best I opposed to your natural biological design includes the hidden blueprint of your body's function and vitality. I suppose this blueprint could warn you before health problems or illnesses actually occur without expensive or invasive laboratory testing.

Suppose this blueprint is universal then extends to every man, woman and child. What if you discovered the key that translates this biological code, knowing that it is available to anyone who is trained to read it?

The Kortum technique is a visual assessment process that decodes the metabolic cues that relate to biology and well-being, that translate the body's own vocabulary of health data, which appears in a visible lexicon of symbols that are known as indicators.

And this is something that your by intuitive discoveries. You've achieved major media attention on like a biography channel. Ivanhoe Broadcast News, ABC News, NBC News.

The Dr. Oz Show, Dr. Man Alvarez Show, Fox News and countless radio interviews. And you know, you've been doing this for people a little bit all over the world.

You know, fortune 500 executives, celebrities, military officers, you know, on and on. So this is pretty amazing. This is a major breakthrough. So I'm excited to talk about it.

Thanks so much, John. Well, thank you, Michael. Yes. So so tell me, I mean, this is something that started when you're just a little kid and you were starting to see see things that you thought was normal.

But obviously, when nobody else is talking about it and nobody is telling you that anything is different, then you just think this is normal, right? Yeah.

I would say that we as children, you know, we we we think that how we perceive the world is how everybody else perceives the world. So we don't necessarily know that anything's different.

But it wasn't until I would say I was around six or seven years old. I would notice that when I would look at people, not everyone, but some people looked a little different to me.

And again, I don't see colors, I don't see auras, I don't see shock rose I don't look into the body like an MRI or an X-

ray. I just noticed that people had a certain there was something in their appearance that was not the same as everyone else.

And eventually I began to recognize these differences in appearance in terms of texture. So some people might appear to me as wet. Some people might appear to me as dry.

Some people might appear to me as like powder ish. Some people might appear to me as dense or concentrated. Some people might appear to me as porous. Some people appear to me as having like a frame around them, like an iron, an eye, like a barbed wire or just a wire around them that I didn't see with other people.

And then as time went by, I would find out they were having health challenges. You know, when you're six or seven years old, by and large, adults really don't discuss their health challenges with you unless, you know, unless your mom and dad have an illness.

And, of course, your parents would tell you that they had that. But I would notice it's about my school teachers and and I just didn't they just didn't think to say anything.

And then, you know, one day we'd show up to class, we'd have a substitute teacher and be like, Well, Mrs. Jones is not going to be teaching for a while.

She's in the hospital. And I'd be like, Well, okay, Mrs. Jones had one of those strange textures. And then when I found out that Mrs. Jones was having thyroid surgery or breast cancer, that's when I was like, Oh, so when I see that texture, it relates to breast, or when I see that texture related to thyroid.

Now I have to wait until I see that again and then someone to see if they also have a thyroid or a breast imbalance.

Early Perception of Health Indicators

So it was a long period of time, you know, through the, you know, early seventies and eighties where I just it was a period of watching and waiting and just collecting data until was it was 2001 when I approached the conventional medical community to say, okay, I think I've pretty clearly identified about 15 or 20 of the major textures that relate to the major bodies and systems.

And I can come into your doctor's office. You already know what your patients are diagnosed with. And I will just look at them. They don't get to talk to me.

They cannot discuss their health history, their complaints, their symptoms. They just sit in silence. And I'll tell you what I see, and then you can tell me whether or not I'm correct.

And in that particular day, when I was in the office in Bethesda, I was correct. In every circumstance of health that I evaluated. And that's when that particular medical team said, okay, we'd be interested in in teaming up with you in our office and and seeing what we discover.

And so because you actually ran, so if first a kind of little test run with you, but then you established actually a study with these doctors where they presented.

So you had a group of people and they then measured your accuracy in regards to so they had a pre diagnose disease and you didn't talk to them and you just looked and they said that this is what I see.

And then you evaluated the accuracy based upon what you see and how that correlated with the disease, correct? Yes. The way the protocol was set up is within the patient pool.

Of course, they ask for people to volunteer. So people that were participating in the study were aware that they were participating in a study for ethical reasons.

And the way it was set up is you will come to the office at 10 a.m., 11 a.m., whatever the schedule appointment is, you will receive a conventional evaluation from the conventional physician on staff, and then you will receive an evaluation from John.

Okay. And then those two evaluations will be compared. And the way a a hit was registered was and keep in mind, you know, the patient may have been there for evaluation, but they also had a health history on the patient's the way it was registered.

If I looked at someone and said, I see. And I just want to clarify, Michael, I don't see illness indicators. I see organ indicators. So I see there's something with the thyroid, there's something with the liver.

