Introduction and Speaker Background

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so pleased to have Doctor Ryan Wolfer with us today. Doctor Ryan has helped thousands of patients upgrade their brain energy and longevity, both online and in his multiple chiropractic, nutrition and wellness clinics.

He's the co-creator of the Superhuman Brain Masterclass and the Leaky Brain Summit, reaching over 100,000 people worldwide. Doctor Ryan brought together the world's top neuroscientists, brain researchers and doctors to uncover proven solutions to upgrade brain function, energy and performance.

Doctor Ryan is also a certified mindset specialist and certified chiropractic sports physician. He's also certified in chiropractic biophysics at the mouthful.

But I'm going to get it. And I want you to dive in to telling us how that relates to the brain. I'm so pumped to to dive deep with you here. This is a protocol he uses to, rehab the spine and create postural correction to address chronic pain, disease, and organ dysfunction.

We've had a chance to talk a little bit before we hit record and I'm just so excited to start gleaning some of the wisdom from your 20 years of education and clinical experience.

You've created the pain to performance system, and for all of our listeners, this is a proven and field tested program that incorporates healthy lifestyle principles to help you break free from the dependance on a very broken medical system.

And that shows up more than ever when faced with cognitive decline. So, Doctor Ryan, thank you so much for joining us. Thanks for having me. I appreciate your flexibility with me to get down here.

Oh, yeah. So, you have talked about the stress bucket, and in the case of Alzheimer's and dementia, you know, this applies not only to the patient suffering with dementia.

This can be very, very stressful, especially in certain types of dementia. To start losing your cognitive capacity, especially when you're aware that it's happening.

It can start to feel, you know, very threatening. Now, on the other hand, the people caring are caregivers for that patient are also under a tremendous amount of stress.

So I want to break down, you know, not all stress is bad, but what do you mean when you talk about this stress bucket? I love that question. I love teaching about this and helping people understand because I like to bring practicality and simplicity and, you know, teaching my clients and patients and audiences wherever I talk.

It's so another good way to think about it. Like this threat slash stress bucket. Because when we think about stress and somebody says, I'm stressed out, typically they, they, they mean, you know, mentally or emotionally stressed.

I want the listener here in the audience to understand when I talk stress, think stress or stressor or threat.

Understanding the Stress Bucket Model

So it could be a physical type stress chemical type stress emotional, mental, spiritual. So even think about it in this term, any trauma, any stress on your body is a threat.

That's how your brain perceives it. And that's what we'll get into how the brain works to to let you know that there's

a problem. And this is the the brain works in like feedback loops.

You know, I love this simplicity of it. The brain is constantly, you know, never ending every single millisecond. It's interpreting the inputs that are coming into our brain, in our body.

And it has to decide in a split second. Is this safe or is it unsafe? So it could be something physically dangerous. It could be something we perceive as dangerous.

You know, something mental or emotionally, or it could be something physical that, again, it probably isn't dangerous in and of itself, but our brain has to interpret these inputs.

So this feedback loop as these sensory inputs come in. The brain has to interpret is it safe or not. And then based off of is it safe or is it unsafe.

And as you create the output response so then you respond appropriately. So very simple. So then that output response feeds back into the inputs. Now these inputs the sensory inputs could be something from the outside world or our senses.

You know what do we see. What do we hear. What do we feel. What do we taste? You know what? Even our proprioception. Somewhat like what is our relationship to gravity?

So then inside of us, it could also be these inputs from our blood pressure. Could be inputs from these markers. It could be inputs from what we eat or leaky gut.

So these have to combine and whatever your brain feels is the most threatening it's going to address first. The number one goal of our brain is to stay alive and to keep you alive.

So that is numero uno. One way is to conserve energy as long as those two things are met. Now the output can be more performance based, which is? Improve your cognition, improve your performance, improve your you know, your like again, the performance not the survival outputs.

Because survival outputs are more like I'm going to make you feel pain stiffness achiness. It could be brain fog, anxiety, depression. These are all output responses that your brain says, all right this bucket's getting a little full.

And I'll go into this right now. And what does this threat bucket mean. Or the stress bucket. So I already mentioned your brain is continuously never ending evaluating the environment both outside and inside.

