Introduction to the Summit and Dr. Ramsey

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello everyone and welcome to another special segment from the Alzheimer's Summit.

I am very excited to have with me Dr. Drew Ramsey. My name's James Maskell. I'm one of the hosts here on the Reversing Alzheimer's Summit and I've known Dr.

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 Dr. Drew Ramsey, welcome to the summit. Thank you, James. It's great to be here, everybody watching.

Great to be with you and stoked to do another summit. I'm realizing, seeing this summit, probably a lot of you who purchase 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.

And people wonder like, why talk to a psychiatrist about Alzheimer's? It's like, because we're the doctors who are gonna 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 affecting 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, move their bodies more.

And that's, you know, as we see over and over again in the data, that's like, 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 tenets of mental health and healing the modern brain are all about, look, 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?

you know, there's a little more concern than I have than I ever had 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's always 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, are family members or caregivers, right?

Mental Health as Brain Health Prevention

There's 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. 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 True Neuro and the work that we're doing to make it easier for any health professional to make lifestyle recommendations and support people in their journey.

And it hasn't always been in scope, right, for… It started to rip, but when you and I met, it's actually almost two decades ago that we met, James. We've known each other a long time.

In the health recommendations of all the organizations, American Psychiatric Association, World Health Organization, there wasn't diet and exercise in those evidence-based recommendations.

I think what's shifted is there are more people engaging in those evidence-based protocols than ever before. There's more community standard and mental health around lifestyle medicine than ever before.

But I think you're right, it's not what people expect. I still, when I ask people like, 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? You know, these days people, especially because it's me, people expect that question, but I still, you know, it confuses people.

Why does a psychiatrist want to know what I had for breakfast? And even though we know it's common sense, it's like, where else does magnesium, folate, zinc, omega-3, it's like, where else does it come from besides breakfast?

That's where it starts. So getting a sense of my patients and not just the foods they eat, but also I think about it as a vital sign, James. It's a way that nutritional psychiatry people get all gummed up in the weeds about the microbiome and nutrient density.

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 seeing other metrics, other windows that I could have into my patients' lives that would tell me about them.

You know, that kind of classic advice in writing, like, show me, don't tell me. 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 when you're talking about dinnertime. 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 is 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 gonna be in the grocery store. You're gonna 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 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 the community plays in health, you get that through the food lens too. That's really, really cool. And I hadn't thought about that before, but now 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 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 core tenants? Yeah, so I go through the tenets and I think that the first part of the book, the starting point is really asking people to think about the milieu we're 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 doctors haven't paid attention to what they're prescribing.

or that we don't like study and understand like I would say SSRIs 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 anything. All the theories that have been about are wrong. It's just, it's through, I think the first step that I ask of people is to take your 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.

Self-Awareness and Clinical Listening

Like I see a lot of people playing around with. I see people coming in and 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 tenets, we start with self-awareness. The tenet of self-awareness is so critical because until you know what you're struggling with, you have words for it, 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, 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. And it's just so obvious what's wrong with them from a mental health perspective, but they haven't been seeing mental health clinicians.

And so that happens a lot. That happens a lot around trauma, unfortunately. But they kind of know the car you're driving, or as they say a lot, know the hand that you've been dealt.

Like our job in healthcare 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.

You're like, who gave you that one? that two of spades. Oh, I see you got an ace there. Where did that come from? How do you play that one? 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 write 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 co-created lexicon or language. Certain things mean something to certain patients. And then understanding that and having that awareness, like self-awareness and then 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, because I find 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. A lot of times 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 every good clinician knows. We want 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. How do we begin to create that if you're going to have challenges in capacity?

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 there 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's strengths are.

If you look at that where coaching has kind of made its way into medicine. place where we start, like what are the strengths of this person and also maybe in the collective and I just feel like what you're saying there 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 contextualizes why if someone is starting with self-awareness in a mental health relationship I can see why that's so valuable.

