Childhood, Psychedelics, and the Brain's Windows for Learning Transcript

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Introduction to curiosity and healing

Sometimes that openness of childhood and curiosity really help us to understand learning, attention, and the brain's capacity to change. I tell this to parents, your children are born perfect.

Keep it that way. Their plasticity, allow them to have all those opportunities, especially that first six years of life, to really hone in on this exploratory development that they're experiencing.

to create opportunities that engages in that openness and allows those needs that care and that support and time for meaningful, expanded way of thinking and learning.

With the wisdom from holistic, alternative and these conventional medicines, we are here to challenge the status quo. We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience and beyond.

Learning more about art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to another exciting episode of the Too Curious MV podcast where medicine is more than science, it's story, art, connection, and of course integration.

Today we have a special episode where we are both Dr. Raman and I will be talking about a recent conference we attended And happy to share some insights of that experience at UC Berkeley.

Conference recap and talk overview

Go ahead, take it away. Oh my gosh. Thank you so much. This is so exciting. We both took a couple of days off. we went down to Berkeley and we attended the States of Consciousness Conference, which really brought in a lot of concepts that we find apply to our everyday practice as psychedelic medicine practitioners.

You know, this conference really brought in some of the big hitters in this field, but we wanted to bring it down to what we know well, which is childhood, psychedelics, and the brain's windows for learning.

And so a couple of speakers really bought us into understanding how Understanding the octopus brain, understanding the child brain and understanding in the brain on psychedelics actually have a lot in common.

And this is something that I think you and I have been really excited about since the first moments that we entered psychedelic medicine because we really see the potential for it and we see how this impacting our patients.

So I'm really excited to get this conversation started. I have to say that what we're doing is really taking those concepts that we learned and understood from a couple of talks by Goldolan, who's a researcher at Stanford, very well known for her work on giving MDMA to Octopuses and Alison Gopnik, who is a child development specialist from UC Berkeley.

And they were in conversation at this consciousness conference. So really excited to share what we learned at the conference with you. Yeah. And this particular talk is we have the summary slide of this art as the talk was going.

The artist was actually incorporating a lot of main concepts of the talking. We captured this one slide to really as a summary of slide the talks. So look at this slide and it really does give us an idea of where we'll be going with this talk.

Childhood, attention, and brain plasticity

So childhood can really teach us a lot about learning and attention and of course the brain's capacity for change. So we hope that we can kind of explore how childhood awareness and focus attention, which is more typical of adulthood, and how that kind of learning period can be very similar to what we see in what do with patients is when we're treating with psychedelic medicines like ketamine, which is legal, and other psychedelics, how the brain changes.

And this can happen in those psychedelically experiences. It can happens mystical experiences and religious experiences that share some of the same features that nature's that wider awareness and spending time in that attentive state with the curiosity of the young child brain.

So we hope to examine that this critical period is a place of metoplasticity. It's a space of change. it's place where the brain is going between two different states, we would say, from explore to exploit as it advances into that awareness and takes charge of what it learns in the exploratory phase.

So I'm going to be asking you a question and I think you can help me as we both attended this. How would you say what you learned from this lecture described childhood as a period of exploration?

And how does that contrast with the broad learning, kind of what she described as the lantern awareness with adults, which is more focused, more spotlight attention.

How does the distinction really help us understand about what children experience in the world as they're in that critical phase? Yeah, great question.

You know, so we're talking about consciousness, right? We're taking about how the child's consciousness differs from the adult consciousness. And the terms that Alison Gopnik used to contrast the lantern consciousness of childhood with the spotlight consciousness for adults was really formative here.

Right on the top left of that, of the, you know kind of picture, you can see that a baby has kind of like this open awareness. It takes in a lot of information and that's what we need to do, right?

We need be in that explore mode when we're a Baby because we are still learning. We don't know what the world is. So exploration is that, you know, kind of like normal state of what a baby is doing.

And in that exploration, a lot of information has been taken in. A lot information is being evaluated. But really, it's a process by which what we know is this lantern consciousness, right?

Like a lantern with the focus of the light being all around and not spotlight like it is in the adult where it's just a spotlight where for problem solving or for the ability to use the information that we've learned, we need to kind of focus in on problem-solving.

The baby is not problem, solving the baby's, just really opening up and this ability, to tolerate the unknown or sometimes the things that no make sense.

