EDS, POTS, MCAS With Dr. Cheng Ruan Transcript

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Podcast Introduction and Guest Background

Your genes hold the answers to your family's overall health. I'm Dr. Paula Kruppstadt and on the Get to the Root with Hope for Healing podcast, I sit down with experts in genetics, functional medicine, and family care to explore what's really going on beneath the surface so you can stop guessing and start healing.

From personalized insights to practical tools, we bring you whole family wellness that starts at the root. Welcome to the Get to The Root podcast. I'm your host, Dr.

Paula Kruppstadt, and joining me today is Dr Chang Ron. Dr Ron is a board-certified internal medicine doctor and the founder of the Texas Center for Lifestyle Medicine.

He's an advocate for developing integrated business models and patient-focused communication. within private practice settings. He's also an advocate for collaborative medicine and has developed community programs in Houston anchored in health coaching.

Dr. Rong completed his undergraduate degree at Texas A&M and completed is medical degree Ross University School of Medicine, went on to do his residency and chief residency at New York Presbyterian Queens Weill Cornell Medical Center.

Thanks for joining us, Chang. I'm so excited to be on. Thank you for having me. Yeah. So we're going to talking today, the title of your talk, and this is so many people ask us about this, is demystifying Ehlers-Danlos syndrome, POTS and dysautonomia.

Yes. I am excited ask you these questions and learn. And every time I do one of these, I learn something new. This should be fun. Yeah, absolutely. All right.

Well, it feels like we really are hearing about the term EDS everywhere. And is there actually an explosion of this condition or have we just been misdiagnosing it as general chronic pain for decades?

The latter. Okay. What's happening here is that it was dental syndrome. I mean, when I was in medical school, it like this one blurb, this picture of the person who stretches skin and I'll get, and that was on the boards and it's far more complex than that.

And, uh, and I don't think I even knew what it is, nor did I know I was married to somebody who had it. And Harvey in his position too, right? And it's not until I saw the, there's a much bigger picture than that.

So in trying to discover sort of this EDS and association and everything. I start realizing that looking at members of my family, my wife and her family.

What EDS Really Is and Early Patterns

They're people who are hypermobile, who aren't predisposed to certain things. Infections and mold toxicity and Lyme and all sorts of different things, right?

And I started looking patterns because one of the things I do is brain mapping, which is quantitative EEG. And they all have a very similar quantitative EEG pattern with something called attentional hypervigilance, which now I know is actually sensory hypersensitivity.

So they absorb senses, so light, sound, everything is a lot more for them than the average person. And so in our current culture, that's called neurodivergent, right?

Some sort of neuro divergent profile. And so I started noticing that a lot of people with hypermobility are diagnosed or labeled as neurodivergent profile.

It could be ADHD, it could AUSD, AUHD, et cetera, right? And, so now the patterns are starting to click. And then I got trained in functional medicine and that kind of exploded everything because looking at bodily functions, now we're able to connect more biomarkers and product response markers.

And then connecting that with like EEG patterns, we're able to see that, oh, there's a lot more to this than I thought, and a little more than this that I was taught.

And when I talk to other doctors about it, like that's not a pattern that other doctor's usually see. I think we are discovering it more now because we know about more about now.

Now, on the EEGs, you said it's attentional hypervigilance? So hypervigilance means that our body conducts electricity, especially our brain and heart.

So when we look at probes and sensors on the scalp, we're able to sense different frequencies. When you're in a tension, you are in let's say like 12 Hz or 14 Hz, which is the squiggly lines on EEG.

And then when you in hyper vigilance, your at like 20 Hz and 22 Hz. So that could be excitement, anxiety, it could brain fog, fatigue, all sorts of different things there, right?

And so now, when your brain is in high frequency, exhibit those symptoms, but when you're brain has a low frequency such as four hertz, is exhibit the exact same symptoms.

So the brain and fog and fatigue and attentional deficit and stuff like that. Most people with let's say attention deficit disorder have a lower frequency issue But those people with EDS tend to have a higher frequency issue is because there's nothing wrong with their brain per se, but there is no filter coming in.

And so they're absorbing all the senses. So they can sense mold, they sense slime, and they could sense infections. But they don't know they are actually sensing it.

A lot of times they label themselves, oh, I'm just making it up or crazy or something like that. That doesn't feel very good. Yeah. Yeah. So for someone who's listening, it feels like they're just falling apart, but they look fine on the outside.

