Barry Bruder - Episode 841

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SPEAKERS

Barry Bruder, James Geering



James Geering 00:00

This episode is sponsored by NuCalm. And as many of you know, I only bring sponsors onto the show whose products I truly swear by. Now we are an overworked and underslept population, especially those of us that wear a uniform for a living, and trying to reclaim some of the lost rest and recovery is imperative. Now the application of this product is as simple as putting on headphones and asleep mask. As you listen to music on each of the programs there is neuro acoustic software Beneath that is tapping into the actual frequencies of your brain, whether to up regulate your nervous system, or downregulate. Now for most of us that come off shift we are a exhausted and B do not want to bring what we've had to see and do back home to our loved ones. So one powerful application is using the program power nap, a 20 minute session that will not only feel like you've had two hours of sleep, but also downregulate from a hyper vigilant state, back into the role of mother or father, husband or wife. Now there are so many other applications and benefits from the software. So I urge you to go and listen to episode 806 with CEO Jim Paul, then download Nucalm and you see a LM from your app store and sign up for the seven day free trial. Not only will you have an understanding of the origin story and the four decades this science has spanned, but also see for yourself the incredible health impact of this life changing software. And you can find even more information on nucalm.com Welcome to the mind and shield podcast. As always, my name is James Geering. And this week, it is my absolute honor to welcome on the show, CEO and co founder of IOSYS technologies, Barry brooder. So in this conversation, we discuss a host of topics from Barry's early life, his journey into the world of neuroscience, the incredible efficacy they are finding with microcurrent neurofeedback, the benefits on PTSD, autism, and other brain injuries. Now, before we get to this incredible conversation, as I say, every week, please just take a moment, go to whichever app you listen to this on, subscribe to the show, leave feedback and leave a rating. Every single five star rating truly does elevate this podcast therefore making it easier for others to find. And this is a free library of well over 800 episodes now. So all I ask in return is that you help share these incredible men and women's stories so I can get them to every single person on planet earth who needs to hear them. So with that being said, I introduce to you Barry brooder enjoy well Barry, I want to start by saying Firstly, thank you to Dr. Rodney Adelson, who's been on the show a long time ago, my chiropractor for connecting us and secondly, I want to welcome you to the behind the shield podcast today.

B Barry Bruder 03:24

Thank you honored to be here. and honored to be able to share with your audience and a little bit of how how I came to this crazy world of neurofeedback. And how in the world a kid from Buffalo, who wound up down at the University of Florida, back up to New York and out to California, how in the world I came to develop ISS technologies and the research behind it and whatever it is, I will look to you for for your sort of steering and guidance because I'm one of those individuals that is to I'm so impassioned about this whole arena that I'm kind of like a wind up toy and I could just keep talking for about 17 hours. But I want to be able to be as specific to, to your questions and and in kind of start off in that way.

James Geering 04:34

Beautiful. Well, I know that you're in LA now but let's go back to Buffalo. So tell me where you were born. And tell me a little about your family dynamic what your parents did, how many siblings?

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I was born in November of 58. Yep, that makes me 64 In Buffalo living in a little town called Tonawanda you and move to Williams Ville. I have one brother, who is, excuse me, he is three and a half years younger. Whew. No sisters, and mom was a stay at home. And back in the 60s, many as most moms, I think were, there were working women, but my mom was definitely a stay at home caregiver, and did her best to rein in two brothers beating the heck out of each other constantly. You know, you know, playing football and loving to tackle my brother and putting him on the other team, which made him into a real tough guy have a little firefighter later in his life. So I guess I was prepping my brother, Hugh, who is the chief at Boynton Beach, fire department in Florida. And dad worked a lot he was out in the world. He was selling furniture. And man that guy could sell ice to Eskimos people would walk in and, you know, before they knew it, they were you know, buying a bedroom set. And, and that worked for several different furniture companies in Buffalo. But, you know, he was just one of those super hard working guys. And no, he was offered many opportunities of people that believed in him to go into his own business. He, you know, he just, he was very happy just to go along, working for the man, and you know, going home. So I didn't see a whole lot of that, because he worked a lot of hours. And most of the time was spent at home, being the big brother looking out for my brother. And the dynamic really was because mom had a lot of issues. I would say, you know, she had a lot of anxiety. And I think a lot of depression, especially related to not being near her family and seeing sisters die of breast cancer, there's a gene called the brockagh gene, which is very dominant in the Ashkenazi Jewish heritage. And most all of the women had that gene, and they all died. And she lost. She lost two sisters early, a third sister later, and even she herself had cancer. And, you know, and as it's turned out, of course, you know, I I've, unfortunately carry this gene, the Brock BRCA, brockagh gene. And, you know, and it's been, it's been a really, really major played a major role, I think in a lot of her sadness and depression and loss. And as a, as a as a young boy, observing the anxiousness the depression in my mom, and, of course, seeing her at times curled up in a ball. And as a child, you know, we're we need the parent to take care of us. But unfortunately, I was very clear that many times, I actually was in a position where I had to take care of my mom. And I remember being five, and having people say, which they do to little kids, well, what do you want to be when you grow up there?

And I remember saying, Well, I want to be a psychiatrist or a psychologist. Well, that's a, that's an awful big sort of path you've laid out for yourself there. Well, how did you know you want to do that? And I remember saying, Well, I have to take care of my mommy, because my mommy doesn't feel good. And, you know, and having people look at me, and not really understanding at the time why they were looking at me the way they were looking at me, and realizing that that was kind of a heavy thing for a little kid to be thinking. But, you know, children believe that if the parent perishes, or they die, who who's going to be there to take care of them? I barely see my dad. What if mom's not there? Who's going to take care of me and my little brother? So I really, I really assumed the role of caretaker for my brother, my younger brother, because the overwhelming majority of the time mom was in a depressed state. And dad was off working and you know, so I, I really had to Take care of the house. And so I think early on, I felt very comfortable in the role of caretaker, caregiver, caretaker, whichever, and, and I grew up feeling like I was here to be in service and to take care of people. And through my entire life, people have come to me, telling me things, you know, people who were, you know, when I was five, that, you know, I remember being five years old at at camp, and this 16 year old girl, you know, probably, like, took me on as her little, her little pet, pet, little little kid. And I remember, she was telling me all about her problems. My whole life, people have told me everything that you can imagine. I just thought it was a totally natural thing that as a little boy, and as a teenager, people who were 2030 4050 years old, told me all their issues, and I sat there listening and offering feedback. I guess I've been doing that, as long as I left. And so it wasn't a big surprise that when I, you know, did grow up, that I would move in the direction that I get and, you know, later become, you know, a chaplain in March of 88. When I actually moved to California, and, and in fact, though, you know, you mentioned that I, I'm in Los Angeles, Laura, my wife, and our two at the time, little girls, Ruby and Skylar Ruby now, 24 Skylar 19. Ruby is off in Japan, teaching English to elementary and middle school kids. And Skyler just started her sophomore year, and she's in Birmingham, England. But at the time, we actually, you know, decided, let's get the heck out of LA and we moved to Temecula, California. And we've been there since. Gosh, I think we've been there since about 16 2016. And we really like it. It's about an hour north of San Diego, kind of wine country, super pretty area. But the the evolution and the challenges that I faced with a very military father, who was, you know, basically, you know, you you didn't swear, there was no cosson going on. We didn't even have soda in our house. There was no alcohol in our house, if there was it was locked in a bar for someone that my father would entertain. From time to time, he never drank alcohol, there was no alcohol. There. Again, there was no Coca Cola, or, you know, in Buffalo, they call it pop, we didn't have pop in the house, there was no pop, you know, so I remember going to camp and going, Oh, my gosh, Orange Crush, this is the best thing in the universe. And I was pretty excited about Orange Crush, let me tell you, and, but I mean, that's just the, you know, my older daughter says, Dad, you're so wholesome. Well, I don't know what that means. But, you know, I guess I grew up with No Cussing going on in the house. So I have a wife, we're driving down the road. And she's, you know, she's like, cussing out the driver that cuts her off. And I'm like, Laura, you do you have to use that language? I'm just an old fashioned kind of guy, I guess. And, you know, it's just the way it is. But you know, it was a very militaristic house, where my dad who was Army, you know, was like, get your fingers off the walls. I mean, it was a very, I mean, I had to make the bed. It had to be just so. So I'm kind of relatively OCD because of a military father. And so I guess it makes sense that I would found nonprofits like the safe place for Pediatric AIDS, clear path, addiction care, you know, and later found iasis technologies. I just have a very specific way of doing things. And I think that the structure that I have lived with in my life, even though I didn't go into the military, I feel like I was in the military when I was at home in boot camp most of the time. And, and that's kind of what it was like, growing up being very brooder

