What's Really Behind Pediatric Developmental Delays? with Dr. Laura Hanson Transcript

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Podcast Introduction and Guest Background

Your genes hold the answers to your family's overall health. I'm Dr. Paula Kruppstadt and on the Get to the Root with Hope for Healing podcast, I sit down with experts in genetics, functional medicine, and family care to explore what's really going on beneath the surface so you can stop guessing and start healing.

From personalized insights to practical tools, we bring you whole family wellness that starts at the root. Hi, welcome to the Get to The Root podcast.

I'm your host, Dr. Paula Kruppstadt, and joining me today is Dr Laura Hansen. And she is a doctor of chiropractic. Thank you for joining us today, Laura.

So I'd like to give a little bit of an introduction, and I'm really looking forward to this interview because you're going to answer some questions that I've always wanted to know the answers to.

And in the medical doctor, doctor of osteopathic medicine world, you don't necessarily get a good answer. All right. Dr. Hansen is a doctor of chiropractic medicine.

She attended Palmer College and Life University with a focus in pediatrics. And we just love that. I saw too, as I was looking through that you also focused on pregnancy in addition to pedics.

You can't separate the two anyway. No, you really can. Yeah. And you founded Connect My Brain. You have lots of other areas you focus in, but some that are just near and dear to my heart as a functionally minded pediatrician in autism and children who are feeling awful.

So I just wanted to throw out a question to you is why do you think so many children are struggling right now? Well, that may take up the entire podcast, but we'll go from there.

I've actually been working with kids for about 30 years. And us too, in chiropractic, we get pediatrics, it's really more geared towards taking a board test.

And my first year out of school, I attended a seminar on pediatrics and my whole world just turned around. Then I just dove in and I started getting all kinds of different specialties in this area.

And of course, it just really opens up so many doors about things that we can really look at. So in a big picture idea, one of the things I think is that, we don't really plan our pregnancies.

We plan trips, plan to run a marathon, but we do not necessarily plan to have a baby.

Why Children Are Struggling More Today

And over the years, the things that have really come up, especially in the world of autism, is that there's a lot of things we know now that go on in pregnancy that impact that developing brain.

So in-pregnancy or prior to pregnancy, we should do a functional assessment of ourselves. What's our state of health when we actually conceive alive? So that's one area that I think is really important.

Then I'm sure you know this because you're in the medical field. Under the DSM, the Diagnostic Statistical Manual, pregnancy is actually listed as a disease.

And so we're not even treating women something that they're innately designed to do. And it's how our healthcare system has gotten shifted and aligned itself in a particular way that you got to do this, this this and this rather than knowing that a woman is designed to have a baby.

So what kind of interruptions happen during pregnancy can absolutely impact how that baby's going to develop. Then the delivery process. A baby is meant to come out of the birth canal.

And so any interruption in that, whether it be a C-section or instrumentation, no judgment. It's things that happen in an emergency situation. I think it's fantastic that we have those tools, but oftentimes, People are planning the birth of their child, and it's earlier than when the babies actually do.

Then that baby comes out. What's going on with the baby? How is the Baby engaging in their world? And this is where the whole idea of sensory processing has come onto the stage.

So what is that child doing in the environment? Are they able to be in tummy time? Are the rolling around? are they crawling on hands and knees? Or are getting up and walking at 12 months, not at 18? Very frustrated that the CDC, years ago, three or four years, changed all the developmental milestones and crawling is not even listed anymore.

And now everything is okay if it's later. In my view, we're actually saying that developmental delay is okay. Yes. That's where I think there's a huge problem.

And this is why I love these conversations, because it's like a grassroot effort to try to educate parents that your development really does matter. It really is going to impact that child.

And it's not just the mechanical parts of things. The subconscious mind begins the last trimester of pregnancy and continues till seven, eight and a half years old.

And your subconscious runs a gazillion neurons where your conscious brain, maybe about 40. So how you got wired up plays such a huge part. Then, of course, there's nutrition.

