Breath Body Connection: Airway Health, Posture, and the Nervous System with Dr. Mandeep Johal Transcript

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Introduction to the guest and episode theme

It feels so good and easy to breathe. Yes. Well, I find it really, really fascinating. It's not really taught that much in school, but we know how important nutrition is.

The tongue is just as important. Did I make the full circle? I hope I'm really true. Yeah. Hello and welcome to another episode of Root to Rise. My name is Dr.

Emily Spookle, your host. Very excited for today's show and our guest. I actually had her on an IG live about a month or so ago. Fascinating conversation.

And then we followed that with a webinar. This is my very good friend, Dr Mandeep Johal. So our guest, Dr. Mandeep Chahal, she is a biological dentist based out of Ontario, Canada, and she believes in whole body wellness and that starts in your mouth.

She takes an integrative approach to dentistry, showing how oral health connects to breathing, facial and airway development, nutrition, posture, even the nervous system.

With extensive training in areas like airway-focused orthodontics, tongue-tied treatments, sleep apnea, and dental posture connections, Dr. Johal is at the forefront of redefining what it means to care for oral health.

In this episode, we will explore how breathing patterns, oral posture can affect the nervous system and the surprising link between nutrition, feet and real-world transformations across all ages.

Dr. Mendy, thank you so much for being a guest on Roots Arise. Thank you, so, much, for having me on, Emily. This is so fun. We could talk for hours. I mean, with everything said, I'm like, is there even enough time?

There's no way we can cover all that. So consider this the first time coming on the podcast.

How mouth breathing affects posture and the airway

So where would you want to get started? There's so much to talk about. I know. So I would say for the listeners who have not heard the IG live or the webinar and they're probably thinking feet podiatry.

How does this connect to the airway? So if you could just start by introducing a little bit about air way mechanics and why it's important and how our posture connects to that.

Okay, so the basics I'm going to start with, everybody will understand, is nasal breathing and mouth breathing. So what ends up happening, unfortunately, majority of us are unfortunately mouth-breathing, and if you're thinking I am not, the majority are go, go go.

If you are always on the go and you haven't really stopped and slowed down and checked on your breath, chances are you most likely mouth And that alone ends up happening when your mouth breathing is your tongue sits low.

And we talk about mechanics, we're going to keep it real simple, is that when you're tongue sets low and your breath, guess what your head does? It goes forward.

Okay, so when your head goes forward, now you're creating that cascade effect happening. Patients are going to be like, my traps are tight, oh my mid-back's starting to hurt.

And then I had a patient today say, Oh yeah, I'm working with PT on my pelvic floor today. Tongue was tied, we'll talk about it in a different podcast, meaning tongue is sitting down low, mouth is open, lips are chapped.

perfectly functioning nose from what I can see. I'm not an ENT, I am a functional dentist, but I know he had the capability of breathing through his nose if he needed to.

But his low back is killing him and he's working on pelvic floor therapy. And I like, we need to work on your breathing. He's like what does a dentist care about how I breathe?

I mean, if you can't breathe properly, you are in a sympathetic state, fight or flight. How do you fix something if you're in a constant fight or flight state.

So that's why I want to bring our patients into nasal breathing, bringing you into a more calm parasympathetic state and get that posture upright and your head back where it should be.

Yeah, absolutely. So from a foot to airway, for those that were not on the webinar specifically, we were introduced or we connected through how you look at airways health to the feet and then got introduced to my work.

But just for the listeners, what is that powerful connection between possibly foot posture and air way posture? So we can go with a couple examples, but now think about the head.

So for every inch you're forward, you will know the numbers for this. There's an extra amount of weight that's being put on your spine. But what carries us is our feet.

Now you have these patients that are mouth breathing, forward head posture, and now our feed are doing brunt of the work because they've got to carry this forward-head posture.

Your center of balance is off. It's going to have a detrimental effect. So when I do orthodontic treatment for my patients, call it airway orthodox, because I care about how they breathe, I'm focusing on head and neck.

