What Your Skull Reveals About Your Brain Health Transcript

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Introduction and Guest Background

Welcome to the reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so excited to have Doctor Chung run here today. He is the founder of the of the Texas Center for Lifestyle Medicine, an integrative health practice that focuses on taking care of patients with medical insurance.

His staff has created a university during the beginning of the global pandemic to bridge the gap to help patients learn more about their disease states.

One of his most popular modules is the Brain Train Master Workshop, which takes a deep look into the scientific evidence of how the brain can be improved.

You can see why I have invited him to join us here for the Reverse Alzheimer's Summit. Thanks for joining us. Thanks for having me. I'm super excited to be on the show.

Some of what we found at Texas Center for Lifestyle Medicine to be quite useful for a lot of people. Excellent. So you focus a lot on the anatomy on this skull.

Tell me. I know the skull is the house for the brain, but how does it impact cognitive function? Right. So it may surprise you to know that a lot of times patients walk through our doors, and then we look at their facial structures and their posture and their spine, and we already know what to focus on.

For their memory issues. And it's because our bodies are made to restore symmetry and to restore function in the center of our body is really our spine, and it supports the base of our skull.

And then our, our actual anatomical features within the skull, like the teeth and the airway. These are really simple things to focus on to actually improve memory outcomes for short term memory and long term memory.

And a lot of studies have been done on this.

How Skull Structure Affects Cognition

And, you know, unfortunately, our skulls are actually changing quite a bit over the last couple hundred years. This talks about this really great book called Breath by James Nester.

If you guys haven't read it, it's a great book that talks about how the skull development and the features within humans and Homo sapiens have drastically changed because our food source and our food quality has changed and our air pollution, everything has changed.

So now we humans are, living in this world that we weren't really designed to live in. And that's why we focus on a lot of anatomical structures. So much, you know, like our environment, our lifestyle.

All of that impacts how our anatomy gets formed. And so this becomes a really big issue with cognitive function, because of course, we need blood be able to be delivered to the brain and blood, all the venous blood, all the toxins.

To be able to get out of the brain, we need oxygen in going to our brain. We need inflammatory cytokines coming out. We need carbon dioxide coming out.

So tell us a little bit more about how you would approach that at your office. Sure. So let's look at statistics for a second. So we know that 1 in 4 humans have some sort of airway restriction.

And when I say airway, I mean the way that we actually intake air so through our nostrils into our sinus cavities and empties into, our trachea and our lungs.

Right. So that's one path and the other paths through the mouth. And so if we think about it, air is kind of everything it's needed, to restore, function to every part of the body, really, not just the brain.

Right. And so whenever there's any sort of airway compromise, the brain is the first organ to react. And it's because the brain is very much the function is very much dependent on this part.

We call the nitric oxide pathway that gets produced and stimulated every time someone takes in these little breaths through the actual nose and the sinus and stuff like that.

Right. And so what happens is, if you think about that, then what would be the opposite of that? And how is someone not take a breath through the nose?

Well, they'll be breathing through the mouth like this. And so really nasally like this. Right. So a lot of times people come to the office and they're actually selling nasally.

And, I asked, is this how you normally sound? They don't really notice that the, the, the, their mouth breathers or if they do notice the mouth, there's like, oh, it's just allergies.

Well, allergies are a big deal because allergies restrict the flow of air through the skull and decrease flow. Air into the skull means decrease nitric oxide means decrease oxygen delivery to the part of the brain.

So the brain living out is freaking out, right? So in our practice, we use something called a brain view, which is an EEG, which is, looking at the electrical conduction of the brain over 20, 22 minutes.

And we see that as people sit there with a little laptop, looking at sort of different things, circuit board, hearing different sounds. And we're really challenging their brain.

Their brain continues to kind of flip out because high, high frequency patterns. And so these patterns correlate with different diseases like obstructive sleep apnea.

PTSD, traumatic brain injury. Right. So these are all the hallmarks of what, of what can create the single Alzheimer's or called dementia. And so as we look at the patterns of the brain, we know what to like, what lever to pull first. Right?