So every time it perceives whether real or not, something as a threat or a stress, it puts a drop in the bucket. So think about your brain and nervous system as an empty bucket.

So we all have different size buckets. But this is again a simple version of how it works. Like why when somebody asks me why do I have pain? Why does my brain not work very well?

Why can't I think so clearly? Why is my energy low? I always come back to this. So when those drops start filling up those stressors, those threats start adding up in the bucket.

And they could be toxicities, you know, industrial chemicals, bio toxins, microorganisms, pathogens, viruses, bacteria that just your brain is like all right this is getting too much.

It adds it to the to the bucket. It could be something something physical like poor posture sitting behind a desk. Previous injuries sports injuries, even diagnoses of different, you know, I'm sorry, different autoimmune diseases.

These are all threats. What else? Holding your phone incorrectly. You know, that's a big one, which I'm sure we'll get into later. So chemical stress is like, well, we're both in America.

So the standard American diet, which is unfortunately getting more pervasive throughout the world where we're eating sugary foods, highly processed and inflammatory type foods, which these add stress to your bucket.

You might not feel the effects right away. And that's where we're going with this. So here's the deal. So all these are coming in. Remember it's a dynamic process.

It's not like okay there's only stress and water. You know I use water. And that drops going in. There's this constant interplay in and out. But when we get overwhelmed when we can't keep up with that.

Right. So now that water level starts to rise at stress and threat level gets way up to the top. Well, it doesn't, it doesn't. Here's the perfect design in your brain because it thinks if that stress level at threat level gets up to the top, your brain says and thinks, oh crap, I'm going to die.

It thinks you're going to die because it can't handle anymore. So what it does to get your attention is create a response in your body. Again, I I'll use this analogy.

So about two thirds of the way up that bucket, there's a spout coming off like this valve coming or a spigot however you want to think about it. So if it gets up to that level, let's say arbitrarily, it's two thirds of the way up the bucket.

Well, now think about that. Also like your stress threshold. So what your brain does is it lets it doesn't let the stress out. Right. The threat the threat is there.

But what it lets out is a response. So your body creates a response to get your or your brain creates this response in your body to not include your brain as well, to get your attention to say, hey, there's something happening here.

And I like to simplify it in that way because so many times people get hung up on their diagnosis when we it's easier to think about it. Okay, my brain is giving me this response to my body for a reason and not okay.

We don't want to just chase the pain if it's a physical pain, because these responses could be I use the acronym Pain. I am just for teaching purposes, but then also so I can help myself remember all of it too.

So P stands for like physical pain. That is a body response that the brain gives where it could be pain like chronic pain, headaches, migraines, even a physical response like low energy, tiredness, stiffness, achy ness, tension, immobility, poor coordination.

So a stands for like anxiety. So that's the emotional response that it can give. So that is the category for like anxiety depression nervousness irritability the emotional type responses that get overwhelmed I so I am inflammation slash infection.

So your body might give you the response of an infection or like cold a flu. Well we've heard about that right before. So because it's trying to get your attention that way in the last one, N stands for neuroticism.

So that means a negative outlook on life, a negative mindset note, or even like a psychological response, which there's overlap with these. So like Alzheimer's dementia, it has aspects of all those where you're going to have a psychological response both for the person that having it brain fog, which is again could be a physical type response.

Poor, you know, cognition poor memory. So that covers a lot of different buckets. I mean pun intended right. There are a lot of different falls in a lot of different categories there with Alzheimer's, dementia, poor cognition.

And we want to start thinking about thinking about it in those terms. I want to help people start thinking about it in those terms, especially for caregivers, because a lot of times it's the kids of the parents and they see them going through that.

Now they they add more stress to their buckets, both mentally, physically, emotionally, taking care of them,

because that's a physical job.

Consequences of Ignoring Stress Signals

It's a definitely a mentally stressful job. And it's, you know, an emotional thing, right? Because we see them going through that. So that is that's that bucket stress bucket analogy.

And the good part of this is, well, okay, what am I supposed to do that. Well the good news is we can control how much water goes in there right through our healthy lifestyle that we either choose to do or not choose to do.