I don't see hepatitis, I don't see Graves Disease. I just know there's something going on with those organs. But I can but I can give some information about the level or the degree of imbalance.

But since I'm not a doctor, I don't go in that direction. I don't diagnose. I just can point the organ that the body's telling me about. So in those instances, the protocol of the study was if I looked at someone and said they have a thyroid indication and their conventional tests showed hypothyroid thyroid is a Hashimoto's disease, Graves Disease, something going on with the T levels and that would be considered a hit.

Okay. Now, if I looked at someone and said, when I look at you, I pick up on there's something going on with your hearing. And the physician said, well, all conventional tests to date said they're hearing is fine.

And if the patient spoke up and said, I don't know, I've been having trouble with my with my right ear over the last four months. I don't hear as well.

Well, patient testimony is not a diagnosis, so that would still be considered a miss. Even though I was picking up on information if I looked at someone and said, okay, I see you have a thyroid indication.

And they're like, Nope, all the blood tests are normal, everything's fine, everything's great. But then six months later, that patient came back to the doctor's office and had another checkup or a blood test.

And then it showed that they had elevated or hypothyroidism or hypothyroidism that was still considered a miss because it had to be at the time of observation.

So you couldn't go back six months and go back and change John's answer to correct. So but even with those parameters for the protocol, I was still 93. 93, 47, you know, accurate in terms of what I could detect.

But the medical team did. Right. Recognize the value of well if if the body can communicate these imbalances before our medical tests do and there's something of import there.

And that's pretty incredible. And so the question is, I mean, obviously, you had this ability to see an individual and cannot see these indicators, these organ indicators.

How is that something that a gift that only you have or is this a gift that people can can learn and be able to, you know, kind of use themselves? Well, yes is the answer.

Because, you know, as when I after after my first day in the office in Bethesda, they said the doctor said, okay, well, are you the only one that can do this?

And if that's the case, you know, thanks for stopping by and showing us what you could do. But your reach is very limited. If you're if you're the only one that can do this.

However, if you can teach health care providers how to do what you do, then we would be very interested in working with you because that would extend the reach.

And so and I said, well, I'm not sure how I would teach someone, but I will begin that, you know, generating that idea and again, that was 20 years ago.

So yes. So now I, you know, I do workshops and I show people and within the medical community and I show people that have absolutely no medical training whatsoever, like myself.

I have no medical training. And if you go on YouTube, you'll see some testimonies where I interview people before they start the workshop. You know, who are you? Where are you from?

Why are you here? What are your credentials or what are your background? You know, some people are in the health care field, but some people are hospitality management, some people are automotive mechanics, some people are plumbers, some people are lawyers.

And then at the end of the the weekend workshop, I re-interview them again and say, okay, how did your weekend go on? I say, Well, over the weekend I learned how to see blood indications, thyroid indications, digestive medications and liver indications.

And then someone else might say something like, Well, I learned to see respiratory indications, reproductive indications, muscular skeletal indications.

So not everyone learns the same thing. You know, it's unique to each person what they learn. I just provide them with a spectrum of indicators and what they can learn in a weekend.

And so and I think about I always think about the story where you had I can't remember what the Spaniards were discovering, the new America or discovering America.

And you had the the Indians that were looking out or the natives at that time looking out. And the shaman, you know, the spiritual leader, was able to see these these things out on the ocean, you know, that were the boats, you know.

But yeah, the other tribe members say they'd never seen a boat, so they, they didn't know what it looked like, so they couldn't see it. And but it took a while for them that as the shaman was pointing it out then, then all of a sudden they were starting to recognize, yeah, there is something there, there's a boat.

Yeah. So I mean, to me this is then a capacity that each individual then can have.

Clinical Study and Validation

All they need to do is just have somebody kind of pointing it out and then with that then they're able to more able to see changes in people's health and also within their own health, I would assume as well.

And then kind of use that as a guide and as they are making changes in their protocols and hopefully getting better or if they're doing something than getting worse, they can can see those things.

Yes, absolutely. So so what tell me a little bit. What what and I mean, go through some of the indicators and kind of what is it that you see? I mean, this this we're going to focus on and this summit is on cancer, obviously.

But, you know, when you cancer can happen in any organ. So, you know, what would an indicator would be some example of some indicators that that people can recognize? Oh, well, I can give my description.

Sometimes photographs work. Well, I would say that when I look at people that have digestive imbalances, I learn to perceive a density or concentration about them.

When I look at their face, I want to be sure to say that I don't look to the area of the body where the organ is located. I get all this information just by looking at people's faces.

So when I meet with people in doctor's office or as clients, you know, it's in a conversational sitting setting. We just, you know, we just sit down and we just talk like you and I are right now.

