

INTERVIEW WITH CARL H. JELSTRUP, D.C.

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Carl H. Jelstrup is a legend in the Puget Sound area of Washington. He is a Norwegian by birth, a chiropractor by training, a cranial-sacral specialist and electro-medicine practitioner by choice, Carl is most of all an iconoclast and an independent thinker. Still competitively skiing in his late 60's, Carl, who nevertheless says ski machines is 'bad exercise' is considered by many to be a 'genius' when it comes to intractable head and neck problems. These conditions he manages to fix in days, not weeks or months, thereby earning the enthusiasm of his patients, their families and sometimes the envy, or the celebration of his peers.

In this interview Carl talks about some of the things he is interested in. The conversation ranges from:

1. Biophonics – a diagnostic tool he's integrated into his practice in collaboration with a physicist Bob Shane and his colleague Jeanne Kreider.
2. What it was like to return to the Norway of his birth and find that many of his childhood friends had since died from poor health.
3. Carl's great clinical success treating whiplash quickly.
4. The connection between dental health and overall body wellness.
5. The usually intractable nature of anxiety and how a single, low cost supplement seems to be able to alleviate it.
6. Training under B.J. Palmer – the founder of modern chiropractic.
7. The joys of having a cash practice with no advertising
8. Health 'victims' vs. health 'warriors'.
9. and what is going on within five miles of his practice, which is so great he never wants to go back to Norway for good.
10. The Bellevue Wellness Center.

Carl H. Jelstrup, DC (Jelstrup):

'I work in a field I think I can term 'electro- medicine'. I consider the body a well-integrated bioelectric system. I and everyone else in the chiropractic, osteopathic, medical, and dental fields, in the first quarter of physics and physiology, years ago, have written papers on subject. We discovered the whole body was run on bioelectric principles.

To our understanding that was the very core of how human beings functioned. We were very excited about this..... and then the quarter was over – so we threw the whole thing out! (Laughter) Next quarter was Anatomy 101, and the stuff about bioelectric properties was totally forgotten. When we graduated, it was stuck so far deep into our subconscious as to never emerge again.

At this time, we started to split up and go into different directions. In the health care system today, one major direction is called emergency medicine. This is basically what the medical system is all about. All the big television programs, ER- Chicago Hospital – all glamorize this: people coming in, it is high drama, and very exciting to watch – if you have nothing else to do. And it is good. Emergency medicine is a real service to people who are in a state of medical emergency of any kind. They are saving lives. They are helping people to pick up the pieces again, giving them a

chance to begin again. American emergency medical system – they know what they are doing, and I have nothing but respect for them.

Then you have the other system, where I belong. We may call this the field of preventive care. In the medical field, you have the 'general practitioner' (though this is a rapidly vanishing breed), and then you have the osteopathic physician, the chiropractor and the dentist who, instead of practicing regular dentistry, is practicing biocompatible dentistry. Then there is the naturopath. Then, lo and behold, here in the State of Washington, there is a new breed of people coming - the massage therapists. They have a good, basic education, a hard year of training, and then they have the right to touch people. With the exception of what the dentist does, the naturopaths, the chiropractors, the massage therapists, and whoever else is out there – all have one thing in common. We all have the permission to touch people, to deal with their specific problems

Now, speaking for myself and the Bellevue Wellness Center where I work, I base my practice on the concept of an equilateral triangle. The baseline of the triangle deals with the 'structure'. One of the sides deals with the 'emotions', and the other side deals with 'genetic/chemical stress'. As we have worked with the concept of this triangle, we realized each side of the triangle had an effect upon each other. I always write 'structure' on the bottom on the bottom of the triangle, because it is my foundation. It is the very foundation of my thinking. Out from this concept I have, over the years, developed some knowledge and come to certain conclusions in my work, the primary one being is that structure controls function.

I can give you an example of this. If you are dealing with somebody in deep distress – there has been a recent death, the woman is left with no one to help her, she has two children, the house rent is due and her husband has died. In grief like this, you do not see the structural expression of 'openness' –(he gestures with arms outstretched,) – it goes into a compressed form that sinks down (gesturing a crumpled, slumped, shoulders moving towards each other position). As it sinks down, it creates actually cardiac compression in the process of sinking down, and gravitational pressure. So you can study people from a structural point of view and just by observing them; you can get a pretty good insight into what has happened. You can study their cranial form, their facial features, the curvature of their spine, their gait pattern, the way their feet contact the ground, pretty soon, you get a good idea as to the health of the individual.

Now, structure is tied into a system in the body, besides muscles and ligaments and articulations – there is a system in the body that protects the nervous system. This is considered to be at the core of structural observations, and this system is called the meningeal system. The meningeal system is the wrapping around the brain and the spinal cord and it is tied down in the area of the sacrum down to the coccyx, in the area called phylum terminalis. These are the big guy wires down at the bottom. Over the years, we have taken x-rays that show structural distortions, but we could not always see the whole story. X-rays at best are limited. The x-rays do tell you the function of the body in certain planes like the horizontal – frontal and lateral plane which is also called the sagittal plane. I feel this plane to be the most important one in determining menigeal stress in the spine which shows the core stress of the system.

This understanding was developed by a Swedish researcher Dr. Alf Breig. He wrote the book called Adverse Mechanical Tension of the Central Nervous System. This is ground breaking work on the body's reaction to stress.

People say, "Big deal – so we have a wrapping around our brain and spinal cord. So, what else is new? What does that do? What does this mean?" Well, sometimes you get interference in this system, just like if you were to hold the two ends of a pen, where one end represents the head, and the other end represents the tail. Regardless of where there is tension on the pen, or a causative factor for the tension, it will affect the totality of the structure – the pen as a whole will rotate, will be affected by that tension. This is core observation. Out of these observations, we have learned when there is structural tension in certain parts of the body; it leads to any different conditions.

