Unpacking Anxiety: Healing the Body's Alarm System with Dr. Russell Kennedy Transcript

(Transcripts are generated by AI and may contain errors)

Anxiety as a Body-Based Alarm

When you're anxious, when you're worked up about something, find it in your body. You're not going to solve it with your mind. Your mind is already impaired with all the cortisol and epinephrine and norepinephrine that's running around.

You're not going to think your way out of this horrible feeling, right? It's going into the feeling and being able to stay with it and then acclimatize to it.

and realize that it's a connection to the younger version of you. It's actually a portal. So if you find that emotional portal and you can use that emotional portal to go back, use the amygdala because the amygdala has no sense of time.

And then you can start getting the repair now that you so badly needed back then. Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain.

I'm Lori, a functional nutritionist and mom who's walked the path from anxiety and burnout to clarity and calm. Each week, we're going to dive into brain-based tools like amino acid therapy, gut health, fasting, and faith to help you reclaim your energy, emotions, and sense of self.

Hello, everyone. Welcome back. I am very excited today. I have a clinical neuroscientist and doctor on here today. And we're going to talk about all about anxiety.

I know, surprise. I never like to talk about anxiety, right? But I have Dr. Russell Kennedy on here today. And he actually is not just a doctor who helps anxiety, but he also has struggled with that for 30 years on his own and found a way out of it.

And now he's helping lots of patients and people from all over the world. So Dr. Russell Kennedy, welcome to the podcast. Thanks, sorry. Thanks for having me.

Yeah, it's a pleasure and a privilege to have you on today. I love the work that you're doing. I admire you and just really appreciate your mission. Yeah, it's, you know, it's, it's, it's a growing epidemic now, anxiety.

I think there's a lot of people that were cruising along sort of okay before COVID and then COVID came along and the people that were just at a teetering got pushed over into anxiety, depression, OCD, eating disorders, all that kind of stuff.

And yeah, that's what I like to talk about. So let's, let's do it. Let's dive in. So you had your own story about anxiety. So can you share that a little bit so people can know where you're coming from?

I grew up with a dad who had schizophrenia and bipolar disorder. So the house was kind of in chaos. If he wasn't bipolar, manic or depressed or psychotic, he was often on his way that way.

So you never really knew when the other shoe was going to drop. So it's kind of like magical place for anxiety to start when there's so much uncertainty you can't control as a child.

So I think we feel that in our little child bodies. And because it's too much for us, we wind up going into our head and worrying to feel like we're doing something and avoiding this sort of alarm that's stuck in our bodies.

And then when we're older, we kind of just carry on with that same old pattern. If worrying was a way that you escaped the alarm in your body when you were younger, then you just tend to keep going until the wheels fall off.

And the wheels usually do fall off around 30. And all that kind of stuff. It just usually starts to go the other way. And then, you know, allopathic medicine, I don't think has great treatments for anxiety.

A lot of it's medication, which I have a problem with, but I think a lot of people could make it through without using medication. And I'm not shaming anyone because if you need it, you need it.

because we're trained as medical doctors in that model. We don't really look for alternative methods of healing anxiety, depression, OCD, all that kind of stuff outside of the medical model.

So it's really important, I think, to expose people to a different way of thinking and being and understanding of anxiety so that we know that we're treating the right thing.

Yeah, for sure. When you and I were just talking briefly before the podcast started and you mentioned now like there's things we can do with our dietary changes or our physical activity or just seeking other alternatives.

Default Mode Network and Childhood Patterns

And it made me think of I was going into the grocery store not too long ago and there was a woman who had a sweatshirt on and it just said anxiety university on it.

And it's like we've normalized these anxiety patterns and we're wearing them now. We are, we're owning them. They're ours. Everybody's talking about their anxiety, you know, and not saying, okay, this needs to go back to hell where it came from.

Anxiety is not who I am. So let's stop identifying with it, you know? Default mode network in your brain too, right? So we have this, this network in our brain called the default mode that we found around the early 2000s.

And they had a bunch of people in MRI scanners, and they would have a word-to-define or a math problem, and they noticed that everyone, when the problem disappeared between problems, they all sort of had this same repeatable kind of pattern in their brains.

And it was quite curious that we would fall into this default mode, and I think we fall into this default mode hundreds of times a day, maybe thousands of times a day.

And the thing about the default mode is it's thought to create this sense of self, this continuous sense of self. And there's a part of the default mode, not to get too technical right away, called the posterior cingulate cortex.

