How Your Brain Works And How To Use It For Better Health | Dr. Steven Resnick | Ep. 132 Transcript

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Introduction to Dr. Steven Resnick

95% of our life, believe it or not, is automated. Our biological imperative is to survive and pass our genes. That's it. If you really take our brain, we are wired for survival.

What do you mean by that? Our brain is two to three pound Oregon burns. It's pretty costly. So if we start to think and all the worrying and the nonsense that our brains are being poisoned to in today's society, We're burning a lot of fuel.

And that's why the most important thing Sam is too. Today's expert is Dr. Steven Resnick. Dr. Stephen is the host of the Healthy Mind podcast. After years of conventional practice, Dr Stephen pivoted to a patient-first approach, listening deeper, questioning labels, and helping people understand their brains instead of just medicating their symptoms.

Why are we seeing so much cancer in younger people now we can go into toxins and all that other stuff. That's fine We're seeing it because of stress of trauma because parenting now is different.

There's more abuse There is more less attention to children The two biggest beliefs I see in my practice is that i'm not good enough and i've not loved enough But too many people are stuck in the bottle and can't see the labels outside It doesn't feel like i'M just talking to any neurologist.

You know that I think you're going to have to change your title to like some other kind of neurology. Wow. There's a lot to unpack there. Welcome to another episode of a Healthy Point of View podcast.

I'm your host, Sam Tahata. And as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset. Today, our guest, he's here local, Miami.

We're gonna talk more on the mindset side about the mind. This is not gonna be a typical conversation about mind, We got something new here, a whole new different expertise.

We have a neurologist. Oh boy. You know, listen, we go very alternative when we start talking about things on a healthy point of view. But this is not gonna be your typical neurologists that you're used to.

Yes, he has experience dealing with stroke patients, patients with Alzheimer's and all of these other diseases that are out there. And we're gonna go deep into all this other stuff, including habits.

Today's expert is Dr. Steven Resnick. Doc, all right. All right, excited. What a welcome. Thank you, Sal. Absolutely, man. Welcome to a healthy point of view.

thank you. Thanks for having me. Amazing. So, Doc. You know, you got this expertise. Sure. You got your podcast, The Healthy Mind, right? Which sounds very similar to a healthy point of view, that's right.

But before we get into the meat and potatoes, I want the listeners and viewers to get to know who you are and not the doctor, you know, Steven Rusnick.

I wanted them to you as a young age, your upbringing that brought you to where you're at today. Yeah. So, um, I grew up at Miami beach and I was born in Mount Sinai medical center.

And I became now the chief of, well, not now, but about five, six years already, at least of the neurology

department. Being a doctor in the community where you grew up and being around people that you grow up with and taking care of family, friends, you cannot give anything more back to the communities.

I'm very big on giving back How do I go into neurology very briefly because I'm sure you want to get into about the mind is that I had a very close friend who we went to high school together and he got into a severe car accident, traumatic brain injury.

He was taken to rider trauma where I was trained at Jackson more hospital and I always knew I wanted to be a doctor, but when he was there I Went there every single day and i felt very comfortable in that environment I know the nurses, the doctors, they way they took care of him.

Just everything about that whole environment. I said, you know what? I really want to do this. And unfortunately, he developed seizures. He's doing very well now.

Had a very poor prognosis with the doctor's gave him and I remember that and he actually lived. The person who had a better progosis actually passed away in the car accident.

But that left a big mark in me. Um, and then I went through neuroanatomy and that started studying the brain. It's amazing, when I started doing neurology, people were asking me, why would you go into a field where you can't do anything?

From Conventional Neurology to Patient-First Care

And Alzheimer's and stroke, there wasn't the medications we give now, the prevention, and Alzheimer is now we have drugs. So they were telling me not to do it.

And when people tell me to not do, I think the opposite. I actually think it's better to do it. And that's what I do is I like to look at the opposite of what the crowd does.

I'd like look different. That's amazing, man. And I love that because, you know, a lot of the times, I deal with the same thing as well, too. It's like, well there's no science behind it.

There's not this behind that. Well, how do you get that? You know if there is not the people that are willing to put in the work to figure things out, or I say crack the code, then the coat will never be cracked.

You go back into history and looking at how science has developed towards that today, someone had to take that leap right, to try to figure things out.

And that's what you've done. Yeah. This is your point of view. That's the thing about science is very debatable. If someone comes in here and says, this is the science and this 100%, you got to question that.

I see what I, see I practice what, I take care of patients every single day. So you're going to see my point-of-view of how I treat patients. Now, if your points- of- view is different, we have to respect that because you have seen your results and that is And you have to respect that.

And when people start, you know, looking at and judging and making assumptions, that's where we get into problems. We really have be open to understanding that medicine is not straightforward.

A lot of questions and science is debatable. Absolutely. Would it be fair to say that science should be questioned? Absolutely, absolutely. You know, when you go in and people think that they know it all or we have doctors that I work with, they're great.

It's just that when they don't say, I don' know that's that or they say let's say I didn't want to do a surgery. No, those are things that you want. To hear the I.

Don't know. Believe it or not, you wanna hear. The science is not backed up, but let' try something else or do something You wanna hear that? Absolutely.

But Doc, you know, I heard you say through your content that the biggest problem wasn't diagnosis, but rather people understanding their own brains. Tell me more about that.

So what happened was I was trained very clinical, clinical neurology. You go in, you examine the patient, and you take a history, then you come up with a diagnosis.

And I would see a lot of patients every week in practice. I mean, I would just bang out patients and it was almost like an ego. Like, you know, a patient would come in, and know the diagnosis, treat them, then I'd be like, that's it.

And I will just shuffle through patients. Then when I started to see patients either going to other doctors because they were not feeling better or patients that I felt that was just medicating, started questioning and then COVID came in.

And when COVID came in, it changed my practice completely because I learned something in so many different ways on patients that started to develop unexplained symptoms and feelings and sensations in their body that is neurological, that were shuffled from doctor to doctor without an answer.

And what happens in science or in neurology or even medicine, is that we're trained and if you look at the psychiatrist, they have a DSMV criteria where you fit certain symptoms and you place in a disease or diagnosis, then you find a medication within that disease and diagnosis.

And is the right way to practice? And that's the question I had is I started to realize that there's more to it when you start learning A patient is an individual person.

It's not a person that fills out the paperwork. They came in, they're not feeling well. And instead of saying chief complaint when the patient walks in it, I asked the patients, what are you feeling?

They'll come in and be like, you know, have a disc herniation in my back and I have lumbar sciatica. I go, okay, What do you feel? Where's the pain? What makes it worse?

I didn't get into all the questions and all of the symptoms. And then you start getting into, is this structural? Is this related to a disc herniation?

This is related something else? And a lot of times in my practice, and doctors don't say it, most of time it's something. It's not the structure, it is not a disk hernia.

Patients are learning by unfortunately the way medicines practice is that it has to be a structure. You have degenerative disease. So the doctor says one day you're going to need surgery.

They live their life in fear. Or they look at their scan and their skin looks horrible and has nothing to do with their symptoms. Their labeled. We can get into all of the things that I see in practice.

When I started to understand that These are just symptoms. The patients are what they're feeling. Then I started to question these boxes of diagnosis.

You have OCD, you have panic attack disorder, genocidal disorder. you Have depression. You have lumbar degenerative dissonance, whatever you label your patient.

I stopped labeling them. And even when I pull a chart, if you pull the medical chart as you know, it says 55-year-old with history of blah, blah blah.

All the diseases, all the conditions they have and then what they. You already are making an assumption judgment

of what that person has and you're not getting to really get a view.

So what I did is that, I'm going to answer your question, is I learned from patients. I learn from textbooks. and patients teach me. And one day I teach psychiatry residents and internal medicine residents.

I had a marriage therapist come to my office and at the end I said, you know what, help me, not with my marriage, I just said teach about something you see in marriage that could help in my practice.

