

# Cosmic Podcast 2

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people, heart, intuition, carol, cosmic, medical, brain, osteopath, healing, personality, part, participants, patient, soul, energy, neurology, absolutely, world, intuitive, reversed

## SPEAKERS

Carol Ritberger, Mary Louder

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### Mary Louder 00:01

Hello and welcome to all of you fellow health and wellness wayfinders. I'm Dr. Mary Louder, and you're listening to the Since You Put It That Way Podcast. Today I'm introducing a new set of topics with my co-host, Dr. Carol Ritberger. Carol and I have co-created Cosmic Health and Wellness. And we will be having discussions on health and wellness from a fully and truly integrative, esoteric and energetic manner, we might be able to even say that this is out of this world. So let me introduce you to Carol. Carol is a radio host and author and an innovative leader in the fields of personality, behavioral psychology, and behavioral medicine. With more than 28 years of experience as an internationally renowned medical intuitive, Carol's experience is in helping people understand how personality, emotional, psychological, and spiritual energy can lie at the root cause of illness.

### Mary Louder 01:05

Carol holds a doctorate in theology and a doctorate in esoteric philosophy and hermetic science, drawing under Education and personality typology, psychoneuroimmunology, spirituality, metaphysics and esoteric healing, Carol weaves these perspectives together with biology, physiology, psychology and psychospirituality. As a result, she's able to uncover the hidden contributors behind illness in a credible and understandable way. Carol is also the author of a numerous--of numerous books: Your Personality, The Color of Your Personality, Your Health and Personality, Love: What's Personality Got To Do With It?, and Managing People: What's Personality Got To Do With It?. Her books can be found at local booksellers, hayhouse.com, and amazon.com.

### Mary Louder 02:04

So welcome, Carol Ritberger as my co-host to this series of Cosmic Health and Wellness. Well, hi, guys, this is Dr. Mary Louder. And I have my co-host with me, Carol Ritberger, who is in her own right, a medical intuitive for so many years and done so many things on so many good levels. It's just enumerative. So we want to continue our discussion, and I want to start with the

accuracy of medical intuition. I found an interesting study, Carol. And this comes to us out of the Journal of Alternative and Complementary Medicine, volume 26, number 12, from 2020. And the authors were Wendy Coulter and Paul Mills. And what they did was they looked at the accuracy of medical intuition by using a subjective and exploratory study. So I think that comes under the grounded you know, grounded research, we're looking at opinions, thoughts, you know, it's, it's--it's not the crunching of the numbers, but it's like, what are we influencing? What attitudes are we addressing? So I think that's, and that type of research is coming more and more into the medical field, we used to call it the softball stuff, the soft touch, the fluffy stuff. But we're finding that there's a lot of important data when we look at research that way. So it's not empirical data, it's not the numbers, it's the influences. What do people think, what are their opinions? So.

**C** Carol Ritberger 03:39

Well, and you know, and that's, that's really the only way to be able to measure anything, medical intuition, or anything that's done intuitively. Because each one of us is--you and I have talked about many times is that our intuition speaks to us differently. Yes, the most important part is, is that rather than being a blind study in that numerical quality about it is, is like, what is a common strand that is found? Each person in their intuition, tying it to the physical well being of the body, what--is there a common strand? Is there a common connection? And that's, that is a real value because from medicine, we offer as medical intuitives. And with you as in being a medical intuitive, you haven't really called yourself that, but

**M** Mary Louder 04:29

I do now. I am fully out in, out in the world about it now.

**C** Carol Ritberger 04:33

You're out there, right. Perfect. We just, we just bring that expanded perception. So, so when you sent me these different articles, I was absolutely dis--delighted that, I would, I would say in the ego part that medical intuition was being recognized, but it wasn't, that didn't come into it until later. It was like, "Oh my gosh, the value of looking beyond the obvious is now in the forefront of how we approach diagnostics, treating and healing." So that was very exciting, so thank you for sharing those with me.