If I see someone with really bad, like sleep deprivation patterns, we're going to be focusing on sleep. Before we even talk about supplements or food.

I'm gonna need a sleep study to see exactly and quantify what your sleep mechanism looks like. Because sleep is how we regenerate. These brain cells are actually all the cells in the body.

Airway, Nitric Oxide, and Brain Function

So that's probably the most common way that we look at a case of someone with memory loss. And the second most common way is infections. And guess where most infections lie in the body the teeth, the dental areas.

So I rely so much on my dentist, a biological dentist to really take a really deep look to see exactly what's going on in the periodontal areas, because those infections also stimulate the same areas of the brain to just fire, fire, fire.

So much so that the brain can't like they can't sustain attention. So people are diagnosed like attention deficit or bipolar disorder and then later on to memory loss. Right.

And so these are just names that we have given people in medicine, to look at a observed outcome of what has

happened. And the root cause may be either like infection or airway or something like that.

So these are probably the two most common presenting symptoms. I love what you're talking about because it's at that primary level. Right. You're not just talking about the the name, the label that we put on the symptoms that someone has.

But you're asking the question why? What's at the root cause and that structure? My model is very, very similar. I always tell people, let's look for toxins, nutrients, structural issues, stressors and infections.

And that structure is is kind of what you're speaking to that those infections are what you're speaking to. So rather than saying, oh, like let's put a label on it and say that it causes bipolar disorder, that's not the cause.

The cause is what happened before. That can come up for the imbalance. So I think part of what you're speaking to as well is like these diagnoses we get really attached to, like what we name something.

Right? And sure is sort of this, you know, we say Alzheimer's, reverse Alzheimer's because I think that's what most people associate with dementia. Right.

And that's the majority of dementia cases are Alzheimer's. But what else gets confused with dementia when we're talking just about naming it with the diagnosis?

Oh my gosh. Pretty much every mental health disorder you can think of. So if you let's, let's take let's take dementia for a second and to let, let's kind of define it.

And that's what brought us in this really great job on this. So I'm not going to be the data works right. So if you look at Doctor Brunson's research and read the End of Alzheimer's book, it talks about these plaques and tangles right.

And a lot of conventional medicine looks at these plaques and tangles, something that's pathological. Well, no, it's just an observation of something that's happening.

And so these plaques and tangles that get what's in the brain, that get stuck there is there for a reason. In fact, if it's not there, you might be dead, because these actually sequester these toxins, these sequester the infections that are there, right.

And so these are part of the brain's immune system. The brain actually has its own immune system that's completely independent of the rest of the body within the blood brain barrier.

It's really cool. This called micro glial cells. And these immune system do certain things to sequester these toxins here. So whenever we see a patient, maybe they've had a complete neurological work of maybe they got a Cat scan or some other type of scan that shows that, hey, there's a lot of these amyloid plaques in there, and the label them Alzheimer's.

We're like, well, where do these toxins come from? Let us investigate that. Right. And then, and and so what we do is very much an investigational approach where, okay, well, we know these are there.

Right. Let's peel back the layers to see exactly what, potentially they could be. But we're what we did maybe in 2018, 2019 is not what we do now. What we used to do is we go toxin hunting.

We do all these different tests and, a lot of different things that can let us know whether there's mold or whether there's heavy metals. All of those nonmetal toxins, styrofoam, plastics.

And we found is that we literally found everything as long as we look for it. Right. So we stopped doing these testing. One medicated cover it. And most of our patients are not in the category where they can even afford these expensive testing.

And two, we actually didn't think it was necessary because if we look at our body's physiological structures, our detox mechanism starts with air. So if I were to look at your toxin testing, find a bunch of plastics and heavy metals and stuff in there, but they already know your airways is compromised, it's not really a reason for me to look at these, testing and it go directly to the airway.

Let's improve the airway first. So it's like the one lever to pull for a very, we call it very big momentum and improvement in detox pathways. And then we have other biomarkers that we look at like CRP and other different things, labs that show us the body's actually improving.

