

THE DUMB DOCTOR

Four Steps to a Dopamine Patient Experience

BY: DHRUVA GULUR, M.D.

MY PATIENT REVIEWS

Lannette Marie ★★★★★

Dr. Gulur has been my doctor for many years. He really cares for his patients and listens. He has made a huge impact in my life getting me on track with my health and without him it's possible I wouldn't be here today. I struggled for many years with physicians. But when I met him he really helped me understand my medical condition and got me where I am today. Hands down one of the best and funniest person. Thankful for him.

Teresa Mccoy ★★★★★

Dr Gulur is very compassionate, empathetic, easy to talk to and relates exceptionally well. I've had a fair share of drs through out my time & he is hands-down the most effective and efficient doctor I've ever had. Dhruva is very caring. He really really cares about people. It's rare to find a doctor that combines such personal touches and care for a patient as a person with outstanding quality of medical care. I'm very thankful for his staff as well! Thank you dr. Gulur for everything you stand for. & for all the love and care you put into your patients. Thank you so much.

Wendy Hanson ★★★★★

Dr. Gulur is a greatly compassionate and caring person. He truly cares about your health issues and how your entire body can react to the issue. He also likes to know about his patients. He always asks about my husband if he is not with me. Also asks me how I feel about my health and how I feel about the treatment plan. I am sorry to hear about him leaving. He will be greatly missed.

John Huston ★★★★★

Dr. Gulur is the best doctor I've ever had. He is interested in me and my well-being, and wants to improve my quality of life. For example, when I saw him for my sore back, he prescribed physical therapy and massage, but also gave me tips about posture, sitting and standing, and how to pick things up properly without straining my back. He's compassionate and caring and very knowledgeable. I recommend him whole-heartedly.

Seth Locke-Chappel ★★★★★

Dhruva helped me understand how to apply mindfulness as means to manage life situations which has been a considerable help.

Ron Consignado ★★★★★

Dr Gulur is very compassionate. I recommend him 100 percent. He is top notch in my book. I don't say that about doctors, trust me. He's the cream of the crop, imho.

John pistilli ★★★★★

Dr Gulur is very easy to work with and takes great interest in your problem and care. He even asks how my dog is doing. A very good physician.

Aleesha Ramirez ★★★★★

Before meeting Dr. Gulur, I didn't have a primary care doctor for nearly 10 years. I was nervous to start new, but all that worry went away after my first visit with Dr. Gulur. He is very compassionate, patient, and genuine. You can tell he truly cares about his patients and that he wants them to feel heard. He makes a strong effort to get to know the whole person and makes thoughtful connections physical and mental health. I have only had great experiences with him, he will be greatly missed.

Jen Kazinski ★★★★★

Dr. Gulur has been a breath of fresh air. He listens with intentional compassion and mindfulness. He truly wants to help and utilizes empowerment techniques to inspire self love, self care and patience with ourselves. He will be dearly missed. I wish him all the success his heart can hold in his new endeavors.

Jamie Cano ★★★★★

Is very compassionate to his patients and shows that he really cares about your problems you are having . He is the best doctor I have seen.

Mike Cole ★★★★★

It seems to be, unfortunately, rare to find a doctor that wants to have a conversation with you too actually understand your issues and concerns, but here he is. Taking the time to get to know patients, their family, pets, career, needs, etc, instead of just hearing their symptoms and throwing them some pills, he'll work to find the actual cause and a legitimate solution for the problem. Instead of treating symptoms as reported, he takes the time to try and treat the malady.

Sue Schumacher ★★★★★

Amazing dr. Really takes the time to get you, your history yr background. Unlike any other dr I've been to, and believe me that's saying a lot!

Jenna Esteron ★★★★★

Dr. Gulur is a remarkable human being and doctor. He truly cares about his patients, and their well being, not only physically, but mentally as well. He is extremely open minded, non-judgemental and easy to talk to. I attribute a huge portion of my path to mental wellness to him. He is a thoughtful, reflective practitioner who takes the time to get to know his patients and help them explore their best individual path. Each time I go into his office, he asks me about my two cats by name! This is just one example of how he goes above and beyond to care for his patients. I feel very lucky to have found a doctor that really cares.

Caitlin Marosok ★★★★★

Dhruva was the first doctor to really talk to me about mental and emotional health rather than just focus on symptoms and prescribe medication. Because of him I felt empowered to journal, seek a counselor and begin my mindfulness journey.

I left my appointments feeling seen, heard, and inspired to become physically, emotionally, mentally and spiritually healthier.

Angie Bartlett ★★★★★

Dr. Gulur is beyond attentive to his patients needs. He listens to every concern. He asks about family members, which for me is huge. He truly wants to know his patients. He is not always about pushing medications but figuring out what will work for the patient as an individual. He has made me proud of my health even though it isn't perfect. I hope he never leaves this location but if he does my family will follow. I trust him 100% with my healthcare. Thank you Dr. Gulur.

Matthew Wyatt ★★★★★

This doctor is the type of professional that you only dream of meeting. From the moment I met him 10+ years ago I have nothing but great things to say about him! He has always been extremely helpful with any medical needs I have had. He is upfront and honest. Dr. Gulur has ALWAYS been great to me. If you don't give this man a call for your medical needs you are missing out!

Matthew Castillo ★★★★★

Dr. Dhruva Gulur is an excellent health care provider that took great care of me. He was patient with every visit to gather information and never rushed. He diagnosed and prescribed based on medical findings rather than opinion. He went out of his way and called me to have a conversation when his office was not able to get me in. He also called me several times out of the blue to check up on my family and I. The point is, he took great care of me which improved my quality of life. He embodies the kind of doctor we all want taking care of us.

Jennifer Wolfe ★★★★★

I just met with Dr. Dhruva Gulur today for my 1st primary care appointment and I was truly impressed by what a wonderful human being he is !!! He came in with such great energy and true genuine persona !!! I felt cared for and welcomed ... and listened to!!! Not only did we talk about my health concerns but also he wanted to know about me and my life and work :) I Really enjoyed talking with him and sharing some common passions for life and helping others !!!

Mind, body and soul !!!

I wish you much love, joy and gratitude on your new path !! Thank you for the care you gave me today !! You truly are a remarkable and unforgettable human !!!

Shannon Globe ★★★★★

Dhruva is so so great! He is insightful caring and listens! After my husband, my sister and I lost our previous doctor, we were worried about finding someone that we would have a good relationship with. Dhruva has exceeded our expectations! Love him!! .

Justin and Crystal Strickland ★★★★★

He really did a great job listening, relating, and showing empathy towards my teenager, who normally does everything he can to avoid the Doctor's office, but almost seemed to enjoy his visits with Dr. Gulur.

Roxane Wohlmacher ★★★★★

Dr. Gular is absolutely amazing. With his kind and understanding words he has allowed me to change the way I see myself in a more positive light. I will miss him so much. I always feel better after our visits.

Kimiko S. ★★★★★

Met with Dr Gulur today. He was compassionate and attentive. You are more than a chart, which he actually reads before seeing you, and strives to get to know the person as a whole. I was pleasantly surprised at how he put my nerves and mind at ease. His staff were attentive and nice, as well . The office was well maintained and following COVID protocol. I look forward to working with Dr: Gulur. My entire household is now seeing him and we could not be happier. I highly recommend scheduling a consult if you are looking for a quality family medicine physician in the sumner Bonney lake Puyallup area

Amanda Nichols ★★★★★

Dr. Gular is an amazing helpful doctor. He has explained to me how I can mentally and physically lose weight without having to do super strict diets. He listens and understands my eating and drinking addictions.

Taren Breland ★★★★★

Dr Gulur is the best doctor I've seen. He does his job well and he knows what he's talking about. His response time is quick and he takes care of his patients.

Vick Sandhu ★★★★★

Dr. Gular is very professional, easy to get appointments with him and treat you like a family . Very friendly doctor .

Dru Fleming ★★★★★

Very intuitive, understanding and took the time to understand my needs and concerns

LEGEND

1. **ACT i – General**
 - a. Patient reviews
 - b. Dedication
 - c. Preface
2. **ACT ii – Introduction to Mind Hygiene™**
 - a. The beginning
 - b. Introduction
 - c. Good words
 - d. Bad words
 - e. dhruvaMD quotes
 - f. Sublime Shine lyrics
 - g. Major Depressive Disorder
3. **ACT iii – Mind Hygiene™**
 - a. 4 steps to a Dopamine Patient Experience (ACES)
 - b. Dry Erase Boards and Flip Charts
 - c. Mind Conditioning
 - d. Mind Training
 - e. Book Me
4. **References**

DEDICATION

- ★ To my mother – Vasantha Gulur, who passed from “lack of will to live” on 2.2.21 at 3:36 PM PST. I only knew her for the last seven years of her life and sporadically three years as a teenager. She was institutionalized for 27 years secondary to schizophrenia and bipolar. Sixteen years of lockdown and nine years step down psychiatric care. She died at 72.
- ★ To my brother – Ajay Kumar Gulur, who died on 3.19.19. Ajay had difficulty accepting he was gay, so he resorted to illicit drug use. He passed from methamphetamine and alcohol overuse. He was dead for approximately 17 days before he was found. I only knew him for seven years of my early life and met with him sporadically over the years. He was only 48 years old.
- ★ To my father – Venkataraman Rao Gulur, who lives with narcissistic personality disorder. You have the content I service the world with mainly because of him. He is the one who physically and mentally abused me. He is also the one who salvaged me from a life of prison/death. He is the one who made me hit my mother. He also is the one who drove me from Seattle, WA, to Anaheim, CA, to go to Disneyland. He is the one who took me to India after my third jail stint. He is also the one who paid corrupt police to jail me in India to gain absolute control of my emotions. He is the person that would beat my mother in front of me, which led me to a life of domestic violence (DV) shelters and an intimate relationship with child protective services (CPS). He is also the one who made me memorize the Bhagavad Gita in Sanskrit, which allows me to succeed at a high level. He is the one who wanted me to fail medical school. He also is the one who took me to tour the Boeing facility in Everett, WA, on my tenth birthday. He is the person renting space in my head, which led me to try to fix my emotions with overeating, gambling, drugs, alcohol, nicotine, and resentment towards life. He also paved the path for me to afford therapy, rehab, and healthcare. He gave me the resources I needed to forgive him with empathy. I blamed my dad my whole life for what he did to Ajay, Amma, and me. Even though you have harmed all of us, as GOD is my witness, I have forgiven you. I have entered the mind of your troubled existence, and I have deep empathy for you. I hope that you have a tranquil next life. Even when you try to do good, you will always be remembered for evil.
- ★ To the 110,000-plus patients I have seen in my career – I have learned compassion, empathy, listening skills, and how to be a clinician from all of you.

I want to let all of you know that I made it.

THE PREFACE

Lack of communication leads to dissatisfaction, increased stress, and low morale in the work setting. Miscommunication leads to arguments, excess use of resources, employee turnover, and absenteeism which, in turn, leads to billions of dollars in lost revenue. Communication makes relationships, and resentments break relationships. Many healthcare systems are in the red today. Sadly, patients sometimes only come first when individual needs are met.

The American Heart Association estimates that healthcare organizations lose \$50.7 billion monthly on average.

By initiating programs that enhance the patient experience, you can evoke a sense of meaning in your staff. When employees find a sense of meaning in their jobs, they “work harder and quit less.”

The Affordable Care Act mandated that 1 percent of Medicare inpatient payments be withheld from hospitals — approximately \$850 million — beginning in the fiscal year 2013. For the fiscal year 2015, the withholding increased to 1.5 percent. And in the fiscal year 2017, The Advisory Board Company explains, this amount maxes at 2 percent.

Hospitals can lose or earn back the withheld money; a bonus is possible for top performers. For the fiscal year 2015, hospitals are rewarded or penalized based on performance in these four domains:

- Clinical process of care (20 percent)
- **Patient experience of care (30 percent) - *This is enormous!***
- Outcomes of care (30 percent)
- Efficiency (20 percent)

Patients' comfort and happiness are given too much weight in some situations. This may compromise safety. Maintaining Quality Care and Patient Satisfaction simultaneously is a huge task. What if I told you that I have a solution to this problem? Read on, reader.

Healthcare organizations will flourish when their patient scores are >95% consistently. Your revenue stream will skyrocket as you retain patients for life. This will lead to retention of employees, work-life balance, decreased stress, anxiety, and complaints, and a boost in clinical morale.

Here goes. Lack of passion for medicine → Miscommunication → Resentment → Lack of empathy → Mindless behavior → Complaints among staff → Patient complaints.

What if I told you this problem could be solved in as little as seven days? Yeah right! I can. It's communication with empathy through Mind Hygiene™.

There are times when you find this book repetitive. I have repeated certain parts for a reason.

I have come up with 4 simple steps to a dopamine patient experience. This free e-book will allow you to fast-track your progress. If you follow the 4 simple steps outlined in this free e-book, you will be inspired to create your blueprint. This can apply to patient encounters, customer service, and relationships in general. You will also service yourself and your needs. That will then translate into meaningfully serving your family, co-workers, children, and friends.

It took me six years of being alone and single to accomplish this. You can fast-track your way to success in less than seven days by practicing Mind Hygiene™ techniques every hour for 30-40 seconds. Then, you will condition your mind to do it daily. Then, your mind will be effectively trained. Namaste.

THE BEGINNING

Have you ever had the right intentions, but they didn't seem right? Or, on the flip side, did you put on an act when in fact, your intentions were perturbed by resentment?