Name doesn't matter. But the PCC is thought to be involved in self-referential thinking that starts when we're very young. So if we're given the message that we're not good enough, we're not pretty enough, we're not fit enough, whatever, that becomes part of our default mode.

So we walk through the world with this umbrella of our default mode, which kind of reminds us hundreds of times a day of these old childhood patterns.

Now, if you grew up in a family that was full of love and secure attachment, your default mode is pretty darn good, right? But if you grew up with trauma or problems, your default mode could be kind of speaking to you unconsciously hundreds of times a day.

So if that's saying you're not safe hundreds of times a day, that's kind of what we create in our environment, is this lack of safety. And then that creates more of a lack of safety.

And we just travel through with this umbrella that we call the default mode, which is really this sort of continuous

sense of alarm that's stuck in our system.

And when you look for danger, you're always going to find it. That's the thing. Your mind is, I always say that you're either sort of forged in protection or connection.

If you have secure attached parents, you had good childhood, You probably learn life is about connection, but if you didn't, you learn that life is about protection.

And that's the goggles that we see through life. And the default mode is kind of the goggles that we see through our lives with. So it's really, that's how, that's what we have to change.

We have to access that default mode. And the other thing about the default mode is that most of the structures don't understand language. the deeper structures, hippocampus, amygdala, that kind of thing.

They don't understand language. The prefrontal cortex, of course, does. But it's the feeling part that we have to get at. It's not so much the thinking part.

We can make our thoughts better, but it doesn't necessarily make us feel better. But if we try and feel better through our body and our breath and amino acids or whatever it is that we feel better, we start thinking better.

And that becomes our new default mode. I know I'm going off on a rant here. But when you think better, that becomes the umbrella that you kind of see the world through.

So it's really breaking that default mode pattern, which is, I think is the cause of a lot of anxiety. Yeah, no, I definitely agree with you on that. Um, I just think it's funny that we have, you know, clothing that's being marketed to people who are struggling in this, right?

And so we just kind of, you know, it deepens the identity or the thought process of it. So I don't know. That frustrates me because we don't need more things to.

To target. Singer quote, you know, you are not your thoughts. You're the one who observed your thoughts, right? So if you believe that you're, your anxiety, then that's the default mode that you're going to walk through the life, life in.

And that's what you're going to see everywhere. You're anything that's safe. You're just going to flow by like Teflon, anything that looks even remotely dangerous.

That's where you put your attention. Yeah, for sure. I love your quote when it says, I have come to know that anxiety is a feeling problem that thinks much more than a thinking problem that feels.

Like can you expand on that a little bit more? So I believe that anxiety is really the state of alarm that's held in our body. Now, when you're a child and you're exposed to a trauma that's too much for you to bear, That gets pushed out of your conscious mind into the deeper unconscious structures of your brain.

And then from there, because the body is a representation of the unconscious mind, anything that troubling in the unconscious mind will eventually get offloaded into the body.

So we feel this alarm in our body. And that's the, the alarm in our body is actually the, the, the fuel for the thoughts of our mind. And then our thoughts are bad, scary, whatever, which of course accentuates the alarm in our body, which of course, and then we get in something called the alarm anxiety cycle, which we don't recognize that we're in.

Because it's just, we're so used to believing that our thoughts, our worries are the cause of the problem. When really they're the tip of the iceberg, the other part we can see, but the deeper part is below the surface, that alarm that's stuck in your body from probably unresolved wounds in your childhood.

Typically, not always, but typically. Yeah. So how do we get to those and how do we move past them? Yeah, because the language of those things is feeling.

Finding the Root Cause in the Body

The language of the child is feeling. Children don't analyze things that much until they get older. They go with feeling and it's, it's changing our feeling.

The other thing that I'm doing a lot more of myself in the last year is expanding on this sort of quantum field idea that there is sort of a benevolent order or consciousness to the world.

And a lot of us with trauma go through life believing that We're the only ones that can resolve it, like this lone wolf mentality. Right? So we believe that you're the only, we're the only one that can solve it.

And if you believe that you're the only one can solve it, and there's a problem that you can't fix, you're in this loop that you can't get out of. Right?

So that's where a lot of people say, well, I'll just give it to the Lord. I'll just give it to God. Right? And I think on some level that helps. People with a profound religious belief often live longer and healthier.

And I think one of the reasons they do that is because they don't take everything on themselves. They actually have something that they can believe in that they can put some worship or some faith in.

