From Dentistry to Metabolic Health: The Mouth-Body Connection with Dr. Debbie Ozment Transcript

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Intro and Mother-in-Law Bacteria Analogy

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I'm not going to give you any unsolicited advice. I'm not going to ask you any questions about why are you doing this? Then you're a good bacteria. You're the beneficial side of Fuso.

But it's when you go in, you become fusobacterium, Lori, when you go and you say, I have a better idea. Oh, and I'm going to spend the night. I didn't tell you.

And moves their stuff around. Or what? Saying, I'm too long an overbearing mother-in-law. So it's really, it is exactly what fusobacterium is. It's good until it's too much.

Yeah. And it travels to the gut. Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain. I'm Lori, a functional nutritionist and mom who's walked the path from anxiety and burnout to clarity and calm.

Each week, we're going to dive into brain-based tools like amino acid therapy, gut health, fasting and faith to help you reclaim your energy, emotions and sense of self.

Hello and welcome back to Take Back My Brain. I'm your host, Lori Hammer, and I am very excited to introduce you to my new friend, Debbie Osment.

Meet Debbie Osment and Her Dental-to-Functional Health Journey

She is an amazing woman and you're going to want to stay till the end of this interview, okay? So don't cut out. Debbie is a dentist. And, but she's going to tell her whole story, but she has also become a whole body.

What I want to say, Debbie, um, she's into nutritional medicine and metabolic health, and she is nationally board certified health and wellness coach.

She is the host of the amazing podcast, which I was just on, just so make sure you go check that out. Vitality Made Simple. And she's totally committed to the intervention of periodontal disease because that is her dentistry background.

So I can't wait to dive into this conversation today, Debbie. Welcome. Thank you, Laura. It's a joy to be here. So I have to ask, how does a dentist go from root canals, periodontal disease into metabolic health?

Well, really based on what I started seeing in my practice, I've been a dentist for over 40 years. And, um, you know, back in the eighties, we, we thought the mouth was just this isolated, you know, orifice, you know, my, my Ted talks, the forgotten orifice, cause it really is.

I say, I'm talking about the mouth. It's just, you know, it's just the mouth. It's just all about teeth. It's all about, um, a smile or potentially a toothache.

Uh, our daughter, when she was six years old in, in. Someone asked her, what does your mama do? And she said, my mama is a laundry lady and she fixes teeth.

That's exactly accurate in that order, Laurie. We're very much trained as carpenters, especially in the early 80s.

And still dentists are trained as carpenters.

We can fix teeny tiny things on moving people in a wet environment. have that construction hold up for years and years and years. But I started seeing people's med lists getting longer.

I started seeing anxiety increase, which is why I was interested in talking to you. I want your listeners to hear your excellent podcast with me. It's going to help so many people.

I started seeing people collect doctors. So they started getting more and more physicians and, you know, they'd be looking at their schedule and say, well, that's my, that's my kidney doctor.

Well, that's my, my cardiologist. Oh, that's my psychiatrist. Oh, that's my big toe doctor. Oh, that's my, you know, and it's just like, something's not right.

People are getting sicker. And so a turning point, Laurie, was a patient that was very committed to her oral health. She came in every three months. She sat in the same chair.

She was very regimented, a major person in Oklahoma City. She always did what she was supposed to do. So she comes in, she always looked inflamed. She never looked healthy despite excellent home care.

And so she comes in and she looks really healthy. And I said, what are you doing differently? She said, nothing. I am doing what you told me. And I said, I know you always do what I tell you.

I said, there's something different. You're healthy. And she said, no, I'm nothing different. So I said, you're going to think of it. And when you do, please come back and tell me, or please call me.

So she left. She went to her car. We could see her come back. I said, she thought of it. Sure enough, she comes in, Laurie, and she says, I'm getting a vitamin D injection once a week.

Now, this was in about the year 1999. I mean, this is long. And so vitamin D wasn't in the news. And she said, do you think that can make any difference?

And I said, well, I'm going to figure it out. I think it has. I think that's all we, that's the only change. Um, so sure enough that, you know, that sort of my snowball of research.

Yeah. And so now we know, of course, vitamin D is a hormone and it makes a difference in every single cell in the body. So next, I went to a vascular inflammation class given by some cardiologists.

Back in the early 80s when I was in dental school, there were starting to be murmurings of, oh, maybe these oral bacteria affect heart and it's logical.

