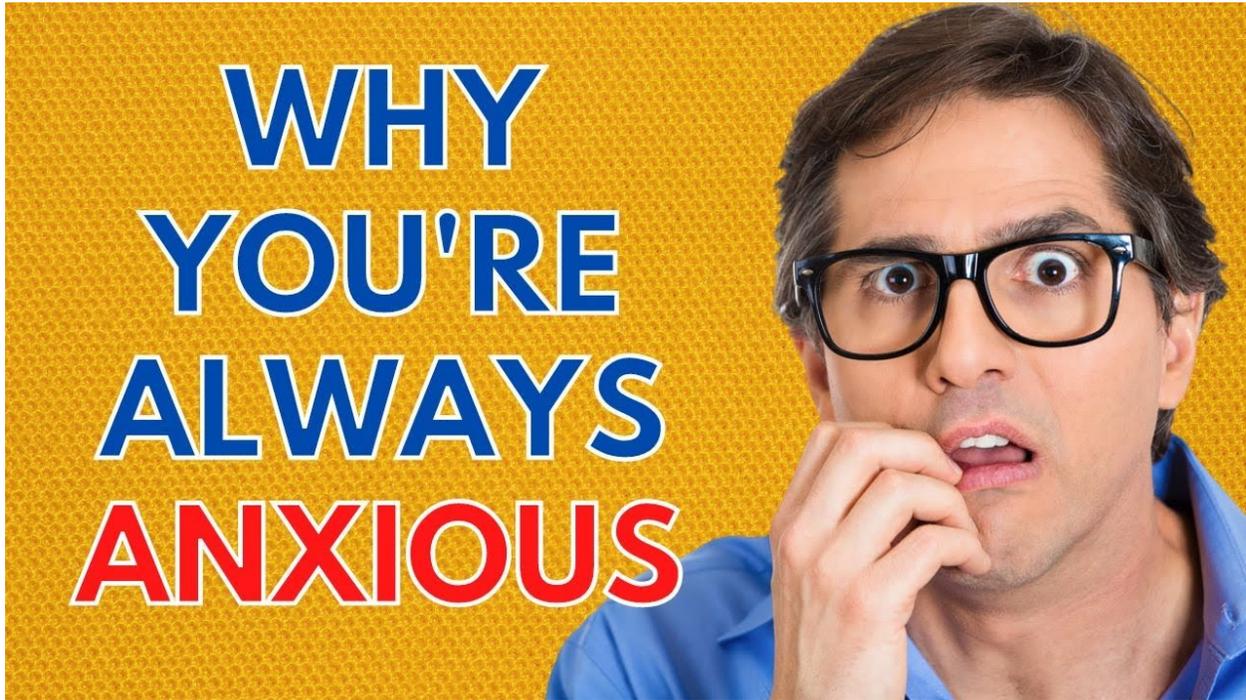


Why You're Always Anxious



Are you stressed or anxious all the time? Is your anxiety so bad that it prevents you from living your life or having meaningful relationships? Or do you suffer from too many panic attacks throughout the day?

Hi, I'm Dr. Steven Park, and I'm an ENT surgeon and sleep medicine physician, with a passion for helping you get the sleep for the life you want.

I just wanted to make a quick announcement before I talk about why you're always anxious. I'm excited to announce that I'm launching my new [Locals.com](https://www.locals.com) community with weekly live streams. I'll cover topics that go way beyond the importance of optimal breathing and sleep, to holistic topics about nutrition, exercise, toxins, our broken healthcare system, vaccines, and other potentially controversial issues that YouTube may end up censoring. The live streams will be 30 minutes in length with short, 10 to 15-minute presentations and time for Q&A. You'll also have the opportunity to make suggestions for future topics. And I won't hold anything back on this platform. What's more exciting is that the content will be collected to be transcribed and edited into my new book to come out by the middle of 2023. By subscribing, you'll help to contribute to this project and your effort will be acknowledged in the book. Please help me to create and fund this book with your subscription. The link to my locals community is in the description area below.

Transcription

If you suffer from too much anxiety or panic attacks, you're not alone. Growing up, I was always afraid to speak in public. I never raised my hand in class or asked any questions. During my clinical psychiatry rotation, our small group watched one of our classmates interview a patient, and we had to go around the group to make comments and observations. As my time came up, my heart started pounding like it was going to explode. I was sweating and felt weak and nauseous. I mumbled out a few sentences, and the next medical student saved me by taking his turn quickly. Fortunately, I grew out of this major handicap by being placed in the general surgery rotation, where everyone had to be quick and rattle off the important bullet points for each patient during morning rounds.

