

SHOW NOTES

Randy Vawdrey is a nurse practitioner that focuses on neurocognitive disorders and approach. In this episode, he sits down with Dr. Willey to talk about “brain fog,” and other hard-to-explain health issues. Vawdrey shares his extraordinary approach with to patients and how he was able to help them find cures for their ailments. In addition, he elaborates on the correlation between lifestyle and cognitive health.

Websites mentioned: drwilley.com

Books mentioned: Better Than Steroids, The Z Diet, What Does Your Doctor Look Like Naked, Obtainable

TRANSCRIPTION:

Speaker 1: Welcome to the RecoverMe podcasts with Warren Willey, doctor of Osteopathic Medicine, a bestselling author and leading expert on holistic, healthy living. Warren is your guide to living in naturally healthier, happier life. So much of Western medicine, popular diets and fitness fads, put a bandage over health problems, addressing symptoms and not causes, offering short term results at the expense of long term health. That's why Warren is a man on a mission to question the status quo and uncover holistic health solutions you can use in your life starting right now. Now to get us started today, here's Warren.

Warren Willey: Well, welcome back to RecoverMe webinar. Today we have a special guest. Randy Vawdrey is a nurse practitioner. NPC is what they call themselves, but Randy is an NPE, which stands for Nurse Practitioner Extraordinary. 00:57 [inaudible] RecoverMe we are all about awesomizing your life. Is that a word, Randy, awesomizing? I liked it.

Randy Vawdrey: I liked it.

Warren Willey: I've gone with it by meeting you where you're at, and that's what RecoverMe does. We can't change your stressors. We can only help your body deal with them better. Today we're going to be talking with Randy about neurocognitive disorders. It's going to be kind of an introduction to neurocognitive disorders because we're going to do a whole series on these. It's actually amazing to me. In all the years I've been in medicine, Randy and I were just talking to this before we started recording how we spent so much time on every other body part. Let's use a woman, for example, over a woman's lifetime. She does 40 breast exams and 40 pap smears and how many evaluations on her

brain? Randy, what? What does that say about medicine? Where are we focusing on here?

Randy Vawdrey: Yes, it's so true that there are so many. Think of cholesterol checks, right? And men do prostate checks and these are just things that we're dialed into doing in the natural course of medicine, but there's been very little attention that people have paid to their brains.

Warren Willey: Oh, exactly. It's terrible. I remember in medical school, brains are really kind of left to neurologists. We had a neurosciences in our first year, but really didn't do much in clinical brain work. I remember the best analogy I have for my medical school a long time ago was like the teeth, Randy, here's, here's the way we are taught that medicine students, these are your teeth. If a patient comes in with an issue with those, send them to the dentist and we went to the next topic and brains are the same way. We just didn't spend any time on brain health.

Randy Vawdrey: Yes, I don't think I remember ever in nurse Practitioner School, same thing, never once studied very much about the brain. I do remember in anatomy that we'd have to memorize certain parts of the brain and I remember learning about strokes that if you have a stroke in a certain section of the brain, this is the pathology you're going to see on your clinical exam. But other than that, there was no effort made to try to figure out how to keep the brain healthy.

Warren Willey: Oh yes. And then when it did get damaged, be it a traumatic brain injury, a stroke, you're screwed. I mean, it's always been the prevalent thought that once you damage neurological tissue, it's over. It never recovers. And boy, do we know how false that is now?

Randy Vawdrey: Yes, exactly. It feels like there's an explosion of research in a lot of it's coming out of the functional medicine world, but there's just this massive explosion that the brain is plastic and we can do a lot of things to either grow some of the brain that we may have lost or at least protect it from having substantial loss because of our lifestyle and the environment that we live in.

Warren Willey: Oh, and that's so true. We know that not only by mental tests, cognitive tests, but also by imaging tests, neuroquant, a fancy functional MRIs. I mean, we're actually seeing people's brains when you remove the toxins from the environment or the alcohol or the tobacco use or whatever, and replace it with the proper nutrients. People's brains grow.