She comes out and she says, well, the biggest thing that I see with married couples, The husband and wife don't communicate. The wife typically is more emotional, wants to be heard, and wants be listened to.

And the male husband usually wants the fix it, which we're all guilty of, right? Let's just fix this. Women are smart. They know how to fix. And I said to myself, you know what?

I say to the residents, why don't we start listening to patients and not cut them off? And they looked at me and said, if it takes 35 minutes, 45 minutes.

Don't say a word. Let's listen. Patient walks in and be like, I'm scared. I am afraid. Fearful. Concerned. What is the patient telling you? And you get the history and you got the diagnosis right by the words of the patients.

And then you start to understand what their programs are. So the question you're asking now before about the brain and the mind or what the. Brain is wired is, is that.

There are ways our brain are wired for survival. If you really take our brains, just we are Wired for Survival. What do you mean by that? OK, so we're wired to our biological imperative is to survive and pass our genes.

Okay. That's it. So what does the brain do? It automates. Through habits and predictions that we make, which is memory, is basically a prediction, and we'll get into that as well, we're learning first, predicting, then we are also automated.

90%, I mean, even 95% of our life, believe it or not, is automated. And 46% are habits that we're aware of that are active habits, that our action habits.

So why do we spend most of time talking about consciousness, right?

Listening to Patients and Questioning Labels

I like to talk about subconsciousness because if you want to have an automated system, an efficient system that all works through habits. And when the patient comes in and tells you what they're feeling in their programs, and even when I walk in, I say, hey, then I'll say what's up sometimes?

And they'll be like, oh, just surviving, or I'm hanging in there. Or one day at a time, they already tell me what their program is. When I walked in to you, you got a different vibe.

You know, you're living here, I'm great, everything's fantastic. But you can get the programs what your patients are telling you by body language, which is non-verbal.

Which I teach a lot about nonveral language which part of your subconscious which drops in. So what I do is I kind of take the whole entire understanding of how to make an efficient brain mind system in order to feel healthy.

And that is something that I'm very passionate about and I teach about. And when back to efficiency is that 20% of our fuel, right, our brain has two to three pound Oregon burns, that's pretty costly.

So if we started to think, and use our brain and all the worrying and nonsense that our brains being poisoned to in today's society, we're burning a lot of fuel.

That's why the most important thing, Sam, is to get those habits down. And when I talk about habits, it's not about action. affirmations and gratitude, meditation, exercise.

Okay, those are amazing habits. But I'm also talking about the way you think, your thoughts are habits, so the ways you feel and the how you act. Those are all habits it's done automatically.

Your thoughts are all the same. I mean 65 to 75,000 thoughts a day and 80% of them to 90% up to are the thoughts you had the day before and about majority of our fear base about survival.

So why is our brain looking for survival? It's because we have a bias to live. Our brain wants to use efficient fuel system, right? And then it also wants us to allow us predict by learning and predict the future.

That's why most people are stuck in the past and don't live the now or the present and are talking about their future of what if can happen. Wow. Wow, there's a lot to unpack there.

Let's go. So first part. Yes. You're talking about listening to the patient, even if it takes 30 to 45 minutes, how you mentioned. A lot of physicians, they go based off of big clinical studies, big research, which consists of hundreds, if not thousands of people.

And what you're mentioning is, correct me if I'm wrong, it's more of N of one data, right? Looking at that individual's data based off of what they're telling you, that subjective data.

Any kind of objective data that you are finding throughout the process. What is it with today's medical system why people, physicians, are not thinking the way you think when it comes to this?

Because they're thinking like everybody else and they think in the way you're trained, you know, the pharmaceuticals, if you go, I go to the meetings twice a year, The American Academy of Neurology meeting, and I love going to meetings, but they are pharmaceutical driven.

You go in there and you are sponsored by pharmaceutical and what are the new drugs? Doctors are excited to see what the drugs are. So we go there ready to write down, understand them and prescribe them.

Because this is our power is to prescribe, right? I'll never forget, I went for, it was last year or a few years ago, the same thing over and over again, and patients with Parkinson's disease and what are the new medications and the therapies and surgeries, those are great.

Do that. I balance it together. One slide on exercise in Parkinson's. My patients who exercise continuously work on their balance, work their coordination, and work in certain aspects do much better than any medication can provide.

Do they teach that? No. Do medications help? Yes, there's a balance between the two. What I'm saying is that we're really looking at the disease, the disorder, what's the therapeutic involved and match those two together, prescribe, and patient hopefully does well.

And why they don't think this way is because it takes time. which unfortunately the way the system is, is that you really have to see a lot of patients to really afford a practice or the systems itself.

But what I do is I really gave that up now. I see less patients, which is not that when someone asks me how many, it's a I spend enough time to answer their questions and listen to their words because their body language, their habits, the way they live is much more than you could ever learn from anything else.

It's an art, it's a really absolute art of bedside, but it is also understanding that these are emotional human beings or emotional systems. And I didn't get into that.

Our brains are wide for survival, right? But I was even looking at chat GBT and AI and how much it learns and predicts just like the brain and even the efficiency.

And I studied it and I said, wow, but the difference is the emotional aspect. You cannot change that. We're emotional beings, and if you tie anything into emotion, that's where you get a lot of conditions, a lots of disorders, lot's of symptoms, is the emotional system which is ignored.

It's ignored because it's a sign of weakness, also it is told that specifically men, you're soft, showing emotion. There is a stigma around that. And for me, show me someone with emotion, and show somebody with a story.

Show me something positive that gets me. And I've always been that type. You know, being in Miami, you can tell me how you drive, do all these things.

I come across very famous people. That doesn't impress me but what impresses me is what you asked me in the beginning, but it's what's the emotion? What's to drive?

And what do you feel? That's where I talk to my patients. What do YOU feel. Tell me what YOU FEEL. So Doc, earlier you were talking about post-COVID. You started seeing this extreme shift in how people were behaving, acting.

What was it that you're seeing? Give me some examples. Do you think some of their habits change because of COVID? So the thing about the brain and I talk about this is that certain people are open to change and some people aren't.

Some people have what they call fixed or a growth mindset, right? Okay. And then the second part is belief system is very strong. In order for you to change, what really allows you change is beliefs.

And when I say beliefs, it could be beliefs on the medical system, beliefs of vaccinations. When people hear something and they believe it, some people are very suggestible and some are not.

It's like a doctor. A doctor tells you something, a higher authority, you hear it and you can accept that suggestion. I'll give you an example. It's like, you're going on a boat and the boat's rocking back and forth and you are on cruise and doing a drill and looking at a passenger.

You don't look so well. I think you were sick. They go to the mirror and start throwing up. Then you do the same thing to captain of the ship. Hey, sir, you look a little sick.

The boat's rocking. I'm the captain of the ship. That's a strong break. You're not changing my belief. So what starts to happen is the next part is uncertainty.

COVID taught uncertainty and fear. What is anxiety? Well, obviously it's the manifestation of your body. When you have fear of uncertainty, which the most certain thing in life is uncertainty.

That gets a lot of people and we did not know how long and it's crazy because it feels like an eternity ago and a short period of time, but it was a long period time where people were fearful.

People were unvaxxers, you had vaxxer, s you have people masking, You had people in that fixed mindset that put the mask on, didn't want to be around people.

You know, then you'd have pro-vax, no vax. They had then people who responded to the vaccines or had side effects of vaccinations, which I think that were also placebo effect or some type of effect where they were afraid of the vaccine.

So there's so much involved on uncertainty. and the information that you were getting from authorities was all over the place. We had nothing to really follow, which we talked about science because the science is really not there.

Nobody really understood. You heard this, you heard that. So what happened in my practice is the level of uncertainty and fear started to bring a lot of symptoms of not feeling well that turned out to be neurological

symptoms and sensations and were linked to a depression and you know anxiety disorder and all these disorders that I call nervous system that is dysregulated you.

That's what happens that sympathetic nervous is fire flight and it's in protection mode and that's so that one of the biggest things and so an example would be is even the the The covid itself see what it will interest me about is who got sick for the most part people that got six for most parts were.