And we'll get into some of that as it relates to what the listener and audience can do, where we can raise that stress threshold, where we can, where that spigot, we can put it up there higher, we can make the bucket bigger, we can decrease the amount of stress, in our body and on our body by the lifestyle that we lead.

I love it. That's so exciting to, you know, it's very empowering when we can kind of go through this checklist of agreed, how are things maybe influencing me?

But it's not so much about the symptom, but what the symptom is trying to can communicate. Right. And so I want to go a little bit further down the path of what what is the risk here.

Right. So if we don't pay attention to that symptom, if we don't get the message from the body that something's out of balance, we don't answer that call.

Wait, what's kind of the risk? How does this contribute to brain degeneration? Or in the other sense, if we are listening to the call, if we do heed this and make some of those lifestyle choices that benefit us, how can this help with brain health?

And great question, because and I'm glad you asked. That is so let's say we don't heed the message in a lot of times we don't. Or by hitting the message, especially if it's pain or some type of anxiety or, you know, it could be allergies even.

I just thought about that as people outside are more on their lawn and, and, you know, gets runny noses or sometimes they start to self-medicate, they might do some over-the-counter stuff.

Well, now that that in and of itself can have an effect on our organs of the body, create leaky gut, which leads to decreasing the amount of nutrients that we can absorb.

Healthy, more stuff getting through into the bloodstream and up to the brain. Again, I like to keep things general in this sense, because when we try to get too specific and it can get overwhelming in this respect.

So I mean, in before I said, you know, a perfect design of how the body is. Sometimes people think it's a cruel joke, like, why doesn't it tell us right away when we have stress in this thread on our body so we can do something about it?

Well, because we would probably be able to move unless we could handle a certain amount of stressors on our body, we wouldn't be able to function at all.

So we have to have that little bit of leeway. So if we don't if we start doing those things right, it doesn't like I said, it doesn't get rid of the threat.

It simply masks the issue at hand. Like what is causing that overload of stress? How can we help mitigate that? It doesn't that remember that bucket analogy, that spigot?

Yes, we can make it go higher. Source stress resilience gets better, but it can also go lower where more threat or this more response gets out. We're like, man, I've never had this before.

So it might start off with pain or stiffness or low energy and then progressed to cancer, you know, to heart disease, to Alzheimer's and dementia because our body continually breaks down.

And this is over when you know as well as anybody this is a 20, 30, 40, 50 year process. That's good. And it's also not so good sometimes because we get lulled into this false sense of security, we're like, oh, it's just a little bit of pain, or it's just a little bit of, you know, anxiety, which again, emotions are fine.

But when we try to stifle those by taking medications and depending on a system that, you know, for health has not worked and chronic, you know, disease has not worked, maybe acutely, it's it has its place and it does have its place.

But what happens is now these other symptoms come up. Well, now we're getting just stomach issues or bloated after we eat certain foods because we can handle it for a certain amount of time.

And this all depends on the person, but it's not okay once you get to this level of inflammation in your body, once you get to this level of eating gluten and dairy, you know you can't take anymore.

It's different for pretty much everybody. I don't really like the advice of listen to your body, because our body has gotten so distracted with that, with stuff going on, like as far as it's so toxic, if I use that word where it doesn't recognize it because we try to numb it to that, whether it's emotional pain, you know, physical pain, intellectual pain, whatever it is, spiritual pain, we try to numb it.

And then these these emotions, these physical physicality, toxins get pushed down and then they start to come out because your brain, your mind, your body can't handle it anymore.

And that's, that's the the best kind of description I can give. Like what what's going to happen. The danger of that is you're going to go down the medical route and hopefully people listen to this.

You might be there already if you aren't. If you have a diagnosis of dementia and Alzheimer's, more than likely, yes, it is the medical route that you have gone, but you still need things to support it.

If as a caregiver or somebody who wants to prevent this from happening, yes, this is definitely the more medications you seek, the more it's going to cause issues in your body and brain.

You're not going to be able to digest the foods. I mean, in America, it's got to throw this state out there 1 in 5. Let me go back to this. At least 70% of the population is on one drug prescribed medication. 25% of the people are on five or more.

So once you go down that route, it is a little bit harder, but you still have to mitigate this stress and threat response because it lowers that stress threshold with these medications.

