Transform Parkinson’s Care With A Collaborative Lifestyle Approach Transcript

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Introduction and Summit Welcome

Welcome to the Parkinson's Solutions Summit 2.0. I'm your host, Dr. Ken Sharlin. And today's interviews with the Dr. Cheng Ruan and Dr. Ruan is located in the great state of Texas, where he runs the Texas Institute for Life Style Texas Center for Lifestyle Medicine.

he I I he and this is actually our first time meeting. but I have been aware of his work for the last few years. He is really a true innovator. and I've known about his work primarily and how he uses coaches to educate patients, which is such a huge part of medicine.

But it's often neglected in the rapid fire fee for service practice. Now he's doing a lot more. Some really interesting stuff. So stay tuned. This is going to be a wonderful interview.

Dr. Cheng Ruan, thank you so much for being part of this Summit. Thank you so much for having me. This is, definitely a big passion of mine to talk about this.

So thank you for the opportunity. My pleasure. I, I again, I, I was I've been aware, of your, the Texas center for Lifestyle medicine for a few years.

few years back when Medicare introduced initially what they sort of called experimental codes or investigational code, CPT codes, to be able to bill for coaching services.

And our mutual friend, Sandy Sheinbaum, who has functional medicine coaching academy, and she and I were talking about how we can best utilize these codes.

And your work came up. I think I even watched a video, that you had done and was very inspiring. and so before we dive into some of the more specifics and your work with Parkinson's, I'd love to learn, a little bit about the genesis, of your of your clinic and really how kind of it came into shape to be a truly unique experience to help folks affected by things like Parkinson's.

thank you so much. And thank you for using the work experience. that's my favorite word. so back in, in 2015, when I kind of dreamed up I, this came to me in a dream, where that's that's the very beginning of my integrative health training.

Now, I've been kind of integrative minded for a long time. My mother's an acupuncturist and herbal specialist. and so even going through medical school, that was like my foundation, right?

So one of them, I'm sick. My mom looks at what I actually eat 24 hours before and and see what's going on. And so when I went through medical training, it was a bit disheartening.

to understand oh my gosh.

Dr. Ruan's Personal Journey into Lifestyle Medicine

Like this is what we're doing and everything is prescription and some things are kind of temporary and in the field of neurology that's where I got my training.

I'm like oh my gosh this is like 99% diagnosis and 1% treatment. And maybe the 1% works. We don't know if it works right. And so that really bothered me so much that I started developing pill rolling tremors.

those apps. So I've had multiple discussions. I'm a big 270 pound, six foot three big Asian guy playing football in

Texas, right? So lots of concussions.

And I had some pretty bad ones. And even in an intern year, I started developing severe vertigo, nausea, on a nightly basis. And, and once you see two people, first, I saw a cardiologist who said I shouldn't and Will Parkinson.

Why? Great. And then I, But I didn't have it before. And then, I ultimately saw a neurologist said, Yeah. You look like you have Parkinson syndrome. I'm like, what the hell?

So, and so but you know, I didn't tell anybody and, and I just kind of marched through, I was like, no, I'm not gonna quit in medical school or quit residency for this.

There's no way, went down this entire path up until I wanted to private practice and start realizing that the current way the neurological systems are being treated in the conventional medicine approach, not only is it not providing answers, it's actually creating burnout.

On the neurology side because they don't necessarily have all of these answers. Right? A lot of this let's test you and wait six months to see what happens.

Let's test you in six months. See what happens with medicine in six months. Right. The six month joke in neurology. Right. So what happens then, is, that that gave birth to this idea that there are ways that we can improve.

So fast forward a few years. no tremors. I did a lot of stuff for myself. Food, nutrition. exercise, different therapies, treating my sleep apnea, all sorts of different things that kind of went down, and that was fine.

I actually didn't have any issues. And so ultimately what happened is that, we ended up, in my private practice, having one of my senior partners, and he was kind of retiring, and I started adopting all these really, geriatric patients.