I did full postural pictures. Yes, i'm not here to treat and tell a patient their hip is off their feet alignment is like your feet is flat foot or not.

That's not my expertise. but I can suspect and direct them to people like you. And they're always amazed, like, why do you care about my feet? I'm like I, can't change your head and neck position, your jaw position especially if you're not working on the rest of your body and your feet are critical to that.

So I've seen changes, my example I gave you is my son. We worked on getting that lower jaw forward, expanding his airway, getting him to breathe better through his nose, extending that palate.

but we noticed that he's really flat-footed, so he would constantly always go forward and do a head tilt. And then a friend of mine's like, Mandeep, he is really, flat footed.

This is what you're going to do. Then it was needing that stimulation for the feet. Our kids these days are constantly in shoes and socks and they're not getting that simulation on the which I learned like this has really helped both my children and actually for a lot of things not just posture but like attention and you know it's your proprioception.

Feet, posture, and whole-body airway mechanics

The brain just cares where it is in relative to gravity. If you could give that feedback from like a jaw that's positioned correctly or feedback, from the feet, the brain's like, oh, thank you.

I just cared about where I was relative to gravity. and the feet allow us. It's like a direct connection. I mean, I know this is your expertise. Yes, but no, that's what we learned from you.

Well, yes, well I find it really, really fascinating and I like to share other professionals' perspectives of how they see it, because of course I'm taking a very bird's-eye view at the feed and of, course how it influences from the ground up, How you practice sounds very unique as a airway dentist, airways specialist.

How prevalent is that in your industry? Are you the only one who's speaking about feet or is it becoming now more commonplace? So there is, you could Google Airway Dentist.

I am starting a movement called HEAL and I've started this platform at healforleadership.com where we're trying to gather more practitioners that are like-minded and want to collaborate with other practitioners But the whole body because we practice in silo and it's just over the years I've been practicing 15 years and we cannot treat our patients on our own like cure them like we're not in the business of curing or in The business that prevention, you know, so I see a lot of children I treat zero to a hundred but we should really be in a business a prevention So there are there more and more dentists that are becoming what's called functional dentist into the whole airway and they're putting all the pieces together and I mean I just came back from a chiropractic conference, I was presenting to them, so they are noticing that there is a need for this, for a dentist to communicate with chriopractors or other practitioners about what do I treat and how do we work together.

So it's happening. Okay, good, is it just a posture story? Meaning, if I'm not breathing the right way and I drop my jaw, my head goes forward, and my feet collapse, that's a postural story, right?

But are there greater effects to mouth breathing? or improper breathing patterns for children, for adults, maybe that extended to health in other ways, cognitive protection, emotional regulation.

What's the impact besides just posture? I love that. So I have two boys and like I said, I see a lot of children as well. And a lot of what's come up is a lotta boys are being mislabeled as ADHD or attention deficit.

And a lot of it, I always tell the parents, how does your child sleep? The way they sleep, meaning the way, they breathe at nighttime. Think about it.

We need that restorative sleep. They are growing exponentially, okay? Boys are busy. I'm not saying girls aren't, but boys are being more or less mislabeled and misdiagnosed with ADHD.

Not saying it doesn't exist. It's that sleep component. So if you don't hit that deep sleep cycle, which happens if your mouth breathing or child is bedwetting.

they're not getting the deepest sort of sleep, of course they can act out. If you and I don't sleep like we had a bad night, we can get up in the morning, have a cup of coffee.

We understand we didn't have good sleep. A child does not know what to do. They act doubt. Of course, they gonna have their tantrums and they are gonna act down.

So child's sleep is gonna affect their behavior. And when I mean sleep we're talking about breathing. Did I make the full circle? I hope I'm really trying.

Why airway dentistry is growing

So that sleeping is critical at nighttime. No child should ever snore. We do not want to hear loud breathing or snoring at night time. It's cute, but that doesn't mean it's not formal.

