



The ABCs of Optimal Brain Health

Dr. Heather Sandison, N.D. interviewing
Dr. Ryan Wohlfert, DC



Dr. Heather Sandison, N.D.

Welcome back to the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sandison and I'm so pleased to have Dr. Ryan Wohlfert with us today. Dr. Ryan has helped thousands of patients upgrade their brain, energy and longevity, both online and in his multiple chiropractic, nutrition and wellness clinics. He's the co-creator of the Superhuman Brain Masterclass and The Leaky Brain Summit, reaching over 100,000 people worldwide. Dr. Ryan brought together the world's top neuroscientists, brain researchers and doctors to uncover proven solutions to upgrade brain function, energy and performance. Dr. Ryan is also a certified mindset specialist and certified chiropractic sports physician. He's also certified in chiropractic biophysics. That's a mouthful, but I'm gonna get it.

And I want you to dive in to telling us how that relates to the brain. I'm so pumped to dive deep with you here. This is a protocol he uses to rehab the spine and create postural correction to address chronic pain, disease and organ dysfunction. We've had a chance to talk a little bit before we hit record and I'm just so excited to start gleaning some of the wisdom from your 20 years of education and clinical experience. You've created the Pain to Performance System. And for all of our listeners, this is a proven and field-tested program that incorporates healthy lifestyle principles to help you break free from the dependence on a very broken medical system. And that shows up more than ever when faced with cognitive decline. So Dr. Ryan, thank you so much for joining us.

Dr. Ryan Wohlfert

Oh, thanks for having me. I appreciate your flexibility with me getting on here.



Dr. Heather Sandison, N.D.

Oh, yeah. So you have talked about the stress bucket. And in the case of Alzheimer's and dementia, this applies not only to the patients suffering with dementia. This can be very, very stressful, especially in certain types of dementia to start losing your cognitive capacity, especially when you're aware that it's happening, it can start to feel very threatening. Now, on the other hand, the people caring, our caregivers for that patient are also under a tremendous amount of stress. So I wanna break down, not all stress is bad, but what do you mean when you talk about this stress bucket?

Dr. Ryan Wohlfert

I love that question. I love teaching about this and helping people understand 'cause I like to bring practicality and simplicity into teaching my clients and patients and audiences, wherever I talk. So another good way to think about it, like this threat/stress bucket 'cause when we think about stress and somebody says, I'm stressed out, typically, they mean mentally or emotionally stressed. I want the listener here in the audience to understand when I talk stress, think stressor or threat. So it could be a physical type stress, chemical type stress, emotional, mental, spiritual. So even think about it in this term: any trauma, any stress on your body is a threat. That's how your brain perceives it. And this is what we'll get into how the brain works to let you know that there's a problem. The brain works in like feedback loops. I love this, again, simplicity of it. The brain is constantly, never ending, every single millisecond, it's interpreting the inputs that are coming into our brain and our body.

And it has to decide in a split second, is this safe or is it unsafe? So it could be something physically dangerous. It could be something we perceive as dangerous, something mental or emotionally, or it could be something physical that, again, it probably isn't dangerous in and of itself, but our brain has to interpret these inputs. So this feedback loop is: these sensory inputs come in, the brain has to interpret, is it safe or not? And then based off of, is it safe or is it unsafe, it has to create the output response. So then you respond appropriately. So very simple. So then that output response feeds back into the inputs. Now these inputs, these sensory inputs could be something from the outside world, or our senses. What do we see, what do we hear? What do we feel, what do we taste? Even our proprioception, somewhat, like what is our relationship to gravity? So then inside of us, it could also be these inputs from our blood pressure.



It could be inputs from these markers. It could be inputs from what we ate or leaky gut. So these have to combine and whatever your brain feels is the most threatening, it's going to address first. The number one goal of our brain is to stay alive and to keep you alive. So that is numero uno. 1.a is to conserve energy. As long as those two things are met, now, the output can be more performance-based, which is improve your cognition, improve your performance, improve like again, the performance, not the survival outputs, 'cause survival outputs are more like I'm gonna make you feel pain, stiffness, achiness. It could be brain fog, anxiety, depression. These are all output responses that your brain says, all right, this bucket's getting a little full and I'll go into this right now.