James Geering 14:47

you said that your mom felt depressed because she wasn't close to her family. Were they in different parts of the US or were they overseas?

14:55

Yeah, so my mom When my dad was in Korea, my mom learned from her brother David, about this guy, Ron brooder. And they wound up meeting each other. And, you know, being on again off again, because my dad was from Buffalo, I'm from Buffalo. And I grew up in Buffalo. And her family was all in Monticello, New York, you know, in what was called the Borscht Belt, and all the, you know, Concord hotel, and all those, you know, like, you know, the big hotel and summer area that was really big during the 50s and, and 60s, where all the people from the city would go there during the summer. And, and so, they were mostly on Long Island in New York City, and in that area, and my mom was kind of all isolated and alone in Buffalo. So she really missed all of those people. And between being alone at home with two little kids, and not being near her, you know, her her her siblings, I think it made for a very lonely life, she did have some friends, like, you know, I called her my aunt, Renee, who recently passed Renee Berzon, I spent an awful lot of time over there. Because Renee was a really good cook, and my mom tended to boil hotdogs and make TV dinners, which, you know, we're not that appealing. I love my mom, but she was not, she did make a mean, spaghetti sauce, I will say. So that was the highlight, you know, once a week, we would have the sauce and the, you know, all the Italian food, which was, you know, which was really nice. So, you know, she was really, I think lonely, really sad. And that's what I guess, you know, there's a silver lining and the silver lining is, that's what really made me who I think I am today, out of necessity, I wound up really taking care of Sydney, brooder she was, her name was Sydney. And now of course, all these, all these girls are named Sydney, while she was in Sydney at a time when there was no such thing as girls named Sidney brooder, or Sydney. And, but that's what it was like. And I think that that was what the earliest memories that I have, were, of taking care of her. And having all my life, from kids coming up to me that had problems at home with their families, somehow, the wayward kids always wound up coming to my home, and I wound up taking them in and taking care of them, literally even hiding them out, when they had funky stuff going on with their families, you know, where, you know, they had an alcoholic father. And you know, they needed to escape because they were being beat up. You know, I was hiding them out. And, you know, and making a little tent in my bedroom, and giving them a place where they could, you know, hang out and stay and, you know, in feeding them hiding, you know, like sneaking food from the fridge and taking care of I remember numerous kids like that growing up, come to think of it that I kind of hid out and, you know, kind of, I guess that was my first nonprofit

James Geering 18:37

where you talks about wanting to be in the psychology world when you were five, by the time you got to high school age, what were your career aspirations and how that bring you to Florida.

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So, I, I wound up kind of really giving it a lot of thought and, you know, initially because I have

the ability to sing. I've been a singer since their earliest age, and did a tremendous amount of music theater. And when I was in New York, I did some work in the entertainment industry. But from early on, I thought this is just not something that I want to dedicate my entire life to i i felt called to do something more. And I wasn't sure exactly how to do that. I still kept thinking that I need to move in the direction of becoming a least a psychologist and I took a tremendous amount of psychology courses and and invested lots of money and time and energy into reading a massive amount of psychology and self help. You know everything at you know at the time, you know from looking at all of the II, you know, the earliest, you know, teachers in that field, you know, all the way through Tony Robbins and anything that I could find that I could get my hands on, I studied and pretty much on my own. And then I wound up in the school of journalism and communications at the University of Florida, finished with a degree and from that school, and, and with a minor in psychology, I did post baccalaureate in, in the University of Florida in that direction as well. But then, I realized it still wasn't, it wasn't enough for me. I moved to New York after the University of Florida, and I needed to, you know, earn a living. So I wound up becoming a, a, you know, one of the managers in, you know, there were many event companies and, and to to earn a buck, I wound up going to work for a few of these different companies, Restaurant Associates, being one of them. And they sent me to windows on the world, in one of the Trade Towers that is now down. And I became a Somali A, and I mean, things that I really had absolutely no interest in doing it all. But here I am, like a Somali, a, not giving a hoot about wine. And, you know, and, you know, what did I do, I wound up leaving New York, actually, with my first wife, who I met at the University of Florida, and became an event planner, in Los Angeles, and wound up doing events, it was called out of this world event planning, and I became quite successful with it, doing events for the city of Los Angeles. And, you know, being involved with the Academy Awards, and, you know, and I'm going, Wait a second, this, this is not who I am, I do not want to do this. And I remember turning to joy, my first wife and I said, I'm, I'm miserable, I, I did not ask for this, I did it to make ends meet. And I left that whole world in the fall of 90, when desert storm happened. And Warner Brothers who was one of the companies that I had an event scheduled for cancelled, and it was the first time in 50 years that Warner Brothers canceled their, their Christmas event. And I went to the Institute of psycho structural balancing, to get a kind of a physical therapy type certification. And, and I decided that was really the direction that I needed to go, I wanted to be able to do more body focused and centered healing work. And right around that same time I went to, into a pastoral healing program in Glendale, California. And the, the minister said, you know, everybody that's in this program, you know, will, you know, will be ordained, and I didn't really care one way or the other about that. I just wanted to help people. But she said, in order to be legal, and, you know, I'm good with doing spiritual counsel, which was, for me, a natural thing to do. That was a pivot point, rather than going in the direction of becoming a psychologist, and becoming, you know, a minister, Chaplain through this, through this program. It was called the healing light center. And I went into this program with Rosalynn Briar, who was the minister and she was the, you know, the head of the program. And it wasn't long after that, that I wound up becoming ordained and really moving more in that direction. That was in March of 1988. And it was in that timing, that, as we know, HIV AIDS became a thing. It was, it was it was proliferating through the world and And a lot of people were dying. And by 1991, when I went to the Institute of psycho structural balancing, and then wound up moving more in that direct direction, by 1992, I was a counselor at a camp called Dream Street, which was a camp for chronically and critically and terminally ill children. And I remember being placed with these two little boys, and I was their counselor. It was a lot of counselors to a very small number of, of kiddos at this terminally ill camp for these, these children. And there was a moment that I'd like to share. And this, this was the moment that was so pivotal for me. And it was the first moment, James that I, I realized that I needed to do something so incredibly different from anything that I had imagined my life to be. And it hit me like a ton of bricks. I was sitting in the

