

# **Correcting Sleep Posture for Better Cervical Spine Health: A Special Interview With Dr. Peter Martone**

**By Dr. Joseph Mercola**

**Dr. Mercola:**

Welcome everyone, it's Dr. Mercola, helping you take control of your health, and today we have a real treat. We are joined by Dr. Peter Martone who is in Boston and is an innovative chiropractor, really developing some incredible techniques for helping understand proper cervical posture in the spine and some really good strategies to make sure that you don't have degenerative disc disease.

**Dr. Mercola:**

I first met Peter, oh, maybe 10 years ago. It was a long time ago. We have mutual friends in Patrick Gentempo, and met him at an event, and then about four years ago now he confronted me at another event that we were attending together, and he said, "You know, your cervical spine, you're hunched over. You got problems." He provided such a compelling story that I flew up to his office in Boston. Actually, yeah, this was a few years ago. Was that when I was at your office?

**Dr. Peter Martone:**

That was at my house.

**Dr. Mercola:**

Oh, that's your house, okay. Yeah. So I flew up to his office in Boston, and then you can see the picture there. He did some digital X-rays on my spine, and actually showed a pretty significant cervical degeneration in the fifth and sixth vertebra, and then he prescribed some treatments, which, unfortunately, you have to do in a regular basis. I mean, it's not like a one adjustment and you're fixed for life. It's a pretty consistent intervention for many, many months and even years.

**Dr. Mercola:**

So I'll let him discuss that, but it's an intriguing approach, and then he also has some other components about sleep. So there's a lot of things we're going to talk about today, and I'm just glad that we've connected and that he can share his wisdom with you today. So welcome and thank you for joining us today.

**Dr. Peter Martone:**

Thank you, Dr. Mercola. I am so excited to be able to share this in front of your audience. I mean, I tell you, you have been such an inspiration in my life and in so many, so I really appreciate the opportunity. Thank you.

**Dr. Mercola:**

Yeah, and one of the things I appreciate about you is your incredible sense of humor. That's what I enjoy about Peter. We're always laughing when we're together. He's got a great ability to

inspire humor, which is an unusual commodity. So why don't you start sharing your story and how you developed this insight that really, I guess in my view, puts you at sort of the head of the class with respect to understanding the cervical anatomy and really providing some innovative therapies to improve it that is quite different than most traditional chiropractors.

**Dr. Peter Martone:**

So I'm an exercise physiologist, nutritionist and a chiropractor. My background is – I always loved kinesiology. I love the study of biomechanics. I'll never forget, there was a time when I was the only chiropractor ever invited to Harvard Medical School to give continuing education credits for their MDs. I was young in practice, I got brought up on stage, and I was talking about chiropractic. I knew a lot about chiropractic at that time, I knew about the structure, I just didn't know how to communicate it as well. So in all intents and purposes I got torn apart, right? It was a great learning experience for me.

**Dr. Peter Martone:**

So from that point on, I said, "You know what? I need to dive in. I know what I'm doing is right, and based on having all that information, I need to find anchors. I need to find anchors where you can't argue." It's almost like gravity. If you drop something and it falls, I mean, if you drop something, it's going to fall, that's a law. So I started thinking in law, right? So how does the body work? The righting reflex, your body follows where your eyes go, Wolff's law, if you don't use it, you lose it, Davis' law, if you don't stress the tissue, you lose the tissue. Then in thinking in these ways, I started seeing contradiction in all of my studies.

**Dr. Peter Martone:**

So exercise physiology, it would contradict the law of saying that, "Muscles is the problem," then it would contradict a chiropractic thing saying, "You just need to mobilize things." Then what I did is I started to put this philosophy together, or maybe this understanding together, based on the same information that I was doing, and then I started seeing patterns. The more that I started opening up my eyes to new patterns, the more I started understanding them, and I've been in practice now for 20 years and done over 750,000 adjustments, and I have really – I believe in the stuff that I'm so excited to share with your audience. Some of the things that I found and some of the simple things that you can do to help reverse chronic pain, degeneration. I mean, there are so many different things.

**Dr. Mercola:**

Well, let's go for it.

**Dr. Peter Martone:**

All right.

**Dr. Mercola:**

Because I'm sure everyone watching is eager to find out what you found.

**Dr. Peter Martone:**

So the first thing is we have to understand, so what causes degeneration and what causes arthritic changes, first off. The body, like I said, if you don't use it, you lose it. So if I put my arm in a cast and I keep it in a cast for five years, the body will adapt, because the body, if it's alive, will adapt, and it's going to adapt saying "Listen, if you're not going to use that joint because it's in a cast, what are you going to do?" You're going to lose it. So it degenerates the joint.

**Dr. Mercola:**

Unless you have blood flow restriction bands and you're using that therapy.

**Dr. Peter Martone:**

Well, actually that's temporary. If you kept it on long-term you get ischemia on the other end, but that is absolutely true. So the body adapts to what the consistent stresses that are on it over a long period of time. So then you take that lack of motion and you apply it. You put a support on, and if you keep a support on something, the body doesn't need to do it anymore, will get rid of the joint space.

**Dr. Peter Martone:**

So then how do you regenerate that degeneration? Well, you take the cast off. So what happens is, what that tells us is lack of motion causes degeneration and restoring motion causes regeneration. So when I look at somebody's X-rays, like let's say we look at an X-ray like this, right? I don't know if you're going to be able to see that, but there is good space here, and then right here you have a lack of space. That lack of space is due to some intersegmental damage to that area that caused scar tissue. It's no coincidence that that intersegmental damage always happens at C5, C6 because it's the most flexion extension, it has the most flexion extension in the spine. So damage-

**Dr. Mercola:**

Just for those who are not familiar with anatomical nomenclature, C is short for cervical, fifth and sixth cervical vertebrae.

**Dr. Peter Martone:**

Then when you do that damage over not one years, not two years, not five years, eight years, 10 years, you start, you can timestamp an injury. So I can look at somebody's injury just like cutting a tree and looking at the rings of a tree to see how old it is, I know how long it takes to have that damage. So once you're able to backtrack the damage, you're able to set up a plan to be able to restore motion to the area and then you regenerate the area over time.

**Dr. Mercola:**

All right, so you've observed that these damage occurs and then you came up with a solution based on these laws that you were seeking to understand and apply to your observations.