Randy Vawdrey: Yes. This is where I became very interested in this in the first place because a local pharmacist brought me a study and he said, Hey, I think that you would find this study interesting because this study is kind of how you practice

medicine. And so, as is typical in a busy day, I put the study on my desk and I ignored it for about six months, didn't pay any attention to it. And then, I always take my family skiing over Christmas break. And so I loaded all the junk off my desk, into a big cardboard box and hold it up to the ski resort. And late at night, after you know, you're skiing all day, you're exhausted. So my kids would fall asleep right after dinner and go to bed and my wife would get out a book and read. I just started pulling up these studies from off my desk and we would read. And in this particular study, it was the first study that I read that looked at individuals who have had some dementia. And prior to starting their dementia treatment had an MRI of their brain. And they focused on a little teeny segment of their brain called the hippocampus. Because we know the hippocampus is most. It's the region of the brain that focuses on capturing memory. And this was the first study that I've ever read that showed that individuals before a cognitive, protocol their hippocampus started one size and then grew back or got enlarged and that I had never seen that before. And so I thought, oh my gosh, there is something to this. And if this is similar to how I practice medicine, I've got to pay close attention.

Warren Willey: Oh yes. Isn't that fascinating? Again, back to what we talked about earlier, we are not taught that, brains are set. You are born with the same number of brain cells and you never get more, and all you do is destroy them through your whole life.

Randy Vawdrey: Yes. And if you lose them, you're out of luck. You're out of luck. That's not true. That if you lose some brain cells, there's an opportunity to get some of those back through a lifestyle interventions and good practice of medicine.

Warren Willey: Oh, it's so true. So to speak of the practice of medicine, you're more of a integrative practitioner. Could you define that for our fine audience defined what you see as conventional medicine versus integrated medicine

Randy Vawdrey: And. Perfect. Thank you. So in traditional nurse practitioner school, I can't speak about med school, so you can probably talk about that better than I could, but in conventional medicine and healthcare providers like nurses or doctors or therapists treat symptoms and diseases by using drugs in surgery and radiation, lab work, right? So there's very much a focus on the pharmaceuticals and the focus on getting the right diagnosis so you can apply the right pharmaceutical in an integrative medicine. On the other hand, it's kind of a healing oriented style of medicine that focuses more on the whole person and it emphasizes, therapeutic relationships between the practitioner and the individual and using any therapy modality that we think could be a value. So a good example of that is sleep. Oftentimes when someone comes into a conventional medicine doctrine says, men, I'm not sleeping very well, or a nurse practitioner, we might say, well then you probably need some ambien, right? Because we're focused on the symptom and we're focused on the medicine. But the truth is, what we ought to sit down and say is, okay, well have you not been sleeping well just in the last week or the last month and what's happening in your life and how much caffeine do you drink during the day and are

you getting some exercise and how often are you looking at your computer screen and you read Facebook all night long. We need to get better at going through all of that because oftentimes we can find the reason people are not sleeping well instead of ignoring all of the reasons and jumping right into giving them a sedative.

Warren Willey: Oh, it's so true, and we are so good. You're right, we are trained for symptom equal drug equals banded symptom equals they'll be back later or something else the same problem because now your ambien doesn't work anymore and we all know that occurs all the time.

Randy Vawdrey: Yeah, or the side effect, right? Because that's the other thing that we deal with. I was reading a study the other day that, that like 25 percent of all hospitalizations are the result of an adverse effect from a medication. Right. So people show up in the ER because they have a rash because they just started in an antibiotic or they have belly pain because they've been taking anti inflammatories for two years, and my goodness, if a quarter of all of our hospitalizations are driven by side effects, I started thinking, I wonder what primary care visits are. You know, what percentage of those are driven by side effects?

Warren Willey: Oh, so true. And that goes for over the counter medications too. People forget that there's every medicine you buy over the counter is a medicine. It's a drug. Just because your doctor didn't write your prescription or your nurse practitioner didn't write a prescription for it, it's still a drug. Okay, I better not go down that path because we can really go off. Let's dive into the neurocognitive stuff. If you would define neurocognitive disorders for us.

Randy Vawdrey: So neurocognitive disorders would be any illness or any symptom that emanates from the brain or the emanates from the functioning of the brain. So these are common things that we see everyday in family practice that would include depression or anxiety, insomnia. People who have chronic headaches or migraines, seizures can be a part of this brain fog is a symptom I'm hearing all the time and it's more common in women I think because women come to the doctor's office, but women come all the time and say, man, I'm experiencing brain fog, or it can include things like multiple sclerosis and dementia and Alzheimer's disease and Parkinson's disease and ticks and dystonias and stiffness and so forth. All of these things can emanate from the brain, and so that's usually what I referred to and I talk about neurocognitive disorders.

Warren Willey: Very good. You, you bring up a good point there. I think so because of our, what we already explained how little we learn about and understand the brain. We treat symptoms, but think about all the treatments out there. For example, a muscle relaxer. I hear people all the time, I needed a muscle relaxer for my back. Well, muscle relaxers don't work at your back. They work at your brain medications. Does that occur? You know, diabetic neuropathy, people can't feel their feet. We give them drugs

so they feel their feet again. No. So it changes the way the brain sees the feet. We're treating that. Most people don't.

