Opening: Completing Trauma Responses

after the little fender bender or whatever that happened, you don't let yourself complete. It's a zero because you distract yourself with wine, alcohol, food, TV, whatever, instead of just sitting and letting yourself.

I remember I was in a car accident at 16, and when I went home, Everything was fine. I handled it, and all of a sudden, when I went home that night and took a shower, I started shaking and crying.

And I thought something was wrong with me, because I was only 16. You're like, oh my god, i thought i was weak. No, my body was completing the process it wasn't able to complete at the time because i had to attend to the other person and the police and deal with it.

That happens all the times. So as you go home and let yourself complete the processes, then it no longer owns you. Welcome back to the Think Well, Age Well podcast.

I'm your host, Dr. Heather Sandison. And today, we're talking about longevity. But maybe not in the way you're used to hearing about. My guest today is Dr Stephanie Rimke.

She's a clinician, educator, and speaker who has spent nearly three decades exploring the biological foundations of brain health, mental health and human performance.

Her work sits at the fascinating intersection of mitochondrial function, nervous system regulation, metabolism, trauma physiology, and emerging therapies like peptides.

We're going to dive deep on all of this today. At the heart of her approach is an important concept, however. When it comes to healing and aging, We can't simply optimize the individual parts with a pill.

We have to understand the system. And sometimes the sequence in which we address things matters just as much as what we do. Today, we're going to explore what happens when we stop thinking about longevity simply as avoiding disease or extending lifespan and start asking the bigger questions.

What helps us stay energetic, resilient, connected, cognitively sharp, and fully alive as we age. Stephanie, welcome. I am so happy to be here. Super excited.

Let's start with this concept of longevity itself.

Rethinking Longevity Beyond Biomarkers

So much of the conversation is about early detection, preventing disease, extending lifespan, and then this whole optimizing of biomarkers through the biohacking space, measuring, recording, then fine-tuning.

When we do that, what do you think we're missing? Life. Living. Right? So most of that is not the conversation. I would even say the direction longevity is going, I really resent.

And I'm starting to not like the term because it's being overtaken by, let's say it, like, the biohacking bros, that are, don't die, never die. Everything is basically, Let's try to live forever.

and I am going to download my consciousness into a microchip. I don't know about you. Listen, I want to have a great time. I'm 53 and a half. play. And I think the people trying to take longevity down into numbers is a very left brain, left hemisphere, masculine way of reducing it to numbers.

That's not what life is. Life is not about numbers, it is about love, connection, laughter, joy. It's about people and humanity. So you can do all that and have a better, if you feel good, right?

If you're strong physically, mentally, cognitively, then you can travel. You can say, let's take the cruise to Croatia. Let's go play a new sport. Take dance lessons, honey.

Have friends over and not sit around and complain and whine about our taxes, but let us play tag. Imagine a group of 80-year-olds saying, all right, post-dinner, how fun would that be?

That's what I want people to bring more. It's like, Let us talk about what it really means to be alive, not just You talk a lot about mitochondrial function.

What role does mitochondria function have in this concept of longevity as you see it, of having fun and playing? Okay, I love this topic. So let's talk about what are mitochondrion.

Let's go back a little bit like sixth grade and I apologize if the listeners are like I already know all this silly, but maybe some of you don't know.

So if you learned in sixth grade biology, cellular biology you had a picture you have to draw, but the nucleus and a ribosome, endoplasmic reticulum, you're drawing this one-dimensional like flat picture, not realizing it's a round ball and what's really happening.

And one of those important things people were drawing was a mitochondria. The term powerhouse of the cell is how we've learned to think of it. the misinformation, the miscommunication, and the lies that we didn't understand.

Fun, those are not really, I don't consider it an organelle. Mitochondria are very clearly, we understand now, are NOT human. It is a completely different species with a COMPLETELY different set of DNA.

So you are walking around with two sets of dna. You have the human DNA that your mom and dad gave you. And then you have this mitochondrial family. It's a family of bacteria that we absorbed and made a symbiotic co-relationship partnership with each other.

They said, listen, this is a harsh environment out here and we're having a hard time, but we are really good at doing a few things. We said, okay, why don't you come inside of us?

It didn't really happen this way, but I personify everything. Come inside and you can take over a lot of function for us. You can make a ton of energy.

There's a lot that's going. You're going to make signal molecules, and you're gonna lend us some of your DNA at times, actually, because we're gong to use it when we deal with viruses, bacteria.

We're gunna borrow some from you so we don't have to have a lotta DNA in our nucleus. Okay, bet! We'll protect you, you give us energy, keep us going!

Mitochondria are the single, it's the community of an entire other species inside of us that only comes from our mother's line. So, the highest concentration, so inside the cell we were drawing a picture and I had one.

Well, there are thousands upon thousands, upon, thousands of them in each cell, depending upon where you're finding it in the body. Mitochondria, if they die, and there's certain compounds that will kill mitochondria very quickly, like cyanide is one of the them.

You kill the mitochondrion, every single mitochondrial in a person, you are dead within one, two minutes.

Mitochondria as the Foundation of Health

They are required. Like, that's what really breathes for us. We don't breathe, they do. So, it's a bug. I want people to say, It's not human. we've made an agreement with a whole species that has, we don t even know how many of them are in us inside a woman.

The highest concentration is inside an egg inside her ovary. That's where the most mitochondria are. Why? Because making a baby requires a tremendous amount of energy and support.

After that, We have the brain and in the heart we have these places where you need so much fuel so thinking actually what you mean so communication you needs so community you so what cooperation it's not just ATP oh no.

You need a whole army of this tribe that's like, we're all here in it together. It's more than just your cells. So picture you got neurons, you've got the glial cells, all these different types of cells and all this mitochondria that are in there saying, I'm going to help coordinate, give all the energy, coordinate.

They talk to each other. If you isolate a mitochondria from its family, it starves and dies. It doesn't do well. They are in constant communication and constant cooperation.

That's how we're functioning. We are this community. So that's step one. Thinking about it as a powerhouse of the cell is like calling a mother, you know, a woman who's had four children and raised a family.

Well, she's, an anatomical female. What? No, that is not what she is. Okay. So I think it's been, we've done a great disservice to how beautiful these creatures are and how much we, I love them.

I respect them, and I'm so grateful to all the mitochondria. Pretty much at this point, it's looking like it starts off as a mitochondrial disorder. And when the mitochondria start to do well, that is the beginning of every disease process in everything that we have that's going on.

So they are the ones to protect and take care of and start with first. I started everything with mitochondrion health. and helping protect them. And once you're inside the cell, you have to deal with them, they have two special membranes we have, to do with and then you deal, with the sell itself inside it and its membrane.

If you do that microcosm to the macrocosms, it is healthy, everything else outside of it, is helping. My mind's kind of been blown here in just the reverence that you, have for mitochondria and why and how we've really oversimplified this concept for so long.

I think the direction I want to go is what is this mitochondrial dysfunction look like clinically? I'm sometimes nervous about revving up the mitochondria, right?

Things, we're going to talk about peptides, but like NAD and MOTC, and there's a lot of times when I don't feel like it's appropriate to start there. And so I wanna understand the nuance of Alright, if there is toxic exposure and infectious burden and people are depleted and they've had trauma or major stressors, they're sleep deprived or they have obstructive sleep apnea, of course the mitochondria is going to be affected by that.