**M** Mary Louder 05:08

Absolutely. So this one study I want to bring up because the statistics were pretty amazing. And the results of this, and this Assessing the Accuracy of Medical Intuition study, the procedure that they did is there was a 30 or 60 minute session, and it was conducted by phone or video. Nobody was touched, right? So the participants verbally provided their name at the beginning of the session, and the medical intuitives were instructed not to engage in any conversation with the participant, other than telling them the information they were seeing or sensing during the scanning process. They didn't even define the scanning process. So like you said, a different, you know, probably a different process for each of the intuitive folks. And then

following the session, each participant completed an anonymous online standardized case report, documenting the assessment of the reading. Okay, so what they found was that the medical intuitives had a 94% accuracy rate in their ability to locate and evaluate the participants primary physical issue. And remember, in the last podcast, we talked about patients presenting with secondary issues first, because the symptoms have gone on long enough. Right, exactly. So the intuitive found the primary physical issue, and 94% accuracy, 98% accuracy in describing the participants' life events. And then a 93% accuracy in describing a connection between the life events and health issues. And of all of the participants who participated 86% responded to the inquiry, which is very high.

**C** Carol Ritberger 06:59  
Wow, that is.

**M** Mary Louder 07:00  
Hugely high.

**C** Carol Ritberger 07:02  
Huge.

**M** Mary Louder 07:03  
Yes. And so what I took from that is, I was just reading an article last week, about--about 50% of the cases that go through an urgent care or emergency room are accurate in their diagnosis. And I think of how expensive that is, we know when people get saddled with a medical bill out of the ER, it's magnanimous, right? It can take them down. And it's yet it's only 50% accurate. And I'm thinking that's not a very good return on my investment, right? If I just look at that, let alone being the patient going, they still don't know what's wrong with me, right. And so I found the statistics, amazingly, it just kind of was like a bit mind blowing, actually, of how accurate this was. And they weren't in the same room, everything was by video or phone. And they only told them what they saw on the scan, there wasn't a conversation. The patient that--the subject didn't let on, you know, didn't lead them down anything. Right?

**C** Carol Ritberger 08:13  
Well, and that's the beauty of energy, because energy doesn't have any boundaries. And, you know, we can do it on the phone, and we can do it on video. And, and again, energy is just like that. It's like radio transmission. It doesn't have those limitations, the way that the physical part does. So a medical intuitive can be, you know, like you and I, we can work with people on the other side of the world and the energy, it's as if they're still--they're just sitting right in our room with us.

M

Mary Louder 08:44

Yes.

C

Carol Ritberger 08:44

And that energy just basically presents itself.

M

Mary Louder 08:47

Yes. And I would submit that sometimes if they're not in the same room, I do a better job. It's just that little bit of distance, you know, that like just, you know, they aren't in your field so much, right? And you can just like, oh, I can settle in and I can listen deeply and stuff like that. Now, you know, you mentioned how the medical intuition is growing, there's a national organization for medical intuition, which is getting off the ground, so it might be considered fledgling, in, out of Denver, Colorado, and they did a survey and they found that 39% of the people that are medical intuitives are claircognizance, which means the ability for a person to acquire psychic knowledge without knowing how or why they knew it. And then 31% are clairvoyant, perceiving things or events in the future. But I would actually put that into clear-- a see-and-say, or a hear-and-say, with my clairvoyance, that's how I would look at that. Right? And then 22% are clairsentience meaning the psychic abilities for a person to acquire knowledge by means of feeling. So I found both--so I would say, I'll bet there's a lot of cross-bridging there and crossing over that, you know, I don't think it's like, I'm only this, I'm only that just like how I described.

C

Carol Ritberger 10:11

Yeah, there's just, there's a starting place. And again, this, I'll have to go back to my background with personality, is that in the neurology of our personality and how we gather information and make decisions, is, when we're in alignment with that, then all of our physical senses are heightened as are our intuitive senses. And so if someone is predominantly right-hemisphere, in those qualities, they're going to tend to be clairvoyant first. And sometimes it's so instinctive that they go from clairvoyant to the clairsentient to the part where they don't even realize that they're clairvoyant. So we really are all of the different things. The claircognizance is the part that says, Okay, well, that clairvoyance gets this picture, the clairsentience gets this word or this buzz or whatever the clairsentience gets that empathic part, and voila, we have knowing. Yeah, but but we really do in our neurology, travel all parts of the brain in that intuitive part, to gather first what's most obvious to us and honor neurology. And then what's the other information? So we aren't just one. And that's, that's the purpose of that conversation is that we're not just one. But we do have one that is a preference, we have a one that we've learned to trust, we have a one that we consciously can engage with. And then a lot of the training that people do to develop that intuition is they start to know which one of those is their preference. And that's where they start to build their intuitive connection and trust with.