I can relate more to the latter than the former, but I was down with both. As down as the South Pole, ya dig.

I almost was terminated three times because I just sucked at communicating with patients.

I didn't play the "dumb" victim, however. I got sober, lost weight, stopped gambling, forgave those who wronged me, forgave myself, adopted a growth mindset, taught myself mindfulness, went to therapy, and finally believed in myself. I love myself because I believe in my limitations and what I'm not good at. Now, the "dumb" doctor is a patient experience expert. The school of hard knocks pays off, homie. Let's discuss this later and how it ties into the four steps to a dopamine patient experience.

With patients, the most frequent interpersonal issues surround **communication concerns** (n=34), including perceptions that doctors do not follow up, that communication is complex, and a dislike for how doctors communicate (e.g., doctors often make you feel like you're stupid).

I don't think I have to be an intelligent doctor or an individual that needs to have their brain working at maximum capacity to conclude that failed patient relationships are due to miscommunication. Communication makes relationships, and resentments break relationships. The intense need to control what we cannot control impedes life.

The biggest reason why providers in healthcare do not communicate well is because of resentment. If we do not take the time to communicate vulnerabilities to ourselves, then we'll either have resentment towards ourselves or someone else. That resentment-first approach will guide the day, and let me tell you, when you are resentful, it'll be a tough day. It'll be easier to say, "It's someone else's fault," than to look inward. Those who cannot control their emotions will seek to control their environment at any cost. More to come.

Then it happens. You guessed it. Wait for it. COMPLAINTS!

Oh my, oh my. Two things in this world are paramount to understand. One is awareness, and the second is judgment. Lack of awareness is otherwise known as ignorance, and judgment is otherwise known as hate. I do not say I hate anything any longer. It's too troublesome for me. However, there is one thing I do not like - at all. Oh my GOD, I don't like it. Are you ready?

You guessed. Complaints. Not from patients but from clinical staff and co-workers.

The main event when it was all said and done was depression. I was so depressed that I engaged in activities that were not only unhealthy but dangerous. More to come.

PROBLEM:

Lack of communication with yourself → Need for control → Resentment → Judgement → Complaints.

SOLUTION:

Communicate vulnerability with yourself → Forgive yourself and others with compassion → Approach situations with empathy → Don't try to control your emotions or others, instead accept them for what they are → Look for solutions and stop complaining.

PROBLEM: – Let us use me as an example.

I didn't communicate with myself that I needed to forgive myself and forgive others, → Led to resentment towards myself mainly → I blamed everyone else around me, OR I thought I was a significant problem and judged myself → the intense need to control everything → patient complaints.

So how did I go from jail, morbidly obese (by 60 lbs), an addict to alcohol, gambling, drugs, and tobacco, to living the life of my dreams?

Mind Hygiene™ and communication with empathy were a good start.

There has been plenty of hard work and some lucky breaks, but it is all in the formula of Mind Hygiene™. Many of my coaching clients and patients have achieved similar outcomes. Look at the 275+ patient reviews and the dozens of video reviews I have for my speaking and coaching business.

These were my thoughts seven years ago.

Mission: Make the day about me. Get my charts done, be on my cell phone, make time for lunch, and book flight reservations to my favorite destinations. Be sure to leave early to make it to the gym on time. Everything was about me.

Vision: Fulfill my desires. Eating poorly, drinking, traveling, etc.

Purpose: Make money to ensure I can live my current lifestyle. If things didn't go my way, I would complain and talk negatively about others behind their back. My self-esteem and self-worth were so low I had to put others down to feel secure with myself.

My thoughts today.

Mission: Equip healthcare providers with mindful techniques that lead to patient satisfaction scores >95%—the patient cheerleader that kicks it with empathy and avoids provider burnout. Now that's dopamine!

Vision: Fulfill a desire that's greater than me.

Purpose: Guide the world to the Clouds of Emotional Freedom™.

I speak at the Patricia Judge Clark Juvenile Detention Center in Seattle's central district, where I was locked up three times as a juvenile. The reasons were theft, and there was no violence involved. I explain that they must play with their purpose and see what makes them happy. This is your backbone and your implicit message. This is your director's script. Your mission, purpose, and vision are your guiding light. I'm blessed to be able to serve and learn so much from them simultaneously.

You will then find your solutions. You cannot think about it; you must write it down. In the practice of Mind Hygiene™, you must write it down. Do not leave it to chance by thinking or talking to others.

Of note, my mission, purpose, and vision all changed after my brother and mother died. I barely knew my brother, who died on 3/19/19 from methamphetamine and alcohol overuse. He was dead for 17 days before he was found. My mother died at 3:36 PM on 2/2/21 from lack of will to live. She was institutionalized for 27 years for schizophrenia. After residency, I rescued her from Creedmoor Hospital in Queens, NY. We lived together for the last seven years of her life. I only got to know my mother for the last seven years of her life. My life's purpose has changed dramatically due to the circumstances mentioned above. It's lit a fire in me. I want to change the way the world thinks.

SOLUTION: I only surround myself with those looking for solutions, which has helped my personal growth. The solution here was to resign from my full-time job. I do not have a 403 B match, life insurance benefits, bonuses, or health insurance. Now, I wish to be a cheerleader for our patients. I do not like when front-office staff, back-office staff, providers, nurses, medical practitioners, or anyone complains. I do not like complaints, especially when someone says something terrible about our patients. Our patients come to us with vulnerability. I am honored to be a part of solving our patient's needs. Someone only talks badly about others if they have a negative narrative toward themselves.

I am a patient advocate. I speak on behalf of our patients. I am the patient's cheerleader. Let's be very clear on this again. I do not like it when clinical staff talks negatively about our patients. If someone puts their hands on you or yells, then let's call security. But otherwise, what a patient does is none of my business. My business is to serve a greater purpose. The day is not about me, in other words.

You begin to develop resentments when you get worked up about whether a patient does not take their medications, does not get vaccinated, or wants to choose the path of least resistance. Then there is an intense need for control. Lack of control occurs. Then it begins. Complaints.

I'm in no way advocating that patients get to do whatever they want, either. Yes, we need to give them reality checks, ensure they are compliant, and utilize healthcare for what it is.

Look, you're talking to a dude who eats a whole heap-ton of vegetables daily, runs three times weekly, and lifts weights three times weekly. I'm in pretty darn good shape. Also, let's not forget I lost 60 pounds 13 years ago, gained 30 pounds 6 years ago, and am trying to lose 10 pounds right now. I don't drink, don't smoke, don't chew, and I don't chase people that do, ya dig? However, I still do not tell patients to do what I do. It's because it took years. This is advanced people. We have to start at an entry level to heal our patients.

We have to start at the minor level. As an example, try Mind Hygiene™ during every meal. Eat regularly and do not get full. Do not eat watching a TV or cell phone. Do not change what you eat. You know, it's too complicated! It's too complicated to try to "fix" eating habits. That's why most diets do not work. If I did tell people to do what I do, it might come across as judgment with a lack of empathy. Again, I'm not advocating for patients to do whatever they want. Ask my patients; I can be a butthead and tell them things they do not want to hear. I respect them as much as they respect me. I will take advice from them as much as they will take advice from me. I treat them with empathy.

A mentor of mine said, "They're all here for a reason." We need to serve. Thank you, Erin. Without judgment comes understanding. With understanding comes empathy. With that combination, there is no room for complaints.

What if a patient comes back in and says, "Doc, I tried to eat right, and I forgot to take my medications." My business here is to serve a higher purpose through empathy. I can say, "I've been there, so let's try another approach." Then you may say, "How do you feel about that?" Now we're communicating with empathy.

Let's have some fun.

Scenario from Dr. Dogoodlittle: "I just told that patient to take their medications, and they didn't. Their Hemoglobin A1C will continue to remain high. What else do they expect? They just need to diet and exercise."

"Has there ever been a time when someone said, "Maybe you should do this," but you didn't? The reason why you may get upset at this patient is not because of the patient's direct actions of not taking medications. You may not have forgiven yourself or are just deflecting your fears on others. This means you wanted to implement a strategy, which could be weight loss, and you just didn't. Now, you have gained 10 lbs. You now resent yourself. Here's the thing about it. You may not even be aware of it. That is, it is mindless behavior. You are not open-minded and

operate your day with a fixed mindset. In other words, you may not be in a state of mindfulness. How do I know this? It's because it was me!

I acted like this mainly because I did not have compassion and empathy for myself.

Miscommunication with patients leads to anxiety, depression, lack of diet and exercise, PTSD due to resentment, and phobias secondary to fear of repercussion. What repercussion must you ask? I was almost terminated three times because of poor communication with my patients and staff. Today, I have over 275 patient scores online that are >95% positive, and I am an authority in the patient experience realm. Imagine going from a butthead communicator to a patient experience guru. I believe it's my moral obligation to share this transformation with the world. So, here goes.

The main event when it was all said and done was depression. I was so depressed that I engaged in activities that were not only unhealthy but dangerous.

I did not communicate well with myself or others. That led to a deep state of depression. This led me to gamble, eat horribly, and spend tons of money. This goes hand in hand with drinking and drugging. I will outline some data and evidence below concerning how lack of communication leads to resentment, which can lead to major depression. More to come.

INTRODUCTION

com·mu·ni·ca·tion

/kəˌmyʊnəˈkɑːʃ(ə)n/

1. the imparting or exchanging of information or news.

Example: "at the moment, I am **in communication with** London"

Let us try to Empower **ACES** and Disregard **FACES**. More on this later. What are the four steps to having a dopamine patient encounter? They are ACES!

Here are the four steps to a dopamine patient experience, as promised.

1. **A**ccept
2. **C**are about/**C**ause/**C**ommunicate
3. **E**mbrace
4. **S**often

Here are the five steps to developing a horrible patient experience.

1. **F**ix
2. **A**nger
3. **C**ope with/**C**ontrol/**D**eal with
4. **E**rase (Block out)
5. **S**trong

GOOD WORDS

Accept – Sheesh, don't try to fix emotions; accept them for what they are.

Care about/Cause/Communicate – What is the cause/etiology of why a patient encounter may not go as desired? Have you taken the time to **communicate** with yourself and determine if you are resentful toward someone? It's in your mind; you may as well take some time to care about it.

Embrace – Don't try to overcome/cope with emotions; embrace them for what they are.

Soften – Don't make it seem like it's hard. If I can do it, so can you. If you say learning from a patient complaint is wrong or complicated, it is a self-limiting belief, or you operate through a fixed mind. Claiming that learning from a patient complaint is hard is a limitation—no bueno.

BAD WORDS

Fix – Emotions should not be fixed. We cannot fix ourselves to have an excellent patient encounter. That would be acting.

Anger - You may get angry when you do not overcome an emotion. Therefore, do not try to overcome emotions! What happens when you overcome? You feel great. That is, until you cannot overcome an emotion once again. It is better to ease the process and dive into the cause instead of attempting to overcome it.

Cope with/Control/Deal with/– Dealing, coping, and controlling eventually lead to resentment → complaints among staff→ patients complaints. Complaining sucks.

Erase (Block out) – The more we block out, the more resentment festers → Projection and displacement of your resentment of others.

Strong – We must learn to have compassion and empathy for ourselves. When we try to “be strong,” our limitations are minimized. I want to know why I need to feel like I need to be strong. Today, I have taken advantage of my limitations to the extent that I’m getting paid to speak about it. Imagine that. The “dumb” doctor is at it again.

dhruvaMD QUOTES

- I. Communication makes relationships, and resentments break relationships.
- II. Enhanced communication skills begin with vulnerability to thyself.
- III. The real you is who you are when nobody's watching.
- IV. You need to hold yourself accountable before you dare hold others accountable.
- V. If you have not forgiven those who have done wrong to you, a resentment first implicit bias will govern your life.
- VI. Habits, discipline, and routine should be viewed as an investment.
- VII. Lack of self-belief is secondary to a lack believing in your limitations.
- VIII. If you interpret an interaction as unfavorable, it has nothing to do with the present day. Exceptions are egregious acts.
- IX. Complainers find complainers. Solution-driven people are as rare as the sounds of Iguazu Falls.
- X. It is hard to be in the Clouds of Emotional Freedom™ if you always blame others.
- XI. Talking badly behind someone's back is proportional to low self-esteem and a lack of empathy.
- XII. You should care what people think because perception is all that matters
- XIII. If you always feel something is wrong with you, you will never embrace who you are.
- XIV. When things are easy, they are not hard.
- XV. You will never fulfill your destiny in the lap of comfort.
- XVI. The more you try to control yourself, the further you will be from accepting who you are.
- XVII. The more you judge yourself, the more you will judge others.
- XVIII. You should not overcome fear; you should understand why you must overcome it.
- XIX. Fearless is for those that are brave. Those that use fear to their advantage show valor.
- XX. If you have always had home, food, and family security, you must learn how to empathize with those homeless, broke, addicted, or who do not have a family.

Sublime Shine lyrics

The real me is who I am when nobody is watchin'

The real me should not be acting when my employer is on the clock clockin'

Hows about I start my AM before I see patients and meditate

Hows about I remember how I used to cram for dem 8 hour exams again and again and didn't hesitate

So I get mad, I'm not glad, when I see 23 patients a day?

How's about 23 unanswered my chart messages from the other day I say?

Or them refill requests, I'm on a time crunch I'm up against, my minds in the wind in a resentful state of self-hate

That's coz if I loved everyone, I'd get er done and every Monday would be great

How about this doc

Here's some food for thought

If I judge myself, why won't I judge everyone around me?

