Mind Over Heart: The Intersection of Belief Systems, Neurology, and Healing from Heart Disease Transcript

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Introduction and Dr. Cheng Ruan's Background

– Everybody welcome, another exciting, important and really high quality energetic episode of reversed your heart disease naturally. Summit. We're going all the way to Texas the beautiful city of Houston. We're bringing in a friend of mine and a real leader in medicine in the United States. Dr. Cheng Ruan R U.

A. N. M. D. A medical doctor board certified in Internal medicine founded the Texas Center for lifestyle medicine, advocating putting together all those wonderful Integrative Medicine we've talked about in this summit and we'll talk about but doing it in a private practice setting at an affordable way.

What a great concept. Graduated undergrad Texas A and M went under Ross University School medicine, residency in New York and chief residency in Internal medicine, co author on a book on diabetes reversal and launched something called the Center for lifestyle Medicine University, a free online educational platform using mind body medicine concepts to empower patients.

And he's the father of three beautiful Children. His wife is a very dedicated O. B. Gyn physician. Both his parents are very prominent medical practitioners, so we got a good one here for sure. And anyways Cheng welcome, thank you for being here. – Thank you for that beautiful introduction.

I appreciate you. – Well, I appreciate you. We've had a chance to be together in meetings before and I'm really excited to have you on because your thoughtfulness. So we have covered a lot of material but you have really got, you know, some skills that get to the very core about how people are going to take all this information and put it to use and make it happen and change your life for the better which lifestyle is the key. So explain a little bit about this concept.

I've read that you talked about called belief systems and then cardiovascular or heart disease. – Yeah. Wonderful. Thank you for thank you for that. So, the most important thing in health, is that one we don't feel alone because loneliness is a huge contributor to cardiovascular health.

Right?

Belief Systems and Lifestyle Medicine

And two were able to do the things that that are actually good for us, right? There's a lot of things that you talked about on the summit with all the great interview interviewees that you've had.

But what about execution? What does that really look like? And one of the things that we do here at Texas Center for lifestyle medicine is that we try to identify what is the identity of the patient meaning that let's say if someone has cardiovascular disease, how do they get there in the first place?

What is their identity that let them down this path to sort of develop this cardiac disease? Is there a family history? Are their habits that are there are their habits that are passed down in multiple generations because of something in the culture.

Right? And so there's different things that lead to this? But without looking at the identity of the person? It's really hard to do. So let let me kind of put that as a into, into an example.

So um so I was born in china and came to us when I was very young when I was seven years old and so what I grew up with and my soul food is like seaweed right now my kids like really like stuff like cheetos right, Which is not

accessible to when I was younger, right?

So from there's a, there's a cultural difference that's there. But one of the things about my myself, my identity is that I took a lot of what my ancestors ate and I brought it kind of into like more culture within the United States right now, not all people necessarily have that.

So everyone has different backgrounds when we work with people um in different cultures and we have to really honor their cultures and all the things that they've, they've eaten within the culture but bring the best part about their culture into the forefront and not just kind of ignoring it right?

But also say, hey look at some things that we can tweak and so these, these are based on something called the belief systems and there's several things about belief systems that we really really have to put out there.

The first thing is this concept that my belief system is based on a combination of what I was raised with right in my culture and possibly my ethnicity um when it comes to food right? When it comes to behavioral habits.

So this this belief system can either serve me or it can work against me. And so if I know that I've got some cardiovascular disease or atherosclerosis or plaque build up, that's that's increasing my chances of becoming ill.

I have to think about, do I have fundamental belief systems within myself that's no longer serving me. And so from a belief Simpson standpoint, we start with the belief systems. We can kind of tweak and alter what we can really accomplish. – So we as clinicians, as doctors, nurses, physician assistants, natural, best one probes a patient.

This is a matter of taking a history. – Yeah. – I mean there is no artificial intelligence program yet that identifies a person's beliefs. It's the relationship you build up in the clinic. – I think the conversation part really has been lost in traditional medicine, especially with the way that medicine has been practicing with the insurance system. You're averaging 7.5 minutes per patient per visit with the primary care. It's really hard to talk about, you know, stuff like this. So one of the most powerful stories I just want to share really quickly is I saw a patient a few years ago and I shared this on linkedin recently. I saw a patient a few years ago and uh and I've known her for a little while and she's someone who gets consistently lost to follow up because she just kind of cancels on people, right?