What does this threat bucket mean, or the stress bucket? So I already mentioned, your brain is continuously, never ending, evaluating the environment, both outside and inside. So every time it perceives, whether real or not, something as a threat or a stress, it puts drop in the bucket. So think about your brain and nervous system as an empty bucket. So we all have different size buckets, but this is again a simple version of how it works. Like when somebody asks me, "why do I have pain, why does my brain not work very well, why can't I think so clearly, why is my energy low?" I always come back to this: so when those drops start filling up, those stressors, those threats start adding up in the bucket, and they could be toxicities, industrial chemicals, biotoxins, microorganisms, pathogens, viruses, bacteria, just, your brain's like, all right, this is getting too much.

It adds it to the bucket. It could be something physical, like poor posture sitting behind a desk, previous injuries, sports injuries, even diagnoses of different, I'm sorry, different autoimmune diseases. These are all threats. What else? Holding your phone incorrectly. That's a big one, which I'm sure we'll get into later. So chemical stresses like, we're both in America, so the standard American diet, which is unfortunately getting more pervasive throughout the world where we're eating sugary foods, highly processed, inflammatory type foods, which these add stress to your bucket. You might not feel the effects right away, and that's where we're going with this. So here's the deal. So all these are coming in, and remember, it's a dynamic process. It's not like, okay, there's only stress and water, I use water and that drop's going in. There's this constant interplay, in and out. But when we get overwhelmed, when we can't keep up with that, so now that water level starts to rise. That stress and threat level gets way up to the top.



Well, it does and it doesn't. Here's the perfect design of your brain: because it thinks if that stress level, that threat level gets up to the top, your brain says and thinks, oh crap, I'm gonna die. It thinks you're gonna die because it can't handle anymore. So what it does to get your attention is create a response in your body. Again, I'll use this analogy. So about 2/3 of the way up that bucket, there's a spout coming off, like this valve, or a spigot, however you wanna think about it. So if it gets up to that level again, let's say arbitrarily, it's 2/3 of the way up the bucket, well, now think about that also like your stress threshold. So what your brain does is it doesn't let the stress out, the threat. The threat is there, but what it lets out is a response. So your body creates a response to get your, or your brain creates this response in your body to, include your brain as well, to get your attention to say, Hey, there's something happening here.

And I like to simplify it in that way, because so many times people get hung up on their diagnosis when it's easier to think about, okay, my brain is giving me this response to my body for a reason and not... Okay, we don't wanna just chase the pain, if it's a physical pain, 'cause these responses could be, I use the acronym pain, P-A-I-N, just for teaching purposes, but then also, so I can help myself remember all of it too. So P stands for like physical pain. That is a body response that the brain gives where it could be pain like chronic pain, headaches, migraines, even a physical response, like low energy, tiredness, stiffness, achiness, tension, immobility, poor coordination. So A stands for like like anxieties. So that's the emotional response that it can give. So that is the category for like anxiety, depression, nervousness, irritability, the emotional type responses that get overwhelmed. I, so P-A-I--N, inflammation/infection. So your body might give you the response of an infection or like cold, a flu. Well, we've heard about that before.

So because it's trying to get your attention that way, and the last one N, stands for neuroticism. So that means a negative outlook on life, a negative mindset, or even like a psychological response, which there's overlap with these. So like Alzheimer's, dementia, it has aspects of all those where you're gonna have a psychological response, both with the person that's having it, brain fog, which is again, could be a physical type response, poor cognition, poor memory. So that covers a lot of different buckets. I mean, pun intended right there, falls in a lot of different categories there with Alzheimer's, dementia, poor cognition.



And we wanna start thinking about it in those terms or I wanna help people start thinking about it in those terms, especially for caregivers, because a lot of times it's the kids of the parents and they see them going through that. Now they add more stress to their buckets, both mentally, physically, emotionally taking care of them because that's a physical job. It's definitely a mentally stressful job. and it's an emotional thing 'cause we see them going through that. So that's that threat bucket, stress bucket analogy.