I will give you a few examples of this: If you have a spine, where you have a situation called “pottenger saucer,” in the upper dorsal area (this simply means a compression or flattening out of the spine that sets up an irritation of the menigeal system in that area.) This irritation can be tested by simple applied kinesiological testing, or the area can be palpated and it will illicit pain responses. It can also be tested by a system we have developed in our clinic, called ‘biophonics’ which I will touch upon later. There are many ways to test it, but the most obvious one is if you touch it, the patient hurts. Pretty cut and dry.

If you have some pressure in this area, there are two things that will automatically happen to a person. You will have interference into the pericardial area, and this will in turn stress the heart, and thus deplete the person’s energy. There is no way around this, absolutely no way around it. Furthermore, there is generally a tendency to have gastrointestinal problems, because of stress in the upper G.I. tract. This is just one example, of many examples I could give. By studying the meningeal system you can literally read out what is going on with the patient.

If you have the opposite condition in the upper dorsal area, this is called a ‘dowager’s hump’, which we often get as we get older. Once this happens, it sets into motion a whole series of events which affects the whole physiological and biochemical behavior of that individual.

It does not matter what else you are doing to overcome this – it does not matter what vitamins you take, what supplements etc. once you have compromised the meningeal system you feel pain and there is no way around it.

There are however, specific ways to test and monitor this system. Simple tests any doctor can do. You can put the patient on a relatively firm table, not a soft cushioned table but a firm one. Check the leg length and rotate the feet medially. Whenever there is a meningeal stress you will always have a short and tight leg compared to the opposite leg. This is one of the many ways you can look into the system. And this is a 10 out of a 10 when it comes to results. This is what many health care professionals have not really quite caught on to.

In the field of nutrition we think, “Well, if you eat well...” This is fine, but if you eat well, and the pressures in the meningeal system were to be removed, well then you are doing something right. There is nobody measuring this, there is really no way of knowing if this is happening or not. If you are doing homeopathy, naturopathy, chiropractic, or osteopathy, if you do not monitor what is happening to the meningeal system, you have no idea where that system is going.

You can verify this meningeal stress simply by observing structure and comparing it to a normal system - strictly by observation. If you have pronation in the feet, you will always get pelvic stress; you will always get meningeal stress. You will always set up stress patterns which sooner or later will begin a break down effect upon that body sometimes decades later.

If you have a crossbite – which is at the other end of the feet – if you have a Class II overbite - if you are missing molar teeth completely on one side, just to mention a few examples, you will create a torque in the cranium that will translate into the neck, which will translate into the meningeal system, that will set up a torque that will begin a gradual breakdown of that person, and there is absolutely no way around it.

I met in the clinic today a sweet lady from New Zealand. They gave up on her in New Zealand. She was a bright lady, and she came into the clinic about two weeks ago, completely out of her mind in stress, pain and anxiety. Why? Because her bite was completely deranged because some dentist somewhere had done something terribly wrong, and made what was bad in her mouth much worse. Since they could not see the meningeal system, and did not understand what she was saying, they dismissed her as being maybe a bit disturbed.

When she came to my clinic, the immediate thing I saw in her was a major adverse mechanical tension. Now what does that do? It depends on how much reserve energy one has in the bank. It depends on your body type: are you a Kapha type, a Pitta or a Vata type? It depends on your genetics. How strong are you to take this onslaught of stress?

This lady was a combination of Pitta and Vata. These people are very sensitive. Their nervous systems are simply sensitive. She was beside herself with pain and stress. Because you cannot see it on x-ray, you cannot see it on MRI – the only way you can see it is by observation of the patient, and by going through specific means of testing. If you do not do testing, you cannot see it. You may come to the wrong conclusion that this person is a fruitcake, and all she was doing is crying for help-and you have no idea how to help them or where to begin.

Besides creating local adverse reactions, going back to the meningeal system, that affects local vertemeers, local sections of the body, you also send signals to the adrenals. Anyone who has read the work of Dr. Hans Selye knows when you have ongoing stressors, the adrenals will flip in and out of alarm reactions. Usually they will flip from alarm to exhaustion, then maybe back for a short time to adaptation if the person can rest (i.e. sleep, eat well, etc.).As the person begins living his stressful life again, the adrenals kick right back into alarm. There is not a pill, there is not a counselor, there is not a priest, and there is not a piece of nutrition that can help them. In the case, with the lady from New Zealand, there was a major derangement of her jaw. Now this hits the adrenals. Not only does it hit the TMJ mecnahism (Temporal Manidular Joint) but it hits other parts of the body and the brain.

There is an area in neurophysiology called the homunculus, which represents among many things TMJ stress. If I am not mistaken; about 85% of the central nervous system is hooked up to this TMJ nervous system area. This creates an onslaught of stress on the adrenals that causes panic in the body. You can feed the body protomorphogens or adrenal extracts – like, if you have a flood, trying to put up a few sandbags here and there. IT is not going to stop the flood. This is why I put such an emphasis on structure. Regardless of whom you are, whether you are a dentist, a chiropractor, a naturopath or an M.D., you have to get to respect what structure is telling you. There is a great difference between a person who is genuinely happy and raises his arms to the sky for joy and opens his chest to a person who is compressed in sorrow. This is the simplest way you can point to structure.

WHIPLASH

These are the first things I start to look into with a patient. What does the structure tell me? I look at the cranium, the bite, the gait, the feet, the ankles and the spine in general – because this will tell me how to proceed with a person, and you do not have to be a chiropractor to do this. The interesting thing in chiropractic, is, they try to monopolize the spine, to build a profession on that – the problem is, they forgot the skull. A few chiropractors out in the field said ‘Wait a minute! We have got a skull too.’ They built up a following over the years, like Dr. Major DeJarnette, the father of SOT (Sacral-Occipital Technique), William Sutherland, who was the teacher of Major DeJarnette, figured out the cranium. It was interesting Dr. DeJarnette, for whom I have great respect, gave away the SOT organizations as he got older, but he kept back the cranial knowledge, because he wanted to keep the nuggets a little longer for himself. He was right – you can read out, in the cranium, just about any condition in the body, by studying cranial movement. It is a very important observation – feeling for cranial movement; studying it; and working with it.