What I just described was a panic attack, which is an intense version of an anxiety disorder. But many people have chronic low levels of anxiety all throughout the day.

It's estimated that about 40 million adults suffer from generalized anxiety disorder in the United States, with women outnumbering men by a 2:1 ratio. You're probably watching this video because you've already tried all the various options for treating yourself, either on your own or even with professional help. Many of you may have taken prescription medications before or are still taking something now.

In this video, I'm going to talk about something that most doctors and experts on YouTube don't usually talk about which is the importance of proper breathing, especially at night. Yes, many people do emphasize that good amounts of sleep and good sleep hygiene are important to improve your levels of anxiety. And I think you'll agree that stress and anxiety usually go hand in hand.

For the most part, severe anxiety can be managed using a combination of lifestyle and dietary changes, stress reduction, deep-breathing techniques, yoga, or relaxation exercises. More severe anxiety should be managed by a therapist for cognitive behavioral therapy. Rarely, medications are used but shouldn't be used long-term. However, if your anxiety is mainly caused by untreated obstructive sleep apnea or upper airway resistance syndrome, then all the other treatment options will work only partially or not at all. I've stated over and over again that there's a huge proportion of people with undiagnosed and untreated sleep-breathing problems, literally in the tens of millions. But even with untreated obstructive sleep apnea, following the conservative steps mentioned before can help to some degree. For example, losing a lot of weight will get rid of sleep apnea, and so your anxiety will also get better. But there's one breathing problem that will not go away, no matter what you do, and it's

something most doctors generally don't know about. I'll reveal what this is later in this video.

There are many different reasons for anxiety, and you can find them all over the place on the internet. What I want to talk about is how poor sleep can make your anxiety much worse, if not cause anxiety in general.

I mentioned a book that I read many years ago by Dr. Robert Sapolsky, called [Why Zebras Don't Get Ulcers](#). He described the Hungarian and later Canadian doctor Hans Selye who coined the original term, fight or flight response. He talked about severe periods of stress, such as if you're suddenly being chased by a tiger. Your first reaction is to activate your stress or fight or flight response and either fight or run. At the same time, you don't need to reproduce or digest food. So all these systems and organs will shut down.

My modification of this process was applied to what happens when you stop breathing many times every hour. Every time you stop breathing for more than 10 seconds, your oxygen level drops, and this leads to a stress response. And even if you stop breathing for 3 seconds from deep to light sleep with no drop in your oxygen level, it's still a stressful state. This concept supports multiple studies and my personal observation that anxiety almost always gets better when you're able to treat obstructive sleep apnea and upper airway resistance syndrome properly.

Let me give you some examples to show how stress, panic attacks, and sleep are all related. There are a number of studies showing that a high percentage of people with post-traumatic stress disorder or PTSD have obstructive sleep apnea. This [meta-analysis](#) combined 12 studies, finding that almost 76% of patients with PTSD had obstructive sleep apnea. In [another study](#) looking at veterans with sleep apnea and PTSD, CPAP lowered the sleepiness score by about 42%, within the normal range, and their nightmares dropped by about 50%. And in [this study](#), in patients with sleep apnea, depression and anxiety scores dropped significantly after using CPAP.

With classic snoring, upper airway resistance syndrome, and obstructive sleep apnea, the muscles in your throat close inwards with each breath in. Kind of like sucking in through a flimsy straw. So if you apply positive pressure, the walls separate and open up. This is why when you treat these conditions with CPAP or a dental device, many, but not all do get better. Some need to go on to more aggressive dental procedures or even surgery. I've talked extensively about all these options on this [channel](#), my [blog](#), and my [podcast](#).

Transcription

However, there's one particular condition that I saw quite often while in practice that didn't respond to anything we did, and I'll show you why. This is different from what I described above.

Early in my career, I remember seeing a middle-aged man who saw over 10 different doctors for obstructive sleep apnea, who couldn't use CPAP. He felt like the mask was suffocating him. Every time he breathed in, he heard and felt a closing-off flap in the back of his throat. All his doctors thought he was crazy.

