



Dr. David Hanscom

Connecting Thought Patterns, Immunity and Healing

An interview with Michael Broukhim
on Back in Control Radio with Dr. David Hanscom

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Tom Masters: Hello, everybody, and welcome to another episode of Back in Control Radio with Dr. David Hanscom. I'm your host, Tom Masters, and our guest today is Michael Bruchem. He's a board-certified integrative psychiatrist and entrepreneur devoted to helping people rediscover their own agency and wholeness. As medical director of Hope Therapy and Psychiatry, he leads a holistic model of care that pursues root cause healing and the integration of mind, body, spirit, and community.

His practice pairs evidence-based therapies with nutrition and lifestyle medicine and, where appropriate, ketamine-assisted psychotherapy, often with the goal of helping patients safely reduce or discontinue medications within a framework that honors meaning and belonging. Welcome

David Hanscom: Thank you, Tom. I'd like to introduce Michael Brokum to our podcast, and he is a psychiatrist in the Los Angeles area who I met through social media.

And he's unusual in that he looks at a total body approach as to approach more on symptoms and medications. He describes himself as an integrated psychiatrist who came to believe that lasting healing rarely comes from treatment alone. Through his work through patients, he observed that people who experience meaningful change often had steady practice, supportive gathering, and moments of reflection that helped them stay connected to themselves and others.

Recognizing that many people were missing not more advice, but a deeper sense of structure and meaning in daily life, he founded Rituality. Through Rituality, he helps people discover and share rituals grounded in behavioral science, informed by wisdom traditions, and designed to foster connection, resilience, and a more human-centered approach to well-being.

So Michael, I'm excited to have met you, talk to you, have you on this podcast. And you might know I quit my surgical practice in 2019 for the same reason that you do what you do. That in surgery, it's a little bit more of a problem because we actually damage people with surgery physically, as opposed to treating the whole person.

And so I'm excited about your approach and just like to hear, first of all, where you are and how you started to come to this type of thinking.

Michael Broukhim: Thank you, David, for, having me. I'm really excited for our conversation. I, uh, currently practice in Los Angeles, uh, specifically Sherman Oaks and Beverly Hills.

And, yeah, I love what I do. I, uh, I learn a lot from my patients, and I see patients go from deep suffering to really enjoying their life. And it's, great to be able to achieve with them.

David Hanscom: So where did, where did you do your training at? Where were you trained? 'Cause I'm assuming your training was in more of a traditional psychiatry approach.

Michael Broukhim: Yeah. So I trained at the University of Arizona. Okay. And at the time, they had the only integrative psychiatry track in the United States. So, uh, midway through residency, I, uh, started learning about holistic methods to, uh, mental health treatment, even started helping patients, uh, use more non-medication approaches to treatment.

So when I came out of residency, I felt super prepared to really offer a variety of approaches beyond just medications, for patients for a variety of mental health conditions.

David Hanscom: And in traditional psychiatry, it's very medication-based and also talk therapy-based. And my observation in spine surgery was that the biggest factor in a good or poor result is simply calming people down.

And I didn't really understand the physiology at the time, even though I did learn it in medical school, I had sort of forgotten about it. So in spine surgery, we're very symptom and structurally based, where of course, the human being is an organism that essentially every part's gotta work really well in order to function well.

So if you have this beautiful race car and the spark plugs aren't in place, nothing's gonna work. So it's really a whole person approach. So how long have you been in practice?

Michael Broukhim: I've been in practice, since, um... I started residency in 2016, finished residency in 2020, so I've been in private practice since then.

David Hanscom: And you're in solo practice?

Michael Broukhim: Yeah.

David Hanscom: Are there many people around you? In other words, you said this-- it was the only integrative psychiatry practice in the country. Are there more programs like that now?

Michael Broukhim: I know there's more programs that have adopted a lot of the similar training that I had.

University of Arizona kind of exported some of their, their, uh, modules to other, uh, centers.

David Hanscom: Okay. And what kind of patients do you see? Which I realize is, is sort of an obvious question unless you probably see everybody. But do you have a specialty, specialty like anxiety, depression, OCD? I mean, what's your general flavor of your practice?

Michael Broukhim: First I want to mention, I'm, I'm actually working at-- I'm actually the medical director of the clinic, so I work with other holistic therapists-- Oh ... and even, integrative nurse practitioners. In terms of my specialties, I like to work with everything: anxiety, depression, PTSD, ADHD, psychosis, mania, you know, addiction.

So I pretty much work with most conditions.

David Hanscom: Okay. In the second half of the podcast, we're gonna talk about m-more about the specific techniques, but I, I'm guessing, at least based on my

personal experience and from comments that you made, that you're seeing some really interesting, exciting results.

