Summit Introduction and ADHD Overview

Welcome everyone to the Gut Health and Longevity Summit. I am so glad you're here, and today I want you to think about someone in your life, maybe even yourself, who's been told that they are just lazy, unfocused, or just too much.

Because what you're about to hear might change how you see that. We built this summit because the science connecting your gut to every other system in your body has never been more compelling, and most people have never heard of it in plain language.

So today's conversation is somewhere that I'm really excited to go, because I hear this from so many people. And mind you, I didn't hear this growing up and nobody was talking about it.

Nobody was complaining about it. But we are going to talk about ADHD, what your gut has to do with your attention, what it has to do with focus and a condition most people think that they already understand.

My next guest built her entire career around a radical idea that patients deserve more than 12 minutes, and that a prescription pad is not just enough.

She's about to walk us through a diagnosis that most people think they understand, and most doctors still miss. Doctor Melissa mandala is a double board certified in family medicine and lifestyle medicine, with fellowship training in integrative and psychiatry.

She completed her residency and a lifestyle medicine fellowship at Loma Linda University, where she now serves as core faculty. She is a former Board of directors, member of the American College of Lifestyle Medicine, and she is both the president and co-founder of Doctor Lifestyle Clinic in a Newport Beach, the first lifestyle and integrative direct primary care and rheumatology clinic of its kind, recognized by UC Irvine as a Public Health Site of Excellence.

She's also the number one Amazon bestselling author of Embody Lifestyle Medicine How to Build a Successful Direct Care Startup, International speaker and educator, and a leading advocate for plant nutrition as a foundation of evidence based lifestyle medicine.

And Doctor Melissa, thank you so much for joining us today. It's such a pleasure to be here with you and everyone here. Thank you for the invite, because I know this is a hot topic now that people don't realize.

Absolutely. So let's start with the basics for our audience. ADHD gets talked about constantly, but I don't think most people actually understand what is happening in the brain, or that it looks different depending on whether it's, you know, maybe an inattentive type, a hyperactive impulsive type or a combined type.

And those are more for physicians, the terminology. So they kind of get all grouped together. So let's talk about foundations. What is ADHD really, and how has your own clinical picture of it changed since you started seeing more adult and female patients?

That's a great question because before ADHD was often talked about in school children and oftentimes thinking that's typical stereotype in boys. But let's dive into actually the definitions first.

And so when we think about ADHD it's attention deficit disorder. And there is the inattentive and the the actual mixed. And then there is the hyperactive.

So yes, in the medical world we tend to put everyone in categories. But in the real world it's actually not as clear

because sometimes people have nonspecific.

Sometimes there is a component where, yes, someone is overstimulated by nose and sound and they can't regulate the dopamine in their brain.

How ADHD Affects the Brain and Attention

And that's actually because of the reward center that is in a state of overwhelm. And and we think about that. There's actually a couple networks that happen in the brain.

So not just the dopamine reward center, but the frontal component for executive memory and the working memory and the function to be able to focus and concentrate.

So that gets impacted. And the other ones that get impacted is the mesolimbic. So there's an emotional impulsive control. So you know that's where you see you know there's something fun.

You know it's like the squirrel method, you know concept that you see on pop culture and TV where everything seems to grab one's attention so they can't get much done.

They, they have this impulse to do something else rather than finish the task at hand. And then there's the dopamine dysregulation that happens when we're in a place where that they're wanting the the reward and the next reward, and it doesn't become satisfying.

And it actually affects one's self-esteem because they can't finish their task, they can't focus. And and they tend to not be as productive as someone in school or in work.

And they may be extremely talented and they may be able to do small task, but they can't do long, tedious tasks that are detail oriented. So it's really important to understand what else is happening.

And I don't know if anyone's heard of the default default network. So that's basically in the brain where it's a little bit more unconscious. You see this in basically neurodivergent autistic spectrum types of populations, but also an because it's a learning mechanism where one can not necessarily regulate what's happening at a, at a deeper level, their emotions.

So people, you know, in psychology world, we always think about thoughts, but we often forget about the emotional part of ADHD. So the emotional part is where they lack compassion for themselves and others.

