Introduction and guest background

Everybody. Dr. Tom Moorcroft, back here with you for this episode of The Healing from Lyme Disease Summit. And today, this is another amazing interview.

I'm super psyched for because I've got my buddy Ron here. He's an M. D. medical doctor who has been really at the forefront of brain health in all kinds of it's aspect from, you know, recovering from dementia and other kind of weird stuff.

And in terms of seeing patterns in one's brain with things like Lyme and mold toxins. We've previously talked about message activation. It's an important. It's important.

And all the structures in the face and the body that are related to that. So we've got a lot of talk, lots to talk about today. And not only is he one of these guys is on the forefront of helping patients with this and coming on here sharing on it's.

But he also does a lot of teaching of physicians in all different aspects of providing medical care. So we can actually continue to have really awesome physicians available for you guys and for those of us who are health care practitioners, he's one of the guys who helps us all, not get all burnout and everything. So.

Dr. Ron, thanks for being here today. Hey, thanks for having me. Really excited to talk about this. Yeah, I'm pretty excited because as an osteopath, I love the brain, I love the structure and function of everything.

And my goal always is to really reignite self-healing in someone who's been having some challenges. So one of the things that I'm always interested in, though, is like, you know, how does one just kind of end up being like this super brain specialist who's like doing QE eggs and helping to really put, you know, for me, one of the as you know so well, the people who we see very commonly are like the medical system says, Oh, no, you really don't have what you think you have and your tests are false positives or whatever.

But when you can actually look in someone's brain or at the functionality of it, that's just next level to me. But what are even, you know, going backwards for a second?

What would you even get one interested in that kind of medicine and how did you get here? Well, that's a really good question. You know, I think so much of brain health and mental health goes unanswered.

There's not great pharmaceuticals for both brain health and mental health and reality. It's all one thing. And I think there's there's a cry for help within the medical system to find some answers there.

Right. And I got into this kind of accidentally. We were you know, I started Texas Center for Lifestyle Medicine in 2017. And we're one of the few integrative and functional medicine practices that take medical insurance.

And all of a sudden, I was getting all these people on Medicare and coming in and and they spent literally some sort of I'm sometimes like $100,000 just on their health in kind of getting nowhere and what's really interesting is they all have very similar things in common with something to talk about.

And it's really appropriate for this discussion behind Chronic Lyme is this relationship between not just the brain but whatever carries the brain, the cranium, the sinuses, the the teeth, the periodontal space, and how that really contributes to deteriorating mental and brain health, chronic Lyme muscle toxicity, nasal activation and all of these different things that were a big question.

Worse for for a lot of people, even for some US and docs, there's patterns that are there and I ended up getting into

quantitative EEGs after getting a proposal from the VA hospital here to look at PTSD and that looks like on on on on the brain.

And that just took me into a whole other dimension which will unravel today. That's amazing. You know, and that is kind of interesting because I think I hear a lot of people are just like, hey, you can't do without insurance, man.

It's too hard. So to be someone who always you know, and whatever the topic is, I can imagine that outside of just your medical practice, you're the same way.

And working with patients like there's no answer.

How brain health and Lyme medicine intersect

So I'm going to figure it out. There must. There there's no no. There's just a way to have it happen that someone to make it happen that someone hasn't thought about, which is what I love about the way you approach patients.

So just I mean, so good, brother. Yeah. Thanks a lot. You know, I think the the key here is collaboration, right? Because, you know, as a doctor, it's more important for us to learn rather than teach.

It's more important for us to get something out of the life lessons that every patient has walked down the path. And and that's what I'm able to kind of collect.

You know, I'm told I joke to people in a story collector and everyone's stories has a tremendous amount of impact on my development to develop my entire staff here.

It's a center for still medicine and moving forward and my students in my, my, my coaching curriculum work with the doctors as well. And I think that this concept of collaboration, while it's it's it's sort of a no brainer to collaborate.

There's some things that we really have to think outside the box. No one is thinking about just what very few people are thinking about. For example, you know, connecting, especially in chronic line between dental and neurology, is absolutely crucial for anyone with chronic Lyme issues and chronic fatigue.

So when as we start to kind of talk about this a little more, I mean, where's the natural jumping off point? I mean, because like, I think I love QE, geez, I love what we're learning about it and I love understanding the impact.

I mean, do we start back at the facial structure or do you want to start that? You know, because I think we could do it either way. And I think that this is just such an important topic to pick the right place to start.

Yeah, well, let's just talk about anatomy first, you know, and I'll come dove right into it, right? Yeah. This is crazy ass guy called Andrew Taylor still, whose is osteopathic?

Did you started this whole profession? He just goes anatomy, anatomy, anatomy. They start with the anatomy and then once you know it, you put it down and you go treat the people in the clinic.

So I think that a doctor still would be very proud of our friend here. Good. Okay. Well, you know, my mother's and acupuncturists and Chinese medicine.

So this is where we start from as well, you know? Right. Cool. So let's let's start with the anatomy and then get into functioning again. So biochemistry. Right?

So well, let's let's kind of define chronic Lyme and chronic fatigue really quickly. Right? It's a state where someone has something that's abnormal and that something that's abnormal probably might have been abnormal their entire lives.