**Dr. Peter Martone:**

Yeah. So the way that I explain it is the more scar tissue you have in your spine, your spine becomes like hardened clay, right? So what let's say chiropractic adjustment does, it's basically

like it takes your clay and it dumps it in water. So now that clay can become more moldable, but if you expose your clay to the same molds or the same lifestyle patterns, you're just going to reinforce the same patterns. That is why you need to couple, let's say chiropractic care, some therapy, different things that you're doing, and then you need to change your pattern that caused the problem to begin with. I believe most patterns can be changed at night while you sleep. You can actually improve your posture while you sleep.

**Dr. Mercola:**

Yeah, which is exciting, because the conventional wisdom on this, even the conventional chiropractic approach really doesn't address the resolution of this. I mean, there are some that provide some types of exercises, but nothing that really reverses that curve, because you can also discuss the optimal cervical curvature, at least from a lateral perspective, and that loss of that curvature that many people have. Your suggestion is an observation that with this hybrid of exercise and adjustments that you can get that curvature back and improve the disc height and help resolve the degeneration over time.

**Dr. Peter Martone:**

Yeah.

**Dr. Mercola:**

Because this degeneration is probably pervasive. Would you say it's in the majority of people over 50?

**Dr. Peter Martone:**

I see children now below the age of 10 with phase 1 arthritic changes in their cervical spine, and it takes five to eight years to be able to be visual on an X-ray. Then just to kind of reiterate that, I want to just explain one thing to them. My personal story and what really, you really made me dive into the sleep industry, but what really made me passionate about sleeping position was I herniated my disc five years ago.

**Dr. Mercola:**

Which disc?

**Dr. Peter Martone:**

L5.

**Dr. Mercola:**

Okay.

**Dr. Peter Martone:**

And I did it in a mountain biking injury, and when I was one the bed at the emergency room hooked up to Dilaudid because I couldn't move, I was depressed. I felt like a fraud because I had been dealing with back pain for 15 years, and I had back pain every day of my life, believe it or not, up until I herniated my disc, and I was getting adjusted. So what was it about – so I was

really at a low place, so I said, "You know, I have to figure out why this is." I'm a mountain biker, I'm really extreme on my body, so I just chalked it up to me being extreme and being hard on my body and everything that I did, but what I did is I reviewed 2,000 X-rays and I came up with a pattern, and this pattern doesn't exist in the literature, and I looked, and it is something what I'm so excited to help people figure out, and I believe that this is the way we need to look at back pain moving forward. It's that my back problem didn't come from my lower back, my back problem came from my neck, and then because of forward head posture I picked up a curve in my lower back due to a muscle on your body, which everybody's heard of, of the psoas major.

**Dr. Peter Martone:**

So it basically happens like this. If you lose the cervical spine, see how straight that is.

**Dr. Mercola:**

That's not a normal spine, that's something abnormal because there is no curve of about 45 degrees.

**Dr. Peter Martone:**

Here's a reference. So this one here is a normal curve, and then that is flattened.

**Dr. Mercola:**

Straight, almost straight. It's almost zero degrees.

**Dr. Peter Martone:**

That same patient picks up a scoliosis in their lower back.

**Dr. Mercola:**

Compensatory

**Dr. Peter Martone:**

Compensatory, with the psoas major muscle spasm on this left side. So what's critical, and I remember my teachers telling me this in school, and I always wondered why because I know our Creator doesn't make mistakes, is the only muscle in the human body that attaches directly to a disc is that psoas major muscle. So the body innervates that psoas major muscle, curving that spine to take pressure off the atlas because of forward head posture.

**Dr. Mercola:**

The atlas is the first cervical vertebra.

**Dr. Peter Martone:**

Sorry, the atlas is the first cervical vertebra. So I had forward head posture, I was sleeping on my back but I wasn't using the pillow in the right way, and I had forward head posture, and I had that lower back rotation due to that psoas compensation to that psoas major muscle spasm. That is what I'm so excited about.

**Dr. Mercola:**

So how long ago were you in the emergency room with your herniated L5 disc?

**Dr. Peter Martone:**

Five and a half years ago.

**Dr. Mercola:**

All right. So this is when you started your journey on this understanding applying it clinically?

**Dr. Peter Martone:**

Yes. So what I did is I knew there was a pattern, I knew there was something, but I couldn't put my finger on it. So I started looking at cervical curve in this plane. So I started looking at the cervical curve in this – sorry. Lateral plane here.

**Dr. Mercola:**

Yeah, and the bone in the top is a skull bone.

**Dr. Peter Martone:**

Yeah.

**Dr. Mercola:**

For reference.

**Dr. Peter Martone:**

That's skull bone, this is the head, and I looked at the cervical curve here and then I looked at the A to P, which is the front curve in the lower back. So what happens is as your head comes forward, your nose would be this way. Your body compensates by rotating the pelvis down here through that psoas major muscle spasm, which attaches to a disc, which weakened my disc, which then allowed it to herniate.

**Dr. Mercola:**

All right. So you had this epiphany when you were in the emergency room, and then what happened after that?

**Dr. Peter Martone:**

Well, then you came up here and you and me met, and on the way back to the airport you said, "Peter, you got to do something." Remember that? You said, "You got to be, you got to do something, you got to." Because we were talking about sleep and sleep position, and then I started focusing on a design that I was working on with a Neck Nest, and I started to start placing different types of designs underneath my neck to get it back, as far back as I could.

**Dr. Mercola:**

I think you're speeding up in the story.

**Dr. Peter Martone:**

All right, sorry, sorry.

**Dr. Mercola:**

[crosstalk 00:14:41] parts out there because-

**Dr. Peter Martone:**

Go ahead.

**Dr. Mercola:**

Part of it is, yeah, you're just jumping to the end. Part of your process was to support the cervical spine while you sleep, and you had a really novel way to do that with a down pillow that seemed to work really well and also serve as an ear muffler. So it kind of muted the sound and made it easier to sleep, and felt really comfortable because it was like your head is being comforted by someone, and it was still supporting your neck. You actually came up with a better version of that, but I still liked that down pillow. Then when you did that in conjunction with a variety of additional exercises and regular, two to three times a week, adjustments, a very precise type of adjustment done by – what was the technique again?

**Dr. Peter Martone:**

So I liked weighted adjusting, right? I like to have your neck adjusted in a weighted position. I actually had Gonstead, the Gonstead technique.