And the good part of this is, well, okay, what am I supposed to do then? Well, the good news is we can control how much water goes in there through our healthy lifestyle that we either choose to do or not choose to do. We'll get into some of that as it relates to what the listener and audience can do, where we can raise that stress threshold, where that spigot, we can put it up there higher. We can make the bucket bigger. We can decrease the amount of stress in our body and on our body by the lifestyle that we lead.

Dr. Heather Sandison, N.D.

I love it. That's so exciting too. It's very empowering when we can kind of go through this checklist of, all right, how are things maybe influencing me, but it's not so much about the symptom, but what the symptom is trying to communicate. And so I wanna go a little bit further down the path of, what is the risk here? So if we don't pay attention to that symptom, if we don't get the message from the body that something's out of balance, we don't answer that call. What's kind of the risk of how does this contribute to brain degeneration? Or in the other sense, if we are listening to the call, if we do heed this and make some of those lifestyle choices that benefit us, how can this help with brain health?

Dr. Ryan Wohlfert

Great question because, and I'm glad you asked that, is so let's say we don't heed the message, and a lot of times we don't, or by heeding the message, especially if it's pain or some type of anxiety, or it could be allergies even. I just thought about that as people outside are mowing their lawn and gets runny noses. Well, sometimes they start to self-medicate. They might do some over-the-counter stuff. Well, now, that in and of itself can have an effect on our organs in the body, create leaky gut, which leads to decreasing the amount of nutrients that we can absorb, healthy, more stuff getting through into the bloodstream and up to the brain.



Again, I like to keep things general in this sense because when we try to get too specific, can get overwhelming in this respect. I mean, before I said, a perfect design of how the body is, sometimes people think it's a cruel joke. Like, "why doesn't it tell us right away when we have stress and this threat on our body so we can do something about it?" Well, because we wouldn't probably be able to move. Unless we could handle a certain amount of stressors on our body, we wouldn't be able to function at all. So we have to have that little bit of leeway. So if we start doing those things, like I said, it doesn't get rid of the threat. It simply masks the issue at hand, like what is causing that overload of stress? How can we help mitigate that? Remember that threat bucket analogy, that spigot, yes, we can make it go higher so our stress resilience gets better, but it can also go lower where more threat or this more response gets out where you're like, man, I've never had this before.

So it might start off with pain or stiffness or low energy, and then progress to cancer, to heart disease, to Alzheimer's and dementia because our body continually breaks down. And this is over a... I mean, you know as well as anybody, this is a 20, 30, 40, 50-year process. That's good and it's also not so good sometimes because we get loaded into this false sense of security so we're like, "oh, it's just a little bit of pain" or "it's just a little bit of anxiety," which again, emotions are fine but when we try to stifle those by taking medications and depending on a system for health has not worked and chronic disease has not worked, maybe acutely, it has its place and it does have its place but what happens is now these other symptoms come up. Now we're like getting just stomach issues or bloated after we eat certain foods 'cause we can handle it for a certain amount of time.

And this all depends on the person. If it's not, once you get to this level of inflammation in your body, once you get to this level of eating gluten and dairy you know that you can't take any more, it's different for pretty much everybody. I don't really like the advice of listen to your body 'cause our body has gotten so distracted with stuff going on like as far as it's so toxic, if I use that word, where it doesn't recognize it because we try to numb it to that, whether it's emotional pain, a physical pain, intellectual pain, whatever it is, spiritual pain, we try to numb it. And then these emotions, these physicality toxins get pushed down, and then they start to come out because your brain, your mind, your body can't handle it anymore. And that's the best kind of description I can give. Like, what's gonna happen? The danger of that is you're gonna go down the medical route.



And hopefully people listening to this, you might be there already. If you have a diagnosis of dementia and Alzheimer's, more than likely, yes, it is the medical route that you have gone, but you still need things to support it. As a caregiver or somebody who wants to prevent this from happening, yes, this is definitely, the more medications you seek, the more it's gonna cause issues in your body and brain. You're not gonna be able to digest the foods. I mean, in America, just got to throw this stat out there, one in , let me go back to this, at least 70% of the population is on one drug, prescribed medication, 25% of the people are on five or more.

