Introduction to the Functional Edge

this is likely some sort of genetic setup, and I'd love to get answers. I didn't know it was going to take 10 years to answer. But started by looking in the eyes because that's where I was comfortable.

And I remember telling people when the doctors said, your blood work looks fine, everything looks good. There is no possible way everything could look good and you're this sick.

So we're not looking in the right places. Where else can we look? Nobody's done that. And that started that journey very gradually getting answers. Welcome to the Functional Edge.

I'm Dr. Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. All right, hello and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Function Medicine.

Today, we're honored to welcome Dr Diana Driscoll to our show. With a background in optometry and advanced research into the autonomic nervous system, she brings a unique and innovative perspective to complex chronic conditions like POTS, connective tissue disorder, and chronic inflammation.

Dr. Driscoll's Personal Health Journey

Her work has helped uncover the connection between intracranial pressure, vagus nerve function, vascular health, and the aging process, areas that are often overlooked but deeply impactful to overall health and cognitive performance.

In this episode, Dr. Driscoll will be sharing insights on inflammation, autonomic nervous system dysfunction, strategies to support long-term brain health & resilience.

offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine. So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness.

Welcome, thank you so much for being here. Thank you, Dr. Ward. It's an honor to be here, I'm excited to talk. Awesome. Well, first, I want to just briefly have you tell us a little bit about your story and how you got into this research, because I think that's a pretty amazing story.

Yeah, you're very kind. I went into kicking and screaming. Actually, had many plans to do this. An optometrist and had multiple offices, enjoyed my work, and then I got sick.

and got thrown into POTS, postural orthostatic tachycardia syndrome, or a failure of the autonomic nervous system, the part of nervous that you're not supposed to have to fiddle with.

It works all by itself, right? And no one could help. it was just the strangest journey to me. They were trying to treat it based on controlling the symptoms.

which were dramatic. And my approach was, but something happened. I got a virus and all this started. So could we figure that out and get back to health rather than just try to control symptoms?

And there was no real interest in it. And can you just give us an example of the symptoms that you were dealing with? Yeah, absolutely. There were so many of them.

Very frustratingly, Dr. Ward, they would change over time. So I had a list of symptoms. Every time I went to a doctor, and I wouldn't do 50 doctors. That's no exaggeration, because every system in the body was affected.

But whenever I go to the doctor I pull up this list symptoms on my computer and change them, It's like chasing a moving target. No wonder they're frustrated.

But when it first started, and again, it was like two weeks after getting a virus, I recovered from the virus. The virus itself was gone. My heart started to act up.

I couldn't control how fast my heart was. I would change positions, stand up, I'd just start racing. My blood pressure would go all over the place, which is just a really weird feeling.

But I was dramatically dizzy, sometimes vertigo, where it looked like the ground was moving or you're in a boat. I got nauseous, I've got stiff neck, a real shaky, weak and shaky.

I could not breathe. It was sometimes just the worst possible symptom. Sometimes it felt like I couldn't take a full breath, like my lungs were in a can or something.

I could take in some air and then it would just stop. And other times I felt like I was taking in the air, but my brain was not getting any oxygen. I feel like was suffocating.

Then my personality started to be affected. Normally I have a pretty easygoing temperament, it was all over the place. Surges of anxiety, even panic would hit.

the waves of depression. And again, I went everywhere for help. The day I got sick, i could not see my last two patients that day. It was like, urgh, that was it.

Wow, really dramatic. Dramatic. I mean, hunched over, like I can't breathe, and I'm shaking. There's no possible way it can be an eye doctor. and could no return to work.

Then about two years later, my son got a series of just regular viruses, ones that all of his friends got. And each one just knocked him down further.

And the third one, he was disabled. So he couldn't even sit up without fainting. His growth stopped. He got sick when he eight years old, and by the age of 12, we were charting his growth.

