

# Thinking About a Problem While Getting Adjusted?

Neuro Emotional Technique Twenty Years Later

for over forty-three years. Frustrated with uneven results in practice, he developed the Neuro Emotional Technique (NET). In addition to having written numerous magazine articles, he has authored many technique manuals, charts, audio and video recordings and also formulated specialized mind-body homeopathic remedies. While teaching internationally with his chiropractor wife, Dr. Deborah Walker, he has also done radio and television interviews and conducted research. He is the founder of the ONE (Our Net Effect) Research Foundation, a non-profit multidiscipline research organization dedicated to doing scientific research on NET.

In the United States, the NET Basic seminar is approved for twelve hours of continuing education hours for chiropractors in most states.

Dr. Walker is credited with a good sense of humor and making learning a fun experience.

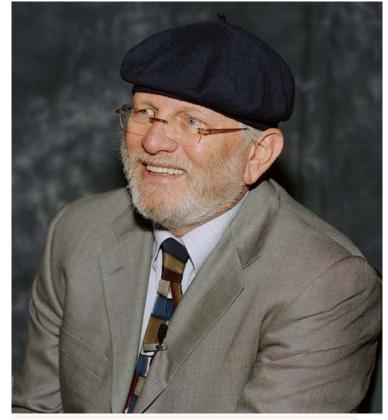
In an interview with *The American Chiropractor* (*TAC*), Dr. Scott Walker talks about NET's past, present and future.

#### TAC: What is NET?

**WALKER:** NET is a simple mind-body stress reduction intervention aimed at improving behavioral and physical problems, such as in chronic injuries, subluxations, pain, worry, anxiety, depression, etc.

#### **TAC:** How did you develop this technique?

**WALKER:** In a state of frustration, insecurity and, thankfully, *curiosity*, NET was eventually developed. Initially I felt frustrated because some patients got well, while others didn't. I also felt insecure because I didn't have a satisfying answer for myself or my patients who asked as to why their conditions didn't respond



**Dr. Walker says DCs do not need to give up their present techniques** in order to use NET. In fact, he says, NET supercharges their present techniques by removing the gigantic emotional factor.

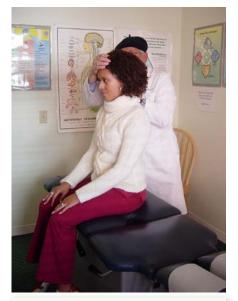
or why they kept coming back. I was curious, however, and my search took me to "stress" and the body's conditioned emotional reaction to stress. The interesting thing was I, through reading neuroscience articles, found the emotional response to be *physiologically* based and not psychologically based! That was lucky, because I don't know very much about psychology, and I was not about to make a career out of talking, talking, and more talking to patients about their problems! Please save me from that! On the other hand, we, as chiropractors, are well versed in dealing with physiology. In a nutshell, NET works by having the patient think-feel about their pain/issue while

a special vertebral adjustment is given. They do 90 percent of the work.

### **TAC:** Could you tell our readers a couple of the most prominent studies that have been published regarding NET?

**WALKER:** NET has many interesting studies on a surprisingly wide variety of conditions. But, then again, that is what one might expect if there were a truly effective mind-body technique. We have a Randomized Control Trial (RCT) study on Low Back Pain through Macquarie University, which was presented to the International Congress of Complementary Medicine this year, and we are just finishing a much larger study (it will be the most comprehensive yet in all of chiropractic) on low back pain, complete with urine and blood immune markers. In chiropractic, I guess we would expect that. But more surprising perhaps, NET has RCT's (one out of Oxford) on phobias, trigger point resolution, and we have other studies on polycystic ovary, ADD-ADHD, hypothyroidism, separation anxiety, hypercholesteremia, etc. We also did an interesting survey/treatment study on anxiety/depression (using the DRAM instrument) that was remarkably favorable. And, in addition, this study had the shocking finding that, in the random (188 consecutive patients) chiropractic pretreatment group population, 34 percent were "at risk" and only 23 percent were normal. This finding strongly suggests, in our regular chiropractic patient populations, over a third of our patients are in deep emotional trouble. Fortunately, however, there was significant improvement after the NET intervention.

This reminds me of a published study I did (it was international in scope) which demonstrated that 90 percent of DC's feel the emotional component of health to be important, yet less than one-third of them had a technique to intervene. Perhaps, for outright interest in studies, maybe the most prominent study is the one we are presently doing on the body stress/trauma related to a patient who receives a diagnosis of cancer (the pronounced diagnosis, itself, is often as shocking as PTSD). We already did a pilot study at Thomas Jefferson University's Myrna Brind Center of Integrative Medicine and Hospital. This pilot study has been published and, although the blood sample was too small to include, we were delighted to see the immune markers, especially Interleukin 10, dramatically improved, which is also



**Dr. Scott Walker says a great place to** start with NET is with the chronic recurring subluxation. Here he is palpating the cervical spine finding a C5 subluxation.

what the preliminary results in the large low back study are now showing. We are now doing a larger study and, who knows, we might have THE profession with the most influence on the immune system.