Randy Vawdrey: Most people don't think about peripheral neuropathy is a brain disorder disorder. There's a foot disorder.

Warren Willey: Exactly. And that's, that is such an error or an issue in our, our western practices. So let's say someone comes in with brain fog, tell us how you, what would be your approach to someone with brain fog, Randy?

Randy Vawdrey: Well, if I went back to my example with insomnia, brain fog, I guess the lucky part of medicine is there's not a drug for brain fog. So when someone comes in for insomnia, we can just give ambien and it's a 10 minute visit in and out. We don't think twice about it. Right. But you have to do a little bit more digging when someone comes in for brain fog. And so I usually will spend 15 minutes trying to understand what someone means by I have brain fog. Does that mean that they have attention deficit disorder or they have, they feel hyperactive, they have a hyperactive component. Does it mean that wake up in the morning and they feel like they need their cup of coffee, but they need that all day long, that they never really kind of perk up and get mental clarity, this brain fog, mean depression or anxiety? Do they feel blue or dark or demotivated? Are they tired and exhausted all the time? So I think that when people come in, we have to get better at teasing out the symptoms and finding out what exactly are you experiencing and when are you experiencing it. And then I often will ask people, you know, the old adage, listen to a mother when she's talking about our kids because they oftentimes know what's going on. The same thing happens with brain fog is I'll often say, well, what do you think is causing this? What do you think is the trigger for your symptom? And then that helps us walk down the pathway to try to figure out how to solve it.

Warren Willey: That's a difficult thing for people to verbalize, I'm sure.

Randy: Yes. It always is. And you know, sometimes with back pain, there's patterns. So if someone gets back pain, they can tell you in the spot where they get back pain and they can tell where it's radiating down the back of their leg. Brain fog is not that simple because brain fog, it doesn't seem like there's any specific pattern. People have it and every single person that comes in, you kind of walked down a new trigger pathway for those individuals.

Warren Willey: Yes. And that's, that's a good point too. In Western medicine, we're so algorithm driven. So if this then this, then this, it must equal this and back pains and other great example. If you have numbness down this area of your leg, then we know what level that back pain's coming from the brain. 13:38 [inaudible]

Randy Vawdrey: Yes, it is so hard. And, and you know, I've started really focusing on what medicines are people taking because there's a host of medicines that can contribute to brain fog. And, what a tragedy it would be to just add another medicine or to miss that something that an individual's doing under the context that they're trying to feel better could actually be contributing to their brain fog. And I see that happening more and more.

Warren Willey: It's in the RecoverMe method of medicine. We spend time with our patients like you do. We take, we listen and listening is not just hearing. Listening is trying to understand because our goal, of course, as we've discussed many times, is to treat the cause, not just cover the condition. So you have some brain fog. You're breaking it down. Tell me, tell me what part of the history. Well, let me back up. Before we go to that. What are the things going through your brain when they're talking about their brain? What are you thinking? Are you thinking, is there an environmental toxin? Is there a medication like you mentioned the causing this, did they get whacked in the head? Does her dad sell a rat poison? I mean, tell me the things you get out of them to help determine what's causing this brain fog.

Randy Vawdrey: Oh my goodness. This is a very loaded question. We spent an hour and a half on this one individual thing, but I oftentimes will go through kind of this. You talked about algorithms or kind of a systematic way of thinking through a problem and you know, oftentimes this is the pattern that I go through. The first thing I try to think of is there some sort of inflammatory response and as you know in medicine, if there's a disease, there's inflammation somewhere and a good practitioner has to try to sort out could there be an inflammatory response going on and what's causing that. And in brain fog, some of the common areas would be autoimmune disease and dental issues. So I took care of a person that has dementia and take care of those teeth because you're gonna need them and they're going to affect your brains. I had about a guy six months ago whose wife brought him and he had a little bit of a sundowning and dementia and she was trying to keep him out of an assisted living center. And when I drew his lab work, this individual had a CRP of 16. And I think that's probably the highest that I've seen in an elderly individual. The person was only taking one medicine, so really didn't have traditional disease in the context that we always see in medicine who was just having more and more confusion and his wife was thinking, man, my husband's getting Alzheimer's disease. I've got to fix this

Warren Willey: And if I clarify for our audience, anything greater than one raises our eyebrows with CRP.

