Introduction to the Summit and Modern Brain Health

Hello everyone, and welcome to another special segment from the Alzheimer's Summit. I am very excited to have with me, Doctor Drew Ramsey. My name is James Maskell.

I'm one of the, hosts here on the Reversing Alzheimer's Summit. And I've known Doctor Ramsey for more than a decade and know about, him being on the leading edge of really understanding how to build a healthy brain.

And, to that end, he has had a clinical practice for two decades, and he has a book called Healing the Modern Brain. And I just thought this would be such an interesting take for, summit because ultimately, we are not just healing a brain.

In the context of, who we've been as a society historically, but we're doing it in the modern era. And so I thought that would be a very relevant and interesting take for all of us, considering many of the things that our brains are interacting with.

Hyper novel. And, you know, we didn't have any context for, even 10 or 20 years ago. So, Doctor Drew Ramsey, welcome to the summit. Thank you. James. It's good to be here.

Everybody watching. Great to be with you. And, stoked to do another summit and realizing, seeing the summit, you probably a lot of you who purchased end up having access to the Depression and Anxiety Solutions Summit, where we talk a lot about Alzheimer's disease and this real connection we see.

If you wonder, like why I talked to a psychiatrist about Alzheimer's, it's like, because we're the doctors who are going to help you prevent Alzheimer's disease, probably more than any other, like how do we do that?

Well, because I think mental health professionals are in the business of effecting change in people's lifestyles. And, you know, we do lots of psychotherapy, we have lots of medications, but we also know that all good mental health professionals are getting people motivated to take better care of themselves, eat better, sleep better with their bodies more.

And that's, you know, as we see over and over again in the data, that's the, you know, those make the biggest impact, those lifestyle differences when it comes to Alzheimer's risk.

And then for so many of my patients and folks, you know, kind of in my era, like the 50 to 70 where you're like, do I know where the keys are? Like, do I remember all the names?

Is it just a bandwidth issue? Am I tired? But like kind of what's going on upstairs? You know, lifestyle medicine, mental fitness. These tenants of mental health and healing the brain are all about like you got to do more.

You know? You just got to do more. You're going to one feel a better about it. But this modern part. And you know me, James, I'm not much of a fear monger.

Right? But, you know, there's a little more concern than I have than I ever have before. Just, you know, it's like, there is a lot of novel stuff we're interacting with, whether it's molecules or whether it's media, or whether it's personalities.

And, you know, there's more kind of eroding some of the foundations of what I was created, our mental health, the quality of our relationships. And so it's a big, big impact.

And I also think for all the folks watching who, you know, our family members or caregivers, right there is just the

way that mental health is kind of throughout the illness of Alzheimer's.

Yeah. Well, look, I think that if mental health professionals come from the Drew Ramsey school of improving brain health, then I think we'd be in a different position.

But I do think the majority of mental health interactions that people have do not include, you know, lifestyle modifications as a primary driver.

Why Mental Health Matters for Alzheimeru2019s Prevention

And it's certainly something that we're looking to, you know, change here at the beginning with this summit, but also, you know, with junior, and the work that we're doing to make it easier for any health professional to make lifestyle recommendations and support people in that journey.

And it hasn't always been in scope, right, for, for, how it what when you started to report when you and I met, it's actually it was two decades ago that we've met since we've been we've known each other for a long time, you know, in the health recommendations of all the organization, the American Psychiatric Association, World Health Organization.

Like, there wasn't diet and exercise like in those evidence based recommendations. And so I think what's shifted is there are more people engaging in those evidence based protocols than ever before.

There's more kind of community standard in mental health around lifestyle medicine than ever before. But, you know, I think you're right. It's not what people expect.

I still when I ask people like, hey, I want to talk about, you know, some factors in your life that really matter for your brain health and mental health.

Can you tell me a little bit about what you eat and, you know, these days, people, you know, especially because it's me, people expect that question, but I still, you know, it confuses people.

