Your Brain, Reimagined: How Functional Medicine & Imaging Can Transform Your Health Transcript

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Introduction and Guest Background

This is the only kind of therapy they're going to get today. You're going to be the only person they're going to see and that's it. Then they're stuck with their own thoughts.

Yeah, you could talk about medications, you could talk about side effects and you can get them out of room. Anybody can do that. But what seed do you want to plant in their heart?

What words do you want to give to them that will kind of ensure that they will live or they will have hope? you know, what kind of wisdom do you want to impart on them and stuff?

And so, so that kind of really transformed how, you know, I speak with people and how I teach because then I, I, when I teach medical students, I want them to see me kind of like infuse that into patient.

And so when they leave, feel, so they have direction, they have hope and, and their conversation with me was better than how they felt when they came in.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we're honored to welcome Dr. Peter Sangre to our show. In this episode, Dr. Sangre will be sharing insights on brain health, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. So again, I'm really thrilled to welcome Dr. Peter Sangre to the show today.

He is a child and adolescent psychiatrist at the Amen Clinic in Dallas. Before his work in Dallas, Dr. Sangre served as medical director at Peak Behavioral Health in New Mexico, where he led both adolescent and adult psychiatric programs.

and helped build a successful partial hospitalization program for teens across the state. He was also recognized as Outstanding Preceptor of the Year for his mentorship of medical students.

Dr. Sanger began his health care career as an occupational therapist in Canada and even served as head coach for Canada's Paralympic Sledge Hockey Team for five years.

Deeply rooted in his Christian faith, he's devoted to his wife and two children and is actively involved in faith-based organizations. When he's not working, you'll likely find him playing and connecting with his kids, leading with the same compassion and care he brings to his clinical work.

So thank you. Thank you for being here. You're welcome. Thank you for having me. Yeah. So your background is so unique, beginning with occupational therapy, then psychiatry, and even coaching the Paralympic sledge hockey.

How have these diverse roles influenced your philosophy in mental health care?

Holistic Roots in Occupational Therapy

You know, it's, that's a great question. You know, in occupational therapy, it's, it talked about these three circles

and the circles all surrounding this middle circle.

And the circles were, I see now you're pulling back in my memory. So productivity work, leisure. and then personal care, so like self care. But then the middle of that circle was another circle and that was spirituality.

So all these things were encompassing in someone's life and getting them better. So that whole kind of like holistic approach we talk about, but not just so holistic in terms of like supplements and medications, but like the spiritual core, someone's purpose of life.

Um, why are they here? What is their purpose? What's their calling? What's, you know, all those kinds of unique questions that people have. That's that it all kind of started back then.

And then coming to a main clinic fast forward 20 years or so that same philosophy is here. That's great. Yeah. In terms of, yeah, go ahead. Yeah, in terms of like the spirituality component, the psychosocial component, the biological and the brain health component and the mental health.

Yeah. I feel like the spiritual component was always left out in traditional medical training. At least it was when I was going through medical school and other training.

They just like didn't touch that. They didn't go there. Oh, absolutely. And then if you look at Apocrates and all those guys, they focused on all that stuff.

They focused on finding the soul, draining the old spirits and trying to do like those medieval medicine approaches that were kind of like not so right, but they can find the soul.

They tried. So you recently joined the Amen Clinic in Dallas, which is known for its integrative approach to brain health. What attracted you to this organization and how does it align with your previous work?

That's great. So many years ago, you know, I was treating this kid and he had the history of like concussions from playing football. I think he was 16 or 17. He was a teen, but he, he started having this psychotic episode and there is no family history of psychosis.

And it was just, it was just after all these numbers of head injuries he's had. And so I'm like, well, you know, I got to do aspect imaging. And at that time, you know, Dr.

Joining Amen Clinic and Brain Health Focus

Amon was still around, but I just, I guess I didn't look, look at him or didn't do any web searches for him. So I pushed for spec imaging. I pushed for more stuff with the insurance and I was able to win my battle with the insurance.