Randy Vawdrey: So 15, 16 times normal. And I went through a trillion questions trying to figure out where's this inflammatory response coming from and we could not figure it out. And then I said at the very end of the conversation that, well, maybe it's his teeth, and she says, well, could that cause an inflammatory response? And

I'm like, oh goodness. Right. So here's your upper palate and here's your brain and you've got this infection or inflammatory response right here. It just goes straight through the base of the skull right into the brain. So she took him to the doctor and he had two or three abscess teeth that the doctor had actually recommended root canals years before. But because of his advanced age, and I think probably because of finances, they opted not to do it, but this is probably cost this individual, his cognitive clarity now for a long time I've stayed in touch with that family and just this last week his CRP was back up to a 6, so we went from a 16 and he came all the way down close to that value of one that you talked about. And then he went right back up and, the wife says, you know, we're still not done finishing the dental work for this individual, but we know that that was probably the cause because we watched a value that was 16 times normal limb and come all the way down almost within the optimal parameters after they did the root canals.

Warren Willey: Wow. So how's he, do you have you have follow up since then?
Since the root canals?

Randy Vawdrey: That was just this last weekend that they've been following crps now for the last month. So they've done one each month and she has sent these to me for the last six months. And so he still has some dental work done, but that goes back to our earlier discussion. When you're thinking what, thinking process you go through when you're talking about neurocognitive disorders, I always got a sort through inflammatory responses. Another really common one are atrophic problems and atrophic is a word in medicine that means kind of a nourishing substance. And so when we talk about nourishing substances for the brain, we oftentimes think of hormones and I mean Dr Willey, you're the hormone guru. You know this as well as anybody that if someone's thyroid is bad or their estrogen and testosterone and progesterone and DHEA and cortisol, get out of balance. It really dramatically affects the functioning of the brain. I've listened to some neurologists talk about pregnenolone levels and that's not something that I had been accustomed to prior to focusing on neurocognitive disorders, but pregnenolone is a nourishing substance. And in addition to hormones, then you can get into things like vitamins and minerals. So vitamin B12 and B9 vitamin, and Niacin, vitamin D, vitamin E, all of these are very nourishing for the brain. And when we don't have those brain fog results.

Warren Willey: Besides in inflammation, tell us how infections, low grade infections. I know with the, the root canals, he probably had abscesses which is infectious with causes inflammation so we can have infection with inflammation, but you can have inflammation without infection. How about things like in the environment, like a heavy metal toxicity or especially in our area, organophosphates, with all the, the agriculture around here, how do you weed those out?

Randy Vawdrey: Great Point. So it's just part of the questionnaire process or that it's kind of a dance with your patient that oftentimes when you're visiting with him,

your goal is to try to figure out what testing should be done. Because as you know, medicine can be pretty pricey and it can be expensive with lots of tests that we would run. So you've bring up heavy metals and organophosphates or BPAs and styrene and benzines and on all of the organic stuff, you know, makeup. My wife and I have talked a lot about how can we help her find an organic makeup because she wants to feel good. And she wants to wear makeup during the day, she wants to wear the eyelashes that everyone wears, but you know what's in that glue, what's that glue that we glue that eyelash right onto the natural lash and then that, that chemical get could get transmitted through the brain. And I think those are things that we never think of within our environment. We wake up in the morning and we take a shower with a shampoo that's got a special dye in it for women who color their hair. And then women will apply makeup and then they cook their eggs on a teflon pan. And they spray pam into that pan. Right? So you got a spray that's aerosolized, an oil. And then if you're lucky, it's olive oil. Half the time it's not olive oil, right? It's a seed oil. And I could go on and on and on. And our environments are constantly, you know, we finished the day by sleeping on a bed that's got flame retardant on it. And so all day long we're just bombarded with chemicals in it. There's nothing that says any one of these are going to be the ticket or the lottery ticket that buys this cognitive dissonance function, but when you look at our environment in its total, it really is pretty impressive how much we're exposed to that, as you mentioned, can turn around and cause a neurocognitive brain fog.

Warren Willey: Oh man. And that goes back to again, the recover me philosophy is we can't always protect you from all these environmental factors, but we optimize your body, your kidneys, your liver, your body's ability to detox itself in your environment. But when someone comes to Randy or me with cognitive disorders are ready, we have to step back and say, okay, there's probably one or two that are really significant in this and that brings us to all the different type of neurocognitive disorders because obviously, you know, we've heard that a higher aluminum levels causes Alzheimer's or you may have mercury that causes Parkinson's disease. Would you go through us again just in our introduction of neurocognitive disorders that different types of neurocognitive disorders, Randy?