They don't get into gowns or, you know, they don't have to disrobe. I don't I don't look at the area of the liver, where the liver is. I just get all the information from people's faces.

So for people that have what I perceive as a density or concentration, when I look at their face, it tells you about their digestive system. Now, the more dense it is, the lower down the track.

It is towards the colon, large intestine. And if it's kind of what I would call a lighter density, then it relates to the upper intestinal tract and stomach.

Okay. For people that I appear to be ashy that can relate to their respiratory system, blood shows up to me in many ways. Blood shows up to me as a tension on the skin, like a veneer, like a very thin veneer.

If you if you can think of like a suit of armor, but it's very thin. Again, I don't see it. I feel it when I look at people. I blend my eyesight with my sense of touch.

That's how I perceive texture. So it's almost like looking at a 3-D painting in a way. I mean, and not not exactly that. But it's you're not focusing you're kind of looking in a different way on the on on the face.

You're seeing the texture rather than the. And I don't know if I'm explaining myself appropriately. You're kind of looking at it differently. Yeah. I mean, if I perceive attention on the face and there's two ways that I see blood indications.

One, if there's a blood illness like leukemia or lymphomas, but then there's one that relates to just blood ingredients. How's the potassium, how's the iron, how's the cholesterol, how's the sugars?

So, you know, it's it's you know, the body starts with an indication and then it really fans out into a lot of detail and I've learned so, you know, some of the examples that you and I have talked about when I perceive people with a type two diabetic experience, they will appear to me to have a chalk does to powdered sugar appearance to them with people that may have darker complexions.

It may appear to me as cinnamon like a dusting of cinnamon. And do you have I know you had a couple of photos to to share. I mean, do you mind just kind of showing so you can get like a visual.

Like that now? Yeah, I think that the be great since we were talking about it, right. Just, just so so that people can have a little bit of a kind of a connection of well, what the, what it is.

Yeah. Just hit the play button. Yeah. So here's an example of someone that I would say is pastel chalky and the woman that has has been diagnosed with type two diabetes.

Yeah, I can definitely, definitely see that as kind of that that powdery powdery look to it. So here and here is someone with a darker complexion. And here's where I, I perceive some cinnamon.

And this is a photograph of a man actually testing his blood sugar with a device on his finger. Yeah, yeah, yeah. I mean, that that's that's definitely, definitely visible.

And when you look at it, when you look at the Michael, it's like, again, he's he's he's not I mean he has a powdered s but it's he doesn't have like a full saturation to his skin.

And there's there's a comparison there that makes sense to you. Mm hmm. Let me see here we go down here. So let me go down and compare and go. Go a little higher. Oh, yeah. Let's go.

We want to go higher up. Is that working? Yeah, yeah. So let's because you're talking. Yeah, here we're talking

about and this is really fascinating in regards to cancer and because you're these are two people dealing with with cancer.

But here you talk about something different. There's like a moisture level that you also saw. In addition to the the indicators that that, you know. Yeah.

And here's a real opportunity to, you know, to notice some distinctions about people's faces and what you might see when you look right now, the woman on the right has been identified as a cancer survivor.

They both been these are both cancer patients. The woman the Reisman identify as a cancer survivor. The woman who left has also had cancer. But you may notice a little bit of a variation in terms of what I would call the moisture, where the woman on the right might appear more saturated, where the woman on the left might appear less saturated.

That makes sense to you. Yeah, absolutely. I mean, it it's very distinct. I'm going to say, if I go back, you know, I think of honey as the moisture of life.

And whenever I look at people's faces, you know, I perceive this just this nice moisture or glycerin that people have when they're healthy, you know? So I, you know, reminds me of seeing honeycombs full of honey.

And then if you've ever seen a beehive or a wasp nest that's been abandoned and it looks like a dry comb, that's kind of what I see when when people have reduced levels of moisture.

And so we've talked about these, too. But now here would be an example of someone who's in a very reduced state of moisture. Yeah. And so with that that that moisture I have, it seems like it represents life in a way where if you have more moisture, you have more vitality, more, more life to and better possibility of sort of say of living in a way.

Yeah. And, you know, everybody has a lifespan moisture level. And just because you have a robust or or healthy moisture doesn't mean that you are free and clear of illness or any disease.

You still could have some challenges, but your moisture level really matters when you get into cancer and complex disease. Now, counter to that, you know, people can have really good moisture that will suffer a cardiac arrest.

But because that's a specific organ function, when cancer starts coming into the body and the body environment starts getting aware of all this, that's when it starts affecting the whole system.

At least that's my understanding of it currently. But you know, I do know people that have had really good moisture and they still can have a heart attack, moisture release most to cancer and complex disease.