So let's say you're talking to a parent and they're kind of like, well, I don't know. Do you encourage them that you should do a sleep analysis on your child or just walk into the room and see if your children is sleeping with their mouth hanging open and you can hear them breathing?

Because I feel like some parents me like yeah, they're quiet. They're sleeping they wake up. We're good We've checked the boxes that they are getting X number of hours of sleep I am very as a mother very uniquely attuned to

sleeping and I want my daughter to have 10 to 11 hours minimum she just turned six and i assess her sleeping just every aspects because of just the industry that I'm in but how do you talk about that with parents and Well, I tell them my story, which is very emotional because I mean, all parents wanted the best for their kids.

So for me, my kids are 21 months apart. And when I was going around asking, why does my son have crowded teeth? This is what led me into this whole functional medicine.

Okay. My son had crowded teeth and went everywhere. Everybody was like, your son's like three. Why do you care about crowded tooth? I'm like if his teeth are crowded now at the age of three, what are they going to look like later?

Can't we prevent it? And everybody's, like you're crazy. Just wait until he's 13. So thank God for Google. Back then it was Google And I found a dentist in England, London, England who was like, yep, we're all about prevention, Mandy.

But he's like if you're going to come all the way here, he goes, you know, two kids under two, You're better off seeing my colleague in California. So I went to this amazing mentor and I just called him first.

First thing, do you what he asked me, Emily? He's, like how does your son sleep? And maybe I'm a bad mom, but I was like, he's my oldest. Had a little one in bed with me.

So I already had one of the bass in the room with my. My oldest was sleeping. I said, oh, I shut the door. Goes to sleep. Wakes up in morning. He's delightful, right?

Oldest child. And he's like, no, I need you to go in. And I'm like my god, he thinks I am like an absentee mom or something. I mean, working, two kids under two.

My husband, you know, is helping out as much as he can too. He was like okay, yeah, sure I'll check him out. Oh my gosh. It felt horrible because going in and seeing my son, not just one night, multiple nights over a span of a few weeks, my sun wasn't breathing at all.

Oh my God. It's like, what? And it tears me up because I'm like I feel like such a bad mom. I am like how did I not know this? My son had severe sleep apnea.

Wow. But he was such good kid I had no idea. How do I know? When am I taught? Did my pediatrician ever ask me? He's a wonderful pediatricians but nobody ever asked me how does your son sleep?

I didn't fill in a sleep assessment questionnaire and he's delightful, right? Yeah. And then it went down the rabbit hole. Oh, my god. He is pausing on breathing.

He sleeps with his head tilted up.

Sleep, behavior, and signs of breathing problems in children

So now think about head tilt up if you're sleeping. Now compare that to CPR image. Can you visualize when you do CPR on somebody and visualize a kid sleeping with their head tilted up?

They're literally doing CPR themselves all night long. To me, that is such a sad image. And now my mentor is like, That's what I suspect in Mindy. He goes, if somebody has crowded teeth, means they have a small jaw.

That means I have small airway. Okay. I'm like what caused it? He's like it's just breathing. For him, it was his large adenoids and large tonsils again.

No idea. So it was totally obstructing his airway. I'm not pro surgery, but sometimes you need it. And so I had to get tonsils and adenoids removed and the teachers were like, wow, he doesn't nap during the day anymore.

Well, you guys never told me. He's a delight. You just sometimes a snooze. But totally different. Like he just had more energy. Even though he was lacking the energy until he got it done.

Yeah, that was a hard one for me. Yeah. So what about for the listeners who don't have children or were maybe the child who's now an adult? They're like, oh, That was probably me as a child and my parent didn't do anything.

How, how would we suspect that outside of a partner? maybe saying you snore, you breathe very loud. So what could that be? I know you mentioned a little bit about like chat lips, but what would that?

And then what are some of the actionable steps that we could take? now. So for an adult if you're waking up with like dry mouth or you waking and your tongue has like these scalp edges or just not feeling rested like you know you just like I'm not, I just don't feel restful.

