

DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit: Caring For Yourself Body and Soul, this is, Dr. Keesha Ewers, your host and my guest this time, and my pleasure and honor to interview, is Dr. Norman Shealy, who, since he was four years old, knew he wanted to be a physician. Now, he is very far down that road, and his ideas have been the foundation for pain management therapies that are used all over the world in the Shealy program; which is a mainstay of Chronic pain treatment and management that patients and doctors all want to find out more about. So, one of the things that Doctor Shealy is noted for saying is, "The most common symptom in the world is pain, and yet nobody specializes in it." At this really early phase of his medical life, he decided to look into pain, what causes it, what we can do about it, and how it affects us as human beings. Welcome to the Women's Vitality Summit, Doctor Shealy.

DR. NORMAN SHEALY: Well, it's great to be with you, and to talk about one of my favorite subjects.

DR. KEESHA: Well, we're talking about vitality; and of course vitality is life force, and I would say, and I think that you would agree, that one of the biggest drainers of vitality is pain. It can become all-consuming. In your practice of medicine over all these decades that you have been doing it, would you agree, that that's one of the biggest things that gets in the way of, human vitality, let alone in women?

DR. NORMAN SHEALY: Oh, of course, the problem is, even today, forty-five years after I began specializing in pain management, what I call conventional medicine, still does not handle pain well. In fact, more often than not, if the pain does not recover, if you will, or go away, within an initial acute treatment, modern medicine is likely to make it worse.

DR. KEESHA: MH. And why is that?

DR. NORMAN SHEALY: Because, unfortunately they rely on drugs to control the pain, and although again, drugs may be useful in acute illness, in chronic illness they are virtually never are useful, and always so called side effects, which come with lots of complications. Of course, because the pharmaceutical industry has so dominated medicine, in fact, I am on the verge of writing a new book, in which I call the physicians who allow themselves to be dominated by pharmacy industry: Pharmacy-whores. Because they really are pets to the Pharmacy-mafia, and the narcotic industry especially. The worst of the worst of the worst is the use of narcotics in any chronic illness other than cancer.

DR. KEESHA: So, that is strong language, sir. I am so happy that you are willing to actually come out and say this, because it is so important to be able to, really say that yes, this industry, the Pharmacy-mafia, its the first time I ever heard that, and I just loved it when I interviewed you

before and you used that term, is dominating and getting in the way, even, of health in our generation. This hasn't been this way forever.

DR. NORMAN SHEALY: No, you know when it began to get bad? When government took over medicine, and government began the process, very slowly, when Medicare came in. Prior to that, although drugs were not the greatest thing in the world, they did not have the influence they do now. But it really got bad when Medicare made a big decision, back in the early '80s. They did some stupid, typical government approach, diagnosis related groups; that if you had cut your toe off, it was the same as having an ingrown toenail. You know, it was a group. When that happened, the entire industry began to change, and then when Obamacare came in, it got as bad as it can get; it can't get much worse.

As in, I wrote to President Johnson in 1963, two years before Medicare, you're going to bankrupt the system, because the government has never, been able to do anything as officially as private business. Another private business, perfect. But it is just more oriented to do things to make money than it is to control, so I was investigated for a whole week by the FBI, who called me a communist; and then when Medicare came in in 1965, total medical expenses were 4.4% of GNP, by 1970 they were 12%, and now they are approaching 20%. And we're not as healthy as we were in 1963 or 4.

DR. KEESHA: So, coming back to....this is, pain on a cultural level that you're talking about, the pain that people feel day in, day out, and trying to get their healthcare needs met inside an insurance industry that is dominated by the pharmaceutical industry, and a food source supply that's been contaminated. So, we have all kinds of pain in our culture around this, which actually creates what our health will look like, as a population. And, as you have just noted, it is not getting any better. But I'd like to come back to, the pain that women that are listening to this summit might be feeling on a day-to-day basis, different kinds of pain. Because, sometimes people will only think about pain as, I stubbed my toe or I have a paper cut, kind of pain, and I can feel it and it's throbbing, and it's inflamed and it just hurts like crazy. But I would love to address all the kinds of pain, because research shows us that emotional pain will last longer, you can recall it with more ease than physical pain, its why people still have babies, right? More than one.