M

Mary Louder 11:47

Yeah, yeah. And then you're saying, then that's driven by our neurology in our brain. Okay, where in the brain if we're doing neuroanatomy?

C

Carol Ritberger 11:58

Okay. So it would have to do with the frontal lobes. And it would have to do with the temporal lobes, the left hemisphere being more of that logic anal--or I'm gonna use logic, and then that right temporal part being more feelings, but we have to take into consideration also, that, in that gray matter between those two hemispheres, we have a tremendous amount of information that's being transferred constantly, and it's being transferred to the heart. So when we say we're intuitive, it's not just a brain process. It's--it is, it's a function in the brain. But in that corpus callosum, it brings all those other forms of communication and communication with the heart into it. And now we're really dancing around. Now we have the head and heart working together. And when they work together, and we don't feel this stress with them, or this tension between them, then we have claircognizance. Everything feels right. Everything makes sense. Everything looks the way it needs to, and there's a knowing. We know we know, we just don't know how we know.

M

Mary Louder 13:10

Okay, gotcha. That's the world I live in. You just described my zip code. Forward all mail there, you'll find me. That's really good. So what's interesting is, if we look at a technique called Heart Math. Are you familiar with Heart Math?

C

Carol Ritberger 13:33

I am.

M

Mary Louder 13:34

Yeah, so that has--is fascinating, because the heart muscle, because we're talking heart to head, head to heart. Muscle has its own neurology. It does. Yes. And this actually gives me goosebumps to think about this because you've got that intuition in your heart, you feel something in your heart, and that goes upward through the autonomic nervous system and primarily the vagus nerve. And what happens in the vagus does not stay in the vagus, does it now? It goes--and then that's where when we have traumatic events that have traumatized us, that goes to the midbrain area, what, the basal ganglia, the hippocampus, that type of thing, the amygdala, right? And then that floods that area. And what I think neuroanatomy and neuroscience is showing us then that, that the frontal cortex, which is of course your higher centers, your executive functions--yes, that stove is hot, there's a glow don't touch--where you're making a decision. If stuff is flooding up, that's--the frontal cortex cannot come down. It cannot influence our thinking, because there's too much just going upward.

C

Carol Ritberger 14:55

Correct.

M

Mary Louder 14:55

And we're stuck in trauma patterns. We're stuck reacting. We're stuck, like, why does when I see that person, do I get upset? Or why, when they say something, I just kind of go off the handle? And it doesn't make sense. And the heart is really probably right here. Because right up above the heart would be where the thymus gland is, the thymus is part of our immune system. That, you know, by definition we learn doesn't do anything, after we, you know, come alive and come out, after, you know, as, as we come out of being a fetus and come into the human world, it's like, well, that doesn't do anything, it just shrinks and goes away. Well, no, that's the seat of the soul.

C

Carol Ritberger 15:39

Exactly.

M

Mary Louder 15:40

Yeah. And what have we done, but we've marginalized the seat of the soul, the thymus, which is right next to the heart, and the heart being one of the major influences upward in the brain process.

C

Carol Ritberger 15:51

Exactly. Now, an interesting thing, Mary, is that if we were to literally get in our head, and look at the left hemisphere and the right hemisphere, and--but if we get into the heart, the heart reverses it. So on the left side, so what we're getting is we're getting energy, we're giving feedback. So with it reversed, then what happens is now the logic has more of an intuitive, expansive quality about it. And then the intuition part has more of a logic expansive part to it. So in that process, it's like the heart and the brain are constantly communicating, constantly balancing each other left brain comes in and gets, becomes rigid. And what does that do? That sends messages through the nervous system, it changes the heart rate, it changes a breathing pattern, but because it's reversed, so now what we have instead of we have the left ventricle and the left atrium, where a lot of the heart diseases, our heart attack or v-tach, it's reversed. So now we've got a spiritual soul part that's coming and going, it's not that bad. It's not that much stress. It's not what-if. And the body is constantly reading this and the brain and it's compensating. And that's what helps us stay in a balanced, aware state. So if we go in and we look at you know, different even the the duality of the organs and glands in the body, in the energy body, all of those are reversed.

M

Mary Louder 17:28

Fascinating. I didn't know that. I didn't know that.

C Carol Ritberger 17:31

And so, it's--so the brain says to the adrenals, "Oh, my God, this is absolutely terrible. Fight-flight-freeze happens immediately. But the adrenals are reversed. And all of a sudden, the adrenals are like, Okay, let me just kind of sit here and see how this is. And so they're, they're hoping energetically, they're managing the stress level to the point where we don't have a heart attack, or we don't have a blackout, or we don't have a stroke, or we don't have things.

