



Dr. David Hanscom

## Turning Healing Into Software

An interview with John Gribbin  
on Back in Control Radio with Dr. David Hanscom

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## John Gribbin - Turning Healing Into Software

- Tom Masters: Hello everybody. Welcome back to another episode of **Back in Control Radio** with Dr. David Hanscom. I'm your host Tom Masters. Our guest today is John Gribbin, a founder and CEO of Curable Health. Welcome.
- David Hanscom: Thanks, Tom. John, I'm extremely excited to have you on the show. I think we've known each other for maybe three or four years now, and I got to talk to you when you first were starting the company. I was very impressed with your efforts. And now the company has become quite successful, and still just getting started.
- So basically, John is a founder and the CEO of Curable Health, which is an online program for chronic pain. He started out with migraine headaches and then evolved into mental health as well as physical health. And those of you who have listened to this podcast before know there are over 30 physical symptoms that are created by sustained elevations of stress chemicals. People get sick. John's program evolved out of his own story, his vision and collaboration with others. So welcome, John.
- John Gribbin: Thanks for having me, Dr. Hanscom. Like you mentioned, we've been friends for a few years now, and I actually was a reader of your work even before you and I met, and have been a fan for some time.
- David Hanscom: Thank you.
- John Gribbin: So it's great to be here.
- David Hanscom: Great. So, I'm starting back a few years ago when we first started to talk. You actually had your own experience with chronic pain that motivated you to start the program that you're moving forward with now. Would you mind sharing some of your story with us?
- John Gribbin: Not at all. I'm happy to. I know that stories are important when communicating this type of information, so I'm happy to share mine. The summary of it is that I had chronic low back pain for 15 years. And along with that low back pain came a variety of other symptoms, as I'm sure that you are familiar with seeing. Neck pain, stomach issues, sciatica down the leg, and pain in the foot, and so on, which all started when I was 19.
- I got diagnosed at the time with a herniated disc. I got an MRI, saw the scan, had the well-trained professional orthopedic surgeon show me the scan; show me the bulge, the herniation, and say, "This is your problem. And this is where your pain is stemming from. And let's help you get that fixed. And before we do surgery let's do some physical therapy." And so basically I avoided surgery for 15 years, fortunately. But I did a lot of physical therapy, a lot of massage therapy, and a lot of steroid injections—and a lot of other things like topical creams and oral medications and you name it, for a period of 15 years.

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This is now into my twenties, which would be otherwise the prime health of my life, but my back was killing me. I got into my thirties and I got another diagnosis, and was kind of reaching my wits end, got another diagnosis from another very well qualified orthopedic surgeon who gave me another MRI. This time, he diagnosed me with degenerative disc disease, which is, as I'm sure you know, a very disheartening diagnosis for patients.

David Hanscom: Right.

John Gribbin: The combination of words is just terrible. The disease aspect of it is not good. Degeneration implies that it's only going to get worse. That today is the best day you're ever going to feel, and you feel terrible today. So enjoy it. And so it was just a really bad day and a bad diagnosis and a bad outlook that I had.

David Hanscom: Were you recommended to have surgery at that point?

John Gribbin: No. Again, I had just an instinct, I guess, and a personal resistance to surgery. And so whenever it was brought up, I said, "We're not talking about that. Let's talk about conservative measures." And no one pushed it too hard.

David Hanscom: But it was offered to you?

John Gribbin: It was certainly mentioned and offered. Yes.

David Hanscom: Right.

John Gribbin: And I should also say, during that 15 year period another pain symptom sprouted up in other parts of my body. I had this intense shoulder pain in my left shoulder at one point during that span. I went to an orthopedics group where I was not just offered, but really **steered** toward rotator cuff surgery at that time.

David Hanscom: Let me stop you just for a second here. I'd like to illustrate a couple of points. And people who know my work know that a big part of my practice over the years was telling people **degenerative disc disease** is not a disease. It's simply the normal aging process.

And there are a lot of things we don't know about the source of *back pain*, but we actually do know that *disc degeneration* is not a cause of chronic pain, number one. Second of all, we know that pain gets memorized in the brain after about six to twelve months. For every person, when pain becomes chronic, the pain centers actually go dormant. The only way you have pain is because your brain says it's dangerous. Pain is a "danger signal."