This child was in the inpatient unit and. rather than throwing a medication because going on an anti-psychotics pretty significant. Like that's a pretty big medication.

It shuts down a lot of receptors in your brain, turns things off just to stabilize the psychosis. And it is warranted in some cases, but I wanted to make sure my decision was accurate.

And so while I'm waiting for the results, I had to make a decision. And unfortunately, we made the decision before the spec scan. So I chose to go ahead and proceed down the route of antipsychotic.

And he actually ended up stabilizing, but it was kind of a fork in the road where I had to make a decision as a provider. I didn't know, I didn't want to do any harm, right?

So whenever a physician's oath is first do no harm, I didn't want to choose the wrong medication. And him being stuck on a medication that can have potentially lethal side effects, you know, especially on for a very long time.

The SPECT imaging results came back and he actually had dyspsicosis in the regions where the SPECT imaging showed and my treatment was on track. So even though, thank God, I made a correct educational, I don't want to say guess, but kind of like a guess in terms of treatment choice, it was right.

And that's when I realized if I only had the SPECT imaging before, or, you know, before fighting the insurance and trying to wait a couple of weeks to kind of come up with a conclusion or a decision, this would have helped this kid so much faster.

So that was one instance. Another instance was I started doing a lot of vitamin panels and trying to do underline root causes of depression, anxiety for some of these adolescent kids.

And I would see 20, 30 kids a day constantly for years and years and years. And so those numbers built up and I started seeing patterns. I'm like, oh, oh, there's low vitamin B.

Oh, there's a low vitamin D. Why is there a mega down? Why is this kid with ADHD have all these other vitamin deficiencies? And I was like, why aren't we looking at this stuff?

And so I started ordering that and I had this one parent come to me over the phone and she said like, you know, your approach is like Dr. Amen. And, and I didn't know what she meant by that.

And now I know what she means by that. And that was probably the greatest compliment I would have ever gotten, but I didn't know it was a compliment at that time.

Yeah, that's awesome. So that was kind of the first introduction to the A-main clinics. Now, fast forward, I phoned the A-main clinics when I was, you know, handling couple of hospitals, the medical director, I wanted to bring their approach to the hospitals.

I wanted to bring what they're doing and learn from it and glean from them and use that for my practice. So I called them and they said, yeah, of course we'll partner with you.

Of course we'll teach you. Then they called me back, I think probably a couple of weeks later and they said, well, how would you be interested in a job interview?

Building Adolescent Partial Hospitalization Care

And I was always told never turn down a job interview because you can always kind of practice your skills. And so I said, sure, let's go for the job interview.

And yeah, the rest is history. That's awesome. Your work in New Mexico was impressive, especially creating a partial hospitalization program for adolescents.

What are some of the most impactful lessons you learned while building and running that program? So staff is key. Having the right therapist is key for treating kids.

Having individuals that want to be there because they want to be there is key, not just for a paycheck. So we started pre-COVID, started off with just kind of a small population of kids just after they're released from inpatient care.

So the greatest risk of suicide for kids that are discharged from any inpatient care is within two weeks of being discharged. That's their greatest risk.

And so usually aftercare appointments are usually within maybe a week if you're lucky. If you're lucky, but try to get an outpatient appointment within a week.

After we discharge, it's very hard now. So now the outpatient appointments are like pushed off to like two, three

months. So we wanted a nice transitional care from inpatient.

to partial hospitalization and for those that don't know what that is, that's about three to four days out of the week where they come into a clinic and they're all day They get lunch and they get schooling provided, but they get counseling groups and they get the kind of, you know, individual support and individual therapy just to kind of make sure they're achieving all the treatment glands plans and they're not at risk for hurting themselves.

So, so in treating that and starting that one of the greatest things that we learned that the staff was really important to have that program succeed the right stuff.

Yeah, that sounds very important. As someone deeply invested in functional medicine, I'm curious, how do you feel about integrating brain imaging technologies like the SPEC scans into psychiatric care?