How do you support the Mitochondria I think in school, I learned as a naturopath, we support it with nutrients, carnitine and CoQ10 and ribose and, you know, there's these mitochondrial nutrients.

But then we also now think about red light and the cytochrome C-oxygenase enzymes. And even that is an oversimplification after hearing you talk about it.

Okay, so it's great. There was a lot of questions there. So let me start with this. And I'm just going to sidebar before I get into, there is a hierarchy of healing that goes on inside the body, right?

People can come to you and say, well, my main, primary concern is weight loss, but the Okay, when you start feeding it what it needs, it's gonna take care of something else two, three months.

But I'm not losing weight. Yeah, but look what else has happened. Because again, you can want what you want, all you're want. The body knows best and it is going to deal with it.

It's smarter than you. Your body is smarter that me, smarter then you, let it do what its built to do. Part of that is mitochondria. All trauma, by the way.

So my specialty is mental health issues, cut my teeth in a mental hospital with schizophrenia is how I started. My primary focus has been schizophrenia, bipolar and autism recovery.

that makes you go into ADHD, anxiety, PTSD, suicidal ideation, you name it, DID, I've done it all. Dementia, Alzheimer's, Parkinson's MS, Lyme. You kind of have to do it at all eventually when you do autism.

So I say all that to say I didn't start my career 30 years ago thinking of trauma was a mitochondrial disorder. But I'm very clear, all trauma, physical, psychological, are mitochondrial disorders.

Trauma, it simply means the nervous system can't sustain the level of activation that it's in and it must collapse and go below the nerve system stress point, parasympathetic set point and its energy depletion.

The thing that decides that, that's going to break the system is the mitochondria. Okay? End of story. every single time, even when we talk about structure.

So everything actually is this. You cannot get somebody better who looks that's in a state three trauma dissociative state until you repair their mitochondria.

It's why talk therapy is so terrible at doing this because they ignore the mitochondrion. And most talk therapists have no idea what I'm even talking about.

They don't understand the biology of trauma. they don' understand state one, state two trust, but the state, three, four trauma and how the Mitochondria are key to getting this whole thing working again.

You are 100% right. I'm so glad you at least understand. You may not understand why you need so much restraint with something like NAD, MOTC, even CoQ10 and red light.

So let's talk about this. The mitochondria are doing multiple things and when you look at how you're repairing them, you have to start at the bottom. And a lot of times the pouring a foundation of a house is not sexy.

Everybody wants to get to the third floor bathroom and pick out the vanity in the pink color. I get it, everybody wants the push energy, push, we're addicted to more and more.

That's not how can do it. You just can't push. So let's say I have a car from Detroit, right? So, let say, I got a nice, you know, Corvette, a 12 cylinder, but only four are working.

What do you think? I could put the most expensive gasoline in there. I can put nitrous. Like I put race fuel. It's still not going to work because I had a broken structure.

You can't get the other cylinders going. In fact, I will probably over rev, overheat, and structurally break it even more. That is what many clinicians are doing by pushing NAD, MOTC, SLU, things that they should not be pushing.

Even carnitine, even CoQ10, Even red light. Because what you're doing, let's talk about what the mitochondria need. We have an inner membrane. And we have an outer membrane.

We have these two membranes. Step one, structure dictates function. The first thing you have to do is deal with the structure. You must repair those membrane.

Of those membrane, hands down the inner membrane is much more important. So you have the first thing I always

want to do is slow down and do that. So this is where we bring in what are the membranes made of, right?

What do we need? I flood the system with phospholipids, omega-3s, and this where one peptide is extraordinarily good, SS31. Okay, but you have to have the substrate.

So you got to basically, that's like the architect and the repair. You have, you'll have give the system some board certified and neurofeedback, right?

So I rewire brains. I can't do that if I don't have substrates, I need the materials and I needed the workers and need I the director to tell everybody what to do.

SS31 is kind of the architecture. It's not going to magically fix and bind a cardiolipin and fix the structure unless it has everything it needs. So, one, you got to make sure they're eating enough food of the right things.

But most people, as you know, have a very imbalanced omega-3, omega 6 fatty acid ratio. So usually, I have to kind of look at, let's get the rights foods in there.

I want a lot of animal fats, fatty foods, and I am usually using phosphatidylcholine, phosphatosarine, DHA, EPA. You have the kind to flood the system to repair itself because inside those membranes, inner and outer in the cell membrane, that's where the fat, seed oils get embedded, that's where microplastics are getting embedded.

There's a lot of things getting caught sticky inside. Your membrane should be fluid, just like your body. You want to be flexible, movement. The older we get, we'll get a little more rigid, a bit stuck.

As your body gets stuck, so does your brain. You know, my mom is 81 and sometimes my conversations with her I'm like, man, I remember her when she was my age.

And I was like why is mommy so stubborn now? This is like what is wrong with you? But you know you get older, you got away, and you're like I like it my way.

and this is the way I am doing it and I've not changed in Stephanie. Okay I get it but can I maybe get you to change a little bit? Right? So I know when it happens to me too.

I' m not as flexible physically or even mentally as I So I got my ways, right? This is how I do it. I like it like this. Like my coffee like, this not like that.

So, I understand it, the cell membranes are no different of the mitochondria and your cell, so they want to be fluid and we have to get the bad stuff out and flood it with the good stuff.

So we want, we start with structure, just fixing the structure alone. It's only been around like three years. That has been the most profound upgrade to my practice in decades, as far as a molecule, like other things, TRE, Trauma Releasing Exercises.

I think everybody should go to that website. Traumatologist, I'm certified in that too, game changer, right? So there's certain things you want to start stacking in to, start doing.

This is something everybody can go, to a clinician who's certified, in start doing it in an office a few times, and then you have the skill to do at home yourself two to three times a week.

You want to start getting things you can take home and do yourself. And anyway, you could do it at an airport, in a gym, at your kid's house. If you get in the floor with the grandkids crawling on you and you shake, so these are ways you're going to keep yourself young, vibrant, vital, flexible and get the stress out of the system that your body's going hold onto that maybe you've been holding onto to 50, 60 years.

Oh, that's a sidebar for you, for the pro tip. Okay, so we have to get that structure in place. That could take two to

three months before I'm doing anything else, right?

So the structure, inner mitochondrial membrane, why it matters. There's thing inside of there, some of you might remember, the electron transport chain.

It is not called the carbohydrate transport chain. It's not call the fatty acid protein. That's what happens. You really only digest one thing, electrons, right?

Everything you're chewing, swallowing, drinking, doing is trying to get electrons into the mitochondria.

Repairing Mitochondrial Structure First

to go through this chain, to be moved along, transported from place to place, and in that stepping, skipping from step one to step two to three, we're skipping along.

Things are happening and ions and hydrids, things are being moved and passed. All that to say, it helps flush energy. What they're doing is creating electrical charge changes.

We're creating what's called a concentration gradient to create a battery of sorts. So like, listen, here's energy, just like when you see the three-year-old, the four- year-olds are like…

Wow, where do they have all that energy? Their mitochondria can move electrons super fast, so their charge is super high. When you're 85 and you don't have much energy, your mitochondrion are not moving as electrons the same, and your concentration gradient isn't as strong.

You literally don' have as much charge as a three-year-old. If we can create that you can make as much charge, you will have the same energy as a three-year-old.

