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

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Introduction to Sleep and Lung Health

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello everyone, welcome back to another episode inside of the Heart Attack and Stroke Prevention Summit and when it comes to heart health you can't think about you know you can't think about heart health without thinking about lung health as well and especially the topic of sleep apnea and I brought in an absolute expert as it relates to pulmonary health lung health and and of course sleep apnea and this is Dr.

Ulsogon Osseni, and I butchered his first name again, but he is an integrative pulmonary and sleep medicine specialist, functional medicine specialist, certified in functional medicine, and also an expert in mold, mycotoxicity, which we'll talk about as well.

He received his postdoctoral training at Harlem hospital with Columbia university and Montefiore hospital with Albert Einstein college of medicine. He has board certified in internal medicine, pulmonary sleep medicine, critical care medicine.

And he's also a certified practitioner in Dr. Richie Shoemaker's Mold Toxicity Therapies as well. He is a practicing lung and sleep specialist at the AlphaCare Wellness Center, CEO of Lung and Sleep Specialists of North Texas.

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

Oh yes. So yes, she's been in functional medicine for a whole lot much longer than I am. So she's the brain of the wellness practice. Yeah, I like to say the same thing about my wife as well, that she, again, opened up my eyes to health and wellness.

Sounds like your wife did the same as well. I know the brains are the operation. So that's all fantastic. All right, listen, let's talk. What is sleep apnea and how is it best diagnosed?

Well, let me start off with this. Let's do one thing at a time. What is sleep apnea? Awesome. So thanks for having me. It's a great pleasure. To be here with you, trying to provide as much information to pretty much everybody, because this is part of health.

It's been, you know, neglected. You know, we call it sleep health. It's alarming the impact for some farmers, the impact of sleep. existence in cannabis.

What Sleep Apnea Is and Why It Matters

It's really so profoundly important to maintain, you know, health, brain health, you know, mental health, art, sorts of impacts when we sleep deprived or having insufficient sleep.

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

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

And that leads to repeated oxygen desaturation. And when that happens, there's a cascade of things that follows, including stimulation of the sympathetic nervous system.

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

So our heart rate is increased.

We have blood pressure surges. There's increased variability of our blood pressure. When we're sleeping, blood pressure, the times during the stages of sleep where our blood pressure slow drops.

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

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

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

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

Okay, now we started off and I guess it was my fault to kind of dive right into sleep apnea. And then you brought us back into the concept of sleep. And as we all talk about, we all debate about nutrition, right?

What's the best foods to eat? And we talk about all these other topics. But is there anything more important than sleep? I mean, would you say that quality sleep right after breathing itself is the single most important thing that we can focus on?

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

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

There's cognitive impairment. There is immune dysregulation that goes on when we're sleep deprived. You know, we're not repairing so many neuronal cells.

And if somebody is deprived of sleep, Let's imagine if someone is deprived of sleep for more than 11 days. There's been some animal control studies that have carried that out.

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

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

That's where we're getting memory consolidation.

Symptoms and Types of Sleep Apnea

We're getting rid of toxins in the brain. So if someone is not getting enough sleep, you can imagine it leads to progressive memory loss. That's why sleep, insufficient sleep has been linked to dementia and brain fog.

and name it emotional, psychiatric, and cardiovascular disorders. So it's very, very pivotal for existence. What are the symptoms that people would experience?

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

Thank you for that question. A lot of times it's the bed partner that's gonna recognize some of the initial symptoms, which is snoring, disruptive breathing, episodes where it seems like they're not taking a breath.

That's what we call apnic events, you know, episodes where they're just waking up, choking and gasping, and very fragmented, disrupted sleep. They just feel fatigued when they get up in the morning.

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

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

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

Yeah, I would agree. You know, most certainly there more people need to be tested. So talk about obstructive sleep apnea versus central sleep apnea and then how much is their overlap between the two?

All right. So obstructive sleep apnea is when the upper airway is collapsing at night when we're sleeping. So the upper airway soft tissue just collapses and we're not getting enough or we're not getting any air at all, leading to oxygen desaturation.