So this is where psychedelics kind of come in, is that when we go into the psychedelic experience, we're kind-of opening it up from the spotlight consciousness of the usual adult, the everyday mind, that default mode consciousness that we are talking about, and then it opens up to the lantern consciousness, which means that in psychedelcs, were kind in this child-like vulnerable state.

where a lot of information may be coming in, but we're not actually able to evaluate that information yet or even use it. We're just kind of open. And so that was where I think I learned a lots about what we are doing here in psychedelics.

where mental health conditions can kind of, in an early way, you know, we see this in kids who have mental issues, can close those windows, right? And when the window is closed, were not taking in a lot of information.

And so, for example, a story of depression can kinda get stuck. and not really get more information. There's no openness to more, information going, oh, what is possible for me?

Well, in a depressed brain, the possibilities have all been shut down to, well, I'm a depressive person and this is the depressed life that is possibly for And so when you put somebody into a psychedelic state and they've had a lifelong condition of depression or kind of stuckness, they can see more possibilities.

They can open up to new possibilities and that's what we're seeing our patients say.

Lantern vs spotlight consciousness

So I really love how these theories, these ways of understanding the differences between different consciousnesses are really helping us to define, okay, what's happening in psychedelics.

And I think just that pictorial right here in the middle and the top middle here, where the child brain now, as it becomes an adult, becomes more focused and attentive to all the things that it has to do as is grows.

Focusing, becoming kind of more fine-tuned with the knowledge that is gains from that exploratory phase and becomes using that knowledge or that resourcing that has developed in that early childhood brain to something that becomes more usable in an adulthood, which is a great way to kind of look at the brain development.

And we see this as well in developmental phases, right? And even as we look at talk about brain mapping, we can talk what actually changes even the brain when a child is learning, just like a children learns to foresee, you know, the basic development of that occipital brain, visual brain.

The child first learns to see, first learn to regard. That's that baby phase, the first six months or so, where everything is seen with unfiltered mind, with the unfiltrated visual.

And that child even is learning to prime and imprinting of visual emotion, say. with the mirror neurons are really lighting up because whatever the baby sees from the mom's face, her emotion, or sense of fear or concern or doubt or love, the babies learning that emotion as well with those mirror neurones.

And then as that development occurs from back of the brain to the sensory cortex, which is that parietal cortex. The baby is learning to sit up and position its body and learning a sense of where it is.

The body is the spatial orientation, the sensory integration of the external world and the internal world of senses, right? I'm hungry, I am tired, frustrated, sad, but I also looking at the environment.

and learning from the environment of what it sees, smells, and tastes. And then as that development continues to forward, the migration of those neurons and the expansion, we even see this on MRIs, right?

Where we see the white matter differentiation occurring at different stages of that developmental brain. and how the baby's brain is now learning to recognize sound and language and incorporating that in the temporal brain into the memory centers.

And then that same information as that child becomes more like four or five or six years old is not pulling that information into their thoughts and their ideas and the abstract way of thinking that magical brain, the executive brain the frontal cortex, top cortex is the motor cortex learning to move and, you know, make movement.

And then as the adolescent brain grows, there's that lateralization of neurons occurring, which is that differentiation between insight and judgment. Of course, and you hope that all the developmental stages are are occurring, right, and continue to occur.

And when trauma occurs, say, early in life, you can almost stage it by hearing the history of the patient. Where did that trauma occur that affected that development?

And where that child, instead of staying in that exploratory phase, has to go into an exploit phase and attention and awareness now has be honed in, maybe prematurely, it sounds like.

So what do we gain and what we give up as we move from exploration towards more focused, goal-directed trauma response thinking? Thanks for describing that, that this all evolves through this process called development, right?

And what we call development can be impacted by so many things on the outside. So when we talk about normal, healthy development, we're talking about a child who gets to explore in a safe manner and so learns that exploration is okay and learns the world is theirs to exploit and that they won't be hurt by it.

And then you contrast it with a child who may be in a not safe environment whose exploration is being shut down or they being told that exploration dangerous.

Brain development and critical periods

So that imprinting of just the tendency, the one child versus another child's kind of innate temperamental kind tendency to either stay open or to close when they meet new information, right?

And so over time, how that imprinting actually continues to kind of shape the person's perspective on life, their ability to engage with life. their sense of self or their ideation, their own ideas about life.