It's an inflammatory, gum disease is an inflammatory problem. But literally, when I was in dental school, probably a junior in dental school, I literally got yanked by the hair into the consultation room because I told somebody that if they would take better care of their gums, maybe their blood pressure would improve.

And it was like, oh, We can't say that. No, you know, no, you're making a false claim. And, but it, but it was logical to me and it is true now. So that first big class I took was hardest tech and stroke prevention.

It now has become preceptorship. It's really awesome at that course. So salivary diagnostics was launched. So that's a saliva test that we can actually, a simple saliva test, people can swish and spit and we can see the parameters of 11 different key oral pathogens.

Oral Bacteria, Inflammation, and Systemic Health

bacteria in the mouth, you can see their levels, it's based on the DNA of these bacteria. So now, you know, that

was in, I guess that test first came out in 2010, but this bacteria now we know the DNA is found in the brain, it's found in the blood-brain barrier, it's found in swollen joints, very much impacts these pathogens, very much impacts anxiety because they're so pro-inflammatory.

You know, they trigger interleukin-6, TNF-alpha, all of the things that cause inflammation. So that sort of started my journey and now my practice is actually limited.

I don't fix teeth anymore, Laurie. I haven't picked up a hand piece in a long time, but I do help people with their periodontal health. It's a common saying for all the listeners that health starts in the gut, but now we know that the gut starts in the mouth.

So these oral bacteria don't stay in the mouth and actually the teeth are the last to go. So they're going to affect other parts of the body long before they harm the teeth.

Yeah, and I've heard that your teeth are a sign of, like, if you have soft teeth, you know, they're ground down real easy, like, that's a sign that you have soft bones, is that true?

Yes, I mean, osteoporosis can show up in the mouth, even in the supporting structures of the teeth, the bone around the teeth. Also, it's interesting, a lot of, and this is really something I've just learned lately in the last few years, that a lot of grinding is oxygen hunger.

So that is based on airway. So a lot of people actually have a small airway because of all the soft food that we've eaten, little kids have eaten. It's not chewing on things like they used to also.

We get wisdom teeth taken out just, you know, as a matter of routine. I mean, all the people I've had, you know, we didn't know and it's still happening.

Now I see it so differently now. I mean, God put those wisdom teeth there to help hold the airway open. Everything is there for a reason. Everything is there for a reason.

Well, and I know I had cavitations where my wisdom teeth were. And I had to have him fixed twice, Debbie. Oh my goodness. It was awful. But the second time I had it done, the biological dentist who did it, he tested the stuff that was in.

So he tested the bacteria and the stuff that was in those cavitations. I'm like, no wonder it couldn't get well. Oh, Laurie, I applaud her. She's a biological dentist.

Oh, yes. Yes, and I take part in all my clients. Everybody has to get their mouth x-rayed. We got to know what's going on in there. Do you have a root canal that's a hidden infection?

Because I look at their blood work, their lymphocytes or the neutrophils are high. You know, their doc is like, ah, it's fine. It's a normal range. Well, no, your cortisol is jacked up.

Well, why is your cortisol jacked up? You've got a hidden infection because everything else has been covered. So where's that infection? And it's usually here.

You're right. It usually is here and it can be so shocking. Back in 2013, a physician, so now my patients are physician referrals. A physician sends a patient and says, Debbie, I think this woman has cancer.

I've checked everything. Her C-reactive protein, which for our listeners is a measure of inflammation, it's very nonspecific. We don't know where it is with C-reactive protein, but it also is a risk factor for heart attack and stroke.

And her C-reactive protein was 18.1. And yeah, and everything else is coming back, you know, within normal range. So she's like, see what you find. And if you don't find anything, I'm sending her for an MRI, a PET scan, you know, just all these things.

And so we did an oral DNA test. She had a high-fusil bacterium nucleotin, which for, I'll talk more about that later, but that's a very sneaky bacteria.

She also had one of what are called red complex bacteria that that could be very inflammatory, pro-inflammatory. So bottom line, Laurie, I did a deep scapulinary planning, used, you know, I used a laser, I used, in those days I wasn't using ozone, now I'm using ozone, but nevertheless, it was very simple, no antibiotics.

And I use antibiotics sometimes, but not on… She happened to be getting another blood test 60 days after her periodontal treatment, which is pretty close.