Unhealthy they had to be a my they were have diabetes they have a bunch of conditions. And then when you looked at COVID, I didn't look at it as a virus.

See, the thing is that it was a various initially, obviously, but it wasn't the virus that killed people or caused significant illness. It was the inflammation and the reaction to the various.

There was that cytokine storm. So we were treating that cytochine store. right?

Brain Survival, Habits, and Mental Efficiency

But who are the ones that have inflammation in their body? The people that unfortunately have diabetes, metabolic conditions, not exercised, and not the fit.

Those are people who struggle the most. That's the bottom line. You've had rare conditions and other people involved, but those are other the people. I said to myself, wow, Inflammation, stress, inflammation, you know, those are the big stress inflammation and sugar or fine sugar are three biggest parts of all most conditions.

autoimmune conditions, all these psychiatric conditions that people are because they're fighting, you know, fighting. And so this is what I see in my practice.

So that's one of the things that taught me itself. When I started to see the volumes of patients coming in, and I've seen their strong belief systems and the fear of uncertainty and all of these feelings and sensations people were getting, I started to change the way I looked at the nervous system and started becoming really into reading.

and doing a lot of things on my own. I never thought I'd be a meditator, I've never though I would take a hypnosis course, and never I thought would do somatic courses.

Never thought that I will do all of these courses to open my brain and mind up to really understand that there's just more than the disease, the disorder, or the condition.

Did you say you took a Hypnosis Course? Yes I did. That's amazing man. To see a guy who comes from traditional medicine. That's amazing. So I did it in Orlando and I remember going around the room and they were like, what, like kind of like you're a clinical neurologist.

What are you doing here? And what was interesting about it is, and when I talk about this is that it was Orlando. We went to Disney. And I was like, wow, Disney is hypnosis.

I said, they have their own security. It feels the safest place on earth, right? It's the happiest place. The words that they use, imagine, abracadabra, or every words they used there, it's very hypnotic.

Those are the same words. And it opens up. People have a very strong imagination. Feel very comfortable there. They can be themselves and that's what children when they're younger and we talk about downloading programs are very imaginative.

There downloading so much information in their brain. As an adult going there? No one's judging you. Your guard is down. We're all in the same boat there.

All are there to have a good time, take our kids, feel safe and secure, and enjoy the moment. You see less people

on their cell phone and people being in a moment and then when I was taking the hypnosis course and learning about hypnoses, people were thinking hypnosis is a stage hyposis and it's not.

It's focused attention. It learning to take that peripheral awareness and bringing into focus attention, removing all of this. chatter, this consciousness, is filtering system, getting into the subconscious and changing with a suggestion or program, which is your habits.

And I was fascinated before, I didn't think I could be hypnotized and I felt great afterwards. I really started to understand more about the mind and brain after that course.

That's amazing, man. You know, so my mentor in the functional medicine space that I started working with him when I was 19, Dr. Robert Willex. So Dr Willix was a heart surgeon who left heart surgery to actually prevent people from going on the operating table.

And when he left, he actually went out to Peru and studied with the natives and became a shaman. But he studied things like hypnosis and things of that nature.

So hearing it from you, you know, also, someone who's highly respected as a neurologist, This just really shows that physicians can really start thinking outside of the box, really, and getting into different type of practices to understand what these patients might be going through.

Now, Doc, you were talking about the post-COVID. And how some of these patients, their nervous system, how it was at the state where it's at, I want to talk about stress.

Because I think COVID created a lot of stress and some people look at stress in multiple different ways. There's good stress, bad stress? What's the difference and how bad is stress for your body and your mind?

If you have five hours, we can do it. Cliff notes, cliff notes. A cliff note version. So let's just talk about stress. Simple definition is putting your homeostasis out of balance, right?

It's putting you brain, body, mind, all out balance. And there's eustress, which is good stress, so the way I teach myself and I teacher my patients is that the ways you interpret stress is so important.

Because we all have stress. Life is stress, right? But to be able to shift up and down what we call the ladder is so important. And the key about the stress is that when you take stress and you make it a challenge, make a growth.

You make that if you fail, that you learn from it. It's a different type of system that gets involved, which we'll talk about. When you talk that stress is harmful, life sucks, my job sucks.

My boss is terrible. And all of this. Then what it is, your body starts breaking down and producing inflammation, right? Right. So I have a three box model that I talk about.

Okay. Box on the bottom is what I call the body full state being stuck in your body. And what is that? So let's say this is, what does neurology see? But the hospital is very different than the office, but it's combined.

So, I'm going to tell you. So I'll see headaches, neck pain, back pain jaw pain unexplained dizziness unexplain fatigue unexpained pains right um tingling numbness difficulty sleeping at night right so you can I just can go on and on on how many different symptoms I can possibly see oh trembling shaking right uh dry eyes so Those are symptoms, see?

And again, we just look at those symptoms and we box it. We can box in so many different conditions and diseases. All the same thing, right? It's your nervous system, that sympathetic nervous systems, fight or flight set.

It is being turned on, the accelerator mode, it's on on. Now, above that box is what I call sensitization, your nerve system being sensitized. That means that when your nervous system turns on, that sympathetic nervous systems

turn on and become sensitized, then what happens is that it starts releasing neurotransmitters and it's releasing adrenaline and in the long term it is cortisol and what's happening is the cycle, in that bottom cycle is just going in fear, adrenaline, fear.

Because what is happening, you're fearing the symptoms You're fighting the symptoms, you're frustrating the systems, trying to fix the symptom and you are figuring them out and feeling them.

So those are all the F's and your fearing it. The more fear, like I'm having this back pain or I am having headaches, maybe I have a brain tumor and maybe it just goes on and on.

But it's a very sneaky system because it turns on just like that. Because the box above that is stress. And people don't recognize what turned it on. They focus on, doctor, what are you going to prescribe for me?

And how am I going get better? I have two types of patients, right? Patient number one, Doctor, What are going prescribe? Patient number two, doctor, what do I need to do to get better?

That patient is the one obviously that we are going to work with and it's going be successful. The first one we're going work as well, but they're expecting that from me.

And I have prescribed less medicine, I prescribe medicine. I do balance. I prescribe less medicine because I'm not treating the symptoms on the bottom box.

You're not going to get better. You're going be stuck. you're gonna be seeing doctor after doctor, you'll see a psychiatrist or whatever it is you are going do.

We need to focus on turning on that nervous system being turned on. What are you doing? Why are your fearing the symptom? And then above that is the stress that's being released.

Now stress could be micro stressors like little stuff. Like, yes, someone cut me off at work, my boss is being mean to me, I had a fight with my wife or my kids, you know, stuff.

Or you can have major, larger stressors, which we talked about, it could be divorce or COVID. So, death. And so those are all stressor. Stress, sensitization, symptoms.

is that sympathetic nervous system that's in overdrive. And what does a sympathetic system do? We're going to have to go into it because I'm sure your listeners know and you've been through this, but if you really understand it, it's fight or flight, right?

Your stomach is not time to digest. Your glands is no time digest, dry mouth, you're gonna have stomach issues, your stomach shuts down, and your blood flows go into the muscles, time to fight.

So your heart rate accelerates, your breathing becomes more shallow. These are all symptoms people are feeling. They're feeling palpitations, they're filling tachycardia, shortness of breath, having dry mouth, blurred vision, right?

Because of vision change. It all can be explained by your sympathetic nervous system. When I tell my patients that, the belief systems is, yes doctor, I understand that.

But doctor what are you going to prescribe me? Can you give me Xanax or Benz?

Stress, COVID, and Nervous System Dysregulation

That's where it turns out. Or maybe it could be something else. So then you get into all of these things that it can be. I am much of a believer, and we can get in to that later if you want, is to understand the patient from the beginning on their stressors.

What are their life stressers? How do they handle stressor? What do you do for those stresser? calm their or regulate their nervous system, all these things.