Why does the psychiatrist want to know what I had for breakfast? And and even though we know it's common sense, it's like, where else does magnesium? Folate think omega three is like, where else does it come from besides breakfast?

You know that that's where it starts. So getting a sense of my patients and, you know, not just the foods they eat, but also I think about is a vital sign, James.

It's a way that like nutritional psychiatry, people get all, like gummed up in, in the weeds about like, the microbiome and like, nutrient dense. I mean, I love all that stuff, but, you know, the part of nutritional psychiatry for me and really where mental fitness kind of evolved from was this notion of, of of seeing other metrics, other windows that I could have into my patients lives that would tell me about them.

You know, that kind of a classic, advice in writing, like, show me, don't tell me. Yeah. And so you can tell me all about your self-care plan, right? Or you can show me your refrigerator.

You can show me the affect on your face. And you're talking about dinner time, or is it, like, soulless, like horrible chore sometimes like that for all of us, right?

Or is it, like, you light up like, oh, my God, it's my happy place. Rainbow vegetables like all the like. You know, all the modern excitement about food for a lot of people somewhere in between. Right.

But that tells us so much about you. How you care for yourself, your budget, your orientation around nutrition and new science. And so in just a few minutes of you walking me through your diet, you know, I don't just get the foods that you eat.

I get this notion of, like you as a human in this kind of modern milieu of wellness and health information. And then just again, I'm a clinician, James, like, the rubber hits the road, you're going to be in the grocery store, you're going to get stuff that's different.

What and why and how do we sustain those habits? Yeah, I love that. And I also feel that you get a you actually get a full psychosocial picture too, because it's not just like what are you eating, but who are you eating with?

And I think obviously with the role that, that community plays in how, you get that through the, through the food lens too. So that's really, really cool.

And I hadn't thought about that before, but now I'm I'm excited about that. Let's just start from the beginning. I mean, you know, you're talking about healing the modern brain and, and, getting it to a point where you can build what is the foundation of that healing you mentioned?

You know, food is a starting point, but what are some of the some of the core tenets? Yeah. So I go through the tenets, and I think the first part of the book, the starting point, is really asking people to think about the meal you were in, where there's a lot of sensationalistic kind of headlines.

I think there's a lot of misinformation about treatment and treatment quality and treatment safety. You know, sort of like what's portrayed almost as like, like doctors haven't paid attention to what they're prescribing or that we don't like, study and understand.

Like I would say, SSRI and psychiatric medications are probably the most scrutinized class of medications in the history of the world, period. We know more about them, but it's kind of presented as like, you know, we don't know what we saying.

All the theories that have been about are wrong. It's just it's true. I think the first step, that I ask of people is to take care of mental health and mental fitness seriously.

And that means using real evidence, real data and real experts, because it's not something that you should be playing around with. Like I see a lot of people playing around with the sick people coming in, and just the advice they're getting is garbage, and it's from people who have no advice talking, no business talking about mental health.

So I think that's step number one. In the tenants we start with self awareness. The tenant of self awareness is so critical because until you know what you're struggling with you have words for it.

Self-Awareness and the Clinical Value of Listening

You're engaged with the process of healing around it. You're hosed like there's just no way you're going to get better because you're not actually focused on the right thing.

So I see this all the time in my practice. People come in and they've been through the like, you know, the no offense to integrative and functional medicine, but they've been through the wringer and they've tried it all.

They've had all the tests, all this, and it's just so obvious what's wrong with it from a mental health perspective. But they haven't been seeing mental health clinicians.

And so that happens a lot happens a lot around trauma unfortunately. But I kind of know the car you're driving or as I say a lot know the hand that you've been dealt, like our job in health care a lot of times is helping people be better.

Poker players. And in mental health, a lot of times where I think we do a different and better job is we actually want to sit with the cards that you've been dealt me like, who gave you that one?