So once you go down that route, it is a little bit harder, but that we still have to mitigate the stress and threat response because it lowers that stress threshold with these medications. And now we're adding more toxicities, more chemical toxicities using the medications. Now, we always have to have this caveat, don't we Doc, of, I'm not saying go off your medications. I'm just saying that is one of those big stressors that we're experiencing now in our lifetime.

Dr. Heather Sandison, N.D.

Yeah, absolutely. And it's always a balance of working with your doctor to say, we'll do... I think it's quick, especially once you get into seeing multiple specialists, maybe not keeping in touch with the primary care where you've got multiple doctors involved, then one person over in gastro put you on a PPI and primary care never takes you off of it and really they're not intended for long-term use. Same thing with SSRIs. You went through something stressful, got put on maybe an antidepressant, and then like 10 years go by and you haven't come off of it.

And so we just keep adding rather than focusing on taking things away. Now, taking things away, reducing that medication burden is certainly something that you need to work closely with the doctor to do. However, just looking at the list, if you are in that 25% of people on a lot of medications, looking at that list and having a very deliberate conversation with your primary care provider, what is necessary and maybe what could I move away from in a safe way, I think that's a very worthy conversation to have.

Dr. Ryan Wohlfert

Can I add something to that?



Dr. Heather Sandison, N.D.

Please.

Dr. Ryan Wohlfert

Remember we talked about the input, the interpretation and the output. So it's not just going to the doctor and saying, I wanna get off this medication. That's like the output. We have to have a plan to get there. And I use this analogy a lot 'cause I play basketball, yet I still love basketball. I'm still trying to jump higher. Even though I'm in my mid forties, I'm gonna dunk again. And I say this because as a basketball player, as a coach, I coach my girls' basketball teams. And if I would go out there and say, all right, just go get the ball, without giving them a plan on how to get better at it, like that whole process to get the output, or jump higher, okay, thank, thanks coach.

How can I do that? It's a process that you have to go through, just like getting off medications if that is one of the goal, or preventing going on medications for dementia, Alzheimer's, brain fog, poor memory. And even I will include this, just taking a supplement to help with that without finding out what the input is that's causing the interpretation of the output that it's causing, it's a process that you have to go through, not just, okay, I'm gonna throw everything out 'cause that can create a whole set of problem because if you've been on these medications, or supplements, or this lifestyle, let's say for a long period of time, your body might've gotten used to it and habituated to it. Now, if you're not working with somebody closely, your medical doctor, health coach, doctor of chiropractic, physical therapist, whoever it is, psychologist, psychiatrist, then you might not adapt very well to that. It might lead to other problems.

Dr. Heather Sandison, N.D.

So I love this like input. I mean, it's like you said, it's a simple model. However, it's so important to go back to these simple models and really that big picture. Our body is this complex system and we are a product of the inputs and the outputs. And so one thing I've seen clinically, and I'm curious if you have as well, is that an accumulation of past traumas, particularly early childhood traumas tend to make many of my patients a little bit more reactive. So sort of like what you were describing in the bucket, the spigot is lower or the bucket is actually smaller.



So their resilience to stressors as they start to accumulate is lower. They tend to go to that, I'm dying, kind of response a little quicker rather than having that space between the input and the response be a little greater. So I'm curious if you've seen that, for one, and then also, what can we do about it? How can we build that bucket? How can we make it bigger? How can we reduce the things in it and how can we make that spigot higher so it's not overflowing into symptoms? What do we do?

Dr. Ryan Wohlfert

Wow, that's an awesome question. I love that. And that's a great analogy of how the bucket's smaller, the stress threshold is lower. The reactivity, that's a great word, too, is just they're more reactive, and that's where this whole Pain to Performance System came from, in healthy lifestyle principles, and it applies to brain health. It applies to your body health and physical health. I like to keep things simple with everything in my life, but especially with my health. Simple scales, complex confuses. So that's why I boiled it down to ABC.