Her CRP dropped from 18.1 to 2.9. Wow. And so actually we see better results farther out. Right. You know, once the body Our bodies are designed to heal and once that healing starts, it frees up resources in the immune system to go other places.

And so we actually see even better results down the line. But that was just such an aha moment for us here to realize how big a simple therapy, really inexpensive therapy is.

And that's easily overlooked because bleeding gums, like anxiety, like anxiety is normal. We talked about that in your interview. So normal that it just gets ignored until it's really bad.

But bleeding gums are the same. If someone is not really trying hard to keep their oral microbiome healthy, they're going to have bleeding gums and it just gets ignored.

It's like, oh, you look fine, a little bit of bleeding, no problem. See you in six months. And then down the line, it's not really worried about until it's, you know, gum surgery.

But at one point, it's already impacted the gut. It's already impacted memory. It's already impacted arthritic problems. It's already, you know, it's in fact impacted all the neurotransmitters that you're working in the absorption of these nutrients that you're working with.

And it's so big and it's so simple at the beginning. Your brain runs the show, so don't let toxins run it ragged. God designed our bodies to heal when we remove the interference, and Zeo Charge from Zeolite Labs helps me do just that.

This detox magnet targets heavy metals, mold, and other toxins, while sparing your essential minerals. It is clean, third-party tested, and so easy to use.

So I want you to take back your brain today with ZeoCharge. Get it now at zeolitelabs.com. That is z-e-o-l-i-t-e labs.com. Yeah, it's so true. When you're talking about bleeding gums and, you know, keeping the airway open, there's just so many factors there.

And it can get feel like overwhelming. And people like, I just don't want to address it. I don't want to spend the money for that, you know, blah, blah, you know, this and that.

So, I find it hard to get people to address what's going on in their mouth. They're like, well, I was sick before this happened. I'm like, yeah, but you're not going to get well unless you address what's going on in your mouth, right?

So, I find it hard to get people to go through with some of those things sometime, but eventually they do.

Migraine with Flossing, Black Seed Oil, and Fusobacterium

Quick question, and this is for me, if I might ask a question. Sure. Yeah. So crazy thing, and I've never had a dentist been able to like give me a good answer on it.

They're like, oh, just keep doing it and it'll go away. And so even ever since I was little Debbie, and I mean like

probably 10, 12, I remember this happening because I always, I've always tried to floss my teeth.

But if I floss my teeth like more than a day in a row, I get a migraine. Does that make sense to you? Yeah. And every time I go have my teeth clean, which is, I only do it once a year.

I know you're supposed to do it like, you know, twice a year or more, but I get headaches for like days after. And sometimes I'll get a migraine that night.

Nobody's been able to tell me why. And my gums aren't bad. I mean, they'll bleed around my period. So I know that's like hormone related and then they'll stop.

Um, but my diet is good. You know, like, you know, you know what I do. So I've never been able to figure it out. So I honestly don't floss very often, which I know I need to, but if I do it too many times in a row, I'll get a migraine.

You know, I would suggest something different. I have, let me look around here. Okay. This is what I would recommend. Okay. These, these little brush picks.

Yep. I've used those. Yep. Now with these brush picks, um, let's see if I have one sitting here. The thing is you, it's not just like this. Okay. You actually get in there and scrub.

Oh, okay. Like I'm fishing hard against this tooth. Uh huh. And then I'm going to push hard against this tooth. And I'm way up under the gums. I mean, you can hear it squeak, but I'm way up under the gums.

Now, it makes me wonder, Laurie, if like that's releasing bacteria that some, I mean, periodontal disease is related, even early periodontal disease. When we say periodontal disease, you know, I say people think of Billy Bob teeth, you know, these I think it's really bad, but it can be something really small.

When you were 10 or 12 years old, you had quite a few permanent teeth. If you had baby teeth, you had just maybe four, not that many. This is because I'm at my desk area and this is what I use.

I bottle up black seed oil, Nigella sativa, for my patients. This is a naturally anti-inflammatory oil, black seed oil, Nigella sativa, and it has an active ingredient called thymoquinone.

And thymoquinone has been heavily studied globally for So many things. I discovered it about two years ago and did three podcasts, solo episodes on it because it was so fascinating.

You can take it internally. It's good for blood sugar, but it's also just good in the mouth. So I did my own experiment. I didn't get my teeth cleaned.

