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Lights out. you Welcome everyone once again to another episode of Sleep Tech Talk, the sleep podcast with your hosts and friends, Emerson Kerr, Robert Miller, and me, Dr.

Gerald George Moneykerob. Folks, thank you once for all the love that you've provided us. We've got an amazing show for you, but we just want to say thank so much for the support.

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## Dr. Raj Dasgupta's Path Into Sleep Medicine

We can't thank you enough for that. But we also wanna give a huge shout out to our sponsors without whom we can keep doing what we're doing. Shout out them, be sure to check them out as well.

With that being said, Emerson, what's going on today? Well, Jerry, we are lucky as always, but especially today we've got a good friend coming in, Dr.

Raj Dasgupta. A lot of our listeners have probably seen him pop up on The Doctors in the past when that show was around, and he's frequently seen on CNN and sharing advice about sleep.

So Dr Dasgupa, Doctor Raj, thank you for joining us today. We are thrilled to have you with us. You've had quite a history and quite quite the story in sleep.

One of the things we love to start off with is just how did you get here? What made you think of sleep medicine when you were in medical school? Yeah, well, you know what?

It wasn't one of those stories where like, hey, from the minute I did med school, I got to go into sleep medicine. It was a journey. You know, it started off with internal medicine, and I gotta tell you, that's one my favorite things in the whole world is kind of like the base of all of medicine and able to integrate.

And I feel that that is what sleep is all about, integrating it with different organs in your body. So I didn't my internal med residency, then afterwards I do a pulmonary critical care fellowship.

And then I thought, hey, that's going to be that. And that'll be it. I'm done with all these years of fellowship. But at the time, it's amazing how time just flies.

Sleep was a very, very big topic. Many of my mentors and colleagues were like, Hey, are you going asleep? And as naive as I was back then, I said, well, sleep has got to all about OSA and breathing.

That's why I went into pulmonary. So I did a fellowship at Henry Ford. They are awesome. And I realized during my training that sleep is a lot more than just breathing.

Sleep is about parasomnias and insomnia and movement disorders and nocturnal seizures and narcolepsy and oh my god it goes on and on. And it just became such a big passion of mine because one of my many like sayings would be whatever happens during the day is going to affect you at night and vice versa.

So it gives you kind of like the complete package but Anything good that happened to me especially in the media world happened because of sleep So I always want to be so respectful and it's just a great way to make friends It's a greatly to relate to patients.

So thank you sleep for letting me be a part of you and Being part this amazing podcast Well, thank you for joining us. You know, one of the things that I would imagine you have to do, I mean, you're on call with these major, the major networks and you know you, have stay up to speed on what is the latest subject?

What are the, latest topics? You, know what are, them the hot topics right now?

## Practical Sleep Topics and Media Work

So when you are getting ready for these shows and kind of staying at the speed, on, what's next, What's hot? what do you feel like are hot, topics, right, now in sleep medicine?

Sure. You know, I think the hot topics are going to be things that are super, super practical. So I actually just did one for ABC News here in LA. And the topic was, you guys are gonna love this one.

It was you know when you walk into your home after work and you see that couch, are you Emerson falling asleep on the couch instead of the bedroom and why?

Tell me, is that not the cool topic right there? So I had to talk about why are people falling asleep on their couch and not their bed? And I think that's practical because I could see you guys and a lot of people listening going, dude, that totally mean right?

There. And the question is always going to be, well, why is your couch so comfy or why's your bedroom not? You know and is it because of your bed partner that's snoring too much?

Is it Because of Your cute little dog that jumping in your better that nocturnal cat that not falling asleep? Or is our primary sleep disorder that you possibly have or is your bet just not meant for sleeping?

You Know so but of course the big overall theme of that segment was I just think many of us are just sleep deprived for a variety of reasons and And I think that anytime you're falling asleep on the couch too often, that that should be a signal that are you getting the two cues of sleep.

And of course, you can ask me, what are those two queues? Are you in the good quantity of asleep? And are getting good quality sleep? Quality sleep, of courses, are we getting to the deep stages and REM sleep And what is a classic disorder that does not give you good quality sleep?