So the ABCs is a basic simple thing, at least for us who speak English, we know what that means. So A stands for align, B stands for breathe, and C stands for condition. So these are the ways that, and I'll go into each of those. Audience, don't worry, I'll explain what each of those are, but that is the simple version of taking care of our mind, body, and how mind, body, brains, health, spirit, it's all encompassing. And that's why like I got certified as a mindset specialist. In part of that training was in the whole neurology of mindset, the neurology of trauma, like how that affects the brain. And that is how it was explained to me. The very part of it was the threat bucket, stress bucket analogy, how it deals in loops of input, interpretation, output, because the thoughts that we have and the traumas, the past emotional and mental traumas that we have and how we perceive those... 'Cause remember, it could have been just something that your parents said to you that now it wasn't a physical type abuse situation, but... And that's where the A comes in, the alignment, not with the physical body, but align with your intentions.

So align your mindset, it's the mindset training. So many people go through life trying to chase what they want, but they don't even know what it is they're chasing because they haven't defined what they want. So that's the alignment part with your intentions. What are your goals? What do you want in your life? Because whatever you...



This goes into the whole mindset, the neurology of the things, the stories that we tell ourselves over and over again, and we all have it. Nobody's crazy if you admit that you talk to yourself. We all do. It's our subconscious brain. We all have one. 90-95% of what we do is housed there. So that's back here, this primitive part of the brain, the old brain, the reactive part of our brain that's keeping us safe. And as long as that feels safe, well, now we can move more into the frontal cognition part and train that. And that's where the whole align your intentions comes into play with.

For example, to mitigate that stress response, to decrease that reactivity is sitting in, we say, just observance. So the two things that I like to have people do to just get more in like a cognitive part of it, rather than the reactive part is like, we call it, learn your language and count your wins. They're opposite ends of the same spectrum or the same continuum. So learn your language is, okay, what is the story that you're telling yourself, especially if you're a caregiver. You're just trying to help your brain health, or even if you've gone down that road. So learn your language is, basically it's a daily act of just finding awareness and getting more into the frontal of bringing those things that are holding you back, and not necessarily changing the trauma, because that trauma, whether it was physical, mental, emotional, spiritual, I don't know, it's there and it resides in your brain as some type of program, some type of trigger, but now we can change and you can change the meaning of that story or that internal dialogue.

But first we have to know, what is that dialogue, that whole align part. We don't have to... I should say this too. We don't have to go back in time and say, okay, what caused it? We just have to identify that there's something there that's holding you back. So that's part of learn your language. So where I usually instruct people to do is just grab a notebook. So here's one of mine, just pen and paper, this one, it's filled up already, where I combine that with count your wins and what I'll explain next, 'cause that, I like ending on that one for the A part, because that's where you start reprogramming your brain, like that. It's not happened like that, but it starts the process. So learn your language.

What are you telling yourself? What is the story that you're telling yourself, especially about your health and what is possible for you in your life, especially, even as it relates to your pain and your performance, cognition, memory, is for 5 to 10 minutes, start your day, just sit down and observe, like, what are you thinking?



Usually I tell people in the morning, what are you thinking? Ask yourself, okay, what are my thoughts? You might've taken a shower and you thought, oh, man, today is gonna stink, that type of thing. What's in for me today? I'm just so tired. I'm so beaten down, that type of thing. Just put it on paper. You're thinking it anyway. You're not gonna reinforce it. We have to see what we're dealing with, and what you're dealing with. So 5 to 10 minutes, what are you feeling? Incorporate into that, like, how are you feeling today, like physically, stomach, do you have a headache? Write that down, but almost like you're floating and you're just looking down on yourself 'cause that's a big part of it too.

And this is something that has to be trained. It's not like, happens like that. If you feel yourself too often, you do this for a week and you feel yourself going into the pit, you're going into that despair and lack of hope and hopelessness, then watch out because the more you experience it, the more it's gonna keep that program in the brain. So my advice would be definitely shift to and put more of your efforts behind counting your wins, which is, okay, it's not positive thinking. It's not stuff that hasn't happened.

It's not affirmations. It's not that, because if you're saying something to yourself that hasn't happened in a good way, like, let's say, you're losing your memory or you have brain fog and say, I have a great memory, I am so smart, but you don't believe it, unconsciously, in that primitive part of your brain, there's this cognitive dissonance where it doesn't matter how forcefully you say it. The more force you use, your subconscious is like, oh crap, I'm not safe, and now it's treated like a threat. So counting your wins, another way to put it is finding evidence throughout your day that led you to your goal. It doesn't matter how big or small it is, and that's the thing. I like finding your evidence because it actually happened during the day. So at the end of the day... It's where I sit down. So you can see my red chair right back there. That's where I do my journaling in the morning.