That's the key here. So that's what's happening. Now, there's different things that carry this electron along, and lots of mistakes can happen with moving the electrons.

When mistakes happen, we call it slip, proton leak, electron slip. Slip and leak happen. that creates friction and damages this membrane, as well as creating what we called reactive oxygen species.

which are fantastic, actually. They're communications, but if you make too much, you need a little bit of smoke, right, when you put on a fire in a fireplace.

A little smoke is okay. It goes up the chimney and you're good. If you close the flue and make to much and throw paper, it gets smoke in the house and now you can't breathe and it's uncomfortable.

That's what happens inside. Pushed electrons too fast, too many, and you can't handle it. So when you put in NAD, you're putt in SLUPE, put it in MOTSEVEN, You start pushing way too may electrons, to fast and either the road is kind of broken, the membrane might be damaged.

You might not have enough oxygen at the end to catch it, there's a number of things that basically that can go wrong. so you have to be really careful before you start to pushing, pushing pushing.

Because that's why people, if you ever feel worse after NAD, you are not ready for it. This, they pushed you too fast, too long. You had too much ROS.

you basically smoked up the cells and you blew up, blew everything out. Not good. That is not, it's not detox. And so when a clinician says that to you, they're being lazy or stupid, to be honest, and they don't want to take responsibility that they've pushed too much energy through and you couldn't handle that charge.

You know, we all know if you don' have a, like, if plug something in and, oh, you just blew everything. We put too

many things in, now I blew a circuit.

That's what's happening, kind of. So you always start with the structure. And often you may not need anything else. We might microdose something like a MOTC because MotC is made by the mitochondria and it's a communication signal.

It's basically like cell phones. That's how they talk to each other. Well, if the Mitochondria has not been doing well, the membrane's damaged. little bit, like a micro dose, 250 micrograms, not this one, two, three, four, five milligrams thing that people are out there trying to tell you to take.

That's a very different dose. So the dose and the why, the, why matters to exactly why we're dosing it. I might bring my not seeing right away, but it's going to be at a different than somebody who's taking it as a pre-workout fat burner.

Like that's how they're selling it to you. Oh, I can lose all this weight with it, Maybe. Like, have more energy. I see that out there too. It's advertised because it's like, want more energies?

We can't see it. No. And it is a very dangerous concept of what's happening. So that's where we start first. That's the hierarchy. Then you have to look at the things, the terrain of the cell and everything else, right?

That is where the light, that the nutrients, you got to start with the diet, minerals, are you able to digest and absorb what you're eating? And so we have Are you able to make stomach acid?

Do we need to support that? As though, do we have fatty liver? Are we unable to take bile? You know, as a leaky gut, are we not able, you know to absorb things?

That's why you have to slow down and you can't just chase stimulation. But we are very addicted, at least in America, to stimulation and chasing a high and a fast result.

Well, you might feel okay for a little while, but that is not the same as actually having long-term health, going for longevity, having, health without the negative consequence.

You're not looking to feel just good. you want to actually be functioning well. So that's like the beginning basis. And that why we have, so then you look, I look at the molecules and I classify them as to what they do.

I'm like, is this a structural molecule? Is this transport molecule, Is it an electron mover? How does this impact voltage dependence? I mean, hormone replacement changes voltage.

This is a voltage game. And so you have to understand voltage and electricity to help the mitochondria. If you don't understand that, you think it's chemicals, You don' understand it at all.

You should probably not tell anybody to take a supplement if you do not know that CoQ10 is actually It's not actually a structural molecule. CoQ10 helps move the electron.

So it's actually going to increase voltage, even though we do need it for structure. You have to know when you're bringing it in and why. I teach an entire 15, 20-hour course at Hepatite University for clinicians on this and how to sequence just mitochondrial repair and all the molecules that go into it.

Resveratrol matters, B12 matters. CoQ10 matters L-carnitine matters red light matters hyperbaric oxygen matters oxygen supplementation matters hydrogen matters you know what I mean?

Like where are you putting it? Well, what job is it doing? And you cannot just push energy. You can't go for voltage increase before you deal with structure before your aware of redox potential.

That's why things like molecular hydrogen are so great because of Redox. You know, so every molecule, ketones

help mitochondria. There's lots of things that are helping mitochondrion, but why?

What's the problem? So when you ask that before, how do I know? Because there's, you got to say, are they hyper polarized, hypo polarized? Is there a blood test for this or do you, and are there questions you asked?

is there something you observe? Okay. So there are some, there, now they're trying to come up with these mitochondrial tests. I so far am not convinced any of them are actually effective.

I'm hopeful that we will come out with some things, but some of the definitely seem a little bit more marketed and gimmicky. I look at the DNA, so I do get, when you do a DNA test, if you're going to do that, the haplotype is what it's called.

It's the maternal haplo-type. We'll tell you a lot. So L0 is considered the starting point of all mitochondria DNA. And then there's L1, L2. Basically the theory is that what Wallace came out of is he is the world's foremost mitochondrial expert.

that we were more of an equatorial people. And as we started moving and migrating, our human DNA does not alter quickly at all. There's basically no change ever in the human dna whatsoever.

So the idea of like Alzheimer's is genetic or cancer is generic. No, it's not. Now, mitochondria play a big part in this. because they have their own DNA, they adapt and change very, very quickly.

They are extremely sensitive to light. they are sensing light and electric electricity and magnetism all the time. Yeah. How did they know? I want to tell you about their mitochondria.

So the step one would be a lot of people have done their DNA test. They've done there, you know, whatever that 23andMe or Ancestry.com. Go back to that report and you probably didn't pay any attention to your haplotype.

Find that haplo type, right. I'm an L1. There's a very, I guarantee you, probably you are not. Somebody who is L0, L1, and L2, I am deep African. That means the women in my family are black.

I'm an African-Pakistani-Lithuanian. Well, the white genes came from my father. So the body, literally the egg throws them away. It's the mitochondria.

And I don't need you, it only goes from the mom. My mitochondrion need a ton of sunlight and I do not need to have a lot of cold because you can take your haplotype And at this point, because of chat, GBT, Claude and Grok and everything else, you can say, here's my haplotype.

Can you tell me what this means in terms of how much sunlight, heat and cold exposure I need? Like cold plunging is real big and popular and called exposure, right?

Being the way my mitochondria function, they, 60 degrees feels free. Because I'm not from Sweden. The further you go north, the letters that they change, and it said, listen, there's no cheetahs here to run away from.

She doesn't need that much ATP, but they need to be warm. Those people's mitochondria do something very different than mine. They leak heat, they're not efficient.

Like we don't need to sprint. You don' see a lot of Swedish people winning sprint races. There's a reason for that. The mitochondrion are different. And I need a lot of sunlight, I don't need heat, my mitochondria make energy so I sprint.

I run. Now, when you take a person who should live in Kenya and you move them to Northern Toronto, Canada, It's a huge mismatch from that mitochondria, from the light and the heat signals it actually wants.

So whenever you see lots of Indians move to Canada and they end up gaining weight, they ended up diabetic and

all that stuff, and feel like, I don't understand.

It doesn't make any sense. I eat the same and my friend is thin, it's because actually where you You should live and where you live play a huge part in your mitochondrial health.