When the pain gets memorized, it doesn't matter what you do. And it can occur in any part of the body with the classic example being phantom limb pain. I did aggressive spine surgery on patients with degenerative disc disease complaining

of chronic pain for many years. I thought it was the right thing to do. ***It turns out that there's not one research paper that actually documents that a spine fusion for back pain is a legitimate operation. Not one. And whenever it's compared to non-operative care, non-operative care actually wins.***

So it's not logical to take something that's been documented to be not a source of pain, do a fusion, create a bunch of scar tissue, and actually damage the spine badly. It became more and more aggressive over 30 years. I actually quit my practice in December because of the exact scenario you're talking about where you would have had surgery by many surgeons and you get worse with each surgery as your spine begins to break down. I have one gentleman who had 29 surgeries in 20 years based on your scenario, starting with a one level fusion.

So John, I'm curious, at this point you had multiple physical therapies. Again, the treatment is focused on the source of the pain being from *degenerative disc disease*. And I'm also guessing when you hear the diagnosis that you lose hope.

John Gribbin: Oh, certainly, certainly. Also, too, it's a sad day and a sad next few weeks and months. Yeah. There was hopelessness. There was hopelessness all the way along, 15 years through my twenties, and in an otherwise healthy person. ***I just felt like this—I was just a back pain sufferer and that was not going to change.***

David Hanscom: Right. And you had a great life. It's really ironic that you have to suffer with pain when you're so healthy. What turned it around? What was the tipping point for you that started to change things around? Because I know you're pain-free right now. When I say pain free I mean, of course there's good days and bad days, but in general you have a different life.

John Gribbin: Yes. And I'm so happy you brought that up, good days and bad days. We, at **Curable** believe, and it is my own philosophy, that ***no one ever really gets cured. And that shouldn't be actually the goal either. It's really a transformation of your relationship with pain, about your understanding pain, and your understanding of how your life situations, your stress, and your brain all contribute to the physical symptoms. That's really what it's about. And that's a journey. That's a lifelong journey. That is not an achievement status where you have reached the pinnacle and now you are cured.***

Conveniently and coincidentally yesterday, the day before I'm joining you here on your show, I had back pain all day, Dr. Hanscom—all day in the same old spot that I had it 10 years ago; also I had a little sciatica in the butt creeping down to the foot. And even, I've, of course, now devoted my professional career to this stuff. So I know it as well as anyone what's going on, and ***yet I still couldn't stop it, and it was still there.***

So I'm hopeful by even mentioning that, that it gives other folks hope not to get discouraged when you have a little bit of a relapse; that you're never going to be pain free necessarily and that shouldn't be the goal.

***But how did my relationship with my pain change? How did I get really from a daily experience of most of the day of back pain to a place where it's few and far between?***

David Hanscom: I do want to ask you one thing really quickly. Chronic pain is curable. In other words, when I say curable, it has a grip on you that can cause hopelessness, despair, and misery, but the grip can be broken. We also know that mental pain and physical pain are processed the same way. Stress is always there, but the key is learning the tools or processes relatively quickly so you're not stuck.

***In the big picture, chronic pain is viewed by Medicine as manageable.*** It's actually a curable problem which we look at from the grip that it has on your life. There's a tipping point which is a basic paradigm shift that has to occur, and it's different for everybody. It was different for me, too, personally, but I was curious, what caused your paradigm shift and what was the paradigm shift?

John Gribbin: What caused it was a major back blowout episode. This is another personal story. I was living in Chicago at the time, and my wife and I were buying our first home together. It was a really seller-friendly real estate market, so buyers like us had no leverage or negotiating power. We got stuck in a house deal that was pretty expensive for what we were able to do, with a short mortgage closing period. It was 28 days from the time we signed the purchase agreement to closing on the mortgage and the house, and had to give up a lot of rights during the process to the seller.

John Gribbin: And then running through all of that craziness, the night before that we were supposed to close, a major thunderstorm came through Chicago and totally flooded the basement, the finished basement, which was a third of the square footage of this house. The basement flooded with sewage from the toilet.

David Hanscom: Perfect.

John Gribbin: So, we wake up the day of the close and go to the title company, and our real estate agent calls saying, "I have some bad news." So then, of course we're desperate. We just terminated our lease at our apartment, and so we'd make it work. We'd get some credits from the seller and the next day, we are closing this house. And then two days later, we move our entire lives and furniture and everything into a home with a sewage filled basement, after a 28 day closing process. And the whole thing was incredibly, incredibly stressful.

