AJR Sandra Tosta Transcript

0:00:01 - Intro
Julie Ryan, noted psychic and medical intuitive, is ready to answer your personal questions, even those you never knew you could ask. For more than 25 years, as she developed and refined her intuitive skills, Julie used her knowledge as a successful inventor and businesswoman to help others. Now she wants to help you to grow, heal and get the answers you've been longing to hear. Do you have a question for someone who's transitioned? Do you have a medical issue? What about your pet's health or behavior? Perhaps you have a loved one who's close to death and you'd like to know what's happening? Are you on the path to fulfill your life's purpose, no matter where you are in the world? Take a journey to the other side and ask Julie Ryan.

0:00:43 - Julie
Hi, welcome to the Ask Julie Ryan Show, where we blend spirituality and practicality to live more joyful lives of purpose. Today we have Dr Sandra Tosta on the show with us and she's going to talk about how bright lights can impact our brain processing. I have this situation in my brain and when I heard about Irlen's syndrome, which we're going to talk about today, it dramatically improved my life. So if you know of any children or you yourself perhaps that is affected by bright light, you're going to want to watch this. All of us know somebody that we can help and this is information we need to get out there. So join Dr Sandra and me. Dr Sandra, thanks for joining us today.

0:01:36 - Sandra
Thanks for having me. I'm really happy to be here.

0:01:40 - Julie
Well, as I mentioned, your company's procedures and diagnostics and things like that have absolutely changed my life over the last 10 years, so I'm thrilled to be able to share them with all of our audience today. Do you believe you're on a spiritual mission? Are you like on a mission from God to help educate the world about the Irlen syndrome?

0:02:08 - Sandra
Well, you know Helen Irlen, who discovered Irlen syndrome many moons ago, almost, I think over 40 years ago now. She definitely would say that it was her mission to help at that time, to help kids that were not being helped by what the system had to offer. She was a school psychologist, she was in the trenches working and she just knew, you know, we're letting these kids down, there's something that we're missing. You know, with all of these different modalities and different interventions, and we're trying to help these kids who are struggling, struggling academically, struggling, struggling to read, behaviorally, attention, all these issues, and yet nothing seems to work. What's the missing piece? And she absolutely would say, yeah, that was, that was truly a mission to figure out what is that missing piece and be able to put a name to it and fix it in her world.

0:03:17 - Julie
Sure, and so how about you? You've picked up the torch, obviously, with what you're doing now.

0:03:26 - Sandra
Carry on the torch. The Irlen Institute. Our international headquarters are here in Long Beach, California, but we have licensed professionals in over 57 countries around the world who are trained and certified in the Irlen method and are able to identify individuals who are struggling with Irlen syndrome and help them in a way that I know even you personally have been helped.

And so, yeah, it's a team effort. It's truly, I mean, I hate to say it's still kind of a grassroots, global effort, but it is in many ways a grassroots effort. It's a lot of word of mouth.

We see folks the parents come in and say you know, the doctor didn't tell me about you, the teacher didn't tell me about you, it's, my friend told me about you. They have the same thing, they experience the same thing and it's really common because the condition is so common. I mean, we're talking 12 to 14% of the general population, which is more people than suffer from heart disease or asthma. So it's a lot of people are somewhere on this spectrum of Irlen syndrome, which really is at its core light sensitivity, light sensitivity and an overactive visual system, a system that overreacts to visual stimuli and bright lighting and causes a variety of different symptoms. It's not a disability right. This is just something. People have to work a little harder, suffer a little more, and they didn't even know they were working harder and suffering more than the rest until all of a sudden they feel what it feels like not to have to work so hard and to have their brain functioning the way it's supposed to and designed to.

0:05:17 - Julie
Well, I am a great guinea pig for this because, as I mentioned, I found out about Irlen syndrome 10 years ago. I was driving back to Birmingham from Atlanta, which is a couple of hour drive, and I was listening to my buddy Dave Asprey show and Helen was on his show and I remember driving thinking Holy Moses, this woman is describing me to a T I as a child. I guess I came up with all of these mechanisms and tricks to help my brain work better when I was exposed to bright light. Like I wore sunglasses, always outside. I even wore sunglasses when it was raining. My son when he was little one time he said mommy, why do you have sunglasses on it's raining outside? It was more comfortable.

When I walk into a room, whether it be a restaurant or somebody's home or a meeting, I always position myself with the back to the bright windows, so they're behind me so I don't look into them.