So it's a really important thing. Honestly, if they have that test, throw it in chat. Now, not everybody can pick up and move. I get it. It's why I moved further south to Florida.

My body, my mitochondria and their health are dependent upon the light and the signals I give it, and it is dependent on the EMF. Everybody though, is your mitochondria is sensitive to EMF, non-native EMS, so your Wi-Fi in your house is killing you, your light bulbs in you house are killing, the radio signals, all of that stuff because they disable and break mitochondrion.

So anything you can do to protect yourself from that, there's clothing you wear, special sheets. I have special shirts, clothes, hats, underwear, bedding.

So many devices in my house to basically push out unnatural EMF so they don't displace and break. The little transporters inside, one at the end that's really special that needs to spin, and it knocks that and breaks that motor.

EMF Exposure and Practical Protection

We call it a motor, a nanomotor. It breaks it. You can literally pulse the wrong frequencies at a person and just disable all their mitochondria, and they'll be dysfunctional.

So this is where some of the frequency weapons are actually derived from is to damage the mitochondrial. That's how you get destroyed. People feel this at varying degrees, right?

And it's the load, the stress and the trauma and toxic exposure and infectious burden. When you have a lot of that, you feel that EMF exposure, I think, more.

Basically, my clinical experience is what I've seen, people who can't bring their cell phones close to them. because that load is so high. And then other people are like rolling their eyes, like, what are you talking about, Dr.

Ramco? This is, I'm not sensitive to EMFs. I never have to worry about that. So how do you square that, especially when you have maybe a couple and one of them is really affected and the other isn't, how you give them this information in a way that feels digestible and actionable?

Well, it's very easy to fix a house. I mean, so I just have a variety of products that are like, listen, these are one-time purchases. We're just going to make some modifications to how the house is.

Then it is done, and you don't have to think about it anymore. And I basically stage things like month one, let's handle the lights. And the bedroom. The bedroom is most important.

We go up to the bed first, because you're going to be in the room. Turn the Wi-Fi off at night. That's not hard. It's that rock of science. Your husband can do that for you.

Simple things, like I start with the sheets in bedding and the lighting in bedroom, I see what they can handle. I do pace it. Listen, we've got a list of 25 things to do.

Nobody can be 20 at once. So we're gonna see what the pace is for you. Doc, I got five done this week. Okay, then move on to the next one. That's all, everybody's gonna do a little different.

But the most important thing, if you got somebody who's not bothered, good, i'm glad it doesn't bother you, it's no hard to get a couple, a shirt, underwear for your wife, little cap, blanket for her, turn off the Wi-Fi, change some light bulbs, this is not hard, doesn' t affect your life at all.

Right? Now when I bring out the red lightbulbs at night, guys are like, This Dr. Rimcup brought red light bulbs all over my house. It kind of looks like the house of Satan.

And it is a little strange when your whole house lights up red. So my whole houses red at night and you look for me. I've driven up and I'm like, wow, that does look that doesn't look kind.

Of creepy. But from the outside, they're like what is she doing? I know. Orange spectrum. That's really warm and it feels good. Is that potentially a.

Little bit easier for some people to recognize? So we have, so like you can see like I have multiple glasses all over the place. I can buy my 15 pair of red blockers, I've probably bought and wearing a pair glasses.

This is not hard. We can start right there. First thing, we're just going to get you some glasses and you put them on and even when the sun goes down, the one who's affected, now I want the other one to put him on too, but whatever.

I've probably given away three or four thousand bread to every kid that comes to the office, right? If you're gonna watch TV, if you let them watch something at night, these have to go on.

That's the new rule. And parents just, you know, they blame it on me. Dr. Remke said, I'm like, yep, this is the bad guy. This is a new role. So you can always blame on it me, and I am always fine with that.

So that's how we start. We just start with things that it really then becomes just the way it is and you don't have to think about it. Then we, you know, when they travel, there's a hack for all of it, honestly, it's not that hard.

I have a whole course on it and I'm rewriting my whole website store to basically teach you this. Like, if this is your problem, Then these are the top choices, this second choice is this third choice.

So there's devices you can put in the house that will harmonize and protect. You can sleep on PEMF, and different price points. so you you cannot do everything at once.

you just pick the lowest hanging fruit, hands down, turn your Wi-Fi off at night, keep the phones out of the bedroom at And then I'm going to start with, listen, buying EMF blocking Haven, H-A-V-N, they have clothing, silver based, you know, it's really interesting.

It's part of the conspiracy theory group of people. And I was like, oh, that's interesting, because you what is a Faraday cage and blocks all the non-AMF is lead paint.

It sure seems interesting that lead paint was banned at the same time they started raising all the electricity and the radiation in the environment with cell towers.

So you can buy special paint, they try to keep the lead out of it, that you could literally paint the bed. We've had extreme cases of really electromagnetic sensitive people and their bedrooms are completely turn into a Faraday cage.

So we have this safe sanctuary, definitely all night while you sleep, but it's also a place they may need to retreat to throughout the day. And some people have had it so severe, they've had to move.

I mean, having this and living in New York, in Manhattan, might be a major problem for some. There's places in the world where it is highly restricted and people go there for refuge.

We try to avoid that. If we can repair the mitochondria, and get things going, you don't have to become a victim to any of this, but there are some basic things you can protect yourself from.

I want to shift to peptides because you're such an expert in that. You literally teach clinicians about how to use

peptide in their practices, and you've been at this for 15 years, way before it was cool.

And it's getting an enormous amount of attention in the popular press right now. And particularly in longevity medicine, just yesterday I had a patient come in and she's like, so should I be on the peptides?

And my response was, okay, we're going to need a minute to talk about that. Also, what is your goal with the peptides, right? There are great peptide for weight loss.

There's some great pep tides for gut repair. There's some peptides for cognitive function. They work, you know, at some level for some people, but they're not a slam dunk.

And they really belong in the context of everything else that we're doing. When some random person messages you on Instagram and says, should I be on the peptide?

How do you respond? Take my course. That's what my response is. Take a course from somewhere. Learn more. Yeah, you have to learn more. And so here's the reality.

I wish I could say, talk to your clinician and get help. It's same as saying, talked to a clinician about HRT. Good luck with that because we're not trained in it.

We have a very, very small group of people who are then trained to use peptides, therapeutic peptide. So there's a couple. Let's talk about nomenclature, naming to begin with, because this is what I find is super confusing for people.

When we say peptides, people think one thing. So I'm going to be really specific. therapeutic peptides, but I'm going to say therapeutic peptides is its own classification and own division of peptide that are used therapeutically by clinicians.

And actually most of them come with 50 to 75 years of clinical research behind them. So this whole nonsense that there's no research, the fact that maybe an American study hasn't been done doesn't negate the 500 Russian studies.

Okay. People don't understand that science doesn' share. The lay people find that out, they go, wait, what? I'm like, oh no, there's no sharing. We don't talk to other countries and do things and it's a very bizarre landscape.

Google Translate has come a long way in the last few years. When I started 15 years ago and we want to talk about the Russian stuff, it wasn't easy. This was very hard.

I wish I could bring up some of the group chats of 500 docs going, I don't know. I ordered some because somebody helped me figure out the dosage on this because we didn't have all that, right?

It's a whole lot easier. So we have therapeutic peptides. And of those, there's about 5,000 that are used quite a bit, and we a lot of data on actually.