DR. NORMAN SHEALY: No question about that one, I think. Unfortunately, at least the pain of childbirth is at least, somewhat temporary and, most women once it's over have a great sigh of relief. The most common pain, I guess overall, is back pain. Spinal pain. A vast majority of people will have one or more episodes of that sometime in life. The real problem is, that conventional medicine is really at its worst. The average physician, and I'm talking even orthopedics, family doctors and neurosurgeons, do not even know how to examine the spine properly.

I went through a Neurosurgical Residency at the Massachusetts General Hospital, and I cannot remember a single time when anyone on the faculty told me how to examine the spine. I had to learn to do that on my own. Actually, even after I finished my Neurosurgical residency, it took a great deal of work on my part to learn how to evaluate physically, just evaluate physically, what's going on in the spine itself. That includes a wide variety of postural and structural changes that take place with injuries, and sometimes just out of the blue. The spine, of course, overall is one of the most extraordinarily flexible parts of the body, because every vertebrate level has its own pretty wide range of motion. When you stack up that whole thing, there's seven cervical vertebrae, and twenty thoracic vertebrae, and then the lumbar vertebrae are five, then you get to the sacrum, there's a whole bundle of different areas which move independently of one another, even though they affect everything above and below.

So, the two things that happen most often are that, the little joints on either side of the spine that allow us this great flexibility are called facet joints. And these facet joints can get locked, and that is what the average chiropractor can fix with proper manipulation, they don't like us to call it that, they call it adjustment. Now, if, on the other hand, a facet joint becomes arthritic, and or fixed in a position that can't be easily manipulated back into place, then you have got, it is like having a knife in there when you move. Even when you go below the facet joints, to the sacrum itself, one of the most commonly missed diagnoses is a rotation of the sacrum, called a sacral shear, or torsion. The sacrum can move in a couple different directions, when it moves in both of those directions, it gets stuck, this is called a sacral shear.

Now, I learned that from Osteopathic physicians, and I have never seen one diagnosed by a Chiropractor, in fact every one of the ones I've seen is always failed Chiropractor, because they don't know how to make a diagnosis. Interestingly, when I gave a lecture at one of the Chiropractor Schools some years ago, three of the Chiropractor students came up and had sacral shears, which I showed them how to fix. It only takes about thirty-seconds to fix it. Now, when a facet is locked, stuck in a bad position, they often wind up having surgery, because usually there is going to be some abnormality in the lumbar or cervical or thoracic disc itself. When that happens, you are going to find MRIs and other things, and now this is a bulging or even a ruptured disc. Well, all so called 'bulging discs' are not really causing that much trouble, in fact there have been studies for the last thirty or more years showing that, something like thirty percent of people have no back pain; if you did an MRI on them, it used to be a moliogram, and now a MRI, we will have the evidence of a bulging or ruptured disc, even though they have no pain.

So, finding that on x-ray is not an unequivocal diagnosis that is the cause of the pain. A stacked or blocked facet joint is much more common, and when it cannot be fixed with manipulation then, there is a very simple and extremely safe procedure which I introduced back in the early '70s called facet rhizotomy, where we go in and block the nerve to that joint, because that joint does not feed anything else, no muscles, no sensory, you know, input. You can block it with a

local anesthetic, if that gets rid of the pain twice, then it's worth going in and putting just the tiniest little bit of alcohol and destroying the joint nerve, and that can get rid of the pain. It is one of the safest and best ways, if that happens to be the problem. If it is a sacral shear or rotation, then manipulation is the answer, virtually a hundred percent of the time. Now, when it is truly a ruptured disc that is still not an indication for surgery, unless it is causing nerve damage. Now, the pain itself is not an indication for surgery, but if it is causing numbness, or muscle weakness, then it is an indication for surgery.