M Mary Louder 18:02

Wow. So we've got--we've gotten buffers there.

C Carol Ritberger 18:06

Always.

M Mary Louder 18:07

Yeah. So do we--so then, is it fair to say the energetic part came first?

C Carol Ritberger 18:13

Absolutely.

M Mary Louder 18:15

Okay.

C Carol Ritberger 18:17

Absolutely. And when we're in balance between body, mind, and energy, or body-energy, then those systems, that energy system, is constantly reading--kind of like that vagus nerve, it's reading everything that's going on, in the precise moment of it, same as the vagus nerve. And what it's doing is it's always providing, like the vagus nerve, it's providing a different perception than what the mind is, or what the brain is actually, where the eyes are seeing. So we're constantly in a state where the body--the body is constantly in the state of trying to reconcile the tension.

M Mary Louder 19:00

Okay, so where does that perception sit, then?

**C** Carol Ritberger 19:05

The perception sits--well, I'm going to do it--the perception sits in the prefrontal lobes, okay? But the perception lies in the heart. So ,it's the empathic part of us. It's not the intuitive part, the intuitive--the empathic part reads either energy and reads emotions. So from the heart, it's that empathic part that's constantly expanding what that prefrontal cortex, the little part of the executive brain is giving feedback.

**M** Mary Louder 19:49

Okay. Okay.

**C** Carol Ritberger 19:54

So if we were to take this and look at illness. Then what we're getting is we're getting a specific feedback from the brain body. And then we're getting an energy feedback between the soul and the body.

**M** Mary Louder 20:18

Okay. Okay, so my follow up question to that is where does that interface?

**C** Carol Ritberger 20:33

My sense--That's an excellent question. I guess we could say that it interfaces in the soul. That's not grounded enough. So join in with me.

**M** Mary Louder 20:52

I see it sitting right here. I'm pointing to my thymus.

**M** Mary Louder 20:56

It is.

**M** Mary Louder 20:56

Yeah, I'm seeing it sitting where, you know, the heart center, the heart chakra the energetics. And then the thymus sits right here.

**C** Carol Ritberger 21:00



**C** Carol Ritberger 21:06

Yeah, we, you know, it's interesting because the ancients, in many of the ancient teachings, and there's many of them, basically talks about a soul heart. And that the soul heart mirrors in placement, the human heart. And so that space where the thymus is, is the soul heart that--I don't know if it overlays or is within the human heart. But we have, again, in everything, we have a duality about us. Yeah.

**M** Mary Louder 21:42

Yeah, I mean, what I--when you say that what I see is it's a, it's an overlay, I see it enmeshing. And yet, there's individuation of it. I see that when you say that.

**C** Carol Ritberger 21:59

And there's an energetic connection between the human heart and that soul heart that is in the center of the human heart, that is very electrically active and very electrically unstable, from the standpoint of how we read it and the measurements with the diagnostics that we have. But that is the life cord. That's the lifeforce cord, that connects that soul heart with the human heart. And also that connects that--the two of them to the brain.

**M** Mary Louder 22:32

Okay, so let's flip up to the brain. The osteopaths, we're taught, the third ventricle, where the fluid comes in from the--for the central nervous system. We think of the cranial sacral system, the work of Dr. Sutherland, the work of, you know, A.T Still and but--but really Dr. Sutherland, where he really put that there, where it's kind of when a person's doing cranial-sacral, which I am trained in, you can sense at the very center, that there is a very, I almost call it like a sacred space there that, that not so much drives, but responds to.

**C** Carol Ritberger 23:19

Yeah, so there's the key word it responds to versus reacting to.

**M** Mary Louder 23:24

Right. Yeah. So that and when you know, we reset--because we can reset the cranial cycle, which is really a flow. And we've described it as a flow, but they've done tagged protein, radioactive proteins, and it's a--it's a whoosh, whoosh. It's like little pumps that go all the way down the spinal cord, the spinal column, down around the sacrum, and then it whooshes back up and over the brain. So it's these little areas that are like, just these little motors or these little engines that push the fluid. And then those come together collectively to make what we feel as a tide, where it goes towards the toes and then comes back up towards the head. And we can sense we're taught to send through palpatory skills, the energetics of that. We're taught

to feel where there's a blockage in that cerebral spinal fluid, then we know anatomically where that's located with. Right? But we know we--we say T4 or 5 we know has a somato-visceral component meaning the body to the organ component to the heart.