game room with a bunch of computer games, Pac Man, whatever they had at the time. All these kids were running around playing with the games. And as I was sitting there on the ground, a very large little girl sat on my, my knees, and you know how when you have your legs crossed over and someone might sit on your knee? Well, it kind of kind of hurt the knee that she sat on. And, and I didn't say anything, cuz, well, she just kept sitting there. And then a pile of kids jumped on. And well, okay, now forward to, we're going into our little cabin, and the boys had the room over there. And I was in the room over here. And, and I was rubbing my knee. And these two little boys looked at me, Michael and Tyler, I will never forget these boys. And they said, Hey, what's wrong there? What's wrong with your knee? And I said, No, no, it's fine. It's fine. It's just a little tender. It's okay. Don't worry about it. You guys. Just get ready. Now we got to go to med call and dinner. So you guys go get ready. And I'm rubbing the knee. And I hear the boys in the bathroom. And they're saying, Please, God, please, Jesus, please help Barry with his knee. We don't want him to hurt. We don't want him to be in pain. Please help him. Thank you, God. Thanks for helping Barry because we love him. And he's a great counselor. And I'm hearing this and I am. I am I am. I'm over here crying. Listening to these boys. Praying for my knee. And, and it definitely brought a little tear to my eye. So we're getting ready to go to med Colin dinner. And I said, Boys, we gotta go. It's time we gotta leave now.

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And we're at the door. And Tyler says to Michael, you tell him, I'm not going to tell him you tell them and I said boys, somebody better tell me we gotta go. So say it fast. What is it that you got to tell me? And these boys looked up at me. And in unison. They said, well, bear Do you think that some time you can pray for us? And I I held my heart. And I looked at these boys looking up at me with these puppy dog eyes. And I said, Yes, boys. I think I can do that.

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Now let's go. Well, James, I walked out of that room. And I was a changed. Man. I I was no longer the person that I had been. I remember that night when we had the gathering of all counselors.

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One counselor was bickering at another counselor over something that was so menial and I said it Excuse me. I know that you all don't know me. And I know that I don't have any right to interject this. But I have to say that what you two are bickering about right now seem so incredibly inconsequential to the reason that we are here to bring joy to the lives of these children. And I would like to urge and invite you all, to think about that, and take your bickering somewhere else. I'm sorry, where you could hear a pin drop. And these people were like, man, who the heck is this guy, where'd he come from. And these two people felt so stupid for bringing this up. And not being aware of the fact that we had a privilege to help these children.

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And when I left that camp, lames, I kent having a nightmare. I'll never forget this nightmare

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really emotional from this nightmare. And it was two little boys. And it was like, I was watching a screen, like a play in my mind, a screenplay. And the two little boys were playing. And the mother of one little boy would be sitting there in her little beach chair. And from off screen, in would run the mother of the second child, and rip her child away and say to the other mother, get your child away from my child, you're, you're a murderer, and your child's a murderer. And I would wake up from that dream. At least a dozen times, I had that dream. And I remember waking up perhaps the 10th time from that dream, and in a sweat, and crying and saying, God, what do you want from me? I can't go on like this. What is going on? Tell me, what do you want me to do? I can't go I'm like this. And and I remember hearing in my head, these these challenges are a safe place. And I guess, that was thinking about

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sorry, being a kid. And going through what I went through. And, you know, feeling like there was really no one to keep me safe. And these kids. They didn't have anybody to keep them safe in many cases. And I had a vision of a place where children could run free and have fun. frolic, have a great time. No big surprise that I learned that a lot of these children when parents who had HIV AIDS would take them to a lot of these preschools and the preschools would say, Oh, sure. Yeah. Oh, we'd love to have, we'd love to have your kids. Absolutely. So tell us a little more. Oh, and by the way, Johnny has HIV, but but but he's fine. He's fine. Oh, okay. Well, I'll tell you what. We've got all the information we need. We'll get back to you as soon as we have an opening. But But you told me you had an opening. Well, we it's coming up and we'll get back to you. We'll let you know. And I realized ostracism was rampant and that the schools preschools were, we're not allowing these children to get in. And I thought, well, for goodness sake. This is just a criminal. This is not right. So I went to Children's Hospital and I spoke with Dr. Joe church. It was 1992. And I remember sitting down with Dr. Church, who was the head of Allergy and Infectious Disease at Children's Hospital in Los Angeles, on Sunset Boulevard. I said, Dr. Church, this is a terrible thing. There's ostracism going on all over the place here in Los Angeles. And I can't accept that. And I need your help. I want you to go with me to the schools. And I want you to tell people what you've told me that the viral load is too small. And these children should be able to get into these preschools. And he said, Okay, I'll do that. And we went to St. Paul's Lutheran Church and Hollywood, California. And Pastor James valine looked at us and said, we will have your children, we will accept your children. And they were the first courageous ones. God bless you, Jim baleen, who is a friend to this day. And I'll tell you what, six other locations they took in our children. And the safe place for Pediatric AIDS mission was fulfilled. And that went on a good number of years, and went on actually till about 2003 When ostracism really wasn't a big deal anymore, because people knew that the viral load was too small for a kid to pass it on to another kid. Shortly after I founded the safe place for Pediatric AIDS. In that same year, by the end of that year, I was at an event that was a conference called a whole life Expo. It was a kind of a new agey self help psychology and metaphysics and whatever type event, whole life Expo and Elisabeth Kubler Ross was there a lot. Elisabeth Kubler Ross was like a Gandhi. She interviewed more than 20,000 people that were clinically dead, and came back to life, writing about them going down the tunnel to the light, not being ready to die, coming back and telling all about their stories. She was the first in

this world to really be known for her work. And the book was called death and dying. Elizabeth with an S Elisabeth Kubler hyphen Ross. And I walked up to her, I bought her book Life After Death. And I said, Well, hi, Dr. Ross. My name is Barry brooder. And I, I founded this organization called the safe place for Pediatric AIDS because of ostracism and, and she looks at me over a little bifocals, and she says, you're coming to Virginia. And I said, I'm watching ya, you're coming. Don't ask. I was like, Who is this Kook? And she calls this woman over and she whispers something in the woman's ear. And this is all like in 60 seconds and the woman goes, Dr. Ross has invited you to come train with her and her emotional release process in headwaters, Virginia. And I was like, what, what the heck are you talking about? And I didn't know what she was talking about. But I thought well, hey, gosh, any opportunity to go train with Elisabeth Kubler Ross, I'll take that as a message from the Lord that, that I need to go there. And, and there I was in headwaters Virginia, flying back and forth, over almost three year period training under Elisabeth Kubler Ross and her emotional release process and a five day series of many of these life death transition ldct workshop experiential workshop AB reaction, emotional release workshops, trainings, and I remembered some of these MDS and very fancy people with all these letters after their name saying, Who do you think you are with Lizabeth you know, nuzzle up to her and I said, Well, actually, I don't think I'm anybody. I'm just guy. I'm not trying to do anything. I just like Elizabeth and well, apparently she likes me because she likes me to go cook with her. And we'd be in there and she'd say, you know, hey, time to go cooking. And I'd cook with her every time that you know, we just, we just got along real well, and and are are mentioned, the highlight moment. And if and if some of y'all do not know who Elisabeth Kubler Ross was the stages of grieving, from denial through acceptance. They come from Elisabeth Kubler Ross, she has impacted more mental health providers to understand the stages of grieving than anybody else. She is the person who was the initial trauma therapist, and the psychiatrist. And I said, Elizabeth, this will be my last time that I'll be coming here, potentially for a very long time. May I have the privilege of interviewing you? And she said, Okay, make it make it snappy. And I said, Okay, well, we'll make it snappy. And I'm sitting down on the veranda outside of her house. It's a beautiful, sunny day, with these cotton clouds flying by and over on the side is the pen and the corral where all her llamas and goats were kept. And I'm interviewing Elisabeth Kubler Ross with this teeny, tiny little recorder, and this teeny tiny little recording tapes that God knows where that that little thing is now, and, and I'm interviewing her asking her all these questions that I thought were real intelligent questions, right. You know, or not. And we got to the end because she goes, you, okay, we got all right. We got we have to go make lunch. And I said, okay, one one last guestion. Elizabeth, if there was one thing that you wanted me to tell the world, your Elisabeth Kubler Ross, what would that be? And she put her head in her hand and she went, a, I'm tired. I need you to take your great book into the world. And then she looked over, and she saw the llamas and goats getting out and she said, hey, my llamas and goats are getting out of the pen. Go get those llamas and goats back and I said, me? She goes, Yeah, you you go get those llamas and goats. Go get those back into the bed.