And it may be hard for them to actually connect emotionally because they are constantly overwhelmed. And so I don't like to stereotype any of this because it's so complex.

And in women, it's actually not diagnosed in their school in teens, but most of the time in their adult years. So that's 20, 30 and 40 years old. So the average diagnosis for women is actually in their 30s or 35 for for males it's 9 to 8 years old, sometimes 12 years old.

And about 20 to 30% of people with ADHD are not diagnosed. So you're missing so much of that diagnosis, but also that care for them. And so they say up to 50% of them are not treated.

So it's it can be very tricky, not in terms of medication but also lifestyle and nutrition. And so first and foremost is getting the diagnosis. And a lot of physicians unfortunately, are not necessarily having the time and care to actually get the assessments done because they're not necessarily trained to that level.

But all in all, when we think about women, once again, I don't want to forget women because they are undergoing permanent pause and menopause. And when Estragon and progesterone drops, that's when the brain fog quadruples depression already and anxiety doubles and quadruples already during that phase.

So imagine someone with ADHD. It's it's unfortunately a spiral in itself. And that's where we want to take care of women and take care of anyone who may be at risk of not knowing that they have ADHD.

So we know there's these different types of ADHD, and probably somebody watching or listening right now is thinking. Do I have a D. So because there's different types, can you walk us through some of the criterias?

Because even if we have practitioners listening or a patient listening, they want to be able to identify what are these things so they can have that conversation with their doctor.

Because very often than not you like a patient might come to appointment and the doctor asked some, okay, how's it going? You know how the last few months been since I've seen you and everything sometimes becomes.

Oh, it's fine, unless it's like that immediate, like pain that they have, right? They don't realize, like their day to day, every day experiences. So what are some of these things like symptomology wise that individuals can kind of start going, oh, does this fall into like something going on in this spectrum.

Right. Really great question. Because it's you know, when we think about mental health, it's already like the last priority in people's mind, even though it may be the first or the one that's driving their their behaviors and their connection to their day to day.

And so there are different assessments for ADHD. And, you know, from either the, the child, you know, age, child onset or someone who gets asked either because it's best to ask the parent or the teacher.

So these are different assessments because usually someone who is a child won't be able to answer these questions, obviously. But when someone is an adult, there are short and long questionnaires for this.

And these questionnaires, I like to say that it's great to kind of really go back in time to have a survey of what's happened in one's lifetime from the very beginning, what what the teacher would say, especially for the hyperactive.

Were they interrupting a conversation constantly during the class, or even in a basic conversation with friends and family? Were they to the point where they were not just disruptive, but to the point where they did only a quarter of their task?

You know, if they had an assignment or if someone was in the workplace, they had a checklist. But they they tend to skip around often and incomplete task.

And then there's some other criteria when you were thinking of hyperactive to is they're just not satisfied with, you know, with the the current task at hand.

So they're either more playful or they're extremely distracted. They're not able to complete tasks, but they're also they're just doing completely opposite of what maybe it was given.

And that's the daydreaming concept that most people here. So they're like, are you just daydreaming? And people don't realize they have ADHD because they're like, no, I'm just daydreaming.

Recognizing ADHD Symptoms and Diagnostic Criteria

I like my daydreaming, you know? Idea and thoughts. And I go there and it's almost there. That mechanism that they talk, especially women that are a little bit more high functioning, it's almost reflexively, whenever they're anxious or overstimulated or stress, they just go into daydream land.

And that becomes the inattentive part where they're more. So that's how you can that's one of the biggest flags that I see is their constant day. They can't even they don't even recognize their day.

Demers because they're in this place of, you know, well, I have work to do, but I'm procrastinating. And that's another sign, is they tend to procrastinate for everything on every day, every week, every month.

And they, no matter how big or small the task is, they're always procrastinating. And so these people are very brilliant. You know, these are in all fields of, of the workplace and especially in adults, but they just tend to procrastinate.

So those are the things I often look for. And it's important because for the day dreamers, you you definitely need to find tools and techniques to bring them back to reality.