Michael Broukhim: Yeah. Uh, a variety of results. either it's helping, uh, patients with ADHD, not needing to take as many stimulants, um, helping patients with a history of psychosis not needing to take as many antipsychotics, helping a variety of patients come off of benzos, SSRIs, while also-- wh- while doing that, they're maintaining or improving their quality of life.

David Hanscom: And can you just-- can you tell us a couple stories of a typical situation that-- can you think of somebody offhand that you've worked with that had some of these changes you talk about? Because I'm assuming many of these changes are fairly dramatic.

Michael Broukhim: I think one of the most, um, I'd say cautionary but positive tales that I, that I will never forget was, um, I had one patient in her, I think, late 20s who over a period of six months started developing early signs of kind of a combination of psychosis and mania, was being hospitalized multiple, times.

All-- You know, most of the psychiatrists she worked with in the hospital were like, "Oh, yeah, she definitely has at least bipolar disorder." And just from my just getting a sense of the history of, um, she first had an infection, um, also was vaccinated for COVID around that time, that-- And the fact that when she would take Tylenol for a few hours, she'd be completely back to her baseline.

And so I had her do workup, um, with another naturopathic doctor, and she was found to have, mold, Lyme, and other, co-infections. And, um, after we, treated them, after she got them treated, uh, she got off all of her antipsychotic medications, has not had a psychotic or manic episode since then, and she's now in, grad school, I think, about to, become an associate therapist.

David Hanscom: Wow, that's a big win. Now, I don't wanna get too negative on the other part of the psychiatric world, but I'm assuming she had been through lots of treatments before she came to you.

Michael Broukhim: Well, lots of inpatient treatment in the hospital, and she was told by multiple psychiatrists, "You need to be on antipsychotics for the rest of your life."

David Hanscom: So in my world, have you heard of the term medically unexplained symptoms? Have you heard that term MUS by chance?

Michael Broukhim: No. No

David Hanscom: So it hit the family practice literature around 2002 called medically unexplained symptoms. And I think you know my approach that anxiety is a physiological state that drives all sorts of other symptoms. And so I had 17 different symptoms myself that are now all resolved, and it makes no sense unless there's a common cause.

And I did not know this at the time, even when my symptoms had resolved, is that sustained fight or flight or threat physiology drives everything, including anxiety, depression, and OCD. So I had full-blown OCD, horrible intrusive thoughts. It was a disaster. And, uh, what I found out by writing this new book of mine, "Calm Your Body, Heal Your Mind," is that there's a direct link between obsessive repetitive thought patterns and suicide.

And what almost took me out were these ruminating thoughts and being socially isolated. So the question I'm asking is that I have a term called dynamic healing, that every living creature has their circumstances or stresses. Then you have your nervous system taking in sensory input. Then your physiology is, physiology is, is either safe or fight or flight.

And in sustained fight or flight, your body breaks down. So anxiety is a sensation generated by threat physiology. So by, again, inadvertently learning the tools to calm down, every one of my symptoms is gone, including the repetitive thought patterns. So the reason why I'm talking-- One, I've been talking to you about lots of different reasons because, you know, that story is not the norm.

You know, somebody could be... So when you're told you have a medically unexplained symptom or you're gonna have chronic pain the rest of your life, it takes away hope, and hope is also anti-inflammatory. So that's a problem I had in

spine surgery, that if you have degenerative disease, your spine's gonna keep breaking down.

Now, lack of hope is a disaster. So you took somebody who had been through the system treating mostly symptoms- and you're going after the root cause.

Michael Broukhim: Yeah.

David Hanscom: So I just covered a lot of territory there. I just wonder, I wonder if you have any comments on that sequence I just talked about.

Michael Broukhim: Yeah. I think, something I mention to patients often, and again, it's related to what you're discussing, is that 90% of the cells in our brain are immune cells. And that means that when you are engaging thoughts that are very anxiety-provoking, quote-unquote negative, the microglia or the immune cells in your brain over time will start-- they'll be in an inflammatory state.

David Hanscom: Right.

Michael Broukhim: And it's why it's no surprise that, um, people who have a history of PTSD, for example, chronic PTSD, they often have, uh, autoimmune conditions. And so the immune cells in your brain, can communicate with the rest of your body, and to no surprise, you'll see a lot of people have issues with, um, um, you know, uh, thyroid issues, uh, you know, uh, a variety of autoimmune conditions.

Uh, endometriosis is another example. Um- Right. Lupus is another example. So it's, um, there's a high correlation between the two.

David Hanscom: Between repetitive thought patterns and-

Michael Broukhim: Between negative thought part- patterns and autoimmune conditions

David Hanscom: Because this is what I wanna make clear to the audience, for both of us is that people say, "Well, I have an autoimmune disorder." It's psychological, but it's really a physiological inflammatory state. I mean, symptoms

don't come out of nowhere. But as a surgeon, we're taught, well, okay, I can't find the exact cause, and they think the person is crazy, literally, and they turn them on to a psychiatrist to treat symptoms.