What are the three weirdest signs that they might actually have EDS? All right. Number one, TMJ dislocation. That's a huge one. A lot of times, uh, your TMj, which is the part where your jaw meets your skull can hurt or sometimes it gets stuck.

Super, super common thing. So usually I ask people, if you're in the dental office, does your job usually get stuck? Okay. And these are people that hasn't had any sort of facial trauma or anything like that before.

Now mine get's stuck because of. martial artists, but that's a different story. By the way, everything is a head and neck. Another one is if you put your head forward like this and then flex your neck and after a while you find it really hard to breathe and you may feel like you're going to pass out.

That may be because the head-and-neck position is actually affecting the blood flow to your brain. Okay. And oftentimes the spine will actually split forward, costal relaxation.

And that is a component of what a lot of people have in EDS, which is called cervical cranial or craniosarvagal instability.

Signs of EDS: Jaw, Neck, and Swelling

And the last one is simply swelling. If you get swollen like randomly, and then it kind of goes away. And then you feel better and get swollen again, like super, super random.

And you have flexible joints at the same time. Like that's another like weird one that people don't really talk about. But those are basically your body sensing something is wrong, releasing massive amounts of mast cells, which release histamine.

That's what's actually happening. It's up and down of histamines that happens. Okay. Wow. Now we often think about being flexible is a good thing like a yoga superpower, but when does the flexibility cross the line into EDS and why does it cause so much hidden exhaustion for patients?

Yeah, this actually has to do with teeth, so let me kind of explain. So the way that our jaws are formed in embryology, our front four teeth are the same embryological origin as nerves from neuro press cells.

In embryolgy, as our face develops, it actually wraps around from the back and then going forward and meets in the middle. And then when we're born, we are supposed to be challenging our jaws with let's say solid food, starting at let say four months old.

And that stimulates gene expression, our epigenetic expression to allow the jaw to deploy laterally. That doesn't really happen in people with EDS. And so pretty much everyone in EBS does have a hard time deploying their jaws laterally and therefore they have very steeple palates, really high.

Or sometimes they had torii, which are little bumps at the top or the bottom of your… And when that remains high, when they grow up and through puberty, there's no chance for that top palate to come down and they develop deviated septums, okay?

Because the septum never got pulled down, never get pulled straight. So what happens then, a lot of people with EDS, I was like, shove your teeth, is because they kind of look like almost like batik a little bit, where they have, it appears to have larger front teeth.

But what's happening is that they actually have a narrow jaw. And sometimes the incisors are like retracted upwards and didn't have room to really come out.

So what happens then is that they don't have a great bite. So there's this nerve in our maximal mandible called the trigeminal nerve and it sends signals to this part of the brain and moderate the vagus nerve.

Their jaw cannot activate the Vagus nerve, and the Vegas nerve's job is reps and digests and stuff like that. They have really poor vagal tone, which affects their immune system, their microbiome, histamine, the mass activation.

How Jaw Development Affects Flexibility and Fatigue

and all the stuff like that. And so that's a really common cause. Okay. Now, where did you learn all this about EDS? I mean, we're not taught this in medical school and then, you know, Where did she take the deep dive into learn?

All this. I just love learning this with you. You're teaching me. Yeah. So I was lucky to make friends with dentists. It's very famous one. His name is Dr.

Felix. He kind of introduced me to this concept. Like POTS, the EDS forum, like the zebra foundation, and the UK and stuff like that. This is actually really well talked about.

In fact, I accidentally ran into that because of, of support Fibro, a beautiful nonprofit organization that's run by a functional medicine nurse and health coach.

And fibromyalgia is very similar where there's underdeveloped jaws and then sometimes there are bite abnormalities and the trigonal nerve never gets a chance to add to the vagus nerve and there is a lot of pain

associated with it.

So most people with EDS have some form of that if there was pain in the head and neck, right? And so that took me to a study that was done at, it was actually done on people, patients with motorcycle accidents with jaw fractures, and there's specific alignment issues that puts them in chronic pain for the rest of their life, just like it's found in myalgia.

And they develop POTS and dysautonomia, like severe after the facial fracture. So that publication came out in 2012 and it is called the TCR, the trigeminal cardiac reflex.

So I looked at that and then I look at the EDS population and kind of put the two and two together. So now we're working with dentists that specialize in EBS to do oral appliances that align the teeth together and they titrate to their spine and their hip and the pelvic floor.