David Hanscom: You can't really make this up, can you?

John Gribbin: No. And we move in after the move and the day after the move my back it just blows out and I'm in bed. I can't get out of bed. And of course, I'm attributing this episode to the fact that I did the move in flip flop sandals. And so I mentioned this to my wife who is a physician as well, and I said, "I did the move in flip flops and now I'm in bed." And she's like, "But you didn't move anything."

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We had movers. You moved a laptop computer all day. So it can't be your flip flops."

David Hanscom: Right.

John Gribbin: So now we know what it was, retrospectively. But anyway, so I'm in bed for three days. I finally work my way out of bed and go on a family trip that we had planned to Maine with my wife and kid. And while in Maine I'm still ginger on the back. And a friend of mine named Tony and I went on a walk, and he starts asking me about my back. I start being a little standoffish, of course, like none of your business. And then he tells me that he used to have back pain and no longer does because he read a book, which of course, I thought was complete malarkey.

David Hanscom: Right.

John Gribbin: But Tony proceeded to explain to me the principles of the book that he read, this mind-body connection, the brain-body connection And the story that I tell is that by the end of the walk, he still doesn't believe this, but it is true, by the end of the walk I remember feeling half better—not all the way. I wasn't totally cured. But the fear is gone. My confidence is back. I started to maybe think that this was not going to be a lifelong problem, that there was hope. **And when that hope flooded in the physical symptoms actually began to relieve themselves as well.**

David Hanscom: Is this Dr. Sarno's book, right?

John Gribbin: It was, yeah.

David Hanscom: Right.

John Gribbin: Dr. Sarno.

David Hanscom: Right. So I'd like to make a couple of points here, and you already know these, but for the audience, is that first of all, this is not psychological. What happens when you're under stress, your body has stress hormones, adrenaline, cortisol, cytokines, etc., so it's a physiological change. In other words mental pain goes to the same part of the brain as a physical threat and you have the same chemical reaction. And then when it's sustained it actually affects every cell in your body, **including doubling the nerve conduction.**

So the pain is actually your hypersensitive nerves firing away when they shouldn't be firing away, and then they get triggered, and then the pain is a real, huge problem. And pain is pain. Pain is always real. It's always there. It is not "psychological." It's not "mental." It changes the body's chemistry.

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Natural medicine has really missed this because we learned this in medical school; we actually learned this in high school—that physiology is what makes your body run. Your body chemistry, hormones levels, muscle tension, electrolytes, etc., *is all physiology*. So what happens in a situation where you're under that much stress, your body chemistry is way off and your sensitivity in nerves is elevated? Research has also shown that hope and optimism help change the body's chemistry, allowing you to relax.

So this is a common story. Once you understand there's some hope, and have an explanation for what's going on, you understand the problem is solvable.

And so your story is actually pretty typical—once you have some sense of hope, just for instance, for me, telling someone that disc degeneration is normal and not the cause of pain, people walk out of the office a lot of the time with half the pain. Again, not psychological, they have some hope. So, what happened after that?

John Gribbin: I just want to add one thing, and you would know this better than me, but it also seems to me that when fear is reduced and that hope is increased, the body does potentially loosen up a bit. I don't know if there's a physiological reaction and explanation that I'm getting right here, but it does feel that it's almost as if you're getting attacked by a bear, you're tensed up, and then you're told, okay, everything's fine. You're actually fine. You're going to be fine. There's this relaxation that occurs. I think.

David Hanscom: Absolutely, absolutely.

John Gribbin: Then the physical symptoms melt away.

David Hanscom: Absolutely. People forget that we're not machines, we're not cars. So, you and I talked about this a little bit, we'll talk about this more, that anxiety is just the sensation generated by your stress chemicals. It is not a psychological diagnosis. It is a signal that says danger.

If you're lying on the beach full of oxytocin and dopamine, and you're just kicking back, you feel relaxed. Relaxed describes the sensation of your body's chemistry, but you wouldn't call relaxed a diagnosis, right?. So anxious is a description of the state of your body's chemistry. Your body's reaction is so strong it compels you to take action to survive.