Right. And so whenever we address something like, you know, Alzheimer's and dementia and stuff like that, it doesn't matter what type of dementia there is, there's always some sort of immune response.

If there's vascular dementia, the blood vessels compromise. You still have some plaques in there, right? If there's Parkinson's dementia, will you still have the same plaques that are in there?

And so getting tied to the diagnosis is not really useful, but getting tied to the actual solution and simplifying the process one at a time. That's how we get the best results for our patients.

I love it, I love it. And so then in here you mentioned the dentist. I want to go back to that. So the biological dentist. So I think a lot of people aren't used to their doctors saying like this is a high priority.

Go back to your dentist and get that figured out. How this also, you know, you spoke to costs like this can be really expensive. So how do you help patients navigate when white dentists fee who is a biological dentist.

And then how do they prioritize this. Right. So let's talk about from an insurance standpoint. So especially if someone is in government insurance and Medicare, they don't necessarily have dental benefits.

However, there's a bit of a loophole.

Dementia Root Causes and Brain Mapping

And the loophole is that we can show that dentistry is actually needed for a, medical outcome. Then that dental appointment essentially covered by their medical insurance.

Okay. So we we do this with sleep apnea. For example, someone has documented sleep apnea. They try to use a CPAp and they can't tolerate it. They go to a dentist for oral appliance to help improve the airway.

Well that oral appliance and then is considered under medical insurance. So a lot of the navigation is proving to the insurance companies that people have a medical ailment because of X, Y, and Z.

And hopefully this x, Y, and Z could be covered. Now, I'm only saying this because, this is what we see right now. Insurance may change in the next quarter, and I have no idea.

But as of right now, that's that's kind of what we see. And so and then there's a difference between a biological dentist, and other conventional dentistry.

So dentists take it a step further. Well, several steps further to look at potential root causes of toxins. Sometimes you can have mercury amalgam in there.

The off gas that that the, the plaque in the brain has to sequester there. Right. And then, some bile acids. And I also have much more in-depth, imaging to look at micro abscesses, little small pockets of infection.

That's, missed by the regular dentist. And so we're very adamant about, seeking out a biologic dentist that has the ability to do that. But yeah, a lot of them are kind of cash based.

That is very costly. But if you were to allocate your cash to pay for something, it wouldn't be a diet, it wouldn't be supplements is to get a screening of exactly what infection is here.

Because even if you change a diet, even if you want the best supplements you can think of spent tens of thousand dollars on it, you may not get anywhere without looking at the root cause, and it could literally be in a root canal.

Could literally be in the periodontal area. So I think airway in dentistry and focusing on the skull is, is astronomically important. Okay. So you talked about the skull I think when I heard you mention the skull I was thinking like, okay, the the cranium, right.

Like the occiput and the parietal open and like, what are the prior bones? And, what I've heard you talking about is a lot of, like, the facial structure.

So what's going on in the mandible, in the, in the jaw, in terms of teeth and then also in, like, our facial bones around the nose and the sinuses? Maybe.

So is there what about traumatic brain injuries. Are you seeing things like that and where the skull, kind of the way I was imagining it, is also involved.

Yeah. So, so the facial features obviously very important, but let's talk about the actual cranial portions of the skull. Now, the skull obviously houses your brain.

Right. And so if you were to have trauma to the skull, a skull fracture, then the immune system of the brain would also freak out and say, hey, what's going on here?

I must sequester whatever toxins that are there that we've been exposed to from the injury. Now, if you're thinking, well, what if I have a concussion?

I don't really have anything penetrating my brain. What do I do there? So as it turns out, if you have concussive injuries like I've had multiple times and different sports, what happens is the brain becomes primed, right?

This is literally a scientific term. So you have your priming of different cells. And these cells are called M1, M2, macrophages and all the different names that are that are out there.

So the brain is now primed to stimulate a higher immune response. So it has a higher propensity to sequester these toxins. And some people are even genetically predisposed to it through something called Apple E4.

I think other members are talking about, in the summit. And so if you're genetically predisposed to increase sort of this priming, this, mechanism of the immune response, the immune system takes over and it starts sequestering these toxin, any particular brain areas.