And when I meet with people that have been diagnosed with cancer and they have good moisture, I pretty much say you should be okay.

Teaching the Kortum Technique

Probably going to work out for you. When I meet people that have cancer and their moisture is not as good, I would say that, you know, you've got some challenges ahead of you and you probably need to to move on this quickly.

You probably don't have a whole lot of time to wait six or eight months to decide about whether or not you're going to do this treatment or whether or not you're going to do that treatment or what you're going to do.

I never hurry anyone into any form of treatment. I know there's certainly a lot of question about chemotherapy. You know, I would say eight out of my eight out of ten of my friends that receive chemo are deceased.

Two perhaps lived. But I'm going to suggest something else may have been responsible for why they left and not

necessarily the chemo. And I know a lot of people would be dying and hear me say that, but that's when it gets into a lot about what the body talks about.

You know, further on that we haven't gotten to yet. And have you seen people, you know, with dry moisture levels improve? Have have I mean, it doesn't mean that it can't happen, but I'm just curious if you have seen it.

I have seen people's moisture levels improve, but is not necessarily cited to I started juicing or I started doing this or I started doing that. It would seem to be more of just their own body's function and moisture is not to be confused with hydration.

How much water you drink has nothing to do with your moisture level. Moisturizing creams have nothing to do with your moisture level. This is something that's sourced within the body.

And I mean, I understand there's there's still some unknown information about the moisture level because as we discussed earlier, I have repeatedly reached out to the medical community to assist me in finding the biomarker that relates to moisture level, because I think if we could identify that, we could at least learn how to perhaps enhance it and sustain it, or if we don't fully understand it, perhaps we get at least stabilize people's moisture as they go through the devastating treatments of cancer so they can at least survive because once the moisture level starts going down for the cancer treatments, then it's just then it's just both the cancer and the chemo bringing people down.

And it's fascinating. As you were doing the the honeycomb, I mean, it reminds me of when I do a dry blood sample, we do these like blood cell analysis.

And then you also can do like a dry blood sample where you do a little kind of blotch on the screen or on a slide and then look under the microscope. And you can see then the and the tissue integrity of of that sample.

And if if it looks like a see meaning that a good tissue integrity would look like a cross-section of a tree without any termite holes in it. Yeah, it would just be nicely knitted, strong tissue as and then you have somebody with cancer that's really kind of gone further use you see kind of that tissue as doesn't have that integrity the big holes that big wide holes yeah big termite holes so to say and that and so that that's really kind of fascinating.

That's what what I was thinking right there when I saw that it was actually interesting. It had a a patient as a number of years ago that it was bad enough that I said, you know, you should go and kind of go to run these different tests.

She did. And she she had lymphoma. Yeah. So it is is really kind of interesting how, how that is, you know, that kind of tissue integrity and vitality. So yeah, so.

I also I also liken the lifespan moisture level to what, you know, physicians or anyone would know is jaundice. Okay. Yeah. And by the end, by the time someone's jaundice, it's a little too late.

Okay. And so for me, I can learn how to see the lifespan, moisture level before it gets to that intensity of state. Yeah, it's still there. I'm still there. Yes.

Okay. Yes. So I'm confident that there is a biomarker because I've asked physicians, I said, look, if someone's jaundice, you know, their skin is yellow, their their the white of their eyes is yellow.

If you took their blood with the blood look normal, they're like, no, there's no way someone could be jaundice. And their blood test results would be like, Oh, you look great.

And so, but by the time again, Sunny's jaundice is too late. And by the time again, there's so much really is lost moisture. It's too late. And and perhaps like you've noticed and I've talked to other physicians that have worked in cancer wards with people in the in stages of their life.

They agree that many of the people not everyone because I do know people that are that are, you know, in their nineties and still have a good moisture just because as you get older doesn't mean you're going to lose moisture.

But when people are in the end stages of their life, they go, yeah, I as a physician, I could look at them and go, they look arid, they look dry. And the purpose of what I want to share with people is like you need to begin to see that when it starts happening, not when it's already happened.

And so if we could find out what that biomarker is, to me, that would be of tremendous import. And have you have you noticed anything or any kind of changes that an individual can do in order to be able to kind of stop the depletion of this moisture level?

As of right now, no, because I you know, as again, I've reached out to medical science for laboratory technologies and support and me just thinking about it is is not going to provide the solution.

And also going down to the different organs, say Harry of Oregon indicators and let's say somebody has pancreatic cancer. I mean, obviously then the Oregon, we're dealing with this as pancreas.

Visual Indicators for Diabetes and Cancer

So we still we have both a moisture level, but then we also have the Oregon in itself. So then you would see that there's something there as a as an indicator with with the pancreas.

But would you be able then to determine I know that you've gotten you know, as time has gone by, you've been able to fine tune kind of what you're seeing.