I never sit underneath a ceiling fan with lights above it, so there's that flickering like strobe light thing. If I'm at a concert and they've got lasers and strobe lights and stuff going, my eyes are closed. Things like that that I wasn't even aware of, that I was doing, and then I remembered as a little kid coming down the stairs Christmas morning and my dad had the camera going. My siblings and I were coming down the stairs and he had a camera going with these bright flood lights to light us up so he could film us. And my siblings were all thrilled and I was like, oh my god, turn off those lights. Like there's videos of me as a three-year-old just holding my hands up going. I can't do these lights. So when I was listening to Helen I thought, oh my goodness, this is amazing. And it made such an impression on me that I got tested the following week.

0:07:26 - Sandra
Oh, wow.

0:07:27 - Julie
Good for you. So tell us, how do you diagnose Irlen's syndrome and, as importantly, how do we rectify it? How do we help people?

0:07:36 - Sandra
Great question. So the good news is, Irlen's syndrome is really easy to identify once you know what to look for, and the identification process starts with a simple online self-test that anyone can take. It's on our website at Irlen.com I-R-L-E-N. The self-test is an excellent prescreener. It asks a bunch of questions about how you are affected in different kinds of situations. So in different types of lighting situations, doing different types of visual activities like reading or even driving, driving at night you start to know. I mean, at this point I can ask somebody five questions and know whether I should send them on to a formal assessment. But really, if you

notice that things are harder or less comfortable when you're in artificial, bright and fluorescent light sources or you really hate those headlights hitting you in the face driving at night, and not just they're annoying, that's the majority of the population, but this hurts and I'm blinded, like it's dangerous for me to be driving. That's an obvious kicker there, right Folks that are for parents. If you've got a little one who's struggling in school, so are they struggling. Reading is one area that is impacted. Irlen syndrome is not a reading difficulty or reading disability, however, because reading involves high contrast stimuli black print, white page or print on a bright computer screen that can cause symptoms and exacerbate symptoms of Irlen syndrome. Things like words moving on the page or blurring on the page will have clients describe things as sometimes even raising up off the page, getting 3D, or the white comes and takes over and washes away parts of the words or letters. Tracking can be very difficult. They find a hard time following along from one line to the next. They find themselves getting lost, having to reread over again for comprehension and information because they're just struggling to perceive the visual information that's being sent to the brain. It's often can be misdiagnosed as other things, especially with kids misdiagnosis of dyslexia. So anyone that says things are moving on the page, that there are visual distortions on the printed page, or if they say reading hurts, right, I get eye strain or headaches or I want to fall asleep, that's not dyslexia. Physical discomfort and visual distortions. That's Irlen syndrome, not dyslexia. Dyslexia is a language processing problem. It's a phonemic deficit. It's looking at the letters or the words and not being able to connect what that letter looks like with how it should sound. That's different. That's not accompanied by physical pain and discomfort or movement on the page. So that's one easy identifier the assessment process once someone thinks, hey, this sounds like me or I'm curious, and if you take the self-test and you say yes to a bunch of questions, you're like, ok, this really might be me. It's a two-appointment process.

So we bring someone in for a formal assessment, screening and intake, we get all of their background information. We want to know their educational and their health history and then we'll use a specified diagnostic protocol with a bunch of different tasks that are intended to pull that symptomology very quickly to get an idea of for sure yes or no you have Irlen syndrome. What are all the different symptoms that you experience that are related to this condition. We want to know that so we make sure that in the next step, when we start working with color, that we can make all of those symptoms go away. So first we need to know what they are and in what kinds of circumstances, and then we're going to get an idea of severity. How severe are you on that scale? Slight, moderate or severe?

For folks who are only slightly on that spectrum of Irlen syndrome, they tend to actually addressing it using color can be a take it or leave it, because for them it means they can go a pretty long time before any symptoms ever start and as such they can kind of avoid having to deal with symptoms right, or they can use other compensatory strategies to get by without it really impacting too much their ability to function. Once you start getting towards the moderate end of the spectrum, it's hard to hide and it's hard to compensate for. So people who are moderate, they're going to be good and successful and they're going to be straight A students and they're not going to necessarily be flagged as having a problem. But they're going to be paying a physical price. Right, there's going to be some price they're paying because they are working harder, their brain is having to work harder, their whole system is having to work harder than somebody else. So they could be more efficient, get things done quicker, more accurate, with less fatigue and discomfort at the end of the day and once you get to someone who's really severe like we see folks who have acquired this condition through head injury, concussion those tend to be some of the most severe there is no compensating.

Those folks can't be in the light without being in pain.

Some of our military brain injury clients that we see on a regular basis. They have chronic and persistent headaches and migraines and extreme photophobia all the time. And if getting rid of

the light was going to be the solution, sunglasses would help. And they don't, and that's because to address Irlen syndrome you really have to figure out how to adjust and filter the light that's coming in through the eyes and heading towards the brain in exactly the right way for that individual. So the solution is really individualized.