And the pillars of health are the five pillars that I talked about is that you have physical health on the bottom. Physical health is going to be there as long as you your sleep and repair, your exercise routine, which is very important, and the different types of exercises, then you having your nutrition.

Your proper nutrition, what you put in your body is so important. That microbiome and what your feed and then above that is your brain, mind, and emotional health.

Again, that emotional is just go see a psychologist, go to see psychiatrists, or go and see your mindful coach. They get pushed in the system because That's the thing, Sam, is that it's really sad because, I mean, we could talk for hours, but the system is really depressing.

It is because patients get lost of who to go to because they don't trust a certain doctor or psychiatrist maybe because you're going to get a medication.

Right. they have a little time to spend. Then they go see a psychologist and they maybe do talk therapy. And then they see my coach and then there's kid that they might be told something and are they going to get better.

It costs money and that's why we're seeing such a large rise in mental health disorders, which are disorders. Our nervous system in this modern chaotic world that we are living in It is out of control, Sam, how much I see this in my office.

And it is something that we all experience in our lives and we definitely know people. I've seen more suicide, I have seen clinical depression, and all of these conditions come into practice because people really don't know how to get better and they don t know to do it anymore because our nervous system is changing.

And, Doc, you know, one of the things that you've put a lot of emphasis on is this pharmaceutical-driven medical industry that we're in. Now, as a professional, give me your personal definition of what root cause medicine is.

So exactly, don't treat the symptoms, right? You want to treat. The patient and you want a treat, why? Very simple. I teach my residents. Why does the patient not feel well?

Feel because we're emotional beings. This is what our nervous system is feeling. So I can tell you, I have people that look certain way and they look great.

but they don't feel good. They, they, their life and they're, that's why I get in the inside, not the outside is that, you know, when you're inside environment doesn't match your outside environment.

And we spend so much time inside than outside. You will never ever reach that happiness or whatever state because we are built for survival and people need to learn about their beliefs.

And the two biggest beliefs I see in my practice, or even everybody's, is that I'm not good enough and I am not loved enough. And unfortunately, we can talk again about hours about belief is that when you put these two boxes of duality our life, and we talk about dualities that you know this happened and you what I don't feel loved enough, you and I guess I am loved off right.

But it's not two boxes sometimes you're not there's no answer like in science, there is no answers stop with the answers for everybody. Sometimes you feel like crap sometimes, but when you look in a box that's what happens that perspective that where the mind goes right is changing server you change the perspective of the box of.

I am loved enough, I'm good enough. And I feel what I've feeling. You know what? I had a bad day, but I learned from it and keep going. But too many people are stuck in the bottle or in a jar and can't see the labels outside.

They can see it. That's the belief, unfortunately, that we have. Now, to root cause the question you asked is that yes, pharmaceuticals are, it's something, a tool.

But if a patient is in a certain condition, like, you know, a person has migraines, right? I'm not going to, just heal them through the mind. I don't give medication that's going help them with their migraine, their suffering.

Let's hold on for a second. Why are you getting migraines? What is, oh, I have my parents and I know those are genes. Those are your genes, you should not be a product of your jeans.

That's the other thing, that's another belief. Another belief is that you're a project of you genes and other. So these are beliefs that people just go and over again.

Say, look, what is it you do? Do you exercise? You sleep? How's your sleep. Well, and my stomach's not good. I go, okay, so let's go back to the front.

And then you start getting and peeling all those layers. Then you started getting into the root cause. And I cannot tell you how many patients that I've bought the root cause.

And it's not just so putting the two and two together. It's just that when they're stuck and you're in it, we've been in before, you can't see out. The key for me is to change that perspective.

People need to know is that, when it comes to changes, change yourself. Change the way you look at things. You know, changing other people is very difficult.

Very, very, difficult, yes. That's why you and I are here. So, you know you talk about the belief system, belief. One thing I wanna ask you about that is how important is having a spiritual belief when it comes to the mind?

You know, believing in some sort of higher power. So I interviewed a pulmonologist that was, we were in COVID together and he told me that he's religious and of faith and, he tell me the people that survived he says, had a lot of family around them.

And he couldn't explain why those people got better. They were on the ventilator and they were sedated. uh, their belief of getting better and having family.

And, um, there's something above that that allowed people to get better. You know, you have, the thing is about God is that, we're not going to, is, that people ask me, do I believe in God as a scientist?

And there are questions when I say yes, and sometimes I'd say no. I told them when, I opened up as, a medical student, The Anatomy of the Body. I was fascinated and I said, there's got to be a God.

And I have seen miracles, unexplained miracles. Yes, do I tell a family that, you know, unfortunately your brain dead at the science behind it, my exam, But I have seen miracles and I've seen, and that's where we get into consciousness and subconsciousness is that those programs underneath of a belief of something up there really goes a long way into healing.

I really do. And it's also a very good habit. It's a time of reflection. It is a times of being with family. What is religion? Regardless of what religion, it's that it is time where you spend Sundays at church or synagogue and family and community because that's what the nervous system wants, right?

The nervous wants connection and calm. And to get there is religion. Yeah, which that leads me, you said community. We're here in South Florida, there's a lot of community, sometimes not the best community but how important is community for the mind?

Absolutely. A connection and community, and I started off saying that, is that I giving back to the community is something that people ask you, why are you working all these hours and why is your cell phone always on and

what do you take off five out of seven days still?

And I do that because I love it. You know, you go to doctors walking around, they hate their job. I go, I loved what I did. Do I get paid to help people?

I got paid. Help people. It's not about getting gifts or things from the patients. It is learning and being part of a community and it feels good and giving back.

When you're connected, it's very important. My wife chose not to work. She's a housewife and she's my partner and everything I've done in my life is based from her lifting me up.

With her, she needs that social connection. She's like, you get to socialize at work and I use the work as social. I walk in, I talk to my patients and we're talking like we know each other and it's a different doctor relationship which has changed significantly in the field of medicine.

You have hospital, it makes a whole different thing. That's also another talk. Community is very important. What you're doing here is building a community.

Because when you are with alike individuals who feel the same way, who are going through the thesame thing, like AA or all of these things that help people with getting out of habit of addictions is community, and when have community because that's part of survival is that we're tribal.

We hunt in packs or hunter-gatherers. You know, the people that are loners, that people are rejected, people feel shame, and that's a big predictor of disease inflammation, is not being part of a community, being outcasted.

And that is also survival. When you're not part a of community you don't survive. Right. You see people who grow old together or have a partner as they get older, they live longer.

Yeah, absolutely. They do. So you start looking at those blue zones and you see a lot of that. Yep. I've never had the opportunity to ask a neurologist this question.

Earlier you were talking about, you know, what happens in the mind and then how it starts throwing off different parts, different organs in body. In the functional medicine industry, there's a lot of talk about the gut brain access.

And they say that the guy is actually the first brain. Now as a Neurologist, right? Is the Gut the First Brain? So I mean, I can't say it's the first brain because I'm a neurologist.

I am definitely not the one. So they call it the second brain. But there is an enteric system that has evolved. And yes, there's dopamine serotonin. Most of your seratonin is produced in the gut.

The thing is that mind-body connection, right? And so this is the situation, is I never ever would think that you heal the brain actually and the mind through the body.

I would never have said that years ago before COVID because it's all one, it is all connected. So we have afferent and eferent systems, the vagus nerves and all start off in the brain and typically the brain stem.

The vagus nerve, right, is a very long nerve but it has more a fair new for me. It actually starts here first. Actually, it starts. Here it. Has more pathways up than down, which tells you that this system is activating and that's part of that brain structure that you're hearing.

Right. So it's giving a lot of information. What's interesting to me is that when people say, oh, my stomach hurts or, you know, My chest hurts, right?

It's yours, it's like yours. But then when it comes to the brain, It is like, I, yours it is all the same thing. It all belongs to you. Its ownership, its all you, your stomach.

So the stomach is a big, big generator. It's one of the first questions I ask my patients, how's your stomach? You know, because after I get into their history and get it to the other system is that, oh, I have, you know so-and-so diarrhea, ox constipation or my stomach's never been that good or I've never had a good stomach.