Are you able to see the difference between something as severe as cancer versus, you know, I get inflammation of the pancreas or just digestive issues?

Well, I mean, I can use an example. So when it comes to organ indicators, yes, the body provides information for people how to restore their health. Okay.

And we're comparing that to how to restore moisture. I don't know how to restore moisture just yet, but for example, I was working with a gentleman from Central America that had liver tumors and some pancreatic enzyme or information that was not looking good.

And when I talk to him about, okay, here's what you can do to improve your liver function and pancreatic function, but again, it didn't have anything to do with diet, fitness, lifestyle, meditation, yoga or anything like that.

It's here's what your body's telling me, telling me to tell you to do. And he contacted me a few months ago and he said, Well, my doctors were afraid to operate because everything was going on.

And he said, I just got back from the doctor and my tumors are gone. So but he but he had good moisture at the same time. So again, that's where the body's letting me know when you have good moisture, then there's a lot to work with.

I haven't seen too many people rebound from low and low moisture, but when it comes on, like with the people that just have hypothyroidism or hypothyroidism and it's not cancer, then yes, when I tell them what their body says, here's what you need to do to get well.

If they listen and follow that that information, they get well, a lot of people don't because they have a number of considerations for why they won't get well.

So for an example, I met with a woman on the West Coast and she said, I don't love my husband, but I'm not getting a divorce. I hate my job, but I'm not quitting it.

And I don't like where I live, but I'm not moving now. Fix me. Okay. Well, you know, there's a lot to work with there and it's setting the bar pretty high, you know, because your body because your body really wants you to be fulfilled and happy in life.

So if you're saying you're unwilling to make any changes whatsoever, where can you go? And perhaps you've encountered that yourself? I don't know. But a gentleman in Costa Rica, he was open to the changes that he needed to make.

Yeah, I've had patients come in and deal with severe cancer and I said, Well, you got to quit eating that and quit eating that. And you you got to make this life change.

And that life changed and said, well, you know, I had ice cream all my life, every every night, and I've been fine. I can't stop eating my ice cream. And then yeah, I don't I don't want to stop doing this.

I, you know, I've I've smoked all my life. I don't want to stop smoking, you know, and my mom smoked till she was 19 and she was fine. So it's and so they don't make the life changes.

And then they choose. I tell them, well, you can choose between your ice cream or your life. And a number of them say, I'd rather have my ice cream. And so the life is very much shortened.

But yeah, it's always fascinating. So yeah, so, you know, so yeah. And you know, I'm still, you know, pursuing the life span moisture level. I'm writing about it in the next book.

I don't have all the answers, but I mean, just in the general sense, I think that what is important to the body's moisture is if you can at least for my understanding right now, from from a physiological perspective, not from a spiritual or cosmic perspective just yet, but from a physiological perspective.

As long as you can keep the lymph system and the blood moving and not just become an active and when I say keeping the lymph system moving, I mean, you know, you need to break a sweat.

You need to, you know, just going for a walk. Okay, that's great. Probably not going to affect your moisture level. And my understanding right now is just, you want to at least keep the fluid like the plumbing system of the body moving.

You want to keep the limbs, you know, flowing and filtering and clear. The way I would say that is, you know, engage in an activity that has you break a sweat, whether that's swimming, running, tennis, anything that can move the lymph system.

Because I think for a lot of people, especially in our 9 to 5 world, which is really 7 to 7 now, they're just sitting at desks. So anything you can do to get the circulatory system moving, get the blood moving, get the blood filtering is the only thing right now I know that would best support your lifespan moisture, but I have no clinical evidence of that whatsoever.

And it's just kind of anecdotal. Observational, yeah. Yeah, I'm I'm I'm curious also you talked about, you know, as you were talking to the organ, what what does that look like?

I mean, what does that yeah, you talked about the gentleman with the liver tumors and you were talking to his organ. What does that mean? Well, you know, as I see indicators, I blend my sense of sight with my sense of touch.

And I would say about two thirds of the way through the study, I was in the Bethesda study for about six months. So I want to say about ten months. And, you know, the doctor said, okay, this is great that you can see this, but can you tell us why people are getting ill?

We have Vega yoga and yoga teachers in their thirties with cancer and then we have people in their fifties and

sixties that don't exercise. They admit to toxin consumption and they're pretty much doing great right now.

We don't know how it's going to end for them, but as of right now, they're doing better than the vegan yoga teachers. Okay. So can you tell us why people are not well or why the medications are not working or why the chemo is not working, you know, and so on.

And that's when I learned to blend my hearing with my blended eyesight and touch. And to me, it was even in a clinical environment, sitting in a trinity of meeting the health care practitioner and the patient in a in an examination room, which is kind of small, it's like stepping into a dark auditorium.