I like to think about it in three columns. There is the mechanical piece. Did the child move? Did they move correctly? Do they moved on time? Then there is chemistry.

What's going on inside? Like looking at MTHFR, a genetic snippet. And now today, I love genomics, looking at the variants, the epigenetic things that are going on.

And then, of course, it's the developing brain, because you come into this world, you are fully formed, but you're not fully functioning, and you must go through these movement pieces.

You go from your lower brain to your midbrain to you higher brain. At any time, And when you get stuck, you keep growing. You don't lose the ability to grow, but you don' make the circuits that are needed for higher brain function.

And you know, that's one of the big things in autism is that they don prune correctly and they create circuits correctly. Yes, Laura, that was a really good overall view.

Just to summarize the mechanical piece, how the baby was born, our society is so risk averse. They want to do a C-section immediately. I'm one of those people that were blessed to have two V-backs after two C sections, which you never hear about that.

The chemistry, what's going on inside mom's body and the babies body. And then that developing brain and the influence of we know about genetics, but we that the environment is what we bathe them in is so critical.

Now, I am curious, as a chiropractor, many people describe. I would love it if you would educate me and our listening audience. especially coming from the neurological standpoint that a chiropractor looks at this and the

population of children that you see, what are primitive reflexes and why do they matter?

Okay. Well, first of all, I'm so glad that you're framing my license as a chiropractor, because one of the things I really, really hope over time, and I think it's getting better, but I still think there's still a ways to go, is bridging our professional minds for the benefit of Right?

Yeah.

Pregnancy, Birth, and Early Brain Development

And maybe some chiropractors strictly work on structure and function, but there are others like me that literally we have gone so deep into really understanding how the body works because that's the foundation of a chiropractic education is really learning the orchestration of the the spine is just one of people bring into the educational part of chiropractic because the spinal cord goes through there, and every nerve that is going to go somewhere is exiting out of that spine.

But we go through the cranium, we through extremities, go though the muscles, through ligaments, etc. Now, to really explain primitive reflexes. Let me highlight one area of the adult body, probably an integrated body just so that we can make the correlation.

There's a muscle called the psoas, P-S-O-A- S. That muscle goes from the front of spine to big muscle and it splits and then it goes one into each side of pelvis.

The mechanical part is to lift the knee, do hip flexion. but it has another role like other muscles do. And it as a role because it's been integrated into that muscle through a part of the reflexes called the withdrawal reflex is that you will always know how to defend yourself, okay?

And your peripheral vision is tied to that as well. If you want to go into later, we can too. But when your brain perceives a threat, The very first thing that the human body does is goes into a slight flexion in order to get that psoas muscle to shorten up in inorder to protect the vital organs of the body because the brain is not sure, am I about to be stabbed, punched, or shot?

Now, if that continues, If a person's brain, especially their amygdala, If they perceive so many things as threatening, that muscle will continue to stay short.

And if it stays short, it's going to send a feedback message to the brain and your brain is going look at the world as if its threatening. Okay, so where does that come from?

It comes from primitive reflexes. So when you're a baby in the womb, you have to have something that's charging you to move. And we need babies to moves because that how they make neurological connections.

We go through a sequence of events, and this is prior to sensory motor. It's creating the ability to So first, the withdrawal reflex is your defense system.

So we first learn what is it going to be in order to make sure that I am scanning my environment to know that i'm safe. I mean, think about a baby in a womb, what's in there?

Amniotic fluid? They're swirling around, there's some vibration, light touch. or any light acoustic or sound, you picking up on something and looking at it.

Then you make a transition. And that word is so important because we make so many transitions in our life. We have a transmission from these reflex stages, a transitioning from coming out of mom, and then growing up, going to kindergarten, getting married, all those things.

transitions, and that one's tied to the very first reflex called the Moro reflex. And I'll just explain one because there's

a lot. So Morro is the activation of arousal, CO2O2 reflex and the sympathetic nervous system, fight or flight.