As an example, there is a well know phenomenon called whiplash. Whiplash is, as I see it – based on my clinical practice – primarily a cranial condition, secondarily a cervical condition. If you do not deal with the primary condition you are never going to correct the problem. This is one of the reasons why there is such a long treatment protocol for whiplash. Chiropractors claim about nine months; M.D.s from nine months to three years; and usually, if the case does not get better, they send the case to a psychiatrist who, based on his knowledge will usually find something wrong, and then every one is happy, except the patient. Now he has a stamp on him, too. What we found out in the clinic when we started to seriously research whiplash – which was about 20 years ago – the sphendo-basiliar mechanism is intimately connected to the meningeal system, through a series of attachments which affects, not only the brain but also the entire neck, and thereby the rest of the spine.

It is a bit like when you have a fire in the apartment building - you are living on the third floor, and the fire is on the second floor. You call the fire department, and they can reach up to the second floor and hose the whole fire; but there is still some smoldering and burning on the third floor. If you are on the first floor, you feel pretty happy, there is water coming through the ceiling but at least there is no fire. This tends to be the standard care on whiplash. There are many systems out there, and they are good systems, but meanwhile the fire keeps smoldering on the third floor.

The patient comes to a state where he says 'Doctor, I really do not feel better', or 'Doctor, I am getting a little better but I have still got some pain and I still have that tension – I don't understand.' The regular physician or the doctor says, 'Mrs. Jones this will take about six months to go away, so you have just begun your healing.' From a medical perspective, the MD will diagnose, usually by observation, not by testing. Also by listening to the patient, or observing how he or she behaves in the chair; asking the patient to turn their head up and down, left and right. The MD will come to the conclusion this may be a cervical whiplash so the doctor writes this down and prescribes promptly 20 to 30 physiotherapy treatments. Now the patient goes to the physiotherapist, who is taking the order from somebody else. Now he suggests the patient exercise their arm, neck; this and that, or gives something cold or something hot or something cold and hot! They want to use some electrical therapy and some other therapies without really testing what is going on in the meningeal system – which is the culprit in the first place.

Now – granted sometimes there can be some more serious whiplash cases. You may have a dislocation. You really got hit hard in the auto accident – but this is an emergency medicine case. The average whiplash case, I would say 95% of the cases – number one, you get the shift in the sphenobasilar mechanism which adversely affects the whole meningeal system. (The sphenobasilar mechanism is the connection between the basilar process of the occiput and the sphenoid bone. 'This is one floor higher than the atlanto-axial articulation, which is the first vertebra.')

I have someone take a specific x-ray for me who takes a three dimensional x-ray at this point in the body, to find out how the stress factors are working in the neck and based on this we make the proper cervical correction. Very often, this is not enough. You have to go one step higher. To get at this you have to do what we call an intra-oral cranial correction.

In a nutshell the correction of whiplash is about reprogramming destructive stress signals imbedded in the brain. This process takes a few days not months. The correction is very specific requiring detailed testing.

I had a wonderful man in from Trondheim, Norway. He is a bus driver, a solid, big, easygoing guy who was in the clinic two weeks ago. His bus had been hit by a train that went about 40mph and pushed him in the bus 200 yards down the street. He was very uncomfortable when he walked out of that bus, especially because of the sheer compression involved – the train was halfway into the bus. He was beaten up pretty badly, and for five years he tried to get healthy in Norway and was not able too. In ten days we changed his condition here in Bellevue.

DENTAL DILEMMAS

He had two friends with him when he came here; a man and his wife. The one had a whiplash. The other one was foggy and only 60 years old. His thinking was unclear. Observing this we opened his mouth and found he had a lower partial where the metal across the midline was hitting the area associated with the part of his brain that dealt with cognitive awareness. His cognitive awareness was starting to deteriorate. For this reason, he was hiding behind his wife who was making all the decisions.

We also checked out his wife and found she had gone for ten years having pain in her colon. I checked out her mouth and found out 15 years ago they did an extraction of a molar tooth. The whole tissue and the bone were affected. I sent her to surgery here. Two days later, she was not even supposed to see me – she came in to tell me the pain in her colon had disappeared. She went nuts from excitement! Her friends went nuts from excitement! Then, I got a call from

Sweden, someone else who wanted to come and see me as a result of this event. This is how these things spread! So one was a dental case, one was an oral surgery and the third one was a whiplash. You could have done all the electro-acupuncture according to the Voll work. All the acupuncture; all the medicines could have been tried but nothing would have worked, because in the two cases, we removed core causes. In the third case - the whiplash was corrected.

These people were here for ten days, they stayed in Motel 6 – which from where they were coming from was a royal palace and they had a blast. This is where it is at. This is what I want to bring to people; to be able to observe these conditions and not be intimidated with them.

One has to relearn simplicity. You have to learn to pick it up. Biophonics helps you to pick it up. With the splint, I picked up the brain stress patterns. With the cavitations, we picked up high readings from the tissue. With the whiplash, we picked up the sphenoid. So the principle of biophonics helped us to detect what was wrong.

The bus driver went back home to Norway. After he returned home I received a call from someone in Northern Norway who knew him. He called me needing some help. I mentioned to him to go to Oslo, jump on a plane, come here, and we will fix it. (Laughter)

Now, there is one thing that needs to be mentioned regarding the whiplash conditions. There is often a little nasty secondary event that can happen in the more serious cases and this is a reversal of the cervical curve. Again, the x-ray reveals a double insult to the meningeal system. Again, we are setting the stage for stress in the whole organism. To deal with this we have to deal with cervical procedures we have found to be very good. There is a certain methodology of using home traction, combined with home training. This works, provided you first have cleared the cranial mechanism.

It took us ten days to get this man out of the fog. He was in the fog, mentally, when he came in, he was clear when he left. His brain started to function again more optimally. We had figured out the whole modality for him to gradually re-establish a better cervical curve, he had gone from a normal cervical curve to what we call a military spine (the ramrod straight version). Sometimes people go in reverse curve as well! There are still ways and means to deal with this though. This is another long story. I just wanted to point out – if you have a fire on the third floor, do not just hose down the first and second floors – you have to go all the way. There are very precise means to test for this. If you do not get the fire out, it is going to gradually adversely affect you, all depending on your genetic makeup. Whatever is the weakest link is going to get hit first.

