Protecting Your Heart While You Sleep: The Truth About OSA Treatment Transcript

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Introduction and Guest Background

Hello everyone, and welcome back to another episode inside of the Heart Attack and Stroke Prevention Summit. And when it comes to heart health, you can't think about, you know, you can't think about heart health without thinking about lung health as well, and especially the topic of sleep apnea.

And I brought in an absolute expert, as it relates to, pulmonary health, lung health, and of course, sleep apnea. And this is doctor, oxygen. I was saying he had, butchered his first name again, but he is an integrative pulmonary and sleep medicine specialist, functional medicine specialist, certified in functional medicine, and also, an expert in mold micro toxicity, which we'll talk about as well.

He received his post-doctoral, training at Harlem Hospital with Columbia University and Montefiore Hospital with Albert Einstein, College of Medicine.

He is board certified in internal medicine, pulmonary sleep medicine, critical care medicine, and he's also a certified practitioner and doctor. Richie Shoemaker's mold toxicity therapies, as well.

He is a practicing, lung and sleep specialist, at the Alpha Kappa Wellness Center, CEO of long and sleep specialists of North Texas. So he is in Texas currently.

When you hear his accent is originally from Nigeria, and, he is, married with three children. And, doctor Sandy, your wife is involved in the practice as well, right?

The. Oh, yes. So, yes, she's, she's been in functional medicine for a whole lot, much longer than I am. So perhaps she she's the brain of the wellness practice.

Yeah. I like to say the same thing about my wife as well. That she, again opened up my eyes to health and wellness. Sounds like your wife did the same as well.

And they're the brains of the operation. So that's all fantastic. All right, listen, let's talk. What is sleep apnea? And how is it best, diagnosed? Well, let me start off with this.

Let's do one thing at a time. What is sleep apnea? Awesome. Sounds. Thanks for having me. It's a great pleasure to be here with you. Trying to provide as much information to pretty much everybody.

Because this is part of health. It's been, you know, neglected. And now we call it sleep health. It's a it's a lie. I mean, the impacts, first and foremost, the impacts of sleep, existence and cannot be of, exercise.

What Sleep Apnea Is and Why Sleep Matters

And it's really, so profoundly important to maintain, you know, health, brain health, you know, mental health, all sorts of, impacts when we sleep deprive or having insufficient sleep.

So regarding sleep apnea, that's another, disease entity that's not been fully, diagnosed in a lot of people, about 60 to 80 people, 80% of the population is still under diagnosed or not diagnosed at all.

So sleep apnea is a condition where we're having repeated, upper airway obstruction. And that leads to episodes where we're either, having complete no airflow or decreased air flow, shallow breathing, and that leads to repeated oxygen desaturation.

And when that happens, that's a cascade of things down follows, including, stimulation of this sympathetic nervous

system. So we're we're constantly in a fight or flight mode all night long, and that stimulates the release of different, catecholamines.

So our heart rate is increased. We have blood pressure surges. There's increased variability of our blood pressure when we're sleeping. Blood pressure that times during the stages of sleep, where our blood pressure slow drops.

But with sleep apnea, we lose those effects, and we're having blood pressure surges. And this leads to, oxidative stress. It leads to damages to the blood vessels in this to inflammation.

So that's why sleep apnea, which we're going to talk about in this talk, is has led to so many cardiovascular, you know, diseases like stroke, atrial fibrillation, hypertension, congestive heart failure.

So sleep apnea and a in summary, is a disease entity that's under diagnosed and under recognized. And it's very prevalent. And it's about 26% of the adult population have sleep apnea.

And then as we're growing older especially men and then and certain demographics African-American Native Americans, some Hispanics, Asians, they the prevalence is even much higher.

Okay. Now, we started off in I guess it was my fault to, to kind of dive right into sleep apnea. And then you brought us back into the concept of sleep.

And as we all talk about, you know, we all debate about nutrition, right? What's the best foods to eat? And we talk about all these other topics. But is there anything more important than sleep?

I mean, would you say that quality sleep, right after breathing itself is the single most important thing that we can, focus on is, is, is sleep quality?

Is it more important than the food that we eat? Absolutely. It's like the most important thing. It's essential for existence. So let me give you some, scenarios here.

If for one reason or the other, if someone is sleep deprived, for a number of days, there's a lot of things that goes on. There's damages to the brain, there's cognitive impairment, there's immune dysregulation that goes on.

Well, when we're sleep deprived, you know, we're not repairing. And, so many neuronal cells. And if somebody is deprived of sleep, let's imagine if someone is deprived of sleep for more than 11 days, there's been some, animal control studies that they've kind out.