And then depending on the way, the protein is folded, it may render that area of the brain less effective. And you can have memory loss, you can have tremors, you can have mood disorders depending on where the part of the brain it actually is.

So that's where it gets a bit complicated. So yes, you can have penetrating trauma to the skull was obviously it causes major issues. Right. You know you have a non penetrating trauma life and concussion actually can prime the brain to develop this immune response.

Now what is it priming to. This is the freaky part that no one really talks about on the brain maps that we do. I can't tell a difference if you have a psychological trauma or physical trauma.

Okay, the pattern looks identical. So for example, if you were to have a concussion on the side of the head, your brain is already primed. And so if it triggers these areas of the brain to operate a much higher frequency, you can actually see the graph go like this.

And the high frequencies in that part of the brain, right. And so if so what happens is that if you have a psychological trauma PTSD, something that, state your brain is also primed to do the same thing.

And there's several mechanisms as to why. So the first mechanism, when you have a concussive trauma is obviously you have a physical, concussion there.

It messes with the brain chemistry. Right. Does that. That's obvious. A psychological trauma. People tend to breathe a lot, shallower. They don't take deep breaths.

The less active, they're more fearful. So a lot of the things that increase sort of that natural gas, like bathing the brain just habitually because of the of the psychological trauma they're not doing, they're more, less likely to hang out with friends, less likely to go outside, but more likely to, involve themselves in other habitual things, whether it's alcohol or cigarets or stuff like that or the they can develop addictions, higher propensity predictions.

So things like gambling, sex, pornography, etc. etc. and all these different things compound together. It's over time. The brain chemistry looks so identical it's really hard to distinguish it.

Concussive traumatic brain injury and PTSD. Right. And so the idea here is I don't want to separate like actual physical trauma and cycle loss from what we still want to go down to the basics is let's make sure that your airway is nice and clean to make sure there's no infections over here.

Make sure eating good quality food that your your gut is fueled, and all the different aspects and different pillars of our health, it still needs to be optimized.

Whether or not you have a twin because of injury or some sort of psychological trauma. And honestly, a lot of people have both. Just so I've mentioned that that it's like especially victims of abuse, right?

If they are getting both sometimes physical trauma and psychological trauma at the same time.

Dental Infections and Biological Dentistry

And then when you combine that with like a developing brain, so like child abuse, this is where it gets I mean, just, it's a challenge for me even talk about it.

But, the idea and, you know, women are more affected by dementia than men. And I think this is part of it. They're also the victims of domestic violence much more frequently than men are.

And so that it's this perfect storm of stress and psychological trauma and physical trauma and even airway, because sometimes part of it is, is, asphyxiation or suffocation, at least for, for in some cases, not all.

Of course, but it's just it's really terrifying. And although a lot of research has been done on athletes and, and also combat veterans and stuff like that, that's primarily men.

And then when you add in, well, maybe there's a hormonal component, like what happens then there's estrogen and progesterone in the brain. And does that impact how psychological trauma, physical trauma might be affecting neuronal function.

And so there's a lot of nuance there. And I really hope that there's interest in, pursuing that research, because I think there's also a lot we don't know.

Right. And I do want to make a comment on that. You know, my job on this summit is to make this so simple that anybody can go through the medical path.

So one of the traumas we didn't talk about as medical trauma, a lot of people with a history of abuse, with a history of concussive traumas are made to feel that their symptoms are normal or they're just aging, or they just need

some antidepressants.

Right. And so as they go through the medical system, there's a lot less listening and a lot more prescribing. So a lot of people develop this multi physician medical trauma.

We can't undermine that. So the medical system unfortunately United States can create this trauma. It doesn't matter what diagnosis you have especially brain diagnosis because there's there's no machine that we know of that can specifically look at how the brain functions and put a number to it.

Right. So there's the outcome is not not quite there. Well there is one machine. One that we use is called brain view. So if we can turn words into numbers then we have a win win.

Right. So for example, let's say, you know, I have a patient that comes in and say, hey, you know, doc, I'm having I go into the room and I forget, you know, what I'm doing there, or I misplace my keys or misplace my purse, whatever it is.