And then that actually regulates their nervous system. Do some of these dentist use an alf? So alpha is one of the epigenetic appliances. The answer is yes, but there's other different ones as well.

This is really individualized because sometimes you can have some of these appliances and people with EDS will actually get worse. It's because it's either too much or the stimulation didn't allow the palate.

to regulate and then the vagus nerve just kind of freaks out. And so it's very like small changes that the dentists like actually do, right? But there's different types of appliances.

So the term epigenetic appliance, what the people are listening, it means that there are appliances that stimulate the jaw. It uses the body's own mechanisms to create gene expression called epigene expression to allow formation of different systems, the teeth and the palate to be regulated.

And when they regulate, the body comes into, into sync. Beautiful. And then you're capturing this too. You can look at their brain scans and kind of see when things are calming down a little bit.

Yeah. I'm actually presenting that Miami this year, surgery conference is that we can actually before and after when people get their appliances done and to kind regulate their bite, what the actual looks like.

Another big deal is called cranial torsion. This is something brand new I'm discovering. is when there's a lot of people with EDS that they look in the mirror, they notice some significant asymmetries.

Maybe one eyebrow will be higher than the other or the shapes of the nose and stuff like that. That's really common thing in EBS. And so what happens is as they grow up, because the palate didn't fully widen and the bite force is different, their cranium, the skull actually rotates a little bit called cranial torsion.

So that contorts the shape of the sphenoid sinus. The sphenoid sinus is like a hole that's in the skull that connects to the brain that is supposed to be there.

And it's shaped like the bat. Like a bat wing.

Learning EDS Through Dentistry and POTS Research

But the back wing starts torsion, and when the bad wing start torsin, it is hard for you to get air up into there and to make nitric oxide. When you do put in nitro oxide, that called POTS and Dysartanonia.

Excellent, excellent. So why is it that EDS patients often have perfect blood flow and normal MRIs, yet they feel like they've been hit by a truck every morning?

Yeah, because the MRI is laying down. The MRI, the MRA is laid down, when you lay down it's perfect. Everything's great. You feel pretty good. But the minute you get up, it is not.

This is why we send people for upright MRIs or extension and flexion MRI and they're radically different. Yeah. Oh my, wow. So you've kind of alluded to this when you talk about the sphenoid sinuses and then that cranial torsion, but many people with the EDS describe a heavy head or brain fog that makes them feel like they're living underwater.

What is actually happening to the brain circulation in that hypermobile body? You've given some hints for that already. And I think this is the most important part of the podcast, so please listen to it, people.

In order for the head to sit straight upon the spine, the spinal curvature has to be a nice like backwards S, right? And so if that S gets straightened, then what happens is the head instead of being, you know, eight pounds, it would be four, like 36, 37 pounds.

So what happened is, and a lot of people, yes, because the palate hasn't been fully developed, the weight, that also narrows their windpipe, right? Their airway.

So when airway is narrow and when people with EDS lay down, it can actually collapse inwards. So in order for them not to die, the coverage of the spine naturally rotates forward and it strengthens this muscle called the sternocleidomastoid and the anterior scalene, like literally pulling everything forwards like a forward rotation.

The problem with that is that the head is heavier, so you're using more force. And then on the back, you have to have a counter-traction on back. So that's why they get a lot of headaches like around this crown of the hat, all the way to the backs of nuchal ridge right here.

And then they have like a lot of photophobia, which basically like any light that comes in, if they had to squint like this, their crown of the head is already tight, just trying to maintain a normal posture in an airway.

And that creates what these migraines and headaches and cluster headaches, and stuff like that. And then on top of that, if the head is forward, that means that there's a fascia, it's called the great fascial that connects the tongue all the way to the diaphragm, all its the pelvic floor, psoas muscle, always the feet.

And everything's contracting forward. So the diagram gets trapped and they have a hard time breathing. Okay. And then the hard time breathing, the pelvic floor has to rotate and tighten inwards.

A lot of them have like pelvic-floor issues. And that pelvic foot rotates in words and then they have issues with TFLs, which is the outer side of the hip.

Then also going all the way into the plantar fascia, Which is why a lot them tend to have a chronic pain. It's like a whole body. Yeah. So you talk about the EDS body being a high-resolution sensor.