**Dr. Mercola:**

Gonstead, that's the name of the technique. Yeah, there are a number of chiropractors who know to do it, but it's not extremely popular and it's difficult to find someone who is well-trained in that.

**Dr. Peter Martone:**

Yep. So then as your head comes forward, right? So we know that the scar tissue needs to be broken up. Basically your disc is like a grape. As you lose motion, the body says, "Listen, if you're not going to use the water in that grape, I need the water for the heart." So it pulls the water out of the grape and now you have a raisin, right? So the way that you get degeneration is that the body dehydrates the disc, you lose the space, the disc bulges, and then the body creates these bone spurs around it.

**Dr. Peter Martone:**

Well, when you start adjusting, the body says, "Holy mackerel. You're going to start using this joint again?" So it pulls water back into the joint. So what ends up happening is like taking a raisin and dropping it in water. The raisin is going to swell. It's not going to come back to a grape, but you still can get space back. So through the regular chiropractic adjustments you basically, and here's kind of the issue, sounds counterintuitive, you create an unstable environment and then the body responds by creating stability. It will rebuild the joint space over a period of time. In about six months you can see a change, a visible change on the X-ray. Then

the next thing is because your head comes forward, your body loses something that's called proprioception, which is balance and awareness in space, and then the spine starts to curve.

**Dr. Mercola:**

Let's expand on this. Because your head comes forward, this is pretty common in almost everyone, especially we're sitting down, which is one of the worst things you can do, all day. The sitting posture forces your head forward into forward flexion and causes that chin to jut forward and puts this pressure, which wrecks up the spinal curve in the cervical area. The physics of that are quite extraordinary because your head weighs about 15 pounds or so, and then you're putting all this unnecessary stress and that contributes to the arthritic changes that develop.

**Dr. Peter Martone:**

It does, and it decreases CSF flow, which is cerebral spinal flow. I mean, there are so many complications to the modern-day lifestyle, we call it. Texting all day on a phone, being on a computer, and it's reinforced by our poor sleeping positions. But as the head comes forward, your body follows where your eyes go, and you lose something that's called proprioception. 80% of all of your awareness in space, right? The ability to close your eyes and know where your hands are, it's called proprioception. So you lose that proprioceptive sense, and what's very important, which is something that is critical to understand, is that you start to lose your balance, and again, I'm going to go back to an anchor. What does an infant, or let's say a 2-year-old and a 98-year-old have in common? Well, they both have lack of balance. One can't walk while one is losing the ability to walk. Well, what is it about those two brains? One is an underdeveloped brain in the cerebellum and one is an atrophied brain in the cerebellum, which is the back part of your brain. That part of your brain is called your vermis.

**Dr. Peter Martone:**

So what ends up happening is as you sit for long periods of time, as you get scar tissue and you restrict motion, you restrict this proprioceptive sense into the brain and you atrophy a portion in your brain called your vermis. Now, one of the functions of your vermis is to build the prefrontal cortex, which is all your thoughts, your focus and your executive functioning. So people, I've worked with many years for kids with ADD (attention deficit disorder) and ADHD (attention deficit hyperactivity disorder), I have it myself. One of the things that I worked on to be able to focus is to be able to improve my balance. By improving balance you are actually able to focus, you will forget less, and your brain will [have] more acuity. You'll have a sharper brain. So when your head starts to come forward and you restrict that proprioceptive sense into the brain, you start to degenerate your vermis and you start to lose focus. So we find with our patients when we start to restore that curve and we put them on what's called a wobble board, we can improve that balance. A wobble board is one of those boards that you balance on.

**Dr. Peter Martone:**

It's critically important to being able to restore cognitive functioning and restore functionality in the spine by improving your balance. You always, always, always, one of the single most important exercises I believe somebody can do is work on their balance.

**Dr. Mercola:**



Yeah, with the wobble board.

**Dr. Peter Martone:**

Yes.

**Dr. Mercola:**

Which is a good strategy. It's definitely part of your program. You have another technique where you use two scales as part of your initial evaluation, and you have the person stand, one foot on each scale, and you find out how their weight is distributed.

**Dr. Peter Martone:**

Yes. So remember, again, the body follows where your eyes go. So if you take your head and you lean it to one side, you're going to put more weight on one side. If you take your head and you lean it to the other side, you're going to put more weight on the other side. Now, if you do damage to the neck, cervical spine or any part of the atlas, and scar tissue holds your head over there, you're going to lean to one side. Your body doesn't want your head down here, so it will curve your spine in order to keep your head straight. So it's very important for me, especially in analysis of younger individuals or adults to see if these curves are getting worse or if they're stabilized to put them on two scales on the floor, equal distance apart, and let's say you're a 100 pounds. When you put one foot on one side and one foot on the other, you should have 50 pounds of weight on one side, 50 pounds of weight on the other side. I see people 20 pounds off, 30 pounds off, 40 pounds off to one side. It makes a huge difference in knee pain, in ankle pain, in plantar fasciitis. It's mind-blowing when I see that imbalance. I can look at people now and see that imbalance.

**Dr. Mercola:**

Yeah, it's great.

**Dr. Peter Martone:**

Which I believe is what I did with you.

**Dr. Mercola:**

Yeah, well, and I don't remember the analysis results from that, this was a number of years ago now, but it's a useful tool, a useful strategy. So why don't you review the helpful recommendations that you can give to people to help address this without necessarily even having a comprehensive evaluation, because there are some simple strategies that are somewhat controversial with respect to sleeping position that seem to be universally helpful, because you are recommending people sleep on their back for a variety of reasons, and that makes sense. In fact, you did a video that we posted on the site before, and one of the cautions that I add to that is that when people sleep on their back there is a tendency for their airway to become obstructed because their tongue has a tendency to fall back and block their airway, so they'll breathe through their mouth or they'll snore. One of the ways you can prevent this is simply by putting paper tape over your mouth, and that eliminates the snoring and it forces you to breathe through your nose, which is something that I do pretty much every night. I mean, I refuse, it's very rare where I forget to put paper tape over my lips before I go to sleep, because I always sleep on my back.

**Dr. Mercola:**

So why don't you review the logic and the rationale for sleeping your back, and with support of the cervical spine?

**Dr. Peter Martone:**

Which is critically important. We call it the neutral sleeping position. Another way that you can do that also too, Joe, is I have some people put blankets up close to their chin so their jaw stays closed.

