

# FSM Podcast - Episode Fifty-Four - Jennifer Sosnowski

Kim Pittis, LCSP, (PHYS), MT

Jennifer Sosnowski, MD

**Kim Pittis:** [00:00:04] Hello.

**Jennifer Sosnowski:** [00:00:06] How are you?

**Kim Pittis:** [00:00:07] I'm so excited to see you.

**Jennifer Sosnowski:** [00:00:10] I'm excited to see you and be here to help.

**Kim Pittis:** [00:00:13] This has been like some of the finest hours of my week. And it was terrifying when Carol was gone. And we're like, okay, because it's been just Carol and I chatting and two buddies just chatting on a Wednesday. She was gone. I'm like, Who am I going to talk to? And then I'm like, This is great because I can pick all of my favorite people.

**Jennifer Sosnowski:** [00:00:35] And then it works out perfect.

**Kim Pittis:** [00:00:37] It works out so perfect. And then it was so funny because when I had asked you if you could come and help me, I'm going to pull up exactly what you said. Sure. What do you want to talk about? Mold, lyme, brain dysfunction? And I was just like, what? So we're going to have we have about 20 people live already. We're going to have a Q&A that's on the zoom. I'll try to get to some questions as they pop up. I have a bunch of things that I want to talk about, too. So we'll just grow with it and keep it super fun and casual. So everybody who does not know the Jennifer Sosnowski she is with us live from Scottsdale, Arizona. Jennifer and I, we met. I'm trying to think when we met, I feel like I've always known you. That's the funny thing.

**Jennifer Sosnowski:** [00:01:19] It's been a lot of years now.

**Kim Pittis:** [00:01:21] it's so funny at the Advanced, like some of my dear friends, I have really just met at the Advanced, but it's such a fun little tribe that we have there,

and I think so many of us are so passionate about what we do. So everybody is just always going true to that person. And then I use this frequency and then it turns into this thing. So I'll let you introduce yourself what you do, and then we'll run the train from there.

**Jennifer Sosnowski:** [00:01:46] All right. I am a board-certified family practitioner. I'm also board certified in integrative medicine and then certified in functional medicine. And I use that's the majority of what I do in my practice is functional medicine nowadays. So primarily I'm dealing with the chronically ill, the people that don't get better from the regular medical system and for the most part focusing on brain health stuff. So the brain health and people that are having cognitive impairment, brain fog like severe fatigue, the fibromyalgia is the autoimmune diseases of the world, head injuries of the world, all of that. What I found from most of that is that underneath almost every autoimmune disease that I've ever seen is mold. And you'll not see that in any textbook anywhere. But it makes much more sense than anything we were ever taught in medical school. Hey, your body just decides to attack itself. And why would I have that? That doesn't make any sense whatsoever.

**Jennifer Sosnowski:** [00:02:38] Never liked that diagnosis, but having looked at it going backward now and going, Wow, you've got this autoimmune disease, but you've got all the same symptoms that my mold and Lyme patients have. Let's go testing for mold and Lyme risk and gee, there it is. And once you start asking questions, everybody can say, Oh yeah, I had that moldy basement or Oh yeah, we had that leak that we never properly treated, or there's always something there that gives us the clue. And then FSM fits in great with all of that because we've got all of this that we do in FSM as well. We can use all of the same stuff. And I came and Kim knows me for this story. I got into FSM back in 2009. I had dealt with six years of daily migraines and I was at my wits end at this point. I'd gotten into functional medicine about six months, a year beforehand. I was doing everything on the functional medicine side. Nothing made me better. And I was driving up the coast of California one morning to get to the IFM conference, and I was just like, God, it was like 6:00 in the morning. I was like, God, I could just drive off the cliff. Right now I am so done. I've done everything I can possibly think of. I can't live in this pain anymore. Nothing's working. And at that conference, I met Carol.

**Jennifer Sosnowski:** [00:03:50] She was treating people and I went up and I said, This is my story. She says, Oh, I got you. I know exactly what's going on with you. I was like, Yeah, bullshit. Excuse my French, but literally, that's where I was. I'm like, I've seen every doctor known to man over these last six years. I thought I finally had an answer. And functional medicine. And functional medicine wasn't all of it. And here I am. And she treated me and she's she finished and she said, How is your headache now? And I'm like, Still there? She'll come back in a couple of hours. So I came back in a couple hours. How is it still there, dammit? This didn't work either. And then she's come back tomorrow morning and talk to me. I woke up the next morning. I had no headache. I had no headache for the first time in five and a half years. And I had no headache for seven days straight until I gave up everything I knew and functional medicine and had a dinner at my husband's family home in Pennsylvania. This is rural Pennsylvania. We had s'mores for dinner, gluten, dairy, sugar, everything we weren't supposed to have. And I woke up with a migraine from hell the next day and I'm like, Okay, God, I got this. It's the Microcurrent plus the functional medicine and put it both together. And from that time out, I really followed the functional medicine paradigm.

**Jennifer Sosnowski:** [00:05:04] I started having somebody else treat me for Microcurrent because I didn't have a machine and I didn't have the certification. I didn't know what I was doing. And so. I cheated myself a couple times a week and I finally got certified within a couple of months because I was like, Hey, I have to do this. I know this works. I know this is the answer. Even though I was still having headaches every day. And after six months of treating at least two or three times a week just the cervical trauma fibro protocol and chronic inflammation, and the central nervous system, the 40/10, for the most part. 40/10 was my love. I was 100% better. No more chronic fatigue, no more fibromyalgia, no more depression, no more migraine headaches. I was like 100% back to normal. And I like literally every time I see Carol, I like thank her for saving my life because I wouldn't be here. I wouldn't have two kids, I wouldn't be owning my own practice. I wouldn't still be married because my husband would have dumped me long ago.

**Kim Pittis:** [00:05:57] I love when any guests that I've brought on or I've talked to about FSM, we all have this very personal story of how we found FSM. It's not like a regular course that you take, like taping. You know what I mean? Like, it touches us. And every time I hear your story, there's 100 more just like it. Whether it's practitioners that have

fallen in love with it, or This is how our patients have found it. Nobody finds us as their first step.

**Kim Pittis:** [00:06:28] I know some of my athletes do, but athletes are a whole other thing because they're this beautiful, healthy little matrix of cells that are just so easy to manipulate. And I thought my job was hard working with athletes. And then you start getting those patients like who you were before you found FSM. And I think you've touched on so many points that I want to go back to is nothing is ever in a vacuum. It's never just FSM. And even if you're in physical medicine like myself, I'm never just slapping Microcurrent on somebody and leaving the room. It's Microcurrent with manual therapy, with exercise rehabilitation, with stretching, with talking about nutrition and sleep and stress and all the other things. So I think those practitioners like yourself that are in functional medicine and FSM through the correct lens, right off the bat. And it's the whole, it's the whole picture. It's never just let's just treat your anemia. Why are you anemic?