And that's where I think our work differs so greatly from the rest of the world right now, and I wish it wasn't. and let me say one thing. So I don't think I'm the best thing since sliced bread because this i- this is what the data says to do. Just we learned this-- Didn't we learn this in medical school?

Michael Broukhim: Uh, well, it depends on what med- depends on what medical school you're going to and depends how many hours of lectures you get. 'Cause, 'cause I remember when I was in medical school I just remember thinking like maybe like half the time I'm just learning about what disease looks like. I wanna know what health looks like.

So I learned what health looks like more so in, in, um, my integrative psychiatry training during residency and a lot of my own independent study. I'm sure for you as well, David, that's my guess is you have to search that on your own.

David Hanscom: Well, when I say we learned this in medical school, that we learned about physiology.

Michael Broukhim: Yeah.

David Hanscom: And somehow, at least in spine surgery, we ended up with structure. And it doesn't make sense that a bone spur or degenerated disc would actually cause pain. It's just sitting there.

Michael Broukhim: Yeah.

David Hanscom: And indeed, the correlation is there's essentially no correlation between arthritis, back pain, and degenerated disc and back pain or whatever.

We're always focused on, focused on structure, but we don't look at the root cause, which is the body on literally on fire. And so you have a fired brain, and I think your description is perfect about how the brain itself gets inflamed and it

literally short-circuits is my orthopedic view of it. I mean, that might be a little simplistic, but your brain is not working correctly when it's inflamed.

Michael Broukhim: Yeah. A- and your brainstem is in, um, sympathetic overdrive. You're having, uh, you know, um, muscles that are constantly, being activated. And so people's bodies get worn out by being in this survival state where you feel like you're at war all the time.

David Hanscom: Right.

Michael Broukhim: So people end up being exhausted, not being able to sleep well at night, so there's insomnia as well.

And so it's just a cascade of a variety of, uh, negative feedback loops that, can lead to, you know, chronic pain issues, uh, fatigue, and again, autoimmune, uh, symptoms as well.

David Hanscom: Yeah. The metaphor I like to use is that of driving your car down, car down the freeway in second gear. It's gonna break down.

So in my view, again, going probably too simplistic, is that the body breaks down under chronic stress or fight or flight physiology, and it heals under safety. And the key is generating enough safety for the body to regenerate and heal. And I did not go into surgical practice to manage chronic pain.

That's not why I did this. But since about 2013, through a long series of events, I started people-- I started to see many people not only have decreased pain, but they went to pain-free, and like myself, all other symptoms disappeared. I have none of my symptoms. I had 70 different symptoms. They are gone.

That includes obsessive thought patterns, which I'd like to focus on today in the second half of the podcast because You have started a process, process which I think is really critical, that the worst part of my process and also with patients in my office, these ruminating, ruminating thoughts just drive people insane, literally.

And so that's the reason I almost committed suicide in 2002, because I could not escape my thoughts.

So you have a process called rituality that we'll talk about in some detail in a few minutes. But can you briefly describe to us the problem with repetitive thought patterns and how rituality might counteract that?

Michael Broukhim: so again, when you have, uh, repeating thought patterns, especially when it comes to like the negative obsessive thoughts, again, you're, you're gonna be in this elevated sympathetic state that's chronic, where you're not relaxing, where your brain is telling itself there's an enemy somewhere and we need to attack it.

And often the immune cells in your brain are gonna start attacking even healthy neurons or immune system might start attacking other parts of your body. And so again, this is just a negative feedback loop towards, again, a variety of complications that could lead into something the way you described 17 different systems.

again, fatigue, pain, it could be issues with your bowel, 'cause very often people that are in, uh, chronic sympathetic overdrive, their vagus nerve is being overactivated. So they might have, uh, you know, elevated heart rate, difficulty breathing. It could be, uh, diarrhea, constipation, abdominal pain, high appetite, low appetite.

and this is when doctors will often give a patient, a diagnosis of irritable bowel syndrome. and you know, other just generic diagnoses that-- or fibromyalgia is like another, is another example. And I forgot your other quest- your other question.

David Hanscom: Well, I mean, the question is like, it's so... Okay, so you have irritable bowel, spastic bladder.

I had all this stuff, by the way. 17 different symptoms. As I say, a lot of symptoms. I had, had them over 13 years. Every one of them is gone. I don't have migraine headaches, my ears don't ring, my stomach works fine, I don't have burning feet, I don't have skin rashes. But I'm still-- I'm gonna rant here just for a second.

Michael Broukhim: Yeah.

David Hanscom: It's fascinating to me that there's only way you can explain that is stress physiology. Your body's in sympathetic overdrive, and the way you deal with it is you calm down the nervous system. And in medicine, we're treating just the symptoms- Yeah ... most of the time, most specialties. Is that a fair statement?