**Dr. Mercola:**

Yeah, but the blankets may come down, and the blankets typically, unless you've got the air conditioner up full blast, one of the simple and nearly universal recommendations for optimizing your sleep is to sleep in a cold environment, and having blankets is not going to optimize that.

**Dr. Peter Martone:**

So first off, when I looked at the – when you look at sleeping position, right? Your sleeping position, if you can stay, and remember I broke my collarbone and you sent me up a unit to put on there, and there were these two rings, and you said, "You're going to have to tape them to yourself so they stay on."

**Dr. Mercola:**

That was a PEMF (pulsed electromagnetic field) device. I think it worked pretty well for you.

**Dr. Peter Martone:**

It did work. I was on my mountain biking in three weeks and [crosstalk 00:24:47].

**Dr. Mercola:**

Yeah, that was Bob Dennis's M1 Alpha, I think it's what he calls it. But I've done an interview with Bob Dennis.

**Dr. Peter Martone:**

It's great. But I put those on my chest and I woke up in the morning and they were still on my chest without any tape. I don't toss and turn all night long.

**Dr. Mercola:**

Yeah, that's the beautiful strategy of this, is that you wake up in the same way that you went to sleep, typically.

**Dr. Peter Martone:**

And you can only do that beginning with the end in mind. You can't do it lying on your side because see, your body works in this way. If you have pain, you're going to toss. If you have pain, you're going to toss, if you have pain, you're going to toss, and you'll toss and turn all night long. So what I tell my patients is I say "All right, you have to fall asleep with the end in mind. If

you want better sleep, more restful sleep, wake up well-rested and in no pain, you have to begin with the end in mind.” So I tell them to go to sleep and you lie on the couch and watch TV. So lie on the couch like you fall asleep and tell me how long you can stay in that position for, and the answer is like 10 minutes, 15 minutes, and you have to move out of that position because your body weight needs to be distributed over the greatest surface area, and that's not on your side, and that's not with your arm up, that's not with your arm tucked in here.

**Dr. Peter Martone:**

You give me a side sleep, I'm going to give you a shoulder problem. You give me a side sleep, I'm going to give you a hip problem, because you're starting twisted, and I don't care how much support you have, I don't care how much your hips fall into the bed. We are creating these beds to put us in these horrible positions and it's making our spines so much worse. We want to be able to reverse the damaging effect of our modern-day lifestyle. If we're going to be on a computer all day with forward head posture, and then we're going to be texting all day, we have to do that at some point in time. So what I suggest-

**Dr. Mercola:**

To compensate for what you're doing in the daytime.

**Dr. Peter Martone:**

Yes, to compensate for that, and I suggest unfortunately, falling asleep like you look like you're in a coffin maybe. So you fall asleep on your back, and when you fall asleep on your back you're naturally going to have an arch in your lower back. So you do not have to support that. But your neck, you want to put a support under your neck so you can arch that neck back. So 80% of my patients who come in my office, this is the way that the cervical spine is supposed to be. 80% of them are either here or here, forward head posture. The only way to bring the head back is to stretch it back, and you do that at night using a pillow should be for your bed. It shouldn't even be, the definition for a pillow is a support for your head, just get pillows off of your bed and use a soft support, and we'll talk about, we can do that with down, we can do it with something that we came up with, but a soft support. Soft, not hard, not firm, because you're only supporting 3 inches from your bed to the base of your neck. You don't want this big thing that puts your head into this position that you're trying to prevent all day long, you'll never be able to stay that way.

**Dr. Peter Martone:**

So you put something under your neck, you arch that neck back, you keep your arms down by your side, and then you lie in that flat position. You would be able to watch TV in that position if the TV is on your ceiling for hours.

**Dr. Mercola:**

Yeah, and the key is your chin is pointing up at the ceiling.

**Dr. Peter Martone:**

Yeah, your eyes are looking straight up.

**Dr. Mercola:**

Yeah. So you'll know when you're in the right position. If it's not, and you're looking forward and you can watch TV, you're not in the right position.

**Dr. Peter Martone:**

No, that means you're like this, right?

**Dr. Mercola:**

Yeah. All right. So initially you came up with the down pillow therapy, and it was one that I used for quite a while, it seemed to be – one I actually like quite a bit and sometimes I resort to, but you've developed a new pillow that seems to be superior, and it took me a while to adjust to it. I didn't like it initially, but it does support the cervical spine, and helps optimize that curve and bring it back to the normal 45 degrees when done in conjunction with some of these other strategies.

**Dr. Peter Martone:**

Right, yeah. So what ends up happening, right, is what you do is you take something, you put it under your neck like this, and you arch yourself back. So you're lightly supporting the head, but you're supporting the neck more. That doesn't sound so comfortable because I'm sitting back here, but it's very, very comfortable when you start supporting your neck. Now, we talk about this because the number one thing that people say and the number one objective is “I can't sleep on my back, I can't do it.” That's going to be very true. You're never going to be able to stay – I shouldn't say never – most likely you're not going to be able to start on your back and wake up on your back. I tell people start one to two hours a night like that and then forget about what happens for the rest of the night.

**Dr. Peter Martone:**

So the lifestyle habit is this. You put a pillow underneath your neck, make sure it's the right pillow. You put a pillow underneath your neck, and you start like that, and you fall asleep like that, whether it's 45 minutes, an hour, two hours, just start with whatever you can do, and you do that every single night because one night it might be an hour, the second night might be an hour and 10 minutes, but eventually you get to three hours, and that's three hours of your neck in traction, and then you're going to get a little stiff, but your neck is stretching back. You have to understand that the structure, when your structure of your spine is changing, it's not always a very comfortable thing to happen. So when you start to adopt the back sleeping position, don't get frustrated saying, “Oh, I only did it for 15 minutes last night. I couldn't fall asleep like that.” We have so many different techniques to be able to help you fall asleep on your back and stay on your back for at least an hour or two a night at the beginning.

**Dr. Mercola:**

So when you demonstrated the pillow behind your neck, there are like two components to the pillow. One is the circular roll on the top and the other is the base. Do you additionally push, compress the base so that it's also behind your neck and your occiput isn't on the base, it rather is on the top of the cervical spine?