Because often when we have a childhood like mine, I don't know what yours was like, but where we're not able to trust our parents, they're our first sort of God figure.

So if we can't trust our first, we can't trust our first God-like figure, which is our parents to really look after us and be benevolent towards us, we lose that sense that the world is a safe place.

And then we search for it in our minds. And then, then it just becomes this constant worry cycle where we identify with our minds. We wear t-shirts or sweatshirts.

It says Anxiety University because that's who we believe we are. Right. Right. So what are you doing to help people kind of break that and move on? Like what have you done for yourself to reframe?

Understanding where the anxiety is in your body. So often what I'll pay people through is like a short period where sort of close your eyes, take a deep breath, relax your shoulders, relax your jaw, feel your butt in the chair, take a few deep breaths.

And then just let the breath out again, relax your neck, relax your shoulders, relax your jaw. And then bring to mind in your mind's eye something that caused you a little worry when you were younger.

Don't pick the worst trauma of your life, but pick something that still has a charge to you. Right. And then scan your body typically from your chin to your pubic bone and see if there's an area that kind of lights up a little bit of pressure or pain.

Sometimes it's nausea. You know, is it superficial? Is it deep? Does it have a shape? Does it have a color? Does it have a temperature? And I'm going through this very, very quickly, but it's really finding the state of alarm in your body.

Because the body does keep the score, you know, the mind plays the game, but the body keeps the score. But it really is. Yeah, yeah, that's the kind of a tentative title of the second book that are the next book that I'm writing.

So it's really about finding this alarm in your body, because that's the real root cause of the alarm in your mind, the worries of your mind. So you can fix the worries of your mind to some extent, but you're really never getting at the

fire.

So the worries are kind of like the smoke. and the fire is this alarm that's stuck in your body typically from old childhood wounding there's inherited family trauma there's you know past life trauma you know the doctor and me sometimes gets a little like i want to have a seizure when i talk about that kind of stuff but there's so much we don't understand about how the brain works and how emotion works.

You know, in science, we don't really understand how emotion works. We don't know where love is in the brain. And, you know, whenever I see science-based therapy or evidence-based therapy, I think coping strategy.

And there's nothing wrong with coping strategies, but I find that we heal from these anxiety, OCD, eating disorders at a spiritual level. It's a, it's a, it's an internal level.

It's a self love connection there. And I don't want to, oh, we have to love ourselves and we have to be, you know, to some extent that's true. I believe, but I think there's just so much resistance, especially, like I said, if you didn't have that God-like experience with your parents when you were younger.

your brain isn't really used to that sort of worship that allows you to release that stuff into faith. So, a lot of what I will help people with is getting into their body, finding that sense of alarm in their body, which I consider is their younger self.

You know, it's a conduit. That feeling You know, from the amygdala hippocampus, the brain creates these feelings in our body and the body reflects that back to the brain.

So I believe that we feel now the same way that we did when our mom was yelling at us or our dad was drunk or whatever it was. We feel the same feeling, and then we tend to go to what's familiar, and we go back to the same thoughts that we had back then.

The situation's different because we're adults now, but if you look at the way that we think, it's very similar to when we were a traumatized child. We will look at the world the same way now as we did back then.

So first of all is finding the alarm. learning how to breathe into it, learning how to stay with it and learning how not to add thoughts to it. So I have this mantra that I teach people called sensation without explanation.

And basically it's like when you're anxious, when you're worked up about something, find it in your body. You're not going to solve it with your mind because your mind is already impaired with all the cortisol and epinephrine and norepinephrine that's running around.

You're not going to think your way out of this horrible feeling. Right? So it's going into the feeling and being able to stay with it and then acclimatize to it and realize that it's a connection to the younger version of you.

It's actually a portal. It's an emotional portal to the younger version of you. So if you find that emotional portal and you can use that emotional portal to go back, use the amygdala because the amygdala has no sense of time.

Use the amygdala, go back to that time, and then you can start getting the repair now that you so badly needed back then. Again, it's a very short version of it, but it's finding the alarm in your body, seeing it as the younger version of yourself, and starting to, I have this acronym I call should.

See them, hear them, open to them, understand them, love them, and defend them. That's really what you should have got when you were younger, and what you should be giving yourself now.

I realize that I'm ranting a lot here today, Laurie. No, no, no. I don't see those around a lot. I love it. Yeah, there you go. I love this conversation.