How about that judgment carries over as I open the curtains to my surroundings

Didn't I vow to live my life with a greater purpose?

I always say communication makes relationships for certain

You say that you have positive affirmations

But daily you complain and your affirmations are in desiccation

My day used to be full of resentment as my dad I hadn't forgave

I talk about myself because when I was young, no one gave me attention and I wasn't no one's fav'

My low self-esteem and low confidence made my actions overconfident

I would people please, try to control my environment but my therapist was my confidant

And then caaaaaaaaaaaaaame 6 years it took me to be free

For 5 years I've been in sobriety and 2-3 times a month I went to therapy

Ok, this guys bluffing, let us see

Ask my 10 therapists about how they view me inspirationally

Here's to 6 years of psychotherapy:

Cognitive Behavioral Therapy (CBT)

Dialectical Behavioral Therapy (DBT)

Eye Movement Desensitization Reprocessing Therapy (EMDR)

Rational Emotive Behavioral Therapy (REBT)

Meta Cognitive Behavioral Therapy (MCBT)

Today I forgive, I believe in my limits and live, I have compassion and don't judge others and I'm not combative; I have empathy for myself and my past trauma I do not relive, but I see the power in it, through GOD's guidance I bless others with all my heart can give.

I'm able to serve a greater purpose today, all day I meditate on my creator until I enter the heavenly gates; the real me will be hella real no debate, I'll be the best version of me when they cremate, throughout the world, my good name will resonate.

MAJOR DEPRESSIVE DISORDER

Note - Pages 20-27 are medical evidence and my humble anecdotal takes. You may skip to page 28 if you do not wish to read medical evidence relative to major depressive disorder.

Communication problems = anxiety, depression, stress, poor diet, lack of exercise, fear, and trauma – You can read more about this in my upcoming two books: *Emotional Freedom* and *Failed to Successful Relationships – A Mindful Approach*. (The titles are forever changing, but they'll be out soon, nevertheless. The books have been written and edited once already.)

In this free e-book, I will put my spin on the medical evidence that supports healing through Cognitive Behavioral Therapy and Mindfulness and how it relates to treating depression. It is because of depression that I had horrible eating habits, drank excessively, was overweight by 60 lbs, gambled, and almost filed for bankruptcy twice. Let's not forget the repercussions of depression. Over ten years, I almost lost my job thrice due to horrible communication skills and crummy patient scores. Let's take an excerpt from one of my upcoming books: *Failed to Successful Relationships – A Mindful Approach*.

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Unipolar depression is highly prevalent in adults throughout the world.

Prevalence in general medical disorders — Depressive syndromes are highly prevalent worldwide in outpatients with general medical disorders and appear more common in these outpatients than in the general population. A meta-analysis identified 83 cross-sectional studies from five continents, including outpatients with general medical disorders (total n >41,000). Studies of patients whose depression predated their general medical disorders were excluded. The pooled point prevalence of depression was 27 percent. However, heterogeneity across studies was substantial, and the prevalence in different specialties varied from approximately 15 to 50 percent. A subgroup of eight studies compared outpatients (n >3000) with controls who did not have general medical disorders (n >3000) and found that the pooled point prevalence was three times greater in outpatients (18 versus 6 percent).

Worldwide — Depression is highly prevalent in the general population of adults worldwide. Nationally or regionally representative surveys in 21 countries estimate that the 12-month prevalence of unipolar major depression across all countries is 5 percent. In addition, the lifetime

prevalence of unipolar major depression plus persistent depressive disorder (dysthymia), according to surveys in 14 countries, is approximately 12 percent.

The prevalence of unipolar major depression plus persistent depressive disorder in developed countries (the United States and Europe) is approximately 18 percent.

In developing countries (e.g., the People's Republic of China, Mexico, and Brazil), the estimated lifetime prevalence is 9 percent. *I was just visiting India, and the prevalence of depression and other related psychiatric conditions is rising. More people may be accepting that they may need help.*

This twofold difference between developed and developing countries may reflect true variation in the determinants of depression due to cultural or genetic factors, sample selection biases, and problems with the cross-cultural portability of diagnostic criteria. In other words, collecting mental health data in developing countries is unimportant. *Culturally and generationally, it was different for me growing up. Our youngsters are the generation that will change the world. What I write in this e-book will be practiced worldwide, not because of my writing alone but because we are all looking for solutions instead of judgment. As a teenager, anxiety and depression were weaknesses and frowned upon. No one in my family had ever talked about it either. The younger generation will change how the world thinks, as expressing vulnerability is encouraged today.*

United States — Depression is highly prevalent in the general population of the United States. A nationally representative survey of adults in the U.S. found that the 12-month prevalence of unipolar major depression was 10 percent, and the lifetime prevalence was 21 percent.

The prevalence of persistent depressive disorder (dysthymia) appears less than unipolar major depression. For example, a nationally representative survey found that the lifetime prevalence of persistent depressive disorder was 3 percent.

Other countries — Depressive syndromes are highly prevalent in the general population of many countries beyond the United States. Nationally or regionally representative community surveys in different countries found that the 12-month prevalence of unipolar major depression was as follows:

- Argentina – 4 percent
- Belgium – 5 percent
- Brazil – 10 percent
- Bulgaria – 3 percent
- China (People's Republic) – 2 percent
- Colombia – 5 percent
- France – 6 percent

- Germany – 3 percent
- Iraq – 4 percent
- Israel – 6 percent
- Italy – 3 percent
- Japan – 2 percent
- Lebanon – 5 percent
- Mexico – 4 percent
- Netherlands – 5 percent
- Nigeria – 1 percent
- Peru – 3 percent
- Portugal – 7 percent
- Romania – 2 percent
- Spain – 4 percent

Many studies describe treatment outcomes using the terms “response” and “remission” based upon the amount of improvement from baseline on a clinician-administered depression rating scale.

- Response – Improvement ≥ 50 percent but less than the threshold for remission.
- Remission – Resolution of the depressive syndrome can be operationalized by a depression rating scale score less than or equal to a specific cutoff that defines the normal range. For example, studies using the 17-item Hamilton Rating Scale for Depression or the Montgomery-Asberg Depression Rating Scale often define remission as a score ≤ 7 . In contrast, studies using the Patient Health Questionnaire – Nine Item (PHQ-9) often define remission as a score < 5 . *Creating awareness around the symptoms of depression, I encountered allowed me to engage in a response/remission ratio tailored to me. This was the blueprint I created through daily Mind Hygiene™. I understood that if I accepted what was leading to my depression, I would have a better likelihood of success. For example, blocking out what happened to my mother would lead me to indulge in depressive behaviors, alcohol, drugs, unhealthy eating habits, etc. No medication in the world would have allowed me to gain awareness like mindfulness has.*

The initial treatment goal for depression is symptom remission and restoring baseline functioning. In the prospective Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, 3,671 outpatients with unipolar major depression who improved following treatment with pharmacotherapy and psychotherapy were subsequently followed for up to 12 months. Relapse occurred less frequently in patients who remitted than in those who responded but did not.

We suggest clinicians monitor treatment outcomes with patient self-report scales such as the Patient Health Questionnaire – Nine Item. Or the PHQ-9.

Choosing a treatment regimen — For the initial treatment of unipolar major depression, we suggest the combination of pharmacotherapy and psychotherapy, based upon randomized trials that found combination treatment was more effective than either of these treatments alone. *I agree with this. Serotonin is one of the chemical messengers (neurotransmitters) that carry signals between brain nerve cells (neurons). SSRIs block the reabsorption (reuptake) of serotonin into neurons. Serotonin in your brain regulates your mood. It's often called your body's natural "feel good" chemical. When serotonin is at normal levels, you feel more focused, emotionally stable, happier, and calmer. Low levels of serotonin are associated with depression.*

Do you feel good when you discover something within you that makes you happy when you uncover techniques to heal the sorrow within? For example, I used Mind Hygiene™ to unlock the gems within me to be the most excellent version of myself. Today, I use depression to my advantage. If I know I may feel sad about something and go into a dark place, I will write a song or poem right away or notes on a flip chart as a medium to inspire from whatever happened to me instead of concluding that it's trauma. For example, there was an altercation I had one day. It was harsh, and the action taken against me was unjust.

After a thorough evaluation and personal inventory, I realized I was not at fault. Instead of going into a depressed state or playing the victim, I asked myself, "Why did it happen, and how can it inspire me?" It was GOD's way of telling me that I have a greater purpose in life. My creator said, "Hey bud, you're way too comfortable! Be the greatest version of yourself." Therefore, I used what I would have previously perceived as depression to my advantage. I never, I repeat, never take chances. I do not think. I write it all down—every single time. There is no room for error in the practice of Mind Hygiene™. Your thoughts become black and white.

A reasonable alternative to combination therapy for the initial treatment of major depression is pharmacotherapy alone or psychotherapy alone: antidepressants and psychotherapy have each demonstrated efficacy as monotherapy in randomized trials. In addition, randomized trials that compared pharmacotherapy alone with psychotherapy alone in depressed outpatients found that the benefits of each modality were comparable.

Antidepressants alone have been studied and used more often than combination treatment or psychotherapy alone because antidepressants are generally more available and convenient than psychotherapy, and some patients prefer pharmacotherapy. Other factors to consider in choosing a treatment regimen are comorbidity, psychosocial stressors, and cost.

The use of pharmacotherapy plus psychotherapy, pharmacotherapy alone, or psychotherapy alone for unipolar major depression is consistent with practice guidelines from the American Psychiatric Association and the United Kingdom National Institute for Health and Care Excellence (NICE). However, the NICE guidelines recommend psychotherapy for the initial treatment of patients with mild depression based upon the judgment that the risk-benefit ratio for pharmacotherapy does not justify its use for relatively mild symptoms. *Based on 23 years of*

experience as a physician, my years of therapy, and my years of Mind Hygiene™, I am in unequivocal agreement that psychotherapy is the first line—specifically Cognitive Behavioral Therapy (CBT). The thing about therapy is that there is work involved. Medication is a fix; therapy is to embrace. This is the Mr. Miagi approach. Mindfulness. This is the offense wins games; defense wins championships approach. Michael Jordan did not win a title until he was defensive player of the year. Defense is therapy. It understands your “why.”

The real benefit of therapy was homework. Think about it like this. If I was to go to a personal trainer, let's say three times a month, would I get into shape? Of course not silly; I have to diet and exercise daily. When I wake up, I have to Mind Hygiene™ what I eat. I have to Mind Hygiene™ lunch when I go to the grocery store, and what my portions are for dinner. Also, I need to exercise 3-4 times a week to make it all come to fruition.

I have been to therapy for seven years, and like the energizer bunny, I keep going and going. Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization Reprocessing Therapy (EMDR), Rational Emotive Behavioral Therapy (REBT), and Meta Cognitive Behavioral Therapy (MCBT). Going to therapy is not what made me successful. It's the daily homework I did. I just applied the concepts that I acquired to lose weight in my mind.

After Daniel-san approached karate with defense supplemented with mindfulness, he won the all-valley tournament. This is a karate kid reference for those that don't know the movie. When Michael Jordan was mindful of limitations, he became the defensive player of the year, and the NBA was at his mercy as he won three titles in a row. Twice. They both got coaching (the equivalent of therapy) and took actionable steps to prevail. Daily action made them successful, not just attending therapy or coaching and simply attempting to talk things through.

Efficacy of antidepressants plus psychotherapy — For the initial treatment of unipolar major depression, randomized trials indicate that the combination of pharmacotherapy and psychotherapy (e.g., cognitive-behavioral therapy or interpersonal psychotherapy) is more productive than either pharmacotherapy alone or psychotherapy alone.

Evidence supporting the superiority of combination therapy over pharmacotherapy alone for the initial treatment of unipolar major depression includes many randomized trials. For example, a meta-analysis of 25 randomized trials compared combination therapy with antidepressants alone in patients with depressive disorders (n >2000). The analysis found a significant, clinically small to moderate effect favoring combination therapy. In addition, treatment discontinuation for any reason was lower with combination treatment (odds ratio 0.7, 95% CI 0.5-0.8). Separate analyses of the three subgroups that received cognitive-behavioral therapy (seven trials), interpersonal psychotherapy (eight trials), or other psychotherapies (10 trials) found that in each case, combined therapy was superior to antidepressants alone.

Evidence supporting the superiority of antidepressants plus psychotherapy over psychotherapy alone for the initial treatment of unipolar major depression includes many randomized trials. For example, a meta-analysis of 16 randomized trials compared combination treatment with psychotherapy alone in patients with depressive disorders ($n > 1700$). Recovery was more likely with combination therapy (relative risk 1.3, 95% CI 1.2-1.4). However, one concern we have in evaluating trials that include psychotherapy is the lack of blinding.

Efficacy of antidepressants — Antidepressants can help patients with unipolar major depression. Meta-analyses of randomized trials have found that many specific antidepressants, as well as antidepressant classes, are efficacious in unipolar major depression, including agomelatine (not available in the United States), monoamine oxidase inhibitors, selective serotonin reuptake inhibitors, and tricyclics. As an example, a meta-analysis of patient-level data from 37 randomized trials ($n > 8400$ patients with major depression) compared either fluoxetine (modal dose 20 mg per day) or venlafaxine (modal dose range 75 to 150 mg per day) with a placebo for six weeks; remission occurred in more patients who received the active drug rather than a placebo (43 versus 29 percent). In addition, antidepressants were efficacious regardless of baseline severity. The rate of remission in milder depressive episodes (scores on the Hamilton Rating Scale for Depression ≤ 19 ; was greater with the active drug than with placebo (50 versus 37 percent of patients); the rate of remission in more severe episodes (scores > 20) was also greater with the active drug than placebo (38 versus 25 percent).

