Podcast Intro and Guest Introduction

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Welcome to the TBD Fit Podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, do don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to another episode of the TBD Fit podcast, where we dive deep into the science of functional medicine, performance, and the pursuit of optimal health.

I'm your host, Daniel Keeley. I'm a functional Medicine Practitioner. My goal is simple. i want to uncover who's doing the best in the category and bring that conversation to light.

Today, we are exploring a fascinating and powerful topic, amino acid therapy. for brain health. Our guest Lori Hammer is a leading expert in nutritional neuroscience and functional wellness.

She's known for helping clients overcome chronic stress, anxiety and burnout by addressing the root cause, neurotransmitter imbalance through amino acid therapy.

So we'll uncover these building blocks of protein that can transform brain chemistry, support mood regulation, improve sleep and help rediscover balance and vitality.

Lori, it's a pleasure to have you. Welcome to the show. Dr. Keeley, thank you so much. Thanks for having me. So I love starting each episode by understanding someone's origin story.

What led you to do what you're doing today? Well, way back when I was in junior high and high school, I had an eating disorder and Iwas anxious and depressed and it came to a really large head in college.

I couldn't get into any eating-disorder clinics because I wasn't suicidal enough and, um, guess I answered all the right questions. tried therapy, tried, you know, all the things that you're supposed to do when you have anxiety, depression, and an eating disorder.

And I was just stuck. I wasn't this hamster wheel going nowhere and ended up in the ER, multiple times, always kind of things. Finally found a place, an outpatient clinic in Mill Valley, California that specialize in eating disorders and other addictions.

Lori Hammeru2019s Recovery and Origin Story

My nursing professor actually found it for me and I called out there and they said, yeah, come on out. We can help you. And so I went out there, found out that I was binging and purging on everything that was sensitive to, I had celiac disease, had adrenal issues, yeast overgrowth, and then most importantly, they started using amino acids to rebuild my brain because I severely depleted the amino acid that your neurotransmitters need.

And that lifted the anxiety, lifted my depression and stopped my craving cycles. Then I could make the dietary changes and start healing my body. And that was my first introduction to functional wellness, although it wasn't called that back in 1996. But that's kind of how I got my start.

You're aging yourself. Yes, I guess I am. So I'm 52 and I"m proud of that. I feel better at 52 than I did at 32. See what it is turning back the hands of time.

you look great, you feel great. That's what happens when you get the right strategy. Let's first define what is amino acid therapy. It was taking targeted amino acids and amino acid are basically the building blocks to proteins, right?

Building blocks peptides and into proteins. So amino-acid therapy is taking therapeutic doses of single aminoacids to target specific neurotransmitters in your brain to help regulate them, nourish them so that your nervous system calms down and you can actually do what you're designed to do and think how you are designed think and function in life.

Where do you start with patients? Do you have a very specific intake? What does the process look like? How does it begin? Yeah, no, I have very-specific intake.

I take forms that I fill out. We get an amazing health history from birth until now. Trying to figure out, you know, what's been going on? Why are you so depleted?

what is going with your nervous system? And based on that intake and specific forms, we discover what depleting. And I send you a kit of amino acids in the mail.

So you get a box from me. And then when it's that point in time in conversation, we actually take specific amino acid, open up the capsules, put them sublingually underneath your tongue, stare at each other for a couple of minutes and wait and see how your brain responds.

That's kind of the gist of it. Then you either tell me I don't feel anything or I feel less anxious, my brain's more focused, I feel like the sky is bluer, i can read better the things in front of me or you know very rarely do you have a negative reaction from amino acids but it might be oh i feel a little woozy or maybe i havea little bit of a headache but that's about it.

It sounds very similar to a.k.a platonic kinesiology technique we use in chiropractic care in terms of incorporating muscle testing and nutraceuticals.

I have videos of I put, you know, something on someone's tongue and instantaneously muscles fire and come back line. And what's interesting is I say this all the time.

It's a, it's very, very big disservice to patients when they go to traditional rehabilitation, when there only looking at the musculoskeletal because we had not.

just the exterior. And often it's the interior that is dictating the exteriors, what muscles fire, our neurotransmitter balance, as you elegantly stated.

So we can make a shift very, very quickly. Now that we understand what it is, let's maybe define neurotrasmitters. Neurotransmitters are basically chemical messengers.