But then something comes along to kick it, kick our butts, and then we develop, you know, chronic Lyme or chronic

COVID or chronic mold and stuff like that.

And so instead of calling it, you know, a disease that's by a specific trigger, like an organism, let's call it an abnormality in function and abnormality function, it actually starts in utero.

So it's nice to talk about the embryology, anatomy. So this is going to sound really crazy for those of you don't know embryology. But in utero, when the fetus is being born, are faced, technically starts in the very back of our head and we start as as as a as a cell.

It turns the tube. And as we grow in utero or our face literally forms like this in the womb. Right. And that's how that's how embryos develop. Mammalian embryos develop.

So this formation. Right here is absolutely crucial. So there's some diseases associated with with not full formation, cleft lip, cleft palate, etc., etc..

But even the ones that are fully formed, what happens is we come out as babies and our entire skull structure which surrounds our brain right. Is designed as an entire system to support the functionality of the brain.

And so our skull or cranium has structure within it. It's not just about the bones, it's about the covering. There's something called a Durham motor, which is tough mother.

The tough mother literally surrounds her brain. And just underneath that, you have other structures that supply nutrients and blood flow to the brain.

All of that is literally contiguous with the lining of our entire skull and sinus cavities. Right. And so there's other structures that go below that.

And then it's it's contiguous with our gums and our teeth. Right. And so if you think about it, the quickest way of entry point of anything external to the brain is through breathing and is through the mouth.

Okay? And so that's the shortest distance from an anatomical standpoint. And so what happens then is that when we're born, as we develop the skull development is also depends on what happens during birth and right after birth.

So if the baby's to term great and the baby is pre-term, then there may be some abnormalities that can develop. But the baby is term. Then raising the child is crucially important at this point.

And so I was on my some of the reverse brain disorders and I interviewed Dr. Felix Leo, who wrote many books about this. His latest one is called Your Child's Best Face.

It talks about the development from when you're born to when you're a teenager. Is that your your jaw is supposed to be challenged with solid foods. I suppose you're supposed to bring in air through the nasal cavity.

Anatomy, facial development, and airway health

But what happens is in current generation, our skulls have changed quite a bit over the last 200 years. The structure of our skulls is no longer challenged as much it was before because there's more softer foods, processed foods.

So that develops. Our brains are getting bigger, but our son has cavities or palates becoming narrower and smaller. And we're one of the few mammals that develop this this issue.

And therefore, it relates to everything in life that relates to why their infertility rates are going up, that relates to why men's testosterone go down at the age of 30.

The rule as to why puberty in middle class and I think earlier now. Okay, it's actually has to do with the way that we

actually have impairment in chewing and developing your jaws and breathing.

And because of that, even the smallest amount of toxins can really trigger a severe exposed to mold, exposed to Lyme. Then our mechanisms of detoxification from those from those organisms are much less compared to before.

It's just just from an anatomical point of view have even gone into the functional and biochemical point of view, but just some anatomical point of view.

And this is true for a lot of humans. How many humans? At least one in ten, but at the most one in four, I would say. And so what's happening here is that we now label all these humans to have different diseases.

Right now in children, we call them ADHD. In adults we call an early cognitive decline or memory loss and maybe even Alzheimer's later on. Right. We call these things bipolar disorder.

We call these things anxiety and depression. We call them PTSD. We have different names for the manifestations. That's what's really going on, which is our ability to breathe normally, to chew has become much as has become deteriorated.

And that also relates to bruxism, which is basically teeth clenching and grinding. Right. And that relates to enamel wear that relates to snoring, sleep apnea, etc., etc., is because it's becoming more and more common and the modern day humans that we have currently right now is a different anatomical structure than it was just literally just 250 years ago.

It hasn't been that much time in terms of human evolution, but that's what we're seeing right now. It's crazy to, you know, Jane, because it's like you're look at it and you're just like, wow, these are simple, normal, neurodevelopmental things that are not happening.

And it's like, I just think about it. It's like our brain, our skull is compliant, but it's not that complete. It's not like this squishy brain can just make it grow.

And we have to chew and breathe properly and use our tongue properly to grow the face. One of the things that I want to point out for folks, too, is how important this all is.

My daughter, when she was like three and a half or four, was every time she fell asleep, would sweat whether she was upright, lying down or whatever. And, you know, everybody's like, hey, time your Lyme doctor she has the busier she has the PCOS is because she's sweating I'm like well I didn't I never met a person who only has the B. S.

when they sleep. And as an osteopath, I dug deeper. And thankfully, I know, you know, we've research some of the same stuff. We were able to get a functional dental appliance in and literally that day all the sweat stopped.

And what's so interesting to me is it's not just the anatomy, but it's the interaction of the anatomy with the neurological loop. So when you what's going on in terms of like because you had mentioned, Jane, the hormones.

Yeah. You've mentioned testosterone. And when I think of adrenals, I think of even bruxism like people what they're doing, they're they're TMJ and all the cortisol is getting jacked up.

So but what's going on when when your brain is in a cavity that's a little too small? Because I want to go back to. Yeah. The effects on the air and all that stuff because that's important too.

But what's going on with that? I mean, like biochemically with the brain when it's in a smaller container than it, than it's designed to be in. Okay. Yeah, that's a really good question.