It's been shown that it leads to a collapse, cardiovascular collapse, and the whole body just shuts down. So sleep is very essential. That's why we spend almost half of our lifetime sleeping.

Common Sleep Apnea Symptoms and Screening

There's a reason why Mother Nature created sleep in the different stages of sleep. There's a reason why we go through those stages, because each stage has different functions, especially the deep stage and the REM sleep.

And that's where we're getting, memory consolidation. We're getting rid of toxins in the brain. So if someone is not getting enough sleep, you can imagine it leads to progressive memory loss.

That's why sleep, insufficient sleep has been linked to dementia and brain fog and mimics emotional, psychiatric and cardiovascular disorders. So it's very, very pivotal for existence.

What are the symptoms that people would experience? Now? I know a lot of people may not experience symptoms that they think are related to sleep apnea, but what are some of the most common symptoms that people would have that would include them in that there is a problem with their sleep.

So thank you for that question. So a lot of times they it's it's the bed partner that's going to recognize some of the initial symptoms, which is snoring, disrupted breathing episodes where it seems like they're not taking a breath.

And that's what we call our panic events. You know, episodes where they're just waking up choking and gasping. And, very fragmented, disrupted sleep. They just feel fatigue when they get up in the morning.

They're tired. They see significant brain fog. They just can't focus. And, a lot of times in sleep apnea is a very subtle disease, meaning that even the bed partner at times might not even recognize a lot of these symptoms.

So we have patients that come to our practices and I say, I'm not even sure why I'm here. I don't think I have sleep apnea. I mean, the questionnaires that they fill out, they pretty much said no to most of it.

And then you do a sleep study, and then it turns out that they have significant sleep apnea. So that's why sleep apnea is a silent killer. So as we're going to talk about, we just need to heighten the screening process.

Yeah. And I would agree, you know, most certainly that more people need to be, tested. So talk about obstructive sleep apnea versus, central sleep apnea.

And then how much is there overlap between the two? All right. So obstructive sleep apnea is when the upper airway is an option at night when we're sleeping.

So the upper airway soft tissue just collapses and we're not getting enough or we're not getting any at all leading to oxygen desaturation, central sleep apnea.

When we're sleeping at night, everybody depends on the brain to send signals for us to breathe.

Obstructive vs Central Sleep Apnea

So if there's any disruption in that signal in at least two episodes where the brain just takes a break and we're not even taking, we're not initiating a breath.

So we sit out in people that have had, a stroke. Any form of brain injury, cardiac, you know, congestive heart failure because of the lag in blood flow to the brain.

And then in people that have a readmission because of the erratic blood flow to the brain, it just causes a lag and delays the, brain to send a signal.

So that's a that's an over overlap. There's some patients that are very sensitive to pop therapy. Okay. They initially have obstructive sleep apnea. And then we put them on a CPAp machine.

And they developed central sleep apnea. The best way to understand this is it's like the pop machine is sending a signal to the brain. You don't need to send any.

Something else is written for you. So the brain senses that changes in and carbon dioxide and delays the signal to brain. So we have people that have complex sleep apnea.

Those are patients that initially had obstructive sleep apnea and then developed central sleep apnea after initiating CPAp therapy. Very interesting. Yeah.

Well, I think what's even more interesting and kind of overlapping here with your experience with, Shoemaker Protocol and with mold, mycotoxins, I think, and I know you will agree, mold, mycotoxins and other environmental toxins are causative to central sleep apnea.

Like they shut down. What is it? The reticular activating system that causes us to breathe. They actually shut down the system. Talk about that. For a second.

As far as if you think that's a potential mechanism of central sleep apnea, like there's got to be something else in addition to what you said. But these environmental toxins, how they just stop the signals of the brain from working.

Oh, absolutely. So, mold and other bowel toxins, they have the opportunity to attack, brain cells. If you do an MRI on somebody that has, bowel toxin illness, you're going to see multiple areas of the brain, the, what we call atrophy.

They've kind of shrunken from the inflammation from the mold. One of those areas is the hypothalamus, and the hypothalamus is where they control of, sleep and breathing and everything.

And so when there's damages to those areas, yes, it leads to central sleep apnea. So there's been some studies that have linked, bowel toxin, you know, illness to central sleep apnea and other, sleep disorders.

Okay. So once we, you know, identify somebody with sleep apnea, and, we, or somebody may feel that they have it because we're going to tell them we're, you know, eat these foods, live this lifestyle, sleep this way and stuff like that.

Right. The, nobody wants to go on CPAp, right? Nobody wants to go on the machine and with the blower and with the whole thing for a whole variety of reasons.