I need to take a nap during the day. You know fogginess like memory issues that you are having. Um, or, and a lot of people have, um, app like the, the rings, they have phones.

They can record the way you sleep and tell you. what your sleep is like, how much deep sleep you're having. I would say do that as much as possible to know what you sleep like.

And then actions you can take is see an ENT, get a referral for an E&T to see is there any obstructions in your airway, in you nose. See an airways dentist to how they can help you to help get you breathing through the nose and help with that tongue posture.

The tongue postures critical. If I see babies as well and when you look at a baby's mouth When you open them, the tongue is here. It literally makes that sound when they're sleeping or their mouth is closed.

But we lose that over time because maybe our palates are high bolted or our tongue not what it's supposed to do or you got congested, you've got allergies, whatever it may be.

Our tongue supposed be stuck on the roof of the mouth. So it creates a negative pressure, right, which helps lift everything. And one thing we didn't touch on is think But going back to posture, the tongue, diaphragm, and the pelvic, they're all pumps and they are all connected.

So getting that tongue on the roof of the mouth is critical. See your airway dentist? See how they can help you breathing through the nose? And get that tongues doing what it's supposed to do.

Get it out of air way, on roof the of mouth and get those lips sealed. Got it. What is your opinion on breathing strips? Mouth tape. So the different hacks that you could do at home to try to break the habit of mouth breathing and do nasal breathing.

One test I would have everybody do is called the Cutlow maneuver test where I'll have them put their fingers right next to their nose and then I have you just pull and breathe through your nose.

See how you feel. Okay, now let go. And now breathe through your nose again, which was easier. I get, my knees will collapse. See, I get nasal collapse.

So I mean I don't breathe that heavy. I've been working really hard, thank God, for botanical breathing, on going down my breathing. But most people, like I said, sympathetic state, breathing really fast, you get a nasal collapsed.

Yes, so I would recommend a breathe right strip, nasal dilators, anything to just really get that. that feeling, like it feels so good and easy to breathe.

Then if you do that, then I would say, okay, we can tape to start training the muscles. So I don't really tape over the lips. I like to tape around the lip and I use kinesiology tape because kineiology has like this little give like textile feeling.

Adult symptoms, sleep checks, and nasal breathing tools

And it's a great messaging for the brain to say hey, work, keep those lips sealed together. Yeah, I remember you saying that. So we started using mouth tape since we did our webinar, yeah.

And it's made of probably kinesiology tape as well. I just buy it for like, I don't know, six bucks for a hundred of them on Amazon. But it was really fascinating.

One, it works and you can breathe through them. So the reason that I never did them before is I was like I have a similar collapse, like a nasal collapse on my left side.

As like if I do Mouth tape, it might trigger like a claustrophobic effect, where I'm like, I can't breathe. But there's something about the mouth tape because you can still breathe through kinesiology tape.

It was fascinating that last night I went to the bathroom. whatever it was like three in the morning or something. And then I had to get a drink of water.

It's thirsty. So it's like, I'm gonna drink my water, so I lift like a corner of the tape, drink the water but I did it in like messy way and the take got all messed up.

I just took it off and I was, like I am fine I will go back to bed. and then, I could not go to back bed because it is such an anchor to make me sleep now.

I'm very into anchors for sleep. I use weighted blankets, weighted eye masks. So I just thought it was another fascinating thing that I was like, when I put on the mouth tape, my brain knows it is time to sleep, so, you know, use that for what it I love that.

That is so great. I hate creating dependence to don't get me wrong, I'm not like I loved that is working for you. But I do hate comparing like making that dependence as well.

Because I know a lot of what's called malfunctional therapists, they are coaches help train the tongue train, the muscles of the face. They're they want to help you long term how to get that seal on its own.

It's just really challenging to do as an adult. And that's what we love treating Children, they're much easier to wire. But I just think if you got to use it, just use Yeah, no.