**C** Carol Ritberger 24:43  
Correct.

**M** Mary Louder 24:45  
And so then we can sense if there's a blockage there, we just actually, we just hold it gently. And and I often hold that part under one hand, and then the other hand I cradle the base or the back of the head to feel into that ventricle. And let them balance. And it gives them. Yeah, it gets kind of sloshy, moves around, and does its thing sometimes seesaw, push me, pull you, left, right. And then it settles and gets quiet. And then it resets.

**C** Carol Ritberger 25:24  
And it's that stillness, that still point, that everything goes back to its original design. And its perfection that allows it to reset. So as we're talking, I know one of the things that we're going to bring forward is, is that why cosmic health and well being? Yeah, or Cosmic Health and Wellness? Well, this is what all of your wonderful listeners just heard, is it, they heard that cosmic quality, yeah, of being able to look at ourselves in that vastness of who we are to look at ourselves, and all of the connections that we have and to look at ourselves from the duality perspective, but not opposite to where there's a reaction. So when we first, you and I, first started talking about the cosmic part, it's about saying that we are more than meets the eye that we have a vastness about us, we have energies that are available to us that if we just can even take one little tiny step outside of that mental compartment, then we can see all of who we are. And so, you know, I was thinking as we were doing that, it's like, my gosh, this is cosmic healing. This is cosmic health.

**M** Mary Louder 26:49  
That's right. It really is. It really is. And that, you know, steps right into the self-healing module, self healing model of care, because we can teach patients, clients, people, whatever we want calm, how to find that Stillpoint. Very easy to do. And--

**C** Carol Ritberger 27:12  
Well, and everything is patterns, we can, we can talk to them about a pattern. Yes, whether we're dealing with a nervous system pattern, an endocrine pattern, an emotional pattern. And once people can recognize patterns, I have found that it's--once they recognize a pattern, the beauty of the body is, is that you can work on the pattern or you can work on parts of the pattern. And if you touch one part in a healing way, all parts heal.

M

Mary Louder 27:43

That's right. Absolute osteopathic tenant. And as soon as you change your intention, the healing begins.

M

Mary Louder 27:50

Absolutely.

M

Mary Louder 27:51

So it's like, okay, well, let's--oh, that's better already. And I have been in courses where we're all doing this hands on osteopathy for a weekend and we--the, I'm sure it's the vortex, I'm sure it's the collective that comes together. And by the end of the second day, we're like, oh, that's all better now. We can go out to dinner. But I have a funny story about cranial-sacral when I was getting into being an osteopath, when I went to undergraduate, the University of Montana, I did a career thing and my advisor said, "Well, you should be an osteopath." I said, "Oh, no, I can't. They're quacks." That was a very strong family message that came in and my family knows why. And I said, "No, they're quacks, I can't do that." So then I tried to be in the pre-med MD world, and it just didn't fit. I mean, nobody would share their notes. Nobody was kind, I'm like, "Well, I hate this. I'm out of here."

M

Mary Louder 28:48

So I went off and did athletic training, sports medicine, physical therapy, spinal biomechanics, and then for graduate school ended up at Michigan State, which of course has an osteopathic college. I'm like, "Oh, I want to be an osteopath." And I would read the book by Dr. Greenman, who was one of my mentors, about how to do osteopathy. And I was working in a physical--physical therapy clinic that go and I'd use his techniques on patients. I had no training, I just read the, you know, watched the diagrams, and I did osteopathy and people got well, and I'm like, "Yeah, I'm only being an osteopath." And so I applied to one school and got in. And some folks who I was running in as a crowd, they had other ideas on me and they said, "Well, just because you got in doesn't mean you're supposed to go." And I'm like, "Yeah, no, it does." You know, I only applied to one school. But in that interview process, we had two interviews one day and I interviewed with one physician, then my second interview was supposed to be more like personable, personality, you know, whatever. Well, my my professor didn't show up. So they said go to this office in the West Wing knock on the door and they'll interview you. So I'm like, running, get over there. And I go to knock on the door. It's the dean's office. I'm like, Oh, Dr. Wood, Dr. Dean, Dr. Wood, oh my goodness. So he's pinch hitting for my interview. And he was a--he's, he's since passed, but he was a nephrologist. Very dry sense of humor, very dry sense of humor. And he sits me down, we start talking, and I tell him the story about what I'm doing just like I shared, and he goes, "So then, well, what do you think of cranial-sacral?" And I go, "Well, between you and me, I think it's voodoo, but I'm open." So he laughed, he laughed. And then about the end of our first year, I had my first cranial-sacral class, and that by the end of the first class, I could feel the cranial impulse. I'm like, not voodoo, very real, amazing stuff.