One of their therapies exist out there while we're trying to get healthy, to get rid of the sleep apnea. But what else besides the CPAp machine do you think can be used?

And maybe specifically talk about mouth taping? All right, so yes, I agree with you. I mean, see CPAp is still the gold standard, of treatment, but not everybody tolerates it.

So we, before we get into a mount tear pain. So yeah, we've already in functional sleep medicine.

Mold, Toxins, and Central Sleep Apnea

We're focused on the whole patient. So we're very, very focused on the weight as well. Because 70% of sleep apnea is in the obese population. So we're very aggressive with weight loss management and lifestyle changes and behavioral changes.

So and we might talk about that later on. But in terms of mount taping, that's been it's not been a lot of studies, but it's been used for mild sleep apnea.

And so the the main concept behind this is that if we tap them out, then we're forced to breathe through, nose by brilliant through our nose. And then brilliant really know supports better, airflow dynamics.

And it really uses the airway collapse sounds. It's been tried in and in patients that have mild sleep apnea, but there are not a lot of studies to prove its effectiveness long term.

It would definitely help with certain population, but not the obese population. Okay. And what about our oral appliances? What's an oral appliance. Yes, that's that's been a lot of good data on oral appliances.

So basically what that does is to basically help shift the lower jaw forward. So we walk hand in hand with dances and also dances and they customize a device that, helps move the lower jaw forward.

And by doing that, keeps the airway open. So, more data on oral appliance compared to mouth tapping. It's used for mild to moderate sleep apnea in the non obese population.

Treatment Options Beyond CPAP

And, it has some of its own challenges about, you know, discomfort, causing misalignments of the, of the seats. But

generally it's a good option for patients that have mild to moderate sleep apnea.

The absolutely. Don't want to CPAp. All they've tried is CPAp when they just could not tolerate it. What about sleep position? You know, back sleepers, side sleepers, stomach sleepers.

What's what's your opinion on the best sleep position? Oh, yes. So that's what we call position and all charity. And we, we recommend that for all patients, whether mild, moderate or severe.

So there's been a lot of studies have shown that when we sleep supine, we have more airway, upper airway collapse. So we try to avoid sleeping supine.

We recommend sleeping on your side, face down. And also, we recommend keeping the head elevated at least maybe 20 degrees or a little bit higher, if tolerated.

That helps the some of some patients that have mild sleep apnea. And that's all we focus on positional therapy as the the primary treatment regimen. So that that works definitely works.

Do you have any experience on the, on the on the slight, incline? The total body incline? I think some studies maybe. Look at you know, 3%, 6% elevation and what that does as far as autonomic, function.

Have you seen any of that, data? At all? Not in the sense of how it helps people with sleep apnea, but maybe just overall kind of autonomic. So I've seen some of the sleep, mattress, you know, companies talk about some of this just.

Absolutely. Yeah. It's just like that slight angulation of the bed itself. Maybe talk about that. So. Yes. So just like I said earlier, when we have, obstructive sleep apnea with upper airway collapse, there's, there's two fold increase in sympathetic activity.

So there's autonomic dysregulation, and it can, override the parasympathetic. So the, the higher we elevate the head of the bed. Then lastly airway obstruction.

The last is sympathetic activation. And the less autonomic dysregulation. So it's been shown you need at least at least 6% elevation to to actually get those impacts.

Okay. Now one thing that we sell on our website, we sell the the watch Pat, which is an at home test. A lot of people, when they think about sleep apnea testing, they go to this, you know, sleep center, they go to this lab, they don't want to go somewhere else.

I think the environment obviously by by de facto, it's obviously unnatural to them. It's not not their sleep but, you know, environments. But without getting into that, what do you think about some of these home test, devices.

Oh yeah. They have the they have the place. And, there are not many flip flops around. So they there's with technology, there's been a slew of different, home sleep studies and, they definitely had their place in patients that have a high pretest, rates of, sleep apnea and watch parties.

One of them, we have all the ones that basically will record your snoring, your breathing, your air flow, your oxygen saturation. The technology with watch pod has been amazing.

Sleep Position and Head Elevation

Able to use your pulse tone to determine with their algorithm to determine, you know, when there's, episodes of apnea or, partner and use that to, basically diagnose sleep apnea.

So that's, big, big, big, population of patients that will benefit from, sleep study and that's helped reduce the 60 to 80% of patients that are still not diagnosed, because there's so many patients in the remote areas that don't have

access to sleep labs.

And that's basically bridge that gap, the sudden patient population that you still try to bring into the lab, especially if they have cardiac, neurologic disorders because of the central sleep apnea and the complex sleep apnea that we spoke about earlier on.