Okay, that's a big one. I call that one the enchilada because it has so much to it, right? And so arousal, does that little baby wake up rhythmically to feed?

And then there is CO2 O2 reflex. Now this is an innate part of our human physiology that if we don't have enough oxygen, we are meant to take a big breath because the CO 2 is climbing.

And this what's related to SIDS, sudden infant death syndrome. So an under aroused baby may not be getting that message. That can be life threatening.

Then sympathetics is fight or flight. Arousal patterns, if that child stays under aroused, that's like attention deficit. If that is over arouse, attention-deficit hyperactivity.

And this is how you tie things back versus just putting a label on somebody and now what are you going to do with it? So there are a lot of reflexes. The asymmetrical tonic neck reflex is when the baby turns its head and the arm and leg go out on that side, and that baby is actually kicking mom.

This is the kick you feel. And that is beginning of laying down the sensory motor cortex. It's literally kicking it, saying, come on, man, wake up up there.

So these reflexes are about making that neurology surge go in the direction you're meant to go. And then, of course, they're part of the birth process.

Some of them linger around for one year, three years after the baby is born. But if they don't integrate, I'd like to thank Fagran Genomics for sponsoring our podcast.

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And this is a very big reason why kids continue to struggle because these reflexes are blocking their ability to rise up into that higher-brain because it's always tripping them up.

So, and even, you know, like if something happened to you and I, You actually go back to these reflexes. If you had a stroke or a heart attack, you know, I remember when my mom had stroke.

I was working on her arm and literally she was, she had palmar reflex that I thought she's gonna break my finger. Because it's so strong. But in an adult, they'll call it a pathological reflex.

It's the rudimentary place of all learning. I have a child who, adult child now, but suffered a brain injury. She went back to every one of those reflexes.

You know, it was okay because I knew what to do and get them integrated again. And she absolutely moved on. So they're there, they are a way to understand what is the neurological age in comparison to the chronological age.

Yes. Thank you so much for that explanation. And it's, as you were saying, the fight, flight, breeze, or fear, seeing people stuck. I know that whenever we examine babies and we stimulate or initiate a morrow, we're like, it is okay.

Primitive Reflexes and Neurological Wiring

It's all right. We're just kind of tracking to see where we are and looking at the fencer, you called it something different, but it's where you were saying that a baby kicks in the womb, where they turn one way and those kinds of

things.

You alluded to this and I appreciate you going there a little bit. But when we talk about ADD and dyslexia, they're not really the root problem, are they?

They're an indication of something deeper. I've opined on this, but I would love to hear from you as a functionally minded chiropractor. You see as ADD, ADHD, and dyslexia, you alluded to it with retention of some of these primitive reflexes, but go a little deeper on that for me, please.

Okay. Let's start with dyslxia because again, the DSM kind of guides what it is and what you can do about it. So it talks about that a kid would have trouble with reading and writing and Dysluxia is much more than that.

but we're always giving something a name because of a symptom that we see. Dyslexia really means that the brain did not get organized. So during a TNR or fencer, that's when the body is literally split right down the middle.

And so at that stage, you are laying down all the neurological columns that are learning how to communicate with one another. So for example, the right side of the brain is the big picture.

The left side is of brain the detail. We will ebb and flow between both sides, but when you're a baby, got to lay these things down. The need to talk is on the right.

The work of talk on is the left. Eventually, you're creating the timing between both sides of the brain in order to have a conversation. I always think about this one, especially with autism, because a lot of times those children are right brain dampened, so they're not really getting that drive that would say, I need talk.

So if I'm dampened, I am not getting that information. So in dyslexia, this is where you are trying to lay down those columns that will eventually talk to each other.

There's lots of columns, there's not just a couple, everything you're able to do. But by four years old, those column should be talking to and a very easy way for your audience to take a look at their own little person.

I call it the lateralization test. By four, you should declare dominance, meaning you have a dominant eye, a dominate ear, dominant hand, and dominant foot.