And so they're very in tune with it where they find connection and satisfaction. Yeah. So that was a really good explanation because, you know, we have to think of it in the place of, okay, whether it's our children or whether it's a family member, whether it's a spouse, whether it's one of our employees or our work colleague.

Right. Because you might be like, oh, why isn't this person to do the work that I gave them to do? You know, it's in their job role. They're not getting it done or why are they doing something, but then they're not doing what they were supposed to be doing. Right.

So I think what you described is, is a clear explanation that if somebody does have even ADHD and unidentified ADHD, how do we support them as an individual?

And I know we're going to get to that. But before we get to that, there's so much noise around ADHD right now. So some of it is dismissive, some of it almost trendy.

What are the myths you hear most in your clinic and just outside in the world, and which ones actually do the most damage? Yes. So I always like to pay attention to these because it changes throughout time.

And of course, with social media and the news, you see a lot of people wondering, you know, well, I have ADHD because I, I and, you know, they have the buzzwords like, yeah, I can't focus, I, I'm delaying things, I'm daydreaming.

But we, you know, assessments are number one and getting professional help is number two. But also we we can't ignore that ADHD can appear and progress and get worse over time.

Some people think, you know, ADHD stays the same and it's only found in childhood and and that's it. But people don't realize if you don't treat it early and if you don't diagnose it early, it's just it becomes so detrimental to ones function where they're not able to keep jobs.

I have children, teens who can necessarily, you know, graduate or find the job, and it almost looks like depression because they're not sleeping well.

So it actually affects their sleep or their oversleeping and to the point where they're not able to, you know, connect socially, go to their sports, go connect with their family and friends.

And and so they often are have of depression and anxiety. And you can have other communities. You can have bipolar and ADHD. You can have some type of even prone to psychosis or suicide ideations.

And, and you know, people often are good at picking up depression and anxiety but are not good in terms of clinicians picking up ADHD. And so I really think as individuals, to really be proactive and talk to your provider and come up with that information, ask your spouse, ask your ask your children, your coworkers, you know, have you seen these patterns?

Because most people with ADHD, they don't even recognize it. They don't. They have no idea. So have you seen these patterns? And they may know a little bit, but not to the depth and not the many examples.

So it's important to get the as many as examples, the collateral information from other people so that you can present that story to your provider. And that can be really important because sometimes it can take three, five, ten years, even though I have individuals who would fail standardized tests and fail out of schools, and they've done all the learning, quote unquote, they thought assessments, but they didn't have the they didn't get the ADHD assessment. They got maybe the disabilities and the dyslexia, but they didn't get the ADHD one.

So always vouch for yourself, because that is a misconception. And a myth is that, you know, I have to wait until I, you know, drop out of school for that.

You know, I have to wait for multiple failed tests for to get testing. You don't have to wait. You can actually start as early as possible and be proactive, because the more parents I see do that, the more success they have in their children.

And then of course in their adult years. All right. So okay I've got a couple of questions. I got the ones that I planned for you. But now some of the things that you said I want to dive a little bit deeper into that. Why has this not been a recognized health condition like say 40 years ago?

We really weren't talking about ADHD. What was it identified as previously and where in the mental health psychiatric community, has this now become like standardized that we can do these ADHD assessments that you're saying, like where in the journey of healthcare has this kind of arisen because we might have like 60 year olds watching this video going, well, it wasn't there when I was a kid.

So like, let's put a timeline on where this has actually been identified in the sense of the medical community. Yeah. Great question. You know, when we think about when children or individuals first see their doctors, you know, first they just come to their usual pediatric visits.

You know, you have your well child exams, you have your vaccines. And then, of course, you come to them for basic URIs. But people don't realize that there are not just child psychologists but pediatric developmental specialists, and they are someone with pediatric training.

But a two years depending where they go. And they're the ones that are the learning experts. And so can you imagine if they're just going to a primary care doctor?

First of all, there sometimes autism is already being missed. And then and that's only done in like 2 or 4, two and four years old sometimes, and then not till later on where there's a milestone delay speech.