**Jennifer Sosnowski:** [00:07:29] And that's interesting that you say that because that's so true. We started doing a technology called MERT Therapy, which is a brain health therapy. It's a magnetic e-resonance therapy. It's based off of TMS, but it's giving this incredible amount of energy to the brain to get people thinking better after PTSD, TBIs for chronic anxiety, chronic insomnia, depression works amazing for autism. It's like getting kids back talking again. It's reversing like years of therapy or years of issues with autism. Some kids have come in moderately severe autistic and they walk out six weeks later. If they've done all the functional medicine stuff, they walk out six weeks later without a diagnosis of autism. They literally are not even diagnostic and not even hitting autistic on the scale. It's amazing therapy, but what I've learned from all that is that a head injury is not just a head injury. A head injury, if it's not recovering, is always more than Lyme. There's always more to it than that because most of us if we have a head injury, we're recovering, do fine, not if we've got mold and Lyme in there. And I had that one guy that came in for MERT therapy, didn't really want to touch the medical sky, just wanted MERT. And he'd had ten major head injuries. Knocked out every time down for a while. And he was an X-gamer, skier, and mountain biker so had the risk for it and he was really dysfunctional. Literally one side of his brain on his EEG was working at a different speed than the other side of his brain. Like really bad. So I was like, okay, at this one point, I'm going to believe it that it's just the head injury.

**Jennifer Sosnowski:** [00:08:55] You had ten major ones and his brain's at different speeds. Well, I got four weeks in and he was doing better and then we were having some problems because his EEG wasn't looking quite right. And I said, Why don't you get your brother in here? Your brother grew up with you and he hasn't had all the head injuries you have. And let's go get your brother an EEG. His brother got an EEG and his brother's EEG looked better. And and so I had them both in a room talking about them together. And it came up that they had both grown up in the home that he was now living in Durango area, and they were living in a moldy basement.

**Jennifer Sosnowski:** [00:09:30] Now I know why you got better when you came to Arizona. You're not living in your moldy basement, right? I'm like really bad mold. Like, it flooded every summer because it was like, okay, don't break your own rules. It's never just a head injury. It's always more than that.

**Kim Pittis:** [00:09:46] But look at you. How many physicians out there go to that length of talking about a family member, bringing the brother and comparing tests? That's what makes you. There's many reasons why you're amazing, but that is just one of those reasons that I think. I'm going to give them a little bit of credit to this tool, obviously, along with functional medicine. But it makes you as a practitioner, ask questions and not settle for, oh, it's just the way it is. It's just going to take its time healing. It's just going to always be there because what's possible

**Jennifer Sosnowski:** [00:10:19] And you also know the beauty and the curse of FSM is that if it's not working, you haven't got the right diagnosis. It all goes back to you. You're not thinking about it and you're missing the boat.

**Kim Pittis:** [00:10:32] And if you're any type of competitive person, when that slaps you in the face, you're just like, No, I don't fail. And I think those of us that have practiced with FSM for a little while, we just have that innate feeling that it's always going to work and it doesn't fail. We do. And if you don't fail, well, something's got to change. And that's when you start frantically hitting all the buttons going, What is going on? Calling whoever you can. And you've helped me out of so many jams. And I've talked your ear off at so many conferences about my list of patients because. And their conversations like ten, 15 years ago, I would have never dreamt of having with somebody because I

would have never dreamt that I could affect something like that. But let's go back to head injuries for a second, because that was what we talked about mold, Lyme and brain dysfunction. So when you are in physical medicine and you have a patient that comes in with neck pain, with chronic headaches, that should be quite easy.

**Kim Pittis:** [00:11:33] And I'm sure that's what Carol did those first two treatments were what statistically works the best? Taking out the scar tissue, treating the disc, treating that facet. Maybe she probably treated the cord a little bit. But when you came back, like, it didn't change. Like, I know Carol then Carol's already in those lateral recesses of her brain going, What else could be going on here? And it forces you to apply. I think I always statistically start with what should be, what should work. But now we have those side, little spokes that say what if it's mold, what if it's Lyme, what if it's a parasite? And then what? And not that FSM is the end all, be all, but at least it can take your brain as a practitioner to those areas.

**Jennifer Sosnowski:** [00:12:18] We got protocols for that. We got protocols for mold, we got protocols for Lyme. We got protocol for healing the blood-brain barrier, for healing the leaky gut barrier so you can heal all that stuff now. And so all of a sudden, what was never possible before, it becomes possible with a simple machine in your hands.

**Kim Pittis:** [00:12:34] So let's talk about a couple of these things, but let's talk about let's just start with mold for a second, because mold seems to be a very hot topic, probably not something you commonly see in Scottsdale. But tell me, because I would not think mold would be something that you see in the desert.

**Jennifer Sosnowski:** [00:12:55] Yeah, no. Our houses, all the roofs in Scottsdale for the most of them are flat roofs. They get exposed to the sun, the woodpeckers start pecking on the foam. And guess what? You have your first rainstorm and the roof is leaking all over the place. And then we got the same problems that everybody else does. We've got faucets that leak and showers that leak and behind the walls. And we got the same other stuff that everybody else does. We just got mold in our house last year and we had a. My kids eyes, one of my kids eyes, my older one, who's just like me, his eyes got all red, my eyes got all red. And I was like, Oh, there's mold in here. Dang it. So did some testing. Got it back while we are on vacation in Hawaii and it was grossly

positive. And I'm like, Oh my God, I knew it was going to be positive, but oh my God. And so I turned to my husband. So what happened? So what happened recently? What happened in mid-February? And he looks at me and he said, Oh, in one of that rainstorms, we had a leak in the roof. And so I went up to the roof and I sealed it. You sealed it, but you didn't do anything with the water that was in the ceiling already.

**Jennifer Sosnowski:** [00:13:55] I'm like, Really? You've lived with me for how many years now? And now you just got my kids sick, too. Like our kids sick? Like now he's dealing with this, too, because you didn't deal with it appropriately. And when I got home, there's a couple little wet spots, spots in the ceiling on the side of our house that our bedrooms were on. So go figure. As it turned out, that wasn't even the biggest problem. There's very little mold there. The problem was in the laundry room, there's a water trap underneath. We have a septic system. So there was a water trap underneath the laundry machine that was full of black mold. Now, we figured this out because we fixed that one side of the house and they said, Hey, it looks pretty good. But I'm like, No, there's still something here on the other side of the house. I think it's in the laundry room, tore the house apart, put holes in all four walls of the laundry room because there was nothing there. And finally, my husband's like water trapped. There's water traps underneath the showers in the bathrooms so that the smell of septic system doesn't come up into the house, said, I wonder if there's a water trap underneath the laundry machine. So he poured simple green in it. The next day it was fine. So it led for so many steps to all of it.