TAC: What does it take to really under-

#### stand the core concepts of NET?

**WALKER:** For actually doing the technique, it takes twelve hours of training in a seminar setting with hands-on workshop. Pretty straight forward. But to actually understand NET in depth, one has to be ready to throw out most of the outdated neurophysiology that was learned in school. For example, we may have learned that emotions are psychological, but now we know they are not; they're physiologically based. We need to see the inter-relatedness not only between the emotional response and the immune system as in psychneuroimmunology, but also the digestive, cardiovascular, dermatological, and hormonal systems, to name a few. A few basic primers are the books Molecules of Emotion by Candace Pert and the excellent *Biology of Belief* by Bruce Lipton. Then follow all the incredible advances in neuroscience—advances that are validating chiropractic.

#### **TAC:** What would be the ideal patient for NET? Is there an ideal?

**WALKER:** Anyone who is experiencing a stubborn physical problem, or anyone is experiencing stress or who has been under significant stress in the past, or has

#### **NET Remedies**®

#### Dr. Walker says,

"After the office visit be mindful of the biorhythms and the fact that the body is in a constant dynamic state of adapting to all environmental <u>stressors</u> AFTER the patient leaves the office."

#### When in Doubt — Give it out!









**NET utilizes muscle testing to verify subluxations. Getting an accurate base line (A) is important. Verifying the C5 subluxation in (B)** and its possible cause — the left upper trapizius (UT). Goodheart correlated the UT to the kidney meridian, which is verified in C. The kidney meridian is correlated with the emotion "fear" in Chinese Meridian approaches.

the manifestation of behavioral or health issues with no apparent cause, or someone who has a health challenge that is not resolving with standard chiropractic care, or someone who has emotional blocks to success in their life or health.

#### **TAC:** What type(s) of diagnostic testing procedures do you use (i.e., X-ray, etc.) and why?

**WALKER:** We encourage our practitioners to retain all of their present techniques and diagnostic instruments and to use NET as a supercharger to make their present techniques work even better. Our present chiropractic techniques work three to four times better when a compromising emotional factor is neutralized. Although it's not essential for doing the technique, we recommend peer-reviewed validated questionnaires, and any of the standard clinical and lab tests for the hypothalamic-pituitary-Adrenal (HPA) axis. While these are not essential for actually doing NET, they can give interested practitioners confidence as they monitor the progress.

#### **TAC:** What other therapeutic modalities do you include when treating a patient?

**WALKER:** We use the metaphor of the four bases of a baseball diamond, calling it the Home Run Formula to Health. Doctors need to make sure the patient is safe at each base by 1.) providing good structural work, 2.) addressing toxins, 3.) balancing biochemistry, and 4.) de-stressing conditioned emotional responses that are affecting the body. NET practitioners are encouraged to use their structural techniques, as well as specifically formulated homeopathics to detoxify the body and nutritional support to balance biochemistry. Of course, NET practitioners use NET to address the physiology of unresolved emotional stressors.

#### **TAC:** Tell us two of your most amazing patient success stories.

**WALKER:** We, all of the NET instructors, have seen many, MANY cases at NET seminars where chiropractors come with their own unresolved low back pain of twenty-plus years and





**Dr. Walker says 90% of the work is done by the patient. While** being adjusted, the patient is holding a memory of a specific event in which fear caused a Pavlovian type conditioning that is still affecting the kidney meridian/upper trapizious/C5. Dr. Walker adjusts vertebrae associated with kidney.

are immediately resolved after a five-minute NET intervention. It's amazing in that chiropractors have low back pain in the first place, and it's really amazing that they can resolve on the spot. The same can be said for other afflictions on these sophisticated DC health-care consumers. I'd tell you of others, but risk losing credibility!

#### **TAC:** What has really impacted your growth as a chiropractor and that of your practice?

**WALKER:** For me it's not what, but rather who. My heroes have been Drs. George Goodheart, Jimmy Parker, Major De-Jarnette, Ray Nimmo ("Muscles move bones, bones don't move muscles"), and Robert Riddler. I also love to read DD Palmer and BJ. These guys are all gone now. Presently, I also look up to our chiropractic researchers who are laying the scientific foundation for a whole new exciting era in chiropractic.