And what you're kind of talking about here is that we're really starting to understand how safety around a child, around their development, does impact their kind downstream impacts on who they are as adults.

I mean, we can kind of think about this and say, well, of course, but now we know the mechanisms by which they act, right? Is that a child that is raised in safety, that it's allowed to explore will have kind more of curiosity about their world versus a And when we talk about what happens, this explore and exploit.

I love the two phases, right? If the child is the explore mode, the adult is in the exploit mode. Which means, okay, now I have all this information and now, I'm going to actually act in this world with this.

A child who's gone through a diminishment of their neuroplasticity or these critical periods that have really kind of become more accreted or more concreted into maladaptive patterns of behavior will then go on into adulthood and those will be the maladaptive patterns of behavior that are there.

And so when the adult then goes into exploit mode and to try to engage with the world, what they learn sometimes is that, oh, this doesn't work. or the patterns that I've learned before that i thought were, you know, quote-unquote normal actually aren't serving me.

And that's where a lot of adults with mental health conditions find themselves, is they're not able to, socialize, they are not to be open to new experience and therefore learn, and it's not their fault, it is not that they don't want to or they do not know that it was the right thing, something within their mind-body has learned that it's not safe to, or has not really been kind of developed in that way.

So we're talking about this ability that we have within the adults that were seeing, like you said, to reach back and see, oh, at what age did this trauma happen?

And you invariably see that the person is kind So let's go back to Goldolan's work, which is this hypothesis related to how she actually studied this in octopus.

It's octopuses, it's not octopus eye. So it's octopuses. And she studied this animal model, which is evolutionarily different from humans, because octupuses have an enhanced ability to maintain this exploratory mindset, meaning they are able to genetically edit their epigenetic markers say for learning.

And so they stay in that learning context throughout their life, most of their lives, especially because they have a

certain lifespan, apparently from what she talked about, and the largest component of the lifespan is in this exploratory state.

So what do you think How studying this octopus is, how does that help us understand complex behaviors in humans? What would you say you learned from that talk?

Yeah, what I love about this is it goes back to the 2023 Nature paper. where this kind of news broke out. It was a really big event where her lab was able to, for the first time, give MDMA, which is, as we know, an empathogen.

and it's being researched for treatment in PTSD in the effort to elucidate, you know, kind of understand, okay, how is this working in humans? Well, the best way to understand how something is working humans is to give it to another animal that is just as complex as humans.

And yes, we can give to, rats and lower order animals, but octopuses actually have a neural level of complexity that at the same level or even higher than adults.

And so what we're learning from giving MDMA to octopuses is they become more social. Now, you know that octopses are actually very antisocial animals.

They only live for about four years, most of octupuses. they live in isolation. They actually, if they're kept in the same tank with another octopus, will attack the other octopus.

they really are not social animals. And so by giving these octopuses MDMA, What they noticed is that the octopus has started to spend more time in the tank with the other octopuses versus being alone, right?

So very clear cut, you know, change in their behavior based on this chemical change that they introduced. And so that is the exact same effect that MDMA has on humans as well.

So somewhere in our genetic makeup, we share this ability with octupuses to respond to MDM.

Exploration, trauma, and adult patterns

with prosocial behavior. In trying to understand how MDMA works in humans, they're testing it out on octopuses and recognizing that there is a genetic area of commonality, which I recall them saying that it was in the extracellular matrix.

It was an enzyme that works in the extracellular matrix that humans and octopuses have in common. And so this is really kind of in-the-moment stuff. We just heard this.

This is active investigation that's occurring in lab right now. Um, we're not talking about a published paper here yet, you know? We're just talking the cutting edge of the research that she's doing.

But it's really bringing together these concepts of critical periods. and how we have the ability to unlock them. And the other piece of that 2023 paper that was really interesting was that she actually, her lab looked at how critical periods that were opened correlated with the different you know, lengths of action of each of the psychedelics.

So for ketamine, for example, the length of actions is about an hour and the critical period that's opened is 48 hours. Remember that number because we're going to talk about it in the second half of this talk.

For example, for MDMA, the length of action of the medicine is about four or five hours, and the critical period is open for about 10 days to two weeks.

