



**Transcript: #392 Neural Therapy for Pain, Detox, and Regenerative Therapy  
with Dr. Summer Beattie**

**Wendy Myers:** Hello everyone. I'm Wendy Myers of [myersdetox.com](http://myersdetox.com). Welcome to the *Myers Detox Podcast*. On this show, we talk about everything related to heavy metals, chemicals and detoxification.

**Wendy Myers:** Today I have Dr. Summer Beattie on the show. She's a friend of mine and I wanted to have her come on. She works with Dr. Christine Schaffner in their clinic in Washington. Today she's going to be talking about neural therapy injections for pain, detoxification and regenerative therapy. We're going to be talking about how neural therapy can enhance detox, especially if you feel like you're not progressing on your detox journey or you feel stuck. Neural therapy is used in stimulating liver function and lymphatic flow. Neural therapy can greatly help with pain, scarring and other pelvic floor and reproductive issues. We'll talk about how neural therapy can get to the root cause of pain when other methods have fallen short. We'll talk about neural therapy and how it serves as a form of energetic therapy. It can release emotional traumas, scars and other energetic blocks that are preventing good health outcomes or preventing you from meeting your health goals. We'll also discuss who should and shouldn't get neural therapy.

**Wendy Myers:** It's such a good show. This topic is very, very interesting. Dr. Beattie also does physician training and you can get training in this method, as well. Thanks for tuning in. I know you guys are concerned about heavy metal detoxification. You're concerned about the amount of heavy metals that you have in your body and what to do about them. I created a quiz that you can take at [heavymetalsquiz.com](http://heavymetalsquiz.com), to find out your relative levels of heavy metals and toxins in your body. After you take the quiz, you get a free video series on what to do about it and how to take action and detox your body the right way. Go check it out at [heavymetalsquiz.com](http://heavymetalsquiz.com).

**Wendy Myers:** Our guest today, Dr. Summer Beattie, is a naturopathic physician. She was born and raised in Alaska and completed her undergraduate bachelor degree in exercise science at Los Sierra University in California. In 2004, she received her graduate degree as a doctor of naturopathic medicine at Seattle's Bastyr University. She pursued training with physicians and organizations, setting the standard of care in regenerative medicine. She also founded One Living, as a platform for collaborative practitioners to share their expertise in an intimate and hands-on setting. The focus of classes has been on teaching physicians how to best use regenerative injection therapies for orthopedic, aesthetic, sexual health and wellness needs. Some of Dr. Beattie's favorite injection modalities include the use of neural therapy, prolotherapy, Prolozone, PRP and peptides. Other biologics and other key tools of her practice include IV therapy, hormone optimization and photo dynamic therapies. You can learn more about her work and consult with Dr. Beattie at [onelivingclinic.com](http://onelivingclinic.com). Dr. Beattie, thank you so much for coming on the show.

**Dr. Summer Beattie:** Thank you for having me. I'm really excited to get to chat with you for a little bit.

**Wendy Myers:** Why don't you tell us a little bit about yourself and your practice?

**Dr. Summer Beattie:** Sure. I'm a naturopathic physician, trained at Bastyr University. I graduated what feels like now a lifetime ago, but in 2004. I'm coming up on, my gosh, it'll be my 17th anniversary of having graduated from the university. It's easy to remember because I also got married on graduation weekend. Tomorrow will be my 17th wedding anniversary and my 17th year as a naturopathic physician.

**Wendy Myers:** Oh, wow. Congratulations.

**Dr. Summer Beattie:** Thank you. I feel like I deserve a little bit of a gold crown for surviving both. My husband probably deserves one as well. I started out as a family practice physician because that's pretty much how, at least when I went to school, most naturopathic physicians were being trained to go into family medicine. I did that until about 2011. To be honest, I did not love it. In 2011, I joined a varicose vein surgery practice up in Alaska. Alaska is my home state. I had moved back there in 2010 and we shared space with a pain management clinic. I would also kind of fill in for them as a medical assistant. That took me out of family practice and really put me into specialty medicine.