No growth, He developed severe osteoporosis, And he broke his arm just throwing a ball vault, just putting it in his coat. But no one was helping him.

I could not understand it. Yeah, I got thrown into research.

Inflammation, Aging, and the Autonomic Nervous System

Yeah. So you started doing the research yourself. Yes. I set up genetic disease investigators. And I thought, if we have any chance of figuring this out, we'll go ahead and house it in a corporation.

My daughter eventually got sick too. What are the chances that there's no genetic components? If I'm sick, then my kids get sick and my husband at the time is fine.

So I thought, okay, it's not something in the house, you know, we're not being poised. This is likely some sort of genetic setup, and I'd love to get answers.

I didn't know it was going to take 10 years, I had answers, but started by looking in their eyes, because that's where I was comfortable. And I remember telling people, when the doctors said, your blood work looks fine, everything looks good.

There is no possible way everything could look good and you're this sick. So we're not looking in the right places. Where else can we look? You know, nobody's done that.

And that started that journey very gradually getting users. That's great. So a lot of your work focuses on inflamaging. How do you explain that in a way that really clicks for both clinicians and patients?

This has been part of the journey because at first it was all about recovery, right? We wanted to figure out pods, which as it turns out is not really a disease, it's just a presentation.

Other things are causing that, you have to figure all that out. But upon recovery from pods not being ill anymore, the question comes, is what we learned about chronic inflammation and vascular health, a cardiovascular system was affected, that the autonomic nervous system is affected and how to detect that.

Are we not being proactive enough as we get older? Are some of these old age illnesses, you know, the tendency to cardiovascular disease, or the more or less acceptance of, oh, I'm tired because I am old, Yeah.

Me ignoring how we can be proactive in this. And if what we learned going through that whole journey with POTS recovery, can that apply to a larger segment of the population?

And the term inflammation is not mine. Someone else put that out there. We know that as we age, levels of inflammation go up. It has to do with cells to nest and etc.

But as that inflammation goes up, why aren't we taking care of it? Right? If we can control some of that normal tendency, could we retain some more useful energy brain function, cardiovascular function.

And I am here to do everything possible to never get sick again and to be healthier as I get older. So I do think I'm probably the most active person I know, or any age, frankly.

And some of that's just making up for a lot of time. Then some that is because I am so proactive, so I really like to talk about that. What people can do based on what we were able to figure out with pods is a dramatic illness in most patients.

Take what's happened and turn it down a little and look at a big population, if it makes sense. Yeah, yeah. So your work connects the autonomic nervous system to inflammation and aging.

How does dysfunction in that system actually drive the aging process? Yes. To some degree, inflammation itself as it goes up, as we age, cells die, et cetera, reproduce.

The inflammation itself causes problems with the autonomic nervous system. And this was just such a huge breakthrough. No one had really dug into that before.

Even though some of that was in research, it wasn't applied clinically, which is, I think, unfortunate. But certain aspects of inflammation, some chemicals, if you will, that are released by certain inflammatory cells affect the release of the neurotransmitter.

And when that's affected, then not only do the parasympathetic nerves, like the vagus nerve that controls digestion, heart rate, breathing, et cetera, it also helps us control inflammation.

but it also affected the central nervous system, the brain, release of the neurotransmitter for the brains, and for peripheral nervous systems, muscles, etc.

And I was able to prove that by looking at the pupils. Now we're noticing that patients had more enlarged pupils than the general population, tendency for dry eyes, and the only thing that will change a pupil size when the line is the same is autonomic nervous system.

And if we could change that, get those pupils to normalize, we knew we'd hit the receptors properly. So with the vagus nerve, that was so big because the Vegas nerve is anti-inflammatory nerve.

So here we are as people normally aging or sick people where we have a certain level of inflammation and then we start to lose the neurological control of that inflammatory system and it starts to cycle and get caught in that all the time.