This is so good. So do you feel like all of it is stemming from what was missing in the beginning of our lives or is

there something else? Mostly like more, there's more work in epigenetics.

Now there's more work in like Rachel Yehuda's work at a Mount Sinai in New York about, uh, working with children of trauma survivors of survivors. You know, we're seeing the trauma can be passed down genetically to other factors too, that we haven't yet been able to, to, to find out.

So there's all sorts of ways that this sort of trauma or alarm gets stuck in our body. And I believe that's the majority of it. I don't believe that's everything, like all anxiety.

I mean, when you're worried about paying your bills or whatever, that's typically not a childhood problem. And now if you're focused on it, you know, if every day, you know, 25 times a day, you're like, oh my God, how am I going to do this?

That's starting to get into the rumination kind of, you know, a little bit pathological realm, but worry is normal.

Medication, Recovery, and Supportive Tools

Like people say, it's like, am I, you know, have you, have you eliminated worry from your life? And it's like, well, no, I still worry. I just don't believe the worries anymore.

with my body. I don't give them credibility anymore. I just see them for what they are. It's like, okay, I know you're trying to help me. Typically, it's the younger version.

If you look at your worries, they're almost always coming from the voice of the child in you. We're okay. You put your hand over it, you find the alarm in your body, you go, we're okay actually.

And that's very comforting for the child and us too. So it's really, you know, anxiety is like as you said, it's a feeling problem that thinks more than a thinking problem that feels.

And I think the way that the medical profession and most of psychology looks at it as a thinking problem and we have to change your thinking, but it doesn't work.

It appears to work. Like if you look at a lot of the studies on CBT, After three months of CBT, people absolutely do feel better. But a year later, their ego has kind of pulled them back into that same old familiar pattern of worry because when they were a child, worry had the illusion of keeping them safe, keeping them protected, keeping them prepared.

So you will fall back into that, especially if you start going through difficult times in your life, which we all are in the last five years. Yeah. And the last five years have not been a piece of cake.

That's for sure. For sure. So that's kind of my philosophy in a very sort of condensed version. And then I try and throw the neuroscience in there a little bit, because I think people like knowing that they're not flawed.

You know, they're not defective. It's just your nervous system has rewired itself in a very protective mode. And that's the umbrella that you walk through the world with.

And once you see that your default mode is so, so prime to look for danger, you can almost laugh at it in a way and go, Oh, that's my default mode again.

I'm, I'm, I'm looking for the worst. And especially if you're feeling like, if you're having a day where you're feeling kind of alarmed in your body. Those thoughts are going to come up and it's just realizing those thoughts aren't real and pay attention to the real part of the anxiety, which is in your body.

So breathe, put your hand over it, carry an essential oil with you. If you're, if you're, if you're freaked out, you know, one of the great things you can use is chamomile, lavender, find an essential oil.

that really calms you because it goes into what's called the Rhine Encephalon, which is the primitive smell brain. And the brain usually limits the input from our five senses through this part of our brain called the thalamus.

Now smell goes directly into the emotional brain. It isn't pre-processed. It goes straight into it. So that's why smell is such an effective way of immediately calming, like a panic attack or an anxiety attack.

So finding, I have people that, you know, in my practice that carry around lavender with them. And they, and it does work, you know, and it really does help because it really does do that reset on your brain.

It's like smelling salts, like a boxer, you know, like it goes in there and it resets things pretty fast. Yeah. Which is beautiful. There's so many things that we can use the outside of medication.

I would love to address the medication and then, you know, how can you, and we don't want, we're not doing any condemnation of anybody that's on medication, right?

And sometimes you need it, right? It can be life-saving. So how do you help people who are like, they really don't want to be on their meds, right? And it's going to take a lot of work to get off of their meds because they're going to have to do so many different things.

So how do you help people reframe that so that they, I don't know, view it differently, want it differently? Like, I don't even know what I'm trying to say, but there's the desire there, but the want to is a little challenging.

First of all, I never take anybody off medication in the winter months. It's just too much, right? You're already, you're going to be feeling kind of edgy and that kind of thing.

So spring is usually the time that I do that. So I get people to start, you know, finding, read my book, get my online program called MBRX, work through that, you know, October, November, December, January.

And then once you get that sense of self back and once you get that sense of, okay, how do I connect with my body? How do I connect with that younger version of me?

How do I really connect with myself? Then you're armed for when you do come off medication and all those old thoughts kind of come up again. Now you've got something that's practical.