Yes. Why do people with this condition seem to be so much more sensitive to weather changes, smells, and certain foods like MCAS type stuff? I think that EDS itself is not necessarily a genetic disorder, but it's more of a hereditary disorder.

What I mean is that there's a sequence of genes that gets exhibited. And I, think over historical time, let's say a couple hundred years ago, if someone were to have EBS, they will be labeled different things.

It's like the yogis in India and there is different oracles of different tribes and different soothsayers.

Why EDS Patients Feel Worse Upright

So there are people that live among us, like part of my family. that are very intuitive, they can like feel things happening, right? And so that's their nature.

So in current day, when someone's too intuitive or feel thing's happening sometimes they're labeled like crazy or an outlier or something like that, so if you actually look at historical documentation, like who actually are hypermobile?

Well, even in like a lot of movies like the movie 300 or who's paying out the oracles is so these fortune tellers that can contort and do all sorts of bendy different things, right?

And so I think there's that's what I call like my superpower theory of EDS. So now they're supposed to be gene-coded to that. They have increased mast cells, okay?

They increase the ability to tryptase, so they have more mast activation. So they increase expression of HLA, which is histamine phenotype on their cells.

But I think all that is because they kind of have this spidey sense pretty much all the time, right? Yeah. So in modern day, if that's labeled, let's say, anxiety or depression or mass activation, then the medicines they take inhibit that and it's not natural.

So for example, all medicines, whether it is like Benadryl or antidepressants or different types of depressants, they all have this property called anticholinergic property.

So acetylcholine is part of what's needed to activate these pathways. So a lot of people with EDS, when they take these medicines, they become super like apathetic, right?

They're just dissociated from the world. And so that's because like you're kind of inhibiting what they're supposed to be doing, which is feeling. A lot of people with EDS are big empaths, they absorb the world's emotion.

Brain Fog, Head Pressure, and Whole-Body Compensation

And so the current way we actually look at ETS, we look anxiety is one that, hey, let's stifle the emotions so we can continue on with life rather than, Hey, Let's maybe ground the emotion with therapy, with crying, you know, meditation and stuff like that.

Which is what we do at Texas Center for Lifestyle Medicine. So why does the body of an EDS patient create knots and muscle tension? And is it possible that the pain they're feeling is actually their body's way of trying to save them?

Yes. So anytime there's knots of EBS patients, it's a compensation mechanism, okay? Usually like the upper part of the scapula, right, the rhomboids. And the rhomboids are always tense because it's trying to hold the neck back to maintain the airway, right?

And sometimes they have like a lot of pelvic floor issues. And so what's happening is that we have to see these as compensating mechanisms so the body can align and regulate.

Okay. There's a famous guy that figured this out in people with high comorbidity, his name is Joseph Pilates. The entire field of Pilate is to look at this as compensation mechanisms.

And if you look what the point of pilates does is elongation of the fascia so you have more sustained movements and stuff like that. I studied Joseph pilate quite a bit and when he actually looked at how the facia engages everything, he recognizes the emotional component to it.

If you're tense all the time, you holding on to that emotion, it becomes even more tense. Sometimes with release, there's expression. Now with Joseph Pilates, he worked with dancers, let's express it in dance.

If we're too stiff as a ballerina, There's no expression of emotion. So that's what it's all about, right? And we see that in a lot of like art music and stuff like that.

Every knot is actually a compensation of something that the body's trying to protect. So at Texas Center for Lifestyle Medicine, which is where in Houston would you say that is Chang?

Yeah, we're smack down in the middle of Houston near the gallery, just north of the Galleria. Okay, the middle. It's like I'm way up here north and I've been there, but I was saying where it is.

So you stated this already. You guys don't just prescribe a pill for symptoms. How does changing the way an EDS patient eats, sleeps, moves actually stabilize their genetics?

Yeah, well, stabilize their genetic expression. Yeah. So I want to say that like medications in every disease state is designed for some sort of temporary relief in order to figure out something else, right?

And if you're on it for a long period of time, while, you know, someone has to observe whether it's useful or not, that's pretty much all medications.

And I think that the same for EDS also. EBS itself is not necessarily a pathology. It's a pattern. So the way that we look at this is that there's no medications that can work on your spinal curvature.

There's not medications can make you breathe deeper, right? So what we want to do is all about restoration. And EDS is outside in. Outside meaning that what focus on the bodily functions and structure and then we wanna work inside.