I'm not sure if it's a smaller percentage, but the airway is smaller, but not the the container itself is not smaller. So what I mean is that the flow of air supports our life.

That's we've known this for 5000 years in Chinese medicine. That's what she is. Right? You know, and if you're Polynesian, that's what Mana is, right?

In Arivaca, that's Parana. Right. So you have different terms and different interest levels. And knowing that the breath actually provides life well in modern day, the breath is best represented by a gas in our body called the nitric oxide.

So we say, okay, well breathing or she flows the term nitric oxide. Well, that kind of makes sense. You know, there's three gas in our body oxygen, carbon dioxide and nitric oxide.

And nitric oxide allows the delivery and exchange of carbon dioxide and oxygen in all our tissues or cells. It determines how much we contract our blood vessels.

Right? So for example, when someone has migraines, right, they have a sharp drop of nitric oxide happening for one reason or another. And all of a sudden they have these spasms and on their MRI you can see chronic spasms and calcifications.

You know, we call it radiologists, call it nonspecific patterns, which may correlate with with chronic migraine headaches. Well, those are actually active like decreases in nitric oxide.

It's happening. So our chief LOE goes down, our energetics goes down, bad things happen. So that's that's not surprising. So what's happening is that in modern day, the way that our sinuses are formed is that we have sinuses that gets clogged up too readily.

If you can have a system there, you have really bad deviated septum, you can have mucus, mucus retention system in there. And these maybe just from our environment, maybe from pollution and maybe from mold, that maybe from COVID, right?

Whatever it is, our body does a great job of sequestering these mechanisms in these organisms within our own immune cells, in the mucous membranes. Right. So these areas get thicken.

And so what's happening is the less airflow goes across these mucous membranes, which means less nitric oxide gets activated, that's how we actually in most of our bodies, nitric oxide, the body senses are less air coming in.

So in compensation, the brain tells us muscle right here called a messenger, right you to muscle to go go like this and tells your stomach a lot of mastoid or scaling and the entire structure right here to look for like this just to get air in. Okay that can't happen during deep sleep.

Actually can't happen during moderate sleep. You know, only during waking stays in like sleep. So even children's sleep are being disrupted. This is where a lot of the ADHD stuff comes in right in and people aren't relating the fact that, hey, my child has like grinding and maybe even some story like time relating to mental health disorders.

But this is exactly what's going on. And now there's you can you can easily see if this is the case. Just go to just Google in airway dentists or biological dentists, and they can even have like seats in their office.

They can actually look at your airway sometimes in different positions, depending on which every doctor you go to, you can see the millimeters that it's that is restricted there.

It's it's horrifying because I have a restrictive airway myself and so do all my daughters. And so what's happening here is that the restrictions in our airways are sinuses.

Our tongue, our palate creates the inability to to to nasal breathe. So we're dependent upon oral breathing. Well, whenever you take a breath through the mouth, you can't actually nitric oxide.

So this awesome gas that determines how much hormones you make determines how much thyroid you activate,

hormones, your cortisol surges. All that goes completely bonkers, right?

Because the brain is sensing there's a lack of air coming in through the nose. And so we see what these people actually look like. Okay. And what they look like are people who may be having some dimpling in the chin.

This is called them and tell us muscle right here. And sometimes they physically have to move forward and dimples right here to to give the jaw to move forward like active sleep.

When they're sleeping, they can't do it right. Some of these people, the neck is really for like my mind is right now, the neck kind of goes a bit forward.

They may be diagnosed. Some of the really severe ones are diagnosed with fibromyalgia. Or what is fibromyalgia is chronic pain based on facial constriction.

Allowing the area to open fibromyalgia literally is the compensation mechanism for the air to open. Right. And it may be diagnosed with other chronic illnesses, chronic Lyme as well.

And so what's happening here is that this mechanism wasn't fully developed. So it doesn't allow us to calm inflammation down. So our brain in turn creates this mechanism.

And so I'm not saying that teeth grinding or bruxism is bad. I'm not saying that these structures are bad. What I'm saying is that if our brain didn't make us do that, we be dead, okay?

We'll be dead before six months old because the brain actually allow us to to live and survive by having these compensation mechanisms. So these symptoms are actually warning signs of what's what's been happening and what's to come.

And they're not necessarily bad in themselves. So I have a problem when people are getting Botox injections in the TMJ to release the TMJ issues because you just not a compensation mechanism.

There's nothing wrong with Botox down there, but you have to like figure out what else is going on. Right. Same thing with Botox for migraines.

Nitric oxide, mouth breathing, and chronic symptoms

And so so this is where our friends and acupuncture and chiropractic. So important osteopathic friends, right? This is where our dental friends and orthodontists really come in and say, hey, there's something going on.

Let's try to let's try to analyze the rest of the body's structures so that we can kind of reverse this. And there are things to actually reverse it. It's so interesting to me, Jane, because I mean, we talk a lot about root cause medicine and then a lot of times we skip over the anatomy part, which is kind of funny how we started talking about this kind of.

I was like, Where are we going here? I know exactly where we need to go, you know? But it is it's like it it's what is fibromyalgia telling us about what's going on?

It's not that we don't treat the symptoms, but it's like what's underneath it. Yeah. And, and this, the anatomical part leads into the, the, the functional part which leads into the biochemical part.