Vagus Nerve Dysfunction and Brain Fog

I know I did. We've got to right the wrong in the neurology. You have fighting chance help get on top of the inflammation. Yeah. It is quite the picture.

Yeah. So we often simplify the autonomic nervous system as a fight or flight versus rest and digest. What do you think we're missing in that model? I think actually that is a great start.

I really do. And I it's very easy to get that balance out of whack. Where it was happening to patients when I was a patient was when the sympathetic was in overdrive and you had that fight or flight.

The doctors were trying to slow it down. They tried to go down the heart rate or give you sedatives or something to try to take that down No one before him long was looking to support the parasympathetic and that was going wrong.

So getting that balance is really important. But I think at this point, what might be getting missed more often is the central nervous system. In my case, I got lucky.

I don't know if I'm going to walk. That's why I was sick, right? Yeah. And the sticker I went from dramatic insomnia, and I could be awake for days, literally, but I couldn't stay awake.

you know, of two things. I just couldn't do it. And the times I could make a to-do list of like two, things I was literally on the floor asleep for seven hours.

That was just mentally exhausting. and I told the neurologist, I feel like I'm running out of something. I'm awake maybe an hour and a half in the morning, an hours and half at night, and I am struggling even with those two time periods and they're getting shorter.

And so what's going to happen? Do we just stop waking up? It's just going be a permanent sloth. Permanent, yes. Yeah. He was thinking some sort of neurodegenerative condition, but he couldn't quite figure out a label.

Yeah. It was the neurotransmitter. When I got back with the over-the-counter thing, I could immediately stay awake. I remember that first day, like an hour and a half, and I was able to work.

Then I thought, okay, now I need to go to bed. Wait, maybe I take more. Another hour-and-a-half, when I'm awake and working. What is now five doses of this, that's first thing.

Stayed awake the whole day. Wow. That was shocking. So patients don't have to be as debilitated as I was to enjoy the improvement in the central nervous system, the short-term memory, that brain foggy stuff.

All that was shot. It all came back, praise God. Yeah. And can you tell us a little bit about the supplement that you developed and why it helped so much for condition prevention?

Initially, when I was working on this, it was for my son and I, I developed basically complete gastroparesis. I could

not have a bowel movement. But I went everywhere, even to the emergency room.

One doctor sent me to a surgeon trying to figure all this out. And I had to sit down once no one could help me and figure out, is there a way to stimulate this vagus nerve?

I was thinking at the time that it was a vagous nerve problem, right? Shittering, maybe it's compressed at neck, but I didn't know. So I tested the receptors of the vagus nerve to see, I remembered in class in optometry school, remembering there's two parts to the vagus nerve.

And there is the long part that goes from the brain, you know, into the chest and abdomen. Then I remember the teacher saying, and then there was a small gap or synapse.

then there's a tiny postganglionic vagus nerve. And he said, and I remembered the words, which is almost freakish, that the post-ganglionic vagous nerve is so small, it's almost a part of the organ itself.

I thought, okay, if I damage my vagus nerve if it's compressed to the neck, I should have that post-ganglionic portion. I've never had abdominal surgery.

Yeah. Is there a way to stimulate them? And what I did was I used an agonist or replacement for the neurotransmitter, the neuro-transmitters is co-choline.

The aginist replacement is nicotine. And I use the nicotin test and it went right onto the receptors in the abdomen. It was very repetitive. I called patients, do you want to try something?

Our receptors work great. Nicotine, sadly, is not a replacement for a systemic acetylcholine. It causes other issues like increased inflammation with irregular use.

Then I experienced that at day four and I was just on fire. But I got the answer I needed, there's a workable solution. And then I sat in my kitchen, and tried to use my organic chemistry knowledge, which, again, talk about old.

My new work with genetics, as far as I'd gotten, and I was trying to work through everything I needed to stimulate that receptor, but with an over-the-counter mix of ingredients.