That two of spades. Oh. I see you got an ace there. Like, where did that come from? How do you play that one?

What is that? So we want to really help people in mental fitness understand self-awareness.

What you uniquely are, moving towards as a clinician, it's hard to read a book, James, because my work is very, very personal and specific. There are words I will use with one patient, and I will not use those words with any other patient.

It's almost like a created, co-created lexicon or language. And certain things mean something to, to certain patients. And, and so and then understanding that and having that awareness like self-awareness and awareness with the treatment, it really gives you a much more detailed action plan.

Because we're really thinking specifically, who are you? Where are you in your life? What are you up against? What's priority number one? What are we going to tackle this week?

So we start with self awareness. It because if I just so often people are having a hard time with the reality of what's in front of them, and then oftentimes a hard time in the reality of like, hey, you bring a lot of assets to the table.

You know, a lot of times that we're in a culture where people are really focused on their deficits. And I think mental health tends to focus on like symptoms and deficits.

And, you know, every good clinician knows that we ought to focus on your strengths, like if you're struggling with Alzheimer's disease and you've got a family, you know, and a good network of support, that's an incredible strength.

If you don't, it's kind of clear that a priority and something that we should be focused on in your treatment. And how do we begin to create that if you're going to have challenges and capacity.

So yeah, I want to just, just before you go on to the next, I just want to reflect something that I'm hearing from you. You know, I've heard people say that, that sort of mental health professionals are the new primary care, because they actually have, you know, the time with people in a way that they don't get with their primary care doctor or otherwise.

And what you just described, that is, I think, a perfect example of it. Like if you look at an optimal medical relationship, in my mind would start with an idea of like where people strengths are.

If you look at that, where coaching has kind of made its way into medicine. So the place where we start, like what are the strengths of this person and and and and and also maybe in the collective I just feel like what you're saying that is is extremely valuable for every person, but they are not getting that from their primary care doctor, and they are not getting that from like conventional medicine.

And now that what you're saying contextualize is why if someone is starting with self-awareness in a mental health relationship, I can see why they're so valuable.

Yeah. I wish you would be the primary care doctors because we have the time. You come to see me, just contact me, schedule an eval. I'm with you for 75 to 90 minutes.

Like first session, just sitting, talking, listening follow up sessions or 45 minutes, you know, if you push me, I'll see somebody for 30 minutes. I never see a patient for less than 30 minutes.

And usually I can't really do anything particularly interesting or good in less than 45 minutes. So that's not a sustainable model. We can't be primary care in a way.

I just can't treat enough people and marvel at my colleagues. I know they get a lot of flack in primary care. The idea that you're going to have a one of my buddies in Indiana's primary care doc is a patient caseload.

I think, of over 3000 patients. And so for him to simply, you know, ask about anxiety, depression, cognitive reserve,

memory, do a couple screening questions.

And if he's bold enough, write a prescription. It's almost like a miracle in the sense that the mental health is even attended to because people have such little time.

It it it is what we want, though, you know, I think we're, we're, patients like it when they find a mental health clinician. That's good. It's, you know, you remember them.

I think right now, probably almost all of my patients on my caseload, like, I can tell you, their medical regimen, like what they're taking. For most of my career, I've been able to keep in my head what they've taken in the past.

And you get a good sense of their history. You need to remember all of their family members, family member names, pet names, schools, you know, their kind of, institutions that are affiliated with.

It's it's like a great cognitive challenge being in a mental health space. You need to keep that kind of active in life. And so it's a lot different than other settings.

You know, it's something, I've had a lot of patients who have mild cognitive impairment. I'm not an Alzheimer's or dementia expert, but people or their family members will come in for regular therapy to really kind of stay on top of everything, because it's one of those illnesses that, you know, if you have it, it can be elusive at the beginning, and it's a little hard to confront what to do.

And if it's, a family member, you know, they often need a lot of, you know, it's a lot of things that have to happen before, you know, more severe symptoms take hold.