We use colored spectral filters that are worn as either glasses or contact lenses and they are unique to that individual's neurological needs. So what does that mean? It means there are over 100,000 possible color combinations and over 70% of the lenses that leave the Irlen lab are actually unique in color. People don't have the same neurological needs. What works for one person in adjusting the timing of those visual signals isn't the same as what works for somebody else. All of our brains are different, just like our thumb prints are different. It's sort of the same idea, and so the solution needs to be individualized as well for optimal benefit and maximum benefit and sort of the best brain functioning possible.

0:15:38 - Julie
Well, I just want to share what my experience is. So I heard Ellen Helen on the podcast as soon as I got back to Birmingham, got an appointment for the following week, drove back to Atlanta to see this double PhD.

0:15:55 - Sandra
Dr. Jerry Dr.

0:15:57 - Julie
Jerry, who I hope she's still there. She was great. I went to her house. She sat me under track, lights turned the brightness up, super bright, and it was so uncomfortable I thought I was going to throw up. I thought, oh my god, I would make the worst spy. All they'd have to do is just shine a bright light in my face and I'd tell them whatever secrets they wanted to know. So she gave me a paragraph to read under these bright lights and my heart was beating and I was nauseous from being under these bright lights. And I read the paragraph and she said you're skipping a bunch of words, but you're just really smart, so you're getting the gist. And then she gave me this square of numbers to read and she said you're doing the same thing. You're skipping a bunch of numbers.

She said how were you in math? I said not great. And she said how did you learn math? And I said in a dark classroom with an overhead projector, with a nun teaching us these math things, especially in high school. You know, grade school math is not that complicated, but getting more into the advanced math in high school. And she said this is why I said I would understand it when the nun, the teacher would say here's how you do this problem. And then when I'd have to do it myself, I wouldn't remember it. And Dr Jerry said well, that's because of this brain processing thing. And I burst into tears, Sandra. I burst into tears. I thought, oh my God, you know, for 55 years I just thought I was not that bright in math, and here it was this brain processing thing.

So to your point about colors. We try different colors and my color is kind of an aqua color, and so this, it looks like a transparency to me. You can talk more about it. I have one of these on my desktop monitor. I have it on all of my laptops, on my Kindle, on my iPads, all of that, and I have the. I have I call them my groovy classes. I have my aqua classes that I can wear and it's been life changing.

I just can't tell you how much better my brain works and how much more comfortable, to your point, it is to use the filters for my brain. We tried all kinds of different colors and when we got on this aqua color, I got this is it. I mean, I knew right away, and I recently was working with a teleprompter. It was so uncomfortable because it was dark, with white print on it, I would end up fight or flight. I mean, it was bizarre, my brain just went fuzzy, my heart was racing. It's

amazing to me how much this can affect someone's life. Fast forward, I got this taken care of. I know what's going on and I have so many clients whose children or grandchildren have been diagnosed with ADD, ADHD, whatever, and I want you to talk more about that and I recommend Irlen.com and you guys have these sunglasses across the top of the homepage and I say, take little Johnny and sit him in front of that homepage with you and have him click on those different color sunglasses and see if one color is more comfortable than the next.

I can't even tell you how many children and grandchildren have been sent to you because I'm getting intuitively. This kid has Irlen syndrome and I have had more than one mother tell me that they were on their way to school and their third grader made them, made the mom turn around because he forgot his glasses and he he wanted his Irlen glasses to go to school and she said Well, honey, we're going to be ladies and mom, I don't care, I have to have my glasses. Yeah, that's a big statement for an eight year old.

0:20:22 - Sandra
It is. It is and it affects Irlen syndrome, affects the entire autonomic nervous system. So it's not just what you see, it's how you feel, how you think, how the entire brain is working. And what we know about the brain is that when one part of the brain isn't working really well, it can affect how the other parts. They have to work together, all the different parts of the brain, and if you have one part that that really isn't isn't optimally functioning, it can affect how the other parts work.

So we, the heart it's interesting that you mentioned the blood pressure we in our office a lot of times we we use some biometrics to help us as we're going through the diagnostic process, because it's not just picking like the client, picking what they like the best, because you know most people I'm sorry folks you're just really bad at picking your own color. They don't do a good job because they don't know what they're looking for and they they don't know how to determine what's working better than something else. And so the process involves behavioral observation, task performance the practitioner is able to. Really we can test nonverbal autistic kids right. I don't need them to give me feedback and say I like this one the best. It's about how they're performing, what's going on in their body, what are their their brain factors happening.

But we can see it. We can see change just in using a pulse oximeter, the thing everybody got during COVID. Right, we clip it on our finger and it can give us our heart rate and the pulse oxygenation. Looking at that heart rate, you can see immediately a drop in heart rate. When someone's in the right color, it calms down the system, the entire system.

0:22:23 - Julie
And it's instant, and it is instant.