It took a while to get all that right. But that's now released as Paracem Plus, life-changing. Yeah. Initially, it was really just for my kids and I. And I had no plans of ever getting in this supplement business.

I was in the hospital. They gave me an antibiotic that activated inflammation.

Developing Paracem Plus

It was horrible. I almost didn't crawl out of there. But it triggered pancreatitis. And I got home and I thought, is there any way that Paracin Plus could be enough to help with pancreasitis?

The pancreas is partially under vagus nerve control. Being an itis, you know, it's a state of inflammation, And then so I started on a pair of some plugs again.

And honestly, days and the stool color started to turn red and it didn't flow anymore. I thought, oh my God, life-changing. They need to get this out to the worrying.

We went through that very difficult journey to do that. And working through that, I thought, this is all new. I don't think anyone's ever tried to figure out how to stimulate that receptor with an over-the-counter blend.

And I handed it. Now I have five patents. It just kept expanding on it, and I really felt like it was a brand new discovery. That is awesome. Yeah. And I actually just learned about your Paracin Plus recently at the TFIM lecture,

and our first shipment is on its way, so.

Oh, I'm excited. But if you think in terms of the patients who are affected, then again, it can be just aging, right? But you look for, like, a tendency to develop sluggish digestion.

Oftentimes, at exhibits, it's like they kind of constipate, or they like to take something for consti-patient. They lean toward fatigue, they lean towards brain foggy, and might miss appointments, every, you know, yeah, appointment.

There's a little bit moody. The moods kind of go up and down when the vagus nerve is affected. You can see a little more flushing, more sensitivities, slightly larger pupils.

tendency to develop dry eyes, and sometimes patients who are not sick will say, I just need to eat better. I'm just not sleeping right or whatever. They'll find something to blame.

If your chronic inflammation is to the degree it's affecting the autonomic nervous system, this is what we see. And it can immediately be improved. But immediately, it's so great to see this.

Like the cognition can be improving like 15 minutes. Wow. That's amazing. We see patients who are dramatically affected and they're talking to like, you know, oh, they just have trouble staying awake and you can see their eyes are kind of glazy.

Literally, 15, 20 minutes are sitting up and their eyes sparkle again. I love that. We look for a bowel movement. And when we see that, we know the vagus nerve is triggered.

Then for people who are looking for something objective to reassure them they're headed in the right direction, look at people's eyes. Yeah. That's amazing.

Okay, just to get off to a slightly different topic, but you've explored the role of intracranial pressure in conditions like POTS and connective tissue disorder.

So how does that reshape the way we think about brain fog and fatigue? It changed everything. And this was really the first thing I was able to feel that.

So there is a book, and I'm happy to share this book with anyone who wants it, called The Driscoll Theory. And it was put out, it's been, gosh, 15 years, I think, to most people.

But I released that there was a propensity for patients to develop high intracranial pressure. We were missing it because they didn't present us Right.

As doctors, when we're looking for high intracranial pressure, the first thing we look at is the optic nerve in the eye, and we looked for it to be swollen.

And in patients, it wasn't truly swollen, so it just gets blown off. But it responds to treatment right away, which is awesome. I'm so happy to say, Dr.

Warren, this went around the world. And it changed everything and it was amazing to watch it. Um, no one had ever gone to intracranial pressure before.

So I got to talk to people all over the world who are benefited. Yeah. And now there's Facebook groups and stuff. I mean, it is absolutely. But I think that's one reason I was meant to be in this position because I'm an eye doctor.

It's an ear or a train. Whoever, even as a patient, It was very easy to miss it Yeah. For clinicians who may be listening, what are some of the subtle clues that point to autonomic dysfunction, even when standard testing looks normal?

Yes, we're kind of lucky in pods, and that there's usually objective markers of heart rate. And typically with patients, We don't usually do orthostatic testing.

But if there is any suspicion that the parts of the body that should be automatic are not working well, And they do have sluggish digestion, you know, brain fog, dry eyes, etc.