**Dr. Peter Martone:**

Yeah. When somebody first purchases a Neck Nest, the Neck Nest comes with down, right? So down, it's a fill that needs to be broken in. So the way that somebody uses a Neck Nest at the beginning is not the same as you use it moving forward. It's a little complicated, but yes, at the beginning you just put the Neck Nest under there and you just lie your occiput on the back of the Neck Nest, because that way you're not getting a significant amount of support and it's going to be more comfortable for people starting out, and as you get more used to that, you are absolutely correct. You take it and then you tuck it in and you let the occiput or the back of the head hanging over the pillow a little bit more.

**Dr. Mercola:**

Yeah, I do that starting up pretty much every night, but I noticed as the night progresses, movement or something that just it doesn't wind up there and I have to readjust it when I wake up.

**Dr. Peter Martone:**

Yeah, and that will be normal because a lot of times in the middle of the night you're turning your head back and forth and you don't realize it, and the problem with the foam pillow is just, it will keep the same shape and will put too many pressure points there, but a down pillow will adapt to that and all you have to do is simply just reposition it in the middle of the night [crosstalk 00:32:58].

**Dr. Mercola:**

Yeah. So that's a good point. There are a lot of cervical support pillows in the market, so what makes yours so different?

**Dr. Peter Martone:**

So a lot of them are foam, right? A lot of them are hard substances and they support your head too much. We're talking about – we started this conversation saying the head, your head is 15 pounds. So if your head is 15 pounds, you want to use that as a weight and use the pillow as a fulcrum to be able to allow you to be able to get that neck support and that actual change in the cervical curve. You could just support the cervical curve and then support the head at the same time. You want to use the head as a weight to be able to create some pressure and force against that neck. Remember in that article I did for you, I said when I originally came up with this idea, it was from that movie “Crouching Tiger, Hidden Dragon,” and when they came out of the room in the 1500s they had a block of wood for their pillow. Well, it wasn't for the pillow, it was a support for their neck because they understood back then that the cervical mechanics, or I mean, the spinal biomechanics in maintaining a healthy spine is critically important in maintaining overall health and well-being.

**Dr. Mercola:**

Yeah, well, it's great. So how long have you had the pillow out now for? It's been over a year?

**Dr. Peter Martone:**

It's been a year and two months.

**Dr. Mercola:**

Yeah, and you've developed I think a support forum for it and I've had a lot of people using it now. What's the feedback then?

**Dr. Peter Martone:**

Yeah, we have over 4,000 people now using a Neck Nest in a short period of time, and then we also have a sleep quest. So what happens is when somebody purchases a Neck Nest, they get invited into our online sleep community, because our mission is to create the happiest, healthiest, most well-rested tribe of people on planet Earth because we understand if you're not well-rested, you can't focus, and we're a community.

**Dr. Mercola:**

Yes. Sleep is one of the most essential elements for optimizing your health, there's no question. Many people place it as the most important strategy.

**Dr. Peter Martone:**

Yeah. We were just on Fox News last night talking about the importance of sleep in your immune system. If you don't get good sleep, it's really the thing that you have to work on first, right? It's sleep, it's hydration, and then everything else is good underneath that. Yeah, so we have that online community. We're a group that we focus on sleep. I believe that you need to instead of just putting sleep in like it's an afterthought, you need to structure your life around sleep instead of structuring sleep around your life, right? So people will sacrifice sleep all the time for exercise, and I'll say, "What do you think is more important, sleep or exercise?" And they'll say, "Oh, exercise." I'm like, "All right, I want you to go five weeks without exercise and five weeks without sleep and tell me what's more important, or even five days." Sleep.

**Dr. Mercola:**

Yeah, they'd be dead in five weeks. They'd be dead in probably less than two weeks, you'd be dead.

**Dr. Peter Martone:**

Then the thing is the more sleep, the more your metabolism speeds up, the more sleep you need, that's another thing. What does an infant and an elderly person have in common? Or may not have in common. Who needs more sleep, an infant or an elderly person? An infant. Why? Because their metabolism is faster, they're requiring more repair and thrive. If you want to degenerate your body's overall health, then all you have to do is get less sleep. I like using heart rate variability because there are a lot of these little pulse profiles, Oura ring, use heart rate variability to determine how much sleep you need. That's another thing that we've been kind of diving into because everybody is like, "Doc, how much sleep do I need?" Well, it also goes along with what your quality of sleep is, but let's put all things the same, I mean, all things aside. It's how well your body is functioning in the inside, and I believe heart rate variability is a good simple tool that you can use to determine how much sleep that you need.

**Dr. Mercola:**

You want to be careful on the device you're using and make sure it has infrared or near-infrared, not green light to measure your pulse, and also isn't emitting any wireless radiation, as many devices do, like the Apple Watch. Although it does have the option to turn it in airplane mode, but you just clearly do not want wireless signal on your body while you're sleeping, that's just prescription for metabolic havoc.

**Dr. Peter Martone:**

All right.

**Dr. Mercola:**

All right. So you're getting good results with the pillow. What are you seeing with the changes in the cervical spine based on that analysis of follow-up X-rays?

**Dr. Peter Martone:**

Yes. So we're seeing, let me see here. Yeah, here is one right here. That's an actual patient. You can see – oh, actually no, that's not the actual. I don't have the actual patient. Oh, I don't have one, but so what we're doing is we're taking – now because the Neck Nest has been out for over a year, I took a bunch of X-rays on patients when they first started and then I have six month follow-up X-rays, a year follow-up X-rays. We're getting so much improvement in the change of this cervical spine by using a Neck Nest. They're sleeping better, they're sleeping deeper. I have people who are monitoring their sleep, their sleep scores are getting better, and their sleep scores are getting better because they're getting more restful sleep. The reason we toss and turn in the middle of the night is because our body typically is uncomfortable, or in a way shut down. You'll toss and turn all night long, getting a restless sleep. So to get a more restful sleep, you start with the end in mind and you put your body in a neutral sleeping position. You support the cervical curve in the neck, you lie flat. Actually, I do like elevated sleeping. I like sleeping at about 5 to 8 degrees and then picking up the angle slightly in your legs, that way you can stay in one position.

**Dr. Mercola:**

What's the purpose of putting an angle up a bit in your legs?

**Dr. Peter Martone:**

It's only so I don't slide down the bed if I sleep up, so my feet, sometimes I slide down the bed a little bit.