They kind of tell our body what to do, how your body thinks, and how our brain thinks. Amino acids help put those messages together. Okay. So you're doing an intake, so I sense that from kind of what patients are, their symptom management questionnaire, you have a general sense of where to start, I would presume.

Yes, absolutely. I divide things up into five categories when it comes to your neurotransmitters. There's serotonin, GABA, endorphins, catecholamines, and then glucose regulation.

What Amino Acid Therapy Is

And there's very targeted amino acids to fit into those specific five areas. Okay. And so depending on the results from the questionnaire is where we'll dictate where to start?

Correct. So give me a, let's run through a sample of, I mean, physicians have a very biased clinical basis because we see a various specific, usually subset of the population.

Who's your average patient and where then are you starting? So, give like a typical scenario. Typical scenario would be 40 to 60 year old woman who comes with anxiety, depression, probably on at least one psychotropic medication, has hormone and weight issues and just really wants to feel better because she feels like she's losing her mind.

And that's my typical person who come to see me. Just so a woman, who's just struggling and she doesn't feel like the medical system has hurt her and has done a disservice to her.

Okay. So she has a slew then of these symptoms. Where, which ones do you start choosing? What's the order of operation? So I start with the brain first.

We're going to always start the amino acid therapy. Based on her questionnaire and my intake with her, she's probably deficient in serotonin, and she is probably deficiency in GABA.

And then we've got the endorphins, right? Or the catecholamines which gives us our drive and our focus. Every single person who comes to me has glucose regulation issues.

Okay. So looking at serotonin, what is it estimated at 95% produced in the gut? Correct. How much of that then are you considering in terms of our microbiome or gut dysbiosis or anything related to implications in a GI and an immune function?

Yeah, absolutely. So we're starting with the sublingual testing to see if you respond to it. And then once we have those things determined, then we are going to start working on the root cause issue.

Why don't you have enough serotonin? Probably your microbiome, probably because your gut is inflamed and you can't digest very well. Probably a low protein intake.

So then we're going to work on those things. The goal with the amino acid therapy is to get people stable and feeling good so that they can make those other changes.

And when your nervous system is calmer and more focused and centered, then your body is better able to heal. Yeah. We can only heal the speed of our nervous systems.

I love that you suggested that.

Patient Intake and Sublingual Testing

It's interesting because, um, when you mentioned, you know, serotonin, obviously with our mental health crisis now, which to me is an issue of toxicity, right?

My mental, I never set out to treat mental-health cases, but yet we get referred these patients and I clean out their gut and their. almost overnight, 75, 85, 95% better without touching anything in the brain.

And so I know you're just offering nutraceuticals for very quick and safe intervention, which is absolutely remarkable, but quick anecdote in terms of GAVA, you know, our, one of our calming neurotransmitters, interestingly.

So I never knew what terrible twos were until I met my second daughter and the health of the pregnancy was less than the, the first one. My partner wasn't necessarily eating right, sleeping right moving right.

So my foundation five, you got to eat right sleep right move right talk right poop right but she wasn' doing the nutraceuticals, the lifestyle medicine wasn there.

Our relationship was, a little bit more stressful. I was gone building a practice, et cetera. And there was death in the family. The baby was washed in cortisol and I did a stool test on all three of my children.

Here's, this is where it becomes even exponentially more interesting. Just quick anecdote, The first one had the greatest richness and diversity in species.

and it's a happy-go-lucky, perfect kid. Pregnancy was pristine. Second one, like I said, it was turbulent. The baby's washed in cortisol. She doesn't produce GABA.

she has the lowest number of richness and diversity in species. Why does this matter? Because she's missing the two keystone microbes, Bifidobacteria longum, Lactobacillus plantarum which help order the synthesis of GAB to make that change in the brain.

So that's kind of how we're looking at it. But so What you do then, interestingly, is you're going to that kind of end stage and you provide GABA under the tongue and then see what happens in that patient, correct?

Correct. Okay. Cause when my daughter, literally it was like terrible twos better the next day, better, the third day better than fourth. But until we replete the missing microbes, unfortunately, you know, we're, were, putting a symptom or management, on a bandaid, but needless to say is.

So you start integrating with those aminos. When does it, so do you have just then the specific aminos that you're testing and that's kind of the breadth of test then?