I don't know. I just played Planet to it like a theater of their life. And I start getting imagery of memories.

Moisture Levels and Cancer Prognosis

I get soundbites of conversations, I start hearing about stuff that's happened in their past that tells me how they have positioned themselves in their lives, that is eroding that specific organ function.

So for example, when it comes to liver function and pancreatic function, the body talks about these are the organs that hold performance expectations.

Correct. And we don't have to look too far into our world of media to look at people in the I. T. field or in Hollywood, you know, performing actors, where people have had perhaps some performance expectations plan placed on them or on themselves.

I mean, certainly you can think of someone who has designed some computers who succumb to pancreatic cancer, probably had some performance expectations, and it can show up a couple of ways.

People can have very high expectations of themselves, but very relaxed standards for the people around them, or they can reverse it and have very relaxed standards for themselves, but expect perfection from people around them, or they'll do both.

They expect perfection from themselves and perfection from people around them. So, you know, that's just to cover the, you know, the spectrum of how that might show up.

And if you can think of some athletes, perhaps some football players that have some come to liver disease and it's just sighted as the steroids. And I'm going to say that the steroids are actually just a cover for what's really going on.

As I've worked with a lot of attorneys, you know, they say there's a a high level of of of liver disease or liver complications in legal field, because we have so much performance anxiety placed on us that we never really get to celebrate anything we accomplished.

And subsequently, they will decompress from their performance based expectations for the use of alcohol. And so then when they go to the doctor and they've been, you know, funny, they have a liver disease and they say, well, yeah, I drink that.

They stop right there. That's it. Connect the dots. Done. They don't look at the drinking. Is just the symptomatic or the cover of what's really going on.

So in that gentlemen's situation in Central America, you start looking at the performance and expectations that his parents had placed on him and then he absorbed them to a and as he began to break free from that, you know, within about nine months, the tumor started going away.

And this is what I tell people to. A lot of people will come to me and expect that they're going to get well in a weekend. And what I say to people is, you know, your body's awareness is not going to be full.

It's like when we make New Year's Eve resolutions on January 1st, oh, we're all going to lose weight and go work out at the gym. And from January 1st to January 6th, the gym is packed.

People are all over there. Come February 1st, not so much. Okay. So what the body's saying is, you know, we're not going to be lulled into a false sense of promise.

We want to know this is going to be now the enduring pattern. This is going to be the new behavior. And so that's why people notice changes that I work with and with like 6 to 9 months.

I have a really good video on YouTube about a gentleman who was on active duty on 911 and in a high ranking level within the the government in the Navy, where he then developed, you know, enlarged prostate, elevated PSA.

And when we started talking about how that fear of 911 and everything happened on 911 and his fear of why he was in the military in terms of defending the United States within about six months, his prostate returned to normal.

PSA levels went to normal without diet, fitness, lifestyle, surgery, treatment, you know, without anything but just taking a look at his own fear. So once the body is heard and I want to suggest to Michael that that is why medications cause side effects, just because the body wants to be heard, not doped, not slammed.

And that's why the body resists through the form of side effects. Yeah. So the body is trying to communicate through physical symptoms and you then reach for a pharmaceutical medication or like alcohol or something other recreational and as put it, like putting just duct tape over the mouth of the body so it can communicate.

And so now you have the frustration of not being able to communicate and you still get the initial issue. And the way the body decompress is, is through side effects.

Yeah, yeah. Because it can't release from here so it starts releasing everywhere else. So this is fascinating. So we got a performance reminder again.

So liver. Liver, pancreas. Okay. And then prostate was was fair prostate. It's about security in the world is the world is a safe place or is the world a dangerous place?

And do you mind going through some of the different organs? Because this is fascinating. And then let's say breasts, for instance. I mean, a lot of breast cancers out there.

What what? Well, let me let me go back to the prostate for just a second, because, you know, I went through a long period of time translating a lot about what the body had to say about each of the organs.

And then once I found out, then I started doing some research to see how accurate this is. So with the prostate, with fear or security in the world, there are extremely high there.

There are higher levels of prostate imbalances for people in the military, police and firefighting, you know, dangerous occupations. Now, you don't necessarily have to be a soldier in combat like people in the Pentagon or just in a military office.

That whole consciousness about women in a defense role, the US is subject to attacked. It's a dangerous place, you know, the US is going to be attacked.

We got to stop that. Just that whole conversation. There are higher rates of prostate imbalance for occupations, for men in the military, police and firefighting compared to any other occupation.

And I think that's pretty I've looked at now and stuff on the Internet that seems to be pretty confirmed that they noticed that. And now they look at, well, what were the soldiers eating when they were in boot camp?