And you can think about it like that too, where I do learn your language, review your direction. And then upstairs, I got another red chair in my room where I'll do count my wins. So I go through my day. So if one of my goals is to dunk, again, when I'm 50 years old, dunk a basketball, I write down all the things, doesn't matter if I dunked that day or not, or if I even played basketball that day, I write down, okay, I did my workout. I did my mobility training, twice today. I foam rolled. So I had great nutrition. I intermittent fasted, all these things that we take for granted, but it makes you feel good when you write them down. Because now again, this is part of the repetition of your brain, when you write it or say it,



and that's why I love doing interviews too, is because the more I say it and what's going to happen in me dunking at age 50, again, the more likely it is to happen because now I have three exposures to it and my brain has three exposures to it: one, when I think it, two, when I say it, and then three, when I hear it. So it's the same thing when you're writing down, when you think it, when you write it, and when you see it written, and even how you feel it. So it could be four. So those are two action steps that somebody can take right now. You might feel like, well, how do I do it? You're getting caught in the how? Just write. It doesn't matter how. Especially count your wins, doesn't matter how small you think that win is. Doesn't matter, that you will always, always have wins no matter how bad your day is. And I'll stop right there as to I could keep going on that one.

Dr. Heather Sandison, N.D.

I love it. So that's align, and you're a chiropractor. So I would imagine align means a lot of things. We're talking about aligning the spine and like, hang in there 'cause we're gonna talk about posture and how that affects the brain, but this alignment of purpose and alignment of our thoughts with what we want to see more of showing up in our lives is so, so, so important. So that's the A. Take us to the B.

Dr. Ryan Wohlfert

So B, we'll go quick, or we'll spend less time on that just because B definitely leads into the posture part of it too in the spine, but breathe. Just because we breathe doesn't mean we do it correctly. It's kinda like think with the A. Just 'cause we're having thoughts all day doesn't mean we're doing it correctly or doing it in a serving way. Same thing with our breath. Too often, we're breathing through our mouths, which that means we're not getting the oxygen to the brain and throughout the body and get it into the tissues, the organs, where it needs to help us function.

So here's a great way to, again, a simple way to help get more oxygen throughout your body and even help your posture. It's not a quick fix. Quick fix means doing the work. That's how I define quick fix. So you're gonna breathe through your nose, in and out. I want you to do it light, slow, and deep, and I'll explain what those mean as we go along. So I can't do this because I have to talk, so that's why my mouth is open, but close your mouth, keep your tongue at the roof of your mouth, right behind your teeth.



And that helps to keep your mouth closed. So when you breathe, in through your nose, out through your nose. So the light means you wanna breathe lightly, not forcefully. We shouldn't see you breathe. We shouldn't hear you breathe. It should be relaxed. Now this isn't the Wim Hof method. This is a lower level of that, not even lower level. This is like the basic fundamental of it, before we get into that part of it and the different training that you can do. So light. I love this description 'cause this is from "The Breathing Cure," Patrick McKeown, "Oxygen Advantage." Light means, when you're breathing in, you wanna do it in such a way where you're trying to not even feel the nose hairs move.

You wanna make sure. Try not to feel like... 'Cause it's not a like that. Just nice and light, and then slow means we wanna slow down the breath. We're taught that 12 to 15 breaths per minute is normal and ideal. It's actually what they found for pain, for oxygen delivery, for just overall health, brain, cardiovascular system, organs is about six breaths a minute. So that's where the slow comes in. If you wanna think about it in numbers, so if you take an inhale through your nose for five seconds, exhale through your nose, five seconds, that's 10 seconds, times six, that's six breaths in a minute. Here's another little tip is if you can prolong, do more of like a four-second inhale and then a six-second exhale, the exhale is actually been shown to help improve your health, your cognition, your focus, even more because it's getting more oxygen delivered to your tissues, to your brain.