Randy Vawdrey: You bet. I think I've got probably about 10 that become a part of my focus. So we've talked about inflammatory disorders and we've talked about a trophic disorders or brain nourishing, challenges, Glyco, toxic disorders or insulin resistance and diabetes are neurotoxic problems to the brain. And that's super important because we've always talk to diabetics and people who are in insulin resistance under the context that, you know, we got to control your blood sugar so we protect your kidneys or so that we protect your feet from neuropathy, but the truth is the brain just cannot handle the loads of sugar and artificial sugars. And I don't want to go down that road because I know it's very politically charged, but there's an estimation that diabetes counts for probably 50 percent of all neurocognitive disorders. And even insulin resistance.

Warren Willey: Isn't that amazing? Because Medicare doesn't pay for any of the brain to be evaluated. They tell us, they give us these algorithms if we want to be paid by CMS, Medicare, Medicaid, check the diabetics feet, make sure they don't have peripheral neuropathies. Look for any lesions. How the CNI doctor to make sure they have no retinal changes and then shake their hand. That's it. There's nothing there on the brain.

Randy Vawdrey: Yes. It goes back to what, how you started our conversation today. The whole world has definitive testing that they need to do mammograms and cholesterol testing and pap smears and foot exams and retinal exams. But we had totally forgotten that this brain takes about 25 percent of our total metabolism everyday just to get the wheels turning. And when that metabolism starts to break down, it's a problem. And from the sugar standpoint, there's not a soul out there that would look for the cheapest gasoline they could possibly find and fill their gas tank every day because then they get irritated that their cars only going to drive 20 miles before it starts choking and sputtering and spittering. But we don't think twice about putting just total crap in our human gas tank. And so, you know, insulin resistance and, and Glyco. Toxic disorders are a big deal. Dietary issues are another big deal and this can go boil down to everything from food allergies to leaky gut syndrome or microbiome. I don't know how much you want to talk about that, but if the dietary disorder is off, nutritional deficiencies are also a problem, right? And, sometimes we've gotten in the habit of thinking, well, I'll just take a nutritional supplement, right? If you want to have a fun experience one day, walk down the cereal aisle at the grocery store and look at all the cereals that had been four to five, four to side with vitamin B12 or pholate, or vitamin D or calcium. And it's such a joke because fortified my foot, that's not going to do anything. The problem of that food item and the sugar load just totally wipes out any benefit that any fortification can do. But I think that's a marketing effort to try to get us to make purchases. As you mentioned, there's toxic metals and medications. I was listening to healthcare providers that had continuing at conference saying that if Ibuprofen or Aleve were a new drug trying to get through the FDA today, it might not make it because of the extensive side effects that are associated with anti-inflammatories. Right? And I personally think antiinflammatories are a gift. They're a huge blessing for us and I've used them on many occasions, but if we're to use them everyday in two and three times a day for long periods of time, we're missing something. We've got to figure that out. You talked about chemical sensitivities, we've talked about infections. There's a great neurologist that wrote a paper about inhalational Alzheimer's, that air that we breathe, some people just can't clear the toxins that are in our EHR. So there could be 10 people that work in the same office space and to have them get terribly sick, eight of them have no problem. Why are those two sick? And it has to do with what's in the environment, how well their body's able to clear that. And then naturally there's trauma and vascular issues. So I don't know how much you want to talk about each one of those where there's a lot of things that lead to neurocognitive disorders.

Warren Willey: Let's just spend a couple minutes if we may on trauma because that's big. Obviously the movie, and forgive me, I forget the name with the football player, talked about the NFL head injuries, a concussion clinics popping up everywhere and junior highs and high schools, which I think is great. Trauma to the brain, the best explanation I've ever heard about a concussion, Randy, and tell me your thoughts on this, was a concussion to your brain is like a heart attack to your heart.

Randy Vawdrey: Yes, that's a great analogy. It's a great example and we know that if we were to follow that example through, there's ischemic attacks in the heart and there's infarcts in the heart. Ischemia where a certain part of the heart is starved for oxygen and nutrients for a period of time and then the Mitochondria or the the battery pack of that cell doesn't work very good and so the heart doesn't function appropriately and then their strokes, or excuse me. Then there's an infarct where some of the tissue dies and I think that analogy could really play into a concussion that we can have an episode where there's an inflammatory response in the brain and the brain is starved for nutrition for a period of time, whether it's blood flow or oxygen or the right amount of nutrients going to that brain or there can actually be damaged where some of those brain cells dies. The benefit is we have so many brain cells that oftentimes we recover very quickly and we don't think of that as producing a long term response, but if that injury happens over and over and over and over, what ends up happening is we have this underlying inflammatory response in the brain that changes neurological signaling and it's. It's when you go down the pathway where the signaling in your brain is a signal of inflammation and a signal of apoptosis or cell death. Then you're going to end up with long term problems. But through lifestyle interventions or through good health care. After a concussion, you can change that signaling to a synapse, rejuvenate being synapse, healing signaling process. So you don't have long term problems.