That is the breath of a test. If you don't respond to those, then we'll move on to something else. Okay. So what does that something typically then look like?

Then we're like, if you don't respond, usually your cortisol is jacked up way, way too high. And maybe your gut is so messed up, you're missing so many things that your body just can't response to it.

But normally if people don' respond it's usually a cortisol issue or, and you know, then we go back to hidden infections and detox, which is causing that cortisol issues if it is not a lifestyle thing.

So, we are always trying to figure out what the heck is going on and why do you have these issues. One of my mentors said, almost a decade ago, Daniel assumed that everyone is cortisol resistant until proven otherwise.

It's our modern environment that we just keep pressing go here in the U S and then when we burn out, we caffeinate and we press go even harder, right?

Our fuel tank's already empty.

Neurotransmitter Categories and Typical Patients

So again, that's an excellent response and excellent consideration. How do you decide then in terms of dosing these nutraceuticals? Like where, say someone responds favorably, do then increase the dose and dose more until that it's neutralized or how do know where to start?

Yeah, so say somebody responds to 500 milligrams of tryptophan, like that's what they're like, oh my gosh, my brain feels so focused and so good right now.

We'll start with that particular dose, you know, two to four times a day, depending on what's going on with them. If in a week they are like this is good, but my symptoms haven't gone from a 10 down to a two, then we might increase the dosage at that point in time or add a third dose if we're only doing two.

So just based on that initial trialing session, I want to know what they respond to initially. That's our starting dose. And then we figure out, you know, do they need it twice a day, four times a and go from there.

So that's so interesting because when I started this practice almost a decade ago, we were doing neurotransmitter testing with almost all of our patients, but we we're doing it through, again, a questionnaire similar like yours was.

Then we effectively supplementing the deficiency. Just from the question here, so whether someone was dopamine dominant or acetylcholine dominant, or a couple of the others.

And so now you're, you've taken that obviously one step further with addressing that on the tongue. Similarly, like how we've evolved here with AK. So are you ever coupling any sort of genetic testing to look and see kind of what else is going on or maybe to be somewhat specific in terms of tryptophan or the GABA or any kind other supplementation?

Not generally speaking, I don't unless somebody is such a super tough case, and then we'll dive into those kinds of things. But generally, speaking I, don t need to, so I just don' t add that to it.

Okay. So you're adding in these neurotransmitters then anything else that are you adding like vitamin D? Are you testing for something like that? Yeah, I do comprehensive blood work.

Generally we're doing a Dutch test, maybe some gut testing. It just depends on what the client needs, but just that initial appointment is where we do the amino acids so that we can get them an initial win.

And then we move further down there and figure out what they need to do. Okay. And then in terms of the depth of amino acids, and you mentioned to kind of how you decide, but how many amino acid are you testing at that first appointment?

Well, I'm sending them nine different ones. Okay, so this is virtual? This is a virtual. Got it. You're sending him nine, different one? And what are the exact nine?

Oh, we've got tryptophan, 5-HTP, GABA, theanine, DL-phenylalanine. D- phenyl alanine tyrosine glutamine. and then I throw in lithium orotate. okay. The lithium-orientated is because it's so brain protective.

Most everybody's deficient in it. Yes. I love that you have uncovered that. So I was recently at a pediatric conference and one of the presenters, which we're going to have on the podcast, that's exactly what he was alluding to and how we've become kind of deficients in lithium.

And interestingly, again, coinciding with this escalation of our mental health crisis here, especially in the United States. How relevant. Okay. the other, the aminos, how does the, so they're putting it under the tongue.

Are they then waiting to see this work until they do the next one? I'm assuming they were testing then all nine of them.

Serotonin, Gut Health, and Root Causes

Yeah, we may not test all 9. If they respond really well to tryptophan, I am not going to test 5-HTP and we'll just keep that for another day if we need to.

if they responded really wild to tyrosine, and I don't need a test DLPA. So we're just, what do you respond to in each of those five categories? And then we go from there.

And then in terms of the form, is this a liposomal form? Is this just a capsule they're opening up? Just a capsule, yeah. Okay. So we're looking for an instantaneous response.

The response is qualitative in terms of, do I have better cognition, clear? Do I feel more relaxed, mood stability, any other feelings that they're. Yeah.