It's useful and it works to be able to move you through that. Now, a lot of the physiological effects of coming off like SSRIs or Benzos or any of those things, they're intense and there's not really a whole lot you can do.

But if you, if you go in there without doing this work, the chances of actually coming off medication are pretty low because what's going to happen is your worst fears are going to come up as you come off the medication and you're going to the first thing you're going to reach for is the medication again which is okay like again medication is like it helped me it saved my life in many ways so i'm not against medication i'm not one of these things that you have to be holistic there are some people and i think some brain chemistries And there's a lot of down, like, no, it's not a brain chemistry problem.

It actually is in a lot of ways, not the perfect way that they say it. But if your brain chemistry is such that you need a certain augmentation of that brain chemistry, and then you can cope and live and you don't have a tremendous amount of side effects, I'm fine with you taking that medication for the rest of your life.

I have no problem with it. The thing is, I think what people wind up doing is they feel better on the medication. And the first thing that they do is not want to deal with any, any of the old childhood stuff because it's like, I feel okay now.

Why would I want to do that? So it's this real paradox. So I used to have a problem, not so much when antidepressants didn't work as when they did work, because when they did work, a lot of people are like, meh, I don't want to, I don't want to deal with the root cause of this anymore.

And again, if you're one of those lucky 10%, I saw about 10 to 15% of my practice. I had about a hundred thousand patient encounters in my career as a medicine and medical doctor.

And about 10% of those people on SSRIs did extremely well. They didn't get sexual dysfunction. They didn't get sweating. They didn't get weight gain. They didn't get anything.

It just made them feel better. Now they're the exception rather than the rule. And then there's the other 20% that, you know, felt a little better, but they started getting a little side effects.

And then there's the other, you know, group that had terrible side effects. They felt a little better, but it just was never going to be worthwhile being on it.

So there are people that actually do really well on medication. But they're only about 10% of the population. So whenever I see people say these studies that go, you know, antidepressants are no better than exercise or whatever.

It's like, no, there are some people, if you happen to have that particular chemistry that this medication works for, you're very lucky. And it may be that you can be on this for the rest of your life and be okay.

Those are the exceptions rather than the rule. So it's, it's trying to get people off medication for the The general view is to try and get off medication if you can, but you have to have something else to go.

We can't just take the rip cord away from me and shove you out of the plane. You've got to have something, right? So that's why I recommend my program and my book and just really looking at your anxiety in a very different way that it's not really a mind problem.

It's more of a body problem. No, gosh, that makes so much sense. So much sense. And that's why I like using, it's not the only thing I use, but amino acids is like, you know, my main therapy for people.

So how did that work, Laurie? I wanted to ask you, as soon as we said, let's do this thing, it's like, I really understand why, wanted to understand how amino acid therapy works.

So amino acid therapy is using targeted single dose amino acids to support specific neurotransmitter function in the brain, in your body. You know, tryptophan, 5-HTP for serotonin, GABA, theanine for GABA, your catecholamines, you know, like L-tyrosine or DLPA.

And so using that in therapeutic doses multiple times a day for usually you know 30 to 90 days and then we can you know come back the dosing and stuff on it but it just calms the nervous system enough.

Some people the anxiety and the depression just completely goes away or the OCD thought to stop you know the the voices in the head stop and then then when your your nervous system is calmer then you can work on you know the dietary changes then counseling is easier and then you know all the other things get easier.

And that's pretty effective for about 85 to 90% of the people. There's 10% of the people where there's some really deep stuff that's just not gonna touch.

So, yeah. Makes sense to me. Yeah, and it's just really fun to use, but I love all the other things.

Amino Acids and Practical Anxiety Relief

Well, everything that you're saying just makes so much sense, and I'm sitting here thinking, okay, we combine that with amino acid therapy, and then it's gonna get exponential results for everyone.

Well, I'd be curious about genetic testing. You know, there's certain things for COMT SNPs and basically parts of the DNA that don't code for enough serotonin or enough dopamine or whatever.

You know, so we can make these bespoke programs for people that, you know, you don't make enough dopamine. So we're going to give you, you know, L-Dopa or whatever it is.

Um, you can't give people L-Dopa because it's Parkinson's. But I know what you meant. You know what I mean. So, you know, I think we will get to that place where we start identifying serotonin deficiencies, you know, norepinephrine deficiency or excesses, you know, these things, and we can start giving a targeted sort of amino acid therapy and other type of therapies.