And so I wandered back to his office, and I said, "I have to report back, not voodoo." But people will go, "You actually said that to him?" And I go, "Yeah, because that's what I thought it was." He--

**C** Carol Ritberger 31:16

Yeah, exactly, exactly. But, but again, that's that cosmic part is just saying, Okay, let's just take what we perceive as real, and let's just take it like a--and stretch it just a little bit, and then stretch it a little more, and then pretty soon, none of it exist. And then it's like, now we can, we can approach it from so many different directions then, when it comes to healing.

**M** Mary Louder 31:41

Yes. And when we're in that vortex, I mean, that's where we connect with other folks.

**C** Carol Ritberger 31:46

Absolutely.

**M** Mary Louder 31:47

And that's where we have that heart space, and we connect. And, you know, my heart in this, too, in the whole idea of these podcasts, is for folks to find the physicians, the providers who can support them in their health journey, no matter what that looks like.

**C** Carol Ritberger 32:05

Absolutely.

**M** Mary Louder 32:06

Because there's so much to offer. And I would say if there's so many people coming on the scenes that are non-physician, but they're providers or practitioners, why is that happening? It's because by and large, people aren't getting their needs met in the medical system, right, which has become a healthcare industry and really an industrial complex healthcare and industrial complex.

**C** Carol Ritberger 32:30

You know, and it's, it's the same thing of why people are, you know, going from doing the self-help work and not being able to completely get to the place they want to. Self-help and medicine has wonderful qualities about it, and certainly help but people want to literally participate in their healing. They want to be able to experience it to know what it feels like and

that-that-that feeling is that when chaos happens, they can go back because their soul heart, their human heart, remembers that space of healing. And so there's a consciousness that's, you know, like everything, it starts up and it's very exciting. It was like spirituality, very exciting, run, it's run its gamut, run its gamut, changed and evolved and everything. And now even spirituality is on the cusp of becoming something different. Maybe it is a combination of religion and spirituality, instead of being at odds, maybe it's going to be something completely new. Same thing with medicine, is that it's going to be, you know, doctor versus alternative or complementary, integrate, union. So, you know, and people want, people want to be able to experience those warm fuzzies in their heart and those aha moments. And they want someone to share it with. I--people say all the time to me, "Carol, I'm so alone." And so one of the things that I have learned over the course of time is only we can do our soul work. But it doesn't mean we have to do it alone. It means finding someone who is like-hearted, in my world, I see it that way versus like-minded, because we don't all think alike. And people want a companion to be on that healing journey with them. And they want a companion that they can feel safe with and vulnerable with because vulnerability, like Brené's put in her book, vulnerability is one of the greatest gifts of the soul.

M

Mary Louder 34:38

Yes. Yes. It is, and I had a patient just reach out to me the other day about something that was going on and some commun--you know, a couple of communications came in and I got back to her. And then when I connected with her by phone, they said "The biggest thing was just knowing you were there." Oh, okay. Check, can do, I'll just show up. And I don't know that I offered much, she had sort of figured a lot of things out. And it wasn't because I delayed. It's just she's a fast processor and was just--but she said, that was a touchstone. And just a point where she could make a connection knowing that I would be there for her. And I thought all it took was a couple sentences back on an email, and then a follow up phone call. It's pretty simple.

C

Carol Ritberger 35:26

Exactly. And again, it's just it's coming--healing is coming from the heart. We just we were designed to have connection, we're not designed to be isolated. And we certainly learned that from the COVID phenomena, of all of the thing of having to do that, and having to come in and just look at everything completely differently.

M

Mary Louder 35:51

Yeah, they there's some very interesting studies about how loneliness is an independent risk factor of all-cause mortality. So all-cause mortality, for our listeners, means anything and everything that will kill you.

C

Carol Ritberger 36:07

Exactly.

M Mary Louder 36:09

Yeah. And so that is an independent risk factor and a strong one, a strong one.