And what do you eat?

Root Cause Medicine, Beliefs, and Spirituality

Okay, fine. Maybe you're putting the right foods in. But what else? How are you handling your stressor? So it kind of is connected. I don't really put one versus the other.

Um, I really think it's together. It's so important to keep a microbiome and the leaky gut, which is definitely real, is to really understand that you need to take care of your stomach because the good bacteria and what it does for you and your transmitters and contractions and all of that, is sending information to your brain.

Your brain, your control center, is listening, and it's changing things. And that's the other thing I talk about is that when it comes to survival, the brain…

I talked about homeostasis, right? Homeostases is if you have fever and, you know, it regulates the temperature to bring it back and your body's doing that automatically, which is fascinating through your But then there's a thing called allostasis, which is your brain's predicting.

We're predicting machines. The brain predicts whether you're going to be thirsty, whether your stress level is up before you even get into a meeting. It's already prompting you and getting you ready for it.

And so it is one system, one, two, to one. People focus on one focus the other. I really don't want to say it's one or the other. I want it to be all together because the brain and the mind and body are for sure one.

There's no question about it. It doesn't feel like I'm just talking to any neurologist. You know that, right? I appreciate that. Yeah, I think you're going to have to change your title to some other kind of neurology.

Well, the thing is that I do all the stuff that gets me going. And I love it. The emergencies and all of that, which you definitely were involved with and you had all that rush into yourself.

I enjoy that and I also enjoy this. This is like my second chapter and and i discovered so many different things and that's why I'm here. thinking though.

I mean, you are taking a very functional approach to the patient's health, and you're looking at that root cause medicine, it's in a form of precision.

The other thing is that you don't want to do too much. So when you have functional doctors, they do to much, like this, this and this. This is the protocol.

Or if it is a doctor, Just like it's balance right use medication when you need to discuss the side effects. Look at the picture Look the whole person, you know and and use it when can you you have to be able to understand that and all the things you do and the therapies you Do know you optimize I saw that individually because everybody's different.

So it definitely looking at forward thinking and Being different is so important, but it is also having balance and being open to Learning, that's the key.

And having a growth mindset, very important. Absolutely. Now I want to get into habits because that is a very, important part. I love habits. So with habits, one of the things that I've learned with habit is you can't just change habits overnight.

It takes a certain amount of time to kind of change a habit and then it takes certain other amount time, to actually have a fixed habit fully changed.

So let's talk about habits and how to change habits. And how long does it take? And what's the type of commitment people are gonna have to make to try to adjust and change some of those habits?

So there's really no answer on the amount of days because all habits have different abilities. Like there are habits that, you know, smoking and quitting, I mean, there're habits than have larger difficulty than other habits, right?

So, I really get away from the amount of days. Now, how to change a habit is really Charles Duhigg came up with a book called The Power of Habit. In his book, he talks about the cycle.

That book changed my life because I started to look at everything as habitual. The way we worry, anxiety, everything is a habbit. I'm going to describe that.

So a habit, let's talk about the middle of the habit which is the action, which let say meditation, exercising, eating well. These are very actually generic, sorry, very general habits.

But let talk thinking and feeling as well, put that in the Middle as a Habit. So that's a habit as the routine behavior, the action, feeling that all categorized as that power of the habit.

They're right in the middle. We can go now to the reward. OK, so how do habits. how to habits become habits is the reward system. You have positive rewards and you have negative.

So you positive reinforcement, negative reinforcement. Positive reinforcement means, wow, that habit felt good. Let's do it again. Or you had negative enforcement.

Wow. That habit avoided that let's avoid it. Let's do it again. I avoided it, that's worry. That's the tricky part of worrying. If I worried it didn't happen, boom, right?

Or if you're drinking, you are avoiding the feelings and the thinking and process. Okay, so let's get to the tricky part. The subconscious part is the cue.

What's the queue? The cue is a stimulus, it's a trigger. Okay. what's that cue? It could be a smell, uh, It can be, a chair that you sit on, you know, Uh, could it be someone saying something to you?

Okay? it could a thought and it can a feeling. OK, that triggers the habit, which is OK. Let's say your habit is overeating. You get home, you thought about your work at home stress.

I need to eat something in the refrigerator, something sugar. A reward. It felt good or took away the emotion. That's a habit right there. And then it gets wired very easily.

Some habits get wired more easily than others. The key is really to understand, now, I don't want to confuse everybody, is that a thought can be the cue, but the thought could be also the middle part of it, see?

So you could shift either way. So a though can trigger another thought, or a thoughts can create a feeling and then the reward, okay? What drives a habit is a craving, and that's your dopamine, right?

So, dopamine is not the reward. Oh, let's get the dopamine. Actually, the Dopamine is the anticipation and the motivation of getting the award. It's actually almost getting an award, so what happens is, just very quick, there's prediction errors, and when something's surprising that you expected something and it was better, like you went to a restaurant and food was amazing, it's like, oh man, I'm going to go back the next time, then it becomes a negative.

So you have a positive prediction error and that gets it. It's like, wow, let's go back to that restaurant or let us eat

again and stuff like that. So that's the system itself.

The thing about dopamine is very tricky and it's all about the anticipation motivation. People don't realize it is the craving, it the feeling of being agitated.

I need something to fix that feeling and it's so strong. And that's where the habit loop starts going on and on. So I draw the habits loop from a lot of my patients and they ended up in refrigerators and nightstands because I drew it out.

That's when you activate the mind, Sam. The brain's on autopilot. Habits are autopilots. They're efficient systems. Everything I've talked about is a habit because it is done already.

You wake up and you do your thing in the morning on auto pilot. The key is to get to notice. The word notice is mindfulness. If you want to say what mindfulness is, it's just noticing.

Notice the cue. That's the key. When you start noticing the cues, then you can start changing and replacing the new feeling, the action into something else, and then giving yourself a reward, a feeling.

Yes, I did it, or yes, that felt good. That is so important to understand that loop, because if you don't, you're just going to be in that negative loop all the time.

I do that with my life. People say, how many things do you do? It's because I have very efficient habits. Everything is put out, my food is out. And I exercise in the morning, I get to the hospital, and I meditate.

It is an autopilot. people that are successful, and I'm sure you have great habits, is that people who are that successful know how their brain runs because they utilize habits to their benefit.

Absolutely. And you can't live your life with good habits with exercise, diet and sleep without the brain. Because the way you think, feel is a habit.

Without that mindset, you cannot get into habits. You cannot into those. Right. So it all starts here. And people need to understand that. To really change somebody, you've got to start teaching them how their brain really works to get out of that habit.

Because you're going to wake up in the morning and be like, I don't want to work out. You don' t want do it. It's protecting you. Once you teach your brain that it's not work, They're like, what do you mean work?

Yeah, I said, yeah, it's not work. I say, What do mean it is not to work out? I go, It's no work, so what is it? It is effortless. These are the words of hypnosis too.

It s limitless, your subconscious is limit less, you are effort less. You have the imagination, the ability to do whatever you want. Okay, but your brain is telling you and that's what I was going to talk to you about is that when you get stuck in the whiner of your Brain and the beliefs and you Get stuck In that habit loop People are stuck.

In their brain. They don't see it. they don' see It get out of Your brain through your mind You know and then once you start doing that then start feeling better.

So I have a metaphor that I talk about Is that the author is your mind. Let's say the story is the brain, and the book is you're body. You're going to have a worn out book or you are going use the authorship in order to change your brain.

Your brain changes every single second. It's plastic, it's neuroplasticity. That's constantly changing for good, changes for bad. So when you have a belief that I'm too old to get better, I have patients that are older and they come in, they're like, oh, 80 years old, there's no way.

When you've been told that, you got to start challenging your beliefs. It's so important. Those are the invisible prison bars. People are stuck in their prison.

just open the door. There's no prison bars. Just walk right out and you can see in my practice people can't do it because people are comfortable doing the same thing.