He kept pointing to his voice box area saying that this is where he feels it. He told me that he could demonstrate it, even when awake. So I placed a fiberoptic flexible camera through his nose to look at his voice box opening, and this is what I saw in [this video](#). This is not that patient but someone with a similar condition.

What you see is the epiglottis flopping back and blocking the voice box with each breath in. Think about sucking on a cold drink with a straw, and a small piece of ice gets trapped. As you suck harder, the straw caves in.

This is one of many patients where I learned to listen to my patients. They know their bodies better than we doctors do. It was truly a humbling experience.

The epiglottis is the topmost part of your voice box. It's made of cartilage and covered by a mucous membrane. Normally, it's thought to protect the airway from aspiration when you swallow.

But due to various reasons, the epiglottis can become sucked into and covers up the voice box with each breath in. This happens over and over again, leading to frequent arousal at night. This is called epiglottic laryngomalacia. Laryngo- means voice box, and malacia means deformity. So you can have other areas of the voice box that can cave in during inhalation besides the epiglottis. In [newborn infants](#), when this is most often seen, it tends to happen on what's called the AE-folds or the arytenoids, which connect to the epiglottis in the front. In general, for mild cases, ENTs recommend keeping the baby on the stomach while sleeping until it gets better with time. In a small number of cases, surgery may be needed. So the general thinking by the experts is that most children with laryngomalacia will outgrow it. But my opinion is that many don't, and it just morphs into something else later in life. Compared to when I started practicing over 20 years ago, there's definitely a rise in this condition.

So what causes this condition, and why is it getting worse? In brief, it all goes back to the basic premise of my book, [Sleep Interrupted](#). That all modern humans' jaws are shrinking with more crowded teeth. And this leads to more

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crowded airways. So with a smaller and more pushed-back lower jaw, the space behind the tongue, just above the voice box is more narrowed. But there's one more important point I have to stress. What's causing the jaws not to grow is also causing cartilage not to form properly.

It's generally thought that soft modern diets, bottle-feeding, and pacifier use is making our jaws smaller, and this is true. But in the past few decades, there are countless chemicals, pesticides, xenoestrogens, and other toxic metals that prevent proper bone and cartilage formation. Whenever I used to perform drug-induced sleep endoscopy on these patients, in adults as well as children, when I see the epiglottis closing off, I always try to feel the epiglottis. In almost all cases, the cartilage is extremely soft and flimsy. Not stiff like it should be on your ear or nose. Oftentimes, the same patient has soft and flimsy ear and nasal cartilages as well. This can also lead to weak nasal side walls which cave in easily when breathing in. These people generally do better with Breathe Right strips, or something similar to stiffen the nostrils.

I had one family where the father and one of their children had this floppy epiglottis issue. Both parents didn't sleep for more than 2 hours at a time for years until they came to see me.

Unfortunately, there's no easy solution to this problem except for surgery. The toddler was not growing well and was irritable all the time. The parents accepted my offer for surgery. After the procedure, which literally took only a few minutes, it was like the difference between night and day. The parents were very happy about the immediate results, and he started growing normally again. I saw these kinds of results over and over again. It's important to note that not everyone got the same amazing results, but the vast majority did. The ones that didn't respond underwent more conservative procedures based on what the parents wanted, and some of these got better results with repeat surgery. Fortunately, there were no long-term complications.

So if you have severe anxiety and not making any progress using conventional options, take a look at my various videos on sleep and breathing and follow the conservative recommendations. Start with not eating within 3-4 hours of bedtime, and optimize your nose, along with mouth taping to keep your jaws closed together. Sometimes, I've seen partial success by having the patient sleep with the head twisted to one side. This opens up the airway around the tongue base and epiglottis to some degree. Maybe that's why some people prefer to sleep on their tummies with their heads turned to one side.

If you have any of the other features of a breathing-disordered sleep problem, such as nighttime urination, daytime fatigue, irritability, headaches, digestive

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issues, or other unexplained medical or mental health problems, look into the possibility that you may have a breathing problem at night while you're sleeping. Most will end up being obstructive sleep apnea or upper airway resistance syndrome. But if all else fails, always think about epiglottic laryngomalacia.

If you want to learn more detailed information about obstructive sleep apnea or upper airway resistance syndrome and what you can do about it, check out either of these two videos.

And if you want to participate in helping me create my new book, subscribe to my [Locals.com](https://www.locals.com) community up here.