So this is the menigeal system. This is the first observations we do in the clinic because it is core. It is the A-B-C's. It has vast effects on the whole individual. Once we are through with the observations, I usually open the patient's mouth and see what I can find in there. I look for adverse metal reactions which can have far reaching effects on the body – again, back to the adrenals – toxic effects. I look for missing teeth; I look for cavitations which are basically breakdowns of part of the jawbone from old extractions. There is something rotten in there, so to speak, which has to be dealt with.

We have found out through the excellent work of Louisa Williams, ND and Dr. Dietrich Klinghardt MD., PHD, with their work in mapping out the relationship between the teeth and the organs. I found out their work to be 100% correct. I use their charts to map out the effects. Just today I had a very strong, healthy, Kapha type lady from Montana come in. She oozed of good looks, She was very sick. She complained of fibromyalgia, which I consider wastepaper basket diagnosis of symptoms from the 90's. When you have fibromyalgia, it does not just walk in on you.

There are a series of symptoms which come from a major stressor which has hit your system. Your body is starting to react in an adverse manner. The medical professions conveniently name this syndrome 'fibromyalgia' so you can then join the fibromyalgia club. Doctors will frolic and give lectures to get more patients to give fibromyalgia pills and medicines too. In reality, with all these people there is usually an underlying factor. It will be in either the structure or toxic chemistry or

combined with some serious emotional breakdown. This is where you look. So we are back to the triangle.

With fibromyalgia as she described, I said, "lets take a look at it." She had a very fine spine, a very good gait pattern. Everything was fine – until I got into her mouth. There, lo and behold was a serious disturbance in tooth #30. This tooth is connected to the lungs and intestines, according to Williams and Klinhardt. By testing the corresponding muscles into the lungs and intestines doing therapy localization plus palpation, we established indeed, there was a major disturbance in those two areas. She said she was short of breath, and she had problems in her colon. This confirmed the situation. But it went back to the tooth.

In this case we were dealing with a possible combination of a dying nerve, faulty crown materials and some other decaying things that were hitting the circuitry which had been there for the last ten years. This was gradually creating a breakdown not only in her intestines, but also in other parts of her body. This was setting up a defense state we might call fibromyaglia. For me, a disease is a state of defense, not just a random occurrence.

To treat her, I called a great dentist who proceeded to clean up the decay in her mouth I expect the fibromyalgia will gradually start to clear as well from her body, given good nutrition.

Though our findings did not relate directly to her meningeal system there was stress affecting it. However because of her complaints of her condition, we had to look elsewhere.

I look into teeth to a large extent. Very often, I look for problems with old extractions – things which are supposed to be fine and are not. There are specific tests where you can access this information.

Interviewer: When you are testing are you using the biophonic instrument in your office?

Jelstrup: I usually cross-reference the information I get. My primary testing is through biophonics, and biophonics is nothing more then a simple device which helps me to enhance my palpatory skills. Based upon a concept which was developed about 25 years ago, by I believe the department of medical engineering in Colorado, they found the body would exhibit stress in the microwave range. If your joints were stressed, they would exhibit microwave radiation from those points. They determined the radiation to be in the gigahertz range, and we human beings can sense this, if we use a simple biofeedback device. You have your hands and your head that sense it through working with a simple biofeedback device. This system we call Biophonics.

Interviewer: Why 'the phonics? Where is the sound coming from?

Jelstrup: The sound is in the friction plate, touched by the hands. When we elicit friction, we can start to approach making observations, make certain conclusions. This is one testing system. We immediately correlate this with the appropriate muscle testing, or palpation for pain, or leg checks. There are other means of structural observations. We use biophonics as a rapid way of accessing information on, shall we say, an elementary level. We correlate two or three systems of analysis before we arrive at a conclusion.

Interviewer: How long have you been using this system of observation?

Jelstrup: I have been doing it now for the last 25 years.

Interviewer: So you are pretty pleased with it?

Jelstrup: I am extremely pleased with the system. As a matter of fact, my colleague Jeanne Kreider teaches this work nationally and internationally. It is good work and it is wide open to whoever wants to learn it.

If you are interested in learning this work go to Jeanne Kreider's web site at <http://www.echolight.net>.

Interviewer: Now how does bio-physics relate to CRA (contact reflex analysis*) which I also understand you and Jeanne Kreider use at the Bellevue Wellness Center

Jelstrup: CRA is another system of analysis, developed by Dr. Versandal. He is a chiropractor who observed that when one is in distress; there is a pattern of radiation emitted from the body. You can learn to detect this. You can use applied kinesiological testing procedures to access these points, and to read out what the body is saying. I find it a very good analytical system and am using it to quite an extent in the clinic as part of my overall observation. It is not the complete technique we do.

You can access – instead of using applied kinesiological testing, you can use bio-physics to access these points, which I may call the Versandal points. Versandal spent 40+ years mapping out this system, He got some of his information, I believe, from Dr. Riddler who was a naturopath, as well as from many other chiropractors making similar observations. He put the information together into a system called CRA* and I have nothing but praise for his work. I have great respect for this man. It is a technique but you can take this system and integrate it with other systems. It all depends on how deep you want to go in your observation of the body

There is no doubt in my mind you can get some of the deepest and most profound information from the human being by simple testing methods which only cost a few dollars. It is all in how you are trained to access the body which I will touch on a little bit later in this conversation.