Warren Willey: Oh, that's so fascinating. Part of this I wanted you to bring that up is to emphasize to our listeners that brain health needs to be covered with kids. It's not just the older adults who feel they're not. They forgot where their car keys are and hell they forgot where they parked their car too, its kids. We have to think about this. Brain health should be part of the well child check for family practitioners and pediatricians out there, but we miss it. We'll spend more time on that later. I want to kind of wound down here because you and I could go on forever, so we've got to do a few of these for our listeners. I think what we talked about so far is going to excite people. Give me just one or two of your amazing success stories and I know there's hundreds because I've talked to you about them and they just gave me chills. Look, I have goosebumps because it's so amazing because it's so contrary to what we're taught in school. What the world knows. I mean, the Medical Journal USA Today has not published that. This little lady now recognizes her children after 20 years because of our neurocognitive approach to her. Give me a couple of success stories and we'll close it up.

Randy Vawdrey:

You know, I've got three and I can go through these relatively quickly. There's a family that has an autistic child that I go to church with and when I see them at church, because of my focus in neurocognitive disorders, I've every time I go to church I kind of corner this family and they ask a bunch of questions about their boy just trying to understand because I'm not their primary care provider and I think as I asked a lot of questions the family kind of thought, oh boy, here's Vawdrey always focusing on neurocognitive disorders. I took this young man a little vial of glutathione because you brought up the point that sometimes it's not just what we're exposed to that is the issue. It might be how our body's able to get rid of that. That might actually be the big issue. And so I took a liposomal glutathione to this family and I said, I know that you kinda think I'm odd because I'm always asking questions of could we make this young man better? Because I think the prevailing thought is if you have autism, you have autism, it's like dementia, you can't get better. And I said, just do four squirts of this everyday, swish it around your mouth and swallow it. And, let's see how he does. And honestly, I forgot about this young man. Okay. After the first day of school, and I'm going to go back, this young man has had the same teachers in classes because he has some special need classes to address the social aspects of autism. After the first day of school, the teaching assistant, the TA and the teacher both sent mom a text message and said, oh my gosh, I just can't tell you what a wonderful day we had. So today this young man was able to open his locker and do a new combo without any problem. I told him to get into groups and we're going to do some group learning, and this kid went and asked another young man if he wanted to be as partner for the group learning, which has never happened in the past because there's a lot of social problems. There was very little need to redirect over and over and over and over. And when the mom received this text, the mom took a screenshot and texted it to me and said, maybe we should talk a little bit more about what this glutathione does and because I thought that is such a simple intervention that everyone could do that would make a massive difference. So there's one example. Another one is, as you know, I do mental health one day a week and I have really integrated this protocol. When someone comes to my mental health office. I am not the kind of provider that's going to say, Oh, you've got depression. Will here start with Prozac right now. That's going to be our intervention and I'll see you in a month. I'll spend time asking all of these questions that you and I have kind of prefaced today and come up with a protocol or a plan for that individual to address the reason they feel depressed. Right? I got a call from a therapist that said, could you see so and so they're having suicidal thinking and I feel like they really need to get in. So this was about a 55 year old woman who had just struggled terribly with depression her entire life and when she came to the clinic, she says, man, I don't know what it is. I stopped going to work. I just don't have the energy and I'm starting to think about death and dying all the time. And as we sort of do that, my series of questioning went back to tell me the first time that you just felt awful depression. And she says, Oh, no question. That was right after my hysterectomy and I thought probably driven by hormones and I said, did you get on hormones? And she's like, well, I did start some hormones, but my doctor said we need to take this for the least amount of time possible because they're just not safe. And I kind of joked a little

nice, said, do you think they're safer than suicide? And she's like, probably. So we started a little bioidentical hormone and that person went back to the counselor and the counselor called and said, oh my gosh, it's like a new person. This lady is just infinitely better because of those hormones. And so, there's an example where you help a person clear toxins from the body. There's an example of using trophic support. I had one example just last week in my office, a gal with rheumatoid arthritis, and she didn't specifically say that she had brain fog per se, or neurocognitive disorder, but she does have terrible neuropathy that we've been working on. And she came back to her followup and says, man, I don't know what I've been doing, but my joints are so achy and we spent 30 minutes. Question after question after question after question, trying to figure out what is different because she didn't have this terrible joint pain a month ago and all the sudden it's come back so you know, it would have been so much easier just to say here's Meloxicam. I take Meloxicam once a day for the next three months and I'll see you in 90 days.