So, so this is something I learned recently also from Dr. Felix Liao. So, and as well as Dr. Gerald Simmons here in Houston is a fantastic trigger. War survivor, neurologist and and this is interesting. So, you know, my, my second daughter had amazingly large tonsils and and what I used to think or this is what I was taught in school is that, hey, some people just have large tonsils.

You know, you have something that can cause obstructive sleep apnea, like in the case of my daughter and and

being a functional medicine dad and being a son to a mother who's Chinese medicine, you know, the decision to take her tonsils was not an easy one because we really tried everything to to kind of improve that.

Right. But but we didn't. But what's happening here is that the reason that the tonsils are large is because she is one of those people with the chin retracted back trying to keep her airway open.

Always mouth breathing in the mouth, breathing actually creates chronic inflammation in the entire airway. So it's not just the tonsils that's inflamed.

You can also have inflamed gums. Yeah. And people who are older tend to have like chronically receding gum line. Some people will say, oh, you know, I brush my teeth like 2 to 3 times a day.

I floss. Must be like gum diseases always bad. Well, you're mouth breather and so that air coming through disallows the production of nitric oxide. So this is interesting.

So I learned this from Nathan. Brian is sort of the master of oral nitric oxide and he says that when people have gum disease, sinus disease, all the nitric oxide is being sequestered in the area to deal with the localized inflammation. Same thing with COVID.

When someone's gets COVID, same thing, all the nitric oxide be sequestered. So if you're one of those people who calming nitric oxide very easily. Right, and which basically are all mouth readers.

Right. And so if you're one of those people who can't read nitric oxide very easily, then even the small amount of nitric oxide is being sequestered by these organisms.

And worse, if you're one of those people who who uses like Listerine or scope, right? So those things actually deplete your nitric oxide even more. And so those people who are brushing and flossing using Listerine is still trying to get rid the predominantly this just making it worse because it's actually knocking out the body's mechanisms for the nitric oxide production.

And so and that has huge manifestations because we know in, for example, people with Alzheimer's dementia, postmortem studies, they cut into the brain the little plaques you can actually see p gingivalis in there from the gum disease.

You can see rockets that look like lime where they're not really lime, they're dislocates in the periodontal disease that are in there. And we see that there's sort of this this dental brain connection that's there.

And that's really important, honestly, to work with with dentists to clear that up, especially of chronic Lyme because chronic Lyme is this Borrelia right.

It's is still still scar Keats. And so if you're being attacked by multiple organisms at once, you have to optimize the thing that you really can optimize.

And that's where, you know, the anatomical goes into function, goes into the goes into biochemical. Yeah. I think it's so critical what you just said is like optimize what you can optimize.

Right. I might not be able to immediately get rid of this fire acute, but I can immediately make changes that will improve things like nitric oxide in my body and stuff.

So what are you guys doing? I mean, if are and I mean clearly you're working very closely with your functional dentists and orthodontics and stuff, but how does this all look when somebody comes in the office and gets evaluated like, you know, how does this whole part start?

You know? Well, honestly, I look at what I'm walking into and I see this long history of a lot of chronic autoimmune diseases, hormonal disruptions, chronic pain, insomnia or hypersomnia, which is sleeping too much.

The first thing I notice is that when I walk into a room how they're actually greeting me, half the people with these things, they're turning their entire upper torso to say, Hey, Dr.

on instead of turning their neck because they actually have locked in their entire upper airway to keep their way open and nighttime for such a long time.

And then I see them talk, I see them move. And it's it's interesting because people don't realize when they're talking, analyzing the entire structure, how are they sitting are they're sitting like this on one side and when they're standing up, is one shoulder higher than that than the other? Right.

And then there's a physical exam where I actually palpate the different tender points right here. I don't know exactly when people have been protecting their airway for most of their lives. Right.

Which is actually most people with multiple autoimmune diseases and infections and stuff like that as well. And so so the most important thing to know is that a lot of people who kind of go down them, pursue this path and they've had the best diet, they've had the best supplements, the most awesome detox is infrared, sauna, ozone, you know, everything else, right?

They've done everything and somehow things are working. It's because no one's really addressed the airway. Airway is still like like number one. So in our clinic, we obsess about the airway first.

You know, and it's because we have to have some way of improving that airway. And nowadays there's a whole category of airway health that's out there right now.

And there's airway tenses. There's airway or the donor's airway. Licensed massage therapist is the therapist. There's airway mile functional therapists or functional biologists.

There's there's all sorts of different categories in that space right now to to improve that. And let's not forget Ian's use your nose throat surgeons are are crucial because they need to look at the sinuses as well.

And so I think and so this and this is all really put together in the book Breath by James Nestor. It's a wonderful book to to to look at you want to sort out.

But more importantly, what we have found in our clinic is that we do brain mapping with this technology called a quantitative EEG analysis. So we literally have before and after every treatment error, appliances, medical advancement devices, CPAP, you name it, we have before and after of kids getting pillow expansions.

Right. You can see the brain just start balancing all these ADHD markers. They just go away, you know, and in in the elderly, a lot of the there's memory improvements, there's mood improvements and all of these different things when you're able to breathe and, you know, and the and it's not just about what someone can do for you.