And I, I feel like a third of them actually had, like, this Parkinson syndrome diagnosis, really bad gait and stuff like that. Right? And there were just, like a disconnect, right.

and and I told people like this is my story and I was able to power through it and they're like, doc, I never heard of this before. You know, and so so the idea for Texas Center for Lifestyle Medicine came was like, well, you know what?

If we can create, like, Medicare programs that get people together and talk, that's all I want to do, get people together and talk. I'm not here to treat. I'm here to talk.

And so we created these group visit programs in 2017. And then our first group was with the end of Alzheimer's Protocol, Dr. Dale Bredesen. And then we had, online and in-person groups.

as part of our Medicare programs. And then we have Parkinson's number two and the multiple sclerosis just kind of went on that, and we started realizing that, when people are talking and then we think when they're in the field members, they understand the naturally start to get a little better, all right.

And their symptoms get a little better, because now there's a tribe where they're not lonely and isolated and which turn it into this massive project that I had with Medicare, trying to figure out Medicare systems and payment models.

And I got really involved in politics and the white House and stuff like that to analyze the current medical billing coding system, which now, you know, eight years later, we're doing really great, on these on these programs, on the foundation of like, health coaches and getting people together, just to have the voice.

So that's how I that's great. It almost there's a movie I sometimes talk about, that I love to recommend to folks and

it's called I am I don't know if you've ever seen it.

but it's on Netflix. It, it was, it's, kind of a documentary. And, the director writer had suffered from a traumatic brain injury. He spent a year trying to get better, conventional alternative things.

Eventually he did, and he's a major, Hollywood director who had done, some of the most well known comedy films ever produced. So he had, you know, enough resources to do things.

It was very altruistic. And he decided that, what he wanted to do ultimately was make a documentary. he felt, I think at that point in his life, when he started to write the script and, and pursue this documentary very bitter about the world.

very bitter about a lot of, you know, politics and, and, you know, the environment and all the things that bother people these days. and he had enough resources to talk to some of the greatest thinkers of the 20th century.

and he he sat down with them and he sort of said, what's wrong with the world? And what can we do about it? Right? But in the journey of visiting, you know, Desmond Tutu and his in the film and other people.

And it's a very funny the trailer itself is kind of tongue in cheek because, you know, these very, sort of, you know, people who are living in their own thoughts and things like that.

You know, they don't necessarily know this guy's movie says, you know, I'm like a really famous director. You know, my movie, it started Jim Carrey and they'd say, I don't know, that is, you know.

But anyway, it's funny in the trailer, but long story short, in the end it, you know, the message might sound a little trite, but it was, you know, because, you know, I know that in lifestyle medicine, we focus on sleep, we focus on nutrition, we focus on movement.

Building Group Visits and Community-Based Care

We do some mind body work and kind of get the sympathetic and parasympathetic nervous systems balance. But in the end, what they said is, you know, it's really about our connections with one another.

It's really about connection in the end, that allows us to thrive as individuals, that will allow us to thrive as a human race. You know, I'm a big Trekkie Star Trek fan.

So, I believe one day there will be a federation of planets, right? And there will be, you know, we'll all be united hopefully, hopefully one day. And I feel like I love that.

I feel like Ellen's gonna be the head of the Federation or something, so. Yeah. Well, so this then took you into the world of neurology and Parkinson's disease.

and you were telling me before we hit the record button that how you partner with, neurologists in your community, University of Texas, etc.? Because too often neurologists are caught up in that.

You know, I only have so much time, and I, you know, I can't tell you how many of our Parkinson's patients do not know how to take their leave a dope, but didn't understand, didn't no one told them, or even things as basic as the doctor just looked at me and told me I had Parkinson's and I said, there is actually some truth to that.

I mean, there's but it feels disingenuous. It feels like the doctor didn't really connect and really take the time. And what you've done is you've created a space for these individuals, it sounds like, so you can compliment what the neurologist does and you can open up right that word again, that whole experience for folks so they can truly take better charge of their health in their Parkinson's.

Right. So my my journey is this, and, I don't know if it's sound code or whatever, but, you know, in my view, I

actually serve the doctors more than I serve the patients.

And so, you know, physicians were at the mercy of what we're taught, right? Yeah. And a lot of my practice right now is not taught by stuff I learned in medical school or residency.