And so the subconscious does this. It really looks at what is Comfortable what's familiar what is known so it gravitates towards the same thing so people do the Same thing over and over over again So again, if you want to be mindful and that's how you your mindfulness meditation you start observing that and then you Start saying let's change it and when you change a change feels uncomfortable It does.

Uncertainty, like we talked about COVID, it's uncomfortable. It's uncertain. But too many people are afraid of failure. And when I talk about change work and I change the body and there's some techniques that I've learned is that The biggest, I say, way to change people and it's probably the easiest emotion or even ability is confidence.

And I cannot tell you how many people are just afraid and stuck in their beliefs and are not confident, whether it is not about performing on speaking in public or confident at a certain task or at their job, whatever it is in life, it's confidence.

And when you teach confidence and you teacher calmness, then that becomes a way to heal. The calm is a little tough of a word. What I teach is more safety and security.

Safety and Security. Yeah, because your nervous system is wired for safety security, when your calm, you're like, what the heck is calm? When you learn and your brain is like ruminating or you are in a constant state, and stuck in that wiring, Where am I?

Right? That's right. You're pulling yourself out. Am I safe? Am i secure? And that's that right there. That is why breath work, grounding, you know, whatever techniques people use or tapping sometimes breaks it.

EFT tap. There are different techniques that break called pattern interruption that breaks the pattern and say, this is my brain saying this. It's not me.

Well, it's my My brain is telling me this, it's based on patterns. So very quick, Sam, I know I'm talking a lot, is that we download information zero to seven.

It's actually third trimester to about seven, our brains are in this theta state of mind, we're downloading these programs.

Community, Gut-Brain Connection, and Mind-Body Health

Download complete at seven that's how you wired. That's why we are either mom or dad or either one of them or whoever you raised you. And a lot of times we don't see it because we're stuck in those beliefs and you don' see them.

But everybody else sees it, your friends and your family. You can tell by probably your spouse or whatever, you can say this one or the other. And then you spend your whole life confirming those belief based on those two boxes.

My mother told me I wasn't good enough or loved enough, or I didn't have this or couldn't get this. Look at that, I'm not loved and it gets stronger and those circuits get stronger.

And when those circuits get stronger, they get more myelin. When they got more, myelins get efficient. when they more efficient, that's your automatic brain right there.

And everyone's running an automatic and that their programs. So we've got to change the programs and you've gotta change your program. You can change programs, you gotta do it.

and the way you do that is learning safety, security, because, and learning had to be out of the past. See, people are stuck in the and not in presence, right?

So, The power of enjoying life and the hardest thing to do is being in the moment. Being in a moment, you know? And the way I define that is an experience.

And this is what I teach for mindfulness and this how I learned this. I come from a father who's very anxious. We went to a football game, we had to beat traffic and I couldn't catch the fourth quarter because he was nervous about traffic.

I mean, I grew up and we have to go through things and he's worrying. And I could enjoy the moment and and download that program. And I learned that in order to enjoy life is to slow down life and that remote control pause button.

And you're not going to get back time. But what you could do is how do you enjoy? Life is you get out of your brain, you become present and you take all five senses.

smell, taste, feeling, sensation, all of the auditory, whatever. And some people have more sensitivity experience because what happens is that an experience is downloaded into your brain based on all this stimuli.

By you going to a concert, you can either do two things. you know, put your cell phone on, which I love Bruno Mars, does not allow you to take a cellphone, but so you can have your cellphone on and look through the camera or you could smell it, taste it feel it hear it and download it into that memory of your brain.

Because that's the memory that you're going to have. And Daniel Kahneman is a very famous psychologist talked about you either have self experience or a combination or self memory.

Self experience is having the experience of being in the moment. Self-memory is saying I went to the concert and taking clips of it. Hey, you know, I'm posting it on social media.

I've been to a concert, and this was great, but you weren't there. You were just at the and you have a memory of the concert, you really want to be in the moment.

And that's the key when I see my patients, and they're alert because they've seen the doctor, it's not a comfortable spot, but they are stuck in their brains.

They're stuck and stressed, they stuck into all of these things that they aren't in a moment, that are not here, not present. It causes a worry that doesn't even exist.

When people are so worried about something that It's in the future. You're worried about something that this person might do. It is not even a problem.

That's right. Because the mindfulness changes your perspective. And when you change your perspectives, you know, it's like you're not in an ICU on a ventilator.

My wife is like, You do that all the time. Well, I say I do because I change the perspective The guy that climbed up the tower, they were like, he's fearful of watching on Netflix and the rock climber.

I just saw a clip about fear and he says, I go to the airport and I see people just stressed about everything. Just walking stressed. The reason why, well, there's many reasons, but the reason is that we're not okay with boredom anymore, Sam, we are not.

Boredom is creativity. Bordom was actually when I grew up hanging out with my buddies and not having cell phones at that time, laughing, hanging at a pool, and laughing about stupid stuff.

It was the best moments of my life. I agree, man. Yeah. And the cell phone and the information overload, because we really want so much information, doesn't allow our brains downtime.

The most common symptom I see in practice with a lot of my patients is they can't shut their brains off. They go to sleep and their brain just doesn't go.

I go, what? And they're constantly pushing that sympathetic nervous system, but how is it going to learn how to be safe, secure when you don't allow it to?

Give yourself time in the day to go outside, take some fresh air, do some breath work. Be in the moment. You know, I love that safe and secure, especially how you put a lot of emphasis that your mind is always in survival mode.

So if it's in that survival, yes, you know it gets into that. Safe and Secure spot for kind of gets a little out of that Survival mode You know gives you some peace now, you know, we talked about habit Yeah, and I want to make sure that the viewers and listeners understand that habit is not addiction, right?

but when we do talk about addiction in the mind and also the difference between addiction and obsession I Want you to just get into that a little bit because You know, with addiction, we even see a lot of addiction here in South Florida, you know.

A lot these vices, and a lotta people are utilizing a lots of these devices, something as simple as alcohol, right, to relax the mind. So as a neurologist, what is happening with people that have addiction or someone who's obsessed with something or people who have these type of addictions of devices where they're utilizing it to make themselves feel calm?

What's really happening to these people? Okay, so that's a big topic. So we're going to do the Cliff Notes. So, the nervous system, we talked about safety and security, and that's a huge factor as far as addiction, really, because when someone's addicted, now we're talking about the maladaptive, unfortunately, gambling, drinking, is that very powerful, more powerful than the feeling good is actually the relief.

Our brains are wired to move towards pleasure and away from pain. And so we're looking for pleasure in a way from paint. That's a problem because we need to feel pain, you need feel paint, You need fail, feel rejection, when you go to the gym, and you worked out and finished the whole set and did not fail, you're not getting stronger.

You're building muscle. you need to walk out of that gym saying that I did it, I failed sets, but I'm getting strong. Unfortunately, people that have these downloaded programs and the pain.

Now we talked about pain, there's a difference between physical pain and emotional pain Emotional pain is far worse than physical pain. So you need to tell me.

Yes. All these little league baseball teams out there where everybody gets a trophy and everyone's a winner It's not good Emotional pain. Well, it's it different type emotional pain and that's different.

I grew up playing sports. My parents did not go to every practice I told him to go only the big sporting events that I played in. Don't get me started on that.

We could talk about that We've lost because I we've we lost my respect in this world respect for teachers and doctors and a lot of people were in and politicians is very disrespect.

And the coach is someone needs to be respected and the coaches time is with players and we'd lost that when the practices that are with families and pay people again involved.

There has to be an evolution and a learning curve with a coach and their player, because that is something that I learned and that's something, and I learnt going home crying that, I was too short, maybe I felt maybe, that was to

small.

I grew up, grew in high school, couldn't play basketball, got cut, Michael Jordan got caught. And you need that because it fuels you. You need the pain.

That's the right thing you just said, emotional pain, you have to feel it. Every good story starts off with being born and dying, but there's no good stories if you do not suffer and do you not go through obstacles of pain.