So I share this all the time. Set up a little table. Take a paper towel roll with no paper, have your child pick it up, watch the hand that they pick up with, and which eye do they put it to?

Tell them you're playing, you are going to be a pirate. Look down the column there. And then you may already know what hand they use to color, but go ahead and get them.

Because you want to also watch how do the hold that crayon. Do they wrap their hands around, that would be a palmar reflex, or are they able to get into a pincer grip, okay?

And then how do they navigate the paper? Do the have to, get their body into new posture just to be able write? Or can they execute something on the papers?

Then use a phone, have them put it up to their ear and then roll a ball and have them kick it. All of that should be on one side. That would give you an idea that my child's brain got organized.

And remember what we said before, we're looking at the neurological age versus the, and how does it match the chronological age? So let's say I had a five-year-old that had mixed laterality, then I could know this happened before they were four.

Let's say that same child is completely dominant on one side, but still struggling, regardless of the age that you do the little test. I know from four behind, you probably got wired up right.

So we can now go look at other things that are about the timing or about chemistry or the brain. I do a lot of brain mapping. Dyslexia will actually come up on the report if the brain waves match that pattern.

So it could just be one side of the, especially on your left, that's your letterbox area. We actually don't have a place in our brain that says, because of this, I can read.

It's actually called a letter box. And it's how we teach children to recognize what a letter looks like, what does it mean, how do you say it, et cetera.

So I find that typically when the left side, especially front temporal, is down-regulated, then we have trouble with speech. We have trouble writing. We've trouble recognizing.

And that's another reason why I love neuro and biofeedback, because it's part of the equation. Mechanical, chemical brain, we can go in there and work on the brain.

Yes. and the child can begin to practice the correct pattern. And you get real-time data after that. So dyslexia has a lot to do with organization of the brain.

Attention deficit, rather it's just attention deficit or hyperactivity. There's typically too many slow waves in the front. That, again, is also about organization.

So what is going on that's making this brain go in this pattern? Just like what you were saying, what's the root? So I realize we got a name for it, but I'm always asking that question, But why?

You are innately designed to be able to pay attention. You're innate designed, to become organized. What is blocking you, what interfered for you. And it can be mechanical, and it could be chemistry, it it be brain, all of them together, one over the other.

I see kids that I will tell the parent, your child is incredibly coordinated. But their chemistry is so off, like kids that have chronic strep infections, kids at have dysbiosis of the gut.

All of those things can impact that gut brain access and inhibit performance. Yeah. You know, at the very beginning, you said that the CDC several years ago changed our developmental milestones and that just infuriated me as a board certified pediatrician that was in the middle of COVID.

It's like, we're going to dumb everybody down because we have so many toxins and things in our environment.

Dyslexia, ADHD, and Brain Organization

And when you look at, and I appreciated so much what you were saying as It's okay, we've got the mechanical, the chemistry, and the developing brain. Putting it all together and giving parents the ability to know, especially that this mama who is deciding Well, a pre-mama, I'm getting ready to get pregnant.

What are the things that I can do? So I am going to toss the toxins, eat a good clean diet, make sure I take care of me. That's exactly Laura what you were implying too.

It's like this beautiful system that our bodies are innately designed to do. Let me pop in with a few other things. Why do so many traditional approaches fail?

to create a lasting change? Well, unfortunately, that's our health care system. And I do think, I see a few lights at the end of the tunnel that we are, at least now, we can talk about things, right?

For years, and I've even had parents say to me, you know, when You ask a parent, do you have any idea what happened to your child? Why did they regress?

Some of them will pinpoint vaccines very, very quickly. Others will say they really don't know. I feel like that topic has been very difficult for us to be able just to discuss.

They appreciate the attitude of you should have a right to do with your body what you wanna do. And so when somebody wants to that, support you 150%. But if you don't want to do that, I support ya 150%." So I think that's a big part of things is we have to be able to talk about it.