Of course, OSA, obstructive sleep apnea, which 40 to 50 million people have in our country. So these are like just timely topics that I love when people are nodding their head and kind of relate to it and the things that people all the time.

Okay, so I have to admit you surprise me because I thought maybe you're going to talk about wearables or pharmaceutical treatments of obstructive sleep apnea, but not the quality of your couch and the difference in the quantity in your bed room.

Oh man, I'll give you another one. The one I just did with the Huff Post the other day. Have you guys ever heard of

T-Rex hands? I love it. They're like, yeah, dude.

Dr. Jerry knows I'm talking about dude It's like if you're sleeping with dinosaur hands arms. So what does that mean? It"s kind of like you know, you can't oh, I guess you CAN see me This is weird.

This podcast is like video not like my my low-budget Anyway, it's like this and you're sleeping like that Is that a good thing and bad thing? And a couple things I took I wanted to do that Actual interview because you know my son Aiden he has autism It's moderate to severe and a lot of autistic kids or kids with special needs do sleep in that position I want to comment about that but for adults like me and all you guys I'm talking to you that when you have your hands like long-term Man, you could get some nerve damage, some shoulder damage some neck pain.

So just got to be careful You know what I mean? But it has a catchy name and things that are very popular have catchy names So yeah, this is another example of things are really fun to talk about in the media I'll throw another one out there and you're gonna roll your eyes.

I know Robert's gonna role his eyes They made me comment about something called the sleepy girl mocktail. Have you heard of that? Absolutely I have not I'd love to hear more about this All right, Dr.

Cherry. Supplements and other things, what are the hot topics out there? This Sleepy Girl Mocktail, and this has been popular for about a year and even more than that, was a combination of using tart cherry juice and mixing it up with some magnesium and you put it in a seltzer water.

And tart cherry juice are one of the many things that kind of make you sleepy because it kind breaks down into something that resembles or close to melatonin.

So I remember before I did the interview, I wanted to make sure I tried it. You know what I mean? Because I don't want to be just talking. I think I have Trader Joe's down here in LA.

And I got some tart cherries. Of course, it's not like a little sample size. It's like, you know, a good half gallon. And now I'm stuck with this whole half gallon of tart cherry juice I can't get rid of.

But when you mix it up in there, for some people it works. And a lot of people, when they want to inquire about sleep, they wanna know just practical things.

Things I could just help out or things I do on a rough day. So I love fun topics. It's not always gonna be about a wearable or about something super technical, but things that just people are curious about and maybe I can make a little difference in their day or specifically their night.

So how in the world did you get into this sort of, you know, get the media presence that you have today?

## How Media Opportunities Led to TV Appearances

You probably are one of the most recognizable, on-screen physicians, I would think, in this country and the fact that your involved in sleep medicine just makes it all the better for all of us.

Well, Robert, next time I see you I'm going to give you a big hug. Thank you for saying that. But the truth is, like Emerson mentioned, I was on the Doctors TV show when it was still around.

And I remember my first episode was when, you know, it wasn't supposed to be me. So I think they wanted some other sleep doctor to come on, but something happened.

and they were filming on the Paramount Studio lot in Melrose, which is about maybe not too far from USC. And they just come across my name. I had some videos in there because I'm always doing teaching.

They're like, hey, Dr. Raj, do you want to come on this show? And I was like sure, I am in. When do want me to

Come? How about in a few hours? I said WTF?

What do And I'm like, and by the way, what do you want me to do on your show and what's the topic? And it was something called exploding head syndrome.

And of course, right away I go to Wikipedia, like what the hell is this dude? But anyways, if you want to be on media, that is something. And I didn't know how fun it would be.

I mean, you gotta say yes. Because if say no, it's gonna be someone else. So I never been on TV before, I went down there, and you know what? I got my five minutes, loved it, thought that would it.

Then long story short, two weeks later they called me back. About a month later, they call me again. Before the show stopped, 60, 70 times and I became their go-to sleep and pulmonary guy and that kind of led to the probably my big break.