**Dr. Mercola:**

Yeah. All you have to do is put some Velcro on.

**Dr. Peter Martone:**

You're right, stick myself to the bed. I like to, I'm kind of weird like this. I believe your body gets used to what you do on a regular basis. So if you sleep elevated, you actually short psoas a little bit. So I don't want the body to get used to it, so I drop myself flat every couple nights.

**Dr. Mercola:**

Really?

**Dr. Peter Martone:**

Yeah.

**Dr. Mercola:**

I sleep at 5 degrees.

**Dr. Peter Martone:**

I love it, but when you think about it, just like sitting down, your psoas may edge.

**Dr. Mercola:**

No, my entire bed is at 5 degrees, it's not the [inaudible 00:40:11].

**Dr. Peter Martone:**

Oh, then that's very different.

**Dr. Mercola:**

Yeah.

**Dr. Peter Martone:**

I'm sleeping at slightly [crosstalk 00:40:14].

**Dr. Mercola:**

No, no, no. The entire bed is 5 degrees, it's a lot different.

**Dr. Peter Martone:**

Yeah, much different, yeah.

**Dr. Mercola:**

Yeah. Talk about the integration also of the cervical traction units that you can usually put over the door and you're just putting regular, because that's something that I've been doing for a few years now and seems to have a powerful synergy with the nighttime passive traction.

**Dr. Peter Martone:**

It does, and Joe, you are one of the most dedicated people, dedicated to things that you believe in, and most people are not like that, right? So I mean, just think about it. You've been doing cervical traction for such a long time, which is ultimately what you have to do in order to be able to get that benefit.

**Dr. Peter Martone:**

So it's almost like the jelly donut analogy. If you take a donut and you squeeze it, the material blows out, right? The jelly donut will come out. If you pull it apart, it will pull the jelly donut



material back inside by creating a negative pressure in the disc. So what ends up happening when you distract because the weight of the head is on our body, but our bodies are designed to do that. But if you have degeneration and your major focus is to rehydrate the disc, your body has, the body will only rehydrate the disc based on a certain tension threshold, and when you pull the cervical spine apart or pulling your neck up like this, you can actually cross that barrier and get more hydration to the disc by doing that.

**Dr. Mercola:**

Yeah. So do you find that the combination is better than just doing the passive cervical traction at night?

**Dr. Peter Martone:**

I do, yes, absolutely.

**Dr. Mercola:**

Then the other thing is that seems to be widely recommended in Gonstead practitioners is this weighted headband that you wear, that's put on the opposite side of the short, of the [crosstalk 00:42:17].

**Dr. Peter Martone:**

Yeah, if you lean your head this way, you actually put it on that side, so you stimulate the muscles on the opposite side.

**Dr. Mercola:**

Right. So that's something I've been doing for a few years too, and usually do exercises. With that helmet on, which was recommended by another chiropractor friend who actually just passed away recently, but was really good at the extremities. So anyway, the combination seems, I'm looking forward to seeing what the improvement has been to my cervical spine. The interim X-rays I've done were about maybe six, eight months ago, and they show pretty significant improvement. It's important to note that I was never symptomatic. I had no cervical neck pain at all. I had no neuropathies, no nerve tingling or pain, but the key to this is that you absolutely, 100%, want to address this at an early stage. The earlier stage you address it, before you have symptoms, the more likely you are to resolve it at a deep, fundamental level, and quite truthfully in my case it was probably years later than I would've ideally liked to address it. If I had known about it, I would've certainly done something, but I didn't know about it, and you wisely pointed it out to me just by physical observation. When they teach you in medical school how to do a physical examination, the first part of that is observation.

**Dr. Mercola:**

Your clinical observation of the patient of just paying very careful attention is something that, it's a skill that's not as widely adopted or used now, and there's a tendency more to rely on technology to do the evaluation rather than just using your own intuition and clinical judgment, and then of course most physicians don't really understand or appreciate biomechanics, so they wouldn't understand that.

**Dr. Peter Martone:**

Yeah, and that was one of the things I remember vividly. I said, because I was eating cashews, and you said to me-

**Dr. Mercola:**

Oh yeah.

**Dr. Peter Martone:**

-you're like, "What are you doing getting all jacked up on leptins or lectins?"

**Dr. Mercola:**

Lectins.

**Dr. Peter Martone:**

Lectins. And I'm like, "What are you talking about?" I had no idea.

**Dr. Mercola:**

And I didn't realize at the time, it was also oxalates too, but lectins, at the time, was my passion. You were calling it leptins, and leptin does exist, but it's not a lectin.

**Dr. Peter Martone:**

Yeah, it's a lectin. You hammered me, and I'm like, "All right, Joe. You want to, all right, so let me tell you a little bit of something about you." And you're like, "Oh, what do I need to be adjusted?" I'm like, "No, your head comes forward, your compensation." Blah, blah, blah, blah, blah, you're like, "How do you know that?" And then you took off your shoe. But you can look at somebody, and it drives me crazy. When I'm watching a football game and the guys are like, "I'm Oakley from Oklahoma State." And their heads are all jacked up. I know what their spines look like because you can tell by the way somebody holds their head with how everything compensates. It's so beautiful how everything is connected, and once you have that understanding, and you can make a simple change at night. You can help so much of your chronic pain like I had for my entire life. I have no back pain ever anymore, and I used to have it almost every day of my life.

**Dr. Mercola:**

That is great. It's a great testimony. Previously, early in my career, I was pretty strongly opposed to the use of diagnostic X-rays, and maybe rightfully so back then. It was the '80s. I think that preceded the advent of the deployment of digital X-rays, which we have now, which reduced the amount of ionizing radiation significantly, I think upwards of 90%. Not all of X-rays are digital, but most of the newer equipment seems to be, and if you're going to get a diagnostic X-ray from a chiropractor or really anyone else, ideally you would like to have it to be digital to lower that ionizing radiation. Now, admittedly a chest X-ray isn't an enormous amount, it's some, but the lower exposure you have, the better. The real danger is a CAT scan, which is, I mean, they should have poison skull warnings on that and warn the patients. I mean, if you know the danger, you can prepare for it because there are certain things you can do metabolically like just not eat

for three days before, increase going to nutritional ketosis, take ketone esters, molecular hydrogens, there's a lot of things you can do to remediate the oxidative stress as a result of exposure to ionizing radiation and not damage your DNA profoundly and increase your risk of cancer.