**Jennifer Sosnowski:** [00:14:59] And discovering it is not always simple. Here we thought it was the roof, and really the roof was the thing that opened our eyes to it because it was on the sleeping side of the house, but it was the black mold in the water trap that if my husband didn't understand construction, nobody would ever figured it out. I told my husband, If you don't figure it out, I'm moving because we can't stay here. But my ten-year-old went straight. In February he already had some lime probably from before, but it wasn't making him sick at all. He went straight to mold toxicity, lost his immune system, got PANDAS or PANS. We had a whole year a half of trying to get him stable enough to actually be in school all the time. It was just seeing that progression was eye-opening.

**Kim Pittis:** [00:15:40] Wow. Okay, again, let's go backwards. So many Pandora's boxes of knowledge. So finding the mold is one whole part of it. What makes you as a physician think mold could be at play here? What are the types of symptoms? Because a lot of patients aren't coming to you saying, I'm suffering from mold. Nobody does that.

**Jennifer Sosnowski:** [00:16:03] Nobody comes in with that. Usually, it's panoply of symptoms. It's every system is not working. So initially it's your adrenal system. So there's fatigue. There's problems with urine, thirst and craving salt, which are telling you your adrenals aren't working so well.

**Jennifer Sosnowski:** [00:16:19] If the adrenals go down, then sex hormones are also going down. So there's libido issues, vaginal dryness and early aging stuff that people complain about. If the adrenals go down, 90% of the people that lose their adrenals also lose some thyroid function. So there's usually some thyroid symptoms in there. 10% of people still have the thyroid would. That works fine like separate from the adrenals, but most of the people, they go down together. So there's a ton of fatigue on different levels and then there's gut dysfunction. The gut stops digesting anything. So you get deficient in all kinds of vitamins and minerals within which then causes all the brain stuff, the mood issues and all of that. So literally when I'm looking at it, it's every single system isn't working and their body. Which literally when I go back to it, that's what I felt like when I was. Here I was 30 years old going, Oh my God, there's not a single system in my body that's working properly. I don't have energy, I'm depressed, my brain's foggy, I've got headaches 24-7 and my six years of daily migraines were adrenal failure. I was living in adrenal failure. So every little stress I got a migraine for and blood sugar problems or the other things we see a lot because of the gut and the adrenals actually help control the gut, the sugar balance. So if your adrenals aren't working, you're getting hypoglycemic constantly.

**Kim Pittis:** [00:17:33] Okay. So you and your big brain have figured out that there's probably a mold issue. What is your first step? Are you getting are you doing like mold identification and remediation at the home? And then what's your first line of what are you using for frequencies? What are you using for treatment? What are you doing?



**Jennifer Sosnowski:** [00:17:51] Testing the home is the first step and we use real-time labs company. They have a fantastic test, that test for both mold spores and mold toxins. Because if somebody

**Kim Pittis:** [00:18:02] The company was real time?

**Jennifer Sosnowski:** [00:18:03] Yeah real time labs. You don't have to be a member of them. You don't have to be a physician to get the testing. It costs a little bit more if you're not a physician, but you can still get the test and then they'll send you results. And they're looking for both mold spores and mold toxins. So if there's mold spores, you've got something actively going. If there's just toxin, then they may have somebody may have treated something in the place before and gotten rid of the spores, but the toxin is still sitting there and the toxin is going to make you just as sick because that's. When people are sensitive to mold, it's about 24% of the population, it's not everybody. So my ten-year-old and I got sick.

**Jennifer Sosnowski:** [00:18:37] My eight-year-old and my husband didn't know that. They didn't have the gene. And some people can get more sick with that, others with it. I'm forgetting where I was on the other part of that

**Kim Pittis:** [00:18:46] Mold, identifying and then treatment. So figuring out the house is the first part. And then.

**Kim Pittis:** [00:18:52] That's where I was going with it was the toxin test. So the toxin is really important, not if you don't have the genetics, but if you're that lucky, 24% of the population that has the genetics, then that toxin sitting in the house is just as bad for you as the molds being in there as well.

**Kim Pittis:** [00:19:07] Okay.

**Jennifer Sosnowski:** [00:19:08] So you have to end up treating both. If it's just toxin, it's easy. You dry fog, the place, your enzyme, the place or ozone the place. And there's a number of companies that would do that. Green Home Solutions is all over the country and pure air. Hang on a second here. Pure Maintenance is the other company that we use a lot. And both of those are across the country. And they'll go in and do

some testing and then they'll either use the dry fog or the ozone to kill the mold. But if there's active stuff going on, then you have to get rid of the source of it. So then that's a whole remediation effort before you do the dry fog and before you do the ozone.

**Kim Pittis:** [00:19:44] Gotcha. And then for frequencies, are you treating the symptoms? Are you using some of the mold frequencies? I don't have those memorized. I don't even know my laminate offhand.

**Jennifer Sosnowski:** [00:19:53] I definitely have two frequencies for mold in particular. And they're part of the mold protocol. As a matter of fact, my first client I ever used them on was the person who taught me about mold. So that's how I learned what I had, was a patient. I got sick in 1997, that's when I got exposed to a massive load of mold. And I had a patient that came to me in 2013 and said, Oh, I've got mold toxicity. And I chuckled at I said, No, you don't. That doesn't really exist. And she said, Oh, yeah, this is my story. And I'm like, Oh my gosh, you're going to make me learn all this. And I'm like, Thank God she did, because I was like, That's 90% of my practice, and that was me. And I was like able to go back and figure this all out.

**Kim Pittis:** [00:20:36] What are we talking about this in physical medicine, if I have somebody that comes in with a restricted shoulder and I get their range going from whatever, 80 degrees to 180 degrees and they leave and two days later they're back to the restriction. I see that as a failed treatment.

**Kim Pittis:** [00:20:56] So always about closing the cases, getting the results to. Lastly, you had talked about it with your headache. Yeah. You woke up with no headache. Right away the skeptic in me, Yeah, but how long did it last for? And you're like, seven days. Hey, that's not bad. That's seven days of no headache versus a headache non stop for how long? So how long do people who are treating mold typically, I know you can't generalize, but is therapy pretty long? Do people get results pretty quickly? What we find is we have to heal the body before we can treat the mold. You have to start working on the gut. You have to start taking out the inflammatory foods that are causing more inflammation in there. We have to balance the adrenals. The first thing I do is give people adrenal supplements so that they have some energy because otherwise they won't stick to anything. And what are your favorite? So what are your go to adrenal supplements? Typically, my adrenal glandular I love and I have so many of my patients

living on right now is SR Adrenal. It's got the most glandular of any of the adrenal supplements out there. And God help us if it goes off market for a while because I have a lot of people really unhappy. I tell everybody nowadays I'm like, Man, the world may not be the same six months from now, if you like the supplement stockpile it. I have at least six bottles of it at home for my son and I.