Why ADHD Is Missed in Adults and Women

They get autism, but ADHD is usually not found into, you know, like I said earlier, in young schoolchildren or teens, but in terms of the history of ADHD, the diagnosis of that, you know, it's I can't speak to, you know, early like 1800s, but in the 1900s.

You know, with that timeline it has mental health is already been one of those things that has been very stigmatized. Even the mental health professionals, where they would just put them in the Siloam, you know, you know already the treatments there were very and the diagnosis there was, you know, just just put a put them away.

You know, they they didn't really understand them in the early 1900s. There was no clear diagnoses. And with the DSM and then we think about the the progression.

There was a fear to of the stimulants like what everyone knows. Like you know, that Ritalin and the Adderall, there was a fear of overuse of that in the I would say 19 I would say, or maybe late 1900 to early 2000, and then each decade it just became a fear of there's so much stimulants.

But then there became development of new medications for ADHD, so non stimulants, which helped because they started to understand that ADHD is not just about the dopamine dysregulation.

There's other mechanisms that we talked about earlier that they need to address. And so once they started understanding ADHD more there's more treatments for HD nonsense and stimulant.

And now here we're in 20 2026. Now there are more providers psychiatrists and the whole mental health institution now considering high functioning women and adult onset.

But we have a lot of work to do still. Unfortunately, I still have seniors coming to me exactly that saying, you know, I struggled my whole life and I'm in a place where I may be retired, but I still can't get the work done.

And I I'm not having memory loss, but I still can't get things around the house. And it's it happens and I've seen it. And unfortunately, the reason why I know so well is because it runs in my family, by the way, in my own father and cousins.

And I like to share this too. I, I even had, I thought, even mean. So I am someone who had anxiety, depression. But then there was a late onset ADHD in my 20s, but became more clear in my 30s.

And so that's why I super specialized in it, because there is a huge, I would say, deficiency of understanding of how it impacts women, but also families.

And so that is my purpose behind it all. So you mentioned adult and female patients specifically. Why does ADHD get missed so often in those groups. And what should someone and I know we already mentioned it but I kind of want to reiterate it.

What should someone be paying attention to if they suspect it's been missed in themselves? Yeah. Great question. You know, because, you know, women are you know, we're women here and we're great, right, for 50% or more of the world and we get things done.

Right. We're we tend to multitask anyways. We take care of the family. We cook, we were working, we clean. We we're used to getting checklists done one after the other.

And we're empowered. And we and we feel great. And you know, and unfortunately that does take a toll on the brain's capacity. Because yes, one can do a lot and be intelligent and function in the world.

But there comes a place where there comes a place when one can be not just get the level of detail complete, but to the place where 1st May not be able to complete the most important tasks, which I mentioned.

But women, the things you want to look out for is sometimes it gets mistaken, like, oh, is it just brain fog? Yeah, they're losing their keys, or is it just perimenopause?

You know, they're they're not recognizing people's faces. But there is sometimes it takes double, triple double time to get things done. So even though they're doing a lot of things on surface level, but it's taking longer because they are either daydreaming they're in that phase, or they're hyper stimulated where they're just in a place where and by the way, people can fluctuate in and out between one or the other.

And with the hyper fixated, hyper stimulated place where they're constantly just doing, actually getting stimulated, distracted to the point where they're not completing their work, but more so they're interrupting other people's work.

And that's where you want to look out for. They're not completing their own, but other people's. And so I know with women, sometimes we do that right.

We're in a place where we have our stuff to do and other people to do, but we can't finish our work because we're doing other people's work. So we just have to be very careful.

And I really like to personalize it, right. Because they're the reason why it often gets misdiagnosed or under

diagnosis. There are, you know, there's things like the Tova, which is a think 3 or 5 hour test.

And there's like many types of testing where you can see a psychologist over a course of many hours and get formalized testing, which is the standardized way of getting it to.

But most people can't afford that, or they're not in a place where they don't have access to that, so they don't know that that's available. So it's important to get multiple modes of testing by a psychologist by or developmental pediatrician to figure out what kind of testing you may need.