What was that? There was a show called Chasing the Cure on TNT and TBS. It was hosted by Ann Curry and i was her main doc. I loved it and then no one happened in 2020. That's The pandemic, I'm so angry, pandemic.

And it was a live show, so it changed a lot. But I am always grateful because like I mentioned earlier, sleep opened up all these doors for me. A sound sleep calls for a high-performing mask.

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That's awesome. And just to thank your heads, your career started around exploding head syndrome. Go figure, no, totally go figure. We gotta bring this guy back.

If he could be an exploding head syndrome expert in, you know, 15 minutes notice or a couple hours notice, we got to bring him back! Oh, and you would have loved it, dude, because you always want to make things a little interactive and funny.

And so the first thing I think I said on the show was like, everyone out there, don't worry, your head's not going to explode. But how do you come up with these things, these obscure things but are still very interesting?

For example, I've heard the whole cocktail thing, but I never heard it called as a sleepy girl cocktail. But to get these very fun topics, but understanding the science behind it.

## Meaningful Cases: Narcolepsy and Complex Patients

You know, there are a ton of sleep gurus out there that come up with all this kind of garbage about how you can sleep better. But you're an actual physician and you know the signs behind.

So how do you come with these topics and ideas in order to help people sleep So I am super spoiled because of all these great things we talked about. There are different companies out there and one of my main nicest, biggest company that does really cool things for me is called Sleepopolis.

And I love them and I'm their chief medical advisor. A lot of these different queries that come out, whether it be through HuffPost or Women's World or CNN, you name it.

they go to a central hub and they kind of like say, hey, Dr. Raj is here and he's not busy here, and you can address these things. I just think that when you look at topics that you want to talk about, I think it's things where you're not going to go and make an appointment and wait in a big line to about your jet lag with your sleep doctor.

Sometimes you need to realize that some of the first-line defense are going to be things that you hear on a podcast like here or things you read in a nice article.

So I think it's always the 1st step. Don't get me wrong, I definitely have my super dorky moments. And what would be a big dwork moment is GLP-1 agonists.

You know, that's one of hottest medical topics out there. For those who don't know GLPs have different brand names out here. We're not getting paid for this anyone, but there's like Ozemptics and Wegoobies and Zephounds and Manjaros.

and the big thing is is that you know people are using those for weight loss and recently they got FDA approved for OSA specifically talking about test parotide which i believe is going to be a set bound so so many people have been asking me about what's the mechanism of action and how does it work and what do i think about it for osa so ii think that when you do media iIthink it's easier to be yourself and try to be funny when you're comfortable with the science.

And I think that's why I love doing these fun topics, because of the fact that I always feel comfortable, with internal messing background. I know that if I get put in, you know, back in a corner and someone's asking me something that, oh, where did that come from?

I feel confident to have that live conversation. So, I, think, that is how it all comes together. Sleep Tech Talk is sponsored by React Health. Within our Luna PAP device line, each offering is FDA approved, encompassing CPAP, APAP by-level and by level ST models.

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You know, thinking of dorky moments, I'll go a little deeper. What about meaningful? You'll have topics come your way. I'm sure you thought, okay, this is a deeper than I normally go.

what sort of one maybe stood out in your past where you go, This one meant a lot to me, was very meaningful, and did some digging for you to maybe even some soul searching, so to speak.

But it was something that meant to you as a topic you were able to cover. Oh my God, that was actually just recently. So if you were to ask me in my sleep room, what is one of the disorders that I'm very passionate about?

And it's narcolepsy. I think hypersomnia is such an important topic. Narcolepsy is often underdiagnosed, misdiagosed. And I have many patients that love dearly.

But I wanted to talk about one in particular, because you asked me what made me take a deeper dive. I have a patient who has narcolepsy that is 101 years old.

Yeah, I'm not even joking. And, you know, true story. I actually am really happy to tell this story, so I was giving a lecture one time about narcolepsy, and this was many, many years ago.

After the lecture, apparently the patient and the family came up to me. We shook hands, said hello, we wanted to actually see me as a patient. And I really, really wanted to.

And because of insurance and all these different things that factor in, we never really connected. I would say fast forward years later. Years later, they finally got an appointment to see me, but by that time I switched hospital systems.

