Introduction to Dr. Miller's Brain Health Approach

Welcome back to the Reverse Alzheimer's Summit. I have Doctor Kelly Miller here with me today, and he believes the whole is greater than the sum of its parts.

This informs his clinical experience with saving your brain. His educational background in acupuncture, chiropractic, naturopathy, functional diagnostic medicine, aging and regenerative medicine, and now functional neurology, allows for a multifaceted analysis and insight into the brain's anatomy, physiology, and biochemistry.

To help his patients restore long lost health, develop a strategy for functional longevity, and improve or restore impaired brain function. His understanding of how to combine all of these disciplines producing produces outstanding outcomes for his members, and this educational background, coupled with 40 years of clinical practice, makes him an ideal brain health coach.

Doctor Miller, thank you so much for joining us. I know that our listeners can tell why I've invited you. I certainly have experience in my clinical practice, as well as at Miramar, that the more that comprehensive we can be with our approach, the better the outcomes.

And who better to tell us about all of these approaches and how to put them together than you? Thank you. I was so nice to meet you in person. So you're face to face and thank you for having me on.

Thank you so much for taking the time. Thank you so, so much for taking the time. So I'm really curious. This is the first time that we're meeting in person, and I've, I ordered your book and so I'm learning a bit from that, but I'm, I don't know your story.

How did you become interested in brain health and dementia? Drugs, sex, rock and roll and rugby? No, I grew up in this. Actually, I had a lot of brain trauma.

I had, I played, cable car crashes where I was knocked unconscious. And then I played rugby for 21 years, and, so I was probably involved in 10,000 tackles.

So I had a lot of repetitive. And I was very experimental in the 60s, too. So that may or may have played a role. But anyway, I, I was in my mid 50s and I was starting to have some cognitive issues and, you know, not remembering things that I knew I should, you know, like bread and butter, things that we know, like in our practice and then also just, you know, like, I'm really we've only been to France and I'm of these pictures and I can't remember whether you know the name of the places and things like that.

So I started researching, you know, natural therapeutics on, memory and in cognitive and things like that, and that, I spent three years researching that, and I published a book called Saving Your Brain Causes Prevention reversal, Alzheimer's, dementia.

Personal Journey Into Brain Health and Dementia

So, yeah, it's basically a, trying to save myself, I guess, in there and doing that. And there's actually a lot of research out there and Doctor Breslin's book actually came out like one month before my dad.

I think he sold a few more copies than I did. But, you know, a lot of the commonalities in there, in my book, I have Saving Your Brain is an acronym for each thing.

Like we talked about early sleep and, his big are, you know, infections, environmental, issues. And so all those are encompassed, upon mine as well. And so a lot of commonality overlap.

And in the two books. That's great. So, yeah, what did you learn? What were the things? This is a very personal journey for you. So what are the things that you learned as you were researching for the book, and what did you put into practice?

What did you find? Well, we had yeah. So we looked at all different kinds of things. So in the, in the acronym SS for sleep. Sleep is really big. And we looked at that, was very important, getting into the Delta sleep and, you know, we actually know that the brain shrinks and, you know, it has a lymphatic system and gets a lot of the the bad stuff out.

And if we don't get into that Delta sleep, then we can't clean our brain. And I think the biggest a light in me enlightenment for me was, infections and, and their impact on the brain.

And, you know, being a natural physician, we always we deal with people with infections. But, you know, certainly we don't prescribe antibiotics and things like that. And, one of the things I was a big enlightening to me was that I found out I had a mold infection, which I'm sure that was way compounding things.

And the more I learned about more mold, the more the scared I am about it for patients. And, because mold is is way more prevalent than we think. And it's not being checked by, allopathic doctors.

It's not even their wheelhouse. And this will eat up your gray matter. And it will. It will destroy your brain, and it will atrophy. Because after, if the I patients that have lost 70% of their mass in certain areas from from mold infection and, it's interesting, you know, the people that get and you get into different subgroups, you only have a line group, but there's a lot of similarities between the people that are really susceptible, Lyme.