Rebuilding Resilience with the ABCs

And now we're we're adding more toxicities, more chemical toxicities using the medications. Now we always have to have this caveat don't we doc of I'm not saying go off your medications.

I'm just saying that is one of those big stressors that we're experiencing now in our lifetime. Yeah absolutely. And it's always a balance of working with your doctor to say you will do.

I think it's it's quick, especially once you get in the scene, multiple specialists maybe not keeping in touch with the primary care. You've got multiple doctors involved.

Then one person over in gastro put you on a PPI in primary care, never takes you off of it. And really, they're not intended for long term use. Same thing with SSRI is you know, you went through something stressful, got put on maybe an antidepressant and then like ten years go by and you haven't come off of it.

And so we just keep adding rather than focusing on taking things away now taking things away, reducing that that medication burden, is certainly something that you need to work closely with the doctor to do.

However, just looking at the list, if you're if you are in that 25% of people on a lot of medications looking at that list and having a very, you know, deliberate conversation with your primary care provider of what is necessary and maybe what could I move away from in a safe way.

That's I think that's a very worthy conversation to have. And, let me can I add something to that in remember we talked about the input, the interpretation and the output.

So it's not just going to the doctor and saying, I want to get off this medication. That's like the output. We have to have a plan to get there. And I use this analogy a lot because I play basketball, yet I still love basketball.

I'm still trying to jump higher, even though I'm in my mid 40s. I'm going to dunk again. And I say this because as a basketball player, as a coach, you my coach, my girls basketball teams in, if I would go out there and say, all right, just, you know, go get the ball, you know, without giving them a plan on how to get better at it, like that whole process to get the output or jump higher, like, okay, thanks.

Thanks, coach. Well, how can I do that? It's a process that you have to go through, just like getting off medications. If that is one of the goal or preventing going on medications for dementia, Alzheimer's, brain fog, poor memory and even I will include this just taking a supplement to help with that.

Without and without finding out what the input is that's causing the interpretation of the output that it's causing. It's a process that you have to go through, not just, okay, I'm gonna throw everything out because that can create a whole set of problems.

Because if you've been on these medications or supplements or this lifestyle, let's say for a long period of time, your body might have gotten used to it, habituated to it.

Now, if you're not working with somebody closely, your medical doctor or health coach, doctor of chiropractic, physical therapists, whatever the, you know, whoever it is, psychologist, psychiatrist, then you might not adapt very well to that.

It might lead to other problems. So I leave. Is this like input? I mean, is it like you said, it's a simple model. However, it's so important to go back to these simple models and really that big picture, right?

Our body is this complex system, and we are a product of the inputs and the outputs. And so one thing I've seen clinically, and I'm curious if you have as well, is that an accumulation of past traumas, particularly early childhood traumas, tend to make, many of my patients a little bit more reactive.

So sort of like what you were describing in the bucket. The spigot is lower or the bucket is actually smaller. So the resilience to stressors as we start to accumulate is lower.

They tend to go to that I'm dying kind of response a little quicker, rather than having, that space between the input and the response be a little greater.

So I'm curious how what you if you've seen that for one. And then also what can we do about it? How can we build that bucket? How can we make it bigger?

How can we reduce the things, and how can we make that spigot higher so it's not overflowing in the symptoms? What do we do? Wow, that's an awesome question I love that and that's a great analogy of how the bucket smaller this the stress threshold is lower than the reactivity.

That's a great word too is just they're more reactive. So and that's where this whole pain to performance system came from in healthy lifestyle principles. And it applies to brain health.

It applies to your body health and physical health. And I, I like to keep things simple with everything in my life, but especially with my health. Simple scales, you know, complex confuses.

So that's why I boil it down to ABC. So the ABCs is the basic, simple thing, right? At least for us. Who speak English, we know what that means. So A stands for align, B stands for breathe and C stands for condition.

So these are the ways that and I'll go into each of those. If you don't audience don't worry I'll I'll explain what each of those are. But that is the simple version of taking care of our mind, body and heart, mind, body, brain health, spirit.