So, it's just it's a time to be very active in terms of caring for your mental health. But, James, thanks. I'm glad that you noticed that about me. I, you know, I wish I was a more efficient and scalable model because I really enjoy my work.

I see people get better. I'm really inspired by that. And, you know, and I see mental health care and the and a lot of what we have working very well, it's just, you know, it's not the most efficient system.

Yeah. Well, that's a great first tenet with self-awareness. So why don't we, dive into the next one? Yeah, well. Let's go. I don't think we'll have time for all of them, but the next one is nutrition.

And people know my work ethic and eat to beat depression and anxiety. My last book and also to Beat depression are e-course up on my website. We you know, there's a lot about nutritional psychiatry.

There's a lot about dementia, whether it's thinking about some specialty diets like a ketogenic diet or, you know, some interesting data there, or whether it's just thinking about moving towards a more Mediterranean style diet or, intermittent fasting.

There's so much we do around diet. I think, there's also just for folks who are struggling with dementia and Alzheimer's disease, just the keeping nutrition, high quality, where people begin to need simpler foods, they maybe begin to crave more kind of sweets and highly palatable foods, and having less of that kind of frontal lobe control around like discipline and goals that, you know, we're going to maybe pick some celery sticks and cucumber sticks over chocolate cake.

And so nutrition is obviously very important studies showing that people who have clinical depression, who adopt a mediterranean style diet, data from randomized trials showing about a third of those people going into full remission, these three trials showing that now, and, you know, that ubiquitous thing we hear GM say too much ultra processed food.

So look at your plate, right? Is it beige? Is it processed food? You know, or, you know, is it filled with colorful plants and vegetables and healthy proteins?

So, you know, I think nutrition people know a lot more and, than they think, you know, and so if you're confused, go on my Instagram. I'm one of those people.

I'm on the stocks. Like, I walk the talk, I post what I eat, except for the black and white cookies, which, so other tenants, we get into the classics of lifestyle medicine, right.

Thinking about sleep and again, the new science of sleep, how to sleep affect neuroplasticity. How does this like inflammation, how does it affect the microbiome?

What is new about sleep? Most people don't think about sleep. Is the waste cycle like waste removal cycle of their brain. But that's what we understand.

It is now to the lymphatic system. So a lot of tips on sleep. And then we get into, you know, the back end of the book is really where my career is. The, listening doctor as a psychotherapist comes through, where I really try to get to the very fundamental tenets that I see people struggling with not confronting and not working through.

We get into connection right where we can talk about. Great. We're talking about the loneliness epidemic. But I don't know, like, you know, a good example, James, you know, as are middle aged white men with kids, right?

Business entrepreneur stuff like, what are you doing actively to keep your connections going a bit? You know, at this age, you're probably a little more aware, a little more tuned into it than men ever have been before.

Nutrition, Sleep, and Lifestyle Foundations

I know I certainly am where it's really clear to me, you know, kind of if you don't use it, you lose it. You know, it's interesting. So, you know, I'm glad you I it sounds like you're asking me that question and I'm going to answer.

So, you know, I've been part of a men's group for the last five years where we meet every week and really go deep to have accountability support with a group of men and, men who are interested in, you know, in, in, emotional fitness and emotional maturity so that, you know, that's been extremely valuable for me.

But it is building a network of new friendships. You know, in my mid 40s with men that I didn't know before and or locally. And I'd say one of the costs of that is that, you know, I had a very interesting and extensive relationship through my work historically with people like yourself, where we used to live in New York together, we did things together and we connected, and we were like on the same mission of where we wanted to take health care and, you know, working together on those kind of things.

And I would say that those those relationships have suffered from neglect because ultimately there's only a certain amount of things that one can do. I'm going to get I'm going to give you a little reframe interpretation there.

We frames are my what? Just because, you know, James is a daddy in his 40s, right. In this idea that, like, you know, the other relationships are deteriorated to me.