Anxiety is necessary to stay alive. It is the essence of evolution. It's the essence of paying attention to danger signals. So anxiety is just a chemical reaction. It is not psychological, it's a physiological response. So there are lots of words you can use. There are lots of behaviors that are psychological based on this drive, but I'm actually proposing that *anxiety* come out of the psychological diagnostic classification as a diagnosis. It's the driver of these things, and again, a physiological response.

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The reason why it's so critical to know that is because this physiological response processes 11 million bits of information per second, where the conscious brain processes 40. So mind over matter certainly doesn't work. It's learning that tools actually regulate your body's chemistry that starts creating the changes.

So, you had an immediate decrease in pain. Then I know you pursued some other avenues. What were some of the things that you did to maintain this improvement?

John Gribbin: I still had about halfway to go and it was really just learning, self-educating, continuing to read, continuing to talk to other folks who had improved their situation as well, to either get tips but also inspiration. And so detailing it bullet point by bullet point is hard with five years even farther removed from the situation. But my recollection of it is that there was a gradual decrease in symptoms over about a six month period as there was an increase in learning and knowledge. And I went on my own knowledge expedition and then got myself better, frankly.

David Hanscom: We're going to talk about what you're doing now with this company called **Curable**. And we'll talk about how you took your collective knowledge from your personal experience and from people on your board like me. John has been really successful with thousands and thousands of people in helping them solve their chronic pain, and he also has a group of people who also have similar experiences of healing as the group I work with through my DOC program (Direct your Own Care).

So what I'm excited about, there's a very collective effort, collective consciousness to take what he's learned and put it into a practical application. John, could you tell us how, just in one minute, how your company started and how we can access that app?

John Gribbin: I can, yes. My two partners in **Curable** also experienced collective decades of pain symptoms themselves, including knee pain, migraines, hand pain, arm pain, and other types of non-pain symptoms. We all worked together at a previous company. I had gone through my transformation while we were working together and suggested that they pursue it as well. They did. They started feeling incredibly better. And that's when we looked at each other and said, "Boy, why don't more people know about this if it's helped us this dramatically?"

At that time, and we know all the science on chronic pain now supports this, ***the brain first, mind first approach to symptom relief***. All of the neuroscience and across medical literature, everything's now supporting this. So we're thinking, "Okay, if we feel this much better and all the literature now supports this, why aren't people getting this kind of care?" And maybe there's something with what we know, which is software and communicating these complex topics into more accessible formats, maybe we can use those skills to spread the word.



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David Hanscom: And again, it's made a difference in thousands of people. And I always tell people there are three parts of solving chronic pain. First is to understand the problem, and that gives you some control and hope. The second thing is there are multiple variables that affect chronic pain. All of them have to be addressed simultaneously, and by definition, the only person that knows you is you. ***The patient has to take control. And what the Curable app does—it gives you the knowledge, it gives you options and allows you to take control. So it's really a very valuable resource.***

: John thanks for being on this part of the show. We're going to talk on a second podcast in detail about what the **Curable** app has to offer, the approach, and the philosophy behind it. ***But it's a very exciting process.***

And I just had to rant for one second about *mainstream medicine*. There's a paper that came out in the **Journal of Pain** a couple months ago documenting that *every intervention* we do in chronic knee pain and spine pain simply does not work; the effective procedures are actually not covered by insurance.

Right now we're actually just *pretending* to treat chronic pain. Medicine continues to be focused on the structural issues where it's actually a brain disease, and it continues to go in that direction. John's exactly right. ***Why doesn't mainstream medicine have this in its back pocket?***

The answer is I don't totally know, but I do say that the changes many of us are trying are in an effort, and with the goal, of reversing that whole process.

But anyway, John thanks for being on the show.

John Gribbin: Sounds good. Thank you.

Tom Masters: I'd like to thank our guest, John Gribbin for being on the show today, and sharing the discoveries he made during his journey through chronic pain, and the motivations that helped him found the company **Curable Health**.

I'd also like to remind our listeners to come back next week for another episode of **Back in Control Radio** with Dr. David Hanscom. And in the meantime, be sure to visit the website at [www.backincontrol.com](http://www.backincontrol.com)

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**Notes:** The original transcript of this episode of Back in Control Radio with Dr. David Hanscom has been edited for readability.