Way back, again in the early '70s, I actually did a review of two hundred and fifty patients who had failed conventional back surgery. Shockingly, I found that eighty percent of them, when I got their x-rays, their original operative notes, eighty percent of the failures of back surgery never had a ruptured disc to start with! They were operating because the surgeon didn't know what else to do, and I spoke at the Academy of Family Practice about it, I spoke at a major Orthopedic meeting about it, and finally I said, well why the hell are you doing this? A Professor of Orthopedics got up and hmm, Norman I've known you for a number of years, and I agree with what you're saying, but I object to you saying it publicly. Well, I say it publicly, because it needs to be said, it needs to be stopped. So, I'm convinced that, in general, undoubtedly, even today, the majority of people get operated on for so called ruptured disc, didn't even have the disc ruptured in the first place. Again, just because it is ruptured, that does not mean that it needs surgery. In fact, I've done some excellent research ten years ago, on a simple little device developed by a Chiropractor California, the 'Posture Pop'. And the "Posture Pop", is a simple....it's like a big blood pressure cuff that you put on your back, and you can do it in the neck too, and you pump it up with a little air, and to correct the alignment of the spine, if you will, you have to put the disc back where it belongs. That is one of the simplest and safest procedures for many, many people with spinal pain.

So, I have obviously specialized in back pain particularly because inappropriate back surgery has been around for at least fifty years, and just because you have pain, just because you have an X-ray abnormality, does not necessarily mean that it's a wise idea to do surgery. Then the worst thing of all, even worse than surgery, is a mad, insane practice that began over twenty-five years ago now, putting screws in to fuse the spine. The old fashioned fuse, when it's necessary, is the dislocation of the spine, the old fashioned fuse is great, using bone. When you start putting screws into the facet joint you really screwed up the back forever. It really is, I consider that procedure as barbarian as Electroshock and full lobotomy. I know I am on my soapbox.

DR. KEESHA: I think it's an important thing to talk about though, and its why I've just been silent, to let you talk about, is because, there are so many people out there that are suffering from back pain, they don't the variances, the differences and the nuances that you're talking about right now, they listen, they have pain, they go in to see their doctor, they have X-rays, they listen to what is said, as far as what those interventions are, based on the authority of the doctor that is seeing them; but there is so much information on the internet these days, that I think we have a

lot more educated healthcare consumer than what's ever been present, but also more confused, because there is so much information.

DR. NORMAN SHEALY: Well that is true. Of course, basically, in my opinion, the best person other than myself to make the proper diagnosis is the rare deal Osteopathic physician who still does real osteopathy or osteopathic manipulative therapy. Now interestingly, maybe as few as 5% of real DOs even do osteopathic manipulative therapy. Now to go see a DO, ask them first if they do manipulative therapy first. Out here in Springfield, Missouri for instance, we have over thirty DOs, there's only one who does OMT.

DR. KEESHA: So, when you talk about this, I always like to go through like, what can the listener that is listening right now do, and lets say on a scale of zero to ten pain, ten is the worst, and zero is nothing. If somebody has just started having some very mild back pain, around a two or three, what would you recommend that they can do preventatively to help their spine, from home?

DR. NORMAN SHEALY: I would see a Physical Therapist, who specializes in sports medicine, for the milder cases. Because often it is a question of, muscles that are not strong enough, or flexible enough. Now, not all Physical Therapists are going to be the ones to see, but those who specialize in sports medicine, we're talking about the mild to moderate case, in the more severe cases, I again strongly recommend a manipulating Osteopathic physician. Now, if those are not available, it is okay to see a Chiropractor, because if it is just a subluxation, they can fix that. And again, going back in my own life, I remember the first time I developed lower back pain, it was 1966, I had a fifty pound bag of concrete in my arms, and I leaned over to pour that into a hole where I was putting up a new swing set for the kids. My back blocked, and I could not stand up straight, and it hurt. I went to the Orthopedics, and I said I need manipulation. Oh no, that's barbarian, no no, that's witchcraft, he said.