**Dr. Mercola:**

But it's a serious issue, and it's actually non-controversial. I mean, there are many people who dispute the dangers of cellphone and Wi-Fi, but there's no one who's disputing that X-rays can cause cancer, that's a well-established fact. So just be careful when you're getting your X-rays done. Ideally it should be digital.

**Dr. Peter Martone:**

Yeah, absolutely, digital.

**Dr. Mercola:**

Which you do in your office, which I was pleased with.

**Dr. Peter Martone:**

Right, and that was the only way you would've taken an X-ray, I remember.

**Dr. Mercola:**

Yeah, yeah. Got to be careful, you only have one set of DNA.

**Dr. Peter Martone:**

I said, "Joe, we need to take an X-ray." You're like, "No, I'm not taking an X-ray." Come on, you're not going to come all the way here and then tie my hands. It was great. I just so much [crosstalk 00:47:32].

**Dr. Mercola:**

I forgot I was really resistant in your office.

**Dr. Peter Martone:**

You were, yeah.

**Dr. Mercola:**

Yeah, but the fact that it was digital, that definitely helped the transition, and now I'm actually, I seek to get it a few times a year just to see an assessment, because I'm really curious to see what all these intervention is doing to my cervical spine.

**Dr. Peter Martone:**

And now all you need is a spot shot. You don't need all the X-rays taken again, you can just look at some specific things.

**Dr. Mercola:**

Yeah, so it's been good and I really am grateful for taking the time to point out my anomaly and encourage me to come and visit you in your office, and then prescribed. The problem is that the comprehensive program, I mean, the pillow can help, there's no question. Actually, that's a good question because at the time you didn't have the pillow, and the strong endorsement or recommendation was to find a local Gonstead practitioner to get these biweekly adjustments, which I committed to. Initially it was three times a week, and then twice a week, and then once a week.

**Dr. Peter Martone:**

So let me just kind of reiterate that, Joe. It's not the Gonstead adjust. I believe Gonstead is important because they're going to be less likely to rotate your C5 and C6. So there's a difference between manipulation and adjustment, all right?

**Dr. Mercola:**

Yeah, manipulation is actually what osteopathic physicians call it.

**Dr. Peter Martone:**

Chiropractors do it too, it's long axis rotation, right? So you Google chiropractic and you go on YouTube, you're going to see it. It's being able to just rotate the cervical spines around and get, get a whole bunch of movement.

**Dr. Mercola:**

And there are non-specific techniques, so you can easily do that. You could probably teach more people to do this, right?

**Dr. Peter Martone:**

Yeah.

**Dr. Mercola:**

Easily.

**Dr. Peter Martone:**

You see people do it all the time, right? They rotate their heads around. When you get your cervical spine, especially C5, C6, C7, where a majority of the problem is going to be, when somebody gets adjusted you don't want it over here, you want your nose middle lane so there's no rotation that's done. You can do that when somebody is lying on their back, it's just you have to be lower, your arm has to go through the joint plane line. I mean, I believe that Gonstead is a good technique. I believe that you're less likely to use rotation sitting in a chair getting your neck adjusted, but you can do it while you're lying on your back, it just takes a little bit more effort. So that's [crosstalk 00:50:01].

**Dr. Mercola:**

It's interesting, yeah. That's a good point. That's a really good point. Anyway, I guess the central question is in your clinical experience now, which is becoming increasingly impressive, do you feel it's necessary in most cases to do both, to combine the adjustments or do you think the passive cervical traction at night is sufficient to restore the normal cervical spine?

**Dr. Peter Martone:**

That's great. So just as the disc will only hydrate so much with water, it will hydrate more once you restore motion. It will hydrate even more once you distract. So the more that you do, the better it's going to get.

**Dr. Mercola:**

Okay, and I guess it might depend on how the level of your degeneration to begin with.

**Dr. Peter Martone:**

Right. So all of it together is good. What the adjustment can do and what's critical is it can take your clay, which is your spine, hardened clay, and it can dump it in water, and then when you take that spine and now it becomes more moldable, you're going to get the most amount of distraction and you're going to get the most amount of improvement when you get the adjustment. You can do it without the adjustment, you just won't get as much improvement and you won't get improvement in the disc space. You'll get improvement in the curve, but you won't open up the space. You need to restore the motion intrasegmentally.

**Dr. Mercola:**

Okay, that's great. Wow, so anything else you'd like to add?

**Dr. Peter Martone:**

No, I just, I mean, I'm pumped for the opportunity to be able to get this information out. We've been talking about it for such a long time, and I think it's great, and now we can do only one on sleep that, how to get to sleep, how to stay asleep, how to wake up well-rested, what foods to stay away from, what foods to eat. That's everything I'd put into that program. I mean, I think just how to maximize. This is sleep and structure. You can't think yourself to sleep. You got to remember yourself to sleep.

**Dr. Mercola:**

Do you want me to share my two important points for it?

**Dr. Peter Martone:**

Yeah, yeah, good. I like it, yeah.

**Dr. Mercola:**

Two most important points. One, is you don't eat for at least three hours before you go to bed.

**Dr. Peter Martone:**

Absolutely, yeah.

**Dr. Mercola:**

And frequently in my case, I'm stopping eating typically about 1:30, maybe 2:00, I go to sleep at 9:00, or even before that, but [crosstalk 00:52:15].

**Dr. Peter Martone:**

That's good. So why 9:00?

**Dr. Mercola:**

It's seven hours. What's that?

**Dr. Peter Martone:**

What's important about nine o'clock, do you know?

**Dr. Mercola:**

Well, it's optimizing your circadian rhythm.

**Dr. Peter Martone:**

Yes.

**Dr. Mercola:**

About the only thing I score a 100% on almost every night on the Oura ring is circadian rhythm.

**Dr. Peter Martone:**

Much called sleep timing.

**Dr. Mercola:**

Sleep timing, that's what it is, but ultimately circadian rhythm. So I mean, except when I'm traveling and I'm skipping time zones or something, then it gets messed up. I'm always spot-on with that one. So that's one component. You really want to be ideally fasting. You don't want to be digesting food when you're going to sleep. The second that I think is really, really, now that's easy to do for most people. The second that I find extremely valuable was a derivative of meditation that I was studying. It was done by Emily Fletcher, called Ziva Meditation. I found it curious that the meditation had to be done sitting up, and the reason for that is if you did the meditation laying down, you would fall asleep. The meditation is pretty simple. It's pretty similar to transcendental meditation, it's simply saying a mantra over and over, and what that does is distract your mind, and usually it's this monkey mind that keeps you going, that keeps you awake. You're just thinking about things that happened all day long, but if you can say that mantra in your mind, just focus on the mantra, you're usually asleep in a few minutes. I mean, it's pretty amazing.