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And I'm running around and I'm chasing Elisabeth Kubler Ross Islamism goats, and I'm getting them back in the paddock afraid they're gonna kick me and I and I went,

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what did she say? What does she mean by that? What does she mean? She wants me to take

my great work into the world. And I went, Oh my gosh, I have no idea what she meant. Two years later, one day, I went. She wants me to take my great work into the world. And I like remembered having this moment of epiphany. And I went, did Elisabeth Kubler Ross? Did she handed me a baton. Am I supposed to continue this work going forward? It was around that time that I founded clear path workshops. And for a decade, we did the same kind of workshop, experiential, emotional release that people came to from all over the world. And we did them in Virginia, Maine, Michigan, and Malibu, California. And it wasn't until, excuse me, my, our, our younger daughter was three. And my wife said, bear, you're working too much. You're traveling too much. You got to be here for your kids. You got to enjoy them while they're young. And II stopped doing clear path workshops and turn it into clear path addiction care, years later, but I never closed it down. And that nonprofit serves military, first responders and every penny that is fundraised that comes in, and I don't even seek fundraising. People come to me knowing about it. Every penny goes directly to care. Nobody makes a penny. I don't make a penny. Nobody makes a cent. It goes directly and not just for ISS, not for neurofeedback. We've helped a husband and a wife and their doggy get out of the car that we're living in their car downtown LA. We've helped with funerals, we've helped with food, we've helped with housing, whatever it is, it isn't. It isn't welfare. It's a stop gap helping to pay it forward and help people with with a step up a hand to help them to care for themselves. And that's what clear path addiction cares about. And as resources come in, and we find out and I don't really advertise about it because we'd be overwhelmed and my focus has been so much on helping people day to day, families that come to me. And you know, I really work with the most ill population that still come to me, as I also run, I assist technologies. But it was those those days, James with Elisabeth Kubler Ross. And that training and clear path workshops, that really became the foundation of my teaching, my training, and educating people from throughout the world. So it made complete sense, when I was guided later in, you know, really, you know, 2009 2010, into the field of neurofeedback, that it made complete sense that, that I would move in that direction. But of course, not knowing how in the world I would do it, but always trusting that, you know, that God will lead the way. And I don't need to know, I just need to put one foot in front of the other, and the path will be illuminated. That's, that's how I always felt about clear path, we just need to help each other, we are here to hold a lantern with one hand, and hold the hand of that individual, needing our help with the other. And that we are limitless as long as we have faith and belief in ourselves. And and that's where I also found that ISS could be so helpful, because it literally is a technology that palpably changes things in the body that brings hope I don't need to jump too far forward and get into to ISS. But this is I wanted to make sure you understood the the foundation upon which I stood, that created. And I feel forged from my mom, to Elisabeth Kubler Ross, to where, where I am now in my life that feels even more critically essential and foundational to who it is that I feel that I was guided by the universe by God by the Lord by whatever language you want to use that you believe in. Because I have felt guided every step of the way. I think that



6 47:33

my experience, in fact, has been proceeding my belief, we are all guided, if we have the ears to listen, the guidance comes through every day. And if only we're willing to suspend our disbelief and give ourselves permission to allow change that we're here to, to share with people so that they can see into the periphery opportunities that heretofore they could not see. Maybe they were the living dead. Maybe their trauma, their loss, their pain, their suffering, their early life wounding was so deep, that they just didn't have the ability and they succumbed to more abuse, self wounding, self hurting self loathing, because of the shame that came from the earliest trauma, which is of course, the foundation of all illness that begins in the third

trimester. We know this. Psychology has long ago established that it is in fact in the third trimester, that the trauma that is going on in an outer world absolutely affects that unborn baby. And then that baby comes into the world and swam. We are here. We have arrived. We are no longer in the pool. We are out in the world. And now you got to you know, there's something in the Marines that they say that of one of my Marine brothers, I'm not a Marine. But if I if I ever moved in the direction of having been military, I can't imagine being prouder than having been, of course, any member of our military, but I feel so aligned with so many of my brothers that happened to have been Marines. And he said to me, it sucked. Being a Marine. It was a greatest gift. And that we were taught that you need to love the suck. And you need to do just dive into that and love it and dedicate yourself to it. And I guess that's the way that I feel we need to dive into and dedicate ourselves into whatever the challenge is, and not succumb and learn self talk so that we can pick up the reins and not allow ourselves to go into what some called Evil devil, I call negative ego, ego critic judge the negative ego, the critic, the judge, that just wants to, you know, choke the life out of us, and pull us into that downward spiral down the rabbit hole when I work with the people that are farther down the rabbit hole. And I helped to bring that light and lift them out of it. And that is what you can do with, with a provider with an iasis provider, with a trauma therapist specialist, there is hope there is more than hope. But it begins with Oh, it is a palpable change. And we are not alone. We are never alone. There are people that we can turn to, that can help us to find the light to climb back to the mission that we are here to live, the greatest gift that we could ever have is our life. We must not squelch out that light, the greatest gift that human beings have been given, we need to embrace that life. And if, as my Marine brother says, embrace that suck, until we rise and transcend above it into the joy. Because whatever the challenges and hardships are, they are not insurmountable. Life is a glorious, beautiful thing that is so worth living. If only we give ourselves permission to find someone to partner with who is in the light that will be able to help and teach and motivate us to become entrenched in it until the light overcomes the dark. And I do believe that the light of one Mother Teresa can easily squash out the light of 1000 Hitler's if we choose to embrace that notion and find people that we can work with, so that we're not alone. So I know I've kind of dived into some of these kind of philosophical aspects to who I am and what my mission and what my some of my messaging is. But I can't help it, you know, it's part of very brooder. And sometimes that's part of my windup toy where I go, you know, but I just love life so much. And, you know, I love people so much, and whether it's a child on the spectrum that's never spoken, that that that says, Mama after one session of ISIS, or a child with test anxiety, or a teen that's being bullied, or a mother that's being beat up by her husband, who is an alcoholic, or a Marine, or a person who is just overwhelmed by their life. There is definitely hope. And I assess is not the be all and all by any means. Let me be clear. I Asus is one spoke on the wheel. That's all it is. There are many roads that lead home. And you have brought many incredible human beings on to your program. behind the shield, and you offer a myriad of opportunities for people to heal. Bias is is but one, but it is one heck of a spoke on the wheel, I will say and many people have found it to be rather miraculous in its ability to do so.