It's all encompassing. And that's why I did, like, got certified as a mindset specialist. And part of that training was in the whole neurology of mindset, the neurology of trauma, like how that affects the brain.

And it's and that is how it was explained to me. The very first part of it was the threat bucket, stress bucket analogy deals and loops of input interpretation output.

Because the thoughts that we have and the traumas the past, emotional and mental traumas that we have and how we perceived those, okay. Because remember, whether it was it could have been just something that your parents said to you that now it wasn't a physical type abuse situation, but it's and that's where the eight comes in the alignment, not with the physical body, but align with your intentions.

So align your mindset. It's the mindset training. And it's you know, so many people go through life trying to chase what they want, but they don't even know what it what it is they're chasing because they haven't defined what they want.

So that's the alignment part with your intentions, what your goals, what do you want in your life? Because whatever you miss goes into the whole mindset.

The neurology of the things, the stories that we tell ourselves over and over again and we all have it. Nobody's crazy. If you admit that you talk to yourself.

We all do. Or it's our subconscious brain, right? We all have one. 90, 95% of what we do is house there. So we have to so that's back here, this primitive part of the brain, the old brain, the reactive part of our brain that's keeping us safe.

And as long as that feels safe, well, now we can move more into the frontal cognition part and train that. And that's where the whole align your intentions comes in, comes into play with, for example, to mitigate that stress response, to decrease that reactivity is in is sitting in, we say just observing observance.

So the two things that I like to have people do to just get more in, like a cognitive, cognitive part of it rather than the reactive part is like we call it, learn your language and count your wins.

Your opposite ends of this, the same spectrum or the same continuum. So learn your languages, okay. What is the story that you're telling yourself, especially if you're a caregiver.

If you are a you know, you're trying to help your brain health or even if you're you've gone down that road. So learn your language is basically it's a daily act of just finding awareness and getting more into the frontal lobe, bringing those things that are holding you back and not necessarily changing the trauma because that trauma, whether it was physical, mental, emotional, spiritual, I don't know, it's there and it resides in your brain as some type of program, some type of of trigger.

But now we can change and you can change the meaning of that story or that internal dialog. But first we have to know what is that dialog, right. That whole align part.

We have to we don't have to I should say this to we don't have to go back in time and say, okay, what caused it?

We just have to identify that there's something there that's holding you back.

Okay. So that's part of learn your language. So we're I usually instruct people to do is just grab a notebook. See here's one of mine. Just pen and paper.

There's one I filled up already where I combine that with your wins. And what I'll explain next because that I like end in on that one for the A part.

Because this is a that's a, that's a where you start reprograming your brain like that. It's not happened like that. But it starts to process. So learn your language.

What are you telling yourself? What is the story that you're telling yourself, especially about your health and what is possible for you in your life, especially even as it relates to your pain and your performance?

Cognition, memory. Is for 5 to 10 minutes. Start your day just sit down and observe. Like, what are you thinking? Usually I tell people in the morning, you know, what are you thinking?

You know, ask yourself, okay, what are my thoughts now? I have been taking a shower and you thought, oh man, this today is going to stink. You know, that type of thing.

What's in for me today? I'm just so tired. I'm so. You know, I'm so beaten down. That type thing. Just put it on paper. You're thinking that anyway, you're not going to reinforce that.

We have to see what we're dealing with, what you're dealing with. So 5 or 10 minutes. What what are you feeling. You know, incorporate into that. Like how are you feeling today.

Like physically stomach, you know, do you have a headache. Write that down. But almost like you're floating and you're just looking down on yourself because that's a big part of it too.

And this is something that has to be trained. It's not like happens like that. If you feel yourself too often, you do this for a week and you feel yourself going into the pit, you're going into that despair and lack of hope and hopelessness.

Then watch out, because the more you experience it, the more it's going to keep that program in the brain. So my advice would be definitely shift to and put more your efforts behind counting your wins, which is not okay.

It's not positive thinking. It's not stuff that hasn't happened. It's not, you know, affirmations. It's not that because if you're saying something to yourself that hasn't happened in a good way, that like, let's say you're losing your memory or you have brain fog and saying, I have a great memory.

I am so smart, but you don't believe it. Unconsciously, in this primitive part of your brain, there's this cognitive dissonance where it doesn't matter how forcefully you say it, the more force you use.