Some people just say, you know, their brain tingles. It's just starts to come alive or, um, You know their body physically feels more relax, not just their, th their mood or whatever.

So there's a lot of things, I've a of kids that all of a sudden, I've had one child recently, he just fell asleep in my

office because he was so relaxed and his mom's like, He never takes a nap and he never goes to sleep.

But that's because his nervous system was, so wound up he couldn't. Uh, So yeah, there's can be a lot of different responses. So we're shooting nine darts here.

It sounds like in looking for, how then do you determine what's the top of the totem pole or what priority or, what needed most? Well, yeah, we're not going to use all nine.

But I see what they respond best to. So you might have somebody's response to tryptophan, but then we get to Gabin. They're like, oh my goodness, that was even better than the trypophane.

I don't want to load people up on tons of supplements, But sometimes they may have one in each category because that's just the way their body responds and we'll do that for a period of time.

Then over time, once the deficiency, Once the regulation has happened, then they don t need as many supplements. Okay. How much, because what is the delta or the difference in time between one supplement to the next one you're testing?

Generally five minutes or maybe more. And they're going to build on each other because they are for different neurotransmitters. So tryptophan is going respond completely different than the GABA pathway.

Okay. So there's no kind of interaction as well you're suggesting. It's not so stacking isn't just like, okay, because the GABA was taken, you know, later, it doesn't have this enhanced effect.

Okay, and in terms of the dose that you are starting them with, does that differentiate if they're adult male, adult female, child? You mentioned treating, younger adult.

Not generally, no. Is not weight dependent, age dependent or anything. I'm just trying to ascertain the do's or the don'ts of how to. integrate this effectively.

Have you found this not work for, for someone? Oh yeah. I mean, you know, five to 10% of the population is not going to respond. So yeah, it doesn't work everybody, but about 95, 90, 95% percent of population it does.

Okay. Of the populations I see in my office. Sure. Yeah. So in terms of that population then, so you're doing this test specifically with them, right?

So, in office or virtual where you are sending them the capsules, they're opening up, you were waiting to see how they feel, see if there's any sort of reaction.

You said on a very rare occasion, there was a negative reaction? Very rare, but yes. What do you often equate that with if someone went the other way?

You know, that's kind of a hard one to tease out. Maybe they just, they don't need it. They are sufficient in that, or they're just their body just doesn't want it right now.

I mean, there's, I don' Yeah, because sometimes I see, you know, this whole notion of adrenal fatigue, which is just elegant marketing. I mean, it's just hypoadrenal function essentially, and that being kind of this parabolic curve.

So what, sometimes what can happen I say is like, Sometimes you're getting worse before you get better as you go back to baseline. And so that's why I was curious in terms of improvement or instantaneous kind.

qualitative reflection of what's happening but obviously you are then talking them about nutrition I would presume and healthy eating as many of these are coming from our but I say if nature made it it's okay if manmade it stay away so natural medicine, natural nutrients.

How much of this then are you hoping that they derive from food versus just taking them the supplement?

GABA, Stress, and Calming the Nervous System

Are you kind of like piggybacking specific nutrition with these amino acids? Yeah. I mean, the goal is that they don't need them, right? So the goals is, that we're not doped up on supplements all day long.

So we know we are going to work on their protein. We're going work the healthy fats, eating appropriate carbs for your body, working on whether it's females, how to eat for you cycle.

Just getting basic foundation. Let's start eating real food. Lets cut out this addiction to caffeine. Cut out the wine every single night. Really working those lifestyle changes.

And how did you land on the ones to test specifically? Like how do you get into, how, did, you decide those? Yeah. I mean, this has been around for decades.

And so I'm, I am honestly just piggybacking off of the pioneers in the amino acid field. So these are, these, are what they determine. and this is what I still do.

might tweak them here and there, but yeah, that's what. Okay. No, that definitely makes sense. So in terms of then the amino acids that are used to make a immediate impact, do you find in general, there are patterns like most people are deficient in X or is it completely just based upon the specific individual?

Because as you had mentioned, early on, the cortisol curve is off, right, in our modern lifestyle. So there are certain things that we use to enhance that.

I mean, making medicine personalized is difficult, I know, to say that, okay, this works for everybody because I've never necessarily seen that but generally, there're certain thing that do work on a large scale like vitamin D as an example or magnesium example and even form matters whether we're using threonate that crosses the blood-brain barrier or orotate, torrate, aspartate etc.