Michael Broukhim: Yeah.

David Hanscom: And of course, you can treat symptoms, which helps some, but if the driving force isn't addressed, then the beat goes on.

Michael Broukhim: Yeah.

David Hanscom: So I just wanna introduce, have you-- we have a couple more minutes here, is just introduce the concept of her rituality. Anyway, the bottom line is both of us try to simply to calm people down, whatever that looks

Michael Broukhim: like,

David Hanscom: right?

Yeah,

Michael Broukhim: yeah.

David Hanscom: So in simplistic terms, body heals in safety, breaks down in threat. And so instead of treating all the symptoms, just help people calm down. I know it's very orthopedic, a little bit simplistic. Yeah. But, um, I'm just curious. Let, let's go start the rituality conversation. How did you end up with...

Was that part of your training or something you came up with? You're obviously starting sort of a movement around rituality. You have a website, rituality.com.

David Hanscom: So can you give us just a short overview of rituality- Yeah ... and then we'll talk about how to access your services. Then we'll talk about rituality in some detail in the next podcast.

Michael Broukhim: Yeah. um, again, I love what I do. Um, our last year, I had the sense as a metaphor that I treat patients' burn wounds.

David Hanscom: I'm sorry?

Michael Broukhim: I, as a metaphor, I treat patients' burn wounds.

David Hanscom: Okay.

Michael Broukhim: But the building that I'm working out of and the neighborhood is on fire

David Hanscom: Okay.

Michael Broukhim: so when my-- the patients I work with, when they go out in the world, they're often facing, issues with lack of meaning, lack of purpose, and lack of connection.

David Hanscom: Right.

Michael Broukhim: Right? So like I can help them, you know, come off of medication, stabilize them, but like if they don't have those things, the ability for them to really heal or even get out of that, uh, chronic sympathetic overdrive kinda gets in the way. So this made me reflect what has helped human beings for thousands of years stay connected to themselves, to others, and to something beyond themselves, and it's been the practice of rituals.

And often when you engage in rituals, it is calming. You're engaging in a meaningful behavior where before you started-- uh, and once you go through the ritual, afterwards there is a change in an internal state. And often rituals have been done in the presence of other human beings who, again, can give you a sense that your existence is validated in some way.

Or for example, let's say a grief ritual, which can include a funeral, for example, that having your suffering being witnessed by others and having that support can really be, the determination for whether or not you're gonna be grieving for a few weeks or for the rest of your life.

David Hanscom: Interesting.

Michael Broukhim: So, so my goal with Rituality was to create more access to meaningful rituals, but also finding the people to participate in those rituals with.

David Hanscom: Okay. Well, we're gonna t- we're gonna talk about Rituality in some detail on the next podcast. Could you briefly tell us how to access your services? Because you still-- you can see people in all 50 states, and you do have the capacity to see more people, and you're a resource I've been dying to find to actually help people calm down.

So how do we access your services?

Michael Broukhim: Yeah. So, I can provide coaching in, in all 50 states.

David Hanscom: Right.

Michael Broukhim: Um, but in terms of, uh, providing medical services, I can do that in the state of California. And, you can, work with me through, contact me through hope-therapy-center.com. Sorry, hope dash Therapy-center.com. Okay.

David Hanscom: So hopetherapycenter.com, but dashes

Michael Broukhim: in between each word. Okay. So what's

David Hanscom: the name of your center then?

Michael Broukhim: It's actually called Hope Therapy and Psychiatry Center. Okay. But the website is just Hope Therapy Center.

David Hanscom: Okay. And then what city are you located in?

Michael Broukhim: Sherman Oaks and Beverly Hills

David Hanscom: Okay

Michael Broukhim: In Lo- in Los Angeles County.

David Hanscom: Okay. And, um, and you, then you have a website, rituality.com, correct?

Michael Broukhim: Myrituality.com.

David Hanscom: Myrituality.com. Yes. And people can access you through that website also, I'm assuming?

Michael Broukhim: Uh, there is con- there is a, we, there's an email, uh, listed on that website that they- Great ... can find me through there as well.

David Hanscom: Michael, thank you. I am excited. You know, I've only met you briefly before, and I'm learning a lot more right now, so I think there's a tremendous benefit and potential huge benefit if this can, you know, reach out into the psychiatry world more. So I'm very excited about your work. This is great. So anyway, thank you for being on the podcast.

Michael Broukhim: Thank you.

Tom Masters: I'd like to thank our guest, Michael Brookum, for being on the show today and sharing how he developed his practice and discovered the role that ritual plays in the healing process. I'm your host, Tom Masters, reminding you to be back next week for another episode of Back in Control Radio with Dr.

David Hanscom. And in the meantime, be sure to visit the website at www.backincontrol.com.