Same thing for psilocybin. And then as you get the longer and longer length-of-action of medicines, you kind of see that the clinical period has opened for that time, so something about psychedelics The psychedelic state or how long we spend in the psychedelics state is correlating to how Long of a critical period you get to open in The

person's brain and so this is really exciting to us and maybe I can pause there and we can talk about how we're excited about this Alia Yeah, if you want to take it from there I will.

I'll summarize a little bit. So in neuroscience, the window plasticity that we talk about with any of the psychedelics refers to that critical period where we have a limited timeframe when the brain is usually sensitive to environmental input and is undergoing this rapid learning adaptation, which is what happens in these developmental phases naturally.

But psychedelics allow for then that reopening of the window of plasticity. And every substance has its own kind of signature benefit of timeframe, where ketamine, as you described, is that 48-hour window.

and MDMA I believe is a couple of weeks, correct? And Ibogaine having the longest window, which is usually about, they say about a month, you know, four to six weeks.

LSD I'm not, I can't remember exactly, but the length of that window is proportional to that drug's acute, like subjective effects. from again from about two days at 48 hour with ketamine to several weeks Depending on the compound and this has been evidenced as well.

So this is that area that place of what we call meta plasticity in in psychedelics that again opens up this critical period and allows for us to make those changes and that neuronal benefit for different conditions can be seen, such as with PTSD, right?

Where that consolidation of that memory can change, you know, where you're able to reimagine or re-experience something that was really traumatic in a very facilitated way and maintain that level of calm in that two days following the use of, and this is just an example of how different conditions, depending on how the response is with that treatment, especially in ketamine, you can really make use that way of kind of healing from that condition, whatever it is, whether it's trauma, depression, or even with autism.

More and more studies are really focusing on psychedelic use for autism because it enhances this window of plasticity in that critical period.

Octopus research and MDMA findings

And Dolan's work, which is called a phantom initiative, and I'm just referencing here. Fathom, sorry. psychedelic healing, adjunct therapy, harnessing open malleability.

That's what it stands for. Aims to test whether this master key property can be harnessed by multiple brain disorders. And really you can reference her lab in dolendolenlab.org for more information.

Yeah. So you mentioned something about, you know, in PTSD, how re-experiencing a memory… Back to this image right here. There we go. This was the second talk that she gave, and it was so fascinating to hear that now that we know that this is possible with critical periods, now we can change the kind of information that the brain is working towards, right?

When we open up a critical period, when we increase the neuroplasticity, what we're saying is the Brain is open to new information and can respond to that new Information with new connections.

Right. And that is where the exciting part is, like, imagine a stroke victim, right, where they've lost the function in their nervous system that, you know, because of the stroke, but because those nerves have kind of deadened and are no longer able to work.

However, what we know with the human brain is it's extremely malleable. And with right kind of information, the right stimulation, it can actually build pathways around damage.

We know that with, you know, with kind the science of recovery after stroke. You know how we recover from other

brain disorders. And so here is this kind of opening of understanding, okay, what are some of the other conditions that we think that this can work in?

And this has been really kind-of exciting for us because, you know, we're just talking, You and I, were just taking PTSD, treatment-resistant depression, mental health, but they started to introduce other ideas.

So tell me a little bit about some other of these conditions they're talking about using this methodology. So, in rehab, say, as you mentioned, sorry, oh, I'm sorry.

In rehab conditions, post-rehab, right, where you mention a stroke, which is what happens in a strokes, the brain doesn't get enough oxygen, it's anoxic, kind of ischemic changes occur very quickly, unfortunately.

But the resultant timeframe, which is post, you know, once a stroke is stabilized, one's a person stable. Of course, we're not, this is still investigational.

This is not standard of care. These are just the ideas that come to mind when it comes to healing brain in particular and how these substances can be used to really allow for, again, relearning.

And a lot of things that we talk about in psychedelics is sometimes the learning, the new learning that one can really hone in on, and of course the unlearning of patterns of behavior that are limiting.

So you kind of have to balance between the two. I think it's important that keep that in mind. We can see that, say, what would happen to somebody with a stroke.

And, you know, they would have to learn something new. They would to have learn now how to use their left hand, say, versus their right hand and how, sorry about that, how do use that.

And when we do neurofeedback with patients where, sometimes, if somebody's had a stroke, that you basically And this is what physical therapists do is when you have your good hand, say, you actually have to restrict that hand so that you can force the brain to use the weaker hand.