What are the what chemicals are the firefighters exposed to and their firefighting foam? They're not looking again at

the larger perspective. It's still very much more of a of a physical cause and effect rather than a perceptual cause and effect.

How do we perceive the world? Because all my friends and I know that their husbands are, you know, in the Pentagon and stuff and it's like, how's this prostate?

Oh, he's on medication. Yeah No surprise. Breast would go to nurture.

Organ Meanings and Emotional Patterns

And that can again show up to in a few ways women can be very self self-critique, all about the way they have nurtured in their lives or they are resistant to being nurtured.

They don't want to be dependent or in a nurturing situation with someone. They want to be a one woman island and they just want to handle it all. They're just, you know, they just isolate themselves and don't allow themselves to be nurtured or they really or critical or beat themselves up about how they raised their kids.

You know, now know maybe they had kids in their twenties and thirties and now in their fifties and sixties and look back and they go, well, maybe I didn't really do as good a job as I could have done it.

You know, you know, whatever the considerations are, conversations are, you know, they might have a lot of evidence to beat themselves up. And what I always tell women is like it is never too late to reconnect with your children and nurture them in a positive way.

And I'm not saying we parent them as as your children are now adults, but you still can reconnect and nurture with your children in ways as they are adults that would be meaningful to them without parenting them.

If you would like to work on your breast health in terms of reclaiming your breast health. It's fascinating. And I mean, now we're seeing a lot of colorectal I mean, I see a lot of colorectal coming through my my practice.

And and it seems to be younger and younger, which which I think is extremely sad and upsetting. I mean, what what what would you well, what would be their script for putting you on the spot?

I can tell you exactly what's going to be there, but I'm going to tell you, I will probably get creamed on the medical circuit for saying this. So, first of all, we have to talk about the digestive system and then we can talk about why young people are having that happen now.

Because as you and I have known, you know, colorectal cancer was something that occurred to people in their sixties and seventies. It didn't happen to people in their younger age.

Now, all of a sudden it's happening. Millennials are getting colon cancer. And what is conventional science doing? What are they eating or not eating?

Again, it's a very limited horizon. So in my conversations with the body, the digestive system being a very long organ in the body, a long track talks about just as the body digests food for nutrition for the body functions, how are we digesting our experiences?

And, you know, by and large, people, you know, we're we're we're conditioned, Michael, to, you know, perceive our experiences as good or bad, positive or negative reward or regret.

You, you know, advance or mistake. And, you know, as we know, no one's really upset about the positive experiences in their life. You know, we're we're pretty easy with the fulfilling experiences we have, pretty much we're kind of we can be hung up on the and what we what what we have called negative experiences and what the body would say is that all experiences, positive and negative, have nutrition for your life.

But if you deem them negative and you stop right there, you cease the digestion of that experience, it gets lost or it gets held. And so the body says, you know, go back and take a look through your life to say, you know, and for some people, there can be some big volcanoes.

I know people that were married and had a divorce that was tumultuous. But 1020 years later, they are still angry about that divorce. I know people that had a divorce and they have moved on.

They are free and clear. Okay. So it's all about how we look at, you know, how we digest our experiences. And it doesn't necessarily have to be a big volcano like a tumultuous divorce.

It can be a series of smart, small, little bumps along the way. But either way, those tend to set up patterns that will position us to be disempowered disrespected, dissatisfied, unfulfilled.

And what the body says is you need to recognize, go back and recognize those moments that you have deemed negative and never looked any further to find out what the positive nutrition is in those moments.

So even if you were, we're told that was a horrible experience. That was awful. You can at least say, you know what, I'm looking at it from a bigger perspective.

I can now acknowledge those people that played a role for me to now see how. I allowed myself to be disempowered, that that pattern is functioning in my life, whether I'm aware of it or not.

But now that I'm aware of it, now I can take action and acknowledge, you know, those people. And that's that's the positive nutrition that I would say.

Now, as I've also worked with people that have come from childhood abuse, and we can get into the many details of how childhood abuse can show up for some of those people.

They have said to me, look, if you're going to ask me to forgive those people, you can leave the room right now. I'm just that what happened was unforgivable and there's no excuse for what they did.

And my response to that is, okay, that may be true, but if you're telling me that you're unwilling to program them, chances are you're unwilling to forgive yourself on many levels as well, because if you look at your own bank account of your life, if if you only have $50,000 and someone comes to you and says, I need $100,000 of forgiveness and you only have 50,000, you can't forgive them at that level, which I'm going to say that means that you've also limited your own forgiveness.

So we don't have to talk about forgiving those people right now. Let's focus on forgiving yourself and let's let's flex that muscle, because chances are, you know, how you do anything is how you do everything.