Right. And so, I think that we have to be careful of, like, the outcome. So a neurologist outcome is here. Diagnosis and suite of, symptoms management.

But people aren't looking for that right now. You know, people are looking for oh my gosh, how can I improve this. And what we're taught in schools are all there's nothing that can do to improve it, because we don't know there's anything that we can do to improve it.

Right. And so so there's this there's a conundrum here. And I think the conundrum is that if we're only looking at Parkinson's, for example, as something to improve but not a deeper foundation, what really is going on, we're kind of missing the boat.

So believe it or not, there was a really, unexpected way that I actually enter the Parkinson's world. as a practitioner, as dentists. Okay, so, I started work.

We started working with, dentists, because we had a contract from the VA. And at that time, early 2017, we had a, and they were giving us like, PTSD, brain injury, Parkinson's as a as a lifestyle medicine program.

And so, and it was for a very short while, and I realized that a lot of these people had, really bad biomarkers, inflammatory biomarkers, like age, CRP off alpha.

And, one of the first place I look with, with sky high is the teeth. Right? And I'm like, man, they have your periodontal disease. And we started with dentists.

And as their period almost got better or their neurocognitive symptoms got better. Oh okay. I'm digging deep into the to the literature. Well, yeah, there's actually a lot of literature on that.

The association of, of gum disease. But on top of that we start working with er with dentists that did devices and splints for sleep apnea. And it came across and interesting guy who's one of my best friends now that he's a dentist and he talks about how the epigenetic, sharpening of our or Scott over our maxilla amendable, over the years have been like getting smaller.

And he wrote a book on that for early sirens. And one of the about early sirens is neurodegenerative disease with the skull issue. So I'm, I'm like, you know what I was I was told I had I had these, obstructive airway issues and neural maxilla and saw my kids.

I'm like, okay, now how do I get my kids from having it? So that took me down this road of, looking at a neurological, input of the teeth into the brain.

All right. Through the through the maxillary branch to charge a little nerve, which moderates the vagus nerve. And that also took me down this path of this other diagnosis I'd never heard about in medical school, called the restricted oral envelope, a function which they learn about in dental school, where there are people who have, we'll call them, tell a strain in the who when it closed their mouth, and this downward chin and their heads being kind of pull forward.

Right. And this, this forward head posture and how that and how that really dramatically affects the autonomic nervous system. like hell, I had that. Right.

And so, and so what it what it turned out to be is I entered sort of this world of, like, neurological chiropractic. And, first I thought I just saw the crazy and then I then I paid attention and, and the head and neck and jaw interplay and the world of neurology is not talked about is not really it was really not taught.

But at the end of the day, these are the healthcare professionals who actually referred to us because I do, quantitative EEG brain mapping. for patients, we look at neurologic functions.

So they were sending patients to us for the brain. You know, I'm learning from them. And ultimately, we had a conference. Well, let's just meet together on one day, turn out to be two days and had a conference and realized there's a lot more to parkinsonism than we originally thought.

And so involved physical therapists, chiropractors, pharmacists also, involve dentists. and so. Right now, you know, in my other organizations, this is transmissions, too.

We're trying to, like, corral everyone together to look at other disease states. We got neurology down, got Parkinson's and Alzheimer's down. We're looking at other diseases like autoimmune disease.

And so this collaborative approach became some of like my passion because it is my story. I am the patient, you know, and I and I did go through and I'm still going through it. Right.

So it's not really the end of the story for me. and so the, the collaborative approach just in medicine in general is not really valued, because there's a secularization and siloing of different the medical specialties and everyone will stay in their lane.

And there's nothing wrong with staying in the lane at the end of the day, someone's got to advocate for the patient. And this is why I think health coaching actually comes in handy.

The health coaches are the advocates for the patients. Yeah. Yes. And I always say that, when people use the term holistic, are patients very often and they may mean like what supplements do I take?

I'm looking for a holistic approach rather than a drug. But I say look, holistic really means whole. It comes from whole, or it shares etymology with the word.