Like, how has it changed your approach to diagnosing and treating mental health conditions? So like, so like just what Dr. Amin says is that it's, it's not mental health anymore.

It's brain health. So a lot of these things that we used to call brain health or mental health, depression, anxiety, or memory issues because something else, well, it's, it's a mental health issue.

Well, actually it's not, it's actually a brain health issue. And so now knowing that and seeing the spect imaging and targeting the specific areas of the brain and treating that.

SPECT Imaging and Functional Psychiatry

I'm not treating mental illness, I'm treating brain health. And so when you formulate it that way and your treatment plan is say, okay, well, you're, you're having memory issues, not because you have Alzheimer's, but because your temporal lobes are not profuse with blood appropriately, let's target that.

And that's, and that's not dementia. So, so here it's been amazing where you can have like, you know, outside toxins, you know, impact brain health. And someone walks away saying, oh, I think I'm depressed and I'm having memory issues.

No, it's all this sushi you've been eating and the heavy metal toxin from that. And that's showing up in your brain scans. Yeah, that's amazing. It is amazing.

So then your treatment becomes a little bit more guided. It becomes accurate. You're not just throwing SSRIs and psychotropic medications at people. You're actually looking at infectious root causes, inflammation.

You're looking at a lot and treating those. I think that's one of the biggest, the greatest things about what you guys do at Amen Clinic is actually look at the brain.

Everybody else is looking at the brain. It just makes so much sense. I know. I mean, I don't know why we haven't been doing this for forever. Dr. Min started in 1992 doing it, but why has not everybody, every other, you know, psychiatry residency picked this up and said, why are we not doing this?

Right. That's a great question. Why aren't they doing that? Why didn't they jump on board? Because I understand technology, you know, has just kind of come online so we can do this at this point.

But now that it's here, why not use this? Absolutely. Well, anyways. So hyperbaric oxygen therapy, or HBOT, has gained attention for its potential in brain rehabilitation, especially for addiction recovery and traumatic brain injury.

Do you use HBOT in your practice? And what are your thoughts on its effectiveness? Love HBOT. Yes, we use it. So I, before this, I, you know, before coming here, I would have known a little bit about or wouldn't have incorporated my practice.

Now that I know about it and I know when to incorporate by looking at the brain scans and we can actually recommend it. You can see the brain actually improve.

And what I mean by that is that. we can do pre and post-spec scans. So if they come to us and they have the traumatic brain injuries or the addictions or the memory issues, we'll get them on a schedule of HBOT treatment.

And what that is is just extra oxygen being pressed into the brain and that profuses into the brain. Within a couple of weeks, you cause what we call angiogenesis, which is a recreation of blood vessels in the brain.

brain takes about eight weeks to start. So in those areas that are not profusing enough blood, then you're actually creating more blood vessels to the actual brain and you're causing neuroplasticity, which is other brain cells just kind of jumping in to help out the weaker cells and your brain becoming more active.

So we had some clients or patients here that have done pre and post and you can significantly see their brain scan like a pre and then a post like a year after and is significantly improved.

And they go around with their scans and they show everyone. that their brain has got better and they feel better. And of course, it's not just always HBOT, but it might be some other treatment modalities on top of that too.

But HBOT plays a big role in it. Yeah. Ketamine therapy has emerged as a breakthrough in treating conditions like depression and PTSD. Have you seen studies or imaging like spec scans showing an impact on brain function?

And what role do you see ketamine playing in psychiatry? Well, ketamine, you know, it's weaved itself into psychiatry and patients have benefited from the intranasal or in the clinics getting IVs for depression and dissociative disorders, PTSD.

It does have to be supervised. That's for sure, because it does have some kind of addictive potential. And I have some patients that have actually gone elsewhere or they've kind of done it at home.

HBOT and Ketamine in Treatment

As someone who values teaching and mentorship, what advice would you give to medical professionals looking to adopt a more integrative approach to mental health care?