**Dr. Summer Beattie:** I found that I really loved it. I actually was really, really good at it. I think a part of the reason was that as a family practice physician, you are asked to know a whole lot about everything, but not necessarily know really anything in depth. As a specialist, you're kind of allowed to let go of knowing so much about everything and focus on just that one thing. It allows you to really hone your skills. My husband had shattered his tibial plateau in 2009 when I was pregnant with our first daughter. He spent nearly a month in the trauma center at Harborview, here in Seattle. He was very grateful to the surgeons there. They saved his leg. In 2014, a bucket handle tear in his meniscus that had never been repaired was really starting to become problematic. The orthopedic surgeon's

suggestion, up there in Alaska, was to simply cut it out. Being in his thirties, he was not quite ready to do that.

**Dr. Summer Beattie:** My undergraduate degree is in exercise science. I had honestly wanted to be a physical therapist before I found out about naturopathic medicine and sort of went down that detour instead. He was pretty adamant that I could figure it out for him. He really wanted to not cut any more body parts out. In 2015, we moved back to Washington State and I spent that year traveling around the country and studying regenerative injection therapies. I was working with any physicians who would mentor me or any training that I could get into, basically to learn prolotherapy.

**Dr. Summer Beattie:** Prolotherapy is something we're not really focusing on with today's talk, but that is injection of dextrose solution to the in thesis points where the ligaments and tendons connect with bone. A lot of joint pain is actually caused by ligament laxity and that particular injection therapy does help tighten up and stabilize loose joints and therefore reduce a lot of joint pain and effectively reduce that joint instability.

**Dr. Summer Beattie:** I think it was in 2008, I was working as a TA for the medical procedures class at Bastyr University after I had graduated. Dr. Jeff Harris, one of the faculty physicians there, was teaching a course in neural therapy, which is what we're going to kind of talk about today. Neural therapy is also an injection technique that is used to treat both pain and illness. I already had sort of dabbled in that injection modality for managing orthopedic pain and then kind of walked away from it. Coming back to this orthopedic world of regenerative medicine, neural therapy kind of came back into my playbook. That was the thing that I started using on my husband, first, while I was learning these other therapies.

**Dr. Summer Beattie:** In 2018, I joined Dr. Christine Schaffner at what was then the Bella Fiore Clinic, followed her to Sophia Health Institute and then stayed with her now at Immanence Health. Part of the way that those clinics practiced was very heavily based in this idea that the body is very much an electric organism and that neural therapy is, for lack of a better term, a foundational technique for helping reestablish electrical communication in the body between cells, the nervous system, joints and organs. It's really a very complex injecting system for managing really complex conditions. It's also very simplistic, in that it can be utilized quickly and easily in less complex ways to start affecting change and lay the groundwork for the body to then be able to better respond to all of the other therapies that you might want to do.

**Dr. Summer Beattie:** I really do not manage the complexity of patients' cases here at the clinic. I work with a team of physicians like Dr. Schaffner, Dr. Tara Boyd and Dr. Amanda Wilms. All of them have been managing chronic illness for many years and do that very well. Most of the time they're managing the patient as far as their complete case. Then they're sending them to me for most of the injection therapies. I do a lot of IV nutrient therapies. I manage a lot of the hormone care for those patients. I really consider myself more of a procedural physician and an ancillary

support system to the other physicians here at the clinic. We do, very much, work as a team. I don't manage their GI symptoms. I don't manage the line that they're experiencing in their symptoms specifically, but I work in relation with the other physicians here to get the best outcome for these patients.

**Wendy Myers:** Okay. Fantastic. What exactly is neural therapy? How does it all work?

**Dr. Summer Beattie:** I actually took a few notes here because I had done a PowerPoint presentation on this earlier. I teach injection therapies to other physicians through my standalone practice, One Living. One of the things I think people are most surprised about is that neural therapy is really not a new technique. It's just not well known here in the United States. It really began in the 1920s in Germany. I'm looking at my notes here because I always pronounce this guy's name wrong, but a German physician named Ferdinands Huneke and that was almost a 100 years ago now. What he did was he used procaine, which had been found to be a safer derivative of cocaine to inject his sister, to really treat her migraines. He had phenomenal, phenomenal results. Then it kind of spread to France and to Spain.

**Dr. Summer Beattie:** In Europe, neural therapy is known as a comprehensive treatment for treating chronic pain and illness via the injection of procaine. Really in its most simple form, it's the injection of an anesthetic and it's used to basically reset the resting membrane potential of cells, particularly the nervous system and how it communicates with the body. These injections can be superficial. What neural therapy is probably most well known for is the injection of procaine into scars. It can be done deeper into the periosteum, near the periosteum for the periosteal visceral reflex to stimulate that and encourage healing via the nervous system that way. It can be done into nerve ganglion, which are also deeper injections. There's not necessarily one way to do neural therapy, though it is its own system. With the superficial injections, you're basically just going into the cutaneous layer of the skin to hit that visceral cutaneous nerve junction.