Your subconscious is like, oh crap, I'm not safe. And it's now it's treated like a threat. So counting your wins, another way to put it is finding evidence throughout your day that led you to your goal.

Doesn't matter how big or small it is. All right. And that's the thing I like finding your evidence because it actually happened during the day. So at the end of the end of the day, it's where I sit down so you can see my red chair right back there.

That's where I do my journaling in the morning. You can think about it like that to where I do learn your language, river direction, and then upstairs, like another red chair in my room where I'll do count my wins.

So I go through my day. How so? If one of my goals is to dunk again when I'm 50 years old, dunk a basketball. I write down all the things. Doesn't matter if I dunked that day or not, or if I even play basketball that day.

I write down, okay, I did my workout, I did my mobility training twice today. I foam rolled, so I had great nutrition. I intermittent fasted. All these things that we take for granted, but it makes you feel good when you write them down.

Because now again, this is part of the repetition of your brain when you write it or say it. That's why I love doing interviews too. It's because the more I say it and what's going to happen in me.

Duncan, at age 50 again, the more likely it is to happen, because now I have three exposures to it. My brain has three exposures to it one when I think it, two when I say it, and then three when I hear it.

So it's the same thing when you're writing down, when you think it, when you write it, and when you see it written, and even how you feel it because it could be four.

So those are two action steps that somebody can take right now on it. You might feel like, well, how do I do it? You're going to get caught in the how just right.

It doesn't matter. Especially count your wins. It doesn't matter how small you think that win is. Doesn't matter. You will always, always have wins no matter how bad your day is.

And I'll stop right there. Okay? I could keep going on that one. I love it. So that's a line. And you're a chiropractor. So I would imagine a means a lot of things, right?

Where we're like we're talking about aligning the spine. And I want to hang in there because we're going to talk about posture and how that affects the brain.

But this alignment of purpose and alignment of of our our thoughts with what we want to see more of showing up in our lives is so, so, so important. So that's the a take us to the B.

So B we'll go quick. You know we'll spend less time on that just because B definitely leads into the posture part of it too in the spine.

Breathing and Posture for Brain Health

But breathe just because we breathe doesn't mean we do it correctly. It's kind of like think with the A. Just because we're having thoughts all day doesn't mean we're doing it correctly or doing it in a serving way.

Same thing with our breath. Very too often we are breathing through our mouths, which that means we're not getting the oxygen to the brain and throughout the body and get it into the tissues organs where it needs to help us function.

So here's a great way to kind of a simple way to help get more oxygen throughout your body and even help your posture. It's not a quick fix. A quick fix means doing the work.

That's that's how I define quick fix. So you're going to breathe through your nose in and out. I want you to do a light slow and deep and I'll explain what those mean.

And as we go along. So I can't do this because I have to talk. So that's why my mouth is open. But close your mouth. Keep your tongue at the roof of your mouth, right behind your teeth.

And that helps to keep your mouth closed. So when you breathe through your into your nose, out through your nose. So the light means you want to breathe lightly, not forcefully.

We shouldn't see you breathe. We shouldn't hear you breathe. It should be relaxed. Now, this isn't the, you know, the Wim Hof method. This is a lower level of that, not even lower level.

This is like the basic fundamental of it. Before we get into that part of it and the different training that you can do so

light, you can think I love this description because this is from the breathing Cure.

Patrick McEwen Oxygen Advantage light means when you're breathing in, you want to do it in such a way where you're trying to not even feel your the nose hairs move.

You want to make sure, try not to feel like because it's not a like that, just nice and light and then slow means we want to slow down the breath. We're taught that, you know, 12 to 15 breaths per minute is normal and ideal.

It's actually what they found for pain, for oxygen delivery, for, you know, just overall health brain cardiovascular system organs is about six breaths a minute.

So that's where the slow comes in. We want to and if you want to think about it in numbers. So if you take an inhale through your nose for five seconds, oh you know, exhale through your nose five seconds.

That's 10s times six. That's six breaths in a minute. Right. Here's another little tip is if you can prolong do more of like a four second inhale and then a six second exhale, the exhale is actually been shown to help improve your health, your cognition, your focus even more because it's getting more oxygen.