Central sleep apnea. When we're sleeping at night, everybody depends on the brain to send signals for us to breathe. So if there's any disruption in that signaling, it leads to episodes where the brain just takes a break and we're not even taking, we're not initiating a breath.

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

And then in people that have arrhythmia because of the erratic blood flow to the brain, it just causes a lag and delays the brain to send a signal. So there's an overlap.

There's some patients that are very sensitive to heart therapy. They initially have obstructive sleep apnea and then we put them on a CPAP machine and they develop central sleep apnea.

The best way to understand this is It's like the PAP machine is sending a signal to the brain. You don't need to send any. Something else is breathing for you.

So the brain senses that changes in carbon dioxide and delays the signal to breathe. So we have people that have complex sleep apnea. Those are patients that initially had obstructive sleep apnea and then developed central sleep apnea after initiating CPAP therapy.

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

Mold, Toxins, and Central Sleep Apnea

Like they shut down, what is it? The reticular activating system that causes us to breathe. They actually shut down the system. Talk about that for a second as far as if you think that's a potential mechanism of central sleep apnea.

Like there's got to be something else in addition to what you said, but these environmental toxins, how they just stop the signals of the brain from working.

Oh, absolutely. So more than other biotoxins, they have the affinity to attack brain cells. If you do an MRI on

somebody that has a biotoxin illness, you're going to see multiple areas of the brain, what we call atrophy.

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

So when there's damages to those areas, Yes, it leads to central sleep apnea. So there's been some studies that linked bowel toxin illness to central sleep apnea and other sleep disorders.

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

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

What other therapies exist out there while we're trying to get healthy to get rid of the sleep apnea? But what else besides the CPAP machine do you think can be used and maybe specifically talk about mouth taping?

All right. So, yes, I agree with you. I mean, CPAP is still the gold standard. of treatment, but not everybody tolerates it. So we, before we get into mouth taping, so yeah, very in functional sleep medicine, we're focused on the whole patient.

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

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

So the main concept behind this is that if we tape them out, then we're forced to breathe through our nose. By breathing through our nose, breathing through the nose supports better airflow dynamics.

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

It would definitely help with starting population, but not the obese population. Okay, and what about oral appliances? Yes, that's been a lot of good data on oral appliances.

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

And by doing that keeps the airway open. So more data on oral appliance compared to mouth taping.

Treatment Options Beyond CPAP

It's used for mild to moderate sleep apnea in the non-obese population. And he has some of his own challenges about, you know, discomfort, causing misalignment of the, of the teeth.

But generally it's a good option for patients that have mild to moderate sleep apnea that absolutely don't want a CPAP or they've tried a CPAP and they just could not tolerate it.

What about sleep position? You know, back sleepers, side sleepers, stomach sleepers, what's your opinion on the best sleep position? Oh yes, so that's what we call positional therapy.

And we recommend that for all patients, whether mild, moderate, severe. So there's been a lot of studies that have shown that when we sleep supine, We have more airway, upper airway collapse.

So we try to avoid sleeping supine. We recommend sleeping on your side, face down. And also we recommend keeping the head elevated at least maybe 30 degrees or a little bit higher if tolerated.

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

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

Data at all, not in the sense of how it helps people with sleep apnea, but maybe just overall kind of autonomic. So I've seen some of the sleep mattress, you know, companies talk about some of this just, you know, it's just like that slight angulation of the bed itself.

Maybe talk about that. So yes. So just like I said earlier, when we have obstructive sleep apnea with upper airway collapse, there's twofold increase in sympathetic activity.

So there is autonomic dysregulation, and it cannot overrise the parasympathetic. So the higher we elevate the head of the bed, the less the airway obstruction, the less the sympathetic activation and the less autonomic dysregulation.

So it's been shown you need at least 6% elevation to actually get those impacts. Okay. Now, one thing that we sell on our website, we sell the, uh, the watch paths, which is an at-home test.

A lot of people, when they think about sleep apnea testing, they go to this, you know, sleep center. They go to this lab. They don't want to go somewhere else.