It sort of doesn't take into account a really important factor in that equation, that James is a loving father and husband. And so, you know, is you are focused on having a family is you're settled into a community.

You know, it's one of those moves that feels like, oh, you're, you know, neglecting maybe friends from the past or people like me. And, and I see that much more in that in kind of the terminology of evolution that, you know, your web of connection is evolving, it's settling, it's deepening.

Right. And and it takes a lot of time and attention because, you know, some of the time we've known each other for a long time, see each other, do a lot of things that that creates a certain type of connectivity.

And, and it's, it's I talk a lot with patients about like it's points on the board. It's like I went out to dinner with a couple that is really near and dear to to our hearts here in Jackson.

That really helped us get settled here. You know, so just getting that good time together is you're saying that structure of regularity. It's great. You have a men's group, right?

It's commitment every week. But that sounds overwhelming to some people listening like, oh, every week brought I find time to that. Whereas I wonder for you if it feels like this real.

Like sometimes it's a pain, but it's like very rejuvenating. It's like a place you're known, it's rejuvenating. But it's also like, I, I recognize that, you know, you like I needed.

I speak for myself. I needed a, a place to be able to, like, process what was going on in my week with my family, with my kids, with my work, with my relationships.

That wasn't with my wife as my, like, primary processing, you know? Oh. So, so important. It's a good way to think about it in terms of connection to where, you know, people make it.

It's just like having the people like, oh, I've got a lot of friends on Facebook or like, oh, like, I've got a lot of people I could text, and I'm not, I'm not it's not necessarily a quantity thing.

You know, it's really about, I think, an activity in a kind of quality in terms of making sure that the relationships one, that they're different, you know, there's the guys you go exercise with or go to men's group with, or go to an entrepreneur conference with or talk about sports with.

And, you know, sometimes those people overlap, but a lot of times they serve a very different kind of relational needs for us. Yeah. I'd love for you to, I think one of the things I'd love for you to share about you, you mentioned a little bit earlier, like, obviously on this summit, we have, we have, caregivers.

We have people who are at different stages of cognitive decline. And we have people who are just generally interested in avoiding it. And I love, you know, you mentioned a little bit that like speaking to people who are in the journey of, of caring for people because, I know that, that can be, that can be stressful and, and cognitive decline inducing through it's, you know, through the stress that's created of being in service of a loved one.

You know, what what would you say to, those people who are, you know, looking to, be of service to someone they love, but also to avoid the pitfalls that come with, you know, this kind of care.

Well, I can probably into that a little bit. Most from my personal experience. My parents are both in their 80s and, pretty cognitively intact in a lot of ways.

But, you know, like everyone in their 80s, I certainly noticed some changes and, and certainly changes in our relationship. I think for me, there's been a big step if you're in a caregiving role of understanding that you're maybe, still thinking about your parents or your loved one as they were in their late 50s or 60s or before there was any sign of the disease.

I do that a lot, where my kind of expectation and relational expectation isn't dialed into the reality of where somebody is and what their needs are. I've got a lot of inspiration from groups even just being about periphery with like, hilarity for charity or the women's Alzheimer's movement of just hearing from other caregivers.

And, speaking of women as Maria Shriver, once that I'm in a space on her name, really bothered me at the time because she just said, you know, just be kind, just love them up.

And I remember and I was having a hard time with that. And, and it was and and but she was right. That's what I wanted to do. But it was I wasn't that simple for me.

But I think having a primary attitude of kindness and being of service things is really hard for parents and their kids when there's unresolved stuff, which a lot of time there is.

Connection, Caregiving, and Grief

It doesn't have to be a massive trauma or, you know, a situation or you guess for victims of violent crimes. Sometimes it's just like you and your dad didn't get along or, you know, didn't see eye to eye.

Or maybe he had some undertreated anxiety or depression very common in men. And so that that, you know, can certainly compromise that sort of ease of falling into a role of kindness and service.