And sometimes I really don' understand why we can't. If there's problem, why don"t we bring it to a discussion and see what we could do better. You know, I got very infuriated as well last year when Red Die was finally beginning to be pushed back.

And they've known for over 30 years the effect of it and how many people have been impacted. My poor little heartstrings get tied into that kind of stuff.

You know, if we need to do something different, then let's just do differently. And I think our healthcare system needs an overhaul. I've heard parents being fired from a pediatrician.

I've heard that they don't feel like, oh my gosh, my pediatrician is going to be so mad at me if I don' do this. And I Don't think anybody should ever feel that way.

You're going for help. Yeah, you know, I have experienced, especially when my daughter had a brain injury, I wanted to do many functional things. And I had to go through her neurologist and I always spoke to the PA and she literally said to me, she goes, how do you know to all this stuff?

And i go, i don't know how you don t. I go this is a recovering brain. The sky is the limit. She's 16. I think we've got to get more outside of the box and we have to take some of these new things.

I find genomic testing just absolutely fascinating and it really matches these children. So, if you don't know what that is just for your audience, it's a saliva test.

So it is super easy to do on kids and it literally is going to tell you what the ancestral line is as well as epigenetics. And it tells you, what supplements, lifestyles, medications, and personalized healthcare.

And so I guess that's what I really think we need more of is personalized health care. What may work for one person may not work. For another, there's a marker on that genomic test.

It's. And it shows you where, if you have a double hit of a particular snippet, you might be a sliver of the pie where part of that population is over here and then the rest of population doesn't have it.

But they will recommend for this, for the greater population, and not take into consideration the person with the slither. And this is what I think we gotta know is the uniqueness of an individual and personalize whatever it is that we're doing for them.

You know, Laura, I'm so glad you brought that up because that is the root of my practice. In almost 11 years of functional practice, we've only had three children diagnosed with autism during that time.

And those were people who had not applied precision genetics because we have people with vaccine-injured children or having been fired just as you brought up.

And a lot of the things that we look into are non-epigenetically modifiable genes, meaning that you get what you, get you don't throw a fit, but we know that environment influences everything.

Everything is influenced. But if you lack an enzyme, that helps with brain regeneration or the gut brain connection and neurotropic factors and inflammation and mitochondria and detoxification just as you're alluding to without that biochemical piece mixed in with the mechanical and then integrating everything that the brain can't get back on

track.

Now you You basically, in a nutshell, just delivered what we love to hear here. And we have this group of chiropractors we had around our area that do a lot of the EEGs and neurofeedback.

So we some folks local, which is just awesome to have. But what do parents typically say when they finally understand what's going on with their child to you?

Most of the time, I think the number one thing that I hear is, gosh, that just makes so much sense.

Why Traditional Approaches Often Fall Short

And I love that because I feel like then I call it a gamma burst. Gamma is your aha moment when the light bulb goes off in your head. I fell like they're having one right in front of me that we simplify it and we give them hope and a path.

And we have check-ins. We are always checking in on our progress so that we can get them through a program. Because the goal is not to keep you here for the rest of your life, but rather, you know, I get a lot of kiddos that parents have tried all the traditional approaches and they didn't work.

And they've got like, I got one more try in me. That's what I like to tell them is that we want this to be the last place that you come to. We're going to put it together.

It's going be some work, but if you will put these things together, the way the human body works, Results are inevitable. And that's what we really like to see for the child, for parents, and for family.

Because, you know, trying to drive around here in Atlanta, going from one place to another can be very frustrating. Yes. Yes, same with Houston. So I hear you saying this, but the question that parents ask, you know, is can the brain really change even if the child is older?

And you alluded to when your own daughter had a brain injury at 16. Unpack that hope of what all that looks like, especially at your practice, connect my brain.

Well, this was about, uh, it's going to be 10 years in about two weeks. So May 11th, 2016. Congratulations. Thank you. Yeah, that's great. It really is.