So, I saw a Chiropractor, and one manipulation later, it was fixed. I've become quite good friends with that guy, Fred Barge, and over a period of about sixteen years, I've seen Fred about a dozen times, when I would get locked at L four-five, and I would call Fred, and every time, one manipulation or adjustment, as he called them, was all it took. If I stayed with an Orthopedics, well who knows what would have happened. The same thing, now here is another one. Scoliosis, where a rotation side to side, or front to back sometimes, but mostly side to side, my daughter at aged twelve, developed mild scoliosis, the Orthopedics would have put her in a brace. Crazy, if they had put her in a brace, she would have walked with a horrible fusion. Fred Barge saw her once a week for a month, and once a month for a year, and that was the end of it. He cured many, many people. Fred was one of those most unusual Chiropractors.

He sent more people with real surgical problems than any physician in town. People with truly ruptured discs, people with brain tumors, one person with a spinal cord tumor, which had been

missed by the physicians. So, there are good chiropractors that are worth looking at if you cannot find a DO who does OMT. On the other hand, if manipulation does not make a big difference within three treatments, it is not likely to make a big difference in twenty or more treatments. So, don't keep going, if you're not getting good results.

DR. KEESHA: That's good, that's good advice. Another source of pain for, women and men alike, but I see this a lot with women, is migraine headaches, and I would love to talk about migraines.

DR. NORMAN SHEALY: Ah yes, well indeed, roughly seventeen percent of women, and nine or ten percent of men have migraines. Migraine is a very specific type of headache, it is not the most common kind of headache, by the way. But it is the most incapacitating kind. The throbbing headache often associated with visual problems, even nausea and vomiting, etc., can be totally incapacitating. Now interestingly, it has been known since 1912 or so, that if people are willing to do, one of the best things in the world, called autogenic training, 80% of people with migraines can bring it totally under control with nothing but autogenic training, which is a self hypnosis, self regulation tool.

In the early 1970s, Doctor Elmer Green at the Menninger Foundation coupled that with temperature biofeedback. In other words, what he found is that, people with migraines tend to have cold hands, especially on the side of a headache. What that allows, is the shift of blood flow into that side of the brain, and it is dilation that is increased in the diameter of the blood vessels and arteries in the brain that can trigger a migraine. By learning to warm the hand mentally, not putting it in warm water or something, mentally my hand is warm and visualizing it, 84% of people with migraines can bring it under control excellently. In fact, Elmer has told me on more than one occasion, everybody who learned it brought the migraine under control. That means that 16% of the people won't learn it.

DR. KEESHA: Now, this is so interesting to me, because I haven't heard other people speak about this, Dr. Shealy, and I have recorded an autogenic training CD that is available at DrKeesha.com, along with a fractional relaxation biofeedback hand warming CD. It's so powerful. It helps anxiety, it helps migraines, its great for people with autoimmune disease...

DR. NORMAN SHEALY: Well, as a matter of fact, it is great for a lot of things, other than migraines, because, once you learn to do it in your hand, you can do it in other parts of the body, because it has been demonstrated that often, not just pain but even other abnormalities of the body are associated with changes in blood flow. By learning to control the blood flow, mentally, visually, you can help bring it under control. But there is no drug in the world, not one that even comes close to being as good as temperature biofeedback, or eugenic training. In fact, every one of the drugs carries all kinds of so-called side effects, which are complications. Now, that doesn't mean that one should never use a drug. If they think it is bad enough, and you cannot learn

biofeedback while you're having a migraine. It is okay, occasionally to give the right kind of drug to stop that migraine, but the next hour, the patient will be instructed in beginning temperature biofeedback training.

DR. KEESHA: This is really great, because, I find it helps with women that have menstrual cramps, with...I mean, just Charlie horses in the middle of the night, learning how to bring blood flow to the area that is having pain, is empowering. You don't have to reach for the medication that just masks the problem, you can actually oxygen in your blood to the area yourself, to heal it. So it is really important.