And they get they can't get over it and a lot of them get mold infections. And then also then you have this, subset of EMF sensitivity, you know, European model has about 20 or so.

There's a lot of common genetics in those. So lots of times those people have a trifecta. You know, they got line of all, they got, EMF sensitivity and, they're not functioning well at all.

Yeah, I would echo that. I see a lot of the overlap in those, those populations as well. And I would agree that I, I think molds is one of the hidden and very common causes of dementia and also a very reversible.

And so I'm curious how you direct your, clients, your patients to find out if maybe mold is a contributing factor for them. Yeah, we do. We have, first take just a visual contrast test that's on the surviving Qualcomm.

And I think it has like a 92% correlation. And if that's positive, then, we'll follow up then with a mycotoxins test I use great planes usually urinalysis.

And so then we kind of quantify it. And then we've I've had very good success using myositis protocol. And I have colleagues that use cell for protocol.

So I just it's one of those things that you use and it it works for you. So you don't experiment with something else. But we've had, a lot of people clear up with the biocide.

That's so interesting. So I use a lot of real time, and real time testing, but similar mica toxin testing.

Sleep, Mold, and Hidden Causes of Cognitive Decline

And then I've. I've actually had a few patients asking me about cell core recently, and I have no clinical experience with it. So, like, you, I, you know, I love to learn about what works, but I'm sort of stuck in what I do because it it works.

But yeah, see, I looked at the cell core site, and it has a lot of these patterns that we're kind of thinking through of detoxifying. And like you mentioned, the infections, getting that, immune function optimized, maybe getting rid of some parasites.

Their comprehensive protocol looked I was very intrigued by, so I love hearing that somebody else's scenes and seeing similar things and on the opposite coast for me.

Yeah. So I and the next patient that is responding are probably going to try their protocol. So that's, that'll, be that friend of mine good for like Kyle Daigle and Lake Charles, Louisiana uses cell for a lot and he's very happy with it.

Oh, that's great to know. So would you say his name again? I know there's going to be, listeners of the summit from all over the country, so I know they'll have you to contact in Florida.

And what was your colleagues name in Louisiana? Kyle Daigle, great, great world class doctor. Fantastic. The world needs more of those. Absolutely. So what else did you find out, and what else have you implemented since your book was published?

Well, I think I've, You know, one of the, one of the tools I use is a brain jam, and, I use I try to do that every day. Sometimes I don't get it. Sometimes I'll do five and, like, back to back if I get a break in over lunch.

But that definitely de-stress my brain. And I had, you know, I do, brain mapping and neurofeedback, so brain mapping, we can actually measure your brain speed.

So one of the things, you know, I was able to do is using alpha, is actually speed up my brain. And actually, I actually was talking a little faster, so I was talking really I grew up in Arkansas, so I can blame that.

So I talk real slow now, but I was I actually, you know, you hear yourself, you know, like five years ago and, and then all of a sudden you get a new recording, you do this and I have, you know, a lot more life again in my voice.

And it was a little faster and things. So, that's one of the tools I use. And I use that on every patient. That's one of the things for home therapy. So we have in-office therapies.

Then we have home therapies. So home therapies would be nutrition supplementation. So my patients will be primitive reflex exercises, core strength exercises.

Really big. Emphasize that especially we're talking here more on the aging brain. But I would like to take off a little bit on the primitive reflexes because this is something that, share with other people out there.

We think of promoting reflexes many times in the, ADHD, autism spectrum and for our listeners, primitive reflexes, like, you know, when you, you put your finger in the palm of a baby's hand, it would grasp it, but usually they'll go away like four months.

There's other things. Like if you touch the cheek of a child, they'll turn. There's about ten of these, and they become integrated into the brainstem.

And this starts the poly vagal system. When we're born, we only have a sympathetic nervous system. Okay? So we have to develop our parasympathetic to the vagus nerve.

And the parasympathetic is or rest and digest. So all we have is an accelerator. We don't have a braking system for our nervous system. So when these, primitive reflexes don't become integrated, it has causes an inhibition in the parasympathetic nervous system of the vagus nerve.