You want to feel that pain, so what happens with addiction is that people are going towards pain And they really are avoiding pain. And when they're avoiding paying, which is emotional pain, they are drinking and that avoids it and they can't deal with it.

I know a very famous music artist who's very open about it, but you can see he's a lot of emotional painful drinking. We went through the loops. But the thing is that when you're not able to find the energy.

See, so what happens is, okay, you set obsession and cravings. So there is an overlap. An obsession is basically a thought that could be intrusive and rumination that repeats over and over again.

Let's say it's the thought about coffee or thinking about the coffee and the smell of coffee, and coffee's good for you, coffee is bad for, just thinking all the time until you drink your coffee to get your fix.

The addiction is that if you don't drink the coffee, then you start getting a headache, and you feel well, or if don t drink, you get that agitation, that craving.

There are different parts of the brain. Obsessions are in the frontal prefrontal cortex called the orbital frontal cortex. Craving is more in deep subcortical brain area, what we call the basal ganglia, the ventral tegmental area of brain, which is your pleasure center, your craving center.

Obsessions can be linked because you have an obsession and then you sometimes have a compulsive and a behavior. So they can't be link, there is an overlap.

But they're different in the sense of the physiology with it. It's a very different thing. And the craving is more of a dopaminergic type of feeling and the agitation.

This rumination, the obsession, is one of the loop that's going on. There's this certain area called the anterior cingulate cortex. We're getting a little neuroanatomy that tells you that there's an error, there is no error.

But it runs on loops. So people are just ruminating about the worst case scenario, rumenating, they're stuck in their brains, and they don't see it until they act on something.

and then that urge to act on it feels good. Now, the obsession could lead to it. So people that are drinking or gambling, you're gambling. If you don't gamble, can't watch the sporting game without gambling on, it's a very big problem now in society.

And you got the fantasy football and the gambling you can watch a sporting event without gambling. Then when you are not gambling and you obsess whether you talking about the point spreads and who's playing and whose injured and it becomes an obsession.

So different part of the brain different area.

Habits, Mindfulness, and Rewiring the Brain

So what I'm getting at is that most Addictions if you understand the habit loop are going to point towards relief and avoidance rather than pleasure and That is something and when you're getting pleasure Right?

You're pushing on that lever so much that it starts pushing the pain part and it becomes more painful to get that drink. More painful. A more pain emotion to drink and the drinks become more and more.

So the whole idea behind that is community, which is AAA is a community. But what I don't like about AAA, is that they call you an alcoholic. I'm always an alcohol.

They label you. The key is to and the changing the behavior and changing award system, which we can talk about a long time, but that's the way habits are run.

Yeah. Well, Doc, I heard you mention of the prefrontal cortex, right? And we know that the preferential cortex has a responsibility when it comes to anxiety and depression as well, correct?

Have you utilized TMS. Transmagnetic stimulation, yes. Right. What's your opinion on that transcranial magnetic stimulation? So a transmagnaic is areas of the prefrontal cortex that they target in order to help with anxiety and depression.

So I have definitely limits towards it because you're targeting, but what is the ultimate goal? And that's the thing with patients is that Like even psychedelics, we could talk about that, but psychedelic interests me.

I don't practice them. But there's these ketamine clinics and there are clinics. And what is the therapy behind it? You're going in there, you're getting the drip, and then what's the outcome?

What's your goal? How are you going to make yourself safe and secure? you know, a clinic, you need to have a direct understanding of what the goal is and what, I thought TMS is great for like stroke survivors, strokes sometimes affect like the left side of the brain, when you can't speak you have problems with language if you're right-handed and now they stimulate the contralateral side to open up those language centers or for rehab for patients that have paralysis.

Tms is Hear me out and this is this so important sam i'll make this simple is that. There's a polyvagal therapy, Stephen Porges and Debbie Dana, they wrote books and constant books, and they have a ladder.

And I love that book because it's so simplistic. It really talks about the vagus nerve. The top of the ladder, which is one part of your vagous nerve, is connection, calmness and safety.

it is your best time where you want to be. That's what happiness is, but you can't get there all the time because life is not a latter like that where your stuck.

But the latter drops to fight or flight because that's life. So fight or flight is fighting and fighting, and when you're fighting inside that brain of yours.

And that's what anxiety is, right? You're feeling symptoms in your body, your anticipation of some type of fear, because that what drives it. Fear of uncertainty or fear of whatever it is.

You are fighting it, you're fight or flight, and you drop to the bottom of that ladder, which is collapse. That cortisol, so you went from adrenaline to cortisol to fatigue, to burnout, I can't get out of bed, can move, am stuck.

And the thing about depression is that what gets people is the fear of getting out of depression. They've been in it, and how much energy it took to get up that ladder, because it does take a lot of energy.

And when you tell people that they're depressed, snap out of it, or that you speak logic to them, and we didn't get into that, is that it doesn't work.

What they want is connection, calm, safety. They want to feel that there not alone to get out depression, to back to the ladder of that sympathetic nervous system.

Sometimes medications or some types of alternative treatments can help push up, whether it's GABA, serotonin, push you up that ladder. and then get you up.

But the people that are resilient, the most successful are able to go up and down the ladder with the ability to do the latter. When you're stuck in your brain wiring and you are dropping down that ladder, you get into that state of depression and that's where you become depressed.

Isn't it weird that you treat anxiety and depression the same way with SSRI? Depression's burnt out anxiety. But we put two different conditions because what happens when you're depressed?

Your brain's depressed. Lack of appetite, right? Lacking of thinking, lack of motivation, like of interest in doing things, lacking of energy, being depressed, Right?

Anxiety is the opposite. You know, it's the constant fight or flight. It's all of that sympathetic nervous system, but your energy system goes after a while, tired of fighting.

So the thing is that what makes it difficult, Sam, is we have a conscious and a subconscious brain and teaching people consciously to change doesn't work.

No. So the subconscious is where I'm fascinated because the only way to heal the body and the brain and mind is to get the Body involved. Because that's where you get to safety security and that we talked about the God and all of these things is because.

everything has dropped. When you get trauma, and I see this a lot. I had this young guy come see me and fortunately he got colon cancer and he had neuropathy from nerve damage from the chemotherapy.

He was 36 years old from Brazil, a tennis scholarship at a school. The first thing he says to me is that my feet are burning, tingling. And I said, fine.

See, I could have been the doctor. But I said to him, he said something very interesting. He says, you know, I've had this pelvic pain 10 years before I got cancer and I go, well, don't think that's related.

I say, talk to me about that pelvic. And I saw 10 doctors, no one was able to tell me the diagnosis. Okay. What was the diagnoses? He said, Well, they know I did this public floor exercises.

Let me ask you a question. Where'd you grow up? I grew up in a small town in Brazil. And I asked him in a very direct way, and he was very open, has he ever been sexually molested?

He started crying. And yes, and he was told me he's sexually molested. And there's two things about that story that, you know, that's why I told you I learned from patients is that number one unexplained pelvic pain.

What happened? Subconscious program when he is super young. He was abused and molest it. It dropped into his body. His body was feeling what he. This is not woo-woo stuff.

You know people can say that. Number two, why are people getting cancer more often is that epigenetics, which is genetics outside of your genes. Why does 50% of people with BRCA get cancer, 50 percent don't?

Is it luck, is it a flip of a coin? I believe, and this is my belief, that we hold stress and traumas in our body. When we suppress, when we repress, not hold, but suppress it, holding it down, down down.

That comes out in your body. And what happens, genes turn on, turn off. They don't change, they turn. The genes of cancer change. Exactly. Yeah. Why are we seeing so much cancer in younger people?

We can go into toxins and all that other stuff. That's fine. We're seeing it because of stress, I'm telling you, of trauma, because parenting now is different.

There's more abuse, there's less attention to children, and we're growing up in a society of hate and a lot of stuff. And I don't want to be negative.