Um, do you find in general, like their specific patterns that, um, you know, this is kind of how you start the individual based on their phenotype? Yeah.

I mean, people are generally deficient in serotonin. That's just almost across the board. Out of the five, that would be the one that I would say 98 to 99% of people who come to me have a seratonin issue.

And so where are you starting to enter? We're starting, I start with tryptophan because it can be converted into different things as opposed to 5-HTP, which is only serotonin.

So we start there, especially with kiddos, we want to give them the opportunity for their body to take that trypophane and use it where it's needed. That's kind of where we do.

Is there a better time to dose that through the day? No, I usually do it morning, mid morning mid afternoon, evening, just depending on what the person needs.

Sometimes a lot of people are fine in the morning and it hits that afternoon time and that's when their glucose drops. That's where their stress level hits a little higher.

So, you know, maybe we just do an afternoon and evening especially for kiddos. Usually they're pretty good in. Are you ever combining then, because I know for tryptophan as an example in that pathway to create serotonin and melatonin, starting out with, um, 5-HTP and some components, but cofactors like vitamin B6 or iron, what else?

Magnesium, certain co-factores. Are integrating that as well when you hit on what they need? Yeah, if needed. So it just depends on, on whether responding to what issues they might have, their needs.

It's interesting how you suggested serotonin, right? Cause this is one that's essential for calm, I think in love and peace and rest and sleep. And we don't recognize that even impacting motility.

So 90, 95% of seratonin made in the gut stays in. Yeah. We're looking at a brain problem and it is right there. There is a global. Um, impact, but interestingly, I mean, we have TEDx more, if you're a nurse, they go from the gut to the brain and vice versa, right?

So the instruction really happens in the part of the enteric nervous system, But that, that correct brain axis certainly is, is real. What else are you doing in terms of educating the patient or providing, um, or setting up kind of a healthy ecosystem in term of looking at the guy?

Yeah, I mean, we're looking at sleep. You're not going to heal if you don't sleep, so we want to make sure their sleep habits are good. Exercise, movement is key.

How's their lymph moving? Just teaching them just basic lifestyle stuff that we've kind of forgotten about, whether it's a castor oil pack or just go put your toes in the grass and get out in sunshine.

Go for a walk in early morning so you start your circadian rhythm correctly. Healthy sleep starts with blue light exposure early in the morning, right?

We don't necessarily recognize that. Again, we're living in these indoor boxes and we are moving from one box to the next under these artificial lights.

Unfortunately, as we talking indoors today and sedentary, none of which is native to biology or preaching health. It's the ultimate paradox, I say.

Dopamine Support and Catecholamines

But needless to say, We try and definitely try to practice what we've created. I mean, you look great, and you feel great and there's something to be said about that.

So serotonin deficiency, prime and center. What's kind of maybe the next one on the totem pole that you see that's typical? I would say GABA. People are just so, they're just in overdrive.

Like we talked before, their cortisol is so dysregulated. And so GAB is a key component in that, whether it's theanine, maybe taurine or GAba itself is really generally helpful for someone.

Yeah. And sometimes even using, so I've evolved more into adding in PharmaGAVA, a little bit more bioavailable form. But needless to say, going back to my anecdote, I mean, we used GAVA and it was transformative.

I means we had a child that was nonstop self-deprecating, self sabotaging, doesn't want to go to bed. Not that it's a war, but rather it just high energy.

Like cortisol is very ubiquitous and melatonin being the antagonist wasn't being secreted as effectively. The component there obviously to provide that calming was the GAVA, but again, going back to the missing microbes, really laying that groundwork.

So that absolutely makes sense. We definitely use that for alternatively in conjunction with L-theanine for very, very quick nervous system reset. because L-thean, again, super calming to the mind.

And we'll sometimes pair that with melatonin, which is super-calming to body. Now we have the ultimate stress-sleep reset that we use in therapeutic doses.

We have people that come to us with sleep apnea, insomnia, have been doing sleep studies, and I get them sleeping like a baby in about two weeks. Nice.

It is remarkable how quickly the body wants to change under the right environment when you provide the correct context to heal. Right? Right. Right. The body's amazing.