And this is something that's very common. We've we find and a lot of people have brain problems. So and if these primitive reflexes can become integrated and they can emerge again after a physical trauma to the brain or like a mold infection.

And what'll happen is some of these in our dementia patients, if you're, I don't know if you check this, but if you start checking the rooting reflex, that's not reflex.

The follow mental reflex. So with this, you'll stimulate this and their general kind of quiver. And these reflexes are overridden by the frontal cortex.

So you absolutely know that this person has a frontal cortex weakness when these reemerge okay. And you can that's one of the indicators you can see is their frontal cortex strengthening by the disappearance of these primitive reflexes.

So this is something, I didn't know when I first started dealing with the aging brain. This is something I've found in the last 18 months. And so we always check with primitive reflexes in these Asian people. Fascinated.

And this is, you were talking about using brain tap and eggs and neurofeedback to help balance the autonomic nervous system, get better sleep. And then these reflexes are do I understand correctly that they're more of a test to see how how much of the nervous system is healing?

Or is it more to balance the parasympathetic sympathetic nervous system? Yeah, well, the presence of a primitive reflex means automatically there's an underdevelopment in the poly vagal system.

Okay. So one of the things we do is we have we try to integrate these, we integrate them and we use a laser. So we'll use specifically we'll use a red light and Hertz laser on the pons medulla area right through here on the side of involvement.

And we'll stimulate those reflexes.

Testing and Treating Mold and Infections

And if we can get those into the faster we can get an integrated the better the autonomic is going to function. So this has big parameters in that if a aging person starts developing these primitive reflexes, they're going to start getting immune problems.

Digestive problems, compounds that make sense because they're you're going to get leaky gut because they're digestion because we need parasympathetic.

We need is not the gauge to digest or food. So if it's not there got it, got it. So there's a breakdown of that balance between fight flight, freeze and rest, digestion heal.

And you stop resting, digesting and healing when that's happening. And a way to assess for where someone is on that spectrum is by testing these, these reflexes.

Yeah. And and moreover, it's a foundation. So the brain actually develops one on top of the other. So you get these stabilization like the, the stimulus system other things is it's like this foundation is cracked and all these other things that were built on it are starting to crack.

So you can really see a, over a big loss. Overall things balance, vestibular system, digestion, immune response. What do you recommend people do if they start noticing cognitive changes with the first intervention that you would suggest they make?

Well, I think they need a good test like we do. We do a test. Let's let's get a score on it. You know, just like if you you're diabetic, okay. Is your blood sugar 120 or is it 400 because, you know, you got a little problem. You got a big problem.

So let's see what it is. But the one thing I can say is if someone thinks they have a cognitive problem, they probably do because most of us are oblivious. And one of the things, part of the brain is, that it's tested like from the Stroop test is the filtering part of the brain.

So it's the basal ganglia and talks to our prefrontal cortex. Is is this should I or shouldn't I should I, should I say

that? Should I, shouldn't I do that.

And this is a real common area. And when people have that they're kind of oblivious to their behavior. You know, they don't know that they just said something inappropriate.

They didn't know they did something inappropriate. So sometimes that's a challenge that people don't really get. How about now their their spouses and their other people around and maybe they get it, but they don't get it.

Yeah, I think curious about that for a while. And I have asked a couple experts on this summit. I see both, you know, there, are dementia patients who are very aware of their cognitive decline and terrified by it.

And there are others who are severely declined and completely unaware that they have any decline. Do you know, my hypothesis at this point is that different parts of the brain are being affected.

Do you have a strong sense of of what's going on? This is the person that's unaware or just in denial? Or is there something else happening? Well, I think this one part, what the Stroop test is, is pretty important in that because it's a filtering when they have the more filtering problem you have, your not your perceptual goes down.

So that's one of the things I see on the ones that do that. And unfortunately, doctor, you probably read in this before the ones that don't have the perception, like they said, they're the ones many times that need it the worst and they're reluctant to take any action.