James Geering 54:17

Beautiful. Well, I want to just go back a little bit and then pull some things out before we get to that part of you know of what you're doing now. First thing when you were having this vivid dream of these two children being pulled apart. I don't know if anyone else listening had the same thing. You were talking about the AIDS crisis, but it mirrored 2020 in the mania, that was we can't have two human beings, especially children next to each other, you know, people wrap themselves in plastic and fire stations are divided so that no one can eat together. And it

was it was you know, just just interesting to see the parallel of, you know, 40 short years prior with the mania that surrounded aids when I was a little boy at the time. So that was just a kind of observation. As we move forward, you mentioned about your brother being the chief of Boynton Beach, I want to pull some of the commonalities that you've seen in first responders. But the big big elephant in the room is two of them really childhood trauma, which we'll get to but also sleep deprivation. Boynton is one of the very few departments I've ever heard of that have gone from a 56 hour work week to a 42 hour work week, which I think is what the industry should do the profession should do nationwide. Have you had any discussions with your brother about that element of his department?

6 55:38

Yes, especially, especially of late, and I and I know that this is something that that he is really keen on. Because that that sleep deprivation is a killer. It it's just, it, it's a very, very challenging thing for firefighters to have to be on it. And at times when there are multiple calls over and over again, and to come back, and to have to go right back out. And to keep doing that. On top of the things that firefighters see. That is really, almost until unless you have an individual in your family who's a firefighter, or an EMT. Of course, you think people in war, they see all these things out there in war. A lot of people don't realize that firefighters, over a period of 20 3040 years, are seeing all of these traumatic events 1000s and 1000s of times while they're being sleep deprived, never having the ability to be able to go through and even process the trauma that they have absorbed being with these people who literally were decapitated or torn in half. And that is huge. And I know that Hugh, my brother is so dedicated to helping as he has been with mended minds, his and Jackie brooder, his wife, he and Jackie work with Miami Dade until they both retired who being a battalion chief Jackie being a captain with Miami Dade. And then Jackie went through and actually retired a few years after he knew. And then he was like, Man, I gotta go back to work, I have to be in service, I have to do this. And now Jackie, who bless her heart, Jackie is, you know, such a powerful woman. And Jackie is at the moment after having gone through with Sister kidneys and having a kidney transplant. Now she has found the same with her liver. And she's looking for a donor for her or a kidney transplant. So I'm putting a little plug in on on that for for my sister in law, Jackie, and but who is absolutely thrilled about the fact that this is going to be giving incredible support to the Boynton Beach Fire Department and these very courageous firefighters who are going to be able to have a little bit more sleep. Thank God.



James Geering 58:36

Absolutely. I think it's imperative because when you understand that that's when the brain heals when we sleep and they've gone from a 2448 to a 2472 Same as bokeh return. That to me is it you've you've put 24 hours of recovery between these all night shifts. I mean, you know, there's such a misnomer still on the public side that we sit around and play cars and smoke cigars and pet the Dalmatian. And that's 100 years ago, if you stand in any main artery road of a city, you hear nothing besides that's, that's the modern day versus one of the professionals. The other thing that was really revealed to me through one of my guests, Jay Clark was the prevalence of childhood trauma in uniform. And so you get these people that are trying they're doing that they're doing it coming from a good place, but they're like, oh, PTSD, it's what you saw it was that call it was that fire and missing the entire part of what happened

to you from third trimester, as you said through to the day you pin the badge on your chest. So as you started working with my community, talk to me about that element of some of the men and women that you work with.



59:42

Oh my gosh, I mean, there's no question in my mind that just as Hugh a he was a little he was a little baby at the time. He was a little boy, seeing my mother, our mother curled up in a ball crying. He grew up traumatized by seeing his mother crying and crying. And I tried to shield him from the trauma that he, I would hug him, I would hold him, I would literally tell him who it's going to be okay? You're going to be okay. I remember being in the bunk bed. I will never forget this. I was in the upper bunk. He was in the lower bunk. And I would tell him stories about House House caverns, these caves in New York state that we would go to. And I would always tell him these stories to help him fall asleep, because he had such a hard time falling asleep because of how traumatized he was, and how scared that made him. And he would say, very telling me the story about the caves. And I would tell him this. And then I remember years later, he became this have to go into the military. And, you know, I remember he was 16, you know, ordering mail order m 16. Rifles, I was like, What the heck, you know, and he was just like all military, we wound up going into the Air Force, he wanted to fly, but he had a stigmatism, so he couldn't fly. But I've had many conversations with you about how many lieutenants have taken their lives, and calling me in tears. And Jackie, over all of these incredible firefighters, who took their lives, and hearing stories about their early life wounding, and how many I know for a fact, having interviewed so many firefighters, military, first responders, and learning so many of these individuals, were in fact called to go and become themselves work to do work in military and as firefighters, and EMTs. And as nurses, trauma nurses, doctors, because they themselves lived through a lot of these early life traumas, and doing work with people in these clear path, experiential workshops, and looking at all of the summary intake that I did with all people who would attend, and the one commonality in almost every single person who attended for a decade 1000s of attendees to all these trauma, loss, experiential trainings, the one commonality was that they almost all came from war, cult abuse, or sexual abuse, or the loss of a loved one. And in almost every case, love was withheld. And in all of the instances where love was absent, these people grew up, traumatized, wanting to give to others, what was not given to them. And yet, never having had the opportunity to go do their own healing work, and heal their own trauma from their own absentee love, the love that was missing from them, or the war, cult abuse, sexual abuse that they encountered in their childhood, and carried forward in their life. Which was very, very difficult for all these people. And there's no question in my mind that for all of those military, experienced and first responder individuals that are listening, now, we may think that we've done our work. But it's not always a talky thing. It's not about sitting in the chair, talk talkie talkie. It's about more. Why? Because trauma resides on a cellular level in the body. And until we get it out of the body as an experiential release, which is called an AB reaction, a the AB reaction until we physically get it out. And not just all through a bombastic emotional release. But through tools like ISS that we'll talk about later, it's still in the body, it's still in there, that little boy or little girl that took that trauma and they still go through life with that trauma. They still live with that trauma, that we have a little girl little boy traumatized inside of us, until we find it until we can lift it up and embrace that child and give that child the love and allow that wounded child to release those traumas through what Elisabeth Kubler Ross taught us. And what biases gives us. And until trauma, doctors like Amy a pig in a p i, Gian look her up folks, Amy a piggin, one of the most brilliant trauma specialists in the world, the work that she is doing in the field of trauma, helping people helping doctors and therapists is monumental. In a way, what I observed with

Elisabeth Kubler Ross, that I now see in Amy, a I am I II, Amy monumental Amy a Peggy and, and her trauma work. And of course, there are many people that have carried that baton forward in in the way that I in my small way carried forward, forward. And I think that that's very, very important. Because to your point, James, we have got to deal with that early life wounding. And until we do, I'm sorry, all the pills in the world. They're tamping it down all the talk in the world. It's going around the carousel, it's skirting around the issue, we need to do more than talk, we need to get to it. And that's where EMDR EFT Emotional Freedom Technique. And some of the wonderful work that trauma therapists LPCs LCSW is you know, I think LMFT is, you know, all these wonderful people, PhD psychologists, they have these tools that are helping, finally, to begin working to help people to actually heal the trauma, bring it forward, release it, so that we can move forward and not be connected to the tether from hell, bringing us back into those traumas, and begin actually having to ground under our feet and hope for the future.