So why is like what are the biologic reasons that there are more people with ADHD now in 2026 then say in 1980 like is it just because of the increased awareness, the increased assessments, or is there other environmental factors that are being implicated here?

Yeah. Great question. So you know, the biggest thing is, you know, lifestyle environment. And this is a bidirectional experience. Right. Because yes, we don't have the randomized controlled trials for this.

But we see as increase stimulants in terms of the artificial color of food, the dyes, the sugars, the screen time that already disrupts the cognition, the working memory, the attentiveness.

And that is a clear, I would say, way to see that relationship. And about 12 studies have shown that. And so it's important to understand that the environment in our lifestyle and our food are key.

And that's what people don't realize. That's the common myth that people think, you know, lifestyle does not matter. Nutrition is just, you know, there's not enough studies for that yet.

So let's just bypass what nutrition does to the brain and attention. So this summit is the Gut Health and Longevity Summit.

ADHD History, Awareness, and Environmental Factors

So let's connect what the gut actually has to do with ADHD. Do you have any studies or literature that links any bacteria or anything specific when it comes to ADHD levels, or is there some research around that, or has it even been done yet?

Great question to that depth and level. Not that I know yet, but when we think about there's a couple of studies, but I'll focus on the physiological process first, because the God of obviously we know has 90% serotonin.

There's no epinephrine dopamine as well. And we have that crossing to the blood brain barrier. And we have microglia going to the brain. And so that's the immune system there to not just the neurotransmitter system.

So there's a psycho neuro immuno component that is a release because there's not only cytokines in the gut but cytokines in the brain. So when you think about total systemic inflammation, those are there are studies on that.

And when we think about the connection with with food, so the the studies do show that the most important nutrients for this are going to be your omega three.

So anything you know, fox seeds are going to be essential. And then algae base for EPA and DHA and then magnesium which is so important not just for sleep but for the cofactors for dopamine and their epinephrine.

And that magnesium of course can be found from greens and then zinc. Zinc is essential because we can find that in our nuts and seeds as well. Sesame seeds I love pumpkin seeds for zinc and then your your lentils and your beans.

And so there there are concrete studies more so for like when there's magnesium and zinc deficiency that it doubles the risk for depression and potentially anxiety.

But for ADHD it's still developing. But the when it comes to the final nutrients and phytochemicals, the anti-inflammatory foods that you see, well, that's been studied, especially the Mediterranean and the Dash diet for ADHD.

So the more that you have in terms of plant rich foods, tasting the beautiful rainbow and variety, you're giving gut diversity to the gut, but your health helping the inflammation.

And that's what I want everyone to just recognize that there's so much information already, of course, from food, from stress, from the environment. But when you put food, healthy foods that fight the inflammation, that can help with the cytokines, you can help the T regulatory cells there.

You can release the all those beautiful fatty acids that get release from these microbiome microbes. When you have a healthy gut barrier, it's going to be a beautiful process where you decrease the risk of inflammation, decrease the risk of inattentiveness, decrease the risk for that.

You know, in the world terms are, you know, in layman's terms, brain fog. But really it's the cognitive slowing that happens when you are inflamed. Yeah.

And I've also seen because I'm sure just like I don't know if you do, but I do gut microbiome testing. So I'm always looking at are there certain bacteria that are more beneficial versus others because bacteria don't just digest our food, they're responsible for contributing to hormones and neurotransmitters and all this stuff.

So I did find some research on children with ADHD showing measurable differences in their gut bacteria, specifically a female bacterium, Z, because it shifts that pathway in the serotonin and dopamine production.

It's interesting because that bacteria I've also seen related to chronic diseases like cancer. So it is very interesting to see that these shifts in the bacteria.

The other study I did notice was about Bifidobacterium, which is helps produce phenylalanine, which is that building block of that dopamine. So that dopamine reward center. Right.

So if our dopamine reward center is blunted, as you've been talking about, there could be something going on there. So let's talk about nutrition. Let's get concrete about how we are going to use nutrition.

Not because it's just interesting because it's actually useful for people, because they can take some control in this. So what does the actual evidence say about food, ADHD symptoms, food additives even.