So I am curious for the listeners, because I know they are going to be super curious as well, is tongue ties. And you mentioned a little bit in the beginning, and we know that's one of your specialties, but the effect of a tongue tie for a newborn baby makes sense with the latch and the difficulty creating a latch for breastfeeding.

But how does that translate all the way into the affect of an adult? Wow, we definitely don't have enough time to dive in all of it. Let's see, very quick.

So I had an adult patient today whose case I'm definitely gonna document, tied to the tip. She is in her late thirties, tie to tip, lived her whole life, no problem, until, but then when she started talking about her health history, lower back pain, trite tap, really, tight traps, was a dancer, did yoga for years, always felt inflexible.

She just couldn't really touch her toes. And she always feels stiff. Her chiropractor said, you know what? You're really tongue-tied. Maybe you should get that assessed.

Today we did her release. And as soon as we did the release, her range of motion from mid-back and this just completely changed. Her range emotion, like to look over her traps changed like instantly with the tongue tie release.

She was able to touch her toes. It's not about touching your toes, it's the ease of how you could touch your toe. And

that comes down to the deep front line chain, the fascia.

So we have to understand, I was working with a physical therapist who said, Mindy, your deep front line starts here and ends at your feet. And I said you're right, it is connected to the feet, but it actually starts at the tip of your tongue.

The fascia encases the tongue, all the way down to the toes and so it's that misconception that a lot of people have is our tongue you swallow two to three thousand times a day okay so if you swallowed like this two to three thousand times a day, try it.

It strains your jaw, strains you neck, right? So if you're doing incorrect swallow or your tongue isn't functioning the way it's supposed to do, it is going to recruit other muscles to the work that the tongue is unable to.

Tongue ties in adults and whole-body compensation

So now think about, even with yourself, when you treat patients, remember our body can't compensate as well once it passes 35, 40. Our body's like, hey, I'm done.

I carried you this far. Not working that hard anymore. And that's when things start to deteriorate and we all seek out, oh, we got to do this. We got do something.

Stretch more. It's just it starts from birth. That's why I love to treat babies, obviously, is because it's much easier. The results are great. But adults, it just our compensation patterns.

So the tongue isn't just for swallowing and speaking, there is like a neural connection, a direct connection to our brain. Think about, again, the nervous system, getting that tongue on the roof of the mouth and triggering that vagus nerve, right?

Yeah, so why do you think tongue ties are not caught or identified as frequently in adults? Are they just not mentioned or are they seemingly thought to not have an effect after being a baby?

It's research, right? So our industry and medicine in general is like, where's the research? But people forget before research comes clinical studies, you observe something in clinic and then it takes time, it's 20 to 30 years.

I think a lot of our society is we're so fast paced, we want stuff now, takes 20-30 years, so 20, 30 from now yes, people are gonna be like wow, this is huge.

But because this still the early stages, there is research. My mentor, who's absolutely fantastic, Dr. Shirosegi, I've learned so much from him. Him and his team are doing so research for adults, and they have published quite a bit.

So it's just not that well-known and well accepted because it is not really taught in medical school or dental school. It's only taught for… I don't even think it was taught to us in dental schools, really, to be honest.

Oh, this is the time we moved on. But it not taught at med school and dental Like a lot of things. Feet are just as important. How much attention is given to feet?

Or nutrition. Think about this whole kick in about nutrition right now that's happening. But it's not really taught that much in school, but we know how important nutrition is.

The tongue is just important, so there will be a time that it will take some time, it is going to come around. It's just because it isn't well documented.

And you know what? I can make the argument too. We have some practitioners that don't even believe tongue ties exist for babies. So it's 2025 and we're still making these arguments for that.

So how are we going to progress to adults if they feel like tongue-tied like this for babies? And I'm not saying everybody's tongue tied. Please base it on symptoms.

Treat the body as a whole. Look, treat and listen to your patients is what I would say. It's really important that we hear our patients out. Take our time.