I mean, anyone who's listening, like your body can heal. Just remove those interferences, give the body what it needs and it'll be amazing, it will just be.

That is the true, that's the innate design. Okay. So that second, let's maybe highlight the third one. Definitely your catecholamines, your dopamine. Let's get you some tyrosine in there, maybe some DL phenylalanine.

I see so many people on ADHD meds now and it just breaks my heart. Between the SSRIs and the ADHD Meds, I mean, it drives me nuts. There is always a consequence and no one's really highlighting what happens with the administration of this medication because there's drug induced nutrient depletions and there are also microbiome induced nutrients depleations.

And again, how that interplays with every biological system is now largely understood as we decoded the bacterial genome or the microbial genome. We're still kind of learning that inner play with a microbiomes and how.

That kind affects systems biology, but nearly needless to say is I love that you say that because I know you mentioned, you know, phenylalanine and then the conversion to tyrosine, to L-DOPA, dopamine, norepinephrine, tapinephrin.

There's so much that can quickly go wrong there without the right environment. And interestingly, a lot of that is dictated by nutrition, but in our Sat American diet, standard American diets with their crap foods, CRA, completely refined and processed foods.

We are not supporting the production of healthy precursors. A lot of which, if you look at these, especially the aforementioned, the best, most viable sources coming from meat.

Yes. What do you do when someone comes and you says, I'm a vegetarian because that's the healthiest way to eat? I've had two people in the last couple of decades say, I'm sorry, can't work with you because I can incorporate meat.

So I always tell everybody, we have to have animal protein. And most people are like, i feel so bad. I sure will. That makes sense because again, most people don't understand what nutrition means, right?

We're having to dissect food labels, but if there's a label, let's crash our head and stop to think, that's problem, all right.

Lifestyle Foundations and Dosing Strategy

The food should be the ingredient, and so if it walks, it flies, runs, crawls, is probably good for us. It's growing from nature. Again, if nature made it, its okay.

If man made, stay away. Yes, there are things in nature that are poisonous. Vegetables have this protective mechanism just like animals don' want you to eat them.

We were designed not to be killed, but needless to say, there's a way and time that things should be consumed. And the timing, interestingly, I don't know how often you're discussing that with patients, beautiful work with Sachin Pan is working on circadian biology and when we eat really provides instruction as well.

Looking at the later stages throughout the day as we become less insulin sensitive. Even though carbohydrates are a great precursor to serotonin production and melatonin in production, we become less insulinsensitive at night.

But what we reach for a night when we're supposed to be in bed, there's an emotional trigger. And then there is the trigger of our brains that run on thrive on glucose who are reaching for that carbohydrate when were kind of least

the worst time to break it down.

So if you look at this metabolic crisis, right, cancer, auto-immunity, any sort of degenerative disease that you have with inflammation being at the root of it.

Nutrition is instruction. It's going to help heal you, it's gonna hurt you. And sometimes the right time of day, obviously, imparts that innate wisdom.

Yeah. No, that's key. That is key, I try to tell people if you need something before bed, just do some salt and some water if can. If you absolutely have to have something, then maybe take a little bit of fat to keep that glucose stable.

You're right. You are ruthless. I love the salt and water. But that's, you're absolutely right, okay. So you identified, the top three, your gang on a specific treatment plan.

How often do you retest? How do know when to change things or you are someone to stay on track? Yeah, so I'm generally following up with people every seven to 10 days.

We're going over that amino acid therapy questionnaire, like what's shifting, what is not shifting for you? How's your diet going? What are you implementing?

You know, all those kinds of things. So we'll make adjustments accordingly. Some people will start in that starting dose and then they're like, yeah, I am really good in the morning, but that afternoon is still a challenge.

And so they want to look, What do you eating for lunch? how well are sleeping? Okay, let's add a little bit of like tyrosine in the afternoon to get you over that afternoon slump.

And, you know, then we'll check it in again, another seven to 10 days and see how you're doing. It's interesting in terms of our Parkinson's patients here in the US too, because it's almost like providing dopamine or aldopa is restricted.

And yet that's kind of where the deficiency resides the most. I know you're giving, you know, we didn't mention Parkinson necessarily, but in term of tyrosine to jumpstart dopamine to provide that drive and executive function and to get you kind over the hurdle.