And so she comes in and she's like doc I know we're going to say to me, I already saw my hemoglobin a one c my blood sugar is high, I'm super diabetic and I know we're going to scold me, but you know, I'll do better. This is December, I'll do better. It's it's going to be the new year and I'll get through it. I'll say, well before, before we, we cast too much judgment on ourselves, you know, let's just kind of take away the fact that you're diabetic, let's take away the fact that you have triple vessel disease and a bypass and stuff like that, let's let's take all that away for a second.

Let's talk about like you like, what do you think it is that brought you to the stage? And she's like, oh, I just love sugar, I love everything about sugar.

I'll say, okay, well when was the first time you had this, this relationship with sugar? And she thought about it and she's she's probably in her late seventies, early eighties. She thought about it.

So she grew up in Poland and when she was younger, her father passed away. So it's her and her four other siblings and mom pushed around sugar card, it's like a sugar art sort of deal.

And so that that sugar cart actually provide a lot of sustenance for them to survive in Poland when she was younger for her to survive. And um and she had a great relationship because that's that's what her mom was was doing so that her and her siblings can survive.

A Patient Story of Sugar, Identity, and Healing

And I just kind of asked her, I was like, listen, do you think that perhaps subconsciously that we're asking you to eat less sugar and dietitians we're working with and health coaches that somehow that you may be rejecting like your

mother's love, Is that a possibility?

So she thought about it. She teared up a little bit and she was like, yeah, that's that's definitely a possibility. So I was like, you know what, let's work on that belief system for a bit.

So I want you to close your eyes and just just imagine that your mother is sitting next to you right now and I'm going to talk to your mother. So hey mom, you know, she's had a great relationship with sugar and that's actually how she survived right now, It's no longer serving her where we're seeing this diabetes and it's actually causing destruction, Do you think it's okay for her to kind of relinquish this relationship with sugar?

And I asked the patient, what do you think your mom is saying to me right now? She's like and she started crying a little bit more and she's like, yeah, I think she would want me to to give up sugar and so that was pretty much the end of the conversation I didn't adjust her medicines, didn't do anything like that, you know what, let's just, let's just follow up a little bit later on.

And so three months later, her A1C dropped from 11 to 5.8. She lost a lot of weight and uh without doing much during that visit, she changed her beliefs in some system so much that she incorporated everything she knew about using food as medicine. And then all of a sudden she was no longer in that diabetic zone and she continues to be that way to this day.

So, you know, that was really propelled me to go down sort of that integrative Integrative Health path. – That was actually an insanely powerful story and beautiful. You know, I don't think everybody has such a deep rooted connection to maybe their biggest pitfall, that woman, you identified it. And it's remarkable how you open doors for her that were shot before that. That's incredible.

But this thing about a couple things struck me with your comments so far. Number one, I'm jealous that you're super food with seaweed. We haven't had anybody mentioned seaweed in many interviews in the summit of the healthiest foods out there. Actually, people don't know there are both nutraceutical supplements and actually pharmaceutical agents being developed from brown seaweed and green seaweed and they're all good for arteries are all good for health.

So I just had to give a shout out if anybody has a chance to have a seaweed salad, learn how to appreciate that. You know, food that you identify as something from your first seven years in china share it with everybody.

And there are some delicious recipes. It's just not many people's cultural upbringing like you mentioned, it's our belief system, isn't that seaweed is edible?

And secondly, I just want to share, I practice in Detroit, Michigan, we have the largest Arabic population in the United States and we have particularly group very large Chaldean Christian Arab group and I struck nonstop in the office because I have many in these incredible people grilled meat grilled meat and I haven't really explored what in the old country, was it about grilled meat as it certainly goes back decades, centuries, maybe all the way to the time of Father Abraham and the sacrifice and the lamb or something. But you know, there are not a lot of good resources for lifestyle change for people that grow up in that ethnicity?