Right. And so one of the things I always say is like, hey, you know what? Let's turn those words into numbers. Let's look at your brain mapping and let's see, let's see how you compare your brain to other people's brains.

And let's put a number to it. And that number is called standard deviation and statistics. Right. So this portion of the brain is like this far away from the normal.

Well this is easy to understand because we, we already do this and other types of medicine osteoporosis. So we do bone density densities. And the score is actually how far away from you are from the normal population.

Right. We do the same thing with the brain. And so you can't do that on an MRI. You can't do that on a city. But there's only very few modalities you can you can do that on.

And so what I like to do is really educate a lot of doctors that you can actually look at brain functionality from acute EEG or some other toys, if you will, that we have to look at it.

And then even though it doesn't tell us what to prescribe, it validates the patient actually has these symptoms. And I can't tell you how many times because all the symptoms was on page two or page one is like the actual image piece uses all the symptoms.

Patients will look at the symptoms, they start tearing up. They start taking pictures of it. They send it to their spouses like, yeah, this is what I'm feeling this on this page.

I didn't tell the machine that I'm feeling this. But the machine just by at the brain that tells me the mouse is feeling this. That's what's powerful about the new neuro is technology, you know, these days.

Right. And so I think that trauma from the medical system, because it's like finally somebody understands what I'm experiencing. The other piece there is that I think doctors don't fully appreciate that somebody who has some dementia, that's part of why they can't follow through.

That's why they're not remembering to take their supplements or their medications or do these complex treatment plans at home. It's not that they don't want to.

It's that they don't have the capacity. And so understanding that and putting things in terms that they can, you know, they can either do it in a at a pace that works for them or they're not doing too much, but kind of aligning all of that.

So they're set up for success, is part of treating the medical trauma. Absolutely. And that's why, you know, we built during the pandemic, we built our online platform to teach patients that there's actually a way to maneuver through this.

There's a lot more simplistic than most people actually think, because right now I think we're just bombarded, bombarded with like Instagram ads of, you know, I won't see the actual supplements, but there's you know, this for the brain, this for mood is for X, Y, and Z.

But there's so much labeling there. And complexity is the enemy of progress when it comes to brain disorders.

Trauma, Concussion, and PTSD Patterns

You know, if and if someone is saying, hey, I can take all these different things, right? And let's say this happens all the time. Patients come in and they have like 15 different brain supplements that they're on.

Darkness is useful. They I don't know. Let's look at your airway. You know. And so and so like like checking the hierarchy allows us to check boxes and then the improvements can can occur.

But the one the one other thing that I really want to hit on that just really came to mind talking about medical trauma is that I really want patients, families and caregivers to know that sometimes whenever we work with patients, they improve their memory.

They get more depressed because they are now aware of their deficiencies, and the family will look from an external point of view, say doc, he or she is getting worse.

We call it pseudo dementia. So even though the patients are actually getting better, they're more aware, they're more withdrawn, they're probably talking less.

They're feeling of depression becomes sky high because before they may not be aware of their memory loss. Now they're hyper aware. And that's actually a sign of improvement that we really have to pull them through and create a support structure to the problem through.

And so this is the hardest part of me talking to patients is because on the brain map I can see that, hey, your brain activity looks better, but let's not be, put back by the fact that you're feeling.

Remember, looks more demented or looks more depressed is because they're now clinically aware. So it's creating those communications and creating hugs, if you will.

For the patient. That is tremendously important in that stage. I'm so glad you mentioned that, because I've seen this something very similar clinically that people can come in sort of blissfully unaware.

No, I'm good. It's just normal aging. I think everybody my age has, like, I can't remember a name or where I'm going. And then as we start to unravel things, as we look at the labs, as we start to treat, they, they go, oh my gosh.

Like, everybody's been helping me cope and I really am declining. And I think that that awareness becomes a little overwhelming. And so having that support set up and kind of anticipating that that's going to happen the way it sounds like you are is really, really helpful.