DR. NORMAN SHEALY: Interestingly, since we are on that subject of women and migraine etc., or pelvic pain, one of the most fascinating studies, done again back in the mid '70s, an Obstetrician-Gynecologist in Chromeo, California, took women who were non-orgasmic, which according to the average psychologist, is a psychological problem, he found that they had a cold vagina, in other words, the temperature in the vagina was below the normal internal body temperature. He taught them temperature biofeedback of the vagina, and they became orgasmic with no psychotherapy!

DR. KEESHA: Powerful, so this is really important, you know using...I, I use the same thing for women that have painful intercourse, if it's not because they have dry vaginal walls, but from vaginismus; if they're having clamped down muscles in response to the thought of sex, or a pelvic exam. I use this autogenic training for all of these things, and it works 100% of the time, it is amazing.

DR. NORMAN SHEALY: Oh yeah, well autogenic training is always, and in fact, I believe if every person was taught autogenic training by age five, we could cut out seventy-five percent of illnesses. If you don't begin at that age, they become so indoctrinated with the medical profession and its drugs, that it's harder to convince them to do it. But when I learned about autogenic training back in 1972, I began immediately using it with my patients, my patients are not mostly your acute things, they are people who have suffered for years, and fail five to twenty doctors before they come to me. So, I introduced autogenic training even before I introduced auto feedback, which was shortly thereafter, and it is really near the top of recommendations.

I hardly ever don't mention it to a patient, because it is so powerful. Now, it does take time, it takes about eighteen minutes a day, and you have to do it every day for three months to get the system trained, after that you only have to do it three to five minutes. That is what is so good about it, you know, training the nervous system is important. Now, in addition, there are some other mental and imagery things that I discovered, in fact I was so excited about autogenic training and biofeedback, that in 1974 I went back and got a PHD in psychology, because I really wanted to look at that aspect of this. What I found is, in addition to autogenic training, which has

been around since 1912, there are a number of tools that aren't called the same, and I wouldn't put them in the same context, but it is what I call, again, re-treating the nervous system.

One of the others, and excellent ones, that was developed in the '20s, is progressive relaxation, by Edward Jacobsen. He published his book in 1929, I believe, and anyway, he demonstrated that a wide variety of stress illnesses, which all of these are, could be trained if people would systematically start with the hand, squeezing the hand, holding it until it trembles, and letting go. Going muscle group by muscle group through the arms, through the neck, through the shoulders and the chest, etc. down to the feet. Thirty-minute mental exercises. He also demonstrated that 80% of stress illnesses, which includes almost everything, could be controlled with progressive relaxation, which is all a mental physical approach to doing this.

DR. KEESHA: Yet another CD I recorded for this. The most powerful thing I have ever seen with chronic pain.

DR. NORMAN SHEALY: Exactly, no question about it. And again, especially for those people with spinal pain, they always have a lot of muscle spasms, it can spread all over the body, but especially around the area of the pain, and usually, if it is in the back, still moving to the shoulders and upper back. Progressive relaxation works, but there are other systematic techniques, which I developed into something I call biogenics, and that means a number of things. One of them is focusing, instead of being annoyed with another part of the body that is hurting or not functioning well, loving it. When you just, lie down, preferably, you can do it once you've learnt it, without having to lie down, going through your body, and, when you find an area that's not functioning well, you know, treat it like a child. Love it, appreciate it, because on thanking it for letting you know it needs help. Love, mentally focused, can relieve a whole bunch of symptoms.

Then, I read a book written by an East Indian, which says, that the first day that you not breathe through a part of the body, it starts to die. What I interpreted from that is, the first day that you do not bring every part of your body back into relaxation, you start to create disease. So, I learned that if you breathe, in and out through the skin, one of the most powerful tools, for gaining control and getting rid of pain, is learning to breathe through it. Firstly, ideally you're going to learn to do it on your hand. You spend maybe twenty minutes, and your hand will become anesthetic, totally numb. Once you've learnt to do that, now I wouldn't do this in an acute situation, you have to know what's going on. Once you know that there is nothing that needs to be taken care of, and you've learnt to breathe through and make numb your hand, you can learn to breathe through and make numb any part of your body. It is one of the exercises that I teach to all my patients. I show them, after they breathe through the hand for twenty minutes, I pinch the hand to show them how much more numb it has become.