So you know, I've had I've had, you know, spouse, husband and wife there. And we're taking the test and I'm showing the other spouse and I'm having them take it, and that there's nowhere in there they go, well, if they want to do something, it's up to them.

I go, well, they they don't. They've lost that ability to make that decision. And you know, we've got to take massive action or you're going to be changing their diaper pretty soon.

So I mean, I have I but you have to be heartbreaking. You have to put it in terms sometimes the people that do that because and so doing this I've done the light side and, and I have and more often I didn't do we didn't do enough soon enough.

So I wasn't getting back there. I would just, I would I would get on it, I would I'd be a get it evaluated. And one of the things we do is we look for the, for infections.

Another test we know that we use. I don't know if you use, neural zoom or plus from Vira in America.

Primitive Reflexes and Autonomic Nervous System Balance

It's a licensed 48 antigen. Okay. You know, is there something going on in the brain that you form an antibody for it? That's a nice. So let's let's find out what were the weaknesses are and let's get them shored up.

And, then then we can have recovery. Yeah, absolutely. And and so another thing, we kind of been talking about this autonomic balance going back to that, it has such a big role to play on the immune system, on how well we detox, on how it we sleep and how well we digest.

As we've discussed, these are a lot of the multifactorial sort of I think of it now is the dementia verse of the landscape, of the things that can cause dementia.

And you mentioned how you see kind of this constellation of symptoms that are seem to be associated with mold, Lyme, and, and sometimes this EMF sensitivity, this hypersensitivity.

And I've come to think of it as like a hyper vigilance, almost like that that brain is still is stuck in that sympathetic nervous system. Maybe we're not getting the reflexes like you mentioned.

As people become more progressed down dementia, but that there is this tendency to be stuck in a in a sympathetic state. Do you notice that there is a pattern there as well?

And do you do you have a solution for that for kind of re reprograming that parasympathetic balance with the sympathetics? Yeah. Well, I mean, we we've been doing heart rate variability for, for about five years.

And we've done lots of experimentations, like with PMF before and after we did for two years, almost every patient before and after we would before the visit.

And then we administered therapy. Then we would see what the outcome was. And then as if we got 80% of people better than we continue, you know, using that protocol.

But one of the things, when I first did that, I didn't I didn't understand from reflexes. So I'm kind of down the table on this a little bit that this, this could be a something hidden that is being missed and more importantly, using the laser to help integrate that.

And one of the things that we made a big advancement in, with our brain patients is using a laser that specific frequency for the brain, and we'll give it we use shed light laser and, I think it's made by a or something like that, but it's, it's specific.

And so you can do red light or infrared at a certain frequency. So we find our examination. We find the weak area, the brain, and let's say very common in the aging brain and Alzheimer's.

We'll see a left hemispheric weakness frontal cortex or so they'll usually have right cerebellar weakness. And so we will stimulate the cerebellum. And we made the parietal sensory motor and frontal cortex where are the weak areas of brain.

So the laser increases circulation and it increases, activates the mitochondria, which increases ATP production. So we get increased metabolism in that part of the brain.

Wonderful. It's so nice to hear that you guys are incorporating the red light therapies. And the laser therapies, because I, I agree it, Marama. We've seen really profound impacts of using red light therapy with our dementia patients as well.

It's always nice to hear that somebody else is getting similar results. The the laser is, you know, it kind of sounds techie. And, and even a little out there.

I remember when I was training ten, 12 years ago that they were so expensive and really hard to come by a very small surface area that they would cover.

And now seeing how they have evolved and how much more accessible they are cost wise, but also surface area wise, how much benefit you can get in a short amount of time.

It's really, impressive. And I'm wondering what you see as sort of the next evolution. What else is on the horizon for treatments in the tech space and in the science space?

What are you excited about seeing? And implementing it both personally and in your clinical practice? Well, the one thing we're probably going to be adding, which we have, is, oxygen.

You know, we we're doing, we purchased an Earth system exercise with, oxygen and doing that and, you know, we know hyperbaric helps too. So trying to do find something is cost effective. The the concentrated oxygen is affordable for a patient.