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

Follow-up sessions are 45 minutes. 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. I marvel at my colleagues. I know they get a lot of flack in primary care.

The idea that you're going to have one of my buddies in Indiana as a primary care doc is like a patient caseload. I think of over 3,000 patients. And so for him to simply ask about anxiety, depression, cognitive-reserved 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 is what we want, though. I think where patients like it when they find a mental health clinician that's good, you remember them.

I think right now, probably almost all of my patients on my caseload, I can tell you their medical regimen, 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, their kind of institutions they're affiliated with. It's like a great cognitive challenge being in a mental health space, and you need

to keep that kind of active and live.

And so it's a lot different than other 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, things that have to happen before more severe symptoms take hold. So 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 wish I was a more efficient and scalable model because I really enjoy my work.

Nutrition, Sleep, and Lifestyle Medicine

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

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, I think, in Eat to Beat Depression and Anxiety, my last book, and also Eat to Beat Depression, our e-course up on my website.

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 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 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, at least three trials showing that now.

And you know, that ubiquitous thing we hear, James, right? Too much ultra-processed food. So look at your plate. Is it beige? Is it processed food? Or is it filled with colorful plants and vegetables and healthy proteins?

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

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 does sleep affect neuroplasticity? How does it affect inflammation? How does it affect the microbiome?

What is new about sleep? Most people don't think about sleep as the waste cycle. like waste removal cycle of their brain, but that's what we understand it is now through the glymphatic 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 as a

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. where we can talk about, it's great, we're talking about the loneliness epidemic. But I don't know, like, you and I are a good example, James.

You and I are middle-aged white men with kids, right? Business, entrepreneur, stuff like, what are you doing actively to keep your connections going? I bet, you know, at this age, you're probably a little more aware, a little more tuned into it than men ever have been before.

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. Yeah, it's interesting. So, you know, I'm glad you're, 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 all 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 and 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 give you a little reframe interpretation there, James. Reframes are my what? Just because, you know, James is a daddy in his forties, right?

And this idea that like, you know, the other relationships have 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 as you are focused on having a family, as you're settled into a community, it's one of those moves that feels like, oh, you're neglecting maybe friends from the past or people like me.

And I see it a lot more in the terminology of evolution, that your web of connection is evolving, it's settling, it's deepening. Right. And it takes a lot of time and attention because, you know, sometimes we've known each other a long time, see each other, do a lot of things that creates a certain type of connectivity.

And and it's it's I talk a lot with patients, but 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 our hearts here in Jackson, really helped us get settled here.

You know, so just getting that good time together, as you're saying that structure of regularity, it's great. You have a men's group. Right. It's commitment every week.

I bet that sounds overwhelming to some people listening, like, oh, every week, bro, 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 recognize that, you know, you, like I needed, I'll speak for myself, I needed 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 great thing about sort of 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 and 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 very different kind of relational needs for us.

Connection, Caregiving, and Grief

Yeah, I'd love for you to, I think one of the things I'd love for you to share about, you mentioned a little bit earlier, like obviously on this summit, 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'd love for, you know, you mentioned a little bit there, like speaking to people who are in the journey of caring for people, because I know that can be stressful and cognitive decline inducing through the stress that's created of being in service of a loved one.

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

Well, I can probably answer 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 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 like 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 gotten a lot of inspiration from groups, even just being of all periphery with like Hilarity for Charity or the Women's Alzheimer's Movement of just hearing from other caregivers.

And speaking with a woman, with Maria Shriver once, and I'm going to 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. But she was right. That's what I wanted to do. But it wasn't that simple for me. But I think having a primary attitude of kindness and being of service, I think this is really hard for parents and their kids when there's unresolved Stuff which a lot of time there is it doesn't have to be a massive trauma or you know abuse situation or I guess for victims violent crime sometimes 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, 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 as something that happens in mortality, like, you know, you've passed and that's when I say goodbye. And I think with Alzheimer's and with dementing illnesses in general, there's an initial mourning process that people don't anticipate where you really need to say goodbye to the way that things were.