**Dr. Summer Beattie:** By stimulating the nerves in that dermatome, you then affect change at all of the deeper structures. The visceral organs, the joints that are lying under that dermatome are then communicated with by the nerve conduction at the surface of the skin. As we were talking about this, the orthopedic training that I just finished teaching with a couple of colleagues this weekend about the resting cell membrane potential, is a really important concept to understand with the idea of using neural therapy. Being that we are electrical creatures, the resting cell membrane potential, that electrical charge across that membrane is what allows cells to move cations, anions, proteins and metabolic waste in and out of the cell. Without a cell membrane that is functioning properly, as a transport in and out, the functions of the cells start to decrease and then eventually cease.

**Dr. Summer Beattie:** If you have a body that has a bunch of cells that are not functioning well, the cells stop functioning, then systems stop functioning and then eventually the organs in the body stop functioning. A resting cell membrane potential, and please interrupt me at any time if I'm not being clear, but the resting cell

membrane potential should always be a negative charge. It's usually a pretty significant negative charge around negative 70 millivolts to negative 80 millivolts. That is a healthy resting cell membrane potential. It allows calcium/potassium channels in the cell membrane to flow appropriately and for cell transportation to be happening. What happens with the scars is that scars actually raise the resting membrane potential to become more positive. As that resting cell membrane becomes more positive, transport across the cell membrane ceases to happen efficiently and you get what's called a voltage-gated channel signal to the nerves.

**Dr. Summer Beattie:** Sometimes these scars are actually allowing stimulus that normally wouldn't cause pain to now trigger those nerves more easily, because you're at a higher resting membrane voltage potential. By injecting procaine into these scars and resetting the resting membrane potential, you're re-polarizing the cell membrane and bringing it back to a negative charge. If for even a half an hour to an hour, however long that negative cell membrane locks, the cell starts to function more optimally again. Speaking about detox, knowing that your program is primarily about that, now the cell is able to move these metabolic wastes out. It's able to be picked up by the lymphatic system. It moves into the extracellular matrix, all of those things that happen to effectively allow metabolism to be efficient.

**Dr. Summer Beattie:** We also know that scars cause tethering and interrupt the extracellular matrix. They constrict the fascia. All of those things that are important to good detox in the body, moving out. Having listened to a few of your podcasts, I honestly haven't listened to all of them, but a big part of being able to detox effectively isn't just moving environmental toxins out, that we're exposed to, like heavy metals, chemicals and things like. It's about moving out our own internal metabolic waste products from metabolism, that the body just can't use anymore. Those need to be moved out as well. I think sometimes people get it in their mind that when we're talking about detox, we're always talking about moving something that is innately harmful to the body like lead but a lot of times it's our own processes that need to be continually flushed, as well. That's kind of the basics of using neural therapy for scars. In the neural therapy world, they'll call scars an interference field. Basically meaning that it is interfering with the electrical conduction and proper functioning of the systems of the body.

**Dr. Summer Beattie:** Lots of different things can be interference fields besides scars. Things like abscessed teeth, hidden infections and it can even be emotional scars. We know that the body holds a lot of emotion in us as well. By treating all of these different things with neural therapy, we start to clear the path for the other therapies that physicians might want to be using, to be more effective. In naturopathic school, we would call that obstacles to healing. What are our patients' obstacles to healing?

**Dr. Summer Beattie:** When you see a patient who should be responding better to a lot of their therapies and are not, then I start thinking about some of these hidden interference fields that we need to identify, in order to then move forward with other therapies. Sometimes those interference fields are obvious like the scars

and other times they're not. Being able to take a really good history, being somebody who can really listen to your patient, sometimes the clues to what those interference fields might be often will come up in their story. Sometimes it's something they didn't consciously attach a whole lot of meaning or trauma to, but the body did.