And where do you think a plant based pattern of nutrition fits into this? Yeah. Great question by the way. I love that you mentioned that study because I think I read it briefly too.

And it's it's just so interesting because the microbiome is constantly evolving. We have their DNA there. We have their we know based on the health of a gut what someone is eating.

And so that's why we are we always talk about food as medicine. And literally studies have shown that there can be up to 40, 20, 30, 40% improvement of ADHD symptoms the more plants we incorporate.

And that is huge, right? Because medications alone are in that same like 20 to 30% or even placebo alone is already in that same aspect to. So if we're already going to have, you know, someone is on medications, by the way, you can still eat healthier, it's going to improve, right?

Because it's all dose of pendant. The more you eat well, it's just going to improve the impact of the medications, the impact of what you're doing within the process of your healthy lifestyle.

Gut Health, Microbiome, and Nutrients for ADHD

So adding on the healthy, you know, greens when it comes like my favorite is going to always going to be like Araguaia. And because that is one of the highest, I would say antioxidants.

Like I love kale because of the protein and the fiber, but is so important to me and you can just make another go. Started with watermelon because it just tastes so good that way.

And then in your smoothie because you won't taste. Especially if you put like nut butter, like you won't even know. And with some tropical fruits. So you're just what's a specific compound in arugula that you like.

Yeah. Great question. It's so that bitter component I'm trying to remember I don't remember on the top of my head, but it's that it's a bitter component, the same thing that we see in like bitter melon.

And so in my Asian and maybe your Asian melon, you like better melon fruit, bitter melon leaves, bitter melon tea. It not only helps with the regulation of the blood sugar and helping with insulin factor, but that's a similar component to that.

So I just say a root glug because it's a little bit more universal, similar to like bitter melon. But if you love bitter melon like you can start with a bitter melon tea.

If you just wanted to try that. Some people try the bitter melon supplement, but I would say arugula is just one of the first places I go. Okay, and you mentioned omegas and specifically algae omegas or eating omega rich food.

So when it comes to, say, supplementation with algae omegas, what kind of level are we looking at? Like how much EPA do we want like to actually make a shift for individuals who are dealing with ADHD?

Great questions. You always have to look at the the milligrams of a supplement. Obviously, you know, you can have as much seeds and flax seeds, sesame seeds in your food, but we need a little bit more when it comes to having a therapeutic effect, especially for the algae component for EPA and DHA, for a traditional, somewhat supplement, you see like 1000mg total.

And that's the standard. But I like to see 2000mg, 3000mg, or up to four grams total. And that's where you see the anti-inflammatory effect that does not just work for things like HD, depression, anxiety, but even for like I have a lot of patients with auto immunity.

So all these I treat a lot of patients with, you know, ulcerative colitis or rheumatoid arthritis or some sort of autoimmune. So you're you you got to think of the body in systems because the brain is connected to the body, connected to the gut.

So once you're giving the omega three, you're going to be helping the other conditions which you want. Because sometimes people I don't know if you probably see this a lot to Doctor Manisha, when you're people cannot focus and actually take your supplements if they're in so much pain or if they're so dysregulated, they're they're not able to keep up.

So we really have to treat the underlying cause so that they can have better function. And so when we think about the omega three we want higher doses.

But of course you want to talk to your provider and maybe even consider getting a omega ratio testing so that you're in the appropriate ratio. Yeah. And that testing can be very helpful.

I do that testing. I'm sure you do too. Since we're talking about plant based nutrition. Is there an artificial food preservative or something that we want to be aware of that might be not just in regular foods, but in plant based foods that somebody might want to flip over the back of the label and read, that could contribute to these symptoms that are related to ADHD.

Great question. I love that because it's super precise, right? Because we already know, like you, maybe your

listeners know like MSG obviously was like from, you know, and it's not necessarily placed in plant based foods, but it is a neural toxin.

So anything neurotoxic to the brain and even in terms of sweeteners, you have to be very careful because some people are allergic and sensitive to stevia and some people are sensitive to even gluten.

And so we have to make sure we do testing for that. And then we have to also look for any emulsifiers as well, because that's just going to compromise the gut.