My adorable 16 year old feisty little girl was on her way to work and she made a left-hand turn out of our neighborhood. And she was T-boned. on the side, and it was the airbags, the way they boxed her brain.

She didn't have any broken bones. she had one cut on back of her arm that was this big. Didn't even need a stitch, but it all brain, And when I got to the hospital, I thought maybe she had broken her neck.

That's the first thought that I had. And the ER doctor came in and I just wanted to see my daughter and everybody from the neighborhood had piled into the hospital.

There had been, let me back up one second to give you an idea of the intensity. So in medicine, there is many ways that first responders speak to each other in an abbreviated form.

And this one's called the Glasgow Coma Scale. And it goes from three to 15. 15 is a mild traumatic brain injury. Three is brain dead. When they picked up my daughter, they gave her an eight.

By the time she got to the hospital, she was a four. She was dying. I didn't know that piece in that moment. So when the ER doctor came in and I said, I really want to see my She said, no, we're waiting for the neurologist.

And I just sat, I fell off my chair. Cause she said your daughter has a brain injury and there are so many brain

bleeds. We can't count them. I literally fell of my.

Chair. She was very cold, very. Cold. Then this one nurse came in and she goes, you need to go see your. Daughter. is she dying? Is she dead? What's going on?

And she goes, I don't know, so they let me go in the room and she was lying on a gurney, a steel gurnie. They had cut her clothes and was on life support and lifeless, just completely lifless.

It was kind of like a hand inventory just to kind see and then they started to need x-ray and made me leave the This will bring at least a little laughter into the conversation.

I think I was feeling her pain. It was so bad that I asked for some kind of pain reliever, but they offered me Tylenol and I said, oh, no, that's a glutathione disruptor.

These people were probably looking at me like, what is she talking about? So I got agile. Okay. Yes. So then she was in ICU. She was an ICU for 30 days.

The first 12 days, she didn't wake up.

A Daughter's Brain Injury and Recovery Journey

They did sedation vacation. The accident happened on a Wednesday. Saturday they did Sedation Vacation and she didn't wake up and that's when I really knew that it was real.

the night of the accident they drilled a hole in her head to release the pressure. At least we didn' have to have a piece of her cranium removed. And then on the 12th day they decided to do a tracheotomy.

After that is when my daughter started to wake But she was in ICU for 30 days and really not doing much. She could look at us, but she wasn't talking.

she Wasn't moving anything. And they thought she had actually had a stroke, But, she didn't. Then after a month, we moved to CHOA and that's when they started doing rehab.

I closed my CHoA is Children's Healthcare of Atlanta. Okay. I actually closed my practice back then, and I brought my therapies over to her hospital room so that when she was done with them, she had to work with me.

And she has to relearn how to walk, talk, eat, toilet, dress herself. It took two and a half years. Probably the biggest experience I've ever had in my life.

I'm grateful because I also felt what other parents feel. And it kind of changed my dynamics, you know? But I finally went back into practice in 2019. I remember looking around and just going, God, you prepared me for this.

The work that I do, I was doing prior to this, and we just put it into action. And it was a lot of work, it really was. It was, a lotta supplements, was completely changing diets, going from one therapy to another, and taking chances because when she was released out of CHOA, you typically go into day rehab because she wasn't stable yet.

And I remember feeling very disappointed by that. That was a $1,200 a day experience and they weren't doing anything with her. They had her doing finger yarn and I remembered them having this treadmill that you wear pants and it has a camera at the bottom so you can see your legs up on the monitor.

Those things are so powerful for the brain. She was a runner before this happened. And they only let her do this treadmill one time. One time! And I would go into meetings with research and say, come on.

And, I did. I started taking chances. Then, tried to put her into Shepherds, which is another big brain place here in Atlanta. But when we went for the tour, it scared her because it was just people laying around and she was walking

around, that wasn't her.

So in chiropractic, we've got a neurological center right on campus. And I just said, you know what, this is where we're going. That was the smartest thing we ever did.