0:22:25 - Sandra
It's amazing.

And the brain scans too. When you put one of someone who has a rolling syndrome in a MRI scanner, a functional MRI scanner, for example, or a spec scan, or you do a visually boat potential measurement, all these things, I don't even understand some of them. But the functional MRI, you can see the brain activity and it'll show you where there is overactivity as compared to a normalized database, standardized database. And the early clients go in and their brain is lit up, it's on fire. It's all kinds of stuff, especially in the back, in that visual cortex, but also other areas of the brain that correspond to the different kinds of symptoms. People have the physical discomforts that, that fight or flight response, for example, and the cognition things that happen, and it's overactivity, just tons of overactivity. You can literally pause the scan, pop in somebody's early color hit, play, you know, start on the scan again and all of that

overactivity disappears and the brain function normalizes and the person in the scanner says I'm feeling better now. My head isn't hurting anymore, I don't feel nauseous, nothing's moving on the screen, because in the functional MRI scanner you can actually have them doing a task. They can be looking at, you know, reading on a screen and a computer and things like that it is. It is fascinating. It makes sense, though. To anyone who really knows the brain and understands the brain in color and light, they don't question why this works.

I met Dr Adam Anderson. He's a professor of psychology and a neuroscientist at Cornell University, and the first time I met him and was telling him about Irlen syndrome, I fully expected the response that I usually get, which is oh, so how exactly does that work? And instead he said oh, I totally get that. That makes perfect sense to me. I mean, for decades they've been talking about how light affects the body for all different things. Right, it affects our circadian rhythm, it can affect mood, for seasonal affective disorder, like different people, can really be impacted significantly by light. In particular, there is a whole body of research on light and how it impacts migraines, and not just when you have a migraine, but in fact people who get migraines are actually a lot more likely to be light sensitive even when they're not having a migraine.

And, interestingly, there is light sensitivity as a core complaint in a whole bunch of conditions where we tend to see clients come in. So folks on the autism spectrum. They have all kinds of sensory sensitivities, but visual sensory sensitivity and sensitivity to bright fluorescent lighting and visual disturbance is a huge part of what a large majority over 75% of those on the spectrum can experience and the filters can help with that part. So they're still going to have other kinds of sensory input issues. But we can help with the frag. They have what they describe as a fragmented visual field where they're only see they say you can only see the trees and not forest right, they see just little parts and pieces of their visual field Instead of seeing the whole room or the whole face. They might see the eye and then the nose and things separately, but when they wear their filters they can actually see the entire room together or the entire face, and we see increase in eye contact and reduced stimming behavior and things like that. Add 65% of folks who are diagnosed with ADD have reported light sensitivity.

We see tons of folks in the office who have an ADHD diagnosis and sometimes they will have ADHD and they will have a relent syndrome. But sometimes the issues with attention and concentration are purely an early issue. It is because when they're in those lighting situations that overactivity in the brain they actually feel and are amped up. The system is agitated, irritable, fidgety, it can have that kind of physical reaction and when you address the perceptual processing challenge or the early syndrome and you filter that light in the right way, it calms the system down and they're able to concentrate and they don't have the same issues.

We actually just colleagues of mine in Israel just published a paper last month or the month before in the Journal of Perception and Motor Skills and it was on a study that was done with individuals who had been formally medically diagnosed with ADHD and also identified as having early syndrome, and they address the early syndrome with the spectrophilters for half of the group. The other half of the group didn't get filters and then they tested their attention profile. They used two different measures the DSM-5, which is a standard diagnostic statistical manual checklist for ADHD used in medical practice, and then they used a computer-based attention test that's very common for kind of flagging folks who would have ADHD. And the group that got their filters half of them no longer qualified for the ADHD diagnosis when wearing their filters Interesting, so it was a very significant impact there.

0:28:54 - Julie
I had a brain scan three years ago, maybe at Aemon Clinics just to do a baseline, because I recommend them so much the spec scan which checks how the brain works and they said you got ADD. And I said, ok, I think it's superpower because I'm an inventor of surgical devices

sold throughout the world and I've founded nine companies in five industries with the Irlen syndrome and with ADD and that's how I do all the work I do now. I'm like a human MRI. If I'm scanning somebody for a medical condition, I can see broken bones, torn ligaments, fire infections, bacterial infections In my mind's eye. I learned how to do all this stuff. I'm getting information downloaded into my head and I'm talking to somebody at the same time. So multitasking, I think, is a female superpower, but also I think mine are. My skills are ramped up and it's interesting because I've read more than one time that people with ADD are 300% more likely to be entrepreneurs. And I just looked up in my preparing for our chat today. I looked up who some famous people are with ADD.

0:30:15 - Sandra
There are a ton.