Believe it or not, if you hear anything from me, actually, a positive guy. If you're hearing my post, i'm not talking negative, talking positive, cause I am a postive guy, but I'll reframe it positive.

It's just unfortunately what I've seen is negative and When I talk about being spiritual or helping people and people ask me like, how do you prevent Alzheimer's?

I had a group of famous people actually at a table and they were asking me as a neurologist, so I said, what do see? As people get older, they lose purpose.

I go, that's the purpose? They go yeah. They say that it's purpose, I say Because you need to have a purpose, you have an intention, something to drive you in life, and things will follow in your life to get to that.

And when you have hate and negative thinking, that's all stress. And you learn how to forgive and forgive. I was talking to a patient yesterday, her sister, and her don't talk for 13 years and she has migraines.

You need to learn to how forgive, I said, when it comes to family, because family is very intense, nothing sets off the nervous system more than family.

is that because of survival and protection, and those programs are downloaded at hardwires, that's why family is so important, is when you forgive, you let go, man.

You let of that freaking inside of you. So these are things that come out in your body. And this is all stuff that I learned from patients and talking to.

I like this neurologist here. No, no, because you're talking you talk about language, you talking about gene expression change, about the epigenomes, right?

The epigenetic. And you were talking meditation and truly meditation will up regulate those epi genetics better than really any Joe Dispenza talks about it all the time.

Right. The power of the mind. So, this is really, really good stuff, man. I really really enjoy this podcast episode. Thank you, Sam. Doc, you know, right now we have a big movement that's going on.

It's called the MAHA movement, Make America Healthy Again, which is taking a lot of these alternative approaches that we've been ignoring because we're stuck in this pharmaceutical-driven world.

What's your thought on this big move that is happening right?

Addiction, Obsession, and Depression vs Anxiety

So it is so, I don't want to be negative, but when you look at society and what we put out to, so the brain and survival is that when we are hunter-gatherers, we need to somewhat work to get food.

There's a working part of our life to getting the food, now we have the ability of Uber Eats and easy access to fast food And when you're driving past that, again, when that subconscious conscious of those programs run, you know, You know you had a hard day.

Let's reward yourself with whatever. We really have to start questioning what we're giving our children and ourselves. I haven't had fast food and I cannot tell you what the last time.

And the dyes that we put in, and the toxins, it's really sad to see other countries. When I go to Europe and I eat, I won't have pasta here. I have a pasta there every day.

My stomach feels different. I feel healthy. And why in the US? And even we're in Miami, Florida. Where do we get our fish from? I mean, we can't even find a fish place that has fresh fish.

So it's amazing to me the access of easiness and what we are giving people. In the Ma Movement, the thing that I really loved, and people could talk politics and go one for the other.

Let's focus on the positivity of what this movement is telling you. Really should be nonpartisan, but go ahead. It should not, because health is so important of which your fuel is, what you expose yourself to.

And the key is what's you're doing here and what the MA movement, and I saw that when you talked about your podcast is education. And when education starts from the parents, but it also starts with the children, the programs are downloaded because the brain can't get to education without somebody teaching them.

It doesn't go there and then learn. So when you're in an environment where you practice in my house, we practice certain habits and certain foods that are allowed in the house and out of the House and we eat certain food.

And we do reward ourselves and you know, because we are human and We need to enjoy ourselves. We can be obsessive. You know, if you want to have a good cake somewhere, yes, enjoy yourself.

But the overall key here is health. Like you said, the mom is to focus on being healthy and healthy is not only inside, it's the healthy mind as well and a healthy point of view.

I love that. Love that that we're going to. Have a little fun here, man. One of my favorite podcasts is the diary of a CEO. So he came out with these conversation cards.

OK, let you hold on to that, OK? Pull off that sleeve. And, um, grab a random card in there. Okay. Read it and answer it. Answer it, read it an answer.

I have no clue what it's going to say, by the way. All right. Cool. Like that. Oh, all right, haha. No, I mean, so I'm a big believer in manifestation.

Oh, boy. OK, So so let me. So when it comes to manifestation, very quickly. I know, Sam, you probably have to edit this this podcast, but manifestation is that when I would talk about change and nothing in life is a coincidence.

You and I together here is not. And I really don't think it's a co-incidence. Um, ways we look at things and our perspectives and things in life are not coincidental.

So when you manifest things, when have a goal and you have an intention means that you specifically put that intention in. I wake up in the morning and I have.

A list of my brain, I think, you know, certain family members and that I had in my life. Not that things that have, Not things that I want, really, but things I have and things i'm grateful for.

Not that i want. I don't want other people's stuff. But what I also do is that When you start looking at specifics like what you want the color of it, the taste, to smell, put all those five senses experiences, your brain, there's a salience network, will gravitate towards it and will gravity towards, okay?

There's lot of things I can explain that you've done because your bring did it saw it but didn't process it your subconscious. So the question here is, What is the one belief or behavior that has positively impacted your life in the past 12 months?

See? So look at that question. That's amazing. And of everything that we've been talking about, that's the question you pull out of that box. So what is a one-belief or behaviors?

So one of the beliefs or behaviors that I've processed is that you are not your brain. You're not a label. And in order

to understand that is you go back and just understand what the brain's doing.

It's keeping you alive, it's telling you things, they're very deceptive, you've got deceptions messages, and it is pulling you in directions that will make it somewhat difficult but easy and effortless.

If you understand how your brain works, You heard from this podcast and you listen to some of the things that I say. Please understand what your nervous system is doing and learn how to be safe and secure.

Learn how be part of community and be connected. Those are the ways that you will survive And when we talk about survival, I want to say that's the whole phrase.

I didn't even talk anything about longevity. This is the first time I use the word longevity because if you look at my posts, as I learned from patients, they're not the most physically specimen people.

when you look at them, they didn't do these crazy workouts and eat certain, but what they did is they lived their life with certain habits, behaviors and beliefs that are so different.

They were never stuck in their brain. they figured out how their brains works. And when I see patients that come into my office who are 98, 99, 102, I ask them what do they do, how they wake up, what the eat, and it would be astonishing.

from what they do, a lot of it is all in the mind. So that's what I want to take out of that. And thank you for that card. No, no, I love that! So Doc, as we wrap up here, if there's someone listening or viewing the podcast and they truly resonate with today's message, what's that one last thing you can leave them?

I thought I did that. So I have to get better than that, putting me on the spot. That was the card. We talked about a lot of stuff here, more than just the belief system.

But that person that's just really connected to today's message, that sat here for the last hour and a half and listened to us talk, and they're just like, man, it's time.

It's go time, what can you leave them off with? Well, you can see here the way we spoke is that, doctors are humans and they're trained a certain way and there are part of a belief system.

And I was part that system and I still am and still part the community. I run a department and very open about as far as the limitations. The key here is to understand that in order to feel better, is that you be that patient that says to me, doctor or Sam, what do I need to do to get better?

MAHA, Manifestation, and Final Takeaways

What do i need change? Can I be open for change, I want to be comfortable for a change. Can i change my beliefs? Can I change my habits? And when you run that brain very efficiently and through habits, because our life is mostly habits then you will get to that feeling better in a very effortless, limitless way where there are going to be no restrictions in your life.

And Doc, if people want to find you, where can they find? You can find me on Dr. Steven Resnick. Also, it's called the Healthy Minds. Either way, I'm on YouTube, Instagram and Facebook.

I was never on social media until six months ago. This is a new thing for me. But I would love for you guys to reach out and follow me and And please enjoy.

I hopefully enjoyed this podcast and learn something. Thank you so much. And Sam, thank you. So much for having me. Oh, Thank You for being here on a healthy point of view podcast.

It was very informative. Thanks so. Much. Appreciate it. Awesome. Guys, you heard the doc here. Very important

for you to understand your brain, right?

The beliefs and habits, how to change it, to tap into it and how Guys, even if you think you don't need this information on today's podcast, I'm more than sure you have friends, family who can really benefit from it.

Make sure share it, comment, subscribe, do all that fun stuff, and we'll see you for the next one.