But when you break it down to it, There's like 25 that everybody kind of really uses, maybe 50, then we'd have the bio-regulators, the kevinson bio regulators, which are peptide as well.

But that's over there. Now, when you say peptides, people now what's happened because it's become trendy and this all happened post 2020, that whole thing.

And we were all using therapeutic peptide and we all had no problem using them and all of a sudden everything was gone overnight. We're like, why can't we get anything?

What just happened? what's going on? Oh boy, because they work. They're super potent. And we won't get into necessarily why that was, but that the pinnacle moment.

Because they were taken away, things went underground so much and all of us started being so loud. I was on at least 150 podcasts. If you were talking about COVID and the jab, There was a lot of noise and a lots of us were the outside docs that were a few people who'd been trained and used them and we all knew each other and, you know, this was no secret.

We all shared information and no one was very cooperative like a bunch of mitochondria, right? So we were all trying to help each others win in practice and help patients.

That's the primary goal. There wasn't anything else happening. Now things went underground, kind of like prohibition. And so it was like, well, it's illegal, we can make a lot of money or we just can't get it.

So like company and people, a lots of opportunistic moments happened. Lots more companies came and now we got, now, were in the wild, wild west of what we're at where there's a of scamming and faking.

is a term because they know they can market. And this drives me kind of nuts. I really, people are at a, I feel bad for the consumer. So they pop peptides, not collagen peptide, you know, this peptid, and people say, we have, like, lots of things are peptids.

Insulin is the peptidae. But it's not really a therapeutic peptiide because it is hormone. It's a hormonal peptidi. Let's say what this is. Peptides are just mini proteins.

That's all it is. It's taking a small piece of a protein. You put a bunch of little Lego pieces together and you put, a whole bunch, put 300, you got a steak.

Got a, yeah, meat. So you've got to protein, we take it down to 20. Okay. Now it's a peptide. I take to a hundred. That a polypeptide, You know, We just changed the name, but at the end of the day, it a lot of amino acids.

Okay. And, but when you eat food that have amino acids in them, you make peptides. The body is making the greatest peptide company in the world is between your ears.

It's called your brain. it is, making all of them. Your stomach makes them that they're made all over the place. So the vast majority of therapeutic peptids, vast, majority, not all are just replications made in a lab of what the body.

Look, the body makes GHK copper. Maybe they don't have enough or something happened. If we make it, we give more of it to them, it'll help the bodies heal, because GHk copper does this healing thing that we know what it does.

Great. The same is insulin. So the first one we ever manufactured, and we could figure out how to synthesize, was insulin, which saved a lot of people's lives.

Therapeutic Peptides and Clinical Caution

That's a very big peptide, but it is a peptides. So at this point, people are getting scammed and they think, oh, I take peptides because I took collagen.

Yeah, collagen peptide is not a therapeutic peptid. It is going to do remotely what you think it's going do and what your seeing on Instagram, TikTok, Facebook, or whatever you're seeing, right?

So we have major classifications, grouping of peptides. We have the regenerative healing peptide. Many of them are used in gut health because we, but they're used many ways, joints, hair growth, all kinds of things.

But they are repairing. That's its job, right? We a whole classification that help you make more growth hormone. which goes home and does a whole bunch of things.

We have a bunch a brain peptides. Right? We had different classifications. we have things that are organ specific and things are systemic, but most peptide are what we call pleiotropic.

You put them in the system and they have widespread impact. But because it's something the body understands, it just a signal. It's basically picking up the phone.

Hey, I've been watching what you're doing over there in a shoulder. And it is not working well. Now I found they can tell you what to do. I need you to grow more blood vessels.

Okay, great. And it goes in there and it does it. It's going to figure it out. So if you're doing, let's say, peptides, like a… Let me think of a common one.

Oh, GHK copper. People, this one, it's the skin one is the pretty one and that's what people think about. But I always use it for gut health. We're always repairing because people forget your intestinal lining is skin tissue.

It's the same, right? So the things that are going to fix your gut do fix you skin. And that's why so many people, we have to start where we start. I know you might care about that mark on your face, but that is not the most important thing your body cares about right now because it cares a lot about digestion.

absorption of nutrients, and it can't do that with the ulcerative colitis that's happening or whatever, let's say. So it must fix what it It's this fine dance of, it's like, peptides are the sprinkles on the cake, right?

But you do need to make the batter and make a cake and the layers and do what you have to do. However, sometimes I need a little bit of sprinkels to even help us be able to the make batter.

And things like that would be, let's say, gut health. or something that is if most of my patients are coming in with some type of mental illness. So if they're in high anxiety, high panic disorder, I would much rather use a nasal spray peptide than a psychiatric drug than tranquilizer.

to give them some immediate quick relief and some sense of safety and bring hope into the system and start realigning but letting them know right this is not you don't just take this we're not just looking sea-link as you know as the answer to your anxiety problem.

We have to get down to what is the real issue because as you know, that could be coming from a strep infection or a staph infection in the brain or copper toxicity or mold illness.

I mean, we have figure out why is that happening? I may have used a peptide as a quick short help and in that process teaching them 12 years ago, I had to tell them I'm giving you a Nobody cared.

They don't care if it's GABA, Ashwagandha or C-Link or BPC. They don' care. they just want to feel better and get better. Now they're asking, which is a double-edged sword, right?

Because now we have to say, well, in my opinion, I wish everyone had access to a certified therapeutic peptides clinician and they And you get, let them be, make the clinical decisions of how to bring them in, how layer them.

Cause sometimes you're going to them right away, but we're gonna stack in a certain way. If you dealing with Lyme, like, man, you want to these in right way because they're super strong at helping the body deal with this.

We have immune modulators that are so much better. Modulating is a different word. It's letting your body go, well, I'm just going to autocorrect. I need to turn it up.

Then you turn down drugs. Don't do that. Drugs are push it, up or push down. Like you take a blood pressure. Push it down no matter what, even if you're going pass out.

That is not going happen with a peptide. But it doesn't mean you may not have a discomfort or a reaction or something that doesn' feel good. Because if you just suddenly push someone's immune system too strong and it starts working and then starts killing things and you don't have proper drainage or detoxification pathways, you're going to auto intoxicate and It doesn''t feel Good.

So there's a lot to that. It's little tiny baby protein. Most of these are just a version of what you make already inside. We are synthesizing them, so people say, oh, but it's synthetic.

So is the candy bar you just ate. I don't think you understand what synthesize means. Insulin is synthesized. Estrogen, testosterone, we have to make it in a lab.

We're not extracting growth hormone out of dead bodies. They did that before, remember? We used to extract hormones from cadavers and inject them in people.

That's not, you dont want to do that anymore. I mean desiccated thyroid, desicated brain, and glandulars are a thing, but this is different from that.

But that's actually bioregulators, we are synthesizing them. So you're not having to grind that up from there and then clean it. It's just an amino acid sequence.

put it together that way and there it is. And every single time it does exactly the same thing. We know exactly what it's going to do. This is its point and purpose.

So I love using them. I like, but you can't, you have to go low. You have go slow. you need to stack them a certain way. Um, I'm, um, struggle with, educated and empowered people knowing they are sovereign over their own bodies and they should not be dictated to or told what they do or not do with their bodies.