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 an important kind of, it's important not to be in denial of that fact. And I think it's easy for us to be in denial.

We want things to say the same or to go back to how they were. I think the other part just that you allude to, because I'm a psychiatrist, is you've got to drop this into the kind of, I think, kind of like your equation of mental health.

You know, I see as the nine tenets as 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.

When we take care of our kids, there's this generative thing. When we take care of the elderly, it's a satisfaction. The feeling of it, what it brings up for us, is very different.

It braises much more about our own mortality. It settles us in a different way, but it's with less optimism. There's more heaviness and sadness. I just think 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 keep like arguing about like, oh, should you eat red meat or not?

Or like, oh, should you take that med 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.

Whether it'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 if you're lost 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 specifically with regard to the modern brain. You know, can you just briefly share what you think are sort of like the major things that are driving a level of dysfunction in the modern brain that should be minimized or avoided, that hypernovel 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. 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 all carbs are evil and you should never eat a sweet potato, or that all sugar is bad and you can't ever have, I don't know, a milkshake.

So there's, I would say, some culturists, like diet, there's a little more nuance to it. And then the problem is that 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.

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

So I got a little plastic up there already. I don't know. Like, I don't know what that's going to feel like. But just a new set of molecules. 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 and, oh, you just took in 2 billion nanoplastic particles, or I just ordered in and it just, I do this all the time, just 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 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 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 deficit in nature.

And then I would say if there's one piece, like the modern brain, I think, has really gotten us, it's that it's pulled us off of the last tenet. The last 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 both a grieving process and maybe a trauma in a way.

A lot of us carry around stuff. Whether you were, I just did an interview with a combat veteran who just talked about hitting a point in his life where 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.

Modern Brain Stressors and Finding Purpose

It didn't take care of you. It didn't help you develop in some fundamental way. 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 sit with what has happened to them and how it's in their way.

And then the last is purpose. I mean 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 dance 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 people 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 most young people have no idea what that means.

I don't know. It doesn't really strike me as useful clinical approach. What's a more useful clinical approach, and actually I talk about it in the book, it's like one of the first things they teach us in psychiatry school, this phrase, follow the affect.

And when someone lights up about something, it's happy, it's sad. You get like, if there'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 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 than me. What is lighting? 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 a transforming change around a system that needs to improve around wanting to maybe be innovative with new ideas and new technology.

But it all informs a very individual sense of purpose for us. For me, 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 in what people bring in when they let their kind of flow happen, like where they go, what they discover, what they say.

So in some ways like, is 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.

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 were able to share that. And I'm glad that we're able to capture that. And I encourage people who are thinking about this to buy the book, get engaged, 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. Ultimately, everything that you've said is a pathway towards good mental health and good health generally.

This is where it all starts. It's all connected. If you followed your work for a long time, we know that that's what it's all about. Dr. Drew Ramsey, thanks so much for being part of this summit.

I really value you as a team member on this team of this transformation that is occurring in healthcare 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 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 Drew has 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 thanks so much for tuning in and we'll see you on the next session. So a warm welcome to the podcast, Dr. 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 a full circle and reflect on, gosh, I think we've known each other almost like two decades and seen 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 in healing the modern brain that We gotta 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 Dr.

Drew 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 all right and then think that and then we can find a place to cut in perfect i think that's exactly you just did a perfect that's exactly where we went into 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 texts and everything. Although you're great at all of that stuff in terms of spreading to your list and social and whatever you can do to get the pre-order 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 10 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 it. Have a greater scheme of getting on the New York Times bestseller list.

I think it's like this. You basically got 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.

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 Uli's doing okay.

So I'm glad he's doing all right. I'll talk to you soon. Thank you so much. All right. Cheers. Bye. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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