James Geering 1:07:53

Well, you just said the word I was going to segue away, which is hope. I think this is the problem with the mental health conversation in the first responders at the moment is, let's get rid of the stigma. Yes, let's Oh, you can learn to live with your PTSD. Now, in some cases, in absolute acute cases, maybe that's the best there's obviously a sliding scale. But what I believe is most people when they are finally able to address the thing beneath the thing and really get to the nucleus of their their suffering and process it that then becomes a superpower that becomes resilience because you already you know wearing uniform, you've already got this, this path but your foundation was cracked, you fix your foundation. Now, not only are you going to be able to to function at an even higher level that I would argue than then you did prior because you were doing it despite your trauma. But now wishes was such a beautiful thing. These men and women come out the other end now you become a beacon of hope as well for other people. And the number of people I know that I've started talking about their journey, and the people around them and they thought we're doing just fine or start coming out the woodwork going. How did you do that? I'm going through this too. So that story you're using the word hope the hope of post traumatic growth, I think is a conversation we need to shift to.

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I agree completely, and until people who are telling themselves a story of hopelessness, feel hope, hope is not a thought. Hope is a feeling. When an individual palpably feels in their body safe. That is a physical feeling. We don't think safe, we feel safe. When a person feels hope when they palpably in their body. Feel a lifting of the weight that has held them down like a ton of bricks that they're under and they can't get out of. It brings a whole new reality to this human being. And that's where ISS comes in. Because then I'll give you a prime example, Olivera Flocka. I can tell you her name because she's all over talking about how 40 years ago, Olivera was in Serbia with her two little babies. And she had 40 plus years of suicidality, suicidal thoughts, 40 plus years. She called me about a year ago. She said, bear, do you have a provider? Sean burns down in Oceanside? I do. And she said, I saw her. I said, How did that go for you? She said, I need you to know something. I pray to God, that God would just take me and my kiddos to another dimension. I know it's a horrible thing to admit. But I just prayed every day. Take us get it over with let one of those bombs kill us take us away. And I said, Well, what happened? She said, I did three sessions of ISS with Sean burns. I no longer have any

suicidal thoughts. All I can tell you is that by the third session, I became aware that I felt no more fear in my body. And I actually felt hopeful. And I haven't felt any suicidal feelings or had any suicidal thoughts since that day. And I invited all of Eric to come into my office. And I gave him a little tuna. This was a year ago. And she has said, I have not had any suicidal thoughts since that day. And I asked her, I said do you? Do you sense that it was the feeling in your body? That really made that change for you? She said, there's no question. She said, I've been to dozens of therapists, I've tried all kinds of medication. Nothing touched it. Somehow. It lifted a veil. And I became aware that in my body physiologically, in almost a palpable way. I felt a state of calm that I haven't felt in more than 40 years. And it's never gone away. And to this day, she says that it's never gone away. I know not just from one, but I've done about 200,000 is a sessions, personally with people over more than more than 13 years. And I gotta tell you, there's no question in my mind. When I have my favorite saying, mamas don't lie. When you got a mama telling you her kid on the spectrum. never said a word. Ah five, and the next day calls me up crying and I say I can't understand what you're saying. What's up? Romeo said Mama. He's never said a word. You know she didn't make that up. Mom is don't lie. When you got a 30 year retired master guns, Master gunnery sergeant who had migraine every day for five years from when he got blown up by an IED in his Humvee. wakes up to 14 am every day goes to the medicine cabinet grabs the Imitrex takes the medication to stop that migraine, drinking 36 or more beer beers a day. The squelch out the pain calls me after his first session. To this day I hear it I know it I know he didn't lie, but I find it hard to believe. He sounded like Batman brooder. Sir. What did you do to me? I said, Okay, you're scaring me. What happened? What happened? I need to tell you. I had no cravings. I woke up at 214, I went to the medicine cabinet. And I realized, I have no migraine. I just did the dishes with my wife. And I don't know what the heck you did to me. But I want that guy, one session. That's what he reported to me. If I had a dime for every person that has been treated with iasis technologies, globally, that has seen these kinds of shifts, I am not saying that it should be in lieu of therapy. But in conjunction, I am not saying that people have to stop taking their meds. Do not stop taking your meds do not stop doing what your doctor is telling you to do, for goodness sake. But we find that people become sensitized and do not need as much medication after they start doing ISS. And I say, go to your doctor, talk to your doctor, tell your doctor what you're feeling. And they get to titrate down in many cases and off their meds. So absolutely. We feel it palpably in the body. And in all the reports that have come forward 1000s and 1000s and 1000s of reports across the gamut. Trauma, loss, war, culture abuse, sexual abuse, we have found is is to be helpful for so many different things. But I'll I'll throw the ball back to you to see where you'd like to go next.

James Geering 1:17:08

I think the most powerful testimony is your own. So let's go into your journey finding this technology and then we'll move forward to explaining what it is and how it works.

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I'm really glad that you asked that. So I look at Hi Hyla h y la Hyla Cass she is an author. She's a functional medical doctor. It was 2009 and I said hi. Let you know I lost my mom going through challenges with my wife. What do you think I should do? Well, you know, I think that you should definitely go and have this lens Neurofeedback lens. Yeah, it's an acronym low energy Neurofeedback system. High Low. Yeah, I'm not sticking electrodes on my head, shut up and

stick electrodes on your head or take this Lexapro. All right, I'll go stick electrodes on my head. And this little ball Jewish doctor in Beverly Hills, stick these electrodes on my head. And I was pretty skeptical. I am very skeptical and finish the session. And he said, so. So what are you noticing? What do you think? And I said, Yeah, well, you know, I think this is a placebo and I think you're full of crap. He said, What? I said, I'm sorry. I you know, I'm a very straightforward guy. You know, I don't believe things that I don't experience. And I don't know, this probably there's got to be a placebo. Right? Because, you know, I don't know, you know, I mean, I'm feeling something, but I don't know. So I thought, well, you know, I can't hurt and I don't want to Lexapro. So I'll just go, I'll keep going to this cat two times a week for a while. So at three months, I remember walking into this guy's office. And, and we finished the session and he looks at me and he goes, so Berra, you know, we haven't checked in in a while. What do you think? And I said, well, well, I mean, it's real. What? I mean, maybe maybe it's real. I don't know. It could be real. At six months, he said, So what do you think now? I said, David, I need to get trained in this. He said you do, huh? I had probably by that point, send 50 people to em. And every one of them got better. It's crazy. From everything you can imagine. Everybody I knew I sent to this cat. He and his wife sent me to go train with Lennox I'm the founder of lens and I became a lens provider low energy Neurofeedback system. And almost immediately, I turned to my wife. And I said, Laura what, what if there is something that could help people get to the leading leading edge of enduring sustainability, but in a fraction of the number of sessions and she went, Oh, my God, not another mission. And I said, Hey, you know, me, I got to do this. I can't not do this. Look what this has done for me. I have no more anxiety. I feel so resistant and resilient. To your point. I never felt resilient. I felt so resilient stuff that used to bring me down constantly. I was like Mr. Velcro. If it could stick to me. It's stuck to me. I ruminated. I couldn't get over it for days. And all of a sudden, I'm like Mr. Teflon stuffs rolling off I go, not, you know, not my monkey, not my mat. You know, whatever. You know, like, whatever you'd like. It's not my not my I don't have a dog in the fight. Right. And I was like, Wait a second. This is crazy. This is so freakin helpful. And, and she said, Well, you're gonna do it anyway. So you may as well just go do it. And that was the next big turning point because I said, Alright, God. Come on. Now. If you want this thing, I need your help. Because I'm not an electrical engineer, software engineer. And I just kind of prayed on it and thought, There's got to be a way. Well, I just started telling people that I was doing lense because I was a lens provider. And people started telling people telling people that I was having all these incredible outcomes. And it led me to Dr. Ming Zhang Ma, someone told Dr. Huang Hu and Zhi Ming Shan along at the University of California, San Diego. And Dr. Wong said, Well, this is very interesting. I think that this would be a really interesting study, and that we should, we should study the impact for people that have mild to moderate traumatic brain injury, given what happened to this marine that you've been treating, who no longer has migraine. Think of the impact to headache and migraine. And I said, Well, how will you do that? And he said, Well, we'll look at the energy, magnetic encephalography and an MRI overlay. And we'll see what the changes are in the brain in neuro images. And I said, Well, that sounds good, but I don't have any money. And he said, I think this is such a great idea. I'll get the university to pay for it. Everybody that helped on the study, volunteered. And in September of 2017, when you believe the journal that was called Brain Injury journal, it's still called the injury journal published, this research study that Dr. Ming shone on was the PI, the principal investigator on proving neural imaging changes in the brain. From iasis, MCN, microcurrent, Neurofeedback and how fascinating that the rivermead assessment, which is this questionnaire that here to four was pretty much the main tool that was used when guys would come back from war, having suffered exposure to concussion and multiple bomb blasts. They would ask them the questions on the river made assessment. And wouldn't you know it? All of the questions that they were asked all these participants in the study completely aligned. What they said that they experienced with healing in the brain that showed up in the the neuro images proving healing