**Wendy Myers:** What kind of medical conditions might be commonly treated with neural therapy?

**Dr. Summer Beattie:** Pretty much every patient that comes into our clinic can probably expect to be treated with neural therapy. There's not really any condition that doesn't respond well because all of us have these scars, even if they're from childhood. Most of us have had some sort of surgery, whether it's removal of the wisdom teeth or a tonsillectomy or C-section scars, things like that. Somebody might come in who had a history of upper respiratory infections and that may have caused a chronic sinus infection that causes scarring. We might be treating the sinuses in order to treat that history of chronic respiratory infection, even though the patient is not currently having any kind of respiratory issues. You might hear from the patient that they always had a history of strep throat as well. Then we're thinking of treating the tonsils.

**Dr. Summer Beattie:** Because when you think about Dr. Klinghardt, who kind of really brought neural therapy to the United States from Europe, he has a great article if patients want to read up on it. It's written in really great lay terms, but it's on a website called [neuraltherapy.com](http://neuraltherapy.com). He really summarizes all of this, beautifully. He describes it this way, that when you have an interference field whether it's a scar or something else, an analogy he uses is if you think about a bed and it has a flat sheet stretched across it. It's perfectly smooth, but when you lift just one corner, you will see ripple effects all across the sheet. These experiences that we have with illnesses, infections, injuries, surgeries or emotional traumas that the body has held onto, create this ripple effect throughout the fascia. Throughout the webbing of the body and that's what's causing this interference field.

**Dr. Summer Beattie:** By treating these things, you're normalizing the playing field of the body, the electrical conduction, the lymphatic flow throughout the fascia and the extracellular matrix. The patient may come in complaining of shoulder pain, but that shoulder pain might be being impacted by a gallbladder surgery they had. I will often start with, what is your oldest scar that you can remember? What is the one that bothers you the most or what is the one that's most recent? What are the ones you think of? If you have a consciousness about a scar that sort of bothers you, there's probably a reason that it needs to be addressed. It might be because of the tugging and tethering, in which case, we're thinking more of manual release of the scar tissue, to release that tethering but we're also thinking about this electrical component that there is to the body and to the extracellular matrix.

**Dr. Summer Beattie:** Even the extracellular matrix, and Dr. Klinghardt talks about this in the article, it's sort of like a plasma field. Once you change the electrical current in that, it's

almost like a body changes instantly throughout the entire extracellular matrix. We are improving communication all throughout the body. We might have somebody who comes in and they have liver congestion. I was telling you, I work with hormone patients. If I start someone on bio-identical hormone replacement therapy, let's say for example, estradiol, and they don't seem to be clearing it well through their liver, but they don't necessarily have frank liver disease or cirrhosis, doing neural therapy patterns over the liver, in conjunction with other liver support can often help then with the metabolism of those hormones.

**Dr. Summer Beattie:** We're always looking at the body as a complete system and that everything is connected. A lot of that's called segmental patterns, where we would do those superficial wheels over the organ because we're addressing the dermatome that that organ lies under, therefore affecting the organ. People might be familiar with what's called Hilton's law, which is basically that by affecting the superficial layers, you affect the deeper layers, because of the way that the nervous system is connected. So, there's almost no condition in the body that hasn't been well mapped by some of these founders in neural therapy, starting back in the twenties, that can affect change for people. Some of the most common myths here are treating the sinus patterns, liver patterns or over joints because I'm injecting joints constantly. I'm looking at the scar patterns for these patients.

**Wendy Myers:** I think people don't realize that your fascia is throughout your body and not just this tissue that surrounds your muscles. It's actually this crystalline matrix that all of your energetic communication pathways ride on. I've talked about this numerous times. We have this energy field. Your body communicates primarily through this energy field and sends information on this energy field, throughout your fascia on that crystalline matrix that you talked about. It's just like wifi internet. We have tons of information that travels on wifi frequencies. Your body has frequencies that it sends information on as well, so you want to optimize those as much as possible. What can a patient expect to experience during a neural therapy session?

**Dr. Summer Beattie:** Typically I'm using a 1% procaine solution with no preservatives. It's been specially ordered for that patient because of it being preservative free. We're usually using very small needles, a 27 gauge, one half inch needle. I don't know if that means much to patients, but if they've had a lot of injections, it's a short needle. It's a small needle, sometimes the 30 gauge, one half inch needle, which is even a little bit smaller. Like I said, these are really superficial injections when we're doing the segmental patterns, which is covering the dermatomes over the area that we want to affect. It's usually like a little wheel. You'll just put the needle superficially into the skin and push maybe a half a cc of solution. Then you'll do that about a couple of finger widths apart, usually in rows, across the area that you want to affect change.