GOING BACK TO NORWAY

Back to the teeth, I will tell you a little story. About five years ago I decided to go back to the valley where I grew up in as a child in Norway. It is a mountain valley. When I returned to my home there had been a major revolution that had gone through the valley since I had left 60 years ago. They had painted the houses a different color and now they had refrigerators which were all the same colors as their stoves! But aside from those changes, nothing else seemed to have happened. Same houses. A few extra places had sprung up, but not many. But to my dismay, the friends I grew up with, the friends I went to school with -we were all in one class, seven grades in one classroom, the friends I used to ski with, the friends I use to hang around with they were mostly gone, many were dead . I found one person still alive. I believe the reason was partly because of the dentistry we had as children. The dentist visited us two times a year. He drove up to the valley in his car, took out his drill, which was driven by a pedal. He did only two things, he either extracted teeth or he put in amalgam, which incidentally consisted of 50% pure mercury and approximately 50% copper. A pretty toxic dosage of metal to be stuffed into your mouth (this tradition is still being pursued by most dentists today).

If the traveling dentist extracted teeth, he put some cotton in the dental cavity, and that was the end of that. So this form of dental care often created dental and jaw trauma which created bacterial infections. It was only a matter of time before the infection would hit the body and the person would go down.

With the overload of amalgam we received, we got mercury toxicity in vital organs in the body, and in addition was a breakdown of the immune system, leading to early death. This was hard for me to see, but it also made me acutely aware of the shortcomings of the modern health care system. Again I realized the importance of taking care of the body in its natural form and being able to read it as such.

Interviewer: So when you were young, did you have teeth pulled or filled with amalgam?

Jelstrup: Yes.

Interviewer: Both?

Jelstrup: Yes and it nearly killed me. I hit maturity with this in 1990, and it nearly took my life. But in the process I became an expert. Because of the bio-physics and other testing methods, I knew what was happening. I knew where the problem was. I went through three jaw surgeries alone, to dig out the amalgam. I became an expert in bridgework. I became an expert in re-establishing the proper planes in the mouth. I worked with the best dentists here in the Northwest and it turned out to be my blessings.

Interviewer: Who did you personally see as a dentist?

Jelstrup: There was a variety of them and I considered them all the best at the time. I am very thankful to have worked with an orthodontist in Redmond. With him we developed a dental splint device designed to decrease cranial pressure, and designed to move the face into proper position where there were misalignments or genetic malformations. This was monumental in the dental corrective field. All of the people I worked with at the time were pioneers. This is the primary reason why I have not returned to Norway to practice. Simply because we have established such a strong network in the Northwest with MDs, dentists, orthodontists, osteopaths, chiropractors and the like.

The teeth are something we watch very closely. We watch, as I mentioned before, the cranium. Then, gradually we get into the nutrition habits which are hygiene. We pay close attention to blood types and nutrition. I have found this to be very valuable and finally, we pay close attention to the emotional wellbeing of the individual and make sure the individual does not have too many balls in the air which would interfere with their health. If they do, we help them to get the appropriate help to erase the negative programming which is running his and her life.

We use terms in the clinic like 'to get your past in your past', 'past history in your history not past history in your present.' If your past history is in your present you are run by your past and we are trying to open up your present and your future for - shall we say opportunities. We do not want to automatically be run by traumas we keep remembering or repeating. We work quite a bit with this, and refer people to the appropriate persons. One of the best people we have worked with over the years is Patricia Wampler. She is a counselor on the Eastside here who has done a lot of good work and there are many others as well.

Interviewer: Now I feel like I am missing out on all this C.J. When I come in I just get my neck adjusted and then I leave.

Jelstrup: Sometimes there is not more. Some people have whiplash, and this is my focus. If they have a happy relationship, if they know what to eat and how to take care of themselves, I focus primarily on the meningeal system. But if their husband loses his job, they are sitting there with two kids and they are scared out of their wits, you have to do other things before you can access the meningeal system.

ANXIETY AND SIMPLE SUPPLEMENTATION

Jelstrup: There is one more thing I would like to mention. There has been a clinical observation of mine over the last 10 years and I credit this discovery totally to Dr. Versandal. Not infrequently over time, we meet people who are ridden with anxiety. I never quite understood this to begin with - I figured, well, take a hike, and go into nature, get some fresh air and maybe things will go better. Then I learned anxiety is primarily an emotional reaction to a chemical state which affects the brain and how it functions. Dr. Versandal pinpoints this chemical state to be associated with a little part of the thyroid called the T1 mechanism. This is partly responsible for the electrical charge, so to speak, of the brain. When this goes onto the dimmer, anxiety sets in.

There can be dyslectic patterns; there can be other adverse behavior patterns. Most often though as a low undertone for all these cases is a state of ongoing anxiety. There are few things which can disrupt your life more than anxiety. You can have pain, and still cope. But once you hit anxiety, you lose the ability to cope. Versandal pinpointed this, and through a company called Standard Process Laboratories, they developed a substance called 'Min-Tran'.

We used bio-phonics to identify the stress patterns associated with the T1 deficiency. We started to research it in the clinic. We started to check people for it. For instance, there are certain body forms which are more prone to have a T1 deficiency than other forms, and we started to pinpoint them, and acquire case histories.

I can mention just one example we had in the clinic. A husband had lost his wife, his family, lost everything he owned, a well to do person from this area. He ended up sleeping in his car, basically. He came wandering in one day and we detected this. We put him on a high dose of Min-Tran, six tables in the morning, six in the evening, and in a matter of three months, he probably reversed his whole behavior pattern. In the matter of a couple of years now, he has completely rebuilt himself. He is back being a successful person again. He made peace with his family and started to see he aberrant behavior patterns he had that had been generated through anxiety trying to gain extreme control over his family, which had led him to his loss. We have seen some amazing things in situations like this. What is so good about this is if you take Min-Tran, you cannot only control anxiety, but many other emotional patterns tied in with it. It is amazing.

Interviewer: What does Min- Tran stand for?

Jelstrup: Min-Tran is a combination of kelp, sea minerals and alfalfa and a few other things made by Standard Process Laboratories. Very inexpensive. High dosage for one person would be less than \$100 for a full year supply. It is also very healthy for the body. There are good things in it. We find certain people have a higher need for these certain supplements.

Now I believe if we researched this more, we could change the form and change the structure therefore changing the anxiety patterns. Although sometimes it is impossible there is always a possibility you might make the need for the supplement obsolete. However as a first-aid support which is also nutritious you most likely would eliminate things like Ritalin, and many other drugs, simply by common sense nutrition and high supplementation of a substance like Min-Tran.