0:30:17 - Julie
There are a ton. Let me just read these because I was cracking up with this. Ok, so Mozart, Leonardo da Vinci, Einstein, Thomas Edison, alexander Graham Bell, Walt Disney, Jeff Bezos, Elon Musk, Richard Branson, ted Turner Paris Hilton has been diagnosed and you can say what you want about Paris. Paris has started a whole bunch of companies on her own. She's got the Hilton name. She probably inherited some money to give her some seed money. That woman's worth over $300 million in revenue from companies she has founded, so she gets a big kudo from me on that. Michael Jordan, Simone Biles, Michael Phelps, Terry Bradshaw, athletes, John Lennon, Justin Timberlake, Tim Carey, entertainers and the list goes on and on and on. So you're saying that there's a good chance that those people, too, had some Irlen stuff going on as well. What did you say that percentages of people with ADD and then in the general population.

0:31:27 - Sandra
So the general population, it's about 12% to 4% conservative estimate is 12% to 14% of the general population and that includes gifted and lawyers and doctors and whatnot. Folks that are functioning very well in society are impacted in some way. When you talk about special populations like individuals who have ADHD, it's about a third who may also have or have Irlen syndrome instead of have had a misdiagnosis potentially. So some of that may be misdiagnosis. It's similar for individuals who have been diagnosed with dyslexia. So if you've already got other kinds of processing problems, so specific learning disabilities like dyslexia or auditory processing, it's going to be a higher prevalence among those populations. The autism population, like we said, also higher. And then your head injury concussion population over a third of those too, and that's probably very conservative based on what we've been seeing clinically. But it's very common, but it's very easy to just take off the table, address it. It's done. This isn't months of therapy, it's not. You know, it was one visit for me.

0:32:49 - Julie
It was one visit. My girlfriend used to be the executive assistant for the chairman and CEO of one of the nation's top three banks and she said whenever they had board meetings or executive level meetings and they had like an agenda or something printed on paper, she said they would always print it on white paper and they would print it on blue paper and half of the room would take the white paper and half of the room would take the blue paper. And when she told me that and I had gotten diagnosed with this Irlen syndrome thing, I thought, well, that's what's going on there. It's more comfortable for some of them to read the blue and I thought, my goodness, there is some knowledge there that there's a component going on and I think it's really important for us to remember this is not an eyeball thing, this is a brain processing thing.

0:33:48 - Sandra
Correct. Yes, this has nothing to do with visual acuity. So you can go to the eye doctor, tell them things look blurry or my eyes are hurting when I try to read, and they will give you an eye exam and say here are eye sights 2020. There's nothing wrong with you because it is not related to the eyes. We do always require that someone has had a current eye exam prior to getting assessed for Irlen syndrome, because they are separate issues and we want to make sure that any visual acuity issues are properly addressed, because we can't fix that. The color is not going to fix issues in the curvature of your lens in the eye that you need the optical prescription for, and the colored lenses can be. You can tint someone's optical prescription. It's not an issue. That is a seamless thing, but there is often a misnomer that this has to do with the eyes and it has nothing to do with the eyes. What's?

0:34:47 - Julie
the difference between me going to the teacher store and buying a colored transparency and this filter thing that I buy from your company.

0:34:57 - Sandra
I mean, if I'm really honest, probably not much. We have a specific set of colors that we know are a little more likely to be comfortable. Also, the transparency there that you have that's from Irlen. It has one side is a non-glare or matte side and the other side will be shiny or a glare side, and the transparencies that you're just going to get at the teacher store are all going to be shiny and that glare and reflection can bother a lot of people. So that's definitely one difference. I think what's important to point out is someone who doesn't have Irlen syndrome. You can put all the different colors down on the paper and at the end of the day they're not going to really care. One or the other, it's all sort of the same, take it or leave it. But ultimately they're going to prefer the white page because the white page has the best contrast and is the easiest to read, and the overlays they reduce the contrast on the page. That's what they're doing.

And so for someone that doesn't have this condition, if you're reducing the contrast it actually makes them have to work harder to see what's there, what's underneath the color, and they don't like that. So people who don't have this are like no, I really just prefer the white. Give me back the white and, oh yeah, turn the lights on please. But the overlays also have limitations. They certainly are a wonderful low cost intervention for schools and it's better than nothing. Right, Colored paper, adjusting lighting all these kinds of modifications are wonderful ways to help. But the overlays are only so good on a piece of paper or on a computer screen. They are not going to help anyone with the light sensitivity they have in the environment or with any issues or distortions, issues with depth perception they're having in the environment. So we see kids. They're struggling, throwing and catching a ball because actually it's not. They don't see it where it's supposed to be, and then you get the right color on and now all of a sudden the ball's where it's supposed to be and they can catch it without a problem. Anyone that gets headaches and migraines and physical discomfort just being in fluorescent lighting think you avoid going to the grocery store or the shopping mall because it's just uncomfortable. I always tell people you can just go like this If it feels better, calmer, more comfortable. Guess what? You are light sensitive to some degree, because someone who doesn't have Irlen syndrome. It feels the same Light on, light off, it doesn't really make a difference.