The advantage of antidepressants over placebo is typically 2 to 4 points on a standard rating scale, such as the 17-item Hamilton Rating Scale for Depression, which ranges from 0 to 52 points. For example, a meta-analysis of patient-level data (37 randomized trials, $n > 8400$ patients with unipolar major depression who were assessed with the Hamilton scale) found that improvement with antidepressants and placebo differed by 3 points.

The small advantage of antidepressants over placebo in depressed patients is partly due to the nonspecific clinical effects of placebo treatment; receiving placebos in clinical trials is not equivalent to receiving no treatment. Depressed study patients treated with placebos receive nonspecific support by meeting regularly with clinicians and research assistants to discuss symptoms and functioning. Placebos may act by instilling hope, raising expectations of improvement, and motivating patients to please investigators. *Shoot, I don't blame them. This type of work can be intense.* In addition, placebo responses may be related to genetic polymorphisms. The effects of placebos often lead to remission. For example, a meta-analysis of individual patient data from 37 randomized trials found that among patients with unipolar major depression who were treated with a placebo ($n > 3300$), remission occurred in 29 percent.

Meta-analyses based on published randomized trials may overestimate the effect of antidepressants because of selective publication of trials (publication bias). *This is why it is crucial to understand that studies are only sometimes perfect. Statistical medicine is a specialty.*

To be an expert in statistical medicine, you need to have an undergraduate degree at a minimum. This is four years!! Be careful when you interpret a study.

A study of 12 second-generation antidepressants compared drug trials published with trials registered with the US Food and Drug Administration (FDA). Drug companies must submit all trials when registering a drug for approval by a regulatory agency. The primary findings included the following:

- Of the 74 trials that were registered, 31 percent (23 trials) were not published.
- Among the 51 published trials, the results were presented as positive (i.e., improvement was more significant with the drug than with placebo) in 94 percent (48 trials); by contrast, the FDA found that among the 74 registered trials, only 51 percent were positive.
- Of the 48 trials that were published as positive, the FDA determined that 23 percent (11 trials) were negative.
- The clinical effect of antidepressants was larger in the journal reports than in the registered trials.

Efficacy of psychotherapy — Psychotherapy is efficacious for the initial treatment of unipolar major depression, based upon numerous randomized trials. Meta-analysis of 92 trials (n >6900 patients) compared psychotherapy (primarily CBT) with a control condition (e.g., waiting list or usual care). *I like the word numerous, the phrase meta-analysis, and the number 92. Go psychotherapy!* The primary findings were as follows:

- Remission occurred in more psychotherapy patients than controls (41 versus 21 percent). *Nice. Like lil' Jon says. Ok!*
- Heterogeneity across studies was large; subgroup analyses found that the benefits of psychotherapy were smaller in older patients and for group therapies (compared with individual therapies).
- The number of therapy sessions was not associated with the effect of psychotherapy.

Psychotherapy studies are methodologically variable, like pharmacotherapy studies. Some psychotherapy trials are rigorous and specify a priori hypotheses and analytic tests, develop manuals for the psychotherapies, measure adherence on the part of therapists, use active psychotherapy comparators that control for the nonspecific aspects of psychotherapy, use standardized diagnostic criteria and outcome measures, stratify patients on predetermined risk variables, and blind assessment of outcome ratings. Less meticulous studies use open-label designs, less rigorous comparators (e.g., treatment as usual or waiting lists), or fail to adequately blind outcome ratings. Although it is commonly believed that blinding patients in psychotherapy are less successful than in pharmacotherapy trials, this has never been studied.

Efficacy of antidepressants compared with psychotherapy — For patients with unipolar major depression, the evidence indicates that the efficacy of antidepressants compared with

psychotherapy at the end of treatment is generally comparable. *I do believe in both. But as I've stated before, when conditioning the mind, it is a safer bet in the long run to embrace rather than overcome depression with medication.* A meta-analysis of 30 randomized trials compared psychotherapy (primarily CBT or interpersonal psychotherapy) with antidepressants in patients with depressive disorders (n >3100) and found that improvement was comparable for both groups.

However, one advantage of psychotherapy (particularly CBT or interpersonal psychotherapy) is that following an acute course of treatment, the benefits often persist, and patients remain well. *Yes, as stated, you can place your tools where needed. You can design "your" formula. You can construct "your" blueprint.* By contrast, the benefits of an acute course of antidepressants are often lost if the drug is discontinued. To illustrate, a meta-analysis of 28 randomized trials compared psychotherapy with pharmacotherapy for the acute treatment of 3,381 patients with unipolar depressive disorders and found that improvement was comparable; heterogeneity across studies was moderate. In the 11 studies (602 patients) that followed patients after treatment ended and assessed their depressive symptoms (mean length of follow-up 15 months), there was a significant, clinically small to moderate effect favoring psychotherapy over antidepressants. Relapse is common in patients who remit after acute treatment with antidepressants and then discontinue their medications.

There are no well-established biological, genetic, or clinical predictors of sufficient utility to help choose between antidepressants and psychotherapy or to select specific antidepressants or psychotherapies. However, the results of two randomized trials in patients with depression suggested that comorbid personality disorder (e.g., avoidant or obsessive-compulsive) or neuroticism (marked by fearfulness, worrying, and irritability) may be associated with better patient outcomes receiving antidepressants rather than cognitive-behavioral therapy.

I have been practicing medicine for 24 years, having seen over 110,000 patients in my career and counting. I have a ton of anecdotal experience. This has allowed me to manage and treat depression through another vantage. I am a firm believer in evidence-based medicine. I am a firm believer in various forms of psychotherapy as well.

The abovementioned studies mean that you, too, can be successful in managing depression among other co-morbid psychiatric conditions as well: anxiety, PTSD, and ADHD, to name a few. The thing about it is you cannot think about it and talk about it. I have multiple speaking coaches (around 12 and I am in contact with 3-5 every day), a story coach, three rap coaches, a book coach, a producer coach, a branding coach, and a life coach. When you have coaches, you see things from a different perspective. Imagine a football team, they have about 15 coaches for just about every position. I have seen multiple therapists in my life. Don't get me wrong; I think and also talk it out. However, writing is the golden ticket. You, too, can practice Mind Hygiene™ where you write things out. When you write your thoughts, you provide yourself with the tools needed to be your own therapist. Medications work, but I am confident that therapy

works better. So long as you take actionable steps daily. For life. Diet and exercise of the mind will keep you in shape for life.

MIND HYGIENE™

I remember walking out of a patient room one day and being shocked. Do you know the type of shock that happens when you've done something wrong? "You're in trouble" kind of shock? Well, this was just another patient encounter that went wrong. Let's Mind Hygiene™ this story shortly.

A patient I saw one day switched providers years prior. Usually, I see about 20 to 25 patients on any clinic day. There would be 3 to 4 same-day appointments for our clinic patients who may have urgent needs. At times, I will double-book. The patient was added to my "same day" slot in this particular instance.

Patients will transfer and fire doctors. It is not something that happens very often to other doctors. At least, that's what I think. I thought that it was only me. I never really played victim or "woe is me." It was more like, "Man! It's me again, per usual." Patients will fire and change doctors for various reasons. Many times, patients will change providers due to a gender preference, a teenager not being able to relate to an older provider about specific concerns, or because of a recommendation. In my case, it was different. "He doesn't listen." "He's condescending." "He talks about himself too much."

The patient likely was added to my "same day" due to an urgent concern. I figured they needed to be seen immediately and did not care who they saw. I'm sure that they didn't want to see me.

I walked into the patient room, put on a fake smile, and said, "Thanks for your patience, and sorry for the wait." It was something standard I started with to break the ice. In my mind, for a patient like this, who has transferred providers, I'll do whatever the patient wants at this point. I just don't want a complaint! Let's just get it over with.

The visit goes well enough; cordial and relatively transactional.

However, my curiosity gets the best or worst of me at times. During my first 10-15 patient complaints, I would call the patients and ask them why they felt like they did and what I could have done to improve the appointment. Of course, I want to keep my job and not get another darned letter that I'll be terminated. Most of all, I wanted to do right in my heart, but the perception was that I did not.

That poor little boy is walking in and out of patient rooms mindlessly. Young Dr. Gulur. I have compassion for you, bud.

"So why is it that you switched providers?" I asked curiously.

The patient stated with conviction, "You don't listen!"

My face turned red as I walked out of the room. It felt like everyone was looking at me.

Let's clear up one thing right now. This situation does not concern any provider(s) or clinic I have worked for. The following is for effect only. Think of it as theater.

So, as I sat down, I heard the chatter. Clinic staff and providers were talking badly about patients. "Can you believe that she came in late?" "I just saw that patient yesterday, and they're sending me my chart message today. The nerve!" "That patient is depressed, just like all my other patients, and they waste my time. Even if I give that patient 60 minutes, they'll be the same!"

Here are a few I despise.

- A. "They're just crazy" – My mother was institutionalized for 27 years. It's no different than calling an overweight patient "fat." People have called me crazy because I have bipolar. Crazy is derogatory for all of those that live with unwell minds. Please make a note of it.
- B. "The crazies are out; it's a full moon" – My mother would be hospitalized for six months because that was how long it would take to get over a manic episode.
- C. "They're drug addicts, and they're drug-seeking" – My brother died of myocardial infarction from alcohol and methamphetamine overuse. I have been sober for five years as of 7.31.23, with a sober date of 7.31.18. Before my sobriety, to feel good about myself, I would call others druggies and addicts. It was judgment, and I did it because I thought I was better than them. Today, I simply say, "Substance use due to an unwell mind."
- D. "That guy just exited prison; I bet he deserved it." I am now doing locum work to challenge myself and bless the underserved. Currently, I work at Stafford correctional facility, and I, myself, have been to juvenile detention three times. The reason why judgment is easy is that it is not hard. The only way to empathize sometimes is to have been there—the school of hard knocks, homie.

So, why do other providers have excellent patient scores when resenting and judging their patients, and I didn't? That was the million-dollar question.

As I will discuss further, these judgments are purely due to a profound lack of empathy. It is mainly a lack of empathy for self. The more I judged myself, the more I would judge others. You see, if I loved myself and my limitations, I would not have anything wrong to say about anyone. But I sure could act it out. For the most part, we all do act in some way. In the clinic, with family, on stage, at the coffee stand, etc.

I went bonkers on Mind Hygiene™ by writing down what I did every minute for 24 hours except when sleeping. I didn't like it, and I hated myself. Fast forward seven years later, and the

real me is who I am when no one is watching. I hold myself accountable for my community. I no longer need to act because I am always like this.

The Mind Hygiene™ aspect of this story is as follows. I don't say anything terrible about patients behind their backs. Ever. I would sometimes talk badly about patients to fit in with other clinical staff, but for the most part, I never had anything wrong to say. Oh boy, oh, Berto. Homie tried to fit in by complaining along with the others. I have compassion for young Dr. Gulur.

I never had a role model. My dad was abusive, my mother was busy being institutionalized, and my brother was unwell, using substances to cover up his true self. I didn't know how to communicate at a high level. Am I a doctor? Get out of town. Sometimes I feel like someone made that up. Since I did not know how to communicate, I would just please people, and I thought whatever anyone else said or did was right. When staff talked badly about patients, I tried to fit in. Here's the thing about it, folks. A lot of the time, the behavior is mindless. Everyone complains because it just seems easier. Complaining about others seems to be much easier than self-introspection. Just because it is mindless doesn't mean it gets a pass in this e-book!

Back to the patient complaint. The patient complaint occurs, and I write about it. I don't think about it. I write it all out.

Well, how about these apples? I just practiced Mind Hygiene™ by writing this here story. Writing took me about 10-15 minutes, "Editing is what takes so long." If I can do Mind Hygiene™ a couple more times daily, I can condition my mind to do it regularly. Finally, I can train my mind to do it every day. Let's go.

Let's repeat the 4 steps to a dopamine patient experience. This time, we will elaborate.

MIND CONDITIONING

Here are the four steps to a dopamine patient experience once again.

1. **Accept**
2. **Care about/Cause/Communicate**
3. **Embrace**
4. **Soften**

Here are the five steps to developing a horrible patient experience.

1. **Fix**
2. **Anger (when you fail to overcome, you become angry)**
3. **Cope with/Control/Deal with**
4. **Erase (Block out)**
5. **Strong (don't try to be strong or weak, instead, accept)**

Let's get back to it, shall we? Remember, let us empower ACES and disregard FACES.

EMPOWER ACES

Accept – This patient says, “You don't listen!” but I want to listen to them badly. I accept that I wish to fulfill a greater purpose. I accept that something is not correct.

Care about/Cause/Communicate – Why did a patient say I don't listen and am condescending? Let's care about it and find the cause. Let's ask ourselves why instead of looking to fix the thought. Oh, maybe it's because of the way my dad treated me? He always minimized my thoughts and questions. Do I need to forgive and empathize with him before I can work with others? I see: I need to communicate with myself. I need to communicate and see who I resent and whom I may need to forgive. By golly, that could be me. Do I need to forgive myself for something I did? Until I care about and communicate the cause, I will resent myself and someone else. I will indeed displace that on others. This will lead to complaints amongst staff, provider burnout, and patient complaints.