I still think we're a ways away from that. You know, so right now we're still kind of fumbling around in the dark and going, did this work or did it not work?

Yeah. Yeah. And I do a trialing process. So when people are done with the first appointment with me, they'll know if the amino acids are working or not.

So it's really old school, but it works. Yeah. Yeah. Because we don't have the other testing. I don't think the neurotransmitter testing is all that fantastic.

Well, we can't test neurotransmitters in the human subject. You know, you don't have the ability to do that. Just like we don't, we can't find emotions in the brain either.

So there's a lot of people that think neuroscience is God and, and neuroscience is amazing, but very little neuroscience that we've learned in the last 25 years actually has related to the office, related to the patient's concern directly.

We've learned tons about the tracks and the pathways, the default mode network, but very little of that actually has led us to practical treatments. Right?

100% agree. Yeah. If people are going to do one thing, what would you have them do today for anxiety? Learn how to separate the thoughts of your mind from the alarm in your body.

Sensation without explanation. Like if you get nothing out of this whole thing that you and I have talked about, learn that the anxiety is in your body as a state of alarm and your mind is trying to make sense of it.

Your mind is a compulsive, meaning making, make sense machine. So if it feels alarm, if it feels fear in your body, it has to do something with that. So your mind has to go, okay, we're feeling afraid.

What are we afraid of? Well, we're afraid that we didn't pay that bill or we're afraid that, you know, we've got a family dinner coming up with the whole family for the holiday.

You know, that's what happens. The mind makes sense of it. And often it will make sense of things in a way that isn't true. Often it is true, but often it isn't true.

So it's learning, okay, the root cause of this anxiety is this alarm sensation in my body. The thoughts are the tip of the iceberg. The thoughts are the mind's attempt to make sense of the alarm in the body.

And that's worked for you as a child, because when you feel the alarm in your body, either consciously or unconsciously, you escape into your head, you escape into your worries, you escape into your hypervigilance to try and protect you from this alarm in your body.

I'm saying go right at the source. Because if you don't actually go at the source of this sensation of alarm and treat it as if it was the younger version of you and see it, hear it, open to it, understand it, love and defend it.

You're never going to get fully clear of this. You may get symptomatic, you know, feeling better, but you're never really dealing with the underlying cause of it.

So it's feel the sensation in your body, even if it's painful, especially if it's painful and do not allow the thoughts to, and your mind will peck at you.

I always have to do this emu thing. Like your, your mind will peck at you to try and, because this, this is what you perceive worked as a child. But when you learn the skill of just staying with the sensation.

without explanation. That's why I say sensation without explanation. When you learn that you can tolerate the sensation, it's not comfortable. It's not something that you like.

It feels quite uncomfortable initially for sure. But once you kind of acclimatize to the sensation, you're no longer at the effect of it. You no longer have to escape it.

You say to yourself, I don't like this feeling, but I can stay with it. And once you start doing that, then the thoughts don't really have the same sticking quality anymore.

They don't have the same relief quality anymore because you don't need the thoughts anymore because you're actually going at the root cause of what's causing the anxiety in the first place instead of trying to take a chip off the top of the iceberg and thinking that's going to make a difference because it won't.

I love it. In the long run. I love your rants. This has been amazing. Yeah, I love it. I love it. I love it. Thank you so much for being here. You're welcome.

Yeah, you're welcome. Great, great conversation. I know everybody's listening is loving it. So make sure you guys like subscribe and share this because I know that, you know, somebody who needs this video.

So make sure you're spreading the word on this and what's the best place for them to reach you. Probably the anxiety MD on Instagram at the anxiety MD.

That's probably the best way to, not the anxiety doctor, but the anxiety MD. And then my website is drrust.com. It just got a hyphen between the two Rs.

So it's a drrust.com is the website, but at the anxiety MD, Instagram has all my, all my stuff in there. That's the best way to find me typically. And he's got some great videos on there.

So everybody go, go stock it. I got to film some more right now. Perfect. All right. Awesome. Well, thank you everyone for listening. God bless you. I will see you on the next episode.

Bye. Thanks for listening to Take Back My Brain. If today's episode helped you connect with hope or direction, I want you to follow the show, leave us a review and share it with someone who needs it.

And if you're ready to start your own healing journey, explore our courses and our coaching programs at lorihammer.com backslash store. So until next time, remember you cannot medicate away a nutrient deficiency and healing your brain isn't just possible, it's powerful.

you