Then, there is an American-Indian technique, which was preparation for meditation, in which they use breathing to collect pain, or an unpleasant sensation. They systematically go through, starting at the feet and moving all the way up to the top, one area at a time, and then the last breath or two, sort of sweeping the entire body from the toe to the top your head, with a deep collecting breath, and blow away. Again, in an acute situation, where you already know it's not, you know, something that needs to go to the doctor, if you imagine breathing and collect a painful or an abnormal sensation, you can clean it up with you're breathing, like a gentle, loving vacuum cleaner, and blow it out; throw it away.

Then, everything in your body is electrical. From growing hair, and skin to function of every part of the body. Electricity is running everything in your body. There are two electrical exercises, you can imagine as you are breathing, that you are circulating a nice little electrical tickle that heals all the way at the top of your head, as you breathe in, and all the way down the front of your body, through the tops of your feet, as you breathe out. I call it circulating electrical energies, that is another way of normalizing sensations throughout the body. Of course, electricity creates magnetism. This is one of the most powerful pain controlling tools, as well, I call it expanding the electromagnetic energy field, and everybody knows what iron filings look like around a magnet.

Well, you have around your body, an electromagnetic energy field called the aura, and some of us see that, most people can learn to feel it, but again, you can start at your feet, and this is a tool that I introduced back in the '70s, imagine you're expanding the electromagnetic energy field one inch in diameter around your feet, and again; slowly. It takes several minutes, right out the top of your head, through your whole body, looks and feels surrounded by one inch of electromagnetic energy. Then, you go back to your feet, and do it to twelve inches. A twelve inch envelope, capsule, halo, aura; around your feet and around your whole body; now when your whole body, in your mind, looks and feels surrounded by twelve inches of electromagnetic energy, your body becomes numb, but your mind is wide awake and alert. It is a perfect situation for total body healing.

DR. KEESHA: Beautiful, so when people are listening to this, what you're talking about now, is not just the physicality of pain, we are starting to talk about the energy of pain; and what energy is disrupted that's causing pain, and by expanding that energy, strengthening the energy, that pain can go away, because it is just a neural feedback mechanism from your body, after all, telling you something is awry, and now you're giving it some attention, which is the opposite of taking a pain pill.

DR. NORMAN SHEALY: Indeed, I call of this sensory biofeedback.

DR. KEESHA: So, when you start talking to people about this, you know, this is...you, and Caroline Nice have done a lot of work, medical energy work, medical intuition, developing

that....You're a big believer, as am I, that the body can heal itself, if it is given the right space to do so. So, what kind of space needs to be created for somebody to do this work inside their heads?

DR. NORMAN SHEALY: Well, you know, it's really important, in my opinion, we go back to, what is the cause of a problem, or the problems, all medical and other illnesses. What it is, is an abnormality created by some kind of stress. It can be physical stress, it could be chemical stress, it can be emotional stress, it could be nuclear stress, you know, whatever; it is all stress. An area of the body can be more stressed, if you will, because of blood flow, because of muscle tension etc., or because of position. But ultimately, it is learning to control stress, and in fact, the Father of American Medicine, Sir William Osler, over a hundred years ago, talked about stress, even before Heinz Sallier, the great stress physician talked about it.

So, stress is the cause of most of our problems. The most common stress is anxiety, and anxiety is the result of fear. One of the things that I think is the most important is recognizing our fears. Basically, there are only five fears. The fear of death, not too many people are hung up on that, the fear of being invalid, certainly that is a biggie, the fear of poverty, that is a significant one, but the two big ones are fear of loss of love, abandonment, and then the broader existence itself, God, why, understanding justice and, why me, or why that.