You know, any gums. And I you know I our industry has evolved so fast. I'm so glad to see now there's like no emulsifiers on here. You know, all the labels give us key.

But when you see two ingredients. No, that's a win to me. 2 to 3. Anything more than that, it's just not appropriate. Especially if you're trying to heal and start reversing disease.

Because if you really want to get to the point of minimal medications using lifestyle as medicine, you don't want any additional ingredients. So you built your entire practice model around direct primary care and actually having time with your patients.

Can you share a story about a patient without breaking any privacy, where catching ADHD or changing their nutrition and lifestyle around it was really a turning point for them?

Yeah. Great question. And you know, I have a it's actually a young patient. She's in I think in her 30s or whatnot. And she is someone with autism spectrum.

She was someone with. So she had pain throughout her spine and her cervical neck. And she noticed she had the autism spectrum for a while because she was someone who was very particular of like where to place things.

And she was to the point where she knows everything about her body. She's extremely smart into fashion, but she also had a HD later on in life that was diagnosed.

And so this was something where she noticed she was a procrastinator, so she couldn't get her. She couldn't make her designs fast enough. She was into the place where she couldn't hold a job.

So she was an entrepreneur, which she did well and she was very successful. But she noticed an interesting, fun fact about her to about her hormones. Every time she had her PMS or going into her period, she would start to drop things. So she was just dropping things.

Not just physical, not just like not dropping the ball with task, but physically dropping things.

Nutrition, Supplements, and Lifestyle Treatment Strategies

So when there is a shift in her, her progesterone. So she was going into her perimenopause years where her progesterone was going down and her estrogen was going down, she just tend to drop things even more.

So it became worse and worse for her. She was someone who already developed plant based over the years, and that helped with her focus, by the way, because she was whole food base and continues to be.

And that was the only thing that helped her. By the way, show up for herself at these fashion runways and to be able to complete task. And she noticed the more diverse she had, of course, the seeds and the nuts and the Omega three was a win for her.

But I would say another factor was she was. People don't realize she struggled with sleep and obesity. So even though she was eating the right things, by the way, to wing all trying to be in a place where she was mindful of her stress level, she was trying to minimize her screen time as we talked before.

But we with when it comes to obesity and sleep, there's something that happens, right? She was doing the best she could with trying to sleep well. But people who lack sleep, by the way, it just doubles the risk.

You know, people with ADHD, when you treat sleep, that's going to help tremendously. And we didn't talk about exercise. I don't know if we're going to talk about it later, but there's a big study about exercise and ADHD.

But with her, she not only went plant based, which was a game changer, but we did some low dose on for her. And and she just just something that she needed to not just help with obesity but for her inflammation, the cycle neuroinflammation in her joints but also in her ADHD symptoms.

So when she did that, she no longer dropped thing. She finished her. She wasn't procrastinating and isn't much, and she wasn't in her low back pain. And she was able to travel and go to Paris and travel long, long trips again.

And so we don't. That's the piece that we need to study more, right? There's more studies of GLP, and even when it comes to depression, anxiety and even Alzheimer's and including spondylitis, there's actual studies for this.

And now in the next few years, I know that we're going to see advancements not just in GLP, but knowing the mechanisms of inflammation. Right. Psycho neuroinflammation.

What can we do in our lifestyle, in our day to day to treat inflammation at deeper levels? Absolutely. So yes, we are going to get to it. So beyond food, what are the lifestyle levers you actually see move the needle for your patients sleep movement stress screens like and which one of those tends to get ignored the most.

So if we need to broaden the conversation beyond nutrition, what do you think when you working with your patients you actually see, oh, their ADHD is actually getting better.

Yeah. So this is extremely important because it's people's least favorite thing to do, which is exercise and movement. Exercise is like number one. So that has the strongest evidence even stronger than nutrition by the way.

And people don't realize this. And so when physical activity so physical activity can improve symptoms by 30 to 40% once again and to the point where your the it's aerobic exercise.