And it's nice to see them kind of get up over the hump of that as well and pull them through to the other end. So you keep talking about the airway. I'm really just curious what your thoughts are, because I also for people to use like the breath rate strips or the mouth tape while we're working on a sleep study.

So those are, you know, 20 other interventions you can get. I am at the local pharmacy and start breathing better like tonight if if sleep apnea is part of what you have or snoring is part of the issue.

I'm just curious, like have you seen success with that? Have you achieved recommend them. What comes up in your practice? Absolutely. So let's let's break it out into science for a second.

And the best example are baboons. So all mammals have some sort of perinatal sinuses where basically they're

little holes here that activates some of this nitric oxide.

Right. Baboons don't have them. So baboons are naturally larger. The blood pressure is actually higher because they don't necessarily have the mechanisms to support that structure.

And so we know that the with rice strips, they really help with the perinatal science areas that are right here. But it's it's not long term because what happens is the bodies are detoxifying to make more mucus.

You know, my mom's Chinese medicine, the acupuncture. So we call that phlegm. We call the upper airway slims phlegm Fleming Chinese medicine and the energetics.

So you're going to develop some more phlegm even if you open up these airways. Right. And so, so on top of our, our, brainstorming master workshop, we developed a secondary course called the Mind Sculpting Mast Workshop.

And this is to utilize breathing mechanisms like yogic breathing orogenic basically like a self hypnosis targets brain to calm state, to train you to breathe.

And as research shows, the more you actually train yourself to breathe in this pattern, you're able to change your brain chemistry and structures and able to increase your breathing patterns.

So while people are waiting, to either go to like EMT or sleep medicine doctors and the like that or the biological dentist, we walk them through a coaching program, and this coaching program really focuses on how to breathe.

And if there's people listening, it's like, oh, I know how to breathe. No, probably don't I didn't know how to breathe until I got coached on it by my by my coach.

And in fact, and if you actually watch me talk a lot of my shoulders up here because I've been a mouth breather for most of my life, was that sleep apnea?

So my scalings are shorter right here. So Marshall already doing this. And the more I talk, the more short of breath I get. You know, and so the actual like breathing, pausing these mechanisms really affects our day to day, like mental health and stuff like that as well.

And so we wanted to create these other workshops really catered towards, the population. Okay. What can I do right now myself to improve my breathing process as we get some of this other, you know, medical stuff figured out.

Cut it. So can you take us through, like, even just a little snippet of how to breathe a little better? Yeah. So I'm not the best on this. My health coach is actually do this.

So the easiest thing that, we start working with is, we start with the intention. Right? And I'm a mindset guy, so, if you, if you come to my office and you want to know, hey, I want to know about my brain or X, Y and Z, you know, my daughter will tell you that my favorite letter in the alphabet is Y.

So why do you want to know that? Right. And so, from a mindset perspective, we all go through these medical, diagnoses for specific reasons. And so ten people can come in with memory loss issues for ten different reasons.

Right. One of them is like, hey, I want to see my grandchildren walk down the aisle. Another one is, I feel like my relationships are in jeopardy. Because of my memory, I think there's something wrong with me.

Another one maybe. People are telling me I'm becoming more forgetful. And because my parents both have dementia, I don't want that to happen. So everyone has a different y, right?

So part of the mind sculpting is that you have to own your Y, so you know what outcome you want to achieve. So that part actually starts before the whole breathing thing.

Right. And so let's for example say, hey, I want to walk my granddaughter down the aisle in 2024. And I want to retain my memory. Then guess what's going to happen the next visit?

The granddaughter is going to be part of the visible part of the equation that we actually talk about it, so they can focus on their why and create these structures to, to improve the outcome.

Medical Trauma and Simplifying Treatment

So this is basically what I like to call identity based medicine. Most of medicine is outcome based medicine like dementia or cholesterol or heart disease is identity based medicine.

So like you, because you want to connect with your granddaughter. What you wander down the aisle. Therefore this is the outcome here. This is your specific outcome.