I have a great colleague that was her provider at the time. And we did things called a gyro stem. Gyro STEM was created by an engineer whose daughter had cerebral palsy and he went to the doctor with his daughter and they said, your daughter needs vestibular work.

And as an engineering, he's like going, okay, what's that? How do I do it? He took her car seat and put giant wheels on it and would just roll her through the house.

Brilliant. Brilliant. But it led him to create the chirostem, which is this giant capsule. Looks like you're headed to the moon, but you get strapped into a seat and you move.

And, you know, we started very ginger, But I can tell you, these things were instrumental. My daughter went to college and graduated Magnum Cum Laude from the University of Georgia.

If you met, we did everything that we know to do, even on her trach hole. You know how so many people look like they have a vacuum. Well, she was 16. So I was like, We've got to preserve some stuff here.

And we, did, high pH water. We did aloe. we worked on where she got the hole drilled into her head. W we were so functional. and if you meet her today, you wouldn't even know she went through this.

Beautiful. Two and a half years, but, you know, the brain can absolutely change. And I have another really good colleague that is a medical doctor, and he's all functional.

He actually brought over a jump drive to the neurologist. He wanted him to infuse phosphatidylcholine into her IV. And he gave him like hundreds of articles and the neurologist did nothing with it.

But once we got over to CHOA, I set up a kitchen. I had another great friend who was making her homemade kefir and bone broth, and I was just taking care of her.

And I do believe that the efforts of all the people that showered us during that time is the whole reason why today, my daughter is great. She's completely independent.

I'd rather she wear bubble wrap when she drives, but you know. You can't hold them back all the time, but she's 26 years old. She's doing great. she'd been interviewing for a really, really big position.

We're really hopeful for her. But it, you know, if there's anything I could leave with your audience is don't stop. There is a reason and don' let a label become like your name tag.

Yes. Find out. Dig. It's worth it. Yeah. The experience that you went through with your daughter, first of all, I'm so grateful to hear that she's thriving and doing so well with all the modalities that were used to restore her to health.

And then the compassion that, you as a provider, understand where parents come to you and they're like, can my child's brain recover? Can it change? Absolutely.

And I sure hope that you were able to give her phosphatidylcholine at least early when you got out. Yes, yes. I mean, the documentation.

Connect My Brain and Final Advice for Families

Now, if someone wants to, you know, again, thanks for sharing that. It's the integration of all of those things. And, when I think about traumatic brain injuries, about flooding the area with omega-3 fatty acids in the right ratio and

lowering the glutamate and using N-acetyl-L-cysteine to shift over from that excitatory quinolenic and kynurenic acid pathway over into calm and keep the dopamine in the synapses.

You're speaking our language, Laura. Yeah, you really, really are. So for families that are listening today and this resonates with them and how can they find you and about your program, Connect My Brain?

Well, I have to tell you, they've been pushing me to call it now, connect my child's brain. Okay. We're not changing our website and all of that at this point in time, but everything about us is called Connect My Brain.

And I have an app as well that's called connect my brain, because after the CDC did that, I was like, man, we got to get this information out there. So I put an App together that lets you know when your child should be doing what.

That's one thing. Everything is call Connect my Brain, Second of all, go to the website connectmybrain.com and just fill out a form. And I am the one that always follows up.

I love chatting with parents. You're welcome to call the office. The number here is 678-501-51 and we do work remotely. We've got many different strategies for many types of families and that's one of the things that we try to do is meet you where you are.

Beautiful, beautiful. Laura, thank you so much for being a guest today. And everyone, let's thank Dr. Lauren Hansen. What a wealth of experience and your personal story with your daughter really, that really connects you to the audience.

And it's what we say here at MyPractice. It's hope for healing. And like you said, there's always hope. That's why we want to infuse people with. So if you had one last thing that you wanted to say to the audience as they listen, what would that be?

Take the time to do something for yourself as well as never lose hope and always know there is a reason why things aren't going the right way and if you uncover it, you go a better way.

Thank you so much. Thank