Embrace – This isn't the first time a patient has said something like this about me. Instead of blocking it out or blaming the patient, maybe I should love the process instead. It's already in my head. Maybe I can Mind Hygiene™ the process? Let me not talk crap about myself and instead

show some self-compassion. It is because I am trying my best to work through this. I mean, I'm in therapy, I write related rap music, and I'm developing mindfulness practices. Also, let me show empathy to myself as no one has taught me right from wrong, and I'm doing all of this alone. I must empathize and understand that I've had a strict upbringing. Physical abuse, mental abuse, being on welfare, going to jail three times, being addicted to tobacco, drugs, and alcohol, and so on. I must understand that I'm doing everything possible to work through things. This is where I have earned empathy. When you earn something, you are proud and do not take it lightly. I have earned empathy, and I'm very proud of myself.

Soften – I don't want to make it seem complicated. That would be choosing the path of least resistance. Let me execute and see the benefit of all of this. Maybe I can inspire someone someday. When that “dumb” doctor shows empathy, maybe others can relate and have a dopamine patient experience. It's not discipline, good habits, or a new way of life: it's a gosh darn investment!

DISREGARD FACES

Fix – I have acted when I have tried to fix my inability to listen well or fix condescension. I have even heard patients say that I am disingenuous. The opposite fix would be to accept.

Anger - I was angry when I overcame something, and it happened again. This is because I have not taken the time to embrace and love it for what it is. Anxiety regarding being fired for patient complaints is a part of my intelligence: let me use it to my advantage. Let me Mind Hygiene™ instead and see the power in it. A good example would be writing this free e-book.

Cope with/Control/Deal with – Dealing, coping, and controlling eventually lead to resentment, as I have stated. This will inevitably lead to complaining and bickering. Tisk, tisk. I believe the latter minimizes who I am and takes away from work ahead. Forget calling it “work.” View it as an investment. I have employed a fixed mindset when I have tried to fix, cope with, control, or deal with emotions. Don't say, “It is what it is.” No, dang it! I can grow from it, and when I do, I can learn compassion, earn empathy, and teach myself how to listen and win the NBA Finals by playing defense.

From 1986-1989 Michael Jordan won four scoring titles in a row but never an NBA Finals appearance. In the 1988 season, he became the defensive player of the year. He went on to win three championships from 1990-1993. He won his first NBA title by becoming a defensive player. He believed in his limitations and wasn't the best at defense and passing. Jordan accepted, understood, and embraced that he was not good at defense, and when he mastered his limitations, he began to win over, and over, and over again. Accepting is the Mr. Miagi effect. You wax on and wax off. Only learn the “why.” Only learn defense. And then—boom! You win the all-valley tournament.

Erase (Block out) – The more we block out, the more resentment festers, as I have mentioned. Then you point one finger forward, and four fingers point back towards you. What follows is the proverbial complaint from a provider and a patient complaint. I needed to take time to not only forgive my dad, but I also needed to forgive generations! The blocking-out effect also led to my addictions to gambling, overeating, alcohol, tobacco, passive-aggressive behavior, talking behind others' backs, procrastination, and drugs.

Tisk, tisk. It is a waste of time to say something terrible about a patient/acquaintance/family member, or anyone else. You are one step behind in being the best version of yourself. Taking the high road would be to focus on yourself when a situation goes wrong instead of displacing your fears on others. Ah, I digress. I could only speak about this because my transformation is complete. I should write a book just about how focusing on yourself will create a champion mindset. GOD knows that I written a million flip charts about it. Also, let's not forget my dry-erase boards.

Here's another considerable self-limiting belief, "It is what it is." That's lame. You need to find solutions! The more "it is what it is" → resentments → self-loathing behavior →complaining → over-indulgence.

Strong – We have to learn to have compassion and empathy for ourselves. When we try to "be strong," our limitations are minimized. I want to know why I need to feel like I need to be strong. Also, when I'm strong, it's positive. When I'm weak, it is negative. That's not true. We should not put a value on a thought. It is simply a judgment. Thoughts should be accepted as neutral.

MIND TRAINING

Let’s start the last part of this free e-book with an analogy regarding exercise.

Think of Mind Hygiene™ like this. You have to think before you go to the gym, correct? Well, that’s “Mind Hygiene™.” After you think, you head to work out and begin the conditioning process, right? Let’s refer to that as “Mind Conditioning.” After this is all said and done, you’re up and running at the gym three days a week; your mind is officially trained. This is “Mind Training.”

Let me Mind Hygiene™ that this patient said, “You don’t listen, and you are condescending.” I will do Mind Conditioning daily to see how to empower ACES and disregard FACES. Finally, I will engrain this into my implicit mind and train my mind to do this daily—Mind Training.

Here comes the Rx: Mind Hygiene™.

Mind Hygiene™ broken down is:

- A. Showing compassion for yourself and others
- B. Showing empathy for yourself and others
- C. Being aware of how your implicit mind thinks and your explicit narrative on the outside
- D. Being present and not being absent-minded
- E. Accepting and not fixing the process
- F. Being intentional about the process
- G. Taking time to be mindful and doing it on purpose
- H. Most importantly, do not judge a thought. A thought should not be positive or negative. Because, when it’s positive, you feel great. But when it’s negative, you suffer. Instead, accept a thought for what it is.

I practice Mind Hygiene™ before I begin my clinic day. Remember, in the practice of Mind Hygiene™, we do not think. Everything, I mean everything, must be written. Thinking leads to rumination, and you do not comprehend your thoughts either. However, if you write things down, there is no chance of error. As the slang goes in New York, “You smell me, dawg?”

You need to write intentionally. This is mindfulness. You want to do it on purpose. You want to be the best version of yourself, right? Well, it’s time to be purposeful. Don’t fix the process; accept it for what it is. You must have compassion for yourself. Sympathy for your misfortune is not feeling sorry for yourself. If you take the time to write, you are doing the work necessary to love yourself. This is self-compassion. If you talk badly about yourself, you will naturally speak badly about others. This is not compassion. Often, when we talk negatively

about others, it is not intentional. When you write what your mind is thinking verbatim, you can formulate a better explicit narrative. It is not your fault unless you do it purposely or intentionally, which is often not the case. I mean, you, too, can learn compassion. Do you complain a lot and talk behind someone's back regularly? If you do not complain and are happy with who you are when nobody is watching you, this may not apply to you. Maybe you can add to your skill set if you are compassionate and have a growth mindset. Ahh, now you see where the growth mindset can be valuable.

EMPATHY DEFINITION: The psychological identification with or vicarious experiencing of the emotions, thoughts, or attitudes of another:

Example: She put an arm around her friend's shoulders and stood by her in silent empathy.

Empathy is integral to developing a solid patient relationship and patient encounter. Remember, I do not use the word empathy lightly. I have earned it over six years. It is challenging to empathize with someone else if you do not show empathy for yourself. I was unempathetic toward myself my whole life. I took for granted the amount of work I've put in to be where I am.

Let's re-emphasize my life experiences and hit the repeat button. You may inspire from what I have become, not what happened.

My dad would beat my mother in front of me; he would make me hit her. I went to jail three times and obtained seven medical school scholarships, but I still thought I was stupid, hence the book's name (I feel dumb is a bit warmer than stupid). I have been sober for five years. I nearly died! I was broke. My credit scores were in the 400s, and I almost filed for bankruptcy twice. My eating habits were crappy. I was 60 lbs overweight for many years.

I did not know my mom until the last seven years of her life! She was in a lockdown psychiatric facility for 16 years and step-down for nine years. That must have been traumatic. Imagine if you heard from people left and right; I did not get to know my brother. He was in and out of rehab and was dead for 17 days due to polysubstance use before being found. "You talk fast." "You're hyper." "Slow down." You try your darndest to comply. Boy, it's tough having bipolar. Let's not forget to mention all the medications, psychiatrists, and therapists I've seen. I have taken at least 20 medications throughout my life, and mindfulness was the best drug this little boy ever saw.

Oh boy, oh, Berto. "I'm fine," is what I would tell myself. "I don't have to stress about eating a meal." "I have money in the bank." One of my therapists said, "It's ok to say you had it hard." That day, when I was drinking heavily, I started crying. In the fetal position and all. "Naanu thumba kashta patetheni appa." In Kannada, that means "I've had a hard life." That was my first encounter with self-empathy. I stress that I earned empathy by writing daily and attending therapy regularly. I have also had many coaches in my life as well.

Once again, I've been to the school of hard knocks, homie. I can take a minute of a clinic visit and have a vicarious experience. I can relate to anyone and put myself in their shoes. I can empathize with immigrants. I can empathize with single parents—individuals with mothers who worked multiple jobs and were abused by narcissistic husbands. I connect with women who have been disempowered like my mother was. I can relate to those under the strict control of someone like my dad. I have something in common with people in the hood who wore colors, threw up gang signs, and were handcuffed. This is because I have been to jail three times as a juvenile. I can identify with those holding their left and right hands behind bars so much that I am working as a prison doctor to serve a heavily judged, vulnerable, and misunderstood population.

I can create a 60-second vicarious reel about someone living with addiction in a patient room. Be it an addiction to alcohol, tobacco, cocaine, marijuana, gambling, or any other addiction you can imagine. I still struggle with keeping my weight off. You should see my “high BMI” pictures! I lost 60 lbs 16 years ago and gained 30 lbs 7 years ago. I am in the process of trying to lose 10 lbs today. I weigh myself most days and have two scales to hold me accountable. Ninety-five percent of the time, I don't want to work out or eat healthily, but I do it anyway. I can identify with those who have taken multiple medications and had a misunderstood mental condition such as bipolar. I have been alone and single for six years: I know how it feels to be lonely. I can understand those that have talked crap about themselves and pretended that everything was fine on the exterior.

I identify with those who have been shipped off because they were just not doing well. I went to India one day after being released from jail as a juvenile. That was my third stint. An example is a boarding school. I can connect with individuals who are homeless. I slept in random places and on friends' couches for two years. I can empathize with those who are broke, up to the sky in credit cards, and have payday loans. I have borrowed \$1000's from my friends because of credit card debt and gambling losses. Shoot, I lost about \$200K gambling over seven years. Rehab? Yup, I was in rehab for three months. Once more, I reiterate that I can relate to addicts from all walks of life. I was so deep in cocaine and alcohol that I probably would've died if I had continued for another two-three months.

I had a manic breakdown and was off work for six months. I have bipolar, major depression, and extreme anxiety. I have been to many doctors' appointments, been judged by physicians, and taken at least 20 different medications. I can relate to noncompliance, my challenges with healthcare, and the thought of being judged when I tell a nurse, doctor, or front office staff about my health concerns. Not to say that they are. It's something I'm working through.

I can empathize with entrepreneurs and those trying to do their best—those who wish to live without the need for accolades. I can relate to those who desire a more fulfilling life by departing from the comforts and quitting their corporate careers. Man, I can even relate to those who are filthy rich. I'm a doctor, and when you're a doctor, you surround yourself with super-rich dudes. Although the “lifestyles of the rich and famous” is not my jam, I can still understand you. And it

is not easy to be wealthy as many people think it may be. As biggie said, “Mo money, mo problems.”

I am proud to be able to relate to those who struggle with self-love, are in the relentless pursuit of self-development, and are learning to be vulnerable while believing in their limitations. Let's go, self-lovers! We got this.

I will take my time and sit down as I enter a room. I talk to my patient at eye level. I do not stand up: Sometimes, during an appointment, I'll state, “I get it. Before a doctor's appointment, you must ensure that your kids are fed and have everything they need for school, then ensure you have gas in your car. You try to make it to your appointment on time. Who knows what the heck the doctor is going to say.” Doing this just takes a few moments.

Here is something that takes less than one minute and sets an exquisite tone to the patient experience. I will start by saying, “Thanks for your patience and sorry for the wait”(I honestly mean it, unlike before). “I go by my first name Dhruva, but I do have to introduce myself as an M.D. Throughout the visit, if you think I'm talking too fast or all over the place, just let me know. I can get carried away! There may be times when I talk about myself in an attempt to empathize with you by telling you a quick story.” I must stress this. Everyone, including a patient, loves a good short story. “Please let me know immediately if I'm making the visit about myself. I will try to be vulnerable without too much oversharing. I intend to show you compassion. Sometimes I will look at a computer screen and type, but I will be aware of the time you have taken to see me. A chart is a judgment, whether good or bad, so I would like to get to know you more than a chart.”

I timed this three times, and it took me about 45 seconds to pronounce each word, syllable for syllable, with a “dopamine” cadence.

This sets a “dopamine” tone for the patient visit. You're clearly stating that you wish to show compassion and empathy. This introduction not only states what you're good at but also shows you can use your limitations to your advantage.

This exercise will be an act if you judge patients or judge others. Remember, the opposite of empathy is judgment. I'm not here to advise or tell you I know what's best for you. I am here to tell you a story. You may or may not inspire from it.

Empathy is wassup. It allows me to be the clinician I am. My patient scores were consistently in the 40% range— for years, the lowest in the organization I've worked for the longest. I almost lost my job three times because I did not know how to communicate with my staff and patients. Now, my patient's scores are consistent at >95%. I have over 275 reviews online as social proof by golly. Imagine this, not only am I writing a free e-book on this, but I am a sought-after patient experience speaker. Who would've thought?

The angels (you know who you are) believed in me more than I believed in myself. They saw my growth mindset and my intense work on personal development. They were in my corner when I was in trouble at work. May GOD bless you, guide you, and protect you on your journey.