What I'm seeing people do on their own with peptides is frightening right now. It's frightening. Well, and it could be traumatic potentially. So I want to talk about stress and trauma, this distinction between stress in trauma but also just connecting the autonomic nervous system into this conversation because that's also something you really focused on.

You talked about using some ceiling to calm anxiety and that many people who come to you have a trauma history are experiencing stress, maybe even a medical trauma, history, right?

Go trying to get through the conventional system and banging their head against that wall for years and feeling sick. So there's so many different experiences of this.

And I think sometimes people think trauma with a capital T that ACEs score is high, that childhood trauma score as high. But there can be other ways that we arrive at stress and trauma affecting our mitochondria, affecting or our nervous system, of course, but affecting your physiology.

It sounds to me like that's really part of the cake batter, right? That isn't the sprinkles on top, but really, part the foundational support that you provide patients.

So how do you do that? I do a talk and it has pictures. And I feel like it's so much easier to show this with a graph because people visually, I'm like, okay, let me show you the four things.

So obvious. And I mean, I've had people, audiences of two, three thousand doctors, literally people call me crying because they go, finally get it. So my point is trying to teach them.

I'm like, listen, so many of you are very unknowingly and unwittingly, unconsciously actually stopping your patient's healing because you don't understand the difference of what you're seeing.

Let me explain it to you so then you understand. You're not making the problem worse, but I'll explain the biology of trauma and how this happens. and the distinction between stress and trauma, and this distinction as well.

So, yeah, big T, Big Trauma, death, physical things, rape, all kinds of things can happen. Just because a thing happened to you, though, doesn't mean you actually are traumatized.

That does not guarantee that. I can show you so many patients that had all kind of thing happen, they were not walking around in a traumatize state at all.

That's a part of a history. It's kind of like saying, you know, once upon a time, Heather, my hair was past my knees. My hair is long my whole life. I had long hair once.

Uh-huh. And now I don't. What about it? And so for many people, yeah, oh yeah. This happened, blah, They have allowed that process to move through their bodies and they are no longer holding onto it in any way that is causing any, it's just a story they can tell.

It doesn't own them. Many people, however, small things can happen and it leads to them being in a state of trauma. The significant defining factor is the strength, quality of their mitochondria.

And this is why. So, and why this matters for all of you listening. You cannot heal anything if your body is in a fight or flight. High anxiety, high sympathetic state.

The body cannot do the two things at the same time. Yeah, it's not a healing state, right? We've artificially and arbitrarily, because our brains need to do this, understand things, turn the autonomic nervous system, which means automatic, unconscious.

You can not really control it, even though you can control a little bit of it actually yourself. And so we split it into this fight or flight, or rest and digest, restore.

So I think we would say rest or digest. Rest, digest restore, heal. You gotta like, the heal, that's where it happens. We really should be walking around like that, probably 96, 97% of the time.

you should in what's called a parasympathetic activated state. That is this very wonderfully joyful, it's not, many people think of that as like it is resty and you're sleepy.

No! It's active, it's relaxed. You know what you have to be? We have a very unique thing that we do. All mammals do this. Very unique. It requires face-to-face contact and eye recognition, back and forth.

And it requires movement. it is a thing called play. Every mammal does it. We are looking at each other in the face, we are moving, and we're checking eyes.

I think for people who don't understand, watch a bunch of five to seven-year-olds play tag. It's just, they're all, or even I like to watch a bunch of, watch five-year-olds play fight, watching them wrestle.

And they are checking this constantly to check, are we still playing? Are we good? Actually, we're going sympathetic and we about to get aggressive and try to hurt each other.

So it's a very quick flip that can happen. I mean, probably all been there when you see, oh, that got serious real quick. I've seen my brothers doing, oh boy, now they're really fighting.

So there's a switch that can happen from parasympathetic bond, relax, lots of energy, joyful, to no, and it's very quick. It's reflexive, unconscious, it happens.

And it is wonderful that we can flip that quickly because it protects us. it lets us see danger. Neutral is that parisympathy state.

Stress, Trauma, and Nervous System States

Its not asleep. its aware, its actually happy and fantastic. Relax but alert state Yes. It's fantastic. Many people have never felt, to be honest. For listeners, we talk a lot about craniosacral therapy, and it's how I feel when I get up off the cranio sacral table.

Not a massage, right? After a message, I'm like, sleepy, really relaxed. But with a great cranial sacro therapy session, i feel relaxed but alert. I love that.

That's what I do with chiropractic adjustments. This is nice. I would always get adjusted before games and I played a lot of sports, college sports. And I was like, woo, let's go.

You know, it's fantastic. Very, very centered. Imagine we're out in Africa and we are on the plains and the wispy, the grass, there's a whole bunch of gazelle.

Okay? And they're eating, they are chill. They're in their parasympathetic, you know, their chill, we're eatin', life is good, oh, look at this, I hear the birds, da-da-dah.

And then somewhat, one or two of them hear some rustling off in the distance. Those one of two ears will perk, suddenly there's activation, little bit of activation.

We call that state one activation energy must rise, energy in whole system, the perk up, And then by doing that, they alert the whole team, hey, be aware.

Okay, we got it. And so they go like, ah, there's nothing. Let's go back to eating. They do not go to neutral, however. they stay in state one activation because in case they're wrong and something is over there, They've got to be able to move into state two quickly.

So we're in State one and we actually go, We have this biologic, it's a physiological trough that we can sit in that takes very little energy for us to kind of sit there.

It's, a little bit ready to go. It doesn't really feel like a lot of anxiety or anything. It's like, well, I'm up, i'm just ready. No, it's okay. Just keep doing your thing.

But I am checking like this. Next thing you know, they're doing their thing and in comes the lion and everybody's… So instead of going from one zero and having to skip one and go to state two, there they are already halfway there.

it's just a little bit ready to go, but not a big deal. Then they pop up. State two activation is, again, a sympathetic fight or flight panic. It's all out running.

Those gazelle have to take off like nobody's business. They cannot sustain this for very long. it is short lived to sprint out 100%. So that's what people would look at as a panic attack.

Actually, people say, I was having a pan attack eight hours. No, you were not. that it's possible. You can't physiologically do that. So they'll misinterpret sometimes what they're saying.

But this low level anxiety, they say, man, just a little bit nervous, a fidgety moving around. And what will happen to a person who stays in state one real long is like, let's say a car horn goes off or they will be jumpy.

Oh my God, their nervous system reacts a lot, even if they don't go to like panic, but they're very reactive. They might yell at people more. Like, oh, I'm so sorry.

You find themselves angry at lot. So this can be a little bit of sweating, warm energy, muscle pain. As we're state two, it can headaches, hard time sleeping, irritable.

That person, they know they are on edge, tight muscles. It doesn't have to look like a panic attack, let's say. But that's state 2 activation. So the nervous system is putting out a lot of energy.

What's inside the nerve system? Mitochondria? They're putting the energy out. It's your mitochondria doing it. Even when we say nervous, what's in the nerves?

Let's say a lion catches a gazelle. Okay, now it's got one. The group goes on, that we have a sudden moment and it can't get away, it goes down in the mouth.

Now we've gone into the nervous system, the mitochondria didn't win, The lion did. We had something stronger than the Mitochondria could handle. we are in state three trauma.

the distinction here is that, we go below the neutral. We've gone down, now the system, in an act of grace, and an active divine wondrance. The body floods you, it says, uh-oh, we're done, kick it off.