In other words, they could get a home unit and you could teach them how to do it. And so one of the things we're doing is we're working on we have patients now that come from all over the country, and they may come in for an

intensive or one, two, three weeks or weeks.

And then how do we get them on something at home that can keep them progressing? So we can they can go away and they come back and we can keep fine tuning them. And, so this is one of the things we're looking at.

I think the oxygen's big, PMF is is very, very positive. And again, we were talking about trying to to initiate that. Parasympathetic PMF does a great job of activating the parasympathetic nervous system.

And we've done, a lot of heart rate variability to substantiate that. I think, yeah. You know, whatever we do, you know, that we're do gargling in patients to activate the parasympathetic. We, breathe.

Breathing is so important. Will our patients, teach them to breathe while we're on heart rate variability? And, and what we should do is we should be using our nose to breathe in for a count, for anyone to exhale for a count of eight through our mouth.

I said, I want to hear you exhale. And it's really important. But if you do that, you see these numbers coming up on the heart rate variability. Just improving this.

And you see that their parasympathetic kicking in. Most people just don't breathe. So we try to teach just, you know, five minutes of mindful reading a couple times a day to engage that parasympathetic system.

Phenomenal. So what other kind of positive neuro plastic changes can we look to make in our brain. And how do we get there? Well, we do a combination of things that we do, we do brain mapping, you know, every 60 to 90 days on our patients.

And, that shows that absolutely proves neuro plastic changes. And what we're looking, we do cognitive testing. So again, we have another, the refined we use.

Many of the therapies are measurable. So we, do balance therapy. So, we also do timing. So we use something called the interactive metronome. So we're actually using coordinating vision with ear.

One of the things in the aging, like a brain is real common to your sounds and your, vision and your hearing get confused. You know, you get sequencing.

Brain Mapping, Neurofeedback, and Neuroplastic Recovery

They've done a lot of testing and show that people want to make mistakes, you know, like, do they hear three firecrackers go off, or do they see two lights go off?

And they often confuse that sequence? But we so we do a number of different things. The great neuro plastic changes. We use the brain to. We did a study, using brain tap that was for just, for patients, which we just did brain time and, you know, nutrition and so, so very positive changes and improved cognitive function so they can do it, you know, the brain and then specifically what we do is we do a lot of in our office, we do sensory input.

So when we find a weak area. So if we have a left hemispheric weakness we are going to bombard the right side of the body with light sound and by which one frequency.

And we're going to create, neuro plastic communication through the sensory system, through the cerebellum on the right side, over to the parietal, temporal, frontal region.

So we're trying to increase that sensory motor component. And again, that has a very positive effect on the rate on the recovery of the patient okay. Wow. How exciting.

A lot of these things, they're like, you need a coach, right? It's a lot to take on, but it's also relatively simple. What are you seeing in your practice in terms of implementation?

How do you guys support people? What are what are the just the logistics. You mentioned people come from all over the country and do intensives. Tell me a little bit more about how you interface with your clients.

Well, we have we've developed something. We have a system called Healthy Ecom, which is a, telemedicine. And it's also secure, to be compliant. And then we what we, we're doing, we're putting more and more information on that.

So we're having we're showing exercises. Okay. We want you to do whatever this exercise, what you do sit ups, push ups, pull ups, witness with a band or, you know, we have videos up for that. And, so sometimes, you know, initially the patient will have to do a video and I'll have them do different things, like I'll have them stand and, and okay, which way are they going?

Have them do a nose, touch their nose, close their eyes, go fast, see if they're still hitting their nose, which. So we're we're kind of doing a neurological exam a little bit so we can get an idea of, their status and have them take some cognitive tests before they come in so we can kind of see what we need to do.

So again, you can do that. We do some of that on the back end. So let's see how you're doing this. Now let's see. Can you stand with your feet tandem and not fall over.

Now what used to fall over five seconds. Now you can do that. Got a little wavering but you can hang in there for 30s. That's that's a big improvement. So, the lower the serve, the balance is a real big thing, that we don't think about.