When trying to work through specific problems, I would use Mind Hygiene™. Of course, I will write. A lot of the time on flip charts. I would take a picture of them, place them in a specific folder on my phone, and read them every day before clinic. An example would be a patient who said, "You talk about yourself too much." I would write it down in flow chart fashion.

I talk about myself → Attention seeking behavior → It is because I was not shown love growing up → Low self-esteem and low confidence → Lack of self-belief and, more importantly, lack of belief in my limitations → I talk about myself too much.

I read things like this daily until it is engrained into my implicit mind. Remember, explicitly, someone may say, "I'm ok," but implicitly, they are complaining and in a state of deep resentment.

These are the techniques I've learned in my six years of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization Reprocessing Therapy (EMDR), Rational Emotive Behavioral Therapy (REBT), and Meta Cognitive Behavioral Therapy (MCBT). I also have a Mindfulness-Based Stress Reduction (course completion) certificate and a life coach certification. I have blended all of this to formulate my blueprint, which took about six years. My life experiences are the backbone of my blueprint.

I continue to go to therapy and will be in therapy for the rest of my life.

Think about therapy as going to a personal trainer three times monthly. You should buy healthy groceries daily, work out at least three to four times weekly, avoid overeating, and eat less sugar and salt. That means the hour of personal training is only helpful if you do homework: diet, and exercise. Otherwise, you will stay overweight.

Analogously, your mind will not be healed unless you Mind Hygiene™ every day. Multiple times a day. When you wake up, before work, before a meal, after work, when talking with loved ones, and of course, when talking with patients.

Well, I go to therapy two-three times monthly. When I Mind Hygiene™ daily, I'm doing homework. I will be doing homework for the rest of my life.

This e-book will allow you to fast-track your progress. If you follow these simple steps (ACES), you can inspire by them and create your blueprint. This can apply not only to patient encounters but also to customer service. You will also service yourself and your needs. That will then translate into serving your family, children, co-workers, and friends.

The more you practice Mind Hygiene™ techniques, the less anxiety you will have when communicating with patients, family, and friends. You will have increased focus, heightened response time, and an overall morale boost. You will manage your time much more efficiently and be less stressed and burnt out by the end of your workday.

Let's paraphrase what one of my mentors talks about. Jim Rohn states that you will be valuable to your organization when you develop yourself personally. You will get raises. You will make the company you work for rich. You will want to work your best and deliver stellar results.

Here are some quotes from Jim Rohn on personal development.

1. "If you are not willing to risk the unusual, you will have to settle for the ordinary."
2. "Motivation alone is not enough. If you have an idiot and you motivate him, now you have a motivated idiot."
3. "No one else makes us angry. We make ourselves angry when we surrender control of our attitude."
4. "Learn how to be happy with what you have while you pursue all that you want."
5. "Effective communication is 20% what you know and 80% how you feel about what you know."
6. "You are the average of the five people you spend the most time with."
7. "If you want to be a leader who attracts quality people, the key is to become a person of quality yourself."
8. "You cannot make progress without making decisions."
9. "A good objective of leadership is to help those who are doing poorly to do well and to help those who are doing well to do even better."
10. "Take advantage of every opportunity to practice your communication skills so that when important occasions arise, you will have the gift, the style, the sharpness, the clarity, and the emotions to affect other people."

Let's look at some of my meditations before starting my clinic day. I will simply read through flip charts and dry-erase board images before seeing my first patient. You may not be able to understand precisely what I am writing entirely, but I would encourage you to focus more on the actual process. Also, you may have your writing techniques. They do not necessarily need to be flip charts or dry-erase boards. You can write on a plain sheet of paper, a journal with different colors, or even a daily book with an action guide. I strongly encourage you not to write on something you are comfortable with, such as a cell phone/tablet/computer. Stimulate your mind and go a step further.

Let me share some flipchart and dry-erase board images to put things into a better perspective. I have not edited these images on purpose. It is to show you how I take my flip chart everywhere. It is to show you that I make time to heal my mind by writing my thoughts on a dry-erase board. I do not make excuses for Mind Hygiene™ when my mind needs healing. Instead, I operate out of a vision room.

DRY ERASE BOARDS & FLIP CHARTS

DO NOT PUT VALUE ON ^{LIFE CREATURES} THOUGHT ^{X IS} ^{HE} ^{WE}

IMPACT BAS IS MY ^{PROCESS} **YOUR STORY ; YOUR MIND** I AM MINDFUL & AWARE OF WHO I AM

HEAL MYSELF DAILY - DON'T TRY TO HEAL OTHERS YOU TEACH BEST WHAT YOU NEED TO LEARN I'M SO DRIVEN MOST

I WORK SO HARD NO ONE CAN BE ME

I SMELL LIKE - COZ I BEEN THROUGH FIRE DONT JUDGE -> UNDERSTAND MY HEART'S PORE

I'M SO DEDICATED MY MIND IS STRONG I AM THE GREATEST

I AM A GREAT SPEAKER IMPLICIT MEMORY NOTENS OUR LIFE VERSION OF ME

I BELIEVE IN MYSELF I BELIEVE IN MY LIMITATIONS

THERE IS A GREATER GOOD NO MATTER HOW HARD THINGS ARE TO MY WORK MY MIND NEVER FOLDS

I'M A DOCTOR I'M A GREAT SON I'M A GREAT FRIEND

I BELIEVE IN MYSELF I LOVE MYSELF I BELIEVE IN MYSELF I WORK HARD I DON'T GIVE UP I HAVE A

I'M A LOYAL PARTNER I EXUDE COMPASSION GROWTH

I HAVE SO MUCH TO BE GRATEFUL FOR ; SO MUCH. SOPE & HAVEN'T BEEN MINDSET

I AM EMPATHIC I'VE STUDIED RAP FROM ABC'S & CONTINUING

I FEEL UNFILED MY PURPOSE WAS BIGGER

JAM A GREAT PARENT TO ASHAN I WORK ON MY VOICE

YOU MUST SEE THE VALUE WITHIN BEFORE YOU CAN ADD VALUE. SUDHANA DAILY & WRITE DAILY

I WORK ON MYSELF EVERYDAY I'M MINDFUL EVERYDAY

MY PHILOSOPHY IN MY DAILY IS WAY BIGGER THAN ME

I DO NOT QUIT IT WILL TAKE ME MORE TRIES. I NEVER FAIL

REJECTION IS PROTECTION Do I THINK LESS EVERYDAY - Cold Shower - Skip meal - Take 120 to work YOUR DESTINY -> DESISTATION

I WILL MANIFEST MY BEST STAGE PERFORMER EVER I SEPERATE MYSELF I WILL MANIFEST

I'M EMPOWERING MY FEARS AS OPPOSED FROM OTHER RATHER MY PERCEPT 20 JUDGE MY STRENGTH & UNDERSTAND MY CAPABILITIES

I LOVE MYSELF I BELIEVE IN MY LIMITATIONS

I'M NOT GREEDY I AM IN INTENSE COMPETITION I CAN MY CAPABILITIES = Book SMART

I WANT TO INTERVIEW I HAVE A DEEP SENSE OF PURPOSE I WANT TO GOAL X3 = STREET

IMPOWER OTHERS MY PAIN WILL BE SOMEONE ELSE'S GAIN

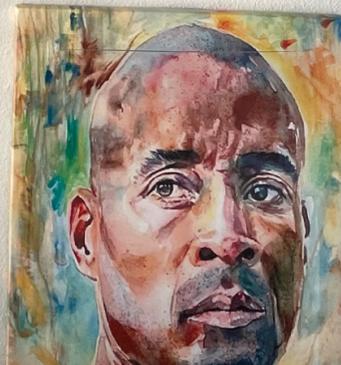
I AM INSPIRATIONAL I PRACTICE MINDFULNESS

I'VE BEEN SOLDERS! I WILL SPEAK TO YOU MOTIVATE YOU'S

ON STAGE I WILL SPEAK TO YOU SEEK OUT INSPIRATION VS TEMPTATION INSPIRE YOURSELF

MOTIVATE YOU; INSPIRE YOURSELF
 I always have my DRK

	PRESENT SELF	PAST SELF	FUTURE SELF
MIND HEALTH	NOT GOOD LONELY DOING TOO MUCH ALONE SINGLE DONT FEEL WORKING TO DO	MISS AMMA Δ Jobs	SPEAKERS CLUES Other OPTIONS TELL HEALTH MULTICARE LOWCIMS CAPITAL HILL vs BALLARD
PHYSICAL HEALTH	Syllable Speak Train Slow PLT'S & B'S Steel Strengthening Peace Heal Limit	LIFT 2-3 TIMES WEEKLY I WOULD LIKE TO RUN 2x weekly PROTEIN FIRST / LOW FAT MINDSET → CASUAL	PROTEIN IT / LOW FAT MIND SET Doctor/Dentist RUN 2x WEEKLY I THINK LESS I THINK MORE
FINANCIAL HEALTH	FEELING BETTER SPENDING ~ A MONTHLY BUDGET	REAL CRAPPY	CANCEL CARDS MOVE & LIVE BELOW MEANS True bill TAXES!!
SUBLIME SHINE HEALTH	SUFFERING :: ALL ALONE Ø TEAM [CANT] THOUGHTS	CREATED TOO FAST? ENGAGED MORE IN SOCIALS	THIS IS MY DESTINY YOUTUBE SERIES EDHE TOUR
I won't take it for granted x 100 • MINDFULNESS • FIND A PARTNER	• GET IT TOGETHER • CREATE → CREATE → CREATE	NEW JOB TO FULFILL MY DESTINY Speaking gigs Travel movies	MY MIND NEVER FORGS * PROFESSIONAL SPEAKER



FINANCES

- Day to day checks
- Financial planner ^{AQSB} _{6 months}
- Labcorp
- Deposit ^{Unum} _{mortgage}
- Open BECU savings
- Pay off cards q weekly
- Log in spending daily
- RVU transition

GENERAL TO DO

- Complete Recording area ^{Amma's} _{Appa's} _{Ajays} _{MY}
- Finish floating shelves
- *Cook 1-2 x / week*

BE THE GREATEST VERSION OF MYSELF

I AM THE GREATEST & WILL BE THE GREATEST

I BELIEVE IN MYSELF THAT I WILL EXTRACT EVERY FIBER IN MY BEING TO BE THE GREATEST

I DON'T COMPARE MYSELF TO NO ONE BUT ME

SCHEDULE

SELF HEALTH

MONDAY & THURSDAY

- 5 AM - meditate ^{Ajay} _{Suraruna} - CBD
- 6:15-7 (Drive) - memorize tracks
- 5-6 (Drive) - Playlists
- 7-9 PM - Relax - Jog? - 1/2 hr ^{eat} _{menu}

TUESDAY & FRIDAY

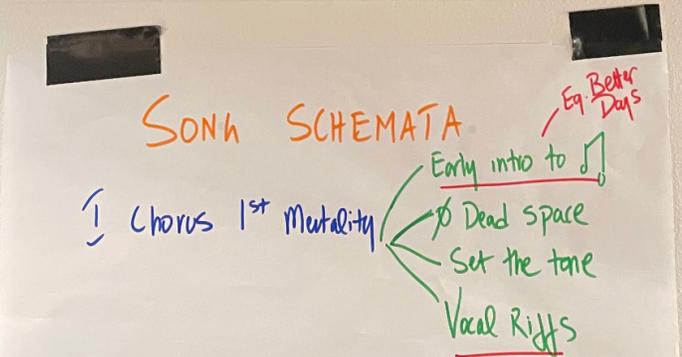
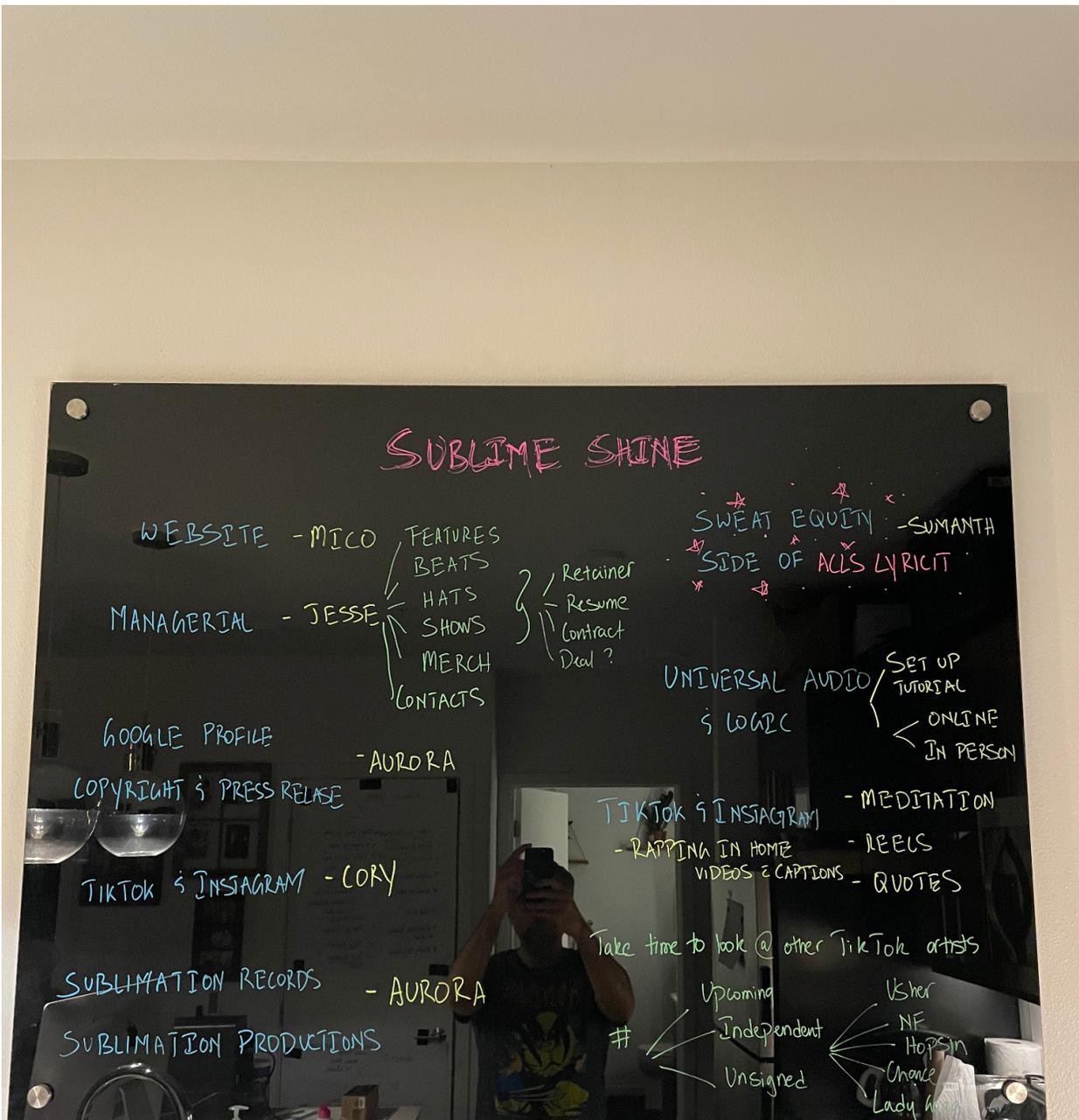
- 5 AM - Meditate
- 6:15-7 & 5-6 (Drive) - Memorize tracks
- 7-9 PM - Listen to new tracks
- Gym days - Recor
- Rap manual