**Dr. Summer Beattie:** Now, procaine is a local anesthetic and so it does sting a little bit. Sometimes there can be a little discomfort from the sting of the procaine. With something like a liver pattern, as you move out farther to the sides of the body, our skin

becomes more sensitive to just the injection of the needle itself. As you move more laterally on the body, it can be a little bit more sensitive. Most people find it tolerable. What can sometimes be unexpected for patients is that because of the emotional component, scars will often hold the emotional trauma that we're holding around an illness and there can be a lot of emotional release. What we want to make sure of is that the patient feels like they're in a safe place, where they can take the time that they need to process that emotional component as well.

**Dr. Summer Beattie:** A lot of times that emotion will just come rushing in. Patients will even say that they didn't know that there was anything there and they don't know why they're crying or why they're suddenly angry. The emotion doesn't necessarily make sense to them and that's okay. It's just like a wave. You ride it and let it go through its process. A lot of times when that happens with a neural therapy treatment, you will see effective change in that patient's healing progress much more significantly than if not. It's a good thing. It's a good thing to be able to release these emotions and let them go. However, for some patients, nothing comes up and that's fine too. We allow the body to process these things when it's ready and when the patient is ready.

**Dr. Summer Beattie:** I do think that providers who are wanting to implement neural therapy into their practice, if addressing that mental and emotional trauma piece for patients isn't really their wheelhouse, then connect with other providers in your community who that patient can be referred to for that ongoing support. This is a really important tool to have in your box, if you're going to start implementing these therapies in practice. I think now, with the beauty of Zoom, there are a lot of practitioners available who maybe you don't have to see in person, who are really skilled at that part of the emotional component. Releasing these adhesions and interference fields, so connecting patients with that is important.

**Wendy Myers:** Yes, it's an interesting one. I had a similar situation with some dental work I was doing. I was grinding my teeth a lot and I was working with Dr. Panahpour in Beverly Hills, who has trained for 15 years with Dr. Klinghardt. He did an injection and it kind of opened up my jaw, relaxed it and I had this flood of emotions come out. He warned me that was going to happen. I started crying and was very, very emotional. It really took me by surprise, how quickly it came on. I think a lot of times people have emotional traumas and feelings that are unconscious, they're buried and they begin to start coming out as you're doing therapies like this, or doing bioenergetic kinds of emotional trauma release. It's surprising how much is buried down deep in your energy field.

**Dr. Summer Beattie:** It sounds a little far out there but sometimes it's not even your own. Sometimes the emotions we're carrying we've inherited from our parents or from our grandparents, so there's a lot of it that is just not in our consciousness but our body remembers it. Our DNA remembers it and some of it's not serving us anymore. It's holding us back and so finding ways to release that is good.

**Wendy Myers:** Are there any risks with neural therapy that people should be aware of?



**Dr. Summer Beattie:** With procaine, one of the reasons dentists sort of moved away from using procaine is that people can be more sensitive to it. If you are going to have an allergic reaction to one of the caines, procaine would probably be more likely than lidocaine. That's why you'll see that a lot of the medical community has moved away from using procaine to using lidocaine. In the neural therapy world, procaine is a much more biocompatible form of the anesthetic. If you know you have a known reaction to any of the caines, procaine probably is not going to be a good option for you. In that case, I feel like the more we learn about the body electric, the more that there are other tools that can effectively change the cell membrane potential as well. That doesn't mean that patients can't use a neural therapy approach, they just won't be using procaine. We might use something like lasers, tuning forks, essential oils or PEMF, which is something that I'm starting to use a whole lot more of, with patients. Something that's changing that cell membrane potential.

**Wendy Myers:** You mean the pulsed electromagnetic field?

**Dr. Summer Beattie:** Pulsed electromagnetic fields can be a great way to change the electrical charge of the body and get cells and cell membranes working again. For anyone who has a known active cancer, this is not a good therapy to use, partly because we talked about how it stimulates the lymphatic system. There are some neural therapy injections, even into lymph nodes to get the lymphatic system moving better. If you know you have a known active cancer, stimulating movement through the lymph system may not be the best thing to do at that time. However, after they've been cleared of cancer, it would be a great therapy to do. Especially to treat any type of scarring from radiation, surgical removal of the tumors and that sort of thing. The risks are anytime you puncture the skin, you run the risk of an infection. Even if we're not doing deep injections. Anyone who has uncontrolled diabetic neuropathy, I wouldn't say it's a frank contraindication, but it's definitely a consideration for me. For most people, neural therapy is going to be a perfectly safe treatment to receive.