**Jennifer Sosnowski:** [00:22:11] If we need it and tell all my patients the same thing, this is good. There's other stuff out there. It's not nearly as good, so use it. I also use a general adaptogenic herb complex from Apex Energetics called Adaptogen, which is a mix of five different adaptogenic herbs that I've found really works. And so I use that kind of as my base and then I throw the SR adrenal on top of that.

**Kim Pittis:** [00:22:33] And then do you tell patients like, you're going to be on this for a long time or do you give them a time frame?

**Jennifer Sosnowski:** [00:22:40] I tell people that there's three things that kill your adrenals. And if you're needing supplements, your adrenals aren't working so well. There's three things that really kill them. It's mold, it's Lyme, and it's sleep apnea. So if I'm seeing adrenals that are really not working very well and we always test everybody's adrenals when they come in, although pretty much I know what I'm going to see before I get there, after I've done it for a while. But if it's not sleep apnea, it's the other two. And I've started testing sleep apnea on almost everybody because you can see it on the salivary cortisol panel as well. But you can't get any brain better that's not getting oxygen tonight.

**Kim Pittis:** [00:23:16] Totally. And I think that is one of the reasons why I fell in love with the CustomCare and why so many of my athletes, especially my new professional athletes that find me, it's never, I shouldn't say it's never. A lot of times it's not for an injury rehab, it's for sleep. They're like, Hey, there's this guy. And he goes to bed with this little box and he doesn't take any of the drugs anymore. And he sleeps through the night and he doesn't, like, worry about the game anymore. Can I get one of those? And it's because we need to sleep. And if we're not sleeping, we're not recovering. And if we're not recovering, we're not sleeping. So if we can interrupt that vicious circle. So I think sleep apnea for sure, and even not even apnea, just insomnia, people who are not staying asleep. And it's funny, everybody's measure of sleep is different. It's like when

Carol talks in the hall, do you drink water? Yes. No, how much water do you drink? Oh, I have four cups of coffee in the morning and I have a Diet Coke at lunch and then I have an iced tea at dinner. You had a whole bunch of diuretics?

**Jennifer Sosnowski:** [00:24:23] Yeah, exactly.

**Kim Pittis:** [00:24:24] And zero water. Like talking to our patients, too, about how many hours of sleep do you get each night? And then, I go to bed at midnight and I usually wake up between two and three for about 2 to 3 hours.

**Kim Pittis:** [00:24:35] And then I go on my phone and I watch Dateline and then I can't sleep because what I watched and then. So are you talking about sleep apnea, like true like airway sleep apnea or you're are you asking about sleep in general as well? I ask about sleep in general when clients come in, for sure. And it's funny you mention that about the sleeping and athletes, because I tell you, for a lot of the pro athletes that I do work with, with the Microcurrent, they keep their Microcurrent way after they don't need it anymore because they're using it for sleep.

[00:25:06] That yeah, that's exactly it. It's in one of the sports courses I have this testimonial from an athlete that I had rehabilitated and I was hoping his testimonial after he came back from one of the Olympics was going to be all about how fast he recovered. No, it was about how fast he adjusted to the time change going across the world and keeping his immune system functioning. And at first I was so disappointed reading it, I was like, No, this is fantastic because this is an athlete who hired me to help rehabilitate them and was educated and saw the value of stress and sleep and just being in that recovery state holistically and organically. So I think that's really important. If anybody joining us live has questions on mold before I go into Lyme and brain dysfunction, Leif is asking what protocol do you like using for sleep?

**Jennifer Sosnowski:** [00:25:58] I do the concussion-relax is enough for many people to go to sleep and then I have an eight-hour sleep program.

**Kim Pittis:** [00:26:06] So literally people put it on and almost everybody will sleep straight through it through the night, which is awesome. But just touching on the sleep apnea thing, I think before we go into Lyme and stuff, what I have found is that a lot of

folks that have mold and Lyme have mild sleep apnea. So my question now goes back to which is the chicken is which is the egg do because most of it's not because they're obese. None of these patients are obese. They all have a dysfunction in the back of their throat. They just don't have enough space back there. And I've talked to many dentists in the integrative medicine world that are like, yeah, we don't have the same jaws. Everybody pulls out wisdom teeth, so jaws start falling back. They're not as strong because we eat crappy food. They believe there's a lot of sleep apnea in everyone. But I really found in my population that a lot of the folks have some at least some mild sleep apnea that's probably really affecting them from the early ages. And when I had all my migraines, I had three different physicians tell me I needed a sleep study.

**Jennifer Sosnowski:** [00:27:07] I'm like, Now look at me. They come on now. And finally after the third one, I was like, All right, already, my headaches did usually start at about 3:00 in the morning, so I was like, Okay, I'll get it checked. Of course I had none. But I went back and thought about it and I was like, You know what? I have never slept on my back in my entire life. And the one time I did, because I broke my ankle and had to have my foot in the air for four weeks, I couldn't sleep at all. And I was like, Wow. Oh, like I bet I've learned from early childhood just not sleep on my back because I can't. And so I went actually I had a car accident in 2018 and I was having a lot of problems with my neck afterwards. I just found out recently C-2 has been out of place. Nobody knows how to get C-2 back in place very well. Six different chiropractors before somebody figured it out. But I treated my favorite protocol from my neck because I've had a really crappy neck, too many head injuries across the way. My favorite protocol was always ligamentous laxity. So that was always the one that would make things happy. But this one time that wasn't working well enough. So I tried myofascial trigger points to the neck.

**Jennifer Sosnowski:** [00:28:10] It did its job. It released every stress in my neck. What happened? I went into a week and a half of severe sleep apnea. I was waking up every half hour out of a dead sleep in a panic, and it took a week and a half for all those muscles to tighten back up and me not to be waking up with sleep apnea anymore. I'm like, okay, I really do have sleep apnea and my stiff neck is keeping me alive. So if all of a sudden looked at stiff necks way definitely now to I'm like, okay, what's going on in there? Is it really sleep apnea?

**Jennifer Sosnowski:** [00:28:38] If you've got TMJ and you got a stiff neck, guess what? You probably got sleep apnea for sure. It's it's so interesting.

**Kim Pittis:** [00:28:45] I gave a TMJ talk a couple of years ago, and when I was putting all my research together, that was one of the associated conditions that I didn't put together until it absolutely makes sense. That you said, those type muscles, and we talk about it a lot, too, and we're releasing scar tissue, especially from people who are in car accidents who have an old injury. We see it all the time in the shoulder. Those trigger points are holding the shoulder together and protecting that ligature laxity that's in there. So, of course, it can happen in the neck and of course, sleep apnea would be hiding behind all of that.