For us, this has been a major discovery. Right now we are attracting these high anxiety ridden people as patients, like fleas on a dog. Simply because we have figured it out, so then they come in. It is like they sense there is a solution. The beauty of this is - the solution is simple. This has been an example again of the chemical part of the triangle.

Of course we deal quite a bit with nutrition but the over all picture is – we try to balance the triangle. We try to observe who we are dealing with, observe the needs of the person, balance the triangle every visit and every time we deal with this person, make sure the meningeal system is clear and in balance. I think this is basically it.

Interviewer: What will you be teaching in Denmark.?

Jelstrup: I will be teaching a course together with my colleague Jeanne Kreider and Bob Shane, a remarkable physicist. We will be teaching a comprehensive system of diagnosis based on the triangle concept and based on the work we are doing with bio-phonics. We are making it open to MD and other healthcare providers, like massage therapists, and nurses. As I said in the beginning we are dealing with basically two systems; emergency medicine and preventive care. This is basically where the division is. The more knowledge we have in preventive care, the more we are going to be able to influence how things are doing in the society at large in healthcare.

B.J. PALMER D.C.

Interviewer: What was your specific training, which got you into this? Where did you start?

Jelstrup: My specific training was chiropractic. I graduated from Palmer College in 1963. I spent five years traveling across the United States interning in different clinics just to learn. I had a hard time digesting what they served in school. I was not quite sure about this. In school you get just academic knowledge. I was fortunate enough to work with B.J.Palmer. He was the founder of modern chiropractic so to speak. I derived a lot of observations from him. He put a vast emphasis on hygiene.

Interviewer: Hygiene meaning nutrition?

Jelstrup: Hygiene meaning lifestyle, how you live, and what kind of bugs affects you, nutrition, sanitation, water, the works. What he pointed out as I remember from him to this day is all the gains we had in this century have not been from the field of medicine but from the fields related to sanitation, including the water departments in different cities, etc. He also taught me some keen observations we are still working with in the clinic today. There is a timing in the nervous system which affects the health. There are questions we still have not answered but they gave me a lot of good bones to chew on in the meantime. His philosophy, his sense of direction in the health field, I consider to be revolutionary.

Later on, after an assorted practice in the late 60's in the United States I went to Denmark where I practiced and worked with Julia Voeldan. She was the founder of the Voeldan Health Centers in Denmark. In her time this represented some of the largest natural rehabilitation health centers in Northern Europe. She had based her centers on the theory she developed, called the Voeldan Theory, which was dealing with the electromagnetic principles of the human body. She then broke it down to the very core. From her I learned what herbs might be good for one person can be detrimental for another.

It all depends on the form. By understanding the form, you can read if a person is electro-positive or electro-negative. She formulated a theory by describing how people have central nervous system with opposite electric spins if I may use a vague term like this. It took me a little while to learn her theory. Once I learned it, I began to wonder 'how come everyone doesn't see it?' And out of this I gradually learned to observe why opposites attract in people. You see it in animals, you see it all over. These opposites have very different needs. So Voeldan taught me to observe the electromagnetic principles in people down to a very core level; down to the electromagnetic spin of individuals. It is a theory as well as it is an observation. You can apply the theory in practice and with simple applied kinesiology you can literally prove the theory.

I worked closely with her and became an advisor to her group. She was in her heyday running 100 bed units in Denmark where people stayed there one week at a time learning to deal with different ailment, from chronic arthritis, exhaustion to cancer. She has been a major beacon in preventive health care in Denmark.

Later I had a practice in Norway in Lillehammer. Then I decided to return to the West Coast, simply because I felt a need for more knowledge within the structural field. This turned out to be my blessing because out here I came in contact with very good people.

Interviewer: When did you come to the United States?

Jelstrup: I came back in 1972. At the time I told my patients in Lillehammer I would be back in three months [laughter] Whenever I return now to Lillehammer they always ask, 'when are the three months going to be up'? [Laughter] Meaning now, it is their grandchildren who are asking!

Interviewer: You know Dr. Albert Berti in Canada? He is also well known in certain circles for having tremendous success with head injury cases which are notoriously difficult to treat.

Jelstrup: Yes he is a delight. I talked to him just a few days ago. For him, the sun rises and sets with the Atlas- mechanism. In his opinion, and in the opinion of the people who practice the upper cervical specific approach it is through the leverage mechanism of the Atlas - Occipital area when applying the proper adjustments to this area, you can literally control the whole meningeal system. I respect his views. I respect his work. However I do not think it is complete.

I have frequently seen many cases where people have been adjusted for a long time, for whiplash and have not improved, simply because the doctors were not able to access the cranial component. Sometimes they do, however many times they do not and the patients end up coming back repeatedly. Whereas in our clinic we are totally committed to making the patient independent of the clinic and only return to the clinic when he or she senses that their system is out of proper homeostasis. This can be due to life style – stress factors and those who do not have time to exercise.

When it comes to exercise I constantly remind people there is only one exercise. This is walking. Due to the inherited genetic patterns of walking gait pattern is what started us, perhaps 200,000 years ago - who knows how far back. This pattern will elicit a certain effect on the brain which will affect the whole body beneficially.

TRAINING AND TEACHING

Interviewer: What does your colleague do? The same thing or something different?

Jelstrup: Jeanne works also with structure and we are in alignment with our philosophies in patient care.

She was educated in critical nursing and then took extra training in massage therapy. She also has her doctorate in nutrition and alternative health care. She trained with a well known chiropractor Dr. M.L. Rees who developed 'a hands on healing technique' considered Bio-Vibrational Medicine and etheric modification. She has some very good information.

Along with this, she is the female principle at the Bellevue Wellness Center. She senses things I am do not and has more nurturing capacities. Because of her nursing background she is exceptionally very good in analytical work. Integration of many healing techniques is her forte. She also teaches as I mentioned bio-physics as well as a whole system for natural healing.