Well, all of these create anxiety, and that can also create anger, how dare you. It also can create guilt, if you feel that you have not done something right, and of course it creates depression. Basically, those are the major reactions to stress of all kinds. Anxiety, anger, guilt, depression. Learning what it is that you are afraid of, and your reaction to it, are critically important. Now, obviously, if the threat is great enough and you can do something about it, the most important thing is to do something about it. So, if you are angry with someone, are you going to let them keep making you angry, are you going to either tell them so, or get them out of the way, or divorce them? If you can divorce them, then you can be like, "woo hoo!", I don't have to put up with that anymore, instead of being depressed all the time and angry over it. Again, that is another common sense way of doing it.

So, ultimately you have to learn to detach from those things which you cannot change, my favorite word in the entire language, is detach. Because, a lot of stuff that we don't like or care for, could make us irritable, nervous, anxious whatever. There is no point in allowing it to, if you cannot change it. So you make up your mind, to bring about a change, and that is then, one of the many, many approaches to what I call emotional battles, we've talked a lot about sensory biofeedback, we have got to get our, well, emotional biofeedback is examining those things that emotionally upset you, and making choices. Can I divorce it, can I fight back and change it, or am I supposed to accept and forgive, which I call going for Sainthood.

DR. KEESHA: Okay, I like the going for Sainthood one, that's funny. If you're not going for Sainthood, if you accept and forgive the same thing over and over again, right.

DR. NORMAN SHEALY: Exactly, there is no point in playing the broken record, it doesn't get you anywhere, you know, it's an old thing, continue to do the same thing over and over again, when you recognize it doesn't work is pretty stupid. But, only when you have detached and balanced the sensations in your body, balanced the emotions, so you are truly at peace, the sort of final phase of autogenic training, are you ready for what I call true meditation, or spiritual attunement. Your ready to get in touch with God, soul, or the Divine.

DR. KEESHA: I couldn't agree with you more, in Ayurvedic medicine, we talk about five 'sheaths', or five bodies, and we often just think of ourselves as one body, the physical one that we feed water and take for walks, but with Ayurveda, they talk about these five, which is, the second body out from your physical one, of course is going to what that you just mentioned, your electromagnetic energy field, or aura, and then you have an emotional body, a mental body, then you've got your bliss body, which is connected to every one else's, and connected to collective unconsciousness, and so all wisdom lies there, that's where great ideas come from, all these epiphanies come from that place, so that's where, if you're toxic in these other bodies, you don't have ready access to that bliss, right. The spiritual attunement that you're talking about. Toxicity, of course, comes in so many different forms, and so I love that you have really talked about, really all of these, in this short period of time, very masterfully, by the way.

DR. NORMAN SHEALY: Well, I am glad, by the way, that you brought that up, because basically, one of my favorite little fifty page booklets was written by Torkom Saraydarian, back in the early '70s. It was called 'Irritation: a Destructive Force.' and of course, irritation has many, many variations and many, many causes, but essentially he said, that irritation, whether it's yours, or that of someone else, can damage your etheric nervous system, the first layer outside the body, if you will. That made so much sense to me, you cannot afford the luxury of allowing other people's negativity into you. Interestingly, he listed, I think 28 causes of irritation, and 29 or 30 antidotes to irritation. First one was freesias. Now, I consider freesias a nice little whippy flower, pretty to look at, but it doesn't have much smell. But, the second one was roses, and one of my favorite things since 1974, when I first read that booklet, is white rose oil. Very inexpensive compared to Bulgarian rose oil, and according to him, roses repel imperil. So, personally, since 1974, I put a few drops of white rose oil into my left hand and under my belly, above the, you know the solar plexus area, and I am done with it. My intention is, nobody else is going to let their negativity get into me.

DR. KEESHA: That's lovely, I am going to have you go back and spell that slower for people, because I think that this is a really important piece of work, that I would like for people to get exposed to.

DR. NORMAN SHEALY: Well, again, you don't have to be intending, or, you can be naive, if you will. There are people who carry with them extreme negativity, anger mostly. There are people who suck energy, sap it, and there are people who 'zap' you with their negativity. You can't control them, but you cannot allow them to sap your energy, or get in to and drain your energy, terribly. To me, my intention may be more important after, forty-two years, than doing it with the rose oil, but I'm not going to stop, because it works. So, in order to tell my body and my mind before I go out of my house, I always put a few drops of rose oil on, rub it on my solar plexus, and I know that I am going to be protected now, throughout the day, and boy. I think a lot of people could be better off by that.