**Kim Pittis:** [00:29:17] To go back to a couple of questions before I talk a little bit more. Minette asks, can you please share the eight-hour sleep program? I think Kevin replied to this. eight-hour sleep protocol, we are creating the FSM Protocol Library on the website so practitioners can share their custom protocols. So is that the one that you made your own? Like a sleep?

**Jennifer Sosnowski:** [00:29:34] No, I got it from somebody across the way. I think it was Shannon Goosen one point in time.

**Kim Pittis:** [00:29:39] Okay. Yeah, there's a few different ones that I've seen circulating on there. But Kevin, that's great that we're going to have a little database that we can share some of the custom stuff.

**Jennifer Sosnowski:** [00:29:48] And honestly, when I looked at that protocol in particular, I think it was just the same short sleep cycle over and over again. Just re-ran it back to back and back. There wasn't anything outstanding.

**Kim Pittis:** [00:30:00] No, but I will agree with you for the most part to get any athlete to sleep, because we do have a sleep program on the mode bank. I know I have it. I didn't make it. So I'm guessing Carol made it at some point. Nine times out of ten, our standard concussion or concussion class Vagus is going to do the trick or relax and balance depending on what kind of state of mind going to bed is. And I think we're doing a really good job in the last little while, really educating our athletes and our teenagers

about proper sleep hygiene, turning the lights down, getting the room nice and cold, putting the devices away in.

**Kim Pittis:** [00:30:34] Good luck dislodging a device from a teenager nowadays. But if you can really threaten them with crappy sleep and crappy grades and a bad game the next day, they typically tend to shut it off. Great points there, Tom wrote. Low aldosterone causing low blood pressure, question mark. I'm not sure.

**Jennifer Sosnowski:** [00:30:51] If your blood pressure is less than 100 for male or female, it's adrenal insufficiency.

**Kim Pittis:** [00:30:56] Okay, there we go. And then Cathy asked, what are your sleep apnea, treatment, top recommendations?

**Jennifer Sosnowski:** [00:31:03] Mandibular advancement devices and something to pull the lower jaw forward. And there's actually some dentists that are making braces now to pull the teeth forward and make them a jaw wider, because a lot of times poorly formed, lower jaw, the tongue literally has no room to go because there's not enough room at curls up between and behind the front, lower teeth. And so there's no room for it. And when you lay down, it all falls back. So having a jaw that's moved forward, the lower jaw that's moved forward and then locked for it, but there's actually dental appliances that you wear over time that just like Invisalign braces, they widen and widen so you can actually resolve sleep apnea with a long term. And there's also a technology called Night Lace, which is laser therapy to the back of the pharynx that shrinks all the tissues back there.

**Jennifer Sosnowski:** [00:31:46] I heard about it years ago actually at one of Carol McMakin, some advanced seminars from some other doc and I couldn't remember the name of it. It was the seminar right before the pandemic, and then the pandemic hit and I lost it. We were more worried about our practices at that point. I wasn't worried about that and I lost the name of it. And then one of my clients came back after I told her she had some mild sleep apnea. We needed to look into this device. She had found somebody that was doing this treatment and it's called Night Leze, N-I-G-H-T L-E-Z-E, and it's three treatments over the period of eight weeks. And it does amazingly for about two years for many clients.

**Kim Pittis:** [00:32:21] Wow. Because I think a lot of us, we go right away to surgery or something very extreme. My daughter had pretty chronic sleep apnea for three, almost four years. Nobody would listen to me as a mother. I said a three-year-old should not be snoring to the point where we all want to move out at night. We were living in Canada. She was always getting sick in Canada. I think they needed something like seven documented cases of tonsillitis before they even referred you to an ENT. Unless you're a mama bear and just barged a pediatric ENTs door down and say, look at this kids mouth.

**Kim Pittis:** [00:32:58] But she had pretty much failure to thrive. She wasn't growing. She was always sick. She looked frail and terrible. And all the doctors were just like, Oh, but you're quite thin. She's going to be a thin girl. Nope.

**Jennifer Sosnowski:** [00:33:11] You're missing it, man. No.

**Kim Pittis:** [00:33:13] So it wasn't until we moved to California, where I met a brilliant pediatric EMT who specialized in sleep apnea with kids. And I don't think we typically think of kids having sleep apnea. They just think, oh, they're snoring or they or they're sinuses. Like your kid should not sound like they're drowning underwater when they speak. So they had in the meantime, given my daughter tons of steroids to just put up her nose because it was allergies and all the other stuff. And her adenoids were so overgrown, they were growing back. You could just see them when you looked up her nose. Pretty much. And that's not apparently that's not normal. So they did take her adenoids out and they did a new type of tonsillectomy where it's almost like they didn't take her tonsils out, but they just shaved them down. And she grew like half a foot and gained 20 lbs within a six-month time. She had back pain. I was treating her with FSM for just how much her body was, just like, finally, I can grow and I'm healthy and it all had to do with sleep. We did no change in her diet, no supplements.

**Kim Pittis:** [00:34:18] We did. It was nothing to do with just getting restorative sleep. So your take home message today, folks, so far is getting your patients to sleep. Never discount that. If you do anything in your treatment, maybe the pain doesn't go down. Maybe their shoulder scar tissue doesn't break down. But if that patient got a better night's sleep because of you and what you did, that's a great place to start.



**Jennifer Sosnowski:** [00:34:42] And hypoxia and the hypoxia and pain protocol. Like I go back to that one a lot now. And you have the sleepers that snore, that definitely have sleep apnea. But most of the people that have the small throat in the back, they don't snore. They just don't breathe. So there's no outside evidence that this is going on. So it's like when in doubt, get at least a home sleep study. It's easy, it's cheap, it doesn't cost anything. They sleep in their own home, so they're actually going to sleep that night.

**Kim Pittis:** [00:35:09] That's the thing, too. I have a couple of patients here in the Bay Area that have been going to this lab and I'm like, How did that go? I didn't sleep. I'm like, That seems like a false reading to me. Who sleeps in a lab? You sleep in your own bed. I don't think with technology being where it's at, how hard it would be to have something monitored at home.

**Jennifer Sosnowski:** [00:35:27] Yeah, it's not as accurate because they're not telling you what stages of sleep the apnea is happening in because that's also really important. But you at least get an overview of if it's really bad or if it's very mild.

**Kim Pittis:** [00:35:40] Okay, awesome. Let's move on to Lyme a little bit. How did you start treating Lyme and what are some of the major things that you look for also with Lyme? I'm sure it's like mold, it's this plethora of symptoms.

**Jennifer Sosnowski:** [00:35:56] I'm thinking more Lyme. If there's a ton of joint complaints or if there's a ton of neurologic complaints, there's usually Lyme in there too. The neuropathy. Like weird neuropathies that don't fit the physical exam is usually Mold or Lyme too. But generally, in my world where there's mold, there's always Lyme. And when there's Lyme, there's almost always some mold in there too. As the because mold impairs the immune system, I firmly believe we all have Lyme. I think it's been with us for generations, for eons. It didn't just come out in Lyme, Connecticut and one of my clients actually when I was telling him this the other day, I'm like, It just doesn't make sense. Why would everybody have it? Like, why would it be all over the world? Why is there all these different types of Lyme that we're getting positive back on testing and they just found a Lyme bug in a mummy in Egypt. I'm like, okay, I rest my case.