And when I was supposed to, I got my Fusil bacterium, which is this bacteria I want to tell you about, but it's a very common bacteria that has a lot of systemic implications.

I didn't get it tested. I didn't get my teeth cleaned, but I got it tested, found out where it was. I used black seed oil. with oil pulling, you know, with a little bit of coconut oil, a little bit of black seed oil, swished for at least 10 minutes, 10 to 11, so I can stand it, for 30 days, got retested, and my fuse of bacterium came down 30% in 30 days.

Yeah. Really huge, really huge for systemic health. Now. And mine wasn't high, but it still came down. Fusobacterium is an interesting little bug. It's called a commensal.

So at low levels, it's actually a beneficial bacteria. When it gets, when it overgrows and starts building, you know, it's a bridge builder with bad bacteria, you know, causing problems that it is really, you know, detrimental.

I call fusobacterium nucleotum the mother-in-law bacteria. And you can see the analogy. If you go in and you're like, how can I help? I'm not going to stay very long.

I'm not going to give you any unsolicited advice. I'm not going to ask you any questions about why are you doing this? Then you're a good bacteria. You're the beneficial side of Fuso.

But it's when you go in, you become fusobacterium, Lorie, when you go and you say, oh, why is this in the, why, you know, why are, you know, oh, I have a better idea.

Oh, and I'm going to spend the night, I didn't tell you. And, you know, move their stuff around or what, you know what I'm saying? Too long and overbearing mother-in-law.

So it's really, it is exactly what fusobacterium is. It's good until it's too much. Yeah, and it travels to the gut. So when a patient sees me, I do a 3D cone beam, which you mentioned.

You've got to have that on those places like cavitations. I do a saliva test and I do a stool test. I use the GI map. Because the GI map shows fusovacterium in the gut, In the gut, she has a bacterium, stimulates autoimmunity.

It actually is, by a lot of research, is causal for colorectal cancer. I mean, I say fully in full disclosure that that is a big word. But after I did my TED talk, I had a lot of researchers writing to me and saying, it's causal.

It's causal. You just said it's correlated, but it's causal. And not in every case of colorectal cancer, but also it's correlated with breast cancer. I mean, it is so big and I see it so consistently, Laurie, because these patients I'm seeing, I'm seeing a lot of sick patients, their referrals, and usually their Fusibacterium is high.

When we lower their Fusibacterium, their inflammatory index goes down, typically their autoimmunity gets better, lots of things get better. Fuse of bacterium, interestingly, if anybody out there is dealing with colorectal cancer, this oral bacteria that starts at the mouth, travels to the gut, can render colorectal colorectal cancer cells immune resistant to 5-fluorouracil, cisplatin, oxyplatin.

Those three types of chemotherapy that are commonly used for colorectal cancer are ineffective if use of bacterium is high in the gut. So get rid of it in the mouth and a lot of times have to use the antibiotic in the gut, chemotherapy starts working.

Wow. Amazing. It is amazing.

How Oral Health Connects to Gut Health and Cancer Risk

Okay. Good to know. I will try that. Thank you. Yeah. Try that. Oh, and I have an online free class. It's called Upstream Gut Health. Yeah, it's Upstream Gut Health and it'll be free for another couple of months at least.

Okay. I'll put that in the show notes. Yeah. Yeah. I mean, have people access it because I talk a lot about this and show techniques because you don't have to do oil pulling.

Actually, oil pulling sounds Good and it is good. It's just hard to be consistent with it for most Yeah, you have to be in the sometimes you just have to be in the mood to do it.

You're like Not today Not today. Or like maybe I could do it in the afternoon, but I wouldn't. I can't do it in the morning. Not today. Not today. They say do it for 20 minutes.

Only 11 is my word. When I do do it, when it is the day that I will do it, I'll do it and I'll walk while I do it. Like I'm walking my dogs because if I do it around the house, I'm like, Like I kind of tend to like gag if I'm doing something so you're spitting in the neighbors What is she doing?

Yeah, all my old lady lay neighbors are like Oh, yeah. No, it's ancient mouth cleaning, but there's other ways. There's other ways to get Nigella sativa, black seed oil, in your mouth and get the benefits.

I will do that, Debbie. Thank you. Thank you very much. And I will report to you and let you know. Let me know.

Yeah. Well, that'll be great. As somebody tell me, it's probably like an emotional trigger from a trauma childhood, you know, when you were like 10 or 12. Yeah, I don't know.