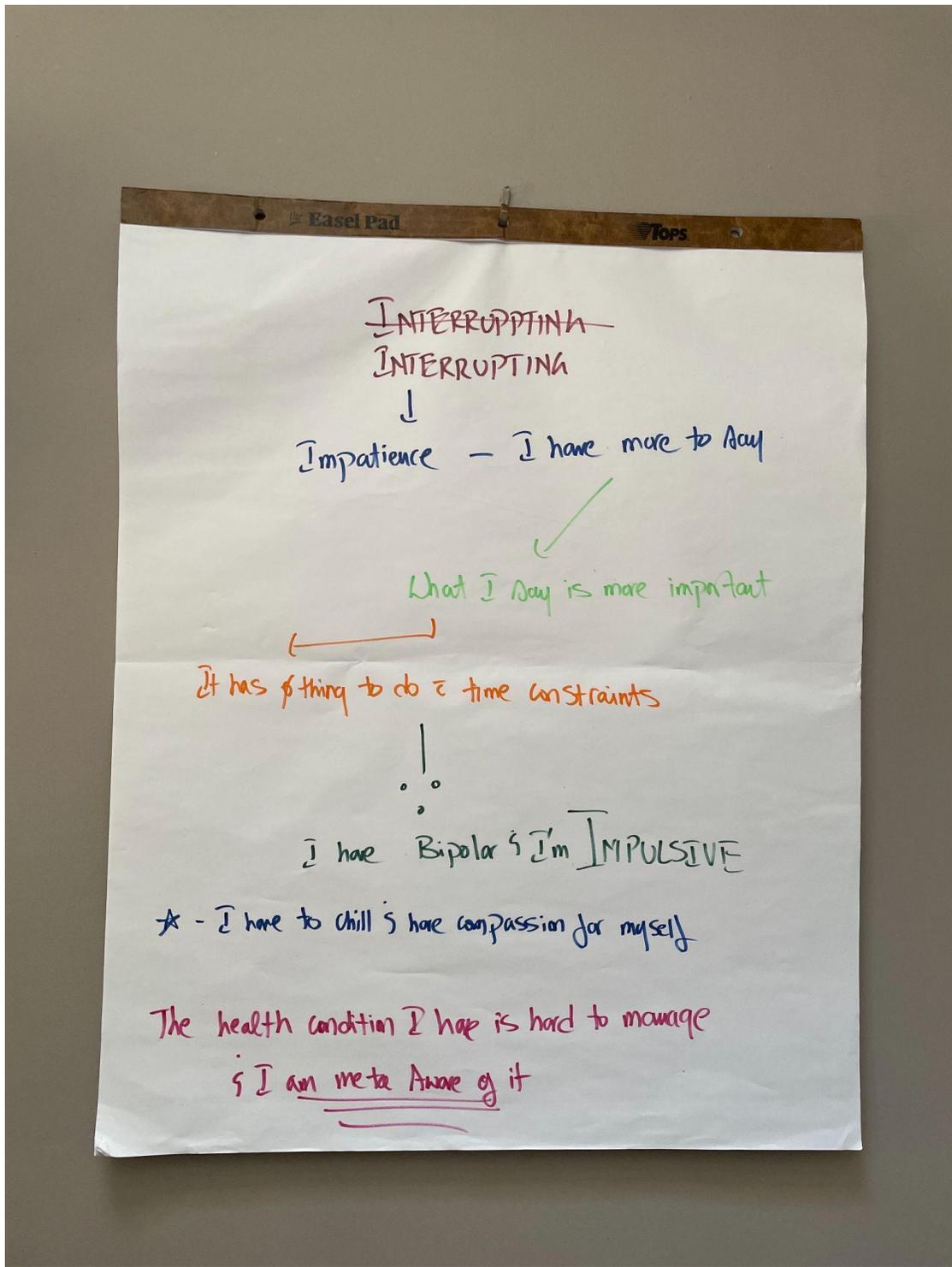
UK 9/4 - 9/12

- 9/1 - Covid test
- 9/5 - Arrive
- 9/7 - 2 day test
- 9/12 - Depart
- 9/9 - Covid test?

Notes:

- Body can be m
- There is of thing can compare to word my Amma die
- I'm the greatest
- Suraruna - CBD + Cam
- Ajay - GYM CLOT





SELF DISCLOSURE

↓
Compassion for myself :: I was abused & had very little attention growing up

↓
I have been working at this job 20 years & hard for 5 years & I've been very successful in the last year ♥ The FINALS !!

MIND CONDITIONING

Need for unwarranted Attention

↓
Make it about myself

↓
Interrupt

↓
Pretend like I'm working through an issue

↓
Think I'm more important than you

↓
Lack of self belief

Let's think about this { SURVIVE SHINE }

Everyone made it about themselves growing up

I'm craving ATTENTION & LOVE
So I speak over others at times

:: I've always told I've been a problem

Overconfidence was a defense mechanism

:: I've depended on others to believe in me

SELF DISCLOSURE RX

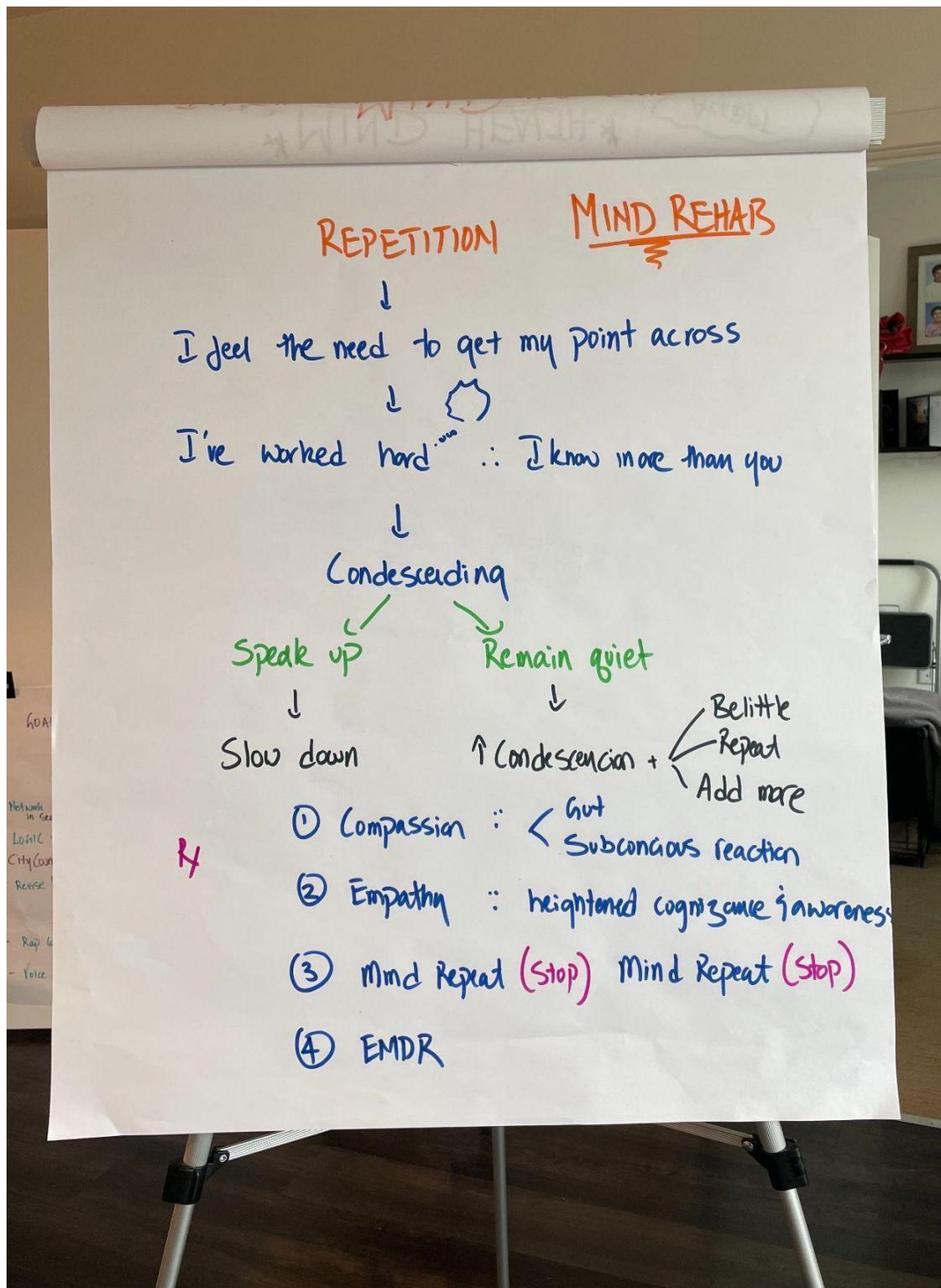
WHEN SOMEONE IS TALKING - Heard to knee Mindfulness = You're just as important as I am

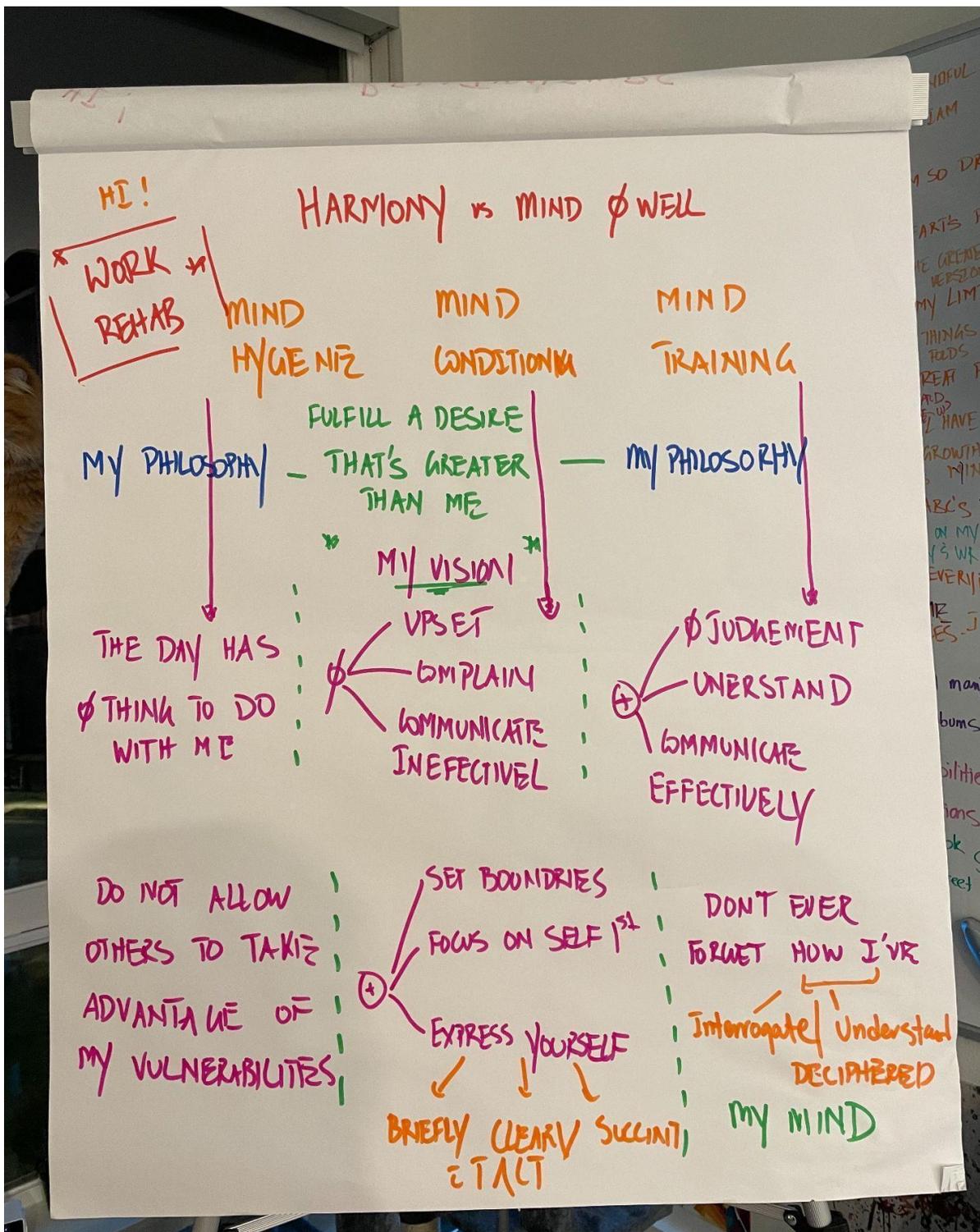
WHEN YOU'RE TALKING - I feel the need to talk over you to get my point across When people are LOUD!!! = Brief Succinct Tact

Sublime Shine will get his message across in due time

WHEN SOMEONE LISTENS - Meta Awareness check in i say Ask Q's Interrupt Algorithm Check in i individual

WHEN I KNOW MORE ABOUT SOMETHING THAN SOMEONE ELSE - let's be meta aware that I'm HIFTED i I'm p better. Hard work is a choice that I made. The choice I'm making now is that I want to work hard @ p talking to much even when I KNOW MORE





LINE 15/16

LEPRAVAM J. JOSSE - NOM

HI!