There's things you can do yourself for Breathwork as well. There's all sorts of different breath things which I'm not going to go into right now, but there's all sorts of different breath techniques in mind, body medicine, type teaching, all of this German practices, Chinese practices, it's Hawaiian practices.

They all look very similar to each other is because civilizations have figured this out over a long period of time. How to optimize the actual airway, to change your neurochemistry, to change your balance, to change your biochem history, to change your neurotransmitters, change hormones, right?

And so breathwork and breathing is free. That's the other thing. It's it's cheap, free and breathwork is so important as a fundamental principle. This is actually more important to me than diet is.

You got to optimize breath before going to the whole diet thing. Also. And so, you know, there's a lot there to airway health that we really have to look at and focus on.

And I do think this is the part that's actually missing in functional medicine teaching. You know, I just like put the mic drop. Did I wish I had this one?

Was it on a big stand because you're breathing and breath is so important and we're blessed. We have Patrick McEwan who teaches you take out breathing, shared an incredible interview with us.

And you know, we're going to be doing a lot of experiences for everybody doing the thing because Breathwork is near and dear to my heart for health optimization, recovery, airway development.

And so but but it's interesting, though, because a friend of mine is going to join us in just his study with Wim Hof is going to do a little, you know, thing on one evening.

But what's really interesting about the whole thing to me is when you read Nestor's book, as you mentioned, he's, you know, Wim didn't make this stuff up.

It's coming like you said it, from these ancient traditions that people who, you know, might notice, hey, what was that? Ba a lot of Native American both in all of the, you know, north Central and South America would have different approaches to teaching their babies the habits of having their mouths closed.

So they became nasal breathers and not mouth breathers. This is ancient wisdom that Dr. Ron is sharing with you guys right now. This is nothing new, but we're now understanding the importance here.

Dental inflammation, Lyme, and brain function

And even like when you're saying you can see a change on a brain map, this is like, you know, EEG technology is saying before and after I see a change.

Like, I can actually show you that your brain is working better because you're breathing better. I mean, and like you said, insurance doesn't cover breathing, but it's also free, so it's okay.

Yeah. Well, you know, actually, insurance does cover breathing, so we actually do. Yeah. Good point and good point. Yeah, we actually do do medical breath exercises for all sorts of different diseases, save some brains, insurance actually does does cover that work.

You know, you're like the only person I know. It's like it's like, hey, I'm going to do a Breathwork program. Wait, there's got to be a way to get that covered because it's medically necessary and like so inspiring men.

Well, here's the thing. You know, one of the things about medical insurance is that you have to prove that it's medically necessary. So the previous data we actually support showed on the brain mapping, the quantitative e.g.

that people were improving in a correlated with clinical data. So the insurance companies were seeing that we're decreasing the actual risk of these patients year after year because they're were actually better.

Right. And so we basically use that and ask the actual data submitted to to insurance for justification, the things that we asked the curates for, for the patients.

And so now we're doing on a national level before it was just us here in Texas, but now we're doing on the national level, which is what we've I do my, my physician groups.

Yeah it's so good because this is the critical piece of sort of not sticking with the status quo. And I think a lot of the folks that we talk about in our summit and a lot of our people who've been sort of on the forefront, you know, the people pushing the boundaries in line, pushing the boundaries and mold, standing up for the patients.

But then it's like sometimes you get so disease oriented with all this and we need the pioneers in line, we need the pioneers in mass cell activation.

But then there's this crazy, like the pioneers of just overall functional health and making it accessible because like if you can get to, you know, the just thing about access to care, like I was just interviewing someone earlier today, in fact, who is saying, hey, they're on the board with the Limelight Foundation beautiful.

Helps people get, you know money who can't afford it for diagnosis proper diagnosis and treatment. But wouldn't it be nice if ultimately what we did was we got people to have their insurance cover the things that were so just a human right to them, like the right to learn how to breathe in a more natural, holistic way that's going to open this all up.

And like, like you mentioned COVID, it just, you know, you got me on this rant now. It's like, you know, because you're the guy out there making this happen while other people says it can't.

But seeing COVID, I mean one of the biggest things to turn off Koven induced inflammation is this whole nitric oxide thing. Well, we all know how to fix that.

It's called breathing. Yeah, if you do it correctly. But we weren't what we weren't given that our giving them packs live and those other baloney. But anyway, enough of my diatribe.

It's just, it's, but it's, I'm just so passionate about this and I'm just so inspired. Whenever we talk that you never say quit and you find a way to get it in front of the masses, which is what really needs to happen.

So, yeah. You know what's interesting, Tom, is that the CDC even put out a breath guide that was created by I think it's be you or I forget somewhere somewhere in the new England area.

And there's a whole like breath guy for for for chronic coma post post-COVID fatigue syndrome. Right. And you just don't hear about it, right? It's not I guess it's not sexy enough for media to really take a hold of it.

But they actually it's it's out there there's even breath cages for for veterans with PTSD concussive injuries. It's it's actually all out there is is very interesting it's just that we don't really hear about it because one, it is not a quick fix and because it takes a lot of practice straight into it's so variable for a lot of people as well.

You know, some people have been taking a deep breath in like 20 years because, you know, when people take a deep breath, you're supposed to scan your belly and not your chest.

But most people on someone take a deep breath away. But let me say, you don't. Need to lift your shoulders like this. Either. That and so some people haven't haven't done that before.