Force them into this low state parasympathetic thing. What you've basically done in a state three trauma is made the body drop down go limp, try to basically fake playing dead, but it actually does it chemically.

Give it a little bit of pain relief, let the system rest for a second because I got nothing else to give. I can't fight anymore. So, flood it with some opioids, give it some chemicals like, burnt out, just done.

What happens a lot, so what this is like. State two is hot, state one, anxiety, aggression, anger, it's hot symptoms. This is like putting a cold blanket on top of the hot person.

So you're still hot, but now you got a heavy, cold, blanket. That's depression. that's the beginning of some partial dissociation. In that state through trauma, you can walk around for a really long time, by the way, like this.

And you can easily jump up to state two if you get a little bit of repair. And then so you look like you have hot symptoms, you've cold symptoms. So you're tired, your fatigued, You're drained.

The idea of telling a state three trauma person to go exercise is kind of cruel. They're like, what are you talking about? Like they don't even know. Well, if your just would work out you feel better.

I don' know something meaner to say to somebody who's suffering in a State 3 trauma state, honestly. Okay, they look hot and cold that often is very commonly misdiagnosed as bipolar disorder.

When they're actually in a state three trauma dissociative state, that is a function of the mitochondria and nervous system needing energy added. That person needs energy to them as we're one and two, I have to put the energy down.

All right, so the lion has you go down. One or two things can happen here, and this happens in the wild all the time, it happens your life all time. The lion thinks you're dead and now it's bored.

It gets up and goes away. Oh, look at that. And it literally leaves. Uh-oh, can I actually get up? And when you watch that gazelle, it goes, its body goes through a whole series of tremors and shakes.

And it starts, this is why shaking, neurogenic tremor are so healing. It resolves its own trauma. That's why a gazelles doesn't walk around traumatized after.

it shakes its way out. Literally shakes it all off, starts repairing itself until it can get and run away. and it has to actually reverse that whole process to go down to those states to get to neutral again with its pack.

So that's state three trauma, giving that credit to what the animal looks like, but you're no different. You're an animal. It just looks different in life because you may have interpreted losing your job and you've got to lose your house.

That's often, people are stuck in a state-three trauma over this actually. it doesn't have to be what you think it is. And it can be physiological, come from lack of nutrition, can lead you to get here really quickly.

Like it's like why people eventually seem real fragile and they can't handle things. because they got unhealthy, now you can't handle it. And that's why my mom said, don't have the capacity.

It's like, my Mom at 81 cannot do physically, emotionally what she did at 45. She just can' t. You know, so, and I get it, like I protect my mother now.

Back then she protected me. But she told me that she doesn't live the same life. I said Mommy, why are you… She said Stephanie, Think about it, I cannot run a dog anymore.

I used to be able to run and the shepherd was chasing me, and I jumped over a six-foot fence. Now what am I going to do? It's going kill me. And I was like, you got a point.

So she doesn't want to go walk in the neighborhood because now she's afraid, right? She knows I don't have the capacity. But by not doing it she is losing more capacity, so it's horrible.

Well, here's the scope. Let's say the lion didn't let you go and it dragged you into a cave and four of its friends showed up. Boy, this is really done.

So that's when we have full dissociation. There's an absolute break and fracture. And this that moment where you will probably be flooded with DMT, a near death, death experience is happening and you may feel nothing, no pain whatsoever.

People who are walking around in a state four, full, dissociative trauma, they often think they're totally fine. They feel completely okay because this feeling numb, feels a whole lot better than that heavy, fatigued, depression, I don't want to live.

The people who are saying I want die, want kill myself, they're usually state three. State four, not usual. They're often like I'm fine, what are you talking about?

They are just completely dissociated, and they are not in their bodies anymore, They feel nothing. So they feel no pain, but they also feel joy, no pleasure, or no orgasms.

So they eat you, you're dead, kind of a thing. So this is where we have dissociative identity and other dissociate disorders and real severe trauma can move into here.

This requires making that connection from four to three, bringing connection. I think the perfect way to do it is you have somebody who's like you and me, who is dealing with the mitochondrial structural repair, getting the nutrition in there, getting light and everything, knowing we have to feed energy, feed, energy.

They are so depleted. And you have a very skilled trauma therapist that's coming in and helping connect. DBT is one of my favorite, but you must also work on the…

DBT, for our talk there, only trauma therapists I like. This state four, state three, they can't do something like trauma releasing exercises. They're too dissociative.

You don't meditate. Meditating through these people will make them worse. Like you have to be careful. People are like, oh, no, you're going to make that person actually feel worse, You're gonna dissociate them more.

So we have bring them into their bodies. Well, going from numb to heal, to reverse this. You have to go from disconnected to connected. And that first connection does not feel good.

It feels bad to feel tired and feel this fatigue and this much pain and everything. Then when I start to get someone away from depression, I move them above the line.

You got to feed the mitochondria to do this. you got get the trauma out of the body with shakes and somatic work. There's a lot of ways to it. Lots of bionic, lots of modalities can move it off your body, but you've got address the I also deal with the brain function with neurofeedback.

It's another thing. You have to deal as a nutrient therapy. you've got to run the labs and see what nutrients they need, how they depleted, get the zinc in.

I mean, you got do it all. And when the first thing they're going to feel on the healing is anger. So people sometimes think you're making them worse.

No, listen, I'm going use anger, angry people. That's some energy. I want the energy, so then I got go from anger down to anxiety. The thing that destroys clinicians, most practitioners, is when somebody finally is in the chronic state one, trough.

To go from that truff back down to neutral is going to cause an increase in symptoms. You have to have an increased up the hill to bring yourself down.

Too many people use distraction techniques all the time and stop this. It's like, no, you're using the tapping, the breath work, and you are distracting them from discharging what they need to discharge the activation, you're not letting them complete the process.

So it seemed like everything was going, no, You don't understand the physiology here. You have to be careful with these distraction techniques. We all need them.

If you are in a tough situation, then you have got to know how to handle your panic or your stress. But then, we have go home and get that out of the system.

And it's why the biggest healing, the patients, I'm sure you've seen this, things are going great, two, three months into whatever therapy you're doing, and then they think everything's great and suddenly at home out of nowhere, anxiety comes or the breathing gets better, they almost maybe even feel like they're going to have a panic attack.

Why all of a sudden? Well, because now your body finally knew it was safe enough and is trying to complete the process. is finally trying to take you from one to zero.

Now, I know that was a long explanation, but I think if people can visualize, you go up a little bit and there's a bit of a dip and it just holds you there for your safety.

This is not a disorder. But see, unfortunately, instead of when you go home, after the little fender bender or whatever that happened, you don't let yourself complete.

It's a zero because you distract yourself with wine, alcohol, food, TV, whatever. Instead of just sitting and letting yourself… I don' know, I remember I was in a car accident at 16, and when I went home…

I remember, everything was fine. I handled it, and all of a sudden, when I went home that night and took a shower, I started shaking and crying. And I thought something was wrong with me because I was only 16. You're like, oh my God, i thought i was weak.

No, my body was completing the process it wasn't able to complete at the time because i had to attend to the other person and the police and deal with it.

That happens all the times. So as you go home and let yourself complete the processes, then it no longer owns you. Maybe work with a professional who can help.