WORK
REHAB

HEALING MY MIND VS OTHERS

STRENGTHS

- BRIEF
- CLEAR
- CRISP
- TACT
- DONT SAY MUCH

COMMUNICATE

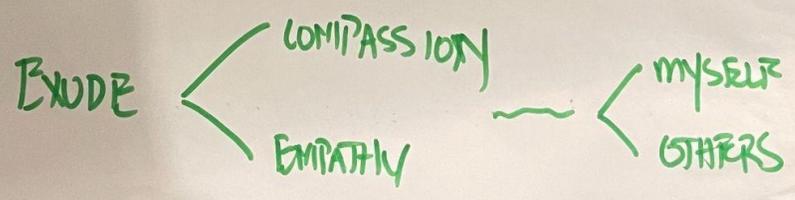
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↓

EVERYONE IS
THE MOST IMPORTANT
PERSON IN
THE WORLD

LIMITATIONS

- ∅ BOUNDARY SETTING
- BRING ATTENTION TO MANAGEMENT & CONCERNS
- DONT DIRECTLY COMMUNICATE CONCERNS & STAFF
- ALLOW THEM TO DO THEIR JOBS EFFECTIVELY



This might seem complicated, time-consuming, or arduous, but when you see the value, you will continue the process until you reap the benefits. If you make time to watch a Netflix series, play games on your phone, scroll social media, or gossip with others, then maybe this is not your time. Just please don't say you say you don't have time. Twenty-four hours is a long time. You can make 10 minutes out of a 24-hour day to write about how you wish to heal. It doesn't have to be how I approach it, either. You can pave your own way. When you do, share your process and inspire us.

Schedule → Value → Impact → Schedule.

Here is my typical day in the clinic.

I start with mindfulness meditations and continue them throughout the day. I start the day by acknowledging that it may be challenging; I may encounter some obstacles or need to handle a few unnecessary things. I ask myself, "Do you remember that time when you were experiencing what you did when you were 16, 24, or 32? Jail, overeating, near-bankrupt, alcohol and drug use? Would you be ok with whatever happened today if you asked me that years ago?" Studying for the exams and all. I would say, heck, yes!

Then, I do not make the day about me. In the practice of Mind Hygiene™, I am present without judgment. That means I honor everything for what it is. I drink coffee without looking at a computer. I don't use my phone when I am working. I only have one tab open at a time. Let me know how much you have benefited from the one-tab approach. I'd love to hear it!

It's funny when I hear people from all walks of life say, "I can't work with only one tab open at a time." The "can't, won't, and don't" self-limiting beliefs suck! It sucks rotten apples. If I can keep only one tab open, do one thing at a time, complete all my MyChart messages, fulfill all my treatment requests, and get excellent patient scores simultaneously with zero personal complaints, you can too! You just have to practice mindfulness which is awareness with compassion and empathy devoid of judgment. When you see the value in doing one thing at a time, you will continue to do it.

I am present at work and not absent-minded. When you ask patients about encounters with me today, they will say I am very present in a room and listen well.

Write down what you want out of the day. Don't make it complicated. Take one minute to do it. Try this. Try Mind Hygiene™ daily. Write it down first thing when you get up in the morning. Don't check your phone, read an email, or brush your teeth. Write it down before the day begins.

I'm not just making this up. These are what my mentors do daily. Tony Robbins, Jim Rohn, Eric Thomas, Steve Harvey, Steve Jobs, August Alsina, Michael Jordan, Kobe Bryant, Jay-Z, Tupac, Mohammed Ali, Benjamin Franklin, David Goggins, Eminem, Chamillionaire, etc.

They and many others inspired me when I developed the concept of Mind Hygiene™. My patients have been instrumental in developing Mind Hygiene™ practices.

The real you is who you are when no one is watching. Write down the things that you are thinking hourly for 30 seconds. Are you in a state of resentment? Do you need to forgive someone or yourself? Do you have someone renting space in your head? Do you believe in something you're not good at today? If so, do you have the fortitude to develop a growth mindset? Do you love yourself every day? If so, you would have nothing wrong to say about anyone. Do you focus on others instead of yourself when a situation goes wrong? Are you constantly blaming others and do not wish to take ownership secondary to pride?

My most considerable resentment was my dad. My dad was the special person I had renting space in my head daily. My dad signed a lease, and I obliged. He then put a down payment in my head. He then paid off space in my head for 20 years.

I wouldn't worry much about his abuse toward my brother and me. Moreso the abuse he inflicted on my mother. Domestic violence shelters, adult protective services, child protective services, and the police department were all critical parts of our lives growing up. He stripped my mother away from me at the age of seven. She was institutionalized for 27 years. She had spent about 22 years away from me. She had spent 31 years away from my brother. We both didn't even know who my mother was. I am blessed that I was able to take my mother out of Creedmor Hospital after I completed my residency. I then knew my mother for the last seven years of her life. She spoke ill of my dad every day. "He used to beat me." "He took me away from you and your brother." "Your dad was a ##\$@!" she would say in her cute, accented Indian voice.

I blamed my dad for everything. I had so much resentment toward him. This resentment was a foundation for how my day would begin. The baseline resentment I had towards him was displaced unto others. The worst part is that I was mindless to the behavior. I'm grateful for meta-awareness today. Awareness is the best drug I've ever come across in my life. Don't tell on me, but I've tried a few different drugs. Mindfulness is the best drug on earth.

When I forgave him, I was inspired by the whole situation. I could see the power in my limitations. I took time to forgive him; I didn't just say it. I performed Mind Hygiene™ on what HIS thoughts were and what HE was thinking when he was inflicting abuse. His dad and grandfather had abused him. It was much worse for him, as a matter of fact. He watched two of his sisters die at a young age.

It took me almost six years. When I forgave him, he no longer rented space in my head. I would no longer parade on to others, "Do you know my dad was evil? He's the devil incarnate." Since I had no resentment towards him, I did not deflect my fears onto others. That's when I stopped talking badly about myself and others. This was when my patient scores skyrocketed.

Self-hate, low self-esteem, and low confidence are not bad things! Examples are: saying something negative about yourself, putting someone else down to make yourself feel better, and pleasing people. Those are all examples of self-hate, low self-esteem, and low confidence. If I were secure with myself and my limitations, I would not have anything wrong to say about anyone. Just by accepting these traits, you are in the process of self-love. The more you surround yourself with those who complain, the greater the chances that you will not be the best version of yourself. If you want to complain, go for it. You're not solution-driven, which is ok because I was there for years. My message is not for everyone, and I'm ok with it. Also, it's not the right time for everyone either.

Do not view this as some magical process. Like diet and exercise, I do this every day. However, my implicit mind is trained daily to show empathy before judgment.

Today, my friend circle is dope (dopamine). We do not complain and are solution driven. When a situation goes wrong, we ask, "What did you do?" instead of agreeing. They are not "yes" people.

We are pursuing being the best version of ourselves. Once again, here are the four steps to having a dopamine patient experience with empathy.

Empower **ACES** and disregard **FACES**.

EMPOWER

Accept

Care about/Cause/Communicate

Embrace

Soften

DISREGARD

Fix

Anger (Overcome)

Cope with/Control/Deal with

Erase (Block out)

Strong

Let's maybe repeat, shall we?

Lack of communication leads to dissatisfaction, increased stress, and low morale in the work setting. Miscommunication leads to arguments, excess use of resources, and absenteeism which, in turn, leads to millions of dollars in lost revenue. Many healthcare systems are in the red today. Sadly, patients only come first when individual needs are met.

Your organization will flourish when your organization's patient scores are >95%. Your revenue stream will skyrocket as you retain patients for life. This will lead to retention of employees, work-life balance, decreased stress, anxiety, and complaints, and a boost in clinical morale.

Miscommunication → Resentment → Lack of empathy → Mindless behavior →
Complaints among staff → Patient complaints

Here's a quick example. Let's say a patient is dissatisfied with staff, overpriced medication, or just you as clinical staff.

I will ask our patients for a simple social history questionnaire during my initial patient visit. If I know this patient has experienced adverse childhood events (ACE), I must choose my words more carefully. Or, if they're struggling with alcohol use and do not have a ride to the clinic, I'll need to change my approach as well. The same is true if they have a gambling addiction, lose their car to repossession, and are broke. The crucial aspect of this is to communicate with empathy. This is where you have a vicarious experience that may take a few moments. I will experience how they're breathing, visualizing whether the walls at home are white. How empty their fridge could be. Maybe they're calling a friend with their phone plugged into the wall in desperate need of a ride. Maybe they're online, hoping a payday loan comes in because they need gas money. They may be embarrassed that a family member has bipolar and they feel a need to drink as a coping mechanism. What does their mind think before they want to pick up that drink?

It doesn't hurt that I've also experienced all of this. This allows my connections to be more thoughtful, empathetic, authentic, compassionate, and non-judgmental.

Even something as simple as saying, "I have compassion and empathy for your situation." This goes a long way when connecting with anyone. Shame on you if you do not take the time to know your patient and express this disingenuously.

Most of my patient satisfaction scores are 100%, but delivering that number is hard. Keep sight of why you may have less popular scores by 5%. This is where you don't say, "I cannot please everyone." Tisk tisk. Focus on yourself to see what you could've done to avoid those complaints. Then you will not only have self-compassion because you are working to understand why something may have happened, but you are also one step closer to being your best self. If there comes the point where that particular situation could not have been resolved, you can rest easy knowing that you spoke about it in a wise and rational mind instead of an emotional mind.

What if I told you, you could solve this problem in as little as one day? Yeah right! I can. It's communication with empathy through Mind Hygiene™.

You see, when we get to know our personnel, we can communicate with them based on their individual needs. It doesn't take long, either.

When clinical staff reduces our stress levels, decreases our anxiety, and becomes more efficient at work, we humanize the workplace. This boost in morale allows us to spend more time with patients, be present, show compassion, share values, speak with conviction, and connect authentically.

I will cherish the day I open a clinical practice based on communication with empathy and employing the concept of Mind Hygiene™, devoid of judgment. No complaints among staff. Patient satisfaction scores > 95%. Let's goal 100%, ok.

Here is my most requested talk and the transformations they will bring you.

Enhance communication with empathy to create a cohesive patient journey through Mind Hygiene™

- Engage patients in their care through Mind Hygiene™ techniques
- Boost clinic morale and decrease complaints among staff
- Create adaptable humanizing, empathetic experiences
- Create a cohesive patient experience – empathy on steroids
- Empower providers to empower patients through Mind Hygiene™ meditations

The transformations that you see in this e-book may be awe-inspiring. But I am most proud of the transformation from self-hate to self-love. Self-hate was saying to myself that I was “dumb and stupid.” Also, believing others when they deflected their fears on me. I accepted, embraced, and understood why I thought I was dumb. It took me six years of being alone and single to accomplish this. You can fast-track your way to success in less than seven days by practicing Mind Hygiene™ techniques every hour for 30-40 seconds. Then, you will condition your mind to do it daily. Then, your mind will be effectively trained.

Please email me and let me know how you benefit from Mind Hygiene™ so we can share it with our community.

You are now the best version of yourself by just starting the process. Namaste.

THE END

BOOK ME

SERVICES

- ★ Speaking
 - Keynotes
 - Workshops
- ★ Mind Hygiene™ 1 on 1 coaching packages (Limited to 6 highly motivated clients/month)

My Signature

Dhruva Gulur, M.D.

- I equip healthcare providers with mindful and empathic techniques that lead to patient satisfaction scores >95%.
- The patient cheerleader that kicks it with empathy
- We are the Clouds of Emotional Freedom™

Doctor | Speaker | Mind Hygiene™ Expert | Certified Life Coach | Author | Rapper

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