Now, now we are getting pretty far out at this point, but I do want to mention, that, in addition to what some people think of in the ultimate negativity, demons or possession, that kind of thing, there is possession, by other people's energy, including dead people. I'm going to give you just two cases, that I've worked with, one was a 42 year old man who had been depressed all of his life. I went to do a past life therapy session with him, which is one of my most powerful therapeutic tools, and instead of his going into a past life, I am suddenly talking to a demon. There were 80 students watching, and I thought, Oh boy, what fun, I've never done this before. It took me thirty minutes, but I finally got the demon to go to the light, he said, I don't want to go the light! I said, fine go back to hell. You know what's going to happen. You will be tortured forever, because you weren't supposed to be found out. Interestingly, I saw this man six months later, and for the first time in his life, he could remember he was free of depression.

Then I had a young woman, who I think might have been in her early twenties, and she had been depressed for seven years. When I went to work with her, I found out not because she was malignant, or you know, negative about it, but the night her mother died, in the mother's fear, she ran to her daughter for safety, and got stuck in the daughter's body or personality. When I found the mother, she didn't do it for negative reasons, she just did it out of fear and out of love. I finally got the mother to go with the grandfather, who was dead, and, for the first time in seven years, this woman's depression was relieved. By the way, that was twenty-one years ago, and I have followed that young lady, and she has been free of that depression for twenty-one years, since the negativity, the sort of lost soul mother, was removed.

So, this, you know, there are many, many oddities about all of this, but it can happen. There was a physician in England, who wrote a wonderful book, way back in the early '80s I think, called 'Healing the Family Tree'. He felt that two-thirds of his patients were possessed by dead family members, and did exorcisms with an Anglican priest to get rid of them. Well, I haven't run into that many, I've only run into six that I can remember, where I have found some kind of, possession, but it can happen. There is a place where, you know, a lot of help can be. Finally, there is one other wonderful psychotherapeutic tool that I can't not mention, and that is past life therapy. I have been doing that, since 1972. When I have someone who is not responding to all of the other tools that we have, I suggest that we do a past life therapy session. You know, past

life, I believe that most significant illnesses, no matter what they are, are related to unfinished business from a previous life. Something comes up to bring out that unfinished anger, guilt, anxiety or depression, and I have, in a single past life therapy session, had many, many people get well, in one hour of therapy.

DR. KEESHA: I think it is really, really powerful too, and have recorded a CD on that also, as well as, beginning to love the shadow self, which I think is another reason for pain and depression in people is, not acknowledging that, they have this shadow part of me, of themselves, that they project out into the world and into others, and become constantly depressed and angry and irritated. What they're finding, is that they haven't actually found that part inside of them, and loved it and forgiven it, and embraced it, made friends with it. So that's what I, I did that CD too, because I was seeing that so often, in my medical and psychotherapy practice, that this idea that I have a part of my that isn't healed, and I split off from myself, causes all kinds of health issues.

DR. NORMAN SHEALY: Oh yes, everything, everything from chronic pain of all kinds, to diabetes, hypertension, heart disease, all of them are related in one way or another, to, what I call unfinished business from a previous life.

DR. KEESHA: Well, Doctor Shealy, we are out of time, and it has just been a joy, and I thank you so much for sharing your, you know, a tiny part of your wisdom, with the listeners of the Summit. On your Speakers' page, on the website, I will make sure that I have your bonus offering, how to reach you, the books that you've written, so that people can get in touch with the wealth of wisdom that you have to share; and again, I appreciate you sharing that during this hour.

DR. NORMAN SHEALY: Well, I appreciate the opportunity to discuss a wide range of things, Keesha. Thank you, and have a great weekend.

DR. KEESHA: Thank you, you too, and remember everybody, to live, love, laugh, keep learning, and be the most fantastic version of yourself. Till next time.