We do this the same thing when we use those eye patches with children when they have a lazy eye. You patch the good eye so the vision is forced to really maneuver along with movement.

and that you don't lose vision in that weaker eye, right? So it's the same idea of playing with areas of, again, where something has changed and you're relearning, but you also unlearning the things that are limiting.

Yeah, absolutely.

Psychedelics and reopening plasticity windows

And those were ways, those are techniques that have been developed by physiotherapists and rehab specialists to enforce kind of this neuroplasticity, right?

And so we already have a lot of techniques we use in stroke rehab, for example. that we can now combine with this critical period, with these enhanced neuroplasticity.

And so what we're doing is just externally increasing the ability of the brain to take in new information. You know, again, going back to that lantern consciousness of childhood, which allows us to taken a lot more information and what that information then kind of changes within us, right?

For example, like you said, in a stroke rehab, they're talking about increasing the ability to move. So we're talk about motor cortex. And so in that intensive period after, and also before, that was the other piece that I was really interesting about this is before psychedelic medicine, when we do preparation, That's actually priming the system to get ready for that post-psychedelic intensive rehabilitative phase because that is bringing the attention to that

particular area of the motor cortex or that movement that that patient is then going to work on.

And then in that two and a half weeks or so, so that's what they're testing now is seeing if after a psychedelic session, you give a stroke patient intensive rehabilitation, for example, for two and a half weeks, does that improve their outcomes as compared to regular non-psychedelic rehabilitation?

And if they see a difference, that's going to mean a huge kind of moment for psychedelics, I think, and just this idea that neuroplasticity can be enhanced, right?

I was really interested to hear that some of the work that they're doing, for example, you know, when we talk about where psychedelics have naturalistically been used, where most people use psychedelic naturalistically, they are going to rave, right?

The setting, the setting. That's a whole topic too. What the context matters, I think that was another. that we'll talk about as well in our next episode.

But you can think of where a rave actually helps with people who have issues with connecting with other individuals, right? Just this feeling of, oh, I belong, or I have a community, And raves are particularly interesting because they've attracted a lot of people over time who've suffered a lots of childhood abuse, right?

Who suffered from that critical period learning that told them that it's not safe to be around other people, that other will hurt you. and that it's not okay to be vulnerable or to open.

And they go to a rave and they meet other people who have also been hurt and then they're all taking MDMA and actually healing. So let's forget that a lot of us, when we take these psychedelics, we automatically find our way if we're listening to what's happening.

to what our real needs are, we automatically find our way to the healing that we need. And then this other place of PTSD, you know, which is the big question here is in PTSD post-traumatic stress disorder, your body and mind are trapped in a story that is saying to your body and mind, you're in danger.

You can't trust anything. you have to react with this heightened sense of defense, of running away, shutting down, cortisol, and that keeps happening.

And we see that in our veterans and our service members who have been trained to withstand a lot of this, but then their nervous system gets to a point in which they can recover from it.

And so what we're doing with opening up critical periods in this population is what do you do to a nervous system who thinks it's in danger?

Rehab, stroke recovery, and relearning

You put it in a safety, in the mode of safety. And I think that's what were doing in our healing center when we, you know, hold these people in ketamine sessions before, during, and after is in an intense safety intense caring, holding them, we're really just holding and caring.

And that is what is healing. That takes not just the one-to-one, that takes a whole community around them. For their family to be involved, for their community to involved.

for their loved ones to really understand that, oh, you know, this person may have been really dysregulated and may had done really some terrible things in the past, but that is not, who they are.

That is just something that happened to them. And so we're rewriting the story and some of the pieces that we find, right, like I'll just leave it here, is what do you find is, you know, the patients who are going to be successful, in psychedelic therapy, what you do find are some factors that you notice in your patients that, okay, this person is

going be okay.

Now we've learned, to tell, which person will be a program that will have this predictive You know ability to but the criteria there is some basic tenants, right?

What is where is that patient and how they see themselves in their story? Whether they have a sense of agency and I think that's the number one thing that you listen for is That sense that agency that That you know incorporation of something around them their resources Who are the people?

what is their trust in this process as well what what engages somebody in the more deeper work is how deep they want to go into that what sometimes we call the Pandora's box and what opens and, you know, what is allowed.