changes in the brain with mild to moderate traumatic brain injury. That was a huge step, proving beyond the shadow of a doubt with IRB approval Institutional Review Board, which is like the Ethics Committee of the University of California, San Diego and the Veterans Administration, with both both gave that approval. And that launched is such, that was in September of 17, I was pretty harsh about it. Up until that point, I didn't really go out and you know, kind of shout it to the world. But then I really put it out there, and let a lot of folks know about it, because it felt like it was really time. And, and then the the next major study that would come out, actually published just a few weeks ago. And it was a mental health study with the Journal of the American Association of nurse practitioners it is published now, and it is in its it is in open space, which means it is anywhere anybody can find it, if they look up the journal for the American Association of nurse practitioners, and look up iasis by A S, i, s biases, MCN and anxiety, depression, PTSD, those were the three things studied. And this study demonstrated one to two standard deviations above the mean, which is a very significant outcome of diminished anxiety, depression, and all symptoms of PTSD. And a P of 95, which means if 1000 times is is was tested 950 times out of 1000 It would have that outcome. It had to be that monumental for the Journal of the American Association of nurse practitioners to find such a profound outcome

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at least demonstrating the need for further study. But demonstrating for the mental health arena as as exciting as it was for the the doctors who deal with concussion and, and headache and migraine. And ultimately CTE for all the people that may have suffered playing football, from being, you know, socked and, you know, sacked and knocked out. And, you know, the terrible things that have happened to all of our football players from the time that they're kids in school, all the way through. So these two studies, very much now, in the mental health arena on one hand, and the physio physiological on the other very much lay the groundwork for the science of ISS. And I've always said, If you don't have science, you just a nice person with a nice idea. But now we have the science to back it up and support it.

- James Geering 1:28:00
 - So it sounds incredibly encouraging for people listening, kind of paint the picture of what a treatment session would look like.
- <u>^</u> 1:28:09

Sure. Great question. So client comes in, patient comes in. provider does an intake.

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They've already done a an online intake. They ask a few more questions in their verbal intake.

1:28:28

rney cleanse a rew sites on the forenead, sometimes one or two, up in the part on the midline on their scalp. But for the most part, forehead, right in front of the ears, which we call pre auricular. Possibly a couple of sites behind the ears, and a couple on the back of the neck. Maybe three pairs, four pairs, five pairs of electrodes. After they cleanse it with a little, a little cleanser, they dry it off and they add a little conductive paste and they put on the electrodes that sticks into the pace. And literally in a matter of anywhere from five to 15 minutes. The session is conducted the ISS session. People don't feel anything because it's it's 150 millivolts. So let me put that into perspective with a couple of measurements. It's about a millionth of a cell phone. Cell phones have been banned in France and China. This last week in China prior the iPhone was banned in France for being too many watch. Now it's even more watch the new 15 Whatever coming out that is micro it's like turning on a microwave oven basically. So when I see girls putting it in their bra and in their back pocket it is So dangerous. Please tell your kiddos and don't you as well put that sucker in your pocket. It is frying people literally. And so the, the, the measurement is about a 100th of a double A battery for a 100th of a second, we're talking about it is so small the amount of energy, that it takes a half a million dollar piece of equipment to even register energy that's small, but it's there. They sit down, the electrodes go on, they start the session, the session itself in energy is about, as I said, about five or six up to about 15 minutes, sometimes a couple of minutes longer. But an initial session for me is about 45 Because I do an initial intake, I ask questions, create safety safe container, do the session, cleanse, prep, they cleanse the prep off, I do a little debriefing checking in how are you doing? What are you noticing? So first session is about 45 minutes follow up for about a half an hour. That's typical. How many sessions? Well, you know, if a person has a traumatic brain injury, they may need 10 to 20 sessions. Anything that has happened, that's you know, short lived, they've only had it for a couple of days, you know, 10 to 20 sessions, if somebody has something that they've lived with 1020 3040 years, okay, it may take more sessions, how many, everybody's brain and nervous system is different, we have to see, we have to get in there and see, we observe, we do a 24 hour observation report, which helps us to track and decide how we're doing what we're doing going forward. It's not some arbitrary decision. It's based in science and observation, both the observation that we make, and knowing the technology and our guidelines of care, and looking at the trajectory of what it is that we're being told in the 24 hour observation report from the patient and client. And that's how we judge what we do. So they don't feel anything. They say Oh, I don't know, electrodes and I go ever go like this with your mobile phone. Uh, huh, gets a millions of that, you're not going to even feel that there is no feeling to feel it's too small. There is no side effect. There are only well effects can if a person is very vulnerable in their autonomic nervous system, you use the word resilient. When the nervous system is more resilient and resistant, absolutely, they can handle a little bit more time of an iasis session and a higher protocol. It is the protocol of which there are five preset. I assist protocols that we choose, we start with what we call Genesis, and we go from there. But less is more. The word whore Mises is the foundation of all of our training. And hormesis means the smallest possible dosage to achieve the greatest optimal outcome more is not good or better. Less is more do we do a little more for some people, of course, but we do it very prudently. And based on observation of that 24 hour observation report. And again, our guidelines of care. Can it cause a little bit of reactivity for the person that has a very vulnerable autonomic nervous system, a great deal, headache, migraine, trauma, autoimmune disease, Lyme disease, a person a child with pots pans, pandas, epilepsy, an individual that that again, has Lyme disease older, someone who, you know, suffered multiple concussions playing high school football, yes, we have to use greater care and go slower and be even more cautious with those folks. Because it can sometimes cause a little reactivity. However, a subset of every reaction, in fact, is a response because we've nudged them off the fence. Now they're moving toward what homeostasis, they're coming back to balance, their nervous system is becoming more resistant and resilient. And as they feel more hope,

physiologically, emotionally, mentally, spiritually, they feel more grounded, and they feel that they can go on in their life. And that's a very huge blessing and a joy for ISS providers to observe and to hear as feedback

James Geering 1:35:01

Amazing. So, people listening, obviously you're all over the this country and even internationally, what is the easiest way of finding a location that has a provider that can offer this service?