Yes. Excellent. Okay. So I think we've really hit home well on the sleep apnea topic. And I think, you know, in conclusion, on that, you know, as far as, you know, just just get tested if you've got any kind of medical condition whatsoever, just make sure that you are tested for sleep apnea.

You don't want to rely on whether or not you believe you have it, or even if your, spouse thinks that you have it. You got to get tested officially. Test. Don't gasp.

All right, talk to me about other lung conditions. Let's talk about, you know, pulmonary hypertension, idiopathic pulmonary fibrosis. You know, COPD, all these other kind of like lung diseases.

And talk about it, if you will, from a functional side, of kind of what you're doing when people come into your office, with, idiopathic pulmonary fibrosis or any of these other, you know, labels that we put on sick people, you know, you have this, you have this.

But talk to me about how you deal with these people. Thank you. So, with functional medicine, you. Always try to go to the grass root of what's causing the problem.

If you. It's just. You were reading my background.

Home Sleep Testing and WatchPAT

I spent 20 years plus taking care of patients in the ICU. And then it just got to that point in time that I felt like. Yes, I got this. Patients stable, but I'm not addressing the underlying issues.

What brought them to this state? What really caused the pulmonary hypertension? What caused it? Pulmonary fibrosis. And that's what functional pulmonary medicine is about.

You have to wear different, different hats. So the way we go about evaluating patients, we're putting our potential pulmonary fibrosis is just having a broad, broad view.

Is this, toxin related? Is this is lifestyle related? Is this genetic? Is this environmental? Is this, something that from an exposure that happened 30, 40 years ago?

So we go through a slew of, the questions and then testing tailored towards that. So talking about pulmonary hypertension, for instance, that's one of the things that we see with sleep apnea okay.

It causes pulmonary attention and progressive right. That's you know dysfunction. So we when we have a patient that comes to us with pulmonary attention, we're looking at everything.

You know the body habits the lifestyle. Is there a connective tissue disease autoimmune disorder going on. Is this and idiopathic pulmonary hypertension.

And we're tailoring treatment based on what we feel is causing that pulmonary etc.. Otherwise we're trying these medications are them, but we're not really treating the underlying problem.

So with pulmonary fibrosis it's almost the same concepts patients development of pulmonary fibrosis from a slew of different things. Some of it is genetic.

Functional Pulmonary Medicine for Lung Disease

Some of it is exposures to environmental different Darlaston asbestos and silicone. Some of it is post-Covid. And some of the patients it's basically because of what they have in their house pets, animals, birds.

So by doing a deep dive into the their history, it helps us to basically know what caused it. And then when we're treating these patients, we have a whole body view about it.

We're definitely trying to optimize everything or the whole system that reduces the impact of the pulmonary tension and a pulmonary fibrosis. So we're very big in lifestyle modifications.

We're very big in using anti-inflammatory agents, antioxidants to kind of help reduce the effects of the disease process. Wonderful, wonderful. So listen this is the heart attack and stroke prevention summit.

So if you're looking to prevent a heart attack or stroke, make sure that you are getting tested for sleep apnea test. Don't guess even if you think you don't have it, you.

According to Doctor Rossini, the percentage basis you actually, are very likely, to have it. Doctor Orsini. Where, where can people find you? And working?

I think, people are going to listen to this. They may be interested in traveling to Texas to come see you as a patient. So where can people find you? So, we have, our website, offer care, wellness.

Dot com, and we, have, phone number. Let me, let me get it up there. We we're on, Facebook. We're on Instagram where, so, let's let me get up my phone number here.

So, so it's Alpha Care wellness center for wellness. Alfa care wellness.com. Yes. Okay. Very good, very good. For wellness Africa wellness center.com.

And we'll. Make sure. That. Links. Yep. Phone numbers (817) 550-6332. And then we have for our surgical line, which wants to get to our website. We have products that we use to treat a lot of these, disease entity, I mean, holistic approach to it.

Yes, yes, yes, yes. Love it, love it, love it. All right. Well, thank you for being on this episode of the Heart Attack and Stroke, Prevention Summit.

Closing Remarks and Contact Information

And I want to also, let your wife know that we say thank you for, converting you to the side of of holistic and integrative. There's not many integrative pulmonary specialists.

And it's just so wonderful to have met you and to have you on the team. And for thank you again for sharing this information with us. Thank you very much for having me. It's been a pleasure.

Doctor Jack Wolfson, another great episode of the Heart Attack and Stroke Prevention Summit. We'll see you with another expert guest on the next episode.

Thank you and be well.