And then I think it's hard because it's hard to say goodbye. And I think that because we think about, goodbye, something that happens in mortality, like, you know, you pass and that's when I say goodbye.

And I think with Alzheimer's and with inventing illnesses in general, there's a initial mourning process that people don't anticipate where you really need to say goodbye to the way that things were.

Not not to say that things won't be hopeful, or that people can't recover, or that people can't make all kinds of, you know, build tools. But just that, you know, the way things were, it's not how things are now.

And, so maybe that's obvious to say, James, but I just think that, it's it's an important kind of, it's important not to be in denial of that fact. Yeah. And I think it's easier for us to be in denial.

We want, you know, we want things to say at the same or to go back to how they were that the other part, just that you allude to because I'm a psychiatrist, is you you get to drop this into the kind of, when I think about kind of like your equation of mental health, you know, see, is the nine tendencies, things we do to like, as I said, put points on the board and kind of build up our mental resilience, our mental fitness.

I just think, anticipate that there's going to be a challenge. It's a challenge because the timeline is unknowable. It's a challenge because it's being of service and it's a different type of service. The when we take care of our kids.

Right. There's a this, a generative thing. When we take care of the elderly, it's the satisfaction, the the feeling of it. What it brings up for us is very different.

Praises much more about our own mortality. Settles us in a different way. But it's, you know, it's it's a less kind of optimism. There's more heaviness and sadness, just really encouraging people to engage with those feelings as part of it.

Doubling down on your mental fitness. I think it's why you've had me here, James. Is that for everyone who's listening, who's a caregiver? Like, I hope you hear my, enthusiasm and my hope for your mental health and that there are, I think, in the new science, if we look at the mental kind of, landscape and look at our mental health, you know, not through these controversy.

People like arguing about, like, oh, should you eat red meat or not? Or like, oh, so you take that meat or not, but much more through. Hey, each day in front of you, there's a lot of decisions you're making.

And I think we could all make them just a little bit better. But there's what we eat or how we move, or how we connect or how we engage. And the data says it's great for our mental health.

And that's what I try and go through in the book of again, encouraging things for last. What to do for your mental health today I got lots of ideas for you, and I hope that healing the mind brain helps bring those alive for people.

Well, look, I think that's a great starting point and I think the book will do a great job in setting that tone. Just one last thing that I want to ask you specific with regard to the modern brain, you know, can you just just briefly share what you think is sort of like the, the major things that are driving at this level of dysfunction in the modern brain that should be minimized or avoided, that, hyper novel and that, wrecking the mental health of people who, you see, I think there's like a set of molecules who are the culprits.

And I think often we're looking for one when there's a set of them and they're nuanced, but you can say sugar is causing the obesity and diabetes epidemic, and that's driving epic levels of inflammation and depression.

Risk and anxiety risk. And, you know, and there's some truth to that. The answer, though, isn't that, like, all carbs are evil and you should never eat a sweet potato.

Or that, you know, all sugar is bad and you can't ever have, like, I don't know, a milkshake. So so there's, I would say some culprits, like diet. There's a little more nuance to it.

And, and then the problem is, even with nuance, without nuance, people are having a hard time enacting change, as you referenced earlier. I think it's where coaching has come up, where people are just having a hard time by themselves, eating the right stuff and knowing what the right stuff to eat is.

And then I think there are the molecules, the question mark, like microplastics in our brain, you know, like maybe that's just getting you ready for Elon's implant.

So I got a little plastic up there already. I don't know, like, I don't know how it's going to feel like, but it is a new set of molecules. And, and as I've kind of always preached, whether it's, from the food standpoint, right, of asking people to move away from the 40,000 chemicals that are in the grocery store to like the natural real ones apples, pears, salmon, you know, like real food.

I think there's a similar thing we need to do in our personal environments moving away. It's so easy to just, you know, whether it's having your fancy tea bag, you know, you just took in 2 billion nano plastic particles or it just ordered in, and it just I do this all the time.