But when we, we have so much of our brain is built just to keep us upright. And so if we're not doing well in that department, then it's not. We only have so much energy for a brain.

You know, we used, what, 20 or 25% of our total fuel allocation is for our brain. So if you have one area like that where people are having balance problems, most people are balance problems are having are in cognitive decline early.

If I can find their heads forward, they're leaning forward. There's a system that, is controlled by the frontal cortex or communicates the frontal cortex.

I won't get into a big long name. It is called the PMT system, but basically it controls your extensor muscles. Okay. So, your extensor muscles are what hold us upright, hold our head up, hold us at the waist.

You know, I'm the chiropractor in background. We just think, well, they just had biomechanical problems. Not they had a brain problem. These people are leaning over.

They got a brain problem because they're losing the communication to their extensor muscles, and that's from the frontal cortex. So when people start leaning, that is just another sign of frontal cortex weakness.

And so then you're saying what you do are exercises at both in your clinic. And then they're able to do a lot of these at home without the help with like a one on one physical therapist.

They can be integrating this and getting the benefit. Absolutely. Yeah. So it's very very important to get these core strength muscles intact and get that.

And so again you can test it. It's a very simple system to do. So you can just have their thumbs up and you're just going to test the strength in their thumbs.

You're going to have their fingers. You're just going to fold. And one side will be weaker than the other. You're going to check their abductors. You can check their big toe extensor.

Now they could have a neurological problem that's creating a specific weakness in their butt in there. But generally

these are really quick things you can check to determine if they're which side their frontal cortex is weaker.

It's so interesting because it's this dementia and and even fall risk rate as we age. This takes up massive bandwidth societally. Right. In terms of Medicare dollars, caregiver hours.

You know, we think about this. It feels almost insurmountable. Right. And billions of dollars go into these these issues and particularly into healthcare as we age.

And what you're describing, like you just said, it's very simple. It's very easy. You just do it right. And so few people know that this is an option.

So I want to make sure everyone listening understands where they can find out more. I think, you know, you and I, we do this every day. And so it's it's kind of old hat like we're used to this.

Of course it works. Of course it's relatively simple. Just do it. And so many of our listeners have been told by a neurologist who is very well-meaning, very kind, you know, is there to care, but just they don't know.

They're not aware that there are these interventions that someone who is at risk of losing independence or, you know, going bankrupt because they have so much to pay for because they're unable to do things independently.

You know, they deserve to know that there are options and that there are relatively inexpensive interventions that can be made. So again, tell people how they can find out more about what you have to offer.

Okay. Sure. We got, w ww that saving your brain.com and that's our website. And then we, people can connect. They scroll down to the healthy.com. That's on there.

There's our teleporter system. So we have a you can go online.

Home Programs, Balance, and Functional Assessments

We actually have a if you go to my website, Natalie is going to come up. And so that's do you have a question. So you can ask specific questions. You can you know, there's an email, capability there so you can reach out that way.

And then our, main office number is 813985 5190 in Tampa, Florida. And then we use we book all our locations from that main office create. And so there's a Missouri option and a couple of Florida options.

And you don't just work with dementia. You know we you and I are both well aware that we live in an age of accelerating brain imbalances. And Alzheimer's is just one of those.

So there's other kind of neuro imbalances, neurodegenerative diseases. And you work with those as well. Tell me, tell me kind of what the similarities and the differences are in working with those types of patients.

Well, I think one of the biggest, factors for a negatively, negative outcome in your brain long term is anxiousness, depression. These are epidemic in our society.

We just there's this report of Blue Cross Blue Shield up here, which they came out that they had, a 331% increase in early Alzheimer's. They've got a 30% in this last year of 12 to 17 year olds being medicated for anxious depression.

So that's scary. I mean, if you have a 12, 13 year old brain that you're going to start medicating and changing neurotransmitters and doing things like that, the prognosis for that person, you know, to be a functional person in our society is getting pretty low.