So I wonder what I used to tell medical students. I'm just trying to think what I used to tell them. I used to tell them as soon as they come into the room and they're working with the patient, I used to tell them, I said, imagine this is the only kind of therapy they're going to get today.

You're going to be the only person they're going to see. And that's it. Then they're stuck with their own thoughts. Yeah, you could talk about medications.

You could talk about side effects and you can get them out of room. Anybody can do that. But what seed do you want to plant in their heart? What words do you want to give to them that will kind of ensure that they will live or they will have hope?

you know, what kind of wisdom do you want to impart on them and stuff? And so, so that kind of really transformed how, you know, I speak with people and how I teach because the night I, when I teach medical students, I want them to see me kind of like infuse that into patient.

And so when they leave fuel for so they have direction, they have hope and And their conversation with me was better than how they felt when they came in.

Like they felt better, kept leaving out. And so what I like to say is this office that I'm in, in the Amen Clinics, this is where hope happens. And a lot of the conversations and after the scans and the treatment plans, it's not uncommon to get a hug or to say, thank you so much.

I'm feeling great and feel very hopeful about your treatment. And that's rewarding for me, but I can't imagine how rewarding is it for them. Yeah. Awesome.

So looking ahead, psychiatry seems to be at an exciting crossroads with advancements in both functional medicine and neuroscience. What do you think the future holds for psychiatry and how can we better integrate these cutting edge tools to improve patient outcomes?

Absolutely. So, you know, we're constantly discovering new markers, constantly discovering new hormones. There's even new medications treating new receptors as well too.

So the more we are aware of the brain and how the brain's working and the neuroimaging has gotten better, the spec scans have gotten better.

Teaching Hope in Patient Care

Now that we're talking about incorporating like functional imaging with the spec studies and having more of like a 3D model of functional and, and blood flow all working together.

I think it's just gonna, it's gonna open up our knowledge and how we should have been treating these disorders a long time ago. And it's going to be like, why didn't we do this sooner?

So, and I think a lot of it that we're seeing a psychiatry, we're going to find out, isn't psychiatry like autism? Autism isn't a psychiatric diagnosis.

It's a neurological condition. My daughter is autistic and all the scans I see for autistic individuals is a brain issue. I mean, that's something that's there.

Even ADHD. I mean, yeah, it's a psychiatric diagnosis, but the brain functions differently. And you can see it in the SPECT imaging. So is it really a psychiatric diagnosis or is it how the brain is actually wired and how it's functioning?

Depression too. Depression in itself, in different scans, it functions differently. Yeah. And I guess I probably should have asked this at the beginning, but can you briefly describe like what a SPECT scan is and why that's so valuable?

Absolutely. So the difference between a SPECT scan and MRI and CT scans or MRI and CT scans will look at the structural integrity of the brain. And so it just kind of shows you how it's like built, but doesn't tell you how it's functioning.

So SPECT imaging scan will actually tell you how the brain is functioning as it relates to blood flow. So if there's more blood flow going to a certain region of the brain, what that region of the brain is, is a little bit more active.

If it doesn't get enough blood flow, it's going to be not as active and it won't function as great. And so what we do here is we put a tenetium dye into the blood and that dye as it travels into your bloodstream, it kind of collides with each other.

When it collides with each other, it sets up a gamma ray, kind of like, I guess, a ray of light or something, right? And that ray of light is picked up by a camera, and that camera creates a 3D image of your brain.

And so wherever there's dips, valleys, and shadows, that's going to present on the spect imaging. And that's going to show us where there's not enough blood flow going there.

Now, some of the images on the spec screen of the brain are going to show holes. It doesn't mean that there's a hole in the brain. It just means that there's going to be more than 45% blood flow reduction in that area.

So it ends up being like a blood flow issue and the brain not profusing and directing the blood flow to where it needs to go. Right. It's a whole other aspect that you can add to the diagnosis of what's going on with somebody's brain.

Absolutely. Absolutely. And so who would you say is like an ideal candidate for this type of? So if someone wants to figure out if it's depression versus ADHD or ADHD.