If you're not forgiving them, you're not forgiving you. When it comes to millennials or younger people, I'm going to say I'm going to assert that in today's handheld device world, Internet world, that people are so much relating and just commentary that young people today are not fully digesting their experiences.

And I know this is where I'm going to get green biomedical science. I'm going to say that they have somehow become detached because you and I come from an environment before the you know, there was no enrichment as we were growing up.

We related to people. Yeah, we didn't even have answer machines. We ghost people. You and I didn't go with people. We had to work it out or at least bring a friendship to closure, you know?

But we just didn't ghost people. I'm just saying that's, you know, people just disconnect so easily now. So that's the assertion I'm going to make that if people of any age can learn how to best digest their experiences, and that's going to be supportive to their digestive health.

So that's interesting. I mean, because obviously they just cannot scroll, you know, one upsetting thing after another or and they're just kind of scrolled through and and get all these impressions and they don't have time to process any of it because it they so they're hit by it, you know, one after another continually.

Well, I don't have children, but I have friends of mine that have children. And they say they'll be driving in the car. But my kids won't talk to me, but they'll text me from the backseat, even though we're in the car together, rather than talk to me, they'll just text me and I'm like, There's an interruption to flow right there.

And so at Talk to me any any other that I know we can't go through every Oregon. Yeah, it would be really cool, but I'm sure that you're working on a book or something.

Resources, Workshops, and Closing

Where were you going to go through all of this at some point? Yeah. So is there another one that really sticks out to you that you feel is really important to to point out?

Well, I'll speak to respiratory system is about injustice, unfairness in the world or inequality. And so if you know people in your life that have asthma or respiratory complications, you know, do they perceive, you know, and it can show up a number of ways.

Again, it could be on the global scale. You know, all we have to do is turn on the nightly news and see how unfair the world is. You know, one group of people always treating another group of people unfairly or it could be on their own personal level, they just always feel they're behind the eight ball.

They can't get ahead. You know, I just never get the good breaks, you know, whatever the conversation is and, you know, in the way you can support people like that is to interrupt that conversation, say, look, there is some equality in the world.

You know, let's focus on that. You know, there have been some opportunities in your life. Let's on that rather than just the spiraling down narrative for thyroid for women is power Oregon and you know thyroid thyroid imbalances of thyroid disease for women worldwide is rampant.

Now, what I think is interesting is, you know, when we look at third world countries like India, they cite thyroid imbalances to the low levels of of iodine or salts in the diet.

And it's like, well, wait a minute, here we are in the United States with a very salt rich diet, and we have lots of thyroid disease, oh, in the United States, it's an autoimmune disease. Well, wait a minute.

If we send salt to India, will everybody get well or will they convert to a autoimmune disease instead of getting one? But there's certainly enough information in the world to know that women come up against glass ceilings in politics, in business, you know, it's a powerful organ for women.

So I always work when I work with people, I always talk about to women, about, you know, let's take a look at your your are you positioning yourself to be empowered or disempowered?

Fascinating. Well, John, I know we can. I mean, obviously, you do several day workshops where you teach these different techniques. Some people can go onto a website to learn more as to where they can find these workshops.

And also, you know, yeah, this, this, this book is awesome. So yeah. So I would highly suggest that people, you know, it's a great book and it really kind of gets you going in that direction.

And I, and I feel that as individuals, we, we don't understand the powers we have, the abilities we have. And to be able then to look at these type of techniques that it's outside the norm, we then start to learn more about ourselves and about our environment.

Then I think we are gaining them. It's empowering in itself and that puts us in a place where we don't become victim and then drive us towards health diseases that we I don't think we should have.

Absolutely no. Well, John, thank you. This was amazing. Well, thank you, Michael. And I'm delighted and honored to be on your show. Thank you so much or.

Yeah, so can you where can they find you? I mean, let's what is your website? Well, my website. Just my name. It's just my name. JohnKortum.com You know, and I have a YouTube channel which has a lot of video that will show live demonstrations, stuff we're talking about.

So, you know, I currently do teach a weekend workshop introducing people to the Oregon Indicators. I'm working on a second book right now. So I'm not teaching as much.

So, you know, I'm just doing a few workshops a year, but I still travel around the world with clients. I also do Zoom meetings for, you know, people that live in remote locations or whatever.

But I'm really focused on on getting this second manuscript published so that it'll it'll just access you don't need to be able to see an indicator to get the value from my second book.

The first book is about how to see indicators and how well it performed in a clinical environment. So and then why that's important. But this is really about resources for whatever health imbalance you may be experiencing.

This will give you information about how to move off of that. Your current position and moving to a place of power. Love it. Love it. Thank you so much.

All right. Thank you, Michael.