And I can't find dieticians, you're right, it's so challenging to get to those belief systems. Could you grill a portobello mushroom, maybe? Could you grill a pepper once in a while and at any rate, I so much feel for what you said that it's so important uh and belief systems, you know, just need to be identified when possible.

So thank you for that. I've heard you talk before and you know, you have a lot of really strong strength in your portfolio but when you talk a lot about his breathing and we have had a yoga master and we had a little bit of breath work.

But from your perspective, Professor of internal medicine, breathing and heart disease, what can you share with us? – There's so much to unpack here. And in fact I just finished my own summit, the reverse brain disorders summit. We actually um half the summit was actually about breathwork. Right?

And so you know, let's let's let's take a look at the body as a whole. Right?

Breathing, Nasal Airflow, and Blood Pressure

One of the most amazing organ systems within our bodies, our our sinuses, okay. And people are like, what are you talking about? So it kind of bear with me right here.

Right. And so the majority of our mechanisms within our body is balanced by this beautiful gas called nitric oxide which I'm sure you're very familiar with right Most in most mammals. The creation of nitric oxide in the in the in the end of the little wall the vessel wall is propagated by the mechanism of the airflow velocity going across the Pyrenees, all sinuses, all the little caverns assistance within our face.

And there's different receptors that are in there that do very wonderful things. So for example, if you take multiple deep breaths, your blood pressure can calm down right, it can feel different systems, different neurotransmitters gets activated, that calm down effect through through that breath mechanism.

And so this breathing mechanism can be really inhibited if someone to have chronic allergies or they may be exposed to like a lot of mold and stuff like that for especially for us down in Houston with multiple floodings per year. Right?

Or someone could be reacting to the food that they maybe they're eating like inflammatory foods. Maybe they're having fried chicken every day. That's creating all this sort of inflammatory mediators like Duncan up their their sinuses.

So the ability to nasal breed is significant decreased on top of that. What's happening is that as breath becomes congested, people tend to oral breathe their mouth breathe right? And so chronic mouth breathers tend to have much more elevated blood pressures because they're not dioxide levels are much lower in the interview room and they get to develop a lot of these inflammatory factors that we see.

And so, um so we see this in disease states. One of them, for example, is obstructive sleep apnea. So a lot of people will start to sleep apnea, has a hard time breathing in general at night time.

What happens is that the body tries to increase breath by contracting these muscles right here to pull the jaw forward to oral breathing and that starts to sleep apnea is a major major risk factor for cardiovascular disease as well as dementia and pretty much everything else, right? It's actually independent risk factor, even for covid 19. And so this breath mechanism.

It's not something that people talk about a whole lot. But this is insanely powerful once we understand it within our bodies. So even dentists and your nose throat, doctors when they look at dental structures, maxillary sinus, right? The nasal septum, that's right here.

When these are occluded, once they become either opened up or airways dilated, blood pressure starts naturally coming down, right? Inflammatory markers like HSCRP interleukin six interleukin 17 TNF alpha.

They start coming down in in the bloodstream as well. So the breath mechanism, there's a lot of science rooted to root into it. But what we really have to appreciate is that one breathing is free.

Right? And so nasal breathing and practicing nasal breathing is just immensely powerful. And to most one in four people actually chronically mouth breathing and don't even realize it.

And so and so in our office at Texas center for lifestyle medicine, we actually breath train them before and after we take blood pressure, someone's coming to the office and the blood pressure sky high, we have them do a breath process right with our staff.

And usually we're able to lower their blood pressure 20-30 points about five minutes. Right? And so we want to

know, hey, what is your like resting, you know, resting blood pressure at baseline with adequate breath mechanism, not fighting traffic. And because we're in the middle of Houston, right? Not fighting traffic and being irritated everything coming into the office so that we don't, we don't, so we make sure that we don't overprescribe on blood pressure medicines and stuff like that.

So the breath mechanism is just insanely powerful techniques to, – Your staff has learned to teach patients and it's routine to come into a medical office and your blood pressure's up either anxiety, the parking lot, the freeway on the way to the parking lot are concerned about your health and you know, we see it all the time, doc, my blood pressure's absolutely 110/70 at home.