So is a lip tie the same or similar effect or does that not exist? So it's different, like when we're using, what are we using our lip for? So when you're swallowing, it is not really involved as much.

I do lip tie releases for different reasons. A, I'll do it for young children with the hygiene, if a parent can brush their child's teeth. And there's a web, there is a tie right underneath here, and when the patient goes in or the parent goes to try to brush it, they're like, ooh, can't get in there.

Well, let's release the tie. so we can save those teeth, baby teeth or adult teeth. The other reason I would do it is if a chiroosteal is like, Mindy, there is a lot of tension in this plane, it's creating a lots of cranial tension.

Again, this is not my realm. I can diagnose the tie. There are different grades and they're being referred by a Chiropractor who's like I'm really trying to change the cranium.

And again, we could make the argument some people feel like the sutures are 100% like formed and there's no movement, but chiro and osteos that are cranial sacral therapists, they understand there are movements happening all the time.

Kids, I'm literally seeing heads change when we look at ties and buckle ties. I've had an osteo in the room do what's called a guided release. Meaning, I have a baby on the table that's getting a lift tie release and a tongue tie and have an osteopath who's literally holding the baby's head.

Lip ties, cranial tension, and manual therapy collaboration

And they can feel every change that I do. Inter orally, they're like, wow, we're feeling movement happening everywhere, Mandy. to me that's mind-blowing.

To me it's like, it is learning for me too, so I know just the right amount how much to release. So that is when I need to know if I should release a lip tie or not.

And how do you put that in research? How do osteopaths and Kairos release research on this movement of the feeling in their hands? I think it matters.

A lot of that it intuitive. almost, I mean, medicine is an art, versus just a pure science. I think there's an element of an artwork to it, and that's just some of the uniqueness of your skill and the practitioners you were working with.

Yeah. I mean, they could tell when your temporal bones are off. So when I look at babies, I'm looking at, are their ears lined up? Are their eyes lined?

And I know we're not a society about superficial, like Canada, not California, but like, it's not superficial. Right. asymmetrical, but that asymmetry leads to like the TMJ issues later on.

That's completely off. Eyes that aren't level, think about postural issues. It's going to have a detrimental effect. So we can change that. And we change our mindset in medicine.

Like, hey, listen, these osteos and chiros or any manual therapist, craniosacral therapist. If they could feel that the sphenoid bone, the temporal bone aren t where they should be, and they can manually just do this little touch.

Why are we not doing this more? It would save us hundreds and dollars later on, thousands of dollars, later if we can get manual therapists doing, intervening at an earlier stage.

Yeah, no, absolutely. So I have a couple more questions for you. One may seem a little kind of over to the left, but it's about the teeth and the teathtouching, where I have heard from a craniosacral therapist, and again, don't know if I'm interpreting this the right way, that when our teeth touch and perhaps it is the clenching or just the touching action of the tooth, then that is dysregulating to our autonomic nervous system and it something that can keep pushing you in towards a fight or flight sympathetic state.

Is there validity behind that or am I just kind of adding a little bit deeper interpretation to that? No, you're 100% right. So our teeth should not touch more than 10 minutes a day.

Okay. patients that are clenching, meaning holding their teeth together, or grinding their tooth, their, they're teeth are definitely touching more than 10 minutes a day.

So it all comes down to anatomy. What, what nerve gets activated when your teeth touch is a trigeminal nerve. And trigerminal nervous brings us into like a very fight or flight sympathetic state, because you know why?

The nerve, if you were to look at anatomy and trace the trigeminol nerve you, know what runs right along? is a vagus nerve. So this is the size of the trigeminal.

This is size the tiny, itty bitty little vagous nerve, which is so powerful in what it does. But the trigemina is SO powerful that it will overpower the vagal nerve and will really shift your autonomic system into a sympathetic state.

I see it over and over again. When patients are in my chair and they're clenching, I sit down with them and I'm like, what's going on? Like, are you in something stressful happening?