So they missed it. At the hospital system I am right now, a patient got admitted because was having recurrent episodes of what everyone else was calling syncope, but it wasn't syncopy, it was cataplexy.

And it catapslex because she has narcolepsy. If you are that age and you obviously if you're going to have an episode of catapse that would make you fall, you worried about a lot of things like breaking your bones.

So what do we do in someone who is 101? All of us will have a couple of core mobilities once you get that age. How do you treat it? Do you give a stimulant to the 101 year old?

You give some like sodium oxide to that? I mean, it's so hard. And you know, of course, I always love Talking to colleagues, talking to people who are smarter than me, figuring out what's the best thing for that individual patient.

But it just reminded me and what happened was I saw that patient not as a sleep physician, but as being with my internal medicine team and they recognized me from years past and there were so excited and I'm like, I am here now and she follows me in my sleep clinic and this is one of the cases where We're talking to others, we're having multidisciplinary, talking with the family to see what we can do to help her out in a way where some of the medications we use for most individuals may not be the best for her.

That one was really special to me and it's something I almost wanted to share with others. Do we have a moment? I'll tell you one other cool case. Can I tell another cool Okay so this one was really cool so does everyone heard of have you guys heard the Inspire device?

Does that ring a bell? You know that that hypoglossal nerve blah blah. So anyways I got a really super cool patient who I love dearly who has Inspired device and doing well no worries it treated all the obstructive sleep apnea but then Suddenly he was not having the refreshing sleep, feeling tired during the day, things weren't right.

## Inspire Device Complication and Closing Remarks

And of course, I'm going to cut to the bullet points and all this, but we found out that he developed central sleep apnea from the Inspire device. Can you?

I know I saw the wow right there, Emerson. It's a wow moment. You know what I mean? Very much so. When you have what's called treatment induced centrals, we see that commonly from CPAP.

You can have it from mandibular advancement devices, you can't have from anything, but it's not common to have this hypoglossal nerve stimulator. This has been years afterwards that he developed this.

Of course, I'm hanging out with my good friends from otolaryngology. I am talking to the Inspire team. We're talking everywhere. It's multidisciplinary to figure out what we're going to be doing to help this individual.

And anyways, not to get super dorky medicine, we came up with the idea that we'll start a very unique type of diuretic called the cytosolamide. And it has been used in the past for central sleep apnea, and lo and behold, the patient is doing better.

The question is, well, what exactly caused those central sleeping apneas? And that's what we're working up as we speak. So obviously, you got to invite me back on the podcast.

You want to hear the conclusion of it. Well, that would be fascinating because, you know, the first time we ever crossed paths actually had to do with.

the back in the auto SV days, you did a talk for Phillips and you were talking about, the CERB-HF trial had just happened and everybody was freaking out and were speaking about it for Philips.

And so to kind of hear you talk about that sort of brings this conversation full circle around therapy causing central apnea like that. So that is fascinating.

We definitely want to hear the rest of that story. Be sure to check out our clinical sponsor, Sleep Review Magazine. More details in shortly. And you know, I'm glad the patient's doing well and needless to say is that, you knows, one of those mottos in medicine is never going to be interesting.

But, my team, the otolaryngologist team from the university center he sees, we're all teaming up together and

writing this up and presenting it. at one of these societies, so it's gonna be good.

I have to admit, in my mind I went to the Zoll remedy of implants, he's got dual implants going on at the same time, one to treat OSA and the other one the treat central sleep apnea.

That's hilarious, I hope everyone found that a little funny, because you know when you have something that's wrong with you as a patient, you start Wikipedia-ing everything, and so he is like, He's like, Dr.

Raj, no one's going to put another device in me. Doc, I'd love to keep this going, but we are out of time. I can't thank you enough. And yes, we need to have you back on.

We want to hear the rest of the story. It sounds like you're going have a whole lot more for us next time as well. Definitely. Well, thank you once again and folks out there.

Thank you so much for joining us. This has been an amazing show and I think it's been way too short. But until next time we say, cheers and lights on.