Oxygen delivered to your tissues, to your brain. And then, elsewhere LSD, I, you know, that's sort of light, slow and deep. So deep doesn't mean a big breath, because when you say deep, you think no deep means diaphragmatic.

We want to breathe in through the diaphragm. So light slow and deep through your nose, close mouth and when you breathe in. So you inhale lightly and slow.

The diaphragm goes down your, your belly will essentially go out when you do it correctly. And then when you're not forcing the exhale out, just breathe in in out exhale.

And the diaphragm comes back into the position and your stomach goes in. So that is the pattern, the basic motor pattern that we've had since our first breath that gets screwed up with stress with, you know, so breathing in of itself is both a stress on the body if it's done incorrectly, just like exercises, if it's done to a level where we're not allowing our body to heal.

So yeah, that's the breath part of it, the breathing part of it. When I developed the system was like, okay, what are the basic fundamentals that everybody does over and over and over and over and over again?

You know, breathing. You breathe in and out 20,000 times a day. If it's dysfunctional, just like your thought patterns, it is going to affect your brain to a level that you know what it's going to create a response in your body.

You're going to think there's something wrong with you, but you're actually not. So that's A and B all right c c is condition. So condition your spine.

So condition your spine and posture in breath goes along with it. Because with if you breathe too much through your mouth one it's going to cause dysfunction in your movement and posture.

Your posture is going to cause dysfunction in your breathing pattern. And it's again it's that loop again. So when we're looking at your posture and spine again, we have to know what is normal and functional and optimal function and what is not.

So we're looking at you from the front. Like if we're looking at spine or posture, looking at you from the front, we want everything straight up and down because that decreases the resources that we need, decreases the amount of energy.

Just fighting gravity, because if we're off to the side or side, can I have a you know, a long neck so I can, you know, shift side to side like that? And you might think, well, I wouldn't know if I did that.

Well, these injuries and these stressors and threats, especially physical injuries that you might have had, will push these your spine out of place. Most people think of posture and bad posture.

Is that slump right slumping down which if you are in your 40s, 50s, 60s, 70s and especially again with dementia and Alzheimer's and poor brain health, I bet you've probably lost some height.

That's one way to know. Okay, my posture is probably causing stress on my body, but looking at you from the side is you can't tell this from posture. Like overall posture.

You want your ear lined up with the shoulder line up with the hip lined up with your ankle like we want to. Or if we drop the plumb line down, we want those lined up.

Now, if we took X-rays of your spine and X-rays are beautiful, that, they've been vilified and they're they're definitely not the villain here because we need to see you again.

What we're working with. So in the spine, you want 40 degree curves in your neck, mid-back and low back, you know, give or take a few degrees. But what happens is when we get this hyper kyphosis and this has been shown through research and different research studies, that in and of itself can is is a predictor of taking up to 15 years off of your life.

Wow. That is important to know. Yeah. And yes. So I wanted to throw that in there and just pause for a second for people to understand this isn't a chiropractic journal.

It's doing this. This is Spine Research, one of the top medical journals out there. This was back in the early 2000. Journal of the Geriatric American Geriatric Society is another one.

This is what they found. So think about it again. I like being logical as well as scientific. If you're like this and you're collapsing and now this creating this hyper kyphosis of the thoracic spine, well, what organs are in your ribcage?

You got the heart, you got the lungs, you got the gut, you got GS. All these all like so now just physically and mechanically, I mean everybody who's listening and watching can do this round your shoulders.

Take your head forward and try to take a breath in and then out and then sit up straight or stand up straight the best you can head over your shoulders.

And now breathe in and out. What's easier? Okay, that's let's say upright. Now if you're saying, well, there's no difference, that might mean that you're you might be so chi photic like slumped over that you can't even get up to that position.

So mechanically we're not getting the heart working or pumping as well as it should, or the lungs expanding. The diaphragm isn't getting oxygen down to the deep areas of the lungs.

The gut isn't, you know, isn't getting the motility that it needs to have in order for you to go poop, grab a bowel movement. So now these toxins just keep adding up and up and up.