**Wendy Myers:** Are there any alternative modalities that might work, similar to a neural therapy?

**Dr. Summer Beattie:** Circling back to the PEMF, the pulsed electromagnetic frequency, I feel like that's a more emerging tool that is starting to be used in a lot more practices. I'm excited to see how that might play out. Again, I think back to the mechanism of neural therapy that is really changing that cell membrane potential. If we can find other tools that can do that, then you could effectively have the same sort of effect as neural therapy, if it's applied in the same systematic way without using the procaine. I think lasers too. We use Weber medical lasers here for both intravenous and topical. That's a pretty strong medical grade laser that can be used to pinpoint specific points on the body, if we're using it topically. There's a little bit of overlap in the way neural therapy is mapped out, potentially with meridians that are used in acupuncture.

**Dr. Summer Beattie:** Especially if somebody is well trained in acupuncture, they can use some of those meridian points, both for injection with the neural therapy and or for targeting with these lasers or with tuning forks. I'm actually having quite a few patients report that going through these biofield tuning sessions where they're using tuning forks instead of some of the injections, they are getting change. Even with myself, like I told you earlier, I don't really see pediatric patients. A lot of pediatric patients don't want needles put into them. For kids, especially if you want to start this type of therapy without maybe the emotional trauma that the idea of needles brings, I've had acupuncturists I've worked with who have done both tuning forks and moxa over some of those points that I would want to inject. The patient just doesn't want to do the needles and that's fine.

**Wendy Myers:** I love biofield tuning. We've had Eileen McKusick on the show a couple of times and I have a whole set of Biofield tuning forks. They're great because we know that emotional traumas and other kinds of energetic blocks that are in your energy field can be tuned out with sound therapy. There is tons of research out there to support the validity of sound therapy to remove traumas, energetic blocks and other emotional things from your field. It's proven therapy.

**Dr. Summer Beattie:** Being an injection therapist, my bias is always that the needle moves things faster than a lot of other things so I do like to use needles if patients are willing. If they're not, then definitely these other places are good ways to start. They're also a good way to continue the therapy because obviously with COVID and people not being able to have access to inpatient care the way that they used to, I really strongly feel that we need to be bringing a lot of these tools into patients' homes, where they have access to them when they need them. Patients are not going to be injecting themselves typically, in a neural therapy pattern. If they see me in the office and then they go home and have access to tuning forks or pulsed electromagnetic frequency pads or things like that, that they can use on a more regular basis at home. I really believe that we'll see improvement in their healing journey, much more quickly than if they're not.

**Dr. Summer Beattie:** One of the reasons why I work at Immanence with these doctors is that all of us layer in different things that are of benefit. Most patients are going to see their health conditions improve more dramatically with a synergy of treatments than relying on any one thing. When I'm doing orthopedic injections, especially while I may always start with neural therapy, it's kind of my foundational injection technique. It's also something that gets layered in with everything else that I do. If I'm doing prolotherapy, if I'm doing platelet rich plasma injections, then I'm layering in the neural therapy along with any of those other orthopedic injections that I'm doing. One of the beauties of naturopath or a neural therapy is that it can be a standalone treatment, but it can also be a synergistic application to other treatments as well.

**Wendy Myers:** What role do you see neural therapy playing in detoxification?

**Dr. Summer Beattie:** Circling back to how it stimulates the lymphatic system and it gets that cell membrane transport system moving again. That is how I think it plays the

biggest role in detoxification. As you're doing the patterns over organs of elimination, the liver, the kidneys, the small intestine and the colon, can really help get things moving and stimulating. You know that all of these organs require nervous system input and good communication to be functioning and working together. We need the gallbladder to help with digestion and elimination. We need the liver to be helping with conjugation and breakdown of the pharmaceuticals or other types of medications. We're taking all of these things to work together. By using neural therapy to stimulate these organs to be communicating appropriately and then functioning more appropriately, I think we support the detox system as a whole.