Now we can give you the tools to improve that. Here's some, you know, box breathing. Inhale through your nose for four seconds, hold on for seconds, exhale for four seconds, and etc.

etc.. And here are some other techniques that we can use with the specific end outcome of watching your, your granddaughter walk down the aisle. So whenever we shifted, our, our, our technique of practicing medicine, it's more identity based medicine then everyone has a very special story that we're actually falling into.

Makes practicing medicine just a whole lot more fun as well. That does sound like fun. Yeah, I'm just thinking of a couple of patients that I had recently.

And one of them, she, couldn't have memory. She couldn't have a memory issue when she moved into senior living. And her cousins, she has no siblings, no, no kids, but her cousins were living in the senior living area, a community.

And she really wanted to be with them. And she. But she couldn't have any dementia. She if she couldn't have that diagnosis. And so sure enough, she was able to reverse her dementia.

And then she was eligible to live in that community with her cousins. Well, sure. So much that it was really amazing, but she got so much better. She's like, I don't want to live in senior living anymore.

I'm going to stay out here and maintain the independence. She was able to get back to her work and, and she was able to, you know, it just didn't feel as overwhelming to take care of her own home and cook for herself and do all of these other things.

And it was really just so inspiring for me to see that she had sort of this rebirth. Right? She had this idea of what was motivating her at the beginning, and then that even that transformed as she went through the process.

Right, absolutely. And guess what? If if I talk to a bunch of people with dementia, they all exhibit very similar things. So I'm talking now and I'm getting into the moderate to severe dementia phase, right?

Where it's progressively on. So, you know, talking with dementia patients, can be tough if you don't know what to look for. And so this is why I want to teach the family members that are better, that are, going through this as well.

So one of my favorite things to do is I like to teach the family members how to communicate with their family, with the manager. Right. And so, let's say that it's my grandmother that has dementia and, the family member.

So a lot of times what I do is, I try to make my grandma a normal part of society, bring her on birthday parties, have her experience of meetings, take her to the beach.

Right. And some humanist, humanistic aspect of it. But what happens when my grandmother does not remember me? It makes me feel very devalued on the actual inside.

Right. And so one of my favorite things to do is that it's not that she doesn't remember you, is that she just transcended time. And she's in another year right now, and that you may not have been born.

So instead of trying to get her to remember, you taught her and say, where are you? What time are you and what year is that? And you go into there with her.

Now you're part of her journey. When you're part of her journey, she's there to express to you in significant amount of detail what happened during that year.

And we see this in people in war torn countries, you know, and stuff like that. So they able to be extremely detailed. And what happened in, you know, 1972 or something like that.

Right. And so what happens is now now you or me, I get to connect with my grandma back in time. This is a superpower that I now have with my grandma, that I could have never done this without her having this quote unquote dementia.

Right. And because I'm able to explore that with her, I know what her underlying underlying physiology when it comes to the brain and thinking about that is and then you can slowly bring her back into, you know, 2022 or whatever, you're actually watching this and say, hey, this is actually 2022.

And, you know, I was born in 1983 and this is what actually happened. And believe it or not, this is how you can fish people back into your reality if you respect their reality.

And I'm able to watch this happen, on several different occasions. And it's just really incredible that we don't want to view dementia as a diagnosis.

We just want to view this as something occurred where their brain is in a specific time, and we have to honor that. And let's go to the time with the person rather than trying to always, you know, put in a part of the social norm.

And I think that's really important for a lot of family members to understand. That's such an amazing practical tip about how to engage and approach someone.

Breathing Training and Identity-Based Medicine

And I think one of the big pieces that you mentioned that I want to just really drive home is how it affects us personally when we're talking to somebody who doesn't remember us, and that they set that aside and really say, like, this isn't about me, this isn't personal.

It really is their disease process. And having some compassion, showing up with that compassion and and really like, like you're saying, becoming present and meeting them where they are and not being attached to them, being where we are.

Even though that of course, like a healthy brain would do that. But I mean, that judgment aside and saying, all right, I'm going to meet you there and be with you there and even get a bunch of value out of it, because I get to hear these amazing stories from a lifetime ago, honey, really just insightful.