So we see, you know, we see moderate to severe ADHD, children or young adults. There's there's a lot of young men living with, mom and dad still in their 20s and 30s because they have these imbalances where they may be a

little bit in the spectrum.

So generally, what, we see in the younger group in the last 20 years is we see this huge epidemic, right brain weakness. Our left brain is like our, you know, our analytical or practical logical part.

And generally we're becoming as a society, more and more of the brain. So, you know, you get to left brain mom and dad, they get together, they they're more likely to have a right brain weakness.

And if that's not balanced by exercise and things, you know, I was a kid. You at random like a back at, you know, 3 or 4 hours. You know, if you're a couch potato and you're on the computers or games, you're not you're not activating that part.

So that right brain is eye contact need for socialization, need for touch need. You know, and that's not being nurtured. And, you know, especially with going through there. So, that's what we see on that side.

So we see a lot of that in the aging brain is usually the left hemispheric weakness. So a loss of that, that ability to be logical and pragmatic and things like that.

So but they're they're epidemic of on both it I mean it's scary. You've got 1 in 10 children now ADHD and ADHD children become ADHD adults. They may cope with it, but they're very anxious individuals.

And again, most of these people have relative reflexes. So they're very that's why they're anxious. Their fight flight, they have trouble sleeping. We got 60 million Americans insomnia.

So it's a common there's a lot of common patterns in here and a lot of it being related to the autonomic imbalance. Right? Yeah. So much of what we experience has to do with our perception of what we're experiencing.

And you talk about that a bit in your book about how Alzheimer's really involves lifestyle, environment, infections and perceptions and having these perceptions, you know, that the anxious perception that we are at risk, that we are being threatened, and especially when that perception is part of the development of our brain, really puts us at risk.

And I certainly see that in the patients that you were talking about with. Can the sensitivity to Lyme mold and emfs, there tends to be if there's some adverse childhood events or early childhood trauma that sets them up for this perception, basically living a life with the perception that they are under threat or at risk, and that that is harmful, directly harmful to the brain.

And although it can feel overwhelming, there are answers and you certainly have some at your clinic. What, what are your hopes that, you know, we talked a little bit about maybe what we see on the horizon in terms of treatment, but what do you see on the horizon for your your businesses?

And I know you've you've been at this for quite a while. I know 2013 was when you started this kind of most recent iteration of saving your brain, but I'm curious what the future looks like for Doctor Kelly Miller.

Well, we're actually working with some different people, and, we're trying to, you know, increase, you know, just having these summits and increase awareness of people is helpful and, you know, trying to get the message out, be proactive, do things.

But a lot of these things aren't common sense. But, you know, it's, you know, common sense is is not very, you can't take it for granted in today's world that I commonly practice it.

Environmental Toxins, Water Quality, and Prevention

Yeah. And a lot of these things I tell people, look, if you don't want to be the little old lady or the little man in the commercial on the phone, I can't get up your way.

They can't get up because they don't have the core strength to push them. So, so let's do a little exercise, okay? Let's just common sense. I mean, yeah.

So a lot of these things just eating better and making better food choices. But again, there's a lot of, environmental things that are accumulating. And then we got to, make people aware of that.

Their food and, water sources and their air sources are not, necessarily sound. And they need to do that. You know, we need to, clean up our air environment.

We have something called PM 2.5. So as when you're in your open up the window, the blinds in there, and you see all these little particulates floating around.

Well, you can actually they can go to the nose and through the blood brain barrier and, you know, they find dirt in Alzheimer's brains, you know? So, we have some environmental talk.

So if you're staying indoors, you need to make sure you have a good environment, make good get good water. And, you know, there's a lot of herbicides, pesticides and there's just stuff. They're not testing the water.

And they they wouldn't because it would be you'd be opening up Pandora's box right. But you need more than a rid of filter. Just so we do. Yeah. What water do you recommend?

I like the multi-port system. It's a, solid carbon lock system. That's the highest rated, filter in the world. Independent testing takes, like 99%, 98.9 of herbicide, pesticides, glyphosate, even takes pharmaceutical drugs out, so it's something to think about.