And when they already as it takes your belly breaths, you actually feel big changes in there. But let's go kind of go back in time together with the line, right?

So if you know, Lyme disease and if we go back to tick bites for a second, let's say that and we all know there's people walking around Lyme disease, they're they're just fine.

They probably have multiple device and they're totally cool. Right. So why some and not others? Right. And so whenever your body is is exposed to an organism like like a spark organism, like early on, our body's immune response is always the same.

It's similar. It's very similar to people's exposure to viruses like Epstein-Barr. Uh, chronically, what we know from COVID is that COVID almost looks like acute Lyme, right?

Where it's like, boom, it's like it knocks you out, right? And it's because arms are two different parts of the immune response immune system. And so if you're one of those people who have had, you know, chronic mouth breathing or maybe obstructive sleep apnea or something, and your airway is not Peyton.

And you only have like this nitric oxide reserve that's left and you thrive and you're doing your thing whenever you

get hit with sparks shit like like Lyme disease, right?

You may be able to deal with it at the time. Okay. But what happens is even after the Lyme goes away, your body is primed. So this priming mechanism, this immune response primes other arms, the immune system.

So and this is this is actually for survival. This is that, you know, your body your body remembers is a good book called the the Body Keeps a score of actually talks about chemical traumas, infections, traumas and even psychological trauma like PTSD.

Your body primes all three in a very similar way. Your immune system primes it in a very similar way. And so this so so whenever your body is primed to do this, on top of that, you get hit with stress.

And a lot of people with with Lyme disease, they can't find a doctor that'll see them. They don't have any answers. So you get hit with medical PTSD, right?

Or medical trauma in general. And all of a sudden you deal a family in the family is just having a hard time working with you. You may deal with the resentment from other family members and then you have a relationship, PTSD.

Right. And then you may hit you may be hit with prescriptions in the field of psychiatry. Let's say you get hit with the antidepressants, you get hit with steroids or something like that.

So everything compounds and then you get into what's called polypharmacy where you're taking too much stuff. And then after that you're like, You know what?

I don't want to take medicine, I'll take some supplements, and all of a sudden you get hit with like 20 or 30 different supplements, right?

Airway evaluation and brain mapping in clinic

And so what happens is that the trauma compounds in your body just keeps a score of what is a prime prime program for prime and go, go, go, go, go. And ultimately, that in itself creates a tremendous amount of trauma and an immune mechanism priming within the body.

And but the answer to all that is we really have to respect the mindfulness, the meditative process, you know, to to get to the root of all that you'll relationships have conversations.

And this is why I'm so super happy to be on on the summit is because this is it's conversations exactly what's needed for for the healing environment.

I totally agree. And I you know, that's why I like I reach out because it's like I know we can talk about QE eggs. I know we can get talk about insurance coverage.

I know we can talk about like changing the physical structure of the face. But when it goes back to people who are able to do all that and they have all those tools, but their number one message is go back to something that's so unique and innate to you as breathing.

Learn to do it correctly, and then also has research and understands that this is not unique to North America. It's not unique to Denmark, this is unique to humanity.

And every culture that I've ever studied and you know, correct me if I'm wrong, has their version of optimal breathing because it's such a critical piece.

Yeah. And the versions are actually quite similar. They're just little variations here and there, you know, and I'm Buddhist and even within my culture, it's so similar to, to, to everything.

And I mean, you can study Breathwork for 20 years and finish also. So it's you can get started easily because there's a whole deepness level into the idea of what you know, breathing is really supposed to be.

But I think right now it's crucial for the people kind of listening to this and trying to look for answers is that if you know you're going to be spending a lot of money buying supplements or devices or anything like that, but then you're sleeping like 3 hours a night and you're surfing the Internet all night trying to look for answers.

It doesn't do you it doesn't do any good. That amount of stress. And in fact, just the pixelated light from from the computers, literally is creating a lot of detriment in your circadian rhythm.

And the energetics behind all that is vibrating at such a high frequency that the healing mechanism is very difficult. And I say energetics and high frequency because we that's literally what we measure on the brain maps that we have.

You could look at electrodes and figure out what frequencies there are. Whenever you're doing stuff, your eyes open, your eyes close, pushing buttons.

It's like a stress test for the brain, right? So we can figure out like where you are based on the patterns of what's going on. And sometimes I just have to call it and say, hey, there seems to be like a lot of trauma, perhaps psychological trauma, emotional trauma in combination with chemical trauma, in combination with infections trauma.

And usually it's all three by the time patients hit us. Right, so, right, so But it but it's so hard to to treat somebody when they're not necessarily bought into the process of the healing mindset.

A healing mindset, you know, has to be there and it can't be a loan journey. It can't you know, you can't just isolate yourself and push everyone away and try to be on the healing process.

It's it's it's a collective journey. We're tribal organisms or tribal creatures. Dude. So spot on, man. My heart is just singing because that's like, my mission, too.

And like, where I'm coming from. So, you know, there are so many different pieces that we could nerd out and geek out on. I just think that, like what you just said is like the most important highlight, right?

And it's really, it's that getting back in touch with your heart and really knowing that it's within you. And there's a community of people who can help support you. So as as we kind of round everything out, are there other part, any other things that you're thinking about in all this vast amount of work you do coming at it from?