Interviewer: I remember speaking with some chiropractors who mentioned they are very disenchanted with chiropractic.

Jelstrup: I have seen many chiropractors; many doctors just talk about their investments, because they can not stand their practice anymore. It is a common phenomenon you often see. They have lost interest in what they are doing. There was not any spark there in the first place. If you are interested in this work, this becomes your life, it becomes your hobby and it becomes everything. I consider myself extremely lucky I fell into this. The only reason I fell into it was I had heard about chiropractic when I still lived in Norway. All the medical clinics there had one thing in common. They threw me out of the office when I mentioned chiropractic. They literally asked me to disappear right then. They pointed to the door and said OUT. Being a stubborn Norwegian this chiropractic no-no really caught my interest.

Interviewer: Why did they do this?

Jelstrup: I do not know. I imagine they thought Chiropractic was the worst. They had such feeling against it. I mean really intense feelings I had to investigate [laughter]. Plus it was the opportunity - being 21 years old to hitchhike on a boat to America, an opportunity to see the world. For me this was my ticket.

Interviewer: Now your daughter Kristine is also interested in alternative medicine too?

Jelstrup: Yes, she has done remarkably well with it. She is also a massage therapist and has moved into the preventive health care field as a practitioner in Boston.

A FIVE MILE RADIUS OF SEATTLE AND BELLEVUE

Interviewer: How do you see what goes on in America or at least in Seattle compared to Norway for health care?

Jelstrup: I think the field of preventative care here and the research we are doing among certain groups of practitioners is phenomenal. I think we have more knowledge within five square miles of the Seattle-Bellevue area than anywhere else I can think of in the world right now. I do not know anywhere on this planet that can match the knowledge you can find in the northwest.

There are some very dedicated people here. I would like to mention Jonathan Collin, MD., too, as a dedicated man to preventive care. He is a beacon. As well as Leo Bolles MD., who has taken a stand for preventive care. Who has been outstanding in spite of the extreme harassment he has sustained from the local American Medical associations. Then we have people like Patti Wampler in the mental health field. There are so many people out there with such a deep sense of knowledge about health care. They have a dedication to the principle stating the human body is capable of correcting the triangle of wellbeing when given a chance.

These people have world class capabilities. They are beginning to teach all over the world. Canada, Europe, Eastern Europe. All these wonderful people are right here around me in Bellevue. All of these people are the tops. They are smack dab in my backyard. This is why I have never returned to Norway. I stay in Norway for one month at a time, now when I go three or four times a year. Once I am back here, I am going, going, going all the time. When I am in Norway I hike. I cut myself totally out of civilization. I ski and I am into nature – period nothing else.

THE JOY OF A CASH PRACTICE

Interviewer: How long have you been in practice in Bellevue?

Jelstrup: Since 1972

Interviewer: How many patients do you see a year?

Jelstrup: I do not know, however I average about 25 per day and Jeanne averages 16 -18 per day. We are talking about near 50 people in a full days work. It is a lot of work. It is very intense work because we work very comprehensively with people. Our approach is to move through the body step by step so we have all the bases covered.

Interviewer: You have primarily a cash practice right, which is somewhat unusual?

Jelstrup: Yes. People pay and they pay happily because they are doing better, and they are getting something out of it and they understand there is an end to their treatment. It is not this long dragged out three times a week thing indefinitely. Something I learned from BJ Palmer as well – over adjusting can be extremely harmful. I am very much accustomed to trying to find out what the individual needs are to sustain a healthy life. This is the primary focus in our clinic.

Interviewer: You do not really advertise do you?

Jelstrup: Neither Jeanne or myself has ever advertised.

Interviewer: Never?

Jelstrup: Never, Jeanne used to be booked up to a year and now has it monitored so she is no longer booked longer than three months at a time. For my self I am usually booked up to one or two weeks in advance.

Interviewer: Why would people book with Jeanne up to a year a head?

Jelstrup: Because she has developed a following of people who want to see her. She offers such a comprehensive treatment in 30 minute session which has made positive impacts on the people she has treated. Both for her and myself being booked in advance has always been this way for as long as I remember

Interviewer: It is all word of mouth, really?

Jelstrup: Nothing else. It is amazing when you clear whiplash injuries in two weeks how that word spreads. Especially when people have spent \$10,000 before and they are still not cured. For this \$10,000 they expect to have this problem resolved. We decided to step out of that whole endless treatment cycle, correct the problem and let people pay as they go. Get them back to work, etc. For this reason we do not particularly take any welfare cases per se. People simply have got to be willing to take care of themselves. This brings me to a very important point

WARRIORS AND VICTIMS

Jelstrup: Early in the assessment of the individual we try to assess the person as to his or her state of mind, where his well being is. It is one of the first things I do. I have two categories. I assess people as either victims or they are warriors. [laughter]

Victims will sooner or later become wimps and warriors will sooner or later win.

So victims turn to wimp and warriors will win. This simply means in a more serious connotation when you take on the role of a victim [and I do not blame people for doing this, because they have been educated to.] the doctors says, 'don't worry Mrs. Jones do not ask questions. We will take care of you and solve your problems. Here is a medicine that will solve your problem. It has certain side effects but basically you are in good hands.'

People let go of their primary defense system which is the brain. They drop their brain at the foot of the doctor. If you do more serious research on people who let go of their observational power, or their belief in themselves you can see that the brain literally changes and takes on a passive role because it has trusted the message - wait and see it is not your problem. You have nothing to do with it because the doctor will fix it. Put the brain in a passive mode which on a chemical level sets the stage for the brain to produce nothing. The brain is not involved. The medical profession thinks they can stimulate that brain activity through chemicals, and I am not quite sure they will ever be able to hit the target fully.

If you take the position as a warrior, you want to know what is going on and regardless of what happens to you - you take total responsibility for your life and for your actions. Such a brain will begin to produce the appropriate chemicals for the appropriate situation. Now this is a generality. I look upon it as a generality, but if I am dealing with a victim in my practice I am stopping right there until I get this person oriented to take full responsibility for him or herself . Otherwise what I am doing is not going to produce the desired effect in a short time.