Warren Willey: A strong anti inflammatory for those who might.

Randy Vawdrey: Yeah. So anyway, we went through the process of trying to sort through why did the symptoms just start and the patient came up with this, you know what she said? She said, Randy, I've been trying to eat more and more green vegetables since I came to see you. I've really been working on my diet and I go to Wendy's everyday and I pick up their green salad. If you had their green salad, it's wonderful. And I said, good, I'm so glad that you're making different choices. And she said, you know what, about a month ago Wendy's started offering free soda pop with their salad. Could be causing my joint pain. And I just chuckled. I smiled and thought, well, what do you think? You didn't have this joint pain a month ago, and she says, you know what? Now that I think about it, the time almost exactly correspondence, so I just saw this patient on Monday. I don't know if that's the case, but that's the point. The point is trying to figure out what's happening in people's lives and you correlate that back to when their symptoms start. You can find the causative factors and as you've mentioned, I've seen over 200 people with dementia over the last year and I have done extensive labs and I've written these treatment summaries for them and I can tell you without question, the response is unbelievable. I have seen things that if you'd have told me 10 years ago I'd be saying, no that's not possible, but I've seen them because people are changing their lives and we're actually finding the cause of their cognitive decline instead of just giving them a medication to treat the symptom.

Warren Willey: Oh, I love it man. We could go on and on forever and I'm sure our listeners are like more and more give us more and we will, we will give them more because I think you've covered and really emphasize again, once again the whole philosophy of RecoverMe, let's meet you where you're at and let's fix things. Let's not just bandaged them. Let's figure it out. What you do in life, no matter what, and contrary to what Western medicine teaches, what crosses your lips, what you're exposed to, your makeup, your stress levels, how much you're sleeping or not, your relationships with

others. All these things affect your health and that encourages your disease if you're not aware of it. So let's end it now. Randy, may I asked your permission to have you back very soon. We have so many things we could cover. I think this is a great introduction to neurocognitive disorders and we'll get more specific for our listening audience. So again, thanks so much for being on my friend. Really honored.

Randy Vawdrey: Yes, thanks for having me on your podcast.

Warren Willey: So excited. So until next time everybody remember, it's all about what you do everyday that makes a difference in your quality of life. We'll talk to you next time.

New Speaker: Thank you for joining Warren on the recovery May podcast with Warren Willey, your guide to living in naturally healthier, happier life. If you enjoyed this episode, be sure to subscribe to this podcast on Apple podcasts, Stitcher radio, Google play, or wherever you find your best podcasts. To connect with Warren and the community, learn more about naturally healthy living and claim a free resource to improve your health right away. Visit drwilley.com. You'll find all of Dr Willey's resources there, including bestselling books like Better Than Steroids, The Z Diet, What Does Your Doctor Look Like Naked and his latest book, Obtainable - enjoy the body and energy you've always wanted beyond diet and exercise. That's drwilley.com. drwilley.com. And until next time with Warren. Get it. Be healthy. Live life.

HIGHLIGHTS:

02:09 brains are really kind of left to neurologists. We had a neurosciences in our first year, but really didn't do much in clinical brain work. I remember the best analogy I have for my medical school a long time ago was like the teeth, Randy, here's, here's the way we are taught that medicine students, these are your teeth. If a patient comes in with an issue with those, send them to the dentist and we went to the next topic and brains are the same way. We just didn't spend any time on brain health.

03:48 We know that not only by mental tests, cognitive tests, but also by imaging tests, neuroquant, a fancy functional MRIs. I mean, we're actually seeing people's brains when you remove the toxins from the environment or the alcohol or the tobacco use or whatever, and replace it with the proper nutrients. People's brains grow.

08:23 25 percent of all hospitalizations are the result of an adverse effect from a medication. Right. So people show up in the ER because they have a rash because they just started in an antibiotic or they have belly pain because they've been taking anti inflammatories for two years, and my goodness, if a quarter of all of our hospitalizations are driven by side effects, I started thinking, I wonder what primary care visits are. You know, what percentage of those are driven by side effects?