So why is it 180 over, you know, 98. So what does your staff have people do for those five minutes? – One of the great things about what we do is, we have Geny Moreno, she's our mind, body medicine expert, she's our tai chi qigong master that we have in the house.

This is our, one of our functional medicine health coaches and um, she has actually taught all of us how to induce the breath calming techniques through either box breathing or yoga breathing or one of the mechanisms.

And so um, so we're really good at capturing, hey, this blood pressure is a bit high, but let's kind of breathe through it and repeat it. So that's sort of our standard of care within, within the practice and it and it works a lot of times. – Okay, excellent.

And you brought up a lot of other really interesting points. You talked about 25% of people are mouth breathers suggesting of course that that may not be optimal. I don't know that that's been said out loud during other discussions on the summit that it's more favorable to be a nasal breather.

I think we went there with yoga master Johnny Test and did a little alternative nasal breathing as an example. But uh tell us a little bit why nasal breathing is preferred. And what might you do with the patient?

And the questions I ask you sleep with your mouth open. Do you have a glass of water on the nightstand or your mouth in the morning? You know clues to that. But what do you do with those patients?

And how do you improve their health by getting their mouth shut at night? – Yeah. So these are really important questions. So one thing to understand is that a lot of times we're able to notice people who mouth breathe and these are the people who um chronically have tension in this muscle right here called external cloud um asteroid goes from uh starting right here all the way to the master process which is right behind the ear, right here and then just behind that there's usually a knot and some people who are like feeling themselves right now.

Mouth Taping, Sleep Apnea, and Airway Health

You feel that not right, that that's there, that's the insertion of your anti scaling muscle which is another muscle that forms a triangle with a circle called um asteroid.

And what's happening is that at night time these muscles are chronically tense and contracted to to pull the jaw forward like this to allow to get air in.

So what happens is you can only do that in light sleep. So those people who are chronic nasal congestion um if mouth reading is required at night time, their sleep quality is just not there.

They don't get into deep sleep because they chronically have to open their airway mouth airway like this open and air comes in and so we can you can actually identify this on 24 hour blood pressure monitors um where you see what's called a dipping percentage and a dipping percentage is supposed to be about that 15 20% um a dip of blood pressure and nights on.

Now a lot of people who now breed that maybe they're dipping at 2% maybe there are 5%. The blood pressure remains elevated, especially the bottom number.

The diastolic blood pressure always remains a bit elevated on a 24 monitor and it's elevated is because the body's hormone, the cortisol hormone has to just go up just slightly little bit to knock the person out of deep sleep into light sleep.

So these muscles can contract and allow the airway to open. And so this is this is airway disordered breathing. Right? And so and these are also the people who if you ever get their blood work, their morning blood sugar is always higher than the rest of the day, right? Because they're kind of battling and that breathing the whole night with the airway disorder breathing.

So the cortisol naturally remains elevated at nighttime. And then they wake up and their sleep is not refreshed like a sleep 7.5 hours, eight hours, nine hours I wake up, I'm still kind of groggy because they've been trying to battle all night and they wake up and everything, this is tense right here.

These are the people who I walk into the room and they're like this instead of saying, Hey doc, they'll go, hey doc, how you doing? I'm like, why are you moving your neck? Like that was like, how am I moving my neck? They don't even realize that their neck is so stiff because they've been like that for sometimes decades.

And then whenever you see their blood pressure is high, then metabolic markers, that's a huge component to it. Because there's not enough time in deep sleep to regenerate that cellular regeneration mechanism. – Well, there's a lot, a lot of content.

They're excellent content. Now. There is a trend out there. I think there's not such a healthy trend on Tiktok, but there's actually some slightly more medical basis for taping your mouth shut at night.

If you don't, if you don't have sleep apnea, I stress it again if you got severe sleep apnea, mouth taping is not the solution but maybe they've been tested and they have no sleep apnea or some airway resistance.

Have you had experience in your clinic? – A lot So um we actually encourage mouth taping but always after a sleep study. Right? And so so I have sleep apnea actually mouth tape and I have a nasal cpap on because my mouth dries the line I still open as well.