Thank you for sharing that. Yeah, yeah. And and the reason I share that is because, you know, I like to play this game with people. Like, what if the opposite was true?

And what basically, like, you know, instead of seeing this person as demented when they're super consciously aware in a specific time period and they're in an alternate reality, right?

So just step into the reality with them, explore what that's like. You know, the first time I experienced this, was with the 92 year old gentleman, at the time, I was 12 years old, and it was my, my, my, my friend's great grandfather.

And, my friends like to avoid grandpa because grandpa doesn't really know what's going on and who's around. And I just sat there and listened, to him tell me war stories.

And I was just enamored at the fact I'm able to get all this information. And my brain is actually with his brain, and I'll just asking about, like, different guns.

And what does what does the smell of gunpowder feel like, you know, what does it really feel? How does it really feel to kill somebody? And this person who's supposedly super demented can recall with the greatest detail what's going on.

And and afterwards, after that experience, I'm like, this is kind of cool. So I sort of, I started to, go into Sheltering Arms, which is the memory care unit here in Houston.

And this is, it's right next to my middle school, like walking distance. So I would go there, I would volunteer there, I would just listen to these stories, and I just had a ball.

Because I'm very much a big nerd, an historian, an historian. And so I'm listening to these people and getting so much value from it. So when I became a doctor, I'm like, man, this is actually fun.

Let's go back to some outside. Let's talk to these patients and meet them where they are. And as it turns out, what I experience when I was 12 years old was still experiencing.

I'm 38 now, so still it's still the same as as I'm 38 years old and I just find it to be super valuable. And and I was like, hey, you know what? This person has superpowers.

Let's let's harness that. So much of what I do so I'll say it like clinic and then also Marama, and then just in our, in my work collaborating with Doctor Bredesen to, to reverse dementia and prevent dementia is about exactly what you're speaking to.

Supporting Patients and Family Communication

It's like, how do we how do we make sure that our elders have value and wisdom that they're contributing to society today? And you're making that happen with or without dementia, and it would be so incredibly hard to to pull them back into the fold of society in whatever way works.

So the, so that they can I mean, that's so healthy for anyone, right? Like, how are we contributing? How are we showing up? How can we be an asset versus a liability?

Absolutely. And this is exactly the reason why I developed texts and other lifestyle medicine is to serve as a medic to your community. You know, you know, I'm functional medicine trained, but at the same time, I know a lot of is not necessarily accessible, but when it gets down to the root of it, a lot of this is based on communication and based on the the allocation of resources.

So if I become a resource for pulling in, the EMT is pulling the dentist, you know, pulling in the more functional therapies that work in tone positioning, putting the pediatrics that, that, that focus on like tongue tie and ADHD, stuff like that.

If we can all coexist in this world, it's actually pretty easy to navigate once the guidance is there, there. What you put together is just really, really valuable.

And so, you know, creative, right? Like you're creating this unique opportunity for people to get through something that feels kind of overwhelming and complicated in a very simple way, and get as much insurance coverage for it as possible to make it more accessible to more people.

I'm really grateful and impressed by what you're up to, and I want to make sure that people know how to find out

more about you. And also, are you taking new patients?

Yeah, we are. You know, obviously, since we started doing this, the the demand has really outweighed the supply. So definitely working on growing the team quite a bit.

But for people who just want to hear me talk more, I ramble on a lot. In, TKM University. So wtc, LM university.com, which stands for Texas Center for Lifestyle Medicine, and you'll see my big smiling face there.

And then we'll have so many different modules that are there. So I want to autoimmune gut health and every aspect that we can think of.

Closing Remarks and How to Find the Practice

And then there's three specifically on mind and brain. And accessing those you'll see exactly what the values are. And even if you don't if you don't see us as practitioners, you don't necessarily have to once, you know, sort of how to navigate the health care system.

That's incredible. Thank you so much for sharing your time and expertise with us today. I know that so many of our listeners are going to get a ton out of this, and it's just a little like the, you know, on this path with you, supporting patients.

So thank you for showing up. Yeah. My pleasure. Thanks for having me on. I appreciate your time.