I feel like I don't feel like I had anything associated with my mouth, but whatever. It might just be gross. It might just be a bacteria that's just been there and hasn't gone away.

I don't know. Yeah. Anyway, craziness. So I was watching one of your videos on Instagram and you carry sardines in your purse. And I was laughing because like when I travel, I too will carry, you know, cans of fish in my purse along with like olives and tomatoes.

And I'm assuming like me that you didn't always do that. Right. And so this has been a progression for you as you have learned, you know, about metabolic health and inflammation and seeing the changes in your oral health, like Some people are like, oh, that's just really overwhelming.

I would never do that. But when I saw your video, I'm like, oh, somebody else as weird as me carries fish in their purse. It's just a process. So I would love for you to kind of walk people through your conversion process.

What things did you particularly start with personally? We talked a little bit about your practice and stuff, but how did your life shift? as you came to understand all these, you know, functional health things.

You know, I used to have a package of Oreos under my car seat or the cheap copies, you know, that were not Oreo or a 50 cent bag. And so that was just my go-to because I was generally always on the thin side.

So it can't matter, right, if you're not sad. Then our our first our first child was born and he was was pretty sick and with asthma and you know and that that was gut.

So we started learning and I mean I think I was a very slow learner actually Laurie. I don't think I caught on quickly at all because I thought lunch bowls were like such a wonder do for my children.

Yeah. Right. Then I, we had, when our first functional medicine physician came to Oklahoma city. Oh my gosh. She's so cool. Her name's Dr. Laura Miles.

And, um, I, I went to her and I was pre-diabetic.

Personal Health Changes, Diet, and Family Learning Curve

Oh, wow. Like, how old were you? I think your test, I think your test is wrong. I'm 66. I was probably, I was probably 46, probably 20 years, 20 years ago.

Yeah. But we were super active in Boy Scouts. I mean 50, Mike and I joked about Philmont at 50. We, we did Philmont, carried 50 pounds, a bunch of, you know, scouts and, um, our daughter went even, and we hiked 11 days, you know, and, So I say, I mean, even then I still probably didn't get it totally.

Maybe better. I mean, I really think, you know, food, food is so good and I love food. So, and I've always cooked a lot, but I still, I think the program, you know, the functional medicine training and, and seeing patients, um, learning about fasting, learning about intermittent fasting.

I think it's a very slow progression for you. Were you night and day or was it slow? Well, it was kind of night and day. I mean, I was 23. And I wanted to stop binging and purging.

I wanted to stop the bulimic cycle. So, you know, I did whatever they told me to do. I mean, some of the things were progressive. Like I didn't know about, well, we didn't know about seed oils and stuff back then.

They weren't prevalent in everything and high fructose corn syrup, you know, when I was 23. So definitely progression on those things, but I did, I did take a pretty deep dive into, you know, whole food eating and, um, and

there really wasn't a lot of garbage.

There wasn't a lot of gluten free garbage back then. You know, so I had to learn how to cook a bunch of stuff. Um, and everybody thought I was crazy. You know, my family members would tell me, Oh yeah, there's no gluten in it.

And they knew darn well there was, and then I would get sick later. And anyway, it was an ordeal. Yeah, no, I think, um, At my base, I'm a recovering people pleaser.

And so probably at family gatherings, I would probably eat things I really didn't want to eat just to not. be noticed, your razor ruckus. But now, you know, those things don't even sound good, things I used to eat.

And, you know, as we said earlier, I don't think I'm super strict. I mean, if we go on vacation, I'm going to try things and I'm not gluten sensitive, but gluten doesn't love me.

You know, I'm gluten, I'm picky, I'm gluten, I'm very, you know, picky about it. I wish I could say it was night and day, but it was probably more slowly.

And now it's just a lifestyle. But, you know, with our children, we did everything wrong. You know, it was a big experiment. We did open our, yeah, they're resilient and they're doing fine.

I did start gaining awareness, Laurie, with our son's asthma. I mean, we started doing some herbal things. We didn't do steroids. Our daughter's hilarious.

One of our teachers, when she was little, tiny, like first grade or something, she called me and she's like, Micah, somebody was feeling poorly and Micah said, well, you need some echinacea.

And she's like, what is echinacea, Debbie? I mean, this is a long time ago. She's 30 now, you know, so, so, you know, 27 years ago, echinacea. But, so we were doing, you know, we were weird the whole time.