So let's say if you're anxious and if your EDS and then you take, you know, neurotransmitters, 5-HTP or GABA and stuff like that, but your posture is still contracted, it's not really gonna work.

So we're like, hey, let us work on the outside first, regulate that. And then we can work the inside. I texted in for lifestyle medicine, Jenny on our team, she's our mind, body, and medicine practitioner.

She works with people initially on simple breath work and most people EBS can't barely breathe because their diaphragm is trapped. working on that alone, restore most of the body's magic oxide.

Sensitivity, Mast Cells, and Emotional Regulation

So decrease positive mass activation, decrease dyshontonia, simply by understanding how to breathe. And then the second thing is, um, whenever we look at brain mass, we can identify people who have really narrow, strict airways.

And sometimes I'll have you to sleep study, see their sleep apnea or sleep disorder breathing. Usually there is. and about a third of our population actually has daytime hypersomnia or narcolepsy.

One third. Of our EDS population. Why is that? Is because the brain has a hard time sleeping and that narcolepsy means that the brains trying to like compensate.

Right. But the narclepsy is often confused for ADHD. Because narcolepsy is not like bodies just falling asleep and laying down. That's the movies. Narcolepsy is like spacing out for like a hot second and coming right back and say, huh, what just happened, right?

And then on top of that, you have cataplexy for these patients. But also we have to educate them. If you're living in a moldy environment, which is all over Houston, exposed to that mold, sometimes there's nothing you can do until you get out of the environment.

Right. So if you have like illnesses, like you said, Bartonella or Lyme and stuff like that, those have you taken care of. And so we really want to have this like holistic approach to it.

But, also the goal is to build resilience in the body. It's not just like, we're gonna get rid of this and fix this. Cause it's, well, the EDS is a life-form journey.

Yeah. Yeah, so what is the one thing that you want every zebra, you know, all these people that are struggling to

know about their future and is a high quality, high performance life actually possible with an EDS diagnosis?

Yeah, oh, absolutely. In fact, you know, my family, they're high quality, high performance. I think we have to understand that EDS is not anything that's bad.

It's part of the genetic makeup. Destiny, if you will, right? And so the idea is to kind of honor your symptoms and see them as signals rather than symptoms.

The minute we change the word symptoms to signals, we understand. So every Monday afternoon, I, EDS and the Sononomia group was celebrating the signals.

What's your signals telling you? Oh, a little sleepy today. Maybe it's because the weather is changing and it is about to rain. I was like, yeah, that's a possibility, Right?

And so it's understanding how your body really connects with nature, connects to the emotion that's around you and honoring that and not necessarily avoiding it, right?

There's a lot of people, yes, to have like trauma, like early trauma because maybe their symptoms weren't recognized as signals, right? Early on in life.

And maybe they were kind of pushed to the corner, maybe a little crazy and stuff like that. So we work with a lotta people on like reframing that as, hey, there were actually signals all along.

Let's figure out what signals can we find on a daily basis and move forward with that? And that's how you can have sort of that high-performance type of lifestyle.

That's encouraging for people who are challenged with this, and I'll just show you right there, having herniated several discs as a very young person right before med school.

And what would you say, is there any correlation with Arnold Chiari and EDS? Yeah, well, Chiari malformations, yeah. Yeah. So the Chiare malformation, absolutely.

And that's, I think it's two of the 12 types that actually have that. I've been Chiaris often missed.

Pain, Muscle Knots, and Lifestyle Medicine

That's why we like to do upright MRIs in a lot of our patients. We work with a few surgeons actually around the country now that I actually work this and there's a lotta people in Houston as well.

I also think that Chiari malformation is situational because sometimes you don't even form the malformations or mal formation may not even affect you until there's cervical instability first and all of a sudden things get kinked and the pressure gets built up and that the Chiare mal-formation gets worse also, right?

There's the cardiologist in California, Dr. Maxwell that talked about this, I mean he's a sleep cardiologists that talks about the concept called spiky leaky syndrome.

is that the spikey is basically anything that stimulates the immune response, whether it's mold or COVID or whatever it is, will spike the response and histamine gets created.

And the leaky is you can have micro leakage of like cerebrospinal fluid. Right? We're talking like tiny little leakages that really affect the entire body because the collagen is so, so lax.

And curing malformation is sort of the more extreme form of that when things get malformed and then that's about to happen. So definitely get that checked out.