It is a process, right? I think that's step one is acknowledging that this doesn't go away overnight, that our bodies are physiologically processing this.

And a lot of times our society and the expectation is that it's supposed to be over, right? That's a thing of the past, get over it. But it has to complete the process.

You interrupted the completion, and that's all. So some cultures, they don't feel shame the same way. They're okay with crying, you know what I mean? And so it is a very different thing.

they handle it. So that's what's really going on is that process. Please know that all trauma is nonverbal. It's not about just talking your way through this.

Now, talk will become a part of the process, but most of this stuff is not verbal. You can't use a verbal technique to deal with something that is a non-verb.

Yeah. The spectrum of therapists and different interventions there is wide. I recommend that people reach out to a few or talk to others about different techniques.

You mentioned the trauma release exercises. There's EMDR, there's hypnotherapy. I mean there are so many modalities just within therapy. So a couple of personal questions.

Curious, what has changed in your own life as you've learned to think this way? Is there something that you believed 15, 20, 30 years ago that was essential for health and longevity for you, that now you do differently, you practice, see differently?

If I could count how many ways I was wrong. Well, I'll say two things. One, for the more left hemisphere minded, had a huge shift on nutrition, diet, nutrition.

I'm very strongly, was a vegan for 12 years and didn't realize how easily I was manipulated by emotion into that.

Personal Shifts in Nutrition and Grief

And really I don't think there's anyone who's more disconnected from circadian biology and the rhythms of nature and land and in the glory of the nature than a So I had no idea where food was really coming from, how it was harvested, and how was it really done.

I have tremendous judgment and that really came from a lot of self-hatred and guilt. Most vegans are wrought with feeling guilty about something. And so I've had a shame that even I existed.

It's just a long story where my father robbed a bank, my mom was pregnant with me and went to prison. So, I blamed my life on ruining their family. If I never got pregnant, they'd still have daddy.

That's what a child can do to themselves. So veganism, vegetarian ways, horrific. That was a huge mistake. So I think for longevity, I Think animal-based, you are an animal.

It's very hard to turn broccoli into a human brain. You want to have a healthy brain, You need a tremendous amount of omega-3s and saturated animal fats.

you want a least amount Of polyunsaturated fats as possible. so I'm extremely animal based and that's where I try to get everybody like Nope. Eat more steak, eggs, have salmon roe, oysters, you know.

Live that good life. So that's one. The other thing quite significant would be about how the mitochondria and trauma and how this is really a connection issue and knowing that even emotional things are going to take a highly physical role on the body.

And just personally what happened, because we're at two years ago now, I guess, and that is what I wrote the book about. sort of, I wrote the book, Receive, basically about the kind of classic patient I have of special needs women, parents who just were not taking care of themselves.

And they coming in afraid one day of dementia, Alzheimer's. I'm like, well, if you keep doing what you're doing, you have a high likelihood of creating it because you are creating right now with every behavior and every thought you

had.

So can we please talk about this? And I find people cannot get better if they don't learn that they deserve to feel better. I don't know if I ever would have gone to the place of understanding like how everything that's happening in the body and for me is always at my highest and best interest.

And two years ago, you know, the love of my life, my boyfriend I was with for four years, he went into heart failure, had a heart transplant and six months after that he died in my arms after 30 some days in ICU and hospice.

And in that space, it was the entire time as it happening, I just fell more in love with him. I adored him more on this ventilator and I knew everything was going to be okay.

And I know that it's time for me just to help open the door so he could go home. Certainly 20 years ago, I couldn't have embraced death in such a way and saw that it was so beautiful and so significant and that this was a part of his story and his journey.

And I was, it, was just an honor to be there with it. So it's a, part, of that we're all. I'm so sorry for your loss. Thank you. It's just all a part of the journey.

And I think knowing it doesn't mean living forever, but I do know he had the best last four years of his life. He got what he wanted until the very end, and it's not the end for me.

That time and be okay with how fatigued I was for months, how exhausted I, was and going through like, wow, I know I've teach people on this, But now that I'm feeling it, it It was an unbelievable gift to go through knowing what my mitochondria, like they're damaged.

And all I did for four to five months was focus on gentle mitochondrial repair. I knew that's all it could do. Like I could barely eat, I can barely sleep, but I was under red lights.

And after about four months of being so isolated, I realized this isolation is killing me. Like I'm in a lot of pain, and I am not doing well. I got to get out of this house and let my friends take care of me again.

It is no different than mitochondria. So it is from that place actually that I actually started talking about mitochondrion in very different manner. And we're all part of this connected community.

And if we pull ourselves out too much, we are not going to do well. As you know in longevity, that is the greatest risk factor of aging poorly is isolation.

Yeah. Community and connection is everything. It is more important than your HRV, than you're biometrics, then your sleep or a dumb ring. Throw that dumb thing out.

You know what I mean? Are you eating dinner with the people you love? are you laughing? or are playing games? If not, let's start there. I ask every guest on our show here, what brings you joy at this stage of life?

Well, okay. One, I started playing tennis, so it's a whole new thing. I'm learning a new motion, which is good. Older patients learn to take ballroom dancing.

That's my favorite activity for brain health for someone aging. Well, friends, you know, community, I love traveling. I loved beach and the water until I moved to Florida.

So I've probably I'd been to about seven or eight countries in the last few months alone. Um, so I'm doing a lot of that, but I will say this, and I think it gets missed, not talked about too much.

And I do a lotta lectures on it for clinicians. as a modality of healing. And the greatest form of pleasure for adults, our greatest for a play is sexual intimacy.

So I think people are negating that too much. I happen to be the doctor that I'll ask about their sex lives and they'll say, I've been to 10 doctors in the last three years.

Nobody has ever asked me that. Michael, that's a damn shame because that where we're going. And I use orgasms as a tool for healing physical issues with people because too many people ignore that.

So I focus really strongly on relationships, touch, intimacy, and obviously you must feel safe to be there, especially women. And again, I wrote that about in the book.

I like a lot of physical touch a, lot a massage, a a play, lots of sports and sunlight with friends. That's what I spend a of my time and money doing.

Amazing. What an incredible conversation. So rich. I love this reminder that aging well is, it's not just about accumulating the perfect collection of supplements and therapies and biomarkers and biohacks.

It's about orgasms and mitochondria and doing things in the right order and community and connection and our brains and bodies, they exist in relationship to everything around us and stress and safety certainly, but also purpose, right?

Play, touch, connection, belonging, joy. I really appreciate your emphasis on that. And there's also a degree of deep sophistication in what you're talking about in terms of the biology and the physiology.

and I love this marriage of those two and analogies that you've shared today and how you brought it to life. Of course, I think everyone is showing up here because the goal is not about adding years to our lives.

It's about the life to your years. and building biological resilience to show up for that and be present for, that to think and feel like your example of your life story of losing the love of life.

I mean, what a profoundly impactful story for many of those listening who have either been through that or who will face that. So Dr. Remke, I cannot thank you enough for being here today and sharing your wisdom, your experience and your perspective, especially for the vulnerable.

Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review, and share this episode with someone you care about.

It's one of the best ways to help others discover tools and inspiration for aging well. To stay connected, get bonus resources and never miss an episode, head over to drheathersanderson.com and join my email list.

Until next time, keep thinking well and aging on purpose.