**Dr. Mercola:**

In my view it's more potent than a lot of sleeping pills. Sleep pill, even over-the-counter ones like diphenhydramine or Benadryl, are really dangerous because yeah, they may put you to sleep

and make you tired, but what they won't do, or what they will do, and they don't tell you, is that they pretty much destroy your phase 3 and phase four 4 sleep, so you don't get any REM (rapid eye movement) or deep sleep [crosstalk 00:54:14].

**Dr. Peter Martone:**

And you'll stay in one position longer because you won't feel the pain from, your pain center and your sleep center are right here, so it dulls your pain center and you stay in one position, you wake up stiffer.

**Dr. Mercola:**

Yeah. Really there's almost virtually no time you ever want to consider using those, and if you're on them now, you really need to see some professional to get off of those because these benzodiazepines can be really addictive and be a real challenge to wean off. So you have to typically do it with a professional. Yeah, those are my two points, and I think that solves a lot of the problem, and there's a lot of other things you can do like CBD (cannabidiol), and magnesium and glycine.

**Dr. Peter Martone:**

One of the things that I have my patients do and I do with meditation, is I like to, when I'm meditating, I put lavender on my nose and I can connect myself to that scent when I meditate. So I'm training the subconscious brain to connect relaxation to the scent of lavender. So I use that too.

**Dr. Mercola:**

Yeah, and lavender by itself is a lot of people's, in many people's sleep protocol.

**Dr. Peter Martone:**

Joe, this is great, this was great.

**Dr. Mercola:**

Yeah. Sleep is important, and ideally it's nice to have some safe, objective, biometric assessment of how you're sleeping, although I wouldn't diminish the value of subjective assessments. So how you feel when you wake up is a pretty good indication, and in many cases would trump the results of what your device tells you, because [the] device can be wrong. There are a lot of reasons why readings could be disrupted and not reflective of reality. So I would learn to trust your body's wisdom, and it can help guide you, but I wouldn't look at it as the ultimate arbiter of truth, that's for sure.

**Dr. Mercola:**

All right, so if people want to find out about this pillow, how do they do that?

**Dr. Peter Martone:**

What they can do, they can go to [NeckNest.com](http://NeckNest.com).

**Dr. Mercola:**

Neck Nest.

**Dr. Peter Martone:**

Neck Nest, N-E-C-K N-E-S-T.com\mercola, and there what I'll do Joe is I'll put some of the stuff that well, I'll record special videos of stuff that we talk about here.

**Dr. Mercola:**

Okay.

**Dr. Peter Martone:**

Some of the pictures of the before and after that we talked about, and then I'll give some extra sleep tips just to be able to help [[crosstalk 00:56:37](#)].

**Dr. Mercola:**

Perfect, all right. Well, it's a good thing. Thank you for all the work you're doing and helping me prevent cervical degeneration progression, and I'm sure – actually, it might be interesting for you to comment, because you've seen people in late stages of what I had. So if I hadn't done anything and just continued going obliviously forward with my existing habits, what would've happened to me clinically?

**Dr. Peter Martone:**

So every six months to eight months, if you take X-rays, joint space will go like this, you'll see progressive degenerative changes, and we put it together, all time lapse, you'll see you're losing space. When you got your followup X-rays, you started to regain space. So you can't degenerate and regenerate at the same time. You're either going one way or going the other way. If you stopped going this way, and you went back this way, you saved your cervical spine.

**Dr. Mercola:**

But what would've been the outcome had I not known?

**Dr. Peter Martone:**

It will fuse.

**Dr. Mercola:**

It'll fuse. And then what's the result of fusion?

**Dr. Peter Martone:**

Lack of motion, nerve compression, atrophy of the central nervous system and then ultimately as you know, each nerve goes somewhere, so that nerve goes to your thyroid gland, throat, your fingers start tingling, you lose weakness in your arm, pencils start falling out of your hands, things like that.



**Dr. Mercola:**

So I'm sure you've seen patients in that condition. What are the options when they're that severe? I mean, is it just surgery, because I mean, there's really all these interventions we discuss probably don't work too well when you have bone to bone fusion.

**Dr. Peter Martone:**

They do not, unfortunately.

**Dr. Mercola:**

Yeah.

**Dr. Peter Martone:**

We're talking about hope, a prevention. Like we talked about before, we want to prevent this from happening. You have to understand, this is a-

**Dr. Mercola:**

What does someone do in that case? I mean, you have to go to an orthopedic surgeon and they do a surgery or what?

**Dr. Peter Martone:**

Yeah. I mean, pain therapy at that point. You have to massage the tissue, Joe, that's not my expertise, to work on that end of it.

**Dr. Mercola:**

Yeah, it's bad. It's bad news.

**Dr. Peter Martone:**

It's bad, bad news.

**Dr. Mercola:**

A lot of work, a lot of effort, and not a lot of hope for radical improvement. There's certainly resolution, virtually no hope for resolution of the problem at the fundamental level.

**Dr. Peter Martone:**

Yeah, no. If you can't move this segment, you can't get motion and the body has already fused the area.

**Dr. Mercola:**

Yeah, and it's too late. That's the key, and that's why I was so excited to get you on to let people know that this problem exists. I mean, I had it, and most likely, there's a good chance you have it, unless you're seeing some enlightened chiropractor who's really got you on a program to adjust, address this directly. My passion really is prevention, and it's just such a wiser, more effective strategy than trying to treat something after the fact. There's no question. So thank you

for developing this, for offering it, and making it available so people don't have to progress into a cervical fusion with all those complications.

**Dr. Peter Martone:**

Yeah, thanks, Joe. You know what I'll do, just kind of thinking, everybody that goes to NeckNest.com, and especially if they kind of look at and they're interested, I'll invite them into our online sleep community.

**Dr. Mercola:**

Perfect. All right, well thanks, appreciate that. Thanks again.

**Dr. Peter Martone:**

All right.