But what's happening is let me talk about the mouth taping trend. So mouth taping really started in ultra marathoners who really wanted to engage in nitric oxide pathway their mouth tape while they run right Then it crossed multiple circuits of of sports and athletics.

And so people do mount tape but if you're one of those people who who are like snoring and who obviously have either sleep avenue diagnose, sleep apnea is not being treated. Mouth taping.

Maybe a little dangerous for you because you can't because your body has a hard time compensating so your muscles are actually trying to engage your entire lower jaw to move to move the air way forward. But then you're taped right?

So you're actually losing the actual underlying mechanisms. You gotta work with a doctor before you start mouth taping. You know it is a trend but gotta be cautioned everyone as well.

So and the people who are our mouth taping please do not tape your whole mouth shut. There's people that have like the whole mouth taped with duct tape, that's not what mouth taping is. The mouth taping is only supposed to be right at the anterior right here so you can actually still breathe outside of your mouth right here if you actually need to. So please don't tape your whole mouth shut.

We have a lot of people who actually did that and say I can't sleep at night. I don't understand why you're not supposed to take your whole mouth shut.

Also please please please work with a medical professional and if you do snore okay or if you just um or if you just slightly snore but wake up and really groggy on a daily basis, you might actually have sleep apnea, needs to be

diagnosed first and treat it first before you do that as well. – I think those are wise comments and I share with you. I actually mouth taped myself, I've had a sleep study, I don't have sleep apnea. I'm a little tiny bit noisy but I just had a very dry mouth and uh it was a one night wonder for me.

I tried it once and absolutely felt that there was a major improvement. I used a very little X shaped tape right over the front mouth like you're talking about and it throw it away the next morning and it allows me to actually communicate to my wife if I need to or get a sip of water. So it's probably, you know, but it's pretty effective and you know, we all wear aura rings and other sleep devices and mine just responded very quickly.

Brain-Heart Connection and Neurofeedback

It's probably close to two years for me to get a good night, you know, a good restful sleep and it's a very strange habit actually. There's theories, you know, everybody's got their tonsils out and their adenoids out and changes in the shape of our oral airway over time.

But thank you for bringing that up and for those, you know, I think you probably would agree. There was a wonderful book a couple of years ago called breath by James Nestor that spent a lot of time on the science of breathing, but particularly discussions of mouth taping were in there.

Well, you just finished a great brain summit and the world was abuzz with all the experts you had. I don't know that we've, you know, talked much and may this be the last area I'll ask you about, but that connection between brain health and heart health, aren't they? Just different organs about a foot apart and really have no relationship one to the other. – Well, I'll tell you what, you know, the the heart um, is the engine, but the brain is the transmission, right? And uh, we really have to respect that.

Now now in my medical practice, most people I see are actually on the brain health side. So a lot of Alzheimer's Parkinson's multiple sclerosis, you name it right, sleep apnea. And so one of the things that we do is we do brain mapping which is a technology called quantitative E E G.

And the one we use is called brain view. If you want to check it out, the brain view dot com. And so we use the technology to look at something called the autonomic function of the body.

So we look at the autonomic function of the brain and while we're stressing their brain that we actually have a three lead E. C. G. On the heart monitor on to see the interaction and the play between brain frequency and heart frequency.

And one of the most interesting things that I see is that majority of the time when people are feeling palpitations or they have some sort of like slight blips in the arrhythmias pvcs P A. C. S. And stuff like that which we capture the brain is actually doing something first and the heart follow.

So what is the brain doing? Alright, so let's kind of go back to the mouth taping experience, right? So your nighttime, your your mouth is taped, shut your sleeping pretty good, maybe the next night.

You get a sinus congestion, you can't really tolerate the mouth tape, let's say you take it off, right? So what we've noticed is that a lot of people who get chronic like sinusitis right? I have a lot more arrhythmia is and it's because the brain actually will be awake, awake, awake, awake, sleepy, awake, awake, awake, awake, sleepy. They haven't gotten a great rest of the night before. So every time it transitions from sleepiness to awake, you're seeing the E. C. G. S. Doing doing either P A.