And so the filters, also the spectral filters that are worn as glasses or as contacts, they're much more individualized. They will not change your color vision the way, like the overlay, you put the overlay over the paper and it turns it blue right. When you have the right color for someone in their glasses, the white paper still looks white. It doesn't look blue or pink or green. You're not. You're not seeing the world through rose colored glasses, so to speak. So there's definitely a major advantage to going the next step Once you know, yes, color can help me taking it, that next step. Because only with the filters are you really going to be calming that autonomic

nervous system and keeping the brain calm and protected all the time, not just when they're looking down at a page of paper.

0:38:43 - Julie
Right. A couple years ago I was at a football game in the Coliseum in LA, a USC football game at night, and that stadium is so old that those floodlights that they use on the field, you know, are down pretty low because they don't have all those upper decks like the newer stadiums or the stadiums that have been remodeled.

So I'm sitting there and we're at about the I don't know fifth row up from the field or something. I left my seat and went to where they were selling the swag and thank you God they had. I have USC sunglasses that I bought and I wore sunglasses at a night game at the Coliseum because it was so uncomfortable I thought I can't do this. I started getting an immediate headache and as soon as I had the sunglasses on it was okay. So that's interesting. Do you find that this is hereditary? I have many clients where the child had Irlen syndrome and then the mom said oh my goodness, you know, I realized I have it as well. Are you finding that there's a hereditary component? Absolutely.

0:39:52 - Sandra
It is passed directly down from either mom or dad and it is so fun to get to tell a little guy let's see who we get to blame. Are we blaming mom or are we blaming dad? Because you're definitely blaming someone for passing it along. It absolutely runs in families. If there's one person barring, they've been adopted. You can guarantee there's going to be at least one other family member and usually more than one that also are impacted.

0:40:24 - Julie
Yeah, yeah, I find that fascinating. I can't think of who that was in my family because well.

0:40:30 - Sandra
I think because it is a spectrum right. You're quite severe, from what I'm hearing, in terms of how you're impacted, and if someone was a little less severe and they didn't have to be in those uber stressful environments, they may not really be noticed so much or report that they have an issue. But if there was anyone, neither parent avoided reading or always had to wear sunglasses outside or complained of got headaches frequently. Sometimes they just don't want to admit it. We have that too Well if you're being severe.

0:41:15 - Julie
you didn't expect me to do a half-assed job of this, did you? I mean, really, I'm going to do it. I'm going to do it. Good, I have a question. Back to the ADD thing. Is there a difference, or what is the difference between ADD and ADHD, and is that hereditary?

0:41:33 - Sandra
Oh, that's a good question. So now, so they used to talk about ADD, slash HD, right? The H stands for hyperactivity, so ADD is just attention deficit disorder and you may or may not have that hyperactivity element or component. But I think that nowadays they just say ADHD for everything and it doesn't necessarily mean that you have that. If you talk to Dr Amen, there are, I think, like seven different types of ADHD that people can have. Yeah, so it affects people. Well, on my brain scan when they did the spec scan on my brain as a baseline.

0:42:24 - Julie
Again, I recommend a lot of clients go to one of their centers. There were actual holes in a section of my brain where the brain wasn't lighting up, and so the psychiatrist said how long have you had ADD? Well, this is the first time I've ever heard of it. The other time I heard about it Sandra, you're going to love this. One of my best girlfriends started the entrepreneur program

at Southern Cal. She's a professor emeritus now in the Marshall Business School. She started the entrepreneur program. She goes. She said to me one time all entrepreneurs have ADD. And I said do you think I have ADD? She said yeah, you're an entrepreneur. I said okay. So this psychiatrist told me she showed me the brain scan and I could see not that I really have holes in my brain, but there was. There was a part of the brain that wasn't lighting up with certain activity.

0:43:21 - Sandra
It's not turning on, not at lower activity underactive Was it in the front, because they usually it's in the front right. So it's the frontal cortex, it's that this part of the brain is the executive functions, right? So the entire level functions and shutting, shutting things off and tending to different things. I live with an ADD. My husband is off the charts and he's brilliant. You guys are so brilliant because the mind is always going and thinking of all these different things all at the same time. It just never shuts. His never shuts off.

0:44:01 - Julie
Well, this psychiatrist said to me. She said ADD, people make great CEOs. I said that's where I excel. I'm the idea girl. You know, I bring in people that have the specialties of the different things that I need, but I don't need to know how to do all of them, I just receive information. Now I know, then you can. You'll know this with your husband too.