That means seeing how things are connected, seeing how things, how one thing influences another thing, and that we have to look at the whole picture and not just silo, as you said.

I'm just curious.

Collaborating with Neurology and Other Specialists

So, you've involved different professionals, dentist, physical therapists, etc.. So do you arrange for consults or how does that work? Yeah. So we actually help navigate the patients.

And on the care professionals, like we have education for them as well, with continued education. So we're, we're kind of on both ends. Right. and we help them kind of coordinate who to work with.

When, why and how. It is extraordinarily complex. But this is where health coaching comes in. The health coaches are almost like the case managers on the case.

Right. And, we have an entire advocacy program. I mean, I have one health coach. Her only job is is outreach coordinator. It's just outreach. It's other practice, which just full, full time. Right.

Because, there's no one person that has the answer to to all this. And they might have an answer for a brief period of time, but ultimately something else is going to come up.

And so, but the big benefit of what I do is, the collaboration itself, actually, since 2017, within the medical insurance model is actually a scalable business model, meaning that doctors get paid to talk to each other now since 2017.

But nobody knows what, because no one bills for it, right? Because it's kind of. Once again, billing is also siloed

away as an educational platform that only billers know about.

But that's what we that's what we did was we started seeing that, 2017 zero practice started. It's also the year where I learned about the collaborative, reimbursement.

I'm like, oh my God, I can work with doc, but the doctors have docs who talk to each other. and and that is actually that's my time spent on that. Another tool on that is reimbursed.

And yes, that's what's required for neurodegenerative diseases like like Parkinson's. Right. Absolutely. And and for folks who may not be in the medical profession, historically, as, third party payment for services has evolved, a lot of what has happened is what is called fee for service.

A doctor sees a patient, assigns a diagnostic code now called a, you know, an ICD ten code, and then a what's called a CPT code. ICD is for the diagnosis itself.

CPT is the procedure or the evaluation in the office. And that's typically how they get reimbursed. But what that does is it drives the practice, the facility, the hospital to see as many people as possible because, hey, do you see basically the more you get paid, unless you're doing big, expensive procedures like, you know, heart transplants or whatever.

but by and large, for those of us who use more intellectual energy in our practice than maybe, you know, doing things with our hands like the surgeons, it becomes a high volume proposition, which is really a problem.

It's a problem, of course, the patients are very well aware of how little time there provider spends with them. Or a lot of times they go to a physician led practice, but they don't even see the physician because frankly, it's less expensive to employ a nurse practitioner.

then the other component of it is, well, can we do better? And this has led to the evolution of what is called a value based system. And that's that's where the doctors are reimbursed more for getting better outcomes for their patients in the end.

So with that being said, I'm curious, because to do more of that value based practice, you have to track outcomes. You have to know what results you're getting with your patients compared to that traditional fee for service, model.

And I'm, I'm curious what what tools you are utilizing to do that sort of thing. Oh, absolutely. Thank you so much. so for the people listening to this who are not professionals, like one of the reasons why potentially Parkinson's, somewhat even even exists in the first place is because the medical system itself has some flaws in it.

And I think this is really important to understand where the future of medicine really is a value based system. And it's not quite mature yet, but it's getting there, is based on the value that you can provide for somebody, but it's actually a financial, tracking, the tracking lower number of your visits and lower number of hospitalizations and etc.

over time. And so what happens then? It's, it's paid based on the performance of how much we can save the country, money missing Medicare and, government insurance contracts.

and the more that we can save money as an outpatient, keep patients at the hospital doing a good job. And we're doing great. And so a value based system is powerful, but it's like I said, it's not quite as mature yet.

And we do have value based on trust and service. Contribute both. but it's, it's more I see the, the evolution of medicine. So, I kind of want to paint this picture to Sherlyn.

when I was growing up, my grandfather is a physician, and, he practice on the first floor. I live on the fourth floor. Right. We had a big building with four generations of my family in it.

In China, the rule of southeast China, right. And I grew up, and there's a line of people that are outside. And then

connected to the practice is our downstairs kitchen, and there's people around eating the wall.