I didn't check, didn't ask. I got a big hot thing of like, yummy noodle soup in a plastic container, you know, just probably still going to eat it, right.

So how can we take actions and minimize some of these new molecules that, you know, the, the microplastic and plastic, it's like an evolving story. I would say that the culprits I see and I kind of go over them in, healing the modern brain, you know, they start with things like nutrition, but I really kind of go into and get after the effects of urban living and and not that I think, you know, in the book, I move out to the country.

So I talk about that. But I don't think that's the answer. But I think it's important that we're aware of the noise, the light, the, the, the deficit in, in nature.

And then, I would say if there's one piece like the modern brain I think is really gotten us, it's that it's pulled us off of the last tenet plus two tenets in the book.

Everyone is, number eight is unburdening and sort of saying, whether it's that you have a family member with Alzheimer's disease, you've gotten the diagnosis, you're looking at the next few years.

And it's really it's a it's, both a grieving process and maybe a trauma in a way. A lot of us carry around stuff, whether you were, just did an interview with a combat veteran who just talked about hitting a point in his life, he had to stop drinking and go into therapy, confront what he hadn't been confronting.

Maybe it's not something quite as clear to you. Maybe you had a trauma of neglect. Those are some of the most damaging, pernicious that I see. Your family looked like it functioned, but it didn't.

It didn't take care of you. It didn't help you develop in some fundamental way.

Modern Brain Stressors, Purpose, and Closing Thoughts

So unburdening is asking people to not run and not blindly unpack and not run down to Peru and do lots of ayahuasca, but to to sit with what has happened to them and how it's in their way.

And then the last is purpose. And, you know, if I think about like what has caused some of, you know, and yes, like what's a major driver, I think people have lost a sense of purpose.

I think there's a digital distraction where we think our purpose is to get more followers or learn new doubts or get our telomeres longer, or eat more protein.

So our muscles are bigger. So we live forever and like that. That's not your purpose. Those are like some minor attributes of your personhood and your self care.

And so the bigger sense of who you are, why you're here, what you're doing with your time, and I ask you to approach that in a little bit of a different way.

So often there's a focus on like our passions, and I'm quite against that idea. I think it's quite horrible to tell young people they should follow their passions, because those same people have no idea what that means.

And it's not a it's, it's I don't know, it's not. So it doesn't really strike me as useful clinical approach. What's a more, useful clinical approach?

And actually, I talk about in the book, it's like one of the first things they teach us in psychiatry school at this phrase, follow the affect. And it was only lights up about something.

It's happy, it's sad. You get like a if it's like a little meter in your room of like emotionality in your treatment room, that that's where the good stuff is.

That's where you follow the patient. That's where you want to go with them. And, and, I think purpose comes from that, that your nervous system is a bit like an antenna.

It's wired to receive things that are a little different to me. What what is leading? You know, James and I care about similar things. We have some different ideas. We have some different values.

You have some different opinions. But what drives us, like our sense of purpose, is probably somewhat related right around around being, transforming change around a system that needs to improve, around wanting to maybe be, innovative with new ideas and new technology.

And it all informs a very, though very individual sense of purpose for us. For me, it's been, I've put it it's it's been very clear because I find a tremendous amount of joy in psychotherapy sessions with patients, a tremendous amount of creative satisfaction, amazement.

Like there's something almost magical. And what people bring in when they let their kind of flow happen, like where they go, what they discover, what they say.

It's just it's so in some ways, like, as was that my purpose just to listen and be a therapist. And it's like, that doesn't exactly capture it, but it's a part of it, right?

It was like a little breadcrumb for me on the trail to finding more, more, just a better sense of purpose. So I think that that ends the book in part and these kind of bookends of self-awareness and purpose, it's very intentional that they're there because I do think if you can start with one and end with the other, it undermines, a lot of the forces that are taking our health from us.