But in a municipality, you know, we've got lots of stuff on the toilet that's going into the water system that wasn't metabolized by that individual. So, yeah, there's a lot of stuff in the water.

Perchlorate is one that I use to kind of keep track of what's in someone's water. I don't know if you see much of that show up in Florida, but here in San Diego, we're surrounded by military bases.

And so it comes out of rocket fuel missiles. And, I never thought this would be part of my, my career to talk about rocket fuel, but, it comes up because it's in people's groundwater and affects their health.

And it's kind of how I keep track. I use great planes, like you mentioned, for mycotoxins. I use it for these toxin panels. And I can watch the perchlorate drop as they switch their water source from the Britta filter or the fridge filter to Cape Canaveral here.

So yeah, they have some rocket, but they have a very shallow aquifer here. So it is very, agriculture. So I mean, most people are loaded with herbicides, the pesticides.

Yeah. And I think especially in Florida where it's quite tropical, there's more pests. Yeah. Yep. It it can feel a little overwhelming. But right now there are options.

Mountain Valley is another one that I recommend to people if they're out and about or traveling, they don't have access to water that they feel really comfortable with.

Mount Valley is one that you can typically find at a any health food store. And, I tend to trust it with that last bottle. Glass bottle. Exactly. It's in a glass bottle, which is also important. Right?

All these things are in the water. But then if you put the water in plastic and then that gets in the sun, you got a whole nother problem. It can it can feel challenging.

And I think, it some people can want to turn away from it because it's so much information and it's hard. I had a patient email me this week saying, I try to get Mountain Valley delivered, and the distributor is a nightmare to work

with.

I had 12 bottles waiting for them to take so that they could fill them and bring them back in a couple weeks, and they only took four, and now I can't get Ahold of them.

You know, it's this whole tour. It's this it's it's a lot to take on. And yet I see it in the labs and I see it in my patients when they make the decision, when they make the commitment, when they take a little bit of time to make the extra effort, the numbers come down and their cognitive function gets better.

And I suspect, although it's always more challenging to prove. But these things are known. They're known neurotoxins. They're known carcinogens. We know that they cause health effects, and we just don't know how to measure that.

They're not causing health effects when you get rid of them. So it's, my hope and my intention is that when we bring these things down, when you and I work with patients to help them make better decisions, to avoid these toxins, that we're preventing diseases in the future.

Well, there's no doubt if you look at the Environmental Working Group in 2004, they took the blood from ten, infants umbilical cords, and they found an average of 200 chemicals, 80% of which causes cancer and, neurobehavioral problems.

Book, Resources, and Closing Remarks

So these, you know, they were being injured in the womb in today's world. And, so it's we have a rapidly in there. So people in their 80s, you know, that were born before World War two, that they had a different environment and, you know, so it's like it's coming down the pike.

It's a good thing that their doctors like you out there to help people through this. But like, say simple things. Get a good air source, getting a water source, you know, or get some local fruits and veggies and stuff and, you know, get all exercise and all these things and are true, like you said, the common sense stuff.

That's a great way to start the foundation again. Get plenty of sleep. You started there, I think. Okay. Doctor Miller, it is an absolute pleasure to talk with you.

I'm so thrilled for all of our summit attendees to learn from your decades of experience, your personal experience, as well as your clinical experience, and remind us again the name of your book and where.

I know I did buy mine on Amazon, but tell everyone else where they can buy a copy. Saving your brain. Let me. Here we go. We'll show it to you right here.

So saving your brain causes prevention, reversal. Dementia, Alzheimer's. You can get it on Amazon, or it's on the, electronic version as well. We are going to have a great e-book, in the next couple of weeks up on our website that you that saving your brain.com.

And it's going to have a very reminded of the acronym saving your brain. And it's going to have a chapter on the hemispheric imbalance. Wonderful. We will make sure that we link to that in the show notes.

And I'm so grateful to you for putting these resources together through people so that they can save their brains. Thank you. Thank you for having me.