If they have a characteristic of autism, if they're concerned about them having dementia and they're having memory issues, or they have a family history dementia, without memory issues right now, we can start treating that 40 years before the issues come up.

Future of Psychiatry and Brain Imaging

So you can see it on the scan. before the memory issues come. And we've caught it on the scans. We started treatment for individuals. They're like, well, I don't have any symptoms, but your scans are showing your setup for this dementia risk coming up if you don't treat it now.

And then we encourage them to get all the testing. And sometimes what happens is they find out their whole family has the gene that puts them at risk.

Guess what? Then the whole family gets treatment. And so those are really good or someone that just wants to come and optimize their brain. I was thinking the other day about my big hockey buffs, I was thinking like, you know, why aren't these athletes, we have the athletes that come in that got hit, football, wrestling and boxing, but why aren't they coming in if they want to optimize their brain and figure out how to work their computer, which is their brain, better so they can perform better?

And I was thinking that the other day. And we do have some individuals that come in here for optimization. They're like, you know what? I want to be company.

I'm a CEO. I want to do the best. Or I'm the only dad or the only mom alive for my kids, and I want to ensure I'm totally 100% for my kids. Yeah. That's awesome.

And then finally, any memorable cases that you think that you'd like to share with us, obviously without names or anything? Yeah. Yeah. I mean, uh, I just got a card from a patient, so maybe I can share that one.

Yeah. It says, I'll read you part of it and I'll leave the name out and I'll tell you what happened. So dear Dr. Sangra, thank you for saving my life in the world of secular psychiatry.

And I hope. and prayer that you have all five crowns in heaven will be your reward for your faithfulness to God. This was very an amazing individual that needed help, desperate, facing incarceration for something that she didn't deserve or he didn't deserve.

So you did the respect imaging. And part of my work in Canada was in forensic care as well too. Dr. Eamon showed us that forensic individuals or individuals that are leaning towards crime, they have a certain pattern in their brain.

So when it was pedophiles or rapists or somebody like violent criminals, while this patient that was coming to us was labeled. as being violent. No history of violence, but labeled as being violent and they wanted to throw the book at them.

And so we did the scan. The scan looked beautiful. And this individual had a history of, you know, professional career, university degree, like everything was out of house job, everything.

Memorable Cases and Hopeful Outcomes

And so with those scans, I compiled the legal report, And I saw them every single day to ensure that they were stable and didn't need medication and continued with supplements, detoxing the brain from any kind of environmental toxins, which we found was mold in the end in the brain.

And we started detoxing from that stabilized. And the card was given to me just this last week or this week, just to say, and let us know that all the charges have been dropped.

Wow. So it was really a mold toxicity issue. Yeah. Yeah. All along. Yeah. That's amazing. And that's so great that you could help them out that way. Another one is I had an individual come in, he just retired, decided about his retirement, just hit 65 and like, woohoo, sold the business, ready to go.

But then the neurologist diagnosed with dementia just based off an amyloid finding that he found that was Not very high. And amyloid findings are just plaque findings within the brain that show up for like dead brain tissue.

It's kind of like the graveyard. You drive by graveyards every day, right? So imagine that, like you just finish your whole life's work. You're ready for a timer and then I'll slam.

Heavy diagnosis. came in to say, I'm willing for you to tell me the truth and I'm willing to hear that and just go with the treatment plan. Looked at the scans and there was no dementia.

I didn't see it. So imagine that, knowing the freedom of knowing the truth and hearing that and seeing it with your eyes and living this whole life of not being shackled to fear of this dementia.

That's awesome. That's great. Yeah, that was the other one. Lots of great stories like that, lots of hope that comes out of his office and lots of good stuff.

That's amazing. That's truly amazing. Well, Dr. Sangre, thank you so much for joining me today and sharing your insights. Your work is inspiring and I know my audience will benefit greatly from your knowledge and experience.

Awesome. Thank you, Dr. Ward. God bless you and your audience. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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