**Jennifer Sosnowski:** [00:36:45] I'm done. It didn't just happen in Lyme, Connecticut. It's been there and I think we're getting sicker with mold because of EMF and the mold impairs the immune system so that the Lyme and all the viruses can come out to play. And so we're not keeping them in check anymore because our world is so toxic and the mold is more toxic. And so we have way more people getting sick from all of these. Lyme it's always there. I've never had a patient yet that has mold that doesn't have Lyme too. And occasionally I'll test Lyme first. But usually if I'm thinking Lyme, I'm still testing mold first because I want to treat mold first to get the immune system up because a lot of times you may never have to treat Lyme. Once you get the immune system back working better, the Lyme symptoms go away a lot of times.

**Jennifer Sosnowski:** [00:37:28] I think you get all these Lyme docs that are only treating Lyme. They're going to have a hard time getting success if they haven't treated the mold first. And the mold folks may not get at all if they're not looking at Lyme.

**Kim Pittis:** [00:37:41] When you have a patient with all these symptoms, like you said, some of the joint pain, so many people do come in with kind of both spectrums all at the same time. Why are you going there and not? Or maybe you are going.

**Kim Pittis:** [00:37:53] I'm thinking of patients with lupus and all these other because they also fall into all that.

**Jennifer Sosnowski:** [00:37:59] Lupus is autoimmune. Every autoimmune poke person comes from older Lyme. So if I'm seeing a ton of joints flaring and waxing and waning, I'll definitely go ahead with some homeopathic for Lyme while I'm trying to treat mold. But I always treat mold first and then Lyme and then heavy metals.

**Kim Pittis:** [00:38:16] Really interesting question just popped up here. Ann asked, do you have many patients who present like mold patients but turn out to be actinobacteria causing their CIRS instead? How successful has FSM been for these people?

**Jennifer Sosnowski:** [00:38:31] I've had some folks that don't have massive amounts of mold. I haven't looked for actinobacteria per se to look for that. So I can't say that it's a big problem. 90% of my folks, when I know it's mold. And they give me a history. Once you start asking questions, you're on the right track because. Oh, yeah, that I started

getting sick right after I moved into that apartment in Monterey. I'm like, okay. And then they'll tell me what happened in the apartment in Monterey or what was there. And I'm like, okay, check that box. Don't need to ask any further. And so most of the time it's there. I still use antifungals. I started seeing the mold patient that I had way back in 2013.

**Jennifer Sosnowski:** [00:39:10] I was Microcurrent for everything back then, so I was like, okay, we're going to treat mold with a Microcurrent and see what happens. I treated her for 2 minutes. Her eyes got bright red in that 2 minutes. I'm like, Oh, crap, we really got something. And I shut it down. I'm like, Nope, not doing this anymore. I'm like, going to make you so much worse if I'm killing off all this mold all at once. And she went home and she said, I had 6 hours of feeling perfectly normal, and then all the fatigue and everything else came crashing back down. So the next time she came in, I treated 4 minutes and she lasted a little bit longer. But really, it was amazing that 2 minutes of treating mold, this woman was so toxic that 2 minutes brought all of her symptoms out before it shut them down for a while.

**Kim Pittis:** [00:39:52] Your reaction is so funny because we shut it down, unplug everything, taking out the batteries, you're unplugging the leads. You're just like, okay, that really did something. But good for you for going back and how fantastic that she had some benefit after that time. Before we move on a little bit further, Denise, as how does EMF increase mold?

**Jennifer Sosnowski:** [00:40:15] Emf irritates mold, and so mold becomes more toxic and it puts out more toxins to in response to EMF. So we're all living in the wi-fi world. It's around us all the time. Making all the molds talk is a matter of fact, really interesting. I'd gone back to someone, Ritchie Schumacher, who's the father of Mold and Lyme, the series of stuff. He had come back and had written a book. He had gone back to England and looked at all the 15th-century, 16th-century houses. Of course, they're all full of mold, right? We all grew up in mold. We grew up in caves originally, like in eons ago. So why are we getting so sick to it? It makes no sense. You go back to this 15th century, 16th century houses, they were all full of mold. None of that mold bothered anybody. It was nontoxic mold. So we've made it toxic.

**Kim Pittis:** [00:40:59] That's a really interesting parallel. It's similar to what I know a lot of people are saying nutritionally about gluten. We're not reacting to gluten and wheat. We're reacting to the franken-wheat that we're growing now because it's and there's so many people who are gluten sensitive here. And then we go to Europe and you can eat all the spaghetti you want in Italy because it's just it's like a completely different substance that our body is breaking down. I lived in Europe for eight years. I never once had I never once turned away a baguette or a croissant or a bowl of pasta or a pizza. And then I moved back to Canada and I was borderline celiac.

**Kim Pittis:** [00:41:37] My IBD was off the chart and that doesn't make sense other than the wheat was just different. So really. So now going back to EMF, now, what are your protocols for that other than putting people in tinfoil tents at nighttime?

**Jennifer Sosnowski:** [00:41:52] Yeah, for the most part I had a woman I met at an environmental health conference who literally moved into an RV and has no cell phone, no EMF, no nothing. And you know what? She's I feel the best that I have felt in years, but she had to move her whole family into an RV. That's just not practical. People can't do that. Now, for the most part, I suggest turning off the wi-fi at night, making sure you got an automatic switch. You can turn it off and turn it back on when you need it. Plug in what you can, but we're around it. If you're in a city, you're done like it's around you all the time. There's not really a good way. Getting some grounding in there is always helpful. Getting the grounding pads for your bed, grounding pad for you. The human frequency. Getting that the waves of the earth back in there to combat some of that stuff I think is really helpful. I love that protocol.

**Kim Pittis:** [00:42:41] Yes, I remember when it was Dr. Balika that I had heard of it a while ago, but Dr. Billica, Roger Billica, has a way of. He could read the phone book to me and I would be like, Tell me more.

**Kim Pittis:** [00:42:51] But he does that fantastic neurotransmitter workshop and I can't remember how many years ago it was. And he played, what's that documentary, Resonance by James Russell. And the first, I think 15 minutes of that documentary, he talks about human resonance, how it started, and the use of Microcurrent and just getting back to the Earth's waves that were completely blocked from, just like you said, living in the city. There's just so much interference from everything. I had a patient up in

Canada and of course when we lived there in the wintertime, everybody is suffering from seasonal affective disorder because we're driving to work and it's dark and there's no windows in our clinics and we're driving home and it's dark. And aside from having the full spectrum lighting, what else can you do? And I'm like, You can help here. And so it was a combination of human, some of the hypoxia frequencies that I like and it turned Seasonal Affective Disorder. Just flipped it on its head. Everybody was just like, happy juice.