And where do they go? They go in the library. Break it down. So I wanted to mention that mechanically, but also think about it neurologically with poor posture.

So neurologically. So we got the brain right. Master control system. Your brain has a spinal cord, right? Which is an extension of the brain which is housed in the spine.

So if you are like this and remember, the spinal cord is not this rigid structure. It's, it's it's well, sorry. Your nervous system, brain, your, nerves, your spinal cord, it's the most important.

It's also the most delicate. That's why as much bone is a rounded as possible. That's why your brain is encased in

the skull. That's why as much as possible, your spinal cord, until it breaks off into the nerve roots, is encased in bone.

Because nature knows how important it is. Just just go back to nature, all right? We know that how important it is by how it was created. So now, if it's like this in our shoulders or forward or head is over this way, it's putting not necessarily it's not putting pressure or it's, you know, pinching a nerve or the spinal cord, but it's putting stress on it.

So think about a rubber band when you're in this position like this. So we got one end of the rubber band up here in your neck in your brain area. And we got the other end down going through your spine.

Well, now we're pulling on that because we're creating more, tension. We're creating more space between them, more distance. That's a better word for more distance between them.

Well, now your spinal cord stretches. That's a tense structure. And it's not going to get the signals from the brain to the body and the body and organs to the brain.

And that's why I use a, a system of retraining the spine, retraining the posture through specific exercises, specific alignment techniques, through adjustments, and specific corrective traction.

Because similar to your teeth, if you have if you've ever had braces on your teeth, just pushing on them is probably not. If they've gotten crooked in a certain way, we got to put braces on them, right?

If you're an orthodontist to correct the structure of them, it's the same. It's very similar with the spine. The ligaments get distorted, the muscles get weak in certain situations in certain areas.

So we have to retrain it through traction for example, to get the curves back in the spine in the side view. And also sometimes we need it if you shift it off to the side with your head and neck, which is much more common than people think.

And it's not just, okay, now I got a great spine. It's because now we're restoring the actual communication between the brain and the body and helping to heal the brain as well, because now we can get oxygen there.

Now we can get the nutrients there. Now our gut can digest the food better because the nerves are functioning better. Go into your gut. Go into the bowels.

Go into your lungs. Go into your heart.

Where to Learn More and Final Takeaways

Doctor. Right. And this is so great. I know that so many of our listeners are wondering where they can find out more about you, and how they can take deeper dives to apply the ABCs to their own cognitive function.

So how can I listeners find out more about your clinical practice, what you offer online and in person? The best area, the best place to go to is Total Health spine.com.

That's the kind of the hub for everything. But if you're if you're on Facebook, I run a group. It's a free group called Be Your Own Guarantee because I want to help people be their own guarantee for their health in their life, no matter what stage that they are, but especially if they want to help incorporate these healthy lifestyle changes into their life and avoid avoid cognitive decline.

Avoid pain. Get rid of pain without turning to drugs and depending on them, I love that language. Be your own guarantee, right? We're we're very focused and I think we're socializing sort of trained that someone else is going to fix us, that if we have insurance, like insurance is the guarantee, right, where it's all going to get covered.

And yet so many people find themselves in a cycle of, well, what's covered by insurance isn't helpful for me.

They're stuck in what you described as like that dysfunctional health care system.

It's very broken medical system, and particularly in these chronic, complex diseases. And so being your own guarantee, looking inward rather than expecting someone from the outside to fix you, but really diving deep into where into your internal resources, making the decisions, taking some ownership over those decisions.

And doing the things that we know, you know, it's a we've had this theme coming up throughout the summit, but it's common sense but uncommon practice.

Right. So making those common thing common sense decisions. So that you can really benefit from them for the rest of your life. I love it, I love it. Thank you so much, Doctor Ryan, for being here.

And tell us again, Facebook, be your own guarantee. Yeah. I mean, you just have to probably. It's a group. So you left. I mean, if you just search for it, you'll definitely find us to join the group.

Phenomenal. What a great resource. It's a really, really impressive what you're up to. And I'm so, so grateful that you took the time. I know you're a very busy man.

Thank you again. It's been an absolute pleasure. And, for all our listeners, please look up Doctor Ryan and, we will, look forward to connecting again.