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Absolutely. So if you go to ISS tech.com, there's two websites both lead to the same place. Spelled Ay, ay. S as in Sam, I, S as in Sam tech, like tech support tch.com biases tech.com and micro current neurofeedback, no space, no period, no nothing, micro current neurofeedback.com. So, I assist tech.com or microcurrent, neurofeedback.com. And then, when you get on, you'll see, find a provider, the three little lines that you touch on to, you know, bring down the menu, click on find a provider, it will take you to a map, type in the zip code, or the city name, or the country name. And it will take you to the individual or individuals that are working with ISS. And you'll see a little flag and all those areas on the you know, in the country, and we're expanding outward all the time, we have folks that are currently in Europe, Middle East, Asia, Australia, Canada, Mexico, obviously, all throughout the United States, Panama, you know, we're we're all over the place, and, and growing constantly, by, you know, leaps and bounds, which is really exciting. And then, you know, we tend not to want people to call the office, because we, you know, we don't want to show favoritism. But everybody that's on there has been trained by me, I've trained more than 1600. And we've got a lot of folks that are ICPs, ISS certified providers, or their provisional is a certified provisional provider working under them in their medical or mental health clinic. And, and you can call them and if you try to find someone and they don't get back to you right away, then call the office and we'll try to find you a, you know, a little bit of support so that you're not blown in the breeze. And you can always write to me. Very brooder at ISS tech.com Barry brooder ba RR y brooder vru d e r at ISS tech.com. Ask me any questions you have about the technology more than happy. And give me your phone number out call you. I call folks all day long, seven days of the week, to help people who want this for their kiddos, or their loved ones for mental health, for memory issues, whatever it is post stroke, incredibly helpful for post stroke. I mean, there's so many things that it's helpful for it borders on sounding a little crazy. But for the fact that I've observed it, I couldn't believe it myself.

James Geering 1:38:32

Amazing. Well, that's where people can find the actual, you know, the site for the therapy itself. What about you if people want to reach out to you? Are there any places on social media that you would love to connect with them?

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Absolutely. So if you if you want to connect directly, directly to me, what what I would suggest

modulatery. So it you it you want to connect anectry, anectry to me, what what i would suggest is, if you type in my name, Barry brooder and, and the word ISS, and the word Marietta, because my office is in Marietta, you can always connect with me directly. And Maria is n u r, r i ETA. And I'm more than happy to to connect with anybody who is interested. And, and if you'd like I'm more than happy to even give my phone number. It's always on mute. You never have to worry about waking me and people say why are you giving out your mobile number? Because I have doctors call me from all over the world. And I'm honored to speak with them and I'm honored to speak with you believe it or not even though I do that. Very rarely do people actually reach out. But on occasion. I'll have a mom call me and say can you help me about my son, my daughter, and that's why I actually liked it. Do that. And I'll tell you the number. It's 310-562-5588. And I welcome you to call with your questions. But definitely go to the website first, so that you can become educated. What is it? How does it work? And if you're interested, I'm more than happy Jas, to actually speak to what, what is the mechem mechanism of action? How does is is actually mediate its effects? What do we know about what it's actually doing and why it is so helpful and successful? And if that's of interest to some of the people that are listening, I'm more than happy to answer that question.

James Geering 1:40:44 Yeah, let's do it now. Yeah,

1:40:46

absolutely. So essentially, ISS is doing two things. On one hand, this little tiny micro pulse is going to the area where we manufacture the majority of neurotransmitters, not just in the head, but in the heart and the gut. It is sending those little teeny, tiny micro pulses to the gut, heart and head and it is increasing the production of parasympathetic neuro chemicals. We know that it does that because heart rate variability proves a parasympathetic shift. We know that the neuro chemicals of the parasympathetic our neuro chemicals like GABA, serotonin, endorphins and dopamine. So there's no question in any of the doctors minds, that those neuro chemicals must be being elevated in that moment. Simultaneously, it's calming down fight or flight, we don't want the sympathetic nervous system to go away, we just want to be able to get out of what is called by Dr. Steven Porges, who wrote polyvagal theory which I highly recommend, if you are at all involved with neuro chemistry, or anything revolving and surrounding the brain and brain issues. polyvagal theory, Dr. Steven Porges por je s. He calls it dorsal vagal freeze. And what we are actually doing is wanting to kind of get that certain the the sympathetic nervous system out of being stuck in that sympathetic freeze, calming down that fight or flight, lowering what we know to be the chemicals of the sympathetic nervous system that are dominant, homocysteine and cortisol, among others. So basically, is it's calming down fight or flight, elevating what we call sympathetic nervous system tone. We don't want too much tone. We don't want too little sympathetic, we have neural regulation. We don't tell it how to do that the brain has a genius all its own. It knows how to do that. Second thing that ISS does other than neuro regulation is that Dr. Ming Shang Fon, he learned and he shared with me that it is firing up cholinergic pathways, sending colon esterase into the brain, bypassing the blood brain barrier, sending this colon esterase into the brain. So from the neck, the or the say the base of the skull of the brain south we have the lymphatic system. But from the skull up in the brain, we have with the G the glymphatic system. And the the the function of the glymphatic system is detoxing the brain. That's its job, the colon esterase that goes into the brain fired up from somehow the function of iasis is sending the colon esterase in

the brain that is activating the micro glia the cells of the glymphatic system, which then helped to bind to the excess tau excess alpha beta amyloid plaque helping to perform what we have learned is happening. It is helping to detox by performing metabolic clearance, helping to get some of that metabolic waste out of the brain. These are the things that we know is happening from ISS simultaneously. And no surprise that we're seeing these these neural imaging changes in the brain of the reduction of abnormal delta waves that are associated abnormally slow delta waves are associated with insomnia and brain injury. And we see the reduction of those abnormal delta waves after a person has ISS, no surprise. So without getting too incredibly deep, at least it gives some who want a little bit of knowledge and information who who have some platform of awareness and knowledge of the brain and that neuro chemistry to at least have what has been postulated and discussed and brought forward by people like Dr. Ming Shouguang. And, and I think that it's, you know, very exciting to, to be able to share that. And, of course, Dietrich Klinghardt, who is the leader globally, in functional medicine, related to as an MD, the brain. He believes that this is exactly what's happening from ISS, he's told me that many times over. So really excited to share that about some of the science and mechanism of action that we believe is happening.

James Geering 1:46:00

What the analogy they use the spokes in the wheel, something that I talked about, you know, the toolbox, this is what gives people hope, you know, everyone, as you said, has their own combination for me, I know that the German Shepherd on the other side of my office door here as a big part of my healing, but then is new karma technology I just found recently and meditation, and I would love to actually try this as well. But to have yet another tool in the toolbox, especially on the TBI element. A lot of veterans and members of SWAT teams and martial artists and football players and wrestlers. I mean, you name it, there's there's so many people out there that, you know, even soccer players, all the headers that may have lesser TBI are not aware of. So I think it's incredibly encouraging that you've added yet another tool to that toolbox. So I want to thank you so, so much for being so generous with your time today.

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Well, you're so welcome. But you know, just say one last piece, please. You just touched on it. This is not just for people who have been knocked upside the head, or survived trauma and loss. I work with many professional athletes who have come to me because they want to optimize brain function. I have tennis players that say, I don't know how it's possible, it slows the ball down, I am able to see the ball slower. I have professional basketball players, football players, members of SWAT teams, fighter pilots, all these people, they don't have, they're not coming to me with problems. They want to optimize brain function and optimizing outcomes for people. And having, having that that sort of support for what they're doing in their lives, to be able to be that much more focused, because it seems to really quiet the mind and help people to be able to focus on their job, whatever it is, whether it is a sport, or you know, running, you know, running a company, they all seem to be peak performance bottom line, we're improving peak performance for all those folks, as well as helping everybody else. So, James, I thank you for the privilege of being here and sharing with you and and your audience. And thank you for the privilege and honor to be here and looking forward to answering questions that anybody may have