Okay. So the program that you guys have at Texas center for lifestyle medicine, you said the mind body medicine teaching people how to breathe. And then in the groups that youth facilitated sounds like a, is it a group medical visit type thing?

Yeah. Absolutely. Okay, and then what about like the body work as far as the stretching and those kinds of things, do you, guys do that too at your clinic?

No, because we let the experts handle that. Our partnership with the company called PARP ET, all they do is EDS and POTS physical therapy and fashion release.

That's all we do now. Shout out to Hannah and Camille in the Houston location. They started in Austin and it started by Jonathan Parr. He was actually a really famous American Ninja Warrior back in that day.

Yeah. And he, he also has an online sort of PT program. We also have our online pot CDS and design learning program as well, where you have an AI can ask all sorts of questions and they'll help you out.

And there's a bunch of different online courses. So we're making this sort like international coalition, if you will, to kind of recognize these things, obviously, because of my family's effects to it.

And then we also want to work with different people. For example, we work was very specific dentists that do very specifically things like for this population, right?

And the body work is so important, especially with like chiropractics and fascial release, craniosacral therapy, like super important. And one that very few people know about is myofunctional therapy is oral and tongue therapy.

Super important to keep the airway and the tongue painting also. So it's a very big coalition. Now I'm going to pick a little bit here in that we're very attuned to tethered oral tissues and in the pediatric population and then also looking at kids doing a bite and scale, it just takes a few minutes to do that.

And when we identify these kids, With the body of the knowledge that you have, what would you encourage me as a pediatrician and then our other practitioners that are seeing children, adolescents and adults, how can we intervene earlier to help them and what kind of things are we looking for?

Breathing, Sleep, and Stabilizing Genetic Expression

Yeah, awesome. I'm so glad you asked because, you know, we see adults, actually, 13 and up, so adolescents and others. So here's what I wish parents knew, because I have three daughters with this, and so we already interviewed earlier.

If they're a baby, introduce solid foods earlier, right? I know there's a whole joking answer thing, but I think it's been a lot of proportion. Introduce solid food earlier so the maxilla can actually be stimulated.

Yes. There's different there's, different toys that they make for that like a mild munchy and a few other things they can do for. That's that's probably the most important for like toddlers right.

The second thing is I'm very wary if your kid is hypermobile like I would I'd be really wary of getting braces done because braces stabilize your teeth but it disallows the rest of your body to maneuver around it and your airway can get restricted.

So you want to work with orthodontists that do airway orthondontist, which basically they look at your whole air way to make sure that's painted before they even do braces, or they do braces to sustain your airways, right?

But shout out to John Karackian, he's our kid's air-way-orthodonteist. He's also mine. Yeah. I mean, I just went into my permanent retainer, so it's…

Yeah, yeah. So yeah, woo. And the third one, another friend of mine, that's Christopher Tran, but he does like oral tie releases in his special way. Oral ties are incredibly important to get taken care of when the kids are young.

If not, you can get it taken in as an adult too. So why oral ties? So the oral tied tie the way that our our fascia engages, especially the head and neck and cranial fasci.

And a lot of times the oral ties will prevent relaxation in one area that actually worsens craniotorsion, that rotational effect I was talking about, right?

And then that can also cause migraines, specially with temporal headaches and stuff like that, temporal and occipital headaches, and so it's not normal for a child to have headaches.

I hope you agree with that. Right? Absolutely. 100%. Yeah. So your child has every, that is a red flag and oral ties and a lot of fashion ties is like one of the first things that always like makes your parents actually look at.

Cause that's a huge deal. You know? So those are the three things to look. Yeah, so in summary, and it's so encouraging because this is where we move, is offering solids early, identifying those tethered oral tissues.

Kids with the elongated philtrum, the small upper vermilion border, they pop out of the womb. Amy Ludeman, who is a pediatric dentist here in the Houston area, I know you've worked with Amy and she just kind of shared this illustration with me is that think about pioneers in a covered wagon.

They gave their kid a piece of big jerky to teeth on. And when you look at the teeth and the skulls of people, they have beautiful teeth. And we don't chew and it just makes me nuts.

When I see these kids with pouches, I'm like, no, they need to chew.

Hope for a High-Performance Life with EDS

And then again, not static braces. We need look at the entire airway and teaching kids posture too. At this point, so many kids have their phone, that forward sitting posture instead of having the pulling up and then teaching them Yeah, teaching him to breathe.