You can have them lie down for a few minutes and check their heartrate. Have them stand up and keep them up for five to ten minutes. They just have to stand very still.

When the autonomic nervous system is not working well, unless they're on some medication that changes heart rate, heart rates shoots up. And where we went wrong, or one way we were wrong with pods, is that there's arbitrary criteria to diagnose that.

Recognizing Symptoms and Clinical Patterns

The arbitrary criterion includes, if the heart goes up 30 beats a minute in an adult on a tilt, that's pot. And I'm like, no. I remember talking to a specialist saying, oh, so if it goes up 29 beats a minute, 28 beats, I don't know where I am going with this.

Instead of this arbitrary criteria, why aren't we looking at pattern of illness? And we do see patterns. and in the Driscoll's scary, we kind of laid out some of the patterns.

One of them is a tendency to see the heart rate go up when you're vertical. Tendency to develop high intracranial pressure. Tenancy for the inflammation to start to affect, A is nerve, the other parasympathetic nervous system in your brain.

And you see a similar pattern in patients. We don't need to look at artificial criteria for that. Yeah. Awesome. At least it's objective. Yes, yes. Well, so, while dealing with things that are less objective, like fibromyalgia or whatever, people have these floppy diagnostic criteria and the patients are just left to ponder with.

Yeah, yeah. So, you've studied the vagus nerve function in depth. Where do you think the current conversation around vagous nerve stimulation falls short?

Yeah. And this is tough because I remember almost 15 years ago, thinking what I see a lot of people do now, and that is we must need to stimulate the vagus nerve.

I remember calling this company in Germany, they were the first company to put out a vagal nerve stimulator that wasn't surgery and it was in the ear.

And I talked to them about if we're suspecting the nerve is damaged anywhere from the year I'm down, am I correct in thinking that vagas nerve stimulation wouldn't be effective?

And he said it's correct. Okay, that could be happening to some patients. That shouldn't make sense. But the bigger question came, and I think it gets overlooked, is that the autonomic nervous system works by itself.

You don't have to make your vagus nerve work. It happens all by yourself. So if it's not working, like mine was clearly not, something's causing that.

And you need to get that out and fix that and then step back and say, Is this a bigger problem? Is it really a problem with just Vegas nerve function, or is it a BIGGER problem within your transmitter?

And if you think of it as a vagus nerve problem, you'll miss these other systems of thought and you still be there. So one thing I did to try to pick that apart, because everything I came across, any theory I was coming up with, I had to prove it to myself and had think in terms of what every possibility was.

And let's rule these out, right? So we sent out symptom checklists. And in these symptom checklists, there were 143 symptoms or something. I tucked in the symptoms of anticholinergic syndrome.

Chronic fatigue, fibromyalgia, PODs, and PTSD patients. And the pattern was classic for antichelenergic. and it wasn't to the degree of poisoning and unemployment, it would come and go to see symptoms with wax wanesome, but the pattern was there and there is no blood test for this.

You have to recognize it based on presentation. And I recognize patients are so sick, there's so many systems of the body affected, these symptoms are just kind of getting lost in the mix, right?

But that was also a huge breakthrough in figuring it out. It's not just a vagus nerve problem. The vagous nerve problems clatter all the image. Yeah, yeah.

And the receptors still work. We could use those receptors. I still look at the millions of dollars put into looking for an autoimmune condition that's shutting down these receptors, and patients do present like they're auto immune.

more autoimmunity in pods than the general populations. I understand how they went down this route, but what I don't understand is how can they look so hard for an autoimmune condition affecting the receptors without testing the receptor.

And that's where an individual researcher is able to move so much faster than a big clunky institute. And I totally respect their work, I respect the scientific method, everything, but I can move fast and be able to test those receptors in a week.

I knew, well, we don't need to spend millions of dollars looking for an autoimmune receptor. Can use that knowledge to stimulate those receptor Yeah, that's amazing.