They're actually waiting for my grandma while my grandma is cooking, but she's also using the Chinese herbs for the season. Right. And so and you have different people groups and talking.

And that was how the community survived as a whole. And so, and that's with the modern time. I kind of recruited that here at Texas Center for Lifestyle Medicine, where a lot of people in our value based contracts and fee for service contract both come together, and appear either on zoom or online or in person.

Here there's Tai teach you go mindfulness meditation. We're able to do all that stuff with the value based system, with insurance reimbursements. So it's almost like we made our own community center, if you will.

Right. It's kind of like the YMCA. Oh, that's wonderful. Except it's positioned right. And so, and so this is where I think medicine is going really in the future.

And this is a true holistic medicine. It's not just about like supplements or whatever it is. Right? This is the true holistic medicine is getting to the core of the community, because this is how medicine used to be practiced before the 1930s, like for millennia before.

Right is sort of the the community based system. So I do think that this shift, we already know that this shift is already saving Medicare money. That's how physicians and for people with Parkinson's, this is great.

Like people talk to each other, they know what it's like, okay. They come in, everyone got same gates, got same walk.

Value-Based Care, Medication Review, and Parkinson's Support

Right. It's okay. They coming in and some people are better than others. But end of the day, we value their human relationships and have them talk to each other.

And do we talk about the diet? Yes. Do we talk about supplements? Yeah, we talk about, movement. Yes. We talk about, stressors in life. Absolutely. We go from there all the way to neurofeedback and all sorts of fancy things that we actually have in the organization as well.

But it really starts by building this, this community. And I think that's the medicine that we're going to have to all go back to 100. You know, I've seen implementation of these value based systems and sometimes they're done, in a large, local, large hospital based, system where if you're plugged into that system, you get a tablet and, you know, you're the nurse practitioner calls you when they were cast with you and are you taking your blood pressure medicine?

Are you taking your cholesterol medicine or are you taking your leave it dope. and, you know, whereas I'm, I'm, I understand the importance of drug compliance and, and I see this over and over again that I'm not against medicine.

It's just that if that's value based off all we're doing is ensuring compliance. Yes, we are playing a statistical game that says if we get everyone who truly has high blood pressure on blood pressure medicine, we will reduce the number of strokes or heart attacks by X percentage.

But it also means that a certain percentage will go on to have a heart attack will go on to have a stroke. And I frequently have to remind my patients who are taking those long lists of drugs for metabolic syndrome that these drugs may be improving their odds, but they're certainly not preventing the, you know, the likelihood of the event all together.

And then odds are they're more likely to have the event than not from, numbered needed to treat perspective. But that being said, the. Problem with this is though, like, that's a big problem.

Parkinson's. Yeah. Because people with Parkinson's and parkinsonism, so Parkinson's disease, vampire syndrome, people with Parkinson's tend to be overmedicated on stuff.

All right. Is because their primary care doctor is like, oh, your blood pressure is this high. Well, a lot of people Parkinson's of autonomic dysregulation, sometimes low blood pressure at nighttime, their blood pressure is low.

So I would say over 80% of the time we have to reduce or even stop some medicines because under top table tests like the blood pressure dramatically drops.

And when they're getting up, right, that's only due with the Parkinson's. And so a lot of these medications are actually doing more harm than good. But unfortunately doctors don't have the full capability of getting that data.

But we do right. And so when we get that data will give us a cardiologist, give us the primary care, we'll give it to the neurologists. So you know what, we will work with them. All right.

And we work with them on the autonomic balance. This is where like breathwork, tai Chi qigong comes in where the unknown balance can be, better. Right when they get could be really much better opening up their chest, lowering the diaphragm, diaphragmatic breathing.

So that's been a big game changer to reduce medicines. Another big issue with Parkinson's and medications is that if someone has Parkinson's and they have cardiovascular, it's really hard to know what's not a side effect caused by their beta blocker or their statins.

And, you know, all these other medications. Right. And so there's a fine line there to trying to like, maneuver like what's causing by what? Okay. and I would say that whenever we look at these systems, yes, we do get the data, but I will tell you that nine times out of ten we're discovering their side effects, not in a one on one patient visit.