It is a major thing, how society has been gradually put into a victim role verses a having good health care expectations. If you are a victim you won't be healthy. This is something doctors have to really watch. What I see in the medical field is when they want the patient's participation; they want their participation still strictly under their control. This is not participation at all. As I tell the patients in the clinic. 'You are the doctor we are the technicians.' You need to know and

understand and take full responsibility. You need to know too who the best people are for your care. That is philosophical but it is a core belief of mine.

Interviewer: Do you find for this reason there are people you cannot treat?

Jelstrup: Yes, most people you can treat but some people need to be sent to people who can train them to come out of the victim role. You have got to be in the warrior role. You have got to be in the total responsible role. Many victims will hide themselves by saying that they are taking full responsibility, but I can tell they are doing it more for generating attention than for really believing in themselves. There are ways you can determine who is a victim. When people say, 'I am so sick, I am not getting better,' this is a victim [laughter]. Warriors say, 'I am going to get better, I am getting better, I am sick and tired of being sick. My body is going to heal.' They are taking a stand for something better for themselves. Victims are taking a stand for a negative situation and want attention for themselves.

Interviewer: Almost through self talk we are reinforcing the way we are going to be.

Jelstrup: This is the way the brain works. In neurophysiology they are seeing more and more how careful surgeons have to be during surgery because they say a word and the brain of the patient automatically gets it. What you say under surgery can be very detrimental to the patient. If you say something it should be positive, because then this can go into the brain. Just like you are building some simple software for your computer. Garbage in, garbage out. Negative thoughts in and you are going to get the appropriate [negative] response in the body. There is more and more research in this field pointing to the fact we have to be careful with what we are thinking and what we are saying.

Right now I am working with Bob Shane about investigating the possibilities of accessing the brain and let the brain begin to access through holographic concepts, problems like viral infections in the body. How the brain if stimulated appropriately, and with the right information will be able to access viral activity in the body and neutralize it. I find this extremely exciting.

It is the work we are doing now by stimulating the brain. First, proper diagnosis then proper detection; then proper stimulation of different lobes of the brain.

Interviewer: Now when you say holographic what do you mean in this context. I think of the 3D pictures on credit cards and I doubt this is what you mean [laughter].

Jelstrup: The brain has to have a very complete picture of what is going on. And in this picture, there is a holographic concept and once the brain gets the information it is capable of dealing with it. For example: attacking the virus. This has nothing to do with the day to day work of being a chiropractor - this is abstract. We do believe again, as B.J. Palmer pointed out many years ago to me, if the human body is dealt with via proper hygiene - if you can distress the system properly and access the brain properly it is fully capable of regaining anything which has affected it. I believe this.

I believe much of the medicine we are getting - even though it might work for a time or seem to be helping the system in some way can have a detrimental effect on the brain and how it functions. This is the reason I also question many vaccines in the market today because if they might help one particular condition it can have an oppressive effect on many other conditions. An example of this is the vaccination against polio. It seems in the first 10-15 years the only polio detected has been caused solely by the vaccinations against it. This does not mean vaccination is wholly bad. It is just we have to understand its limits and then how to use it. Not to use it in a broad spectrum.

Interviewer: You do not in your practice have much in common with regular chiropractic do you?

Jelstrup: Well I would not agree with this. We all go to school; we all get a diploma, then some of us go a little bit further. I believe I belong to the cutting edge of the chiropractic profession. I think there are about 10 % of us who do, who are sharing this vision, and this common goal. This goes

for any profession. I would say about 10% of the medical doctors I know are realizing the importance of practicing preventive medicine and how they can integrate this work into other disciplines. For me the 10% rule has been pretty well true.

I always like to mention how funny people have been trying to browbeat chiropractic as a profession over the years. It is the chiropractors who have made some of the major discoveries in the health care fields in the last century. X-rays for instance. Palmer College had the first x-ray machine West of the Mississippi. Chiropractors were the first ones.

Some of the major work done in the health field today dealing with kinesiology was discovered by chiropractors. Cranial work is primarily a chiropractic discovery. There is some advanced work we are still becoming aware of in neurophysiology research that chiropractic is beginning to get a handle on. There is a timing in the human body to follow in making corrections to it. There is a time to do things; there is a time not to do things and there are many other factors too.

But chiropractors have in spite of the onslaught of negative propaganda to the tune of tens of millions of dollars, from other professions especially the establish medical profession have been able to open some very interesting ideas we have shared with many other health professions.

Interviewer: I think, in fact they are even starting to realize the advancement of natural medicine recently has a lot to do with the success of chiropractic being able to hold its own.. forcing the AMA to back down and to admit they were essentially racketeering Because chiropractic is now accepted, other disciplines are beginning to feel they have a chance too.

Jelstrup: It reminds me also of a fight in the British parliament over a hundred years ago, where there were some bonesetters in England the medical profession wanted to put an end to their chiropractic. There was one medical doctor who stood up in front of parliament and pointed his figure at the audience and shouted, 'if you don't stop this practice of bone-setting they are going to come back and haunt us'. Meaning he realized there was some truth behind bone setting, when it came to dealing with the meningeal system. Meaning the body has ability to heal itself.

If there is proper homeostasis in the body, there will not be much room for an average medical doctor. He will be relegated to the position of emergency medicine. This policy position they have taken.

Now in the New England journal of Medicine, I believe it was about 10 years ago there was an article which pointed out approximately 20% of the people who come into a medical practice are able to be helped by his skills. The other 80% of the practice helps to pay for the office overhead. Why? They have opted for this emergency medicine model . They have opted for drugs with detrimental effects. They have opted for research models I find highly inadequate.

What research on drugs has ever been done to see the electromagnetic effect on the human body? ... even though electromagnetic principles have been the guiding principles for the whole living human body according to Guyton's textbook on medical physiology. Not one pharmaceutical company has taken this into account and if they did they would probably have to discard most of the medicine today.

This is why I believe electro- medicine will be shared by many professionals and will be the medicine of the future.

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