10: 21 what we already explained how little we learn about and understand the brain. We treat symptoms, but think about all the treatments out there. For example, a muscle relaxer. I hear people all the time, I needed a muscle relaxer for my back. Well, muscle relaxers don't work at your back. They work at your brain medications. Does that occur? You know, diabetic neuropathy, people can't feel their feet. We give them drugs so they feel their feet again. No. So it changes the way the brain sees the feet. We're treating that. Most people don't.

11: 15 if I went back to my example with insomnia, brain fog, I guess the lucky part of medicine is there's not a drug for brain fog. So when someone comes in for insomnia, we can just give ambien and it's a 10 minute visit in and out. We don't think twice about it. Right. But you have to do a little bit more digging when someone comes in for brain fog. And so I usually will spend 15 minutes trying to understand what someone means by I have brain fog. Does that mean that they have attention deficit disorder or they have, they feel hyperactive, they have a hyperactive component. Does it mean that wake up in the morning and they feel like they need their cup of coffee, but they need that all day long, that they never really kind of perk up and get mental clarity, this brain fog, mean depression or anxiety? Do they feel blue or dark or demotivated? Are they tired and exhausted all the time? So I think that when people come in, we have to get better at teasing out the symptoms and finding out what exactly are you experiencing and when are you experiencing it. And then I often will ask people, you know, the old adage, listen to a mother when she's talking about our kids because they oftentimes know what's going on. The same thing happens with brain fog is I'll often say, well, what do you think is causing this? What do you think is the trigger for your symptom? And then that helps us walk down the pathway to try to figure out how to solve it.

14:40 It's in the RecoverMe method of medicine. We spend time with our patients like you do. We take, we listen and listening is not just hearing. Listening is trying to understand because our goal, of course, as we've discussed many times, is to treat the cause, not just cover the condition. So you have some brain fog. You're breaking it down.

20: 38 My wife and I have talked a lot about how can we help her find an organic makeup because she wants to feel good. And she wants to wear makeup during the day, she wants to wear the eyelashes that everyone wears, but you know what's in that glue, what's that glue that we glue that eyelash right onto the natural lash and then that, that chemical get could get transmitted through the brain. And I think those are things that we never think of within our environment. We wake up in the morning and we take a shower with a shampoo that's got a special dye in it for women who color their hair. And then women will apply makeup and then they cook their eggs on a teflon pan. And they spray pam into that pan. Right? So you got a spray that's aerosolized, an oil. And then if you're lucky, it's olive oil. Half the time it's not olive oil, right? It's a seed oil. And I could go on and on and on. And our environments are constantly, you know, we finished the day by

sleeping on a bed that's got flame retardant on it. And so all day long we're just bombarded with chemicals in it. There's nothing that says any one of these are going to be the ticket or the lottery ticket that buys this cognitive dissonance function, but when you look at our environment in its total, it really is pretty impressive how much we're exposed to that, as you mentioned, can turn around and cause a neurocognitive brain fog.

- 24: 27 But we had totally forgotten that this brain takes about 25 percent of our total metabolism everyday just to get the wheels turning. And when that metabolism starts to break down, it's a problem. And from the sugar standpoint, there's not a soul out there that would look for the cheapest gasoline they could possibly find and fill their gas tank every day because then they get irritated that their cars only going to drive 20 miles before it starts choking and sputtering and spittering. But we don't think twice about putting just total crap in our human gas tank. And so, you know, insulin resistance and, and Glyco. Toxic disorders are a big deal.
- 25: 12 Dietary issues are another big deal and this can go boil down to everything from food allergies to leaky gut syndrome or microbiome. I don't know how much you want to talk about that, but if the dietary disorder is off, nutritional deficiencies are also a problem
- 26: 21 if Ibuprofen or Aleve were a new drug trying to get through the FDA today, it might not make it because of the extensive side effects that are associated with anti-inflammatories.
- 37: 00 The point is trying to figure out what's happening in people's lives and you correlate that back to when their symptoms start. You can find the causative factors and as you've mentioned, I've seen over 200 people with dementia over the last year and I have done extensive labs and I've written these treatment summaries for them and I can tell you without question, the response is unbelievable. I have seen things that if you'd have told me 10 years ago I'd be saying, no, that's not possible, but I've seen them because people are changing their lives and we're actually finding the cause of their cognitive decline instead of just giving them a medication to treat the symptom.

Exceptions: Future.Bible blog is scheduled in two ways:

On Wordpress site of future.bible

On Get.bible/blog (which DJ manages)

Exceptions: Warren Willey blog is submitted to Kendra; Kendra manages with client