I mean, you know, it's funny because like I was about to say, because it's like we we get trained in one way, right? And it's just like it's if it's not kind of within the box, everybody's like, you're thinking you need to think outside of the box.

But this is I mean, you know, we've spent a little bit of time together, some conferences and stuff. I mean, this is like your life. It's not just like you don't just say this on the summit and go home and do whatever.

I mean, this is how this guy lives. So from all that experience, both as a physician, as a father, as a husband, as someone who's living this way, are there any other pieces that we just haven't touched on that maybe people with chronic Lyme or mold exposure really need to know about so they can feel hopeful that they can get better, too?

Yeah. And I've kind of set this on the Histamine and Nasal Activation Summit and I want to kind of repeat it here. Okay. There's this misconception, I mean, have talks about this as well.

And so I know you agree there's this misconception that a human body can be potentially allergic or intolerant to the vast amount of food. Okay. Or vast amount of smells or chemicals and stuff like that.

And there's now this term called multiple chemical sensitivity syndrome that's out there that correlates with nasal activation syndrome. So I just want to break this down really simply for the people listening to this.

Okay. Mast cells are a gift. Chemical sensitivities are a gift. It makes you into a sentinel. A sensible means that you're sensing that there's something that's not right.

Now, in every tribal group, there are a set of sentinels. So the specific genes, these genes are what's are what's called methylation genes. So all the stuff that you hear about genomes right now of poor methyl leaders or people who can't active in outlook all together, yadda, yadda.

Well, no, those are actually superpowers. There's nothing wrong with those genes. It's just that sometimes the tribe doesn't really listen to this person.

Right? And so the sentinels of each tribe have this specific set of genes, which we're now calling it. Oh, my gosh. You know, if our whatever it is. Right.

But in reality, what's going on is that the people with these genes are actually on alert mode, that there's something that's not right. And so if you're sensing that there's something that's not right in your body and things becomes sensitive, you have to take it upon yourself to just pause and say, hey, something's not right.

And that's something about right. It's not the food you eat necessarily. It's not, you know, the the parabens, you know, it's not necessarily just the mold, all those all those contributes.

And a lot of times it's actually your daily environment that you're in.

Breathwork, trauma, and healing mindset

It could be your relationships. It could be some habits you're doing like you do a lot of screen time a night. So that's really disrupting your sleep, right?

Or it could be your airway like we talk about this whole time. And so if you're not focusing on on breath and mindfulness meditation and in utilizing the power of your mind's a calming down, your muscles will always go up.

So what is the quickest way to decrease muscles? Actually, it's not to get excited. Nitric oxide suppresses histamine, right. And so nitric oxide is made through breathwork.

It's made through nasal breathing, right? It's made through exercise and movements. It's made through watching the sunrise, you know, that's how nitric oxide is actually made.

It's made through human touch and relationships. You actually literally can upregulate your initial nitric oxide through human touch and relationships, right?

And so and so those are the things to really focus on. Is, is the primary. Primary focus of being a human is existing with the environment. And a lot of times people with multiple chemical sensitivities or who are these people?

These people tend to be caregivers of other people. They tend to kind of play the hero role of life. But whenever you're in the hero role, tragedies can occur to to a hero, right?

So the stress the caregiver stress can really be up there as well. And taking time to choose for yourself is extremely important. So even in my practice, 50% of what I do is like coaching.

It's not even like it's like medicine. 80% of what I do is how people read certain books like essentialism is a great freedom book, you know, like, gosh, yeah, and making and breaking habits and all sorts of different things.

And a lot of that is from a life coaching aspect that's really missing in medicine and that's actually missing in

chronic, you know, chronic conditions, especially chronic Lyme mold, mass oxidation, chemicals, activities and etc..

So that's sort of my message for that world. I love it, man. I'm going to do like multiple mic drops tonight for you. You know, for me, one of the most important pieces here is that that yes, like even in my own healing journey, which at the time I didn't call it breath work.

But but you know, and it's funny, I learned this is so interesting. You learn stuff all the time, right? Like I keep telling the story about how yoga taught me this and that, but I got into Ashtanga Yoga and the thing I always say was my teacher, because most people think that this is where power yoga comes from.

Right? So physically and aggressive and a lot of people who practice ashtanga actually get hurt because they're very competitive with other people and with themselves.

But one of the goals of this summit, not only to give people hope and inspire them and give them actionable things, but is also to have them stop comparing to others.

Yeah. And one of my teachers said to me, Hey, yoga is about breath on movement. And if you're in a movement and you're in a position and asana, it's so deep that you can't fully take a deep breath and it can be free as if you were just laying in your bed.

You're too far and your breath is your litmus test. And so but then I and then I said, Oh, and this physical movement gave me fully flexible ity and flushed out the toxins, all that good physical crap we know.

Then my brain could calm down and I could actually start to do this meditation thing that you alluded to. But one of the things that I hadn't really like I know, but I hadn't really thought about I really just want to point this out to people because I talk a lot about my story and all my work because it's mine and I know it the best.

Right? And I'm better now. But they do this thing called usually breathing or this triumph of breathing, which is a very specific type of breathing. But what's really cool about it is it's in three now out there, you know.