I always say that, you know, if the body, again, doesn't make mistakes in responding to the inputs, right? And so if sleep is compromised, because the architecture is off or you're not producing the healthy neurotransmitters, certainly that's the consequence then of.

you know, we're trying, and we are forced now to fill those gaps. But so you understand, okay, as treatment continues, is there a point where someone never stops treatment?

Are they like fully recovered? Or like, what happens like year one, two, etc? Yeah. So most people don't need as many of the amino acids, some as early as three months, usually it's about six months.

Some people need them longer. My goal is just to teach people to use them when they need. I mean, they're just, building blocks to protein. So they are just basically tiny pieces of protein and you're going to get depleted.

You're gonna have a death in your family. Maybe you get in a car accident, maybe you break your leg, you know, something stressful happens in you family or your job and there's a depletion that happens or a dysregulation.

Um, and so then you can use these as needed based on what's going on in your life. So that's my goal is to teach people to use the supplementation as therapy, but you still have to maintain that healthy lifestyle.

You still need to. All the other things, you know, that we're teaching you so that you're not on, 47 supplements in a day. I say the ones that are, it's like the, the walking wounded, sickest to our healthiest among us, right?

Treatment Timeline, Takeaways, and Where to Find Lori

It's, um, the ones that come to my office with a pharmacy who have not a clear, yeah, there's no clear roadmap. There's 42 different supplements. Obviously we, we all see that at some point we probably went all through that ourselves, Right?

We're trying to fill individual gaps and yeah. It makes sense. The body's not just one pathway, but the question is what's the largest bottleneck. And most people are not mastering the foundational component, which you addressed as well.

So. And that's what you're trying to overcome within what your doing. Any kind of last takeaways in terms of other things to consider, any sort of clinical takeaways?

Gosh, I mean, your brain can be regulated. I don't ever believe the lie that somebody says anxiety is your personality, or you're getting older and this is just what happens in perimenopause.

It's not true. So take charge of your health, find somebody who can help you remove the interferences, fix the dysregulation, and live the life you were created to live.

We're created a live a really long time, so my goal is to help people do that. I'm curious because you mentioned, you know, perimenopause and then evolving into menopausal, postmenopasal.

What are you doing, VHRT, also with patients? Are you suggesting that, recommending that? Or you're just focusing on kind of the building block, the aminos?

Yeah, I just focus on the buildings blocks and the foundations. Got it. Awesome. Any last parting messages that you want to leave with our guests? Um, amino acids are foundational, right?

So I'm just saying try some of the amino acid, you know, send me a message. I'd love to hear from you. You know what's interesting too is within our foundational program, especially for athletes, cause we, because we see a lot of sports performance.

some of which very high level athletes. That's something that we've integrated. Gosh, I can't even remember. Once, you know, PCAs were dispelled so many years back, we need all the essential amino acids.

It's almost like collagen is the incomplete protein. I'm not suggesting there's not a benefit to it necessarily. And there are great peptides in there too, but the component of You know, the body can't discern that you're eating chicken, right?

It has to break things down into its constituents that want all on board in order to help formulate new tissue, whether it's muscle, brain, bone, anything, let alone obviously some of these neurotransmitters and hormones.

So no, I appreciate kind of the breadth and scope of your work. I am eager to continue to play around within our patient population. Thank you for everything that provided us today.

Where can people find you, learn more, reach out to you? Sure. On all social media platforms, I'm at Take Back My Brain. I have a podcast and you can find me on my website, laurahammer.com.

This has been wonderful. Thank you so much again for sharing your expertise and passion to help heal from the inside out. I think that's what's critical here.

It's not symptom management or masking symptoms. We're addressing kind of the root cause and the light of conversation was deficiency. So I applaud you for the work you do.

Last question I love ending every episode is you could have one superpower. What would it be? goodness, one

superpower that everybody would just have a healthy diet.

Like whatever I said, people like, yes, I will do that. And then people will just live healthy. You are absolutely right. I say all the time, nutrition is instruction is no longer benign.

It's going to heal you, it's gonna hurt you and you gotta heal from the inside out. If you want to change your biochemistry, It starts with healthy nutrition.

Definitely that will impact cognition, mental health, emotional stability. Again, that answer definitely is always true with what we do. For those of you who are listening, please like, review, and subscribe.

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