**Kim Pittis:** [00:43:53] Do you treat your water up there? Let me if you could treat human in the water and have everybody drink a glass of water when they came in. I have never been one to infuse water. I wish I did it more. I did a study when I lived in Canada. I'm thankful I've been in California now for a while, so I get all the sunshine that I want and I just am a happy girl down here.

**Kim Pittis:** [00:44:13] But I did my own little study of trying to go off of coffee and treating myself with water infused brain fog in the mornings. And I was a homicidal maniac, like, I need my coffee. So that was we. My family made me shut down that test after about four days that came with this big cup of Starbucks. Please, Mom, just go back to your coffee. But I should go back. And I know we have a lot of practitioners that do infuse with water, but you're right, like just doing that in a clinical setting for all the Canadians might be.

**Jennifer Sosnowski:** [00:44:46] Yeah, it's funny I learned that from Roger Billica actually, because I went up to visit him in his clinic to see how he was doing things when I started getting set up, because he's my idol man. I mean, he's a monster. And so I had learned that from him and I had taken a lot of that home with some of my clients, like, Hey, use this in your bathtub. It's funny on the light thing too. Like even here in Arizona, like I use a happy light, which is that UV light. I use a happy light all winter because even here I'm like, I'm now I'm in the house again by 7:00 in the morning to be able to get the kids to school.

**Kim Pittis:** [00:45:20] And there is no light before seven and out mountain biking and hiking in the dark and running the dog in the dark. So I have a happy light here and it makes a world of difference. How much light are we supposed to get? What is the time?

**Jennifer Sosnowski:** [00:45:35] 20-minute bright light in your eyes so you can't wear glasses? Even glass glasses are in the way. Okay. Yeah. I don't know how many people can. Like I said, regardless of where you're living, like how many lunch hours are like, hey, I got 20 minutes.

**Jennifer Sosnowski:** [00:45:50] Ideally it should be before 11:00 in the morning too. Okay, so lunch hour doesn't count anymore. Darn it.

**Kim Pittis:** [00:45:57] Okay, coffee break in the morning. You're outside. A couple of the comments. Kevin says Dr. McMakin uses Watch Pat to test for sleep apnea.

**Jennifer Sosnowski:** [00:46:06] Yep. That's a that's a take-home, one that you don't have to go through insurance to do. Excellent. And I know Carol says all the time, like, if you've got sleep apnea, it's not if you're going to die, it's going to kill you. So she is all about it.

**Kim Pittis:** [00:46:21] Yes. And again, I think she's valid in saying that, like part of your problem when you're talking about driving your car off the cliff, like when you're so sleep deprived and nothing is working, not one system like you were mentioning is working.

**Kim Pittis:** [00:46:35] You're at a whole other level of poor functioning health. Kevin writes, ever tried an EMF blocking blanket to sleep with?

**Jennifer Sosnowski:** [00:46:45] I haven't, although I know many of a story of folks if they have that electrical box right outside the window of a bedroom or out of a kid's bedroom, you don't want to be anywhere near that wall that it can actually make people crazy. I've had multiple episodes that people have told me about kids that act like they're totally psychotic, and it's because the bed is right in front of an electrical box.

**Kim Pittis:** [00:47:07] Yes, I want to say Roger Billica was sharing a story. I think it was that exact same one when we were talking about Schumann. And he had again tried everything and he was about to drive his head through the brick wall himself. And finally, he was asking what else changed in the home? And they were saying, Oh, we had just rearranged his room or changed. And the boy was like exhibiting psychotic-like episodes. And I think they had, if memory serves me, they had moved his bed and this

type of alcove and the way this old house was wired, he was like pretty much had his head in this, like, electrical circuit. Electrical, like legitimate. That was the story I told. Yes was from him, from Roger Billica. And he moved his bed, shut the breakers off at night and they got their son back.

**Kim Pittis:** [00:47:58] Another comment. What is the human resonance protocol? Is it just one frequency? It was 7.4 I think on A and zero off. Check on the Buddy. Let me find out. I'll find out while you're talking. Okay. I know we would have it on 0.1 on the CustomCare because we want to have it on zero. So zero on the Precision. It

**Jennifer Sosnowski:** [00:48:25] There it is. 7.83.

**Kim Pittis:** [00:48:28] See. I knew it was close. It's one of those things they followed in my brain, but 7.83 on A and then as close to zero as you can on your B channel. Thank you. David Burke is here. Dr. Burke. So yeah, 7.83 on your A channel and then as close to zero on your B. So in your PrecisionCare you can go 0.00, but on the CustomCare in your programming it you have to go zero, zero decimal point one. It needs a little something. But yet anybody who hasn't seen the resonance effect by I think it's James Russell, it used to be on Vimeo, you can just Google it and if you just watch, it's all about EMF and how the bees are. It's you want to take your iPhone and throw it out the window while it's on fire after you read this because it's terrifying documentary on EMF. But that first 15 minutes or so really talks about human resonance. It's a pretty fascinating history.

**Jennifer Sosnowski:** [00:49:22] So you said resonance effect. That's the same as Carol's book?

**Kim Pittis:** [00:49:26] No, it's not the Resonance Effect. I think it's just called Resonance by James Russell.

**Jennifer Sosnowski:** [00:49:31] Thank you for that. Because I haven't seen that.

**Kim Pittis:** [00:49:33] Not the same as the riveting book from Dr. McMakin that we.

**Jennifer Sosnowski:** [00:49:38] Come on I'm in there I think it's riveting. I am on a page.

**Kim Pittis:** [00:49:41] I have some in my clinic and I'm like, if you turn to page 115 It's all about me. And then really quick, let's talk about some brain dysfunction. I know we talked about brain dysfunction sporadically and intertwined through mold in lyme, but what are the types of things that you see and how can we help with brain dysfunction?

**Jennifer Sosnowski:** [00:49:59] Microcurrent is amazing for brain dysfunction. As you had said that brain fog protocol is just amazing. If you haven't had a good night's sleep run that once or twice and it's wow, had a good night's sleep. I also have really loved the improved memory that one put together with a brain fog in there. And I'm like, if I've had 4 hours of sleep because I've been up working too late usually is the answer. Then run those two back to back and I won't start crashing until 9:00 the that night, which is amazing because then I can get through the whole day without my adrenals crashing on me.