Yeah, I completely agree with that. And I'm glad that you able to to share that. And I'm glad that were able to capture that. And I encourage people who, you know, thinking about this to, by the book, get engaged, you know, get connected.

I really appreciate your body of work. And I think that whether you're a caregiver or whether you are concerned about your own brain health, I mean, ultimately, everything that you said is a pathway towards good mental health

and and good health generally.

You know, this is this is where it all starts. It's all connected. And, if you follow your work for a long time, we know that that's you know, that it's that's what it's all about.

So Doctor Drew Ramsey, thank you so much for being part of, the, this summit, really value as a, as a team member on this team of this transformation that is occurring in health care and in the health of people.

And, it's not always easy to be at the very front of it, but I think that you're doing, a great job in spreading the word and obviously the the diligence that you have with the people in your private practice.

I know it's not easy to get through time, but I'm sure all the people that do get it, feel that, it's it's magnificently valuable to them. So thank you for being part of the summit.

Thank you for your work and, for your book and your writing and making it available for more people. And, I hope that if you're listening to this, you've taken some stuff away from it.

If you found it valuable, please share it with other people. You can hear this. This session today. And then, there are plenty of other, there are other things that that drew is lightly touched on, like, lifestyle habits for healthy brains, like microplastics, those kind of things where we have, deeper dives into that throughout the summit.

So thank you so much for tuning in, and we'll see you on the next session. So a warm welcome to the podcast, doctor Drew Ramsey. How are you doing, doc?

Hey, James. I'm doing really well. It's great to be back. It's fun to come kind of, full circle and reflect, I guess. I think we've known each other almost like two decades and seeing each other do a lot of different things in the space.

So I really appreciate you having me on, and thanks so much for taking some time to think about mental fitness and this new idea I have, and healing the modern brain that we got, we got to do more to take care of our mental health these days than ever before.

Yes, we do. And, we're going to jump into all of that. And yeah, it is. You know, if you watch the early episodes of the Functional Forum, you know that, doctor Jerry Ramsey was there or thereabouts.

We had some, you know, epic episodes with regard to, you know, brain health and, and, you know, early on, even some of the, the, the ideas that you were bringing about, nutrient density and, and, and how to eat well for your brain.

And so some of those ideas will be very, very, familiar to many, much of our audience. But I'm excited about your new book, and I'd love to just, you know, start with understanding, where it came from and what some of the tenants are.

Right. But I think that. And then we can find a place to come in. Perfect. I think that's exactly just perfect. That's exactly where we went into so, so awesome.

Alex, you're plugged in with Alex on my team. She has all of the. We're going to have some, you know, various, posts and some text and everything, although you're created all of that stuff in terms of spreading to your list and social and whatever you can do to get the preorder link out there, we really appreciate it.

I think, I don't know, maybe I'm delusional. I feel like I'm kind of striking distance, like we've increased our list. I don't know, we're like in the 65,000.

Like last time I launched, I was like at nine, so, you know, not huge, but something social was like at ten last time. Now it's at like 60 something. So.

But then you just don't know. It's like, you know, you look at your stories and you know, you just don't know. It's like, how are these three links? How are these three links to the Amazon page going to get me to the bestseller list?

Well good luck, I wish you luck. I don't yeah I don't know anything about that. I don't agree with you. You know lots about it. If you can plug your list in any way, I really appreciate.

Yeah, we'll do that. I mean, I have a great a scheme of getting on the New York Times bestseller list, I think is and I think it's like this, you basically get to build a network that has lists of people and folks who are going to show up and go to bat for you and tell people to buy the book.

And, you know, just I'm hoping that's how it works. I'll keep it up. I appreciate your help, James, and I look forward to seeing you down the road, man.

And, I'm glad it sounds like Julie's doing okay. So glad he's feeling all right. I'll, I'll talk to you soon. Thank you so much. All right. Yes. Bye.