We're all channels. We're channeling information from spirit going do this, do it this way, call it that trademark, that patent, that do whatever, and all everybody that's creative does that. We all do it all day long anyways, but especially like those names I read off Anybody that is a writer, a composer, an inventor you know somebody like that. We're all channeling that from spirit. All of that that's coming in. What makes us different is we act on that stuff instead of it just being a thought. And Carnegie Mellon did a study oh gosh, maybe 20 years ago and the study was talked about in Forbes magazine. The cover talked about is it nature or nurture? Is entrepreneurship nature or nurture? And they had Dylan Lauren, ralph Lauren's daughter, on the cover with Dylan's candy bars. Candy bars, not candy bars that you eat, but her candy stores. She has a chain of candy stores and she calls it Dylan's candy bar, so it was interesting.

but they segmented it. They segmented a gene that made entrepreneurs more willing to take risks than the average population, which I thought was really interesting.

0:45:53 - Sandra
They have to be a risk to, you have to be willing to take that risk, take that chance and have, and also they have to have the level of confidence in themselves to be willing to put themselves out there. Some of them just don't care I don't care what anybody just gonna do but others, it's really this innate. You know, I, I believe in what I'm doing, and these other people, they just don't know any better. If they knew what I knew, they've been doing this too.

0:46:25 - Julie
I'm just gonna keep going Well and the operative word is yet they don't know. Yet I mean, look at Steve Jobs, look at, look at Bezos, look at all these guys that are current day moguls who've taken a step. And everybody said have you lost your ever loved mind? That's never gonna work. And Steve Jobs said well, people don't know what they don't know. They don't know what they want unless we show them what it can do for them and take it in that direction. Can. Changing topics for a minute back to the lighting. I think of these children in this school age era where we've got fluorescent lights or LED lights. We're in a white classroom with their watching a white, they're looking at a whiteboard. They're most of them, even the little ones are on computers all day and I think, good heavens, how do these kids even have a chance? And what are you and your company doing to help the education system out there, to diagnose this and help these children?

0:47:32 - Sandra
So the school environment is one of the worst possible environments for anyone with Irlen syndrome. My daughter is in high school and her high school built a brand new beautiful science building three stories high. These classrooms are high tech and everything and we walked in at back to school night. It was the first time I'd seen these new classrooms and I almost had a heart attack. I do not have Irlen syndrome and light sensitivity of any kind and I was uncomfortable. These classrooms, everything was stark medical white, including the tables, the desk, the dark laminate white and the whiteboard and the bright white paint and the brightest lights I have ever seen, almost mimicking the worst headlights that some people have, those white white, just blinding. They're blinding for everybody, light sensitive or not. So that was kind of мул. These were like that in that classroom and I asked her. I said does this bother you? She goes no, it's OK. My child is OK. She doesn't have Irlen syndrome, but for anyone who has it it's the worst.

It's the absolute worst possible situation as adults, even in the workplace. If your workplace is an ideal, you're still an adult and a lot of adults have the ability to modify things right. You can, in your office, choose to get a lamp and turn those fluorescents off. You can dim down your computer screen. You can choose what color paper the notepad is that you're writing things on. As an adult you have a lot more power over your environment and you can modify and you can accommodate. Kids don't have that opportunity. Even on their own computers when they're in the school and sometimes they're using the school computers, they're not allowed to adjust the settings. They can't change things.

Our organization, we try the best we can to inform and educate. We have outreach, the Irlen Syndrome Foundation actually, whose mission it is. That's our nonprofit arm, and their mission is to raise awareness and increase accessibility to Irlen testing and solutions. And they offer pilot school training grants to schools. So if there are schools that are interested in implementing Irlen screenings on a system-wide basis, they can apply and the grants will cover training staff members on site how to identify the condition and determine the proper overlay color for kids and the grants will even cover the overlays for the first year of the pilot program in the school.

The overlays themselves are a very low-cost intervention, so they're like $4. It's like a $4 or $5 intervention which, when you're talking about special needs and special services, that's basically free compared to the other kinds of things that the schools are doing, and it's an easy thing that they can implement the schools. However, it is challenging Because if the administration doesn't believe in it or isn't on board, they won't allow their teachers or even someone on their staff their literacy expert or the school-based OT, for example, who's been trained and certified as an Irlen screener. They won't necessarily even allow them to do those screenings and help those kids in school and it doesn't make a lot of sense. The school nurse, by the way, the kid that's coming in to their office three days a week with a stomach ache. It could be Irlen syndrome.