C Carol Ritberger 36:15

Well, and again, kind of going back and not necessarily dwelling on the point, but the cosmic quality of seeing ourselves beyond ourselves, helps us recognize, again, what's been written in many of the ancient texts, and certainly in the Bible itself, or Christian religion, is that everything that the universe has to offer is there to be able to serve us. So we have everything. It's just, if we get out of those mental compartments, then everything is available.

M Mary Louder 36:50

It is. It is. And then as we, you know, are filled up and full of love and light, we can share that then with others.

C Carol Ritberger 37:00

Exactly.

M Mary Louder 37:00

And coming from--

C Carol Ritberger 37:01

And we do. It's interesting, because being energetic by nature, is every time we have one of those aha moments, whether it's profound, or, you know, just subtle, it's like this giant wave of energy goes out in the field. And it's basically saying, is anybody else looking for this? Has anybody else had that? And then it's just going out there, and it's like, bing, bing, bing, bing, and all of a sudden, it's like, we know, energetically, when it comes back to us, "Oh, we're not alone." That's, again, that cosmic perspective.

M Mary Louder 37:31

It is. And it's, you know, and then coming up, you know, coming into that vortex where it all of a sudden is so much easier.

C Carol Ritberger 37:39

Yeah. So, yes, in that vortex is always there for us. I mean, we, we are a part of it, we just sometimes have to get out of our head thinking about it and just kind of jump in. The kind of

sometimes have to get out of our head thinking about it and just kind of jump in. It's kind of like, I always think of the movie Nemo, Finding Nemo when they talked about that, that current, and you know, the turtles would be in there. And they'd be swimming and tossing and tumbling and everything. And everything they'd fall out is they think, Oh, well, I have to get back into the vortex, I have to get back in the current. And then it's like whee! And that's what it's like. And that's what that cosmic universe offers us all the time.

**M** Mary Louder 38:14

Yeah. So to put that with health and healing is going to be really fun. So our goal is to go through different disease concepts, different aspects of the body, different, you know, things that people have, diagnoses, diseases, and just kind of begin to distill down through them. And then so it's almost like we're going to do like a 36,000 feet and then down into the weeds, and then 36,000 feet, we're just going to kind of go up and down and really look at all this.

**C** Carol Ritberger 38:48

Yeah, and like that cranial flow, go all the way down at the toes and then go back up and, you know, that creates its own rhythm and its own heartbeat. And in Heart Math, it's, that's the coherency that they talk about.

**M** Mary Louder 39:00

Right. Yes.

**C** Carol Ritberger 39:01

And so it's just like, you know, being it you know, another way to say it is, you know, you can be in the intuitive higher dimensions and vibrations, but that doesn't do any good until you ground it and then you ground it, and then you go back and you look for more, and then you ground it again, and you go back. The ancients called it descension and stepping down, what good is ascension and all the stuff that you acquire if you're not going to be able to step it down into improving the quality of your life or your health? So it's just a constant cycle, it just up and down, like that flow.

**M** Mary Louder 39:32

Yes. And just like the bumper sticker "After bliss, laundry." It's like, oh.

**C** Carol Ritberger 39:40

Somebody asked Edgar Casey at what time--one time, what was enlightenment? And he said, enlightenment is--you--I'm going to probably mess this up, so all of you be patient with me--is that it's chopping wood, carrying water, making fire. And then what happens when you're

enlightened? Chopping wood, carrying water, building fire. And they said, well, what's the difference between enlightenment? He says, one you like and one you don't. Sorry, Edgar Casey, I love you, blessings. I know that I just massacred that but we got the point across.

M

Mary Louder 40:13

Exactly, exactly. Oh my goodness. Oh my goodness. Well, this has been another great time together. We're, you know, as the listeners here are gathering and doing their thing, let us know what you think let us know what you'd like to hear from us about on Cosmic Health and Wellness. If you've got an idea, if you got a question, a burning question. Yeah, we'll take them. So how to do that is go on to the website of [drmarylouder.com](http://drmarylouder.com). Then click on [hello@drmarylouder.com](mailto:hello@drmarylouder.com), put "Podcasts question" in the subject and fire away. And we will address all those and we will bring conversation to you of whatever you want to know. And otherwise Carol and I are just going to meander through everything and have a good time as we share all of our fun and insights. So thank you. Lovely to have you here today and look forward to our next chat. And everybody else be well and as we say love and light. Right?

M

Mary Louder 41:16

Absolutely. Absolutely. All right.