Of course, sometimes you have to stage these things as well in a supportive way. As Guldolin references, context matters, and it does. And I hope today's conversation, as we close this exciting work and really thank Gull Dolan and Alison Gopnik for sharing their work, and we were able to attend and listen to this great talk, that todays conversation with our audience helped to kind of explore sometimes that openness of childhood and curiosity really help us to understand learning, attention and the brain's capacity to change.

And I tell this to parents, you know, your children are born perfect. Keep it that way. Their plasticity, allow them to have all those opportunities, especially that first six years of life, to really hone in on this exploratory development that they're experiencing.

and to create opportunities that engages in that openness and allows those needs that care and that support and time for meaningful, expanded way of thinking and learning.

And I also want to say that when we consider research on psychedelics and using kind of evolutionary models, like what Goldblum is doing, can challenge some of the assumptions about the brain that we have learned about in medical school and in medicine, right?

There are, neurons continue to grow. You know, we were told that neurons stop growing and what you get is what get, but that's not true. We see change as possible.

And there's still active areas even within the injury. In that, they were learning more and more about the use of these medicines, psychedelic medicines and care, when it's done in a proper facilitated way, can allow for this possibility of change.

Absolutely. And we're not, again, physicians, we are not prescribing this. We're just talking about how these things, what we learning more and more about and how, you know, for everyone listening, share your thoughts around this, would love to hear more.

I'll pull up this last slide that came from the conference again.

Safety, integration, and readiness for change

What are your questions about consciousness? What does consciousness mean to you? We'll have a next episode too to talk about another topic and share your questions about learning.

What helps you stay open to learning and what closes you from learning? I really wanna address the idea that this neuroplasticity, we really want our patients who are anybody, anybody who's thinking about psychedelic medicine and this idea of consciousness to be aware of this particular piece, which is why we constantly say integration is so important, integration so preparation and integration are more important than the medicine itself.

And that is what the research is showing us, is that these are, you know, one medicine is not better than another. It's really how you use it, and it's when you're prepared.

I love how And, you know, what we're looking for for people when they're ready for this medicine, right? When they are ready to say, okay, I'm ready change.

And that's what you're asking the person is, are you really ready? For change? You know? Are you just thinking this is going to be another medicine just like the other medicines you've taken?

Or is this going to really open you up, and are you ready for that opening? Because when you're ready, for the opening, you can jump into that potential, that space that has opened up.

That's when we see that radical shift and that transformation. It's not without the person, it's actually the personal directing it. And I wanted to really bring in the fact that we're doing TMS, we are doing neurofeedback.

We're really using this critical period and we see changes. And, I want to just bring that piece too, if you want address how neuromodulation is actually using the theory of critical periods, right?

From all angles. From neurofeedback being that internal way of learning, which is what we do all the time anyways, naturally, but there is a formal way doing neuro-feed back therapy.

Ketamine as a molecule, kind of eliciting that metaplasticity effect. And of course, TMS, I call it, the sergeant says, everybody line up, stimulate, so we can all march in rhythm.

align in our brain because our brains basically has a lot of rhythm in it and how the rhythm becomes unharmonious, right, with trauma and pain and depression.

And how rhythm is aligned with stimulation. So that external way of stimulating that Harmony and coherence and how everything can fire more in tune with each other versus when it's disrupted.

And really we're understanding the brain at this other level, a functional level and we can change the function in real time. It's just very fascinating.

Yeah, absolutely. What they say in TMS is when the wires together, it wires, together. And that's why that BDNF, which is that brain-derived neurotropic factors, is enhanced in all the three different modalities, one in neurofeedback, ketamine, and of course, TMS.

So continue to explore this open window with Gold Dolan, Alison Goffnick, Listen further to our next talk. We're so excited to share with you. So look forward to the next week.

Absolutely. And thank you to BCSP for hosting such a wonderful conference. I'm grateful to both of us and our clinics and everybody who supported us in allowing us to get there.

It takes a village to make change happen. Really grateful for it. Thank you! and University of Berkeley Center for Psychedelic Medicine, Psychedelic Sciences.

This is the state of consciousness conference and they will continue to have more. And we will to follow this. We will. Thank you. We hope today's episode inspired you to ask new questions and explore fresh perspectives.

We challenge you ask us those unasked questions that you're curious about in your medical practice, condition, health and wellness. If you enjoyed the podcast, don't forget to subscribe, share it with somebody just as curious, and leave us a review.

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