Of course, new job, sitting for long periods of hours, you know, some stressful situations happening, they're like, we carry in our face. Right? So they were already in a very stressful situation, and they are doing all this chiropractic work and osteo work, trying to change their posture.

Teeth clenching, nervous system regulation, and takeaways

we gotta go back to the breathing, we've gotta get those teeth not to touch as much, to relax the jaw joint, and bring them back into a parasympathetic state, right?

Your digestion's off, everything's of when it shifts. So yes, the teeth are very powerful. We have a direct connection to brain. It's so powerful, So we can use it for good or we could go the opposite way.

So I can help patients with both. Sometimes I want that contact there if they've had a concussion. Because if you have a contusion, the brain loves the feedback from the teeth.

I will want their teeth to touch in a certain way and it brings them back to balance because we go right to the cerebellum. Cause I have direct access to cerebelum when the teet touch and the trigeminal are on.

Okay, that's a fascinating distinction and differentiation because we had a guest from Mary from MyoMunchy which was all about chewing, which is the teeth touching and then how that could be used in this second example that you gave with accessing the cerebellum.

But for everyone who's listening as you're sitting or standing here listening to the podcast, there should be this awareness that your teeth are kind of floating above each other, is that correct?

Right. Like a relaxed floaty. Yeah. Okay. And when Mary talks about chewing, I love the mao manchi as well. We're not having you chew for two hours an hour per day.

Right? We just want that chewing because it helps with development of the face at a younger age because kids have a lot, kids don't clench, right? Or they don t really clenched their teeth.

They just have softer diets. Very self-aware here of my face. Hound breathing. Everything is going on. Okay, so to kind of start to wrap this up, I love tangible takeaways.

I loved knowledge nuggets and pearls. So for the listeners, we spoke about the teeth not clenching or touching, unless you're trying to improve balance or cerebellum activation.

Around the mouth breathing, spoke a little bit about mouth tape. some of the breathe right strips and things like that. But anything else, key takeaways, easy takeaways that we can start to incorporate for ourselves and for our children as it relates to optimizing airway health and breathing.

Yeah, I. I would say don't wait. I always say assess your sleep. We had touched on this as well. There's apps you can use. Get in with an airway dentist to assess the family.

How are you guys sleeping? What can we do to help improve your quality of sleep? We touched upon that as And be proactive and preventative as much as possible because we can avoid braces.

People get braces for aesthetic reasons. If we just get the jaws and the airways to do what they need to, the posture and everything will just kind of fall into place.

As a society, we are so focused on nutrition. Everybody wants to like eat right, everybody wants like detox. But what about oxygen? Breathing an airway, think about Oxygen.

We cannot, just because you're breathing, you are like, oh wow, I'm breathing already, why do I care about oxygen? It's not efficient. You get your car tuned more frequently than you do your own body.

That blows my mind, is that we put so much into our cars and then we're like, oh my God, I waited too long, had to put too much more into my car to get it repaired.

Your body's no different. We only got one, so we should be more preventative and put more in to our bodies than we do in our own vehicles, really. Yeah, I love that.

So, so powerful. so eye-opening. I, love this as a psychiatrist. love the connections. How can the listeners learn more about your work, what you're doing?

I know you run the Heal Summit and then if someone is interested in seeing you as patient, how could they do that as well? Yeah, so they can follow me on Instagram.

My Instagram handle is drmandeepjohal and I put lots of information on there. It's purely informational and they could DM me, message me my office information's on their as well.

And yeah, I would love to help anybody or answer any questions they may have. But you do see patients virtually. I do. See patients, virtually as. Well, yeah.

Okay, good, wonderful. Well, thank you so much for your time. There was so many powerful nuggets and I hope that the listeners gained some powerful insights and everyone's gonna start breathing through their nose.

Thank you, so, much, for having me, my friend. Of course, Thank You. Again, thanks for tuning in to Rise. And remember, always, this is powered by Noboso.

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