We're discovering it as they're talking in the groups. And since the doctors are moderating the groups, the health coaches and nurse practitioner, that modern interviews are like, whoa, whoa, whoa, time out.

You're you're experiencing what now? Let's talk about that. Who else has experience? And, people like raising their hands, right? Like, let's make a note of that.

Schedule 101. Right. And this is what's brilliant about getting people in communities is that people are just thinking, oh, I just thought that was my Parkinson's.

You know, it was like, it's, you know, it's probably a medication side effect, but they're not talking to anybody about it. But what happens is the pharmacist all right comes in, the pharmacist looks the review. The pharmacy is like, whoa, okay.

Well here's now the pharmacies are way better at detecting side effects than the MDS are because that's what pharmacies job is. They talk to the patients they have side effects with.

When the pharmacies look at it, they're looking at from their point of view, the special Parkinson's. They're like, yeah, this could be the side effects, right.

And so from a systems perspective, we have to have that like collaboration and integration to understand the part, the pharmacology, the physiology and the psychology. Right.

So we could bring in all all piece of the triangle together for an experience. It's it's patients. That's excellent. And I was certainly going to say that well we're not telling people to suddenly stop all their medicines.

Oh based care comes when we integrate these other things and actually create wellness, not just compliance, but wellness for our patients. And then you've taken it a whole other step by utilizing artificial intelligence.

Can you talk a bit about that? Okay. So when I before I even started talks for lifestyle medicine, I was already, diving into the world of RPA, robotic processing automation is basically computer robots doing like meaningless tasks that humans hate to do.

Right? And, at that time, I started a company which failed miserably. I learned a lot from that. at that time I was in this company that I started. I had we had engineers, and we were looking at processes and, and looking at the federal, government database, how we can save Medicare money so we can get these contracts right.

that was years ago. Fast forward to, the creation of open AI in 2014. All this fancy stuff, that process is now one 1000. The price of what it I try to do back, 2016 and 2017.

And so what it is that, here's the big problem, especially with neurology, is that patients come in with a ton of data. Right. And now we do functional integrative health with medical insurance.

Using AI to Analyze Complex Patient Data

So people literally will fly here because it's cheaper to see local doctors. Right. Because they can use insurance. So we have tons of data usually between 1 and 300 pages of data.

By the time someone comes in to two year, the big deal is trying to assess all that data and machines and honestly do a much better than us. So we have our own systems that look at this along with neural mapping and imaging data with AI.

Also part of that and the patients story, we're now looking at the patient's, speech. As their speech pattern change over time. The AI can detect that now too. Right.

So we have new performance indices for the patient. So we can look at micro on the microscale. What's really going on. Right. and so the artificial intelligence is going to get a lot more complex in the next month when the AI can actually analyze video to see like walking, gait, airway structures, posture, stuff like that.

Right. There's a lot of companies that kind of working on this already anyways. So what we currently have is that we have the AI assess, the patient's speech pattern, the doctor speech pattern, the medicals like everyone.

And it allows us to know where our gaps are. We making the patient's speech. They're comfortable. Are they receiving it? Is there any resentment? So, are people happy. Right.

And so we're just really getting started. But a lot of, third party companies have, started this on a large scale, on their large scale for inspiration.

This is beautiful for people with parkinsonism because there's a lot of MRI that scans, you know, doctor's notes. Right. And the caregivers are, like, suffering because there's so complicated.

The caregivers like, what does this mean? You know, and I can tell you right now, the caregivers are already putting things into ChatGPT, which is not secure.

There's no security to be an open AI. Right. And they're putting all this data into they're trying to figure it out. And, it's funny because I always know ChatGPT language because I see them on inbox and like, that's that's ChatGPT.

Right. And they're trying to make sense of it right now. but we're in this era where doctors can actually take advantage and store all the data and AI analysis and have it retrieve the data for doctors called, retrieval, augmentation.

That's the tech term for or augment the retrieval. And then we're able to to see this. So really good story. This happened on a Parkinson's patient who also had a concussive injury and seizure disorder. All right. so, young guy, I'll say mid 30s or.