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

Oh yeah, they have their place and there are not many sleep labs around. So with technology, there's been a slew of different home sleep studies and they definitely have their place in patients that have a high pre-test rigs of sleep apnea.

And Watchpart is one of them. We have other ones. Basically, it will record your snoring, your breathing, your airflow, your oxygen saturation. The technology with Watchpart has been amazing.

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

So there's a big, big, big population of patients that will benefit from sleep study. and that's helped reduce the 60 to 80 percent of patients that are still not diagnosed because there's so many patients in the remote areas that don't have access to sleep labs and that's basically breached that gap.

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

Yes. Excellent. Okay. So I think we've really hit home well on the sleep apnea topic.

Home Sleep Testing and Diagnosis

And I think, you know, in conclusion on that, you know, as far as, you know, just, just get tested. If you've got any kind of medical condition whatsoever, just make sure that you are tested for sleep apnea.

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

All right. Talk to me about other lung conditions. Let's talk about pulmonary hypertension, idiopathic pulmonary fibrosis, COPD, all these other lung diseases.

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

You have this, you have this, but talk to me about how you deal with these people. Thank you. So with functional medicine, you always try to go to the grassroots of what's causing the problem.

If it's just you were reading my background, I spent 20 years plus taking our patients in the ICU, and then it just got to the point in time that I felt like, yes, I get this patient stable, but I'm not addressing the underlying issues.

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

You have to wear different hats. So the way we go about evaluating patients with pulmonary hypertension, pulmonary fibrosis is just having a broad, broad view.

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

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

Functional Pulmonary Medicine and Root Causes

It causes pulmonary hypertension and progressive right heart dysfunction. So when we have a patient that comes to us with pulmonary hypertension, we're looking at everything.

you know, their body habitus, their lifestyle, is there a connective tissue disease, autoimmune disorder going on, is this, and the idiopathic pulmonary hypertension.

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

So with pulmonary fibrosis, almost the same concept, patients develop pulmonary fibrosis from a slew of different things. Some of it is genetic, Some of it is exposures to environmental different dust and asbestos and silica.

Some of it is post-COVID and some of the patients, it's basically because of what they have in their house, pets, animals, birds. So by doing a deep dive into their history, it helps us to basically know what cost it.

And then when we're treating this patient, we have a whole body view about it. We're definitely trying to optimize everything or the whole system that reduces the impact of the pulmonary hypertension and the pulmonary fibrosis.

So we're very big in lifestyle modifications. We're very big in using anti-inflammatory agents, antioxidants to kind of help reduce the effects of the disease process.

Wonderful. Wonderful. So listen, this is the heart attack and stroke prevention summit. So if you're looking to prevent a heart attack or stroke, make sure that you are getting tested for sleep apnea test.

Don't guess. Even if you think you don't have it, you, according to Dr. Oseini, the percentage basis, you actually are very likely to have it. Dr. Rossani, where, where can people find you and working?

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

Let me, let me get it up there. We were on Facebook. We're on Instagram where. So let me get up my phone number here. So it's AlphaCare Wellness Center.

AlphaCare Wellness. AlphaCareWellness.com. Yes. Okay. Very good. Very good. AlphaCare Wellness. AlphaCareWellnessCenter.com. And we'll make sure we put the links.

Yep. Phone number is 817-550-6332. And then we have for surgical line, which wants to get to our website, we have products that we use to treat a lot of this disease entity.

I mean, holistic approach to it. Yes, yes, yes, yes. Love it, love it, love it. All right, well, thank you for being on this episode of the Heart Attack and Stroke.

Prevention Summit. And I want to also let your wife know that we say thank you for converting you to the side of holistic and integrative. There's not many integrative pulmonary specialists, and it's just so wonderful to have met you and to have you on the team.

And thank you again for sharing this information with us. Thank you very much for having me. It's been a pleasure. Dr. Jack Wolfson, another great episode of the Heart Attack and Stroke Prevention Summit.

We'll see you with another expert guest on the next episode. Thank you and be well. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Closing Remarks and Contact Information

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