So LSD. That's light, slow and deep. So deep doesn't mean a big breath. Cause when you say deep, you think, no. Deep means diaphragmatic. We wanna breathe in through the diaphragm. So light, slow, and deep through your nose, close mouth. And when you breathe in, so you inhale lightly and slow, the diaphragm goes down, your belly will essentially go out when you do it correctly. And then you're not forcing the exhale out, just breathing in, out, exhale, and the diaphragm comes back into the position and your stomach goes in. So that is the pattern, the basic motor pattern that we've had since our first breath. That gets screwed up with stress.

So breathing in and of itself is both a stress on the body if it's done incorrectly, just like exercises, if it's done to a level where we're not allowing our body to heal. So yeah, that's the breath part of it, the breathing part of it. When I developed this system, was like, okay, what are the basic fundamentals that everybody does over and over and over and over and over again? Breathing, you breathe in and out 20,000 times a day.



If it's dysfunctional, just like your thought patterns, it is gonna affect your brain to a level that, you know what, it's gonna create a response in your body and you're gonna think there's something wrong with you, but you're actually not. So that's A and B.

Dr. Heather Sandison, N.D.

Great, and C.

Dr. Ryan Wohlfert

C is condition, so condition your spine. So condition your spine and posture. And breath goes along with that because if you breathe too much through your mouth, one, it's gonna cause dysfunction in your movement and posture, your posture's gonna cause a dysfunction in your breathing pattern. And again, it's that loop again. So when we're looking at your posture and spine, again, we have to know what is normal and functional and optimal function and what is not. So we're looking at you from the front, like if we're looking at a spine or posture, looking at you from the front, we want everything straight up and down because that decreases the resources that we need, decreases the amount of energy just fighting gravity 'cause if we're off to the side or side... Again, I have a long neck so I can shift side to side like that and you might think, well, I wouldn't know if I did that.

Well, these injuries and these stressors and threats, especially physical injuries that you might've had, will push your spine out of place. Most people think of posture and bad posture is that slump, slumping down, which if you are in your forties, fifties, sixties, seventies, and especially, again, with dementia and Alzheimer's and poor brain health, I bet you've probably lost some height. And that's one way to know, okay, my posture is probably causing stress on my body. But looking at you from the side is, you can't tell this from posture, like overall posture, you want your ear lined up with the shoulder, lined up with the hip, lined up with your ankle. Like if we drop the plumb line down, we want those lined up. Now, if we took x-rays of your spine, and x-rays are beautiful. They've been vilified. They're definitely not the villain here because we need to see again, what we're working with. So in the spine, you want 40-degree curves in your neck, mid back and low back, give or take a few degrees. But what happens is when we get this hyperkyphosis, and this has been shown through research and different research studies, that in and of itself is a predictor of taking up to 15 years off of your life.

Dr. Heather Sandison, N.D.



Wow, that is important to know.

Dr. Ryan Wohlfert

Yes, so I wanted to throw that in there and just pause for a second for people to understand. This isn't a chiropractic journal that's doing this. This is a spine research, one of the top medical journals out there. This was back in the early 2000s. Journal of the American Geriatric Society is another one. This is what they found. So, think about it. Again, I like being logical, as well as scientific. If you're like this and you're collapsing and now this creating this hyperkyphosis of the thoracic spine, well, what organs are in your rib cage? You got the heart, you got the lungs, you got the gut, you got, jeez, all these. So now just physically and mechanically, I mean, everybody who's listening and watching can do this, round your shoulders, take your head forward and try to take a breath in, and then out, and then sit up straight or stand up straight the best you can, head over your shoulders, and now, breathe in and out. What's easier?

Dr. Heather Sandison, N.D.

Upright, that's for sure.

Dr. Ryan Wohlfert

Upright. Now if you're saying, well, there's no difference, that might mean that you might be so kyphotic, like slumped over, that you can't even get up to that position. So mechanically, we're not getting the heart working or pumping as well as it should, or the lungs expanding. The diaphragm isn't getting oxygen down to the deep areas of the lungs. The gut isn't getting the motility that it needs to have in order for you to go poop or have a bowel movement. So now these toxins just keep adding up and up and up. And where do they go?

Dr. Heather Sandison, N.D.

Back to the brain. Yeah, back into circulation and back to the brain.