Yeah, mid 30s, young guy and he came in and he had about three. Yeah. 317 pages worth of, of notes. This is on my LinkedIn blog called Rebuilding Health Care.

I posted last year. so we had a local model that's on our servers, HIPAA compliant of a large language model, which I built, and open source. And it it basically read through the data.

It took 15 seconds and I had it prompt to analyze like really good data for me. So I don't have to talk to the patient who the doctors are. Right. Who are the, what what, how do you contact the doctors in the database?

And then and then it did something that was unexpected. This is Dr. Ruan. There seems to be an error, and I'm like, what do you mean? Tell me more? and, it analyzed, one of the reports, the, the original preliminary EEG says there's there's seizure like disorder in this area.

Epileptic form discharges right in this area. But the follow up note for the neurologist contradicts that. Can you take a look at that? So I looked at it.

I'm like oh that's true. And so after that, the patient was depressed because Parkinson's was getting worse, you know, cinema. And none of that stuff was really working.

And then the, the primary care put him on. and that's a present for the antidepressants, lowers its seizure threshold, which means that more likely to have seizures. So after that, the person was on the patient was hospitalized 17 times in a year.

And I pointed that out in the actual notes. And then I looked like a hero going in with the patient, like, wow, I want to point this out real quick. So anyway, long story short, I called his neurologist and like, oh yeah, let's let's put that process out, stop the meds.

He's doing fine now. He's had only one seizure in the last six months or something like that. Right. and that's from him being dumb and drinking too hard.

and so, like, this is the stuff that, like, artificial intelligence is can be really masterful and people don't have to fear it. Like we're the people are fearing right now.

We're really augments and elevates the things that we do. And so and think, you know what? And also it's less costly. I'm spending a lot less time right, looking at these things and being burnt out myself.

Right. but we can we can augment our retrieval of information. This data, in fact, AI is how we're teaching doctors right now on our modules, to learn about these things like neurology, to learn about business and education and Medicare and stuff like that.

Right. And so, we're just really getting started with the AI and but if you're people who are listening to this for inner practice, you know, my screen, this little timer in the, in the top right, it's the AI is actually listening and writing for us.

And so, but that's really the wave of the future. So no one has to fear. That is wonderful. I'm afraid we are out of time, for this fantastic interview.

And I really look forward to reconnecting that. Before we go, if people want to learn more about what you do, visit your practice. To have anything, online you'd like to offer.

Make people aware of, please. I'd love to hear more about it. Yeah. So go to our website, texascenterforlifestylemedicine.org..org not.com,.org organization.

so that's the medical practice. if you're a healthcare professional listening to this, my nonprofit is Physician Transformation Institute. You just Google that and see it.

And we actually raise funds for anonymous mental health services for healthcare professionals going through, depression. that's our educational arm of the things that we do.

And, other professionals, like, hit me up on LinkedIn. I'm on there, quite a group talking about things.

Resources, Practice Information, and Closing Remarks

And my newsletter is called Rebuilding Health Care. Thank you very much. Thank you so much, Dr. Ruan. I look forward to reconnecting with you soon. And I know that folks listening or watching this interview have a tremendous amount.

And, you know, if nothing else, they're now thinking about the kind of health care they want to receive, which is so important that we not take for granted the current most common paradigm that there are there are innovators like yourself who are changing the way that healthcare is created, truly created.

We want to create health care and deliver it to our patients. So thank you so much. I actually I forgot something. Dr. Sharlin. I did create a PDF. I totally forgot about it.

You mentioned that this PDF is, for those of you who are diagnosed, both either, either Parkinson's or Alzheimer's disease, things you talk to your doctor about that may be medication side effects that you wouldn't have thought otherwise.

All right. It's a nice, really good it's kind of worked through with the most common medications and side effects. but it's a, it's a, it's a thing that people don't really think about and they just think, oh, it's my Parkinson's, but that are really, really common things out there.

So we'll get that the download. For sure folks. Download that. It'll help you connect to Dr. Ruan. That'll really serve you incredibly well. Until next time. Again, thank you so much.

Appreciate it. Thank you.