And we have that here too. I sometimes pull up that illustration of the fascia dissected from the tongue to the toe. Here you are repeating this. Fantastic.

Where are some of these upright MRIs in the Houston area? Oh, Sugarland Upright MRI, we send pretty much everything there, they get it done pretty fast.

Warhammer does have some Uptight MRIs, it just takes a while to get into there. Methodist Woodlands has it too. So there's a few areas. As you were talking, I do want to add one thing.

So there's an amazing dentist by the name of Dr. Ali Al Quiro in Cyprus and he does our adult EDS case. And so when you're adult, your treatment for bite is radically different.

And there's something called an open-loop cricket, which is actually an Open-Loop non-fixed appliance that helps the bite hole regulate from an epigenetic standpoint.

And this open loop cricket helps to body start regulating, and it can actually make the face even more symmetrical after a few weeks, Which is really cool.

Especially with EDS patients, because even though there is torsion, you can untorse, it's kind of cool! And that's not in pediatrics. That's actually in adults.

But he has his practices, innovative smiles, if you ever want to look him up. He has a cool AI chat. They can talk

about all the stuff, cranial torsion, EDS, and stuff like that.

It kind of talks like him. And so one of the cool things is that when the appliance starts regulating the way that teeth meet together, there's instant satisfaction.

Like, oh, people are like, you know, it feels good. And the first thing that happens is a lot of people will all of a sudden, if they have cold hands will become warm and you can see the blood flow come.

They're like, what is happening? Literally with the appliance that are in there. That's one of our patients actually. And she's like I've never had warm hands in my life.

Like what's going on? It's because the circulation was stormed because a bite is actually restored. So for adults, there's that option also. beautiful, innovative smiles.

So Chang, where can people find you? What's your website? And they will put this in the show notes. Yeah, absolutely. So right now, well, currently it's May as we're recording this, it is EDS month, EBS awareness month.

And so I do a lot of posts on social media.

Chiari, Pediatric Clues, and Early Intervention

It's my name Changron, M-D-C-H-E-N-G-R-U-A-M-B on TikTok and Instagram mostly. My practice is the Texas center for lifestyle medicines. We have big programs for stuff like this.

For the doctors listening to this like find me on LinkedIn, pretty active on that as well. And then for, we actually are starting to make modules to teach doctors, like something that's, even the dentist teaching doctors something similar to this, and my nonprofit, which is the Physician Transformation Institute.

Yeah. Would you like to just tell us a little bit about the physician transformation institute? Yeah, so the Physician Transformation Institute is my non-profit organization.

So we raise funds to create ecosystems for health professionals, all health professional physicians included. We have an app. What we want to do is we wanna talk about things that are not readily talked about.

Our process is called a level in process. A lot of healthcare professionals are like leveling up all the time, doing more, do more. So we're level in instead of level up.

Many would go like deeper introspective. Where we bring out things like burnout and more injury in healthcare and stuff like that. And we have like groups, actually next week we'll have our sound bath for doctors and that we had that also.

It's really to like take a chill pill, if you will, from doing the daily grind and then have a relaxed atmosphere. We can actually openly talk about these things.

And we use our membership dollars to pay for anonymous funds for health professionals from mental health services so they don't necessarily have to report to the medical board if they necessarily want to.

Yeah. You know, that is a fantastic way to care for medical providers. Part of my story, I was in the army and I became clinically depressed, you know postpartum.

And I wasn't taught. I never got the memo in medical school that it tends to get worse with each pregnancy. Being in the military, you cannot take a sabbatical, You can't take time off.

You have to declare it. And part of my story of transformation is coming out on the other side. So by you having the Physician Transformation Institute, I think that's a way to really care for other providers.

I want to wrap it up. Thank you for educating us on EDS. pods, dysautonomia.

Resources, Clinics, and Closing Remarks

I've learned so much about the sphenoid sinuses, low nitric oxide production, well, the doctor innovative smiles and yeah, very cool. Well, thanks for your time.

And I really appreciate it. This will air in several weeks and I just want to thank you. Thank you very much. Appreciate your Thanks for joining us at Get to the Root with Hope for Healing.

If this episode helped you, follow and share it with someone who needs it and leave a review. It helps others find us too. For a free consultation, visit our website at gettotheroot.com with a number two and schedule a welcome call.

We'll see you soon.