**Dr. Summer Beattie:** It's not uncommon to have patients who may have been on detox protocols and not really been getting the response that they wanted. We now remove the interference fields of these other detox systems that they're working with, colonics, binders, lymphatic massage and getting the kidneys stimulated again. Now finally, they actually start to detox where these interference fields may have been preventing that, before they have been cleared. Coming back to this sort of foundational therapy, it really just makes everything else that you're trying to do with the patient work better. The classic patient would be somebody who's been seeing all of these other doctors, they're doing the detoxes, they're running the colonics, they're sitting in the sauna, they're getting lymphatic massage and nothing's moving. That patient, to me, has a hidden interference field that we need to find an entry to, to make all the rest of that work better.

**Wendy Myers:** Fantastic. Any closing statements? Anything you haven't talked about that you want to get across?

**Dr. Summer Beattie:** I didn't talk a lot about the deeper ganglion injections. One of the ones that I do a lot here in practice, is what's called the Frankenhauser. It's a deeper procaine injection into the pelvic floor, mostly for women. I do a lot of intravaginal injections for scar therapy. Women with endometriosis or a history of miscarriage, history of uterine and cervical cancer and all of this stuff that causes pelvic congestion. I think that's a really missed piece with women's health, coming in and clearing out these interference fields that are really holding a lot of energy and trauma, in the pelvic bowl. Allowing that to be more open and freely moving.

**Wendy Myers:** How many women have pelvic pain too, and things that the doctors can't figure out what's going on? Pelvic floor prolapse and all kinds of other issues. As you mentioned, scar tissue around pregnancies and things like that.

**Dr. Summer Beattie:** Deliveries, too. I think that that's sort of a missed opportunity with neural therapy, for that patient population. For those listening to your podcast who may have dealt with a lot of that pelvic floor dysfunction, either working with someone like myself, who does neural therapy in conjunction with your gynecologist or your other pelvic floor health specialist. If they don't do those therapies, it is a nice layering on for your team, your team approach to healing.

I've said this before, I'm starting to kind of sound redundant, but having a team of providers I think is really important for most people's healing journey. Instead of relying on just your primary care physician or just your one specialist. This is the condition that you're looking at because the body is so interconnected, that when you have a different set of eyes and a different set of expertise on it, you find things that you didn't realize were connected to that interference field.

**Dr. Summer Beattie:** I do offer training for physicians. I haven't offered neural therapy since COVID kind of shut everything down. We did reopen for teaching the orthopedic injections and the sexual health, more of the sexual health injections. If there are providers who want to get trained, then that's something that I'm happy to work with them to do. We here at Immanence, all of us here do a lot of teaching. Dr. Schaffner does a lot of patient and provider education. We feel strongly about making sure we get these tools into the hands of other providers. There's just not enough hours in the day for us to see everyone. We're happy to try to connect people with providers that we know are doing these therapies and that sort of thing.

**Wendy Myers:** Yes, fantastic. Dr. Beattie, thank you so much for coming on the show. That was really, really interesting. I agree with you that people shouldn't rely on the opinion or experience of one physician in their healthcare and their decision making, because the body is so complex. I wholeheartedly agree, you want to have someone on your team that knows about bioenergetics, that knows how the body works energetically. The physical body takes direction from the energy field. It's just so much easier and elegant to work in that realm. I wholeheartedly agree. Can you tell listeners where we can find you and learn more about your work?

**Dr. Summer Beattie:** [Onelivingclinic.com](http://Onelivingclinic.com) is my website. I typically update when I'm seeing patients there. Currently, I'm predominantly seeing patients at Immanence Health in the Queen Anne neighborhood of Seattle with Dr. Christine Schaffner and her team of physicians. I do see some patients in Bellingham, mostly home visits and telemedicine. For physician training or provider training, it is also that same website, [onelivingclinic.com](http://onelivingclinic.com). We update the training there. They can get on our mailing list. I do have social media though, to be honest, I don't really spend nearly as much time on it as I probably should. I'm under Dr. Summer Beattie and One Living Clinic on both Instagram and Facebook.

**Wendy Myers:** All right, fantastic. Dr. Beattie, thank you so much for coming on the show and everyone, thank you so much for joining us on the *Myers Detox Podcast*. I'm Wendy Myers and thanks for joining me every week where I try to educate you on all the different alternative therapies that you can use for improving your health, improving your health outcomes and for enhancing detoxification. Thanks so much for tuning in.