#### **TAC:** Dr Walker, what have you been able to accomplish with your work that you are the most proud of?

**WALKER:** I am proud of our 6,000 plus NET practitioners in over thirty countries around the world delivering cutting edge chiropractic every day. I'm proud because they were forward thinking and saw the value of NET before the scientific research validated it. They cared that much about their patients, and they donated money for research based on what they saw clinically. I am proud to be in the same profession.

#### **TAC:** Explain the relationship between psychologists and chiropractors. Is there a creative exchange of information, etc?

**WALKER:** Yes, although we like to smile and say the "issues are in the tissues," there are often psychological aspects of some problems we encounter which need talk-it-out reasoning and counseling. And, with the emergence of the mind/body or biopsychosocial model, these psychotherapists are very ready to refer to NET practitioners to get their client's nutrition balanced, structurally adjusted, etc.

**TAC:** Who/What has been the greatest influence on the way you practice?

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WALKER: Aside from my heroes I mentioned, I am ever grateful for being raised way out in the country where I learned from nature, my greatest teacher. I also went to school in a two-room schoolhouse where I was unhurriedly able to absorb the fundamental building blocks of knowledge. My father, a mechanic, patiently taught me how things work and my mother, a nurse, taught me how to care—combine those two and you get a chiropractor.

## **TAC:** Throughout the ages, there have been many great healers. Whose approach would you like the most?

**WALKER:** That's easy, Hippocrates, for separating healing from magic; the Yellow Emperor emblematic for the East's wisdom about nature and healing forming a great basis; and then the brilliant medical heretics, Paracelsus, Semmelweis, Hahnemann, and DD Palmer.

#### **TAC:** What are your goals for the chiropractic profession?

**WALKER:** To make DD Palmer's paradigm, "The determining causes of disease are traumatism, poison, and autosuggestion," and "moving thots (sic) produce disease—malice, revenge, remorse, grief, worry, spite, etc."—into a rock solid, scientifically validated, pragmatic and prosperous profession. DD saw it from afar. The 19th century biomedical model has failed miserably; the biopsychosocial (BPS) model is now the predominantly acknowledged viable model. Essentially the BPS was, and is, DD Palmer's paradigm. But we are catching on. The stress factor is there and it is now being acknowledged. There are other techniques besides NET which, depending on the DC's predilections, can help practitioners and are helping with stress. Such examples are Bio Energetic Synchronization Technique (B.E.S.T.) and Network Spinal Analysis. In addition, Applied Kinesiology and Total Body Modification (TBM) and, John Amaro's International Academy of Medical Acupuncture (IAMA) have unique approaches.

**TAC:** Any final words for our readers? WALKER: It's been a hard fight, but we



**Dr. Walker works with testing various reflex points that** may or may not have an emotional component. Over 25% of acute problems and nearly 75% of chronic problems/subluxations have an emotional component.



Patient touches the Bennent Emotional Reflex points and remembers an instance of "resentment" in her life as Dr. Walker begins to locate T4 which is associated with gall bladder / resentment.



**Dr. Walker palpates in the supine position to verify** diminished upper trapizious spasm after the simple 5-minute NET intervention.



**Dr. Walker asks patient to "relive" an emotionally** traumatic event while testing a muscle. Emotionally traumatic events often produce muscle weaknesses and also spasms in their antagonists as per Goodheart. Here the muscle is intact, demonstrating a successful NET intervention.

DC's have done well. We have kept vitalism alive in the face of medical and legislative persecution and commercial discrimination. We have fought with them and, of course, being chiropractors, fought with each other, but we have not given up on fighting for our patients' welfare, for what we have seen helps them. I encourage everyone to financially support our colleges' scientific research departments. Science is the only currency that spends these days. It better, as we enter into ever more evidenced based third party pay, including a looming federalization. As you know, we are usually at the very end of the Medicare line with our hands out. We are going to beat traditional medicine using the very weapon they have used against us, science—only better. It used to be the medical establishment would say they had research and that we did not. Now, we can say to them, we have research demonstrating that pathophysiology can be eliminated through natural drugless means, thus restoring true health. Furthermore, we can say, "Your medical research may show a certain drug has the ability to force a certain effect; however, that particular medical mechanical paradigm has nothing to do with the patient actually healing." Medicine, indeed, has a science of sorts, but a puny unworkable philosophy of health. Outside of emergency and heroic life saving measures, medicine has even been deadly at times. Not so with chiropractic. I will be speaking at the World Federation of Chiropractic in Montreal in April, 2009. Please come hear what NET science through The O.N.E. Research Foundation has provided us, and learn what other top-notch chiropractic researchers in the various colleges have also achieved in other realms.

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