**Kim Pittis:** [00:50:32] Whenever I travel time zones or my athletes are traveling. Like I said, there is CustomCare's that made their way through many and many Olympics and they're never local. Unfortunately for Canadians, they're China and Russia and I'll lay out for my athletes, okay when you get there you need concussion and then try to get to sleep. And then in the morning when you've got all that brain fog, run brain fog, and that'll help wake you up and run your immune support. I would not at this point not have my coffee in the morning because I still have that love affair with my first cup of coffee. Just ask my children. Don't talk to Mum unless that cup is at least 75% of the way empty but brain fog when I'm writing and when I'm doing things, when just when I exactly feel like you're just a little bit foggy, it can be so helpful on lifting the veil through everything. What other types of brain dysfunction are you seeing and are you treating right now?

**Jennifer Sosnowski:** [00:51:26] We're treating a lot of autistic kids. And I really think I would like to run a trial on them running 40/10 long term because they're most of the autistic kids, it's encephalitis. Like truly. So what is encephalitis besides 40/10? I'd love to run 40/10 for a number of months and check it out. But now I have this other wonderful tool. I've got an A QEEG. So before the MERT therapy, we get EEGs every two weeks during therapy. So I can do a QEEG. Hey, let's just see how it's working. And



let's see what the FSM actually does over a period of time. Does it actually change function in there at any point?

**Jennifer Sosnowski:** [00:52:04] TBI is a fairly standard. The PTSD is amazing. You can use the FSM to treat anxiety, you can see the results of it on the EEG and be able to treat it with the MERT therapy. And then there's no drugs involved. And so I think putting together the MERT therapy with the Microcurrent therapy, and functional medicine is really our long-term solution to so many of these health issues that we just don't have answers for yet. And getting people 100%.

**Kim Pittis:** [00:52:37] The PTSD program is long. So are you typically giving this for your patients? Are you running this in clinic? Are you giving them CustomCare's to go home with to?

**Jennifer Sosnowski:** [00:52:47] I usually treat a two or three treatments in the clinic. First I try the concussion protocol and then I'll try some shorter pieces. I'll break the PTSD one up into two and I'll keep both halves at the same time. So they're in clinic if I'm really concerned about it. But generally I'll do something milder that I just like. I'll do concussion and then I'll do maybe brain fog.

**Jennifer Sosnowski:** [00:53:05] For somebody that has serious brain fog, I want something that. Concussion they won't really feel most of the time. But then I want something like brain fog where they'll be like, Oh my gosh, I was so much better later. So that they have some proof of concept that it actually works and they're coming in with the right mindset. And then I usually rent it. I rent it for either two weeks or a month and tell them use it every day. The price that you just rented it for me from, I'll take the price of that price out of the mount that you buy it for. If you decide to buy it from me, because 90% of people decide to buy one, once you go that far,

**Kim Pittis:** [00:53:33] That's a great business model on how to do it. And I've done that the same way as well. I know Carol doesn't like renting it because she's had too many machines grow legs and walk away and not come back. And she says if they can't afford to buy it, they can't afford to replace it, which she's absolutely right about. I think patients when they go to see her though, like they have that buy in already because they're seeing her, so they're ready to purchase one. I do not have that same patient

base. My athletes, yes, they don't even want to see me. They're just like just send one to me.

**Kim Pittis:** [00:54:05] But I do exactly what you do with that model. I have CustomCare's in the clinic that I rent them for and I'll say the same thing too. Once you've used it for a week or two, I'm sure you're not ever going to be without it. And it's very often like a couple of days later where they're just like, You're never getting it back. I'm like, okay, I didn't. I knew that. So that's that's great. All right. We're almost out of time. I want to go through two last questions, and I asked you for your favorite quote. Oh, Susan wrote, Defender Shield has a great blanket. I'm wondering if that's maybe the EMF blanket. Sounds like it. Defender Shield would be that she also writes also I was taught that happy light should be above your head and shined down on your lids as if the sun is shining down on you.

**Jennifer Sosnowski:** [00:54:51] No generally you want them right in your eyes, you want them in the irises, so they're getting right to the back of the cornea. Cornea is not the back of the eye to the back of the iris back there. You really want it all the way and not just on your eyelids. If your eyes are closed, you're missing the boat.

**Kim Pittis:** [00:55:06] Okay. See, that's why you're here today. Leif says thank you. What a treat. Yes, thank you. I just like selfishly, I was thinking about who do I want to talk to? And I was like, I really miss Jen, so I'm going to talk to Jen. And Jen's just like I said, you're the Mount Vesuvius of functional medicine information. I could have we could have talked for hours. So you're going to have to come back and we'll pick three more very complex topics.

**Jennifer Sosnowski:** [00:55:28] Sure. Absolutely.

**Kim Pittis:** [00:55:29] Do you have a favorite quote? Do you have anything that I love adding quotes to the podcast? Do you have anything that you.

**Jennifer Sosnowski:** [00:55:35] I forgot to grab one for you. But my favorite is the day is what you can make of it. If you come in with a positive attitude, you're going to have a great day, plain and simple.

**Kim Pittis:** [00:55:45] Yeah, absolutely. I love that. I have piles of quotes and of course I don't have any here, but let's just go with yours because it's simple and it's right and it's to the point and that's exactly like you. So again, thank you so much for making really complex things digestible and interesting and I can speak for everybody that was listening life. We really appreciate your time, so

**Jennifer Sosnowski:** [00:56:06] thank you for inviting me.

**Kim Pittis:** [00:56:07] People want more information about you and what you do. You're putting on some pretty great Facebook posts lately about some pretty neat information. It's MVP, right?

**Jennifer Sosnowski:** [00:56:16] MVP Medical Care, [mvpmedicalcare.com](http://mvpmedicalcare.com). Yep.

**Kim Pittis:** [00:56:19] So if you want more information with Dr. Jennifer Sosnowski, go to [mvpmedicalcare.com](http://mvpmedicalcare.com). Thank you once again for coming.

**Jennifer Sosnowski:** [00:56:27] It's actually [mvpmedicalcare.com](http://mvpmedicalcare.com).

**Kim Pittis:** [00:56:29] [mvpmedicalcare.com](http://mvpmedicalcare.com). Kevin, make sure you get that in the show notes properly so everybody can bother Doctor Jen. Thank you again. Bye everybody.

**Jennifer Sosnowski:** [00:56:39] Thank you. Bye bye.

**Kevin:** [00:56:42] The Frequency Specific Microcurrent podcast has been produced by Frequency Specific Seminars for entertainment, educational, and information purposes only. The information and opinions provided in the podcast are not medical advice, do not create any type of doctor-patient relationship, and unless expressly stated, do not reflect the opinions of its affiliates, subsidiaries, or sponsors or the hosts or any of the podcast guests or affiliated professional organizations. No person should act or refrain from acting on the basis of the content provided in any podcast without first seeking appropriate medical advice and counseling. No information provided in any podcast should be used as a substitute for personalized medical advice and counseling. FSS expressly disclaims any and all liability relating to any actions taken or not taken based on or any contents of this podcast.