C. S. Or PCS that are that are on there. So you can actually capture these events that are on there. So there's a very direct brain heart correlation that's there.

And those people with really bad sleep like severe starts to sleep apnea. Or even narcolepsy. We capture a lot of narcoleptics in the in the clinic. Um They have complete disarray okay.

And we call this pots or dis oughta know mia is another name for it, right? And this complete disarray comes from the fact that they're not only can their heart rate not regulate their blood pressure.

Have a hard time regulating even with like flashes of light. Like we see on the tv or on the on the computer and we do the brain map even when we play certain sounds like and and then the heart rate just goes berserk and the blood pressure just just drops at that time.

And so we're seeing this very direct interplay between the heart and the brain and so there's there's there's whenever we talk about cardiovascular health it is brain health.

This is the same conversation, right? Everything that's optimized for the heart is it's just gonna be the same thing that optimized for the brain there's vessels connected, those nerves connected there. And so this is this is wonderful interplay that's there. Now. One of the most other most interesting things is that I'm able to capture a lot of people who come in with chronic anxiety and chronic depression right bipolar disorder. All a lot of these mental health quote unquote diagnoses. So we're able to capture this this disarray this dis autonomy a we call it between the heart and the brain and majority of those people and were able to improve their brain frequencies as well as their E.

C. G. Outcome by doing neurofeedback and biofeedback whichever these mechanisms that allow the person to learn balancing systems within their body and the brain.

And so we do treat everything sort of holistically and in the in the same light but we cannot treat them as separate organs. – Wow that's powerful and certainly very very interesting. So you use biofeedback neurofeedback if you had experience with heart math in your clinic.

– Yeah very familiar with those mechanisms. We do so I personally I have multiple doctors in the clinic so I personally do neurofeedback. So I look at neurofeedback data all day long and so um if we if we look across a lot of um let's say the most complex disease states right?

And so for us we have a huge population that is like pots and just for those who don't know these are basically people who have a really hard time regulating their blood pressure and heart rate and they can just kind of pass on the drop of a dime.

Right? And so what were and this is an extreme population with a holographic disease.

Group Healing Programs and Resources

So what we're seeing in that population and stuff like heart math is actually they can actually control their brain frequencies even with heart math and vice versa. They can control their heart with neurofeedback as well. It's a very great mechanism to get people to understand what their body is doing with it with the live feedback.

– Well, we've covered a lot of territory has been very high energy and very innovative. People are gonna want to learn more about you, your clinic, some of the techniques tell us about some resources that you can shout out about making a dent, some of these chronic illnesses.

– Oh my gosh, yes. So what we're doing that Texas center for lifestyle medicine is that we're taking a very interesting approach to health. And so what we have data on is healing in groups.

So I'm a big fan of group sessions. So we actually hold more patients in group sessions than we do one on one now because of how popular it is and one of the greatest things is not feeling like you're alone.

And so what we have are 3-6-month transformational programs for people, especially if you have Medicare. We take most of the government insurances to lead them through sort of this 24 week journey. It's all about transformational journey and we tackle multiple pillars of health from mind, body medicine to nutrition of course to activity.

And what's, it's so fascinating to see that we're actually, people are healing much faster. Not because of what we do but because they purely belong in this group setting and people have such a great support mechanism within our actual patient groups so people don't feel alone and the progression is significantly faster. So we're about to publish what that progression looks like and improving depressing outcomes. Cardiovascular markers, metabolic markers, you name it. But I'm a huge fan of working together in groups for that healing process. – Wow. And I think you have indicated that TCLMuniversity.com Texas center for lifestyle medicine University dot com as courses as online resources as coaching places to make appointments. So everybody head over there and it's well worth your time to check it out. TCLMuniversity.com Texas Center for lifestyle medicine. So Cheng, Dr. Ruan when I want to thank you, you're a busy guy, you're all over the place, educating, caring, innovating and uh also got to spend some time being a husband and a father.

So I want to let you go back to all that. Thank you so so much. And for contributing to the summit. Thank you. – No, thank you so much for putting it on. This is a wonderful event.

Thank you.