We're just more weird now. Right. Yeah. I guess that's a good way to put it. I've always been weird. Yeah. Yeah. We were crunchy when crunchy wasn't cool, but we still weren't doing, I mean, still I'm learning things.

Oh my goodness. I learned from patients all the time, Laurie. Yeah, all the time. It's so much fun to. It is. It is. You, I mean, it's such, it's just a privilege to be around someone like you.

I look forward to meeting you in person. And because, you know, we all have different experiences that we can teach each other. And I like the simple things, you know, I like.

Now, do you eat any gluten at all now? No. No. Okay. No. And I've tried, like I was at a mastermind this summer and they had like wheat from Italy and stuff like that.

So I should be able to eat that. And both my daughter was there with me because she goes everywhere with me. So she goes to all the masterminds, all the conferences, everything.

So anyway, we both ate it and I didn't feel good after it still. So it was a good experiment. Her ears turned bright red and she said she felt kind of woozy.

It might just be because we just hadn't had wheat in years. I don't know. But that's been my only experience intentionally with gluten. Yeah. Yeah. I don't know.

Yeah. I don't know if I would try it again or not. That's interesting. I had Sue Becker on my podcast. She does fresh milled bread, fresh milled bread, a couple of times a week now.

And, you know, with wheat berries and I mill the wheat. And that does, that does not bother me now. If I ate conventional bread, which I would feel at my wrist, that's kind of the, the point.

Fun, Real-Life Habits, and Closing Thoughts

But anyway, this, you know, this does not bother me. But I think people just have to figure it out. Yeah, you do. Yeah, I was expecting it not to bother me because everybody's like, oh, you can eat wheat that's from Italy.

And I don't know, I just didn't feel good after it. But I was willing to try it again. You know, we'll see what happens. Well, and that's the, I mean, I don't know, I think that's just part of the journey.

It is part of the journey. to learn, you know, how do our bodies react at different times. It might be different. Maybe if I go to Italy, it would be better.

How will you know if it's really Italian unless you go? Unless I go. Yes, and stay for a month. I think that would probably fix that issue, Debbie. Yeah.

You could do a podcast every day and say, Hey, I'm going to eat this. Did you know how I feel? Yeah. Definitely couldn't, you know, and I can write off the whole trip then.

Absolutely. I'll go with you. Okay. You feel me? Perfect. I can write off your piece. We'll be good to go. We'll have fun. I love it. We talked about earlier, fun is such a good health strategy.

So the overlooked things that make a big difference. Yeah, it is. And if you go watch Debbie's videos on her Instagram, oh my gosh, she's hilarious. My daughter told Debbie, my daughter was telling me the other day, you just need to be funnier.

I'm like, yeah, I know. But Debbie's videos are really funny. So go watch those. Well, thank you. I was going to talk, well, my husband, you know, will say, don't say this.

Oh, no, Debbie, don't say that. You know, I mean, So there's things I want to say that someday I might just say, and I just might be like, we'll be one of those things that you would like to say to say it right now.

Just do it. That's a bunch of shiitake mushrooms. I think that's hilarious. Larry hilarious. Do go do it. It's just a bunch of shiitake mushrooms. That's right.

You with that, right? Yeah. You didn't swear. I don't know. No, you were just talking about a food group. Yeah. Yeah. Awesome. Debbie, this has been so much fun.

Kind of like the Instagram you did about getting up in the night to pee. Yeah, you have to pee. Yeah. Yeah. That's not normal. People, that's not normal.

People are real. No, people are just real. We're all just. Yeah. Let's just be real. That's right. Awesome. Thank you, Debbie. I appreciate you so much.

Oh, thank you, Laurie. It's been a joy to get to know you and I'll see you in December. Sounds good. And thank you so much, everyone, for listening. I know you know somebody who needs this episode, so make sure you share this episode, like, subscribe, and I will see you in the next broadcast.

God bless you. Have a great week. Thanks for listening to Take Back My Brain. If today's episode helped you connect with hope or direction, I want you to follow the show, leave us a review, and share it with someone who needs it.

And if you're ready to start your own healing journey, explore our courses and our coaching programs at lorihammer.com backslash store. So until next time, remember you cannot medicate away a nutrient deficiency and healing your brain isn't just possible, it's Powerful.