So how does endothelial health tie into inflammation, autonomic dysfunction, and cognitive performance? Huge. It's huge. And this is one of those things as I get older, too, I encourage all of our patients, in fact, encourage everyone.

And did it take care of your vascular endothelium? This is the inner lining of the blood vessels and blood flows down the vessels. And if the flow gets stagnant or the vessel gets inflamed, inflammatory cells are more likely to stick or more like they have formation, basically develop cardiovascular problems.

And the clue I had, again, million years ago, was looking in the back of the eyes. I could tell in almost 90% of patients, I can see the vessel's width.

Intracranial Pressure and POTS

The veins were a little bit too large, or the arteries were too small, and the veins weren't always smooth. Usually when we look at veins, the caliber is very smooth, but I was able to tell it was irregular in many patients.

And then the arteries were much more prone to lack formation, even in my nine-year-old son. And we don't see that. As eye doctors, when we see lack of formation in the eyes, we sit the patient down and go, okay, I need to have a cholesterol check, you know, that sort of thing.

I have nine year olds, why were the patients much pruned to this and what can we do? So all focus there for a while is, We need to bring down some of the vascular inflammation, keep the blood vessels working well.

It was all about small and medium blood vessel health. Yeah. I remember talking to my cardiologist. And I was trying to share some of what I'm learning with him.

Every time I went and saw him, you know, box times. You save people's lives by helping them with a large amount of social stents or, more fans, I'll tape it or whatever.

Which is wonderful. But what about the small and medium vessels? And he goes, yeah, nobody cares about that. Well, think about it though, brain health, kidney health.

Yeah. If someone develops dementia, I'll send them to a neurologist. If someone develops kidney disease, they go to a nephrologist. I said, that's the problem.

It's too late at that point. We need to be focused on achieving and maintaining small and medium blood vessel health. And I see patients who are dealing with the tendency to develop vascular dementia, their neurodegenerative conditions.

We see a lot of chronic kidney disease. I was in stage three chronic, kidney failure for three years. Wow. And figured it out. Cracked it in a week. But until then, my doctors were at a loss because we don't focus enough on them.

Yeah. Me too. They're rarely a doctor that you go to and you want to have my small So we always look at what is already available. We don't need to invent a new drug or anything.

What preferably is over the counter, if not what low-risk medications are available to help. with the planuscular health. And COVID kind of changed some things, because we were harping on this for years.

I released the term inflammatory cods many years ago. Nobody really knew what the heck I was talking about until COVID. Then they could kind see, oh, it looks like the vasculature is affected.

Yes. It helped to explain some of these concepts. A year or two after COVID started, the term inflammatory pods didn't seem so outrageous anymore. That was starting to make some sense to people, so that was very helpful.

So for someone who just doesn't feel like themselves, that they're having low energy brain fog, poor stress tolerance, what are the earliest signs of dysregulation?

They'll shine into cranial pressure. I just saw that is a secondary problem. It's driven by chronic inflammation. And as eye doctors, we know that. We're usually the first people to diagnose high intracranial pressure.

Where we fall down is that the types of chronic inflammation that we're able to measure are so limited, right?

Endothelial Health and Small Vessel Disease

So as an eye doctor, I'm embarrassed to say this, but usually an eyed doctor when they find high intercranium pressure, they'll say, Oh, you probably just need to lose weight.

You're a female. Yeah. Or you're female or there are other more common inflammatory problems. So we don't measure them while patients get lost. But we should look for the patterns.

We know some things are inflammatory. Like you discuss aging, that's inflammatory, menopause is inflammatory with lots of autoimmune conditions. There are certain things that set us up.

For a surge of inflammation in a body, genetically can't calm it down from that inflammation to stamp it. So, for what you had described, I'm like a hammer, everything looks like it nailed to me.