So it's 30 minutes 3 to 5 times a week in children and an adult. So the children of course they have their PE. But putting them into sports putting them into after hours fun, putting them on weekend fun activities will really dampen the ADHD symptoms that they have.

So that's going to help with inattentive. It's going to help with the impulse control. It's going to help with the working memory. And so the more physical activity and that's those responsive to so the more they do it's just going to help them and last as well throughout the week.

And so that's one of my favorite things. And for adults literally just getting outdoors if it's going for a nice walk or picking up biking or picking up pickleball or picking up something where you can increase the heart rate for a sustained amount of time.

And I know there's a lot of people are talking about strength exercising because for women and to help with bone health and menopause and menopause, but we also still need our cardio.

Don't forget that we need both. So cardio is going to be essential, especially with someone who struggles with aged and focus and any brain fog or memory issues.

And so we need to make sure of our implementing it. And then when it comes to sleep patterns, having quality sleep is extremely important because one of the most common symptoms that ADHD patients or people complain about is sleep latency difficulty.

So they're unable to sleep quickly as others. So there's a sleep delay. The duration can be shorter or longer. So under oversleeping. But also the sleep quality is significantly impacted as well.

So we need to make sure that we are finding ways for sleep hygiene first of all, to improve sleep, but also not undervaluing how sleep impacts ADHD because already they say studies have shown even in one night when people lack sleep, like in for insomnia, it already looks like depression, anxiety or HD.

So imagine someone who has chronically not sleeping, especially by the way, studies have shown this for sleep and exercise as early as nine years old, up to 1012 years old where they follow them over nine years that the sleep and the lack of exercise impacts them significantly.

So this is longitudinal. So if they're ready having poor sleep young, they're going to suffer in their college years, which makes sense in the workplace.

And then by the time they're in the senior level, they're just unfortunately lacking a lot of quality sleep. And it's not because of aging, but because of a different chemical process of the brain, but also the brain processes, the structural processes as well.

Yeah. So these are long lasting changes if we're not paying attention to them. So last question, and I want to be concrete, someone who's watching specs that this might be them or their child or a family member and they don't know where to start.

What is the one thing you would tell them to do this week?

Patient Story and Practical Next Steps

I love that, so doing something today, putting it into action is going to be really important. So I know the fall is coming. I'm not sure when this is being released, but it's going to be cold.

But you really got to get out there and start picking up. Sign up for with Your Family a run. Like even if it's a walk, run like I'm doing this as a family.

You know, the Turkey trot like five k, walk, run for the holidays, find something that you can walk and do it together as a family. And then when we think about it, substitute that turkey or that holiday meal with like a tofu turkey.

That's what I do. Or make like a lentil soup instead of like a beef soup. So substitutions are going to be really fun and key for the holidays. Absolutely. That's a great idea.

And when I travel, I actually do a lot of walks in whatever country I'm going and I'll put it up as an event. So like anybody who's in that country that's on my email list, they'll come join me and we'll just do a walk and a talk and it's so much fun.

So yes, getting out there. So is there anything that we have not talked about that you want to mention when it comes to this topic? Yeah. Great question.

You know what ADHD it's very, very complex. And any I would say mental distress disorder. So I always look beyond lifestyle to environmental. Sometimes there's previous chronic infections.

And so really getting a provider who understands the multilevel complexities of the brain and body will be a win. But I'm so excited for everyone listening.

The fact that you can focus during this whole presentation, this podcast, you're winning, show up for yourself and have fun. Yeah, absolutely. Thank you so much, Doctor Melissa.

This has been genuinely clarifying the idea that ADHD is often missed and that so much of what helps is already

within someone’s reach. And that’s the message I want everyone listening to carry with them.

Doctor Melissa mandala can be found at Doctor Melissa mandala.com, and I encourage you to look up her book and body lifestyle medicine and also find her work through Doctor Lifestyle Clinic in Newport Beach.

Here’s the key takeaway for you on this episode. ADHD is not a character flaw. It’s a brain difference. And your gut, your sleep, your movement, and your plate all have a say in how it’s going to show up.

So thank you so much and stay tuned for another episode. Thank you so much. It’s great seeing you.