So when I practiced, literally what they said was when you start it's an hour and a half practice, six days a week, you know, every you know except on the new and then except Saturday and on the new in the full moon.

But it was like if you could only do one sun salutation, then you just did the breathing for the rest of the hour and a half. So it was basically breathwork that I didn't even know that I was getting tricked into.

And I bet you half the healing was just from the nitric oxide and opening up my really crushed upper airway at the time, which is now way better from a lot of it based on a lot of the things you said.

So I just it's very interesting that I had that little Aha moment as we're talking and I wanted to just kind of bookend this conversation a little bit because it hooks in to so many other aspects of healing.

And really the number one reason that I think people get better is they take back control. They accept that they're worthy to receive the healing and the number one way they say that is they accept personal responsibility for doing it.

And the breath is so sweet and it's so free and you've got it. And so men so honored to have you here and grateful that you bring this message of hope and healing.

And and again, like, one of the things that I tell everybody is that we don't prescribe these things. Every once in a while, somebody sends me some ideas.

You and I are just on the same wavelength with the anatomy, the physiology, the function, the biochemistry. But it's all innate within you. And yeah, you might someone like Dr.

Ron or myself or some of the other great speakers here, but this is in your hands and you can start doing this right away. Absolutely. I agree with you.

Keep it simple. It's got occupants. All right. Keep it very simple and then reach out when you need help. And so I know that there's going to be a bunch of people who are super motivated and like I want with this guy's offering, you know, both practitioners as well as patients.

And as a reminder to everyone, we have the Summit Resource Page. So all the links that Dr. Ron's going to share with you and the places to find him will make sure we highlight so you don't have to write them down and freak out and rewind.

It's all going to be there for you to just click on, but. CHANG Where can people find out more about what you're doing and get even more inspired than they?

I know they already are right now after this conversation. Yeah, sure. So so at Texas Center for Lifestyle Medicine, we actually have online resources, we have blogs, we have online courses.

My favorite one is the Mind Sculpting Master Workshop. It's everyone's favorite one where we actually go through breath training with Jenny Moreno, my mind, body medicine coach.

So that's Tex, like Texas Tech's life mental m.ed dawg. Scott Our mental page, we have actually courses for everything from cancer to diabetes to two to everything the for your health care professionals.

So I actually have an organization called PTI Physician Transformation Institute, Physician Transformation Sitcom. So this is actually a organization to raise funds to end physician suicide and mental health issues.

Resources, physician support, and closing remarks

And so and so we actually have even online workshops and we have a beautiful one that's donated by by health luminary actually goes through all the breath techniques with qigong and taichi, fire, breath, you name it.

It was really, really awesome course to go through. It's not the easiest one, but it is very impactful. So as a physician transferring mason is to dot com and then also to follow me on social media.

It's my name saying Ron and Angie, are you in M. D.? Follow me on. I'm usually on Instagram more than anything else. And then for course, health professionals find me on LinkedIn as well.

I have a blog called Rebuilding Health Care that I talk about all the aspects of health care. I think that can be rebuilt. And if you're a doctor who's in integrative medicine, especially with insurance or without it, my book can be found on Amazon.

It's called The Doctors Guide to Thriving Integrative Medicine Secrets to Successful Practice Without Burnout. You find it on Amazon. And so yeah, I have tons of resources for for everyone life brother.

I love it so much. And you know, one of the things I'm so honored about is like so many people like yourself are coming here and sharing like the real story.

And one of the things is like we were like, hey, like the patients are getting burn out here in functional medicine. You know, they're seeking functional medicine, they're seeking recovery.

And we're and that's one of our primary goals is to help patients get this incredible information. But the other part that a lot of people are talking about, practitioners are, it's also really important to take care of that practitioner.

And so for all the practitioners listening, you know, and, and I say this whenever we talk about these nonprofits, if you have the ability to support an organization that helps end something like physician suicide, clearly our system

is busted.

And if you can share some financial support, please do. The other thing is patients understand that doctors are people, too, and they're experiencing this too in many, many, many doctors, whether you know it or not.

And even some of the ones, because I've had an experience like this, I've talked about in the past where doctors are doing the best they can for their family and it looks like they're not doing the best for you because of a bad situation within the medical system.

Give ever the doctors are here for you primarily and hey, if the person you're working with is kind of got their head up the rear end and they don't have extenuating circumstances, definitely be looking for somebody else.

But understand that most of the people you meet, like myself and Dr. Ron, we are busting our butts because it's in our heart to help. And that's really so important, so sense that we're all sending love to you guys for your health and your healing and for this new opportunity to reinvigorate yourself healing and also to send some love to your providers.

They're working hard, you know, and I don't even want to tell you what day of the week or time of the day it is right now. And Dr. Ron has been so gracious to hop on this interview, but we do what we can because it's so important to us, so.

CHANG Ron, thanks you very much for being here and inspiring all of us and thanks for next time. I really appreciate for for having my voice be heard.

I really appreciate that think. Yeah. And everyone in our community please share all this information from the summit with those who can, you know, benefit from it.

And thank you for spending your valuable time in your in, you know, in your life with us so that you can learn all these new, amazing things about breath and anatomy and, and nitric oxide and the like.

So until next time, I hope you enjoyed this episode of The Healing from Lyme Disease Summit. Lots of love and here's to your healing.