I hear somebody not feeling well, it's like, oh, are you constipated? Depression. And this is odd for like my friend group, because I have friends who are like oh yeah.

and then they respond really well to treatment and you know, they're some sort of inflammatory thing happening. You don't have to know everything about it to what they can do to help.

Yeah. So I think oxidation warrants a mention here. With inflammation, we always get oxidation. And the oxidation

further damages the blood vessels, the endothelium, et cetera, ultimately can damage organs.

But it also changes the brain chemistry. This is something we see across the board, and I would really like to help these people. Had I not lived through every one of these symptoms, I never would have believed this.

But it causes a change in brain chemistry from there. It causes an increase in anxiety, tight symptoms. And it can exhibit anxiety or even panic. But can also exhibit almost an OCD, attention to detail, high achievement.

We tend to be in the top 1%, unless we're really sick. And we can use that as a sign that when those symptoms go up, this is not a psychiatric illness.

This is an inflammatory illness, very treatable. And by focusing on the oxidation, the oxidation ironically increases inflammation. So again, it's another cycle patients get caught up in.

But we always look for those systems as the clue that the oxydation is getting worse and it doesn't need to be addressed. So hugely important. And pretty much across the board in POTS patients.

They're super smart people, you know, which is often so devoted to detail, as I love, but that change can become negative. Yeah. Why do you think some patients are unusually sensitive to treatments, and how does that tie back to the autonomic dysfunction?

Yes. As the inflammation goes out, sensitivities go out. I remember early in my illness, the doctor said, well, let's start you on. He was going to start on some acid reducer.

I said well first, I'm going just have to tape it to my forehead. If that does well maybe I'll smell it. We're still going. What's he talking about? I was like, no, just I am sensitive.

And sensitive to everything. When we see patients at PodsCare, when they're all sensitive, they all say, But I'm more sensitive than you've seen before.

Yeah. So for us, that's a symptom of the inflammation. When you control the information and calm down the effects on the brain, those sensitivities start going away.

But if you let sensitivites are driven by the implementation, the inflation does affect the autonomic nervous system. It all ties together. Yeah, yeah.

Some of those triggers for inflammation, we talked about viruses, etc. Another common trigger is stress. It can be psychological stress, it can physical stress like surgery or something.

But oftentimes, and it's so heartbreaking with the young people, I'll see that they've had some sort of trauma and they basically blame the trauma for their illness, which I understand it triggered the inflammation.

But if we control the inflammation, they can recover from that trauma, just like someone else who didn't have a problem recovering from the same trauma.

But they're an inflammatory patient. We need to locate and treat them. And then these wrongs get righted. I felt so lucky that I was sick before my kids, because I would have probably wondered, you know, what was up with them?

It's one of the most heartbreaking things I see at PodsCare. It's people who are basically married to their psych diagnoses, thinking, this is just going to be me.

I'm going be anxious, depressed, OCD, you know, whatever, very sensitive. If I can't handle stress, I am not going go to college or whatever. They change their whole lives because of sensitivities rather than address the inflammation and then recover from it.

And I got so sensitive, that I couldn't even make a phone call. Well, that was too traumatic for me. Yeah. I couldn't handle a negative thought. Uh huh.

And it got so bad that if I just thought of anything would flash and start sweating. Like I wonder if the weather's changing. Oh, wow. Yeah. Right. Well, what are a few practical daily strategies that truly help reduce inflammation and restore autonomic balance?

What we want to be careful of is not blame the patient for their illness. I said that is dramatically so like I got sick, my nutrition was great, I was in great physical shape, i taught, exercised, didn't need to meditate forever, and correcting that right at all those wrongs.

Having said that, you can certainly increase your inflammation by not paying attention to that.

Practical Strategies for Reducing Inflammation

So, you know, eating cleanly and every version of clean is a little bit different. What you can do pretty reliably is when you eat a food, watch your heart rate like 30 minutes later.

If it goes 10 beats a minute, You're likely reacting to the food and set that aside. You probably can get back to it later, but for now that's causing you some problems.