Dr. Ryan Wohlfert

So I wanted to mention that mechanically, but also think about it neurologically with poor posture. So neurologically, so we've got the brain, master control system, your brain has a spinal cord, which is an extension of the brain, which is housed in the spine. So if you are



like this, and remember the spinal cord is not this rigid structure. Well, sorry, your nervous system, brain, your nerves, your spinal cord, it's the most important, it's also the most delicate. That's why as much bone is around it as possible. That's why your brain is encased in the skull. That's why as much as possible your spinal cord, until it breaks off into nerve roots, is encased in bone because nature knows how important it is. Just go back to nature. We know how important it is by how it was created. So now if it's like this and our shoulders are forward or our head is over this way, it's not putting pressure or it's pinching a nerve or the spinal cord, but it's putting stress on it.

So think about a rubber band. When you're in this position like this, so we got one end of the rubber band up here in your neck and your brain area and we got the other end down going through your spine, well, now we're pulling on that because we're creating more tension, we're creating more space between them, more distance, that's a better word for it, more distance between them, well, now your spinal cord stretches. That's a tense structure and it's not going to get the signals from the brain to the body and the body and organs to the brain. And that's why I use a system of retraining the spine, retraining the posture through specific exercises, specific alignment techniques through adjustments and specific corrective traction.

Because similar to your teeth, if you've ever had braces on your teeth, just pushing on them if they've gotten crooked in a certain way, we've got to put braces on them if your an orthodontist to correct the structure of them. It's the same, it's very similar with the spine. The ligaments get distorted, the muscles get weak in certain situations, in certain areas. So we have to retrain it through traction, for example, to get the curves back in the spine and the side view. And also sometimes we need it if you're shifted off to the side with your head and neck, which is much more common than people think.

And it's not just, okay, now I got a great spine, it's because now we're restoring the actual communication between the brain and the body and helping to heal the brain as well because now we can get oxygen there. Now we can get the nutrients there. Now our gut can digest the food better because the nerves are functioning better going to your gut, go into the bowels, going to your lungs, going to your heart.



Dr. Heather Sandison, N.D.

Dr. Ryan, this is so great. I know that so many of our listeners are wondering where they can find out more about you and how they can take deeper dives to apply the ABCs to their own cognitive function. So how can our listeners find out more about your clinical practice, what you offer online and in person?

Dr. Ryan Wohlfert

The best place to go to is totalhealthspine.com. That's kind of the hub for everything. But if you're on Facebook, I run a group. It's a free group called Be Your Own Guarantee because I wanna help people be their own guarantee for their health and their life, no matter what stage that they are, but especially if they wanna help incorporate these healthy lifestyle changes into their life and avoid cognitive decline, avoid pain, get rid of pain without turning to drugs and depending on them.

Dr. Heather Sandison, N.D.

I love that language, be your own guarantee. We're very focused and I think we're socialized and sort of trained that someone else is gonna fix us, that if we have insurance... Like insurance is the guarantee. It's all gonna get covered. And yet so many people find themselves in the cycle of, well, what's covered by insurance isn't helpful for me. They're stuck in what you described as like the dysfunctional healthcare system, this very broken medical system and particularly in these chronic complex diseases.

And so being your own guarantee, looking inward rather than expecting someone from the outside to fix you, but really diving deep into what, and to your internal resources, making the decisions, taking some ownership over those decisions and doing the things that we know... We've had this theme coming up throughout the summit, but it's common sense, but uncommon practice. So making those common sense decisions and so that you can really benefit from them for the rest of your life. I love it, I love it. Thank you so much, Dr. Ryan for being here and tell us again, Facebook at Be Your Own Guarantee?

Dr. Ryan Wohlfert

Yeah, I mean, you just have to probably... It's a group, so you'll have to... I mean, if you just search for it, you'll definitely find it.

Dr. Heather Sandison, N.D.



REVERSE ALZHEIMER'S SUMMIT

Ask to join the group. Phenomenal, what a great resource. It's really, really impressive what you're up to. And I'm so, so grateful that you took the time. I know you're a very busy man. Thank you again, it's been an absolute pleasure. And for all our listeners, please look up Dr. Ryan, and we will look forward to connecting again.