So, yeah, ok, sharing the personal stories and not being afraid to talk about it with who you know, because the fact of the matter is you do know someone Just to me, even personally this week, somebody I went to graduate school with. I haven't spoken to her and I don't know how long and she contacted me on social media out of the blue. She has a six-year-old now and she says I know enough about what you do to know I should be asking more questions. I think my six-year-old needs to know that. My six-year-old needs to come in and it was because there had been dialogue, there had been conversation. She was aware that it was even out there that she knew she could contact and bring her six-year-old in to get him evaluated. She's lucky. He's lucky he's getting evaluated really early, right at the start of his educational career and hopefully preventing a lot of struggle for him.

0:52:47 - Julie
And you have a portal on your website where somebody can put their zip code or their postal code and then it'll give them who the practitioners are in their area.

0:52:58 - Sandra
Absolutely, there's a clinic locator, yep, they just go on and there's a link to Get Tested and in there they can see a list of clinics by state and it'll list them in geographic areas and their addresses and things so they can see who's close.

Because the process is a two-step process and you have the screening, which is the first process and that works with the overlays, and then the diagnostic appointment is where you're actually working with the lenses and figuring out the specific color. Only a diagnostician can do that second part of the process. The diagnosticians can do both parts, both appointments, but only someone who has been certified as a diagnostician can do that second process. Anyone listed on the website as a screener can only do the initial identification and documentation of the condition and not all screeners. There are thousands of screeners, tens of thousands of screeners. They're not all listed on the website. So if you don't see somebody right in your backyard, the best thing to do is to contact the closest diagnostician and ask them if they have an active screener that might be closer to you who could at least do that first part of the appointment and make sure it's worthwhile for you to if you have to take a little travel to get to that diagnostician for the second part, to making sure that it's worth the trip.

0:54:19 - Julie
Okay, All right. Last question why do we incarnate?

0:54:25 - Sandra
Why do we incarnate?

0:54:27 - Julie
Yeah.

0:54:30 - Sandra
To leave an imprint, a lasting imprint, on the planet, to make a difference, to be impactful.

0:54:43 - Julie
Great answer. I love it. That's a question I ask everybody who's a guest on the show, and it's so fun to see what people you know, how they reply. It's really fun.

0:54:54 - Sandra
Does anyone ever say what does that mean? No, nobody has yet.

0:54:59 - Julie
Not yet. Not yet, but certainly you are doing that, you and your colleagues. So thank you for the work that you're doing for humanity, not just here in America but abroad, for the 15 millionth time. Your work, and Helen Irlen's work, has just dramatically improved my life and I thought it was great to begin with. But I just can't tell you how grateful I am that I heard that show on Dave Asprey's podcast with Helen Irlen on it. It changed my life and that's why I wanted to have you on, because if it can do that for me at 55, imagine what it can do for a child love loan, anybody, at any age, I don't care if they're 90.

0:55:50 - Sandra
Absolutely.

We see clients aged five to 95. It doesn't matter how old, how young. It can be easier, it can be more comfortable, you can be more efficient, you can be functioning better, and it's about optimal functioning and making this you know the time we have here successful and easy, not having barriers. The last thing we want is what we hear from so many of these kids, which is they're just told they're dumb, stupid and lazy and they should just be trying harder, try harder. You tried harder. You're so smart, you're just not trying. You know, as a mom, they're trying, you know they're trying and something's not clicking. This is such an easy thing to test for and just yes or no. Take it off the table.

0:56:41 - Julie
Yeah, well, thank you for the work that you're doing. How can people learn more about you and your work?

0:56:47 - Sandra
So the best places to go are our website either, and, or Irlen.com. Our Irlensyndrome,org website has videos and self tests and information about where you can get tested. Research is on there. If you're interested in that, it's a very in-depth site. Those are the best places to go initially for information. Yeah.

0:57:19 - Julie
Okay, we'll have all those in the show notes. So everybody, take this information, mobilize your community to help your children and your grandchildren and others, and thank you so much for joining us, Sandra. My gosh, what a wealth of information you are.

0:57:38 - Sandra
Thank you for having me. I really appreciated being here.

0:57:41 - Julie
You bet Alrighty, everybody Send you to let's Love from Sweet Home Alabama, and Southern California too, where Dr Sandra is, and we will see you next time. Bye, everybody.

0:57:54 - Disclaimer
Thanks for joining us. Be sure to follow Julie on Instagram and YouTube. At Ask Julie Ryan and like her on Facebook. At Ask Julie Ryan To schedule an appointment or submit a question. Please visit askjulieryan.com.

0:58:08 - Disclaimer
This show is for informational purposes only. It is not intended to be medical, psychological, financial or legal advice. Please contact a licensed professional. The Ask Julie Ryan show, Julie Ryan and all parties involved in producing, recording and distributing it assume no responsibility for listeners' actions based on any information heard on this or any Ask Julie Ryan shows or podcasts.