Okay. And then for exercise, again, I told the doctor I was in great shape. Lack of exercise did not make me sick, so I didn't feel like exercise could make you well, right?

Yeah. But eventually you're sick for years as I then yeah, you get deconditioned. The cardiovascular system is very sensitive to that, where we're dealing with endothelial damage, and if you stop that flow of blood, when it goes rapidly down the endithelium, it strokes it, if he will, releases nitric oxide.

It's great. So you do have to get back to something that increases circulation. Yeah. I have been there where there is no possible way I could get that.

You've got to address the other problems first. And when we do have the sympathetic nervous system activated, it worsens our inflammation. So somehow you have to stay in your happy place.

It happens when you trigger with whatever sort of stress you're exposed to, you go south. Later, when that nation's better, You can be exposed all kinds of the stress and you don't have the same reaction.

Right. But while you are going through recovery, protecting yourself from some things that trigger that information could be helpful. Yeah. Well, looking ahead, how do you see our understanding of the autonomic nervous system evolving over the next decade?

Oh, I'm excited about this. I really am. What I'd really want to do is the autonomic nervous system. And that'll be great. It takes me home, you know, where I started, which is great, and I've got this great optometric education which gave me answers for this extraordinarily complex autonomia problem.

Optometry, very grateful. So plan to release that. But my goal in some of these autonomic problems is to show that genetically, most patients are sick.

that if we can rename these conditions based on objective genetics and say, okay, you've got this tendency. So if this takes on running, this will be high in the blood.

Oh, there it is, and it ties it all together. We throw out the invisible illness label, we get rid of the chronic fatigue or fibromyalgia, whatever. And these patients are labeled based on their genetic tendency with markers that are objective in the blood.

And they have treatment protocols for those, and the labels are different. Right? Yeah. Yeah, that's really what I want to do. Figuring out how inflammation affected the autonomic nervous system is huge, but it's very important that we ultimately give patients objectivity they need to get the validation for their own illness.

Yeah, absolutely. Okay, finally, what is one belief about aging or cognitive decline that you think we need to completely rethink? I think it gets back to, oh, that's a normal change, right?

Yeah. Yeah, so I don't think so. We see so much cognitive decline from either the intracranial pressure getting high, the neurotransmitters getting low, or the vascular disease, but if we focus on those, how many of these neurodegenerative illnesses could we get rid of?

Well, beyond some. I cannot tell you how often we will look at a brain MRI.

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and I'll see the small vessels and go, oh, we are all over vascular health for you. And their doctors never mentioned it. I think it's objective. You can see it, you know where this patient is headed, right?

Why extraordinarily proactive? I just don't think they have enough tools in their toolbox to help with it so there isn't enough focus on it and that is changing.

Cool. Well, thank you so much for joining me on the functional edge. I hope to everyone that this today's episode gave you fresh insights and practical tools to level up your life.

If you found value in this conversation, I'd love for you to hit subscribe, share it with someone who might benefit, and leave a review. It truly helps us reach more people and continue to be bringing meaningful root cause health insights to those who need it the most.

So for more resources, updates, and behind the scenes content, visit drjuliaward.com. And Dr. Driscoll, how would people get in touch with you and find your product as well?

Yes, I'm at PottsCare. We have a Patreon account now called Potts Rebels, which has been great and we meet regularly and I share all my information with them.

And the products based on those patents are at Vegas Nerve Support. Okay, so potscare.com and vegasnervesupport. com. We'll definitely put those in the show notes.

Appreciate it. Thank you for all your work and for sharing information with so many people. You can help every day. It's wonderful. Thank You. All right.

Until next time, stay strong, Stay healthy and keep living on the functional edge. If you've found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it and leave a review.

It's the best way to support our mission of bringing powerful health solutions to more people. For more resources, updates and behind the scenes content, visit drjuliaward.com.

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