Introduction to Julie Gregory

Welcome to this episode of the Reverse Alzheimer's Summit. I've been absolutely delighted to introduce you to my friend Julie Gregory. She's among the many who have recovered their cognitive health using the Bredesen protocol.

She's here to share her story with us today. She shared the knowledge she's gained from reversing her cognitive decline through collaborating with Doctor Bredesen and his integrative physician decorator, Michelle.

Reticent to write the handbook portion of the New York Times bestseller The End of Alzheimer's Program. She's the founder and president of the Abby for Info nonprofit, a grassroots organization of ApoE4 carriers working to prevent and reverse Alzheimer's disease.

She also serves as the chief health liaison at Apollo Health. Julie integrates her background in journalism, public relations counseling with her passion and personal experience for cognitive health.

To serve as a Bredesen protocol educator and an Alzheimer's activist. Julie, thank you so much for taking the time to join us. Well, thank you so much for having me.

I'm so delighted to be here to spread the message of how you and me both, you know, you were one of those just beacons of light and hope for those who are struggling at home with cognitive decline.

Would you mind sharing how you got into this? Your personal story? No, I'd be happy to share it. So almost ten years ago, when I was about to turn 50, I did genetic testing for 23 and me and I learned that I had two copies of the Oppo E4 allele.

And I don't know if your viewers are familiar with what that means. Or do you want me to describe that a little bit ahead and describe it?

Discovering ApoE4 and Early Symptoms

Because I don't think everyone understands exactly what that means? Right. So it took me a while to absorb it, of course. So the oppo ed gene, is short for the apolipoprotein gene, and its primary function in the body is to carry fat.

But researchers have found that it's also very strongly correlated with Alzheimer's. There's three different variants. There's an E2 which appears to be protective, and E three, which appears to be neutral, and E4, which can predispose you to develop late onset Alzheimer's disease.

If you have one copy. You've got a double or triple risk of developing Alzheimer's. But if you have two copies like I do, you have like a 12 fold risk of developing Alzheimer's and also at an earlier age.

So when all they have kind of soaked in, I was feeling frightened. But I thought, okay, so maybe I have Alzheimer's or I will get Alzheimer's. And but surely there's a pill or something I can take.

So I turn to the Alzheimer's Association for information, and right on their main webpage, they said Alzheimer's can't be prevented. It's untreatable.

It's incurable, it's progressive, and most people are dead within ten years of symptom onset. This is ten years ago. So, as you can imagine, I was like, Big Gulp.

I was like, okay, this could be serious. This is a disease that is fatal for which there is no known treatment. It forced me to take a hard look at my cognition, and I've been having senior moments, but I attributed them to my fast paced lifestyle, to stress, to perimenopause.

Never in a million years did I think of Alzheimer's, but the symptoms I was experiencing, like one. I remember driving home from work, so I'm on a very familiar road, one that I take, you know, dozens of times a week.

And I looked up at the traffic light, and for just a moment, I didn't know where I was. It was really frightening. It took me, I'd say a minute before I recognized where I was and how to get home.

That wasn't normal. I also began to run into people in this town where I'd lived for the past 20 years, who knew me very well, and I would. They would greet me in public with a hug, and they'd start talking about their families, and they'd ask about my family.

I didn't know who they were, and I just fumbled my way through those conversations because I was terribly embarrassed. And there's so many other little signs like that.

But when I put that together with my high genetic risk, I finally revealed to my husband what was going on, and I fully expected him to say, oh, you're blowing this out of proportion.

Everything's fine. And he said, well, that explains a lot. So he'd been taking symptoms too. So that was pretty terrifying. I finally got up the courage to visit a local neurologist, and I told him the symptoms.

I was having my high genetic risk. And you want to know what he said? He said, good luck with that. Good luck with that. I asked what I could do to prevent my symptoms from getting worse.

So what I could possibly do to make things better? And he had absolutely nothing to offer me. So I'm still in this information gathering mode. And like mainstream medicine has nothing.

And I decided, well, I need to do cognitive testing. I need to quantify where I stand right now. And even with the deficits I knew I was experiencing, I thought my cognitive testing would be like in the 75th percentile.

It was in the 35th percentile. And so I thought, well, that has to be a mistake. I'm going to repeat this. So I was very well rested. I repeated the cognitive testing and I got the same result.

So at that point I recognized, wow, I may be in the early stages of Alzheimer's for which there is no, no cure.

Lifestyle Changes and Cognitive Recovery

And it was a terrifying period for me. The thing that ended up saving me was other carriers of the April 8th 14, so 23 of me provided forums where we could gather, and we did.

And we not only became a family to one another, a community, a wonderful source of emotional support. We very quickly turned to the science because in my case, I'm like, I'm 50 years old.

There has to be something I can do to mitigate this. There has to be some diet, some lifestyle strategies. I wanted to try to figure out the mechanism behind Alzheimer's, which ten years ago was a big ask, and then try to intervene in some way.

And so, along with this community of April for caregivers, we began doing that. We scoured the medical literature. We consulted with experts. And as I learned about new strategies, I began applying them.

So I started tweaking biomarkers. I started checking my fasting glucose, my fasting insulin, my HBA one C, my vitamin D, my homocysteine. And if things weren't looking like they were moving in the right direction, I would tweak them.

I also radically changed my diet. So at that time I was eating, I guess, a healthy version of the standard American diet, but it was high carbs, low fat, and it had led me to become insulin resistant.

So as I was learning more about this narrow fuel deficit that ApoE4 carriers have, and I was recognizing the fact that he turns could possibly be helpful.

I started to shift my macronutrient ratios. So the first thing I did was I stopped eating all processed in my. I just ate a clean whole food diet. Nutrient dense.

But then as I learned about the possible benefit of ketosis, I began to drop all starchy carbs, only ate non-starchy vegetables, and started using more healthy fats.

Which for Italy for carriers is tricky because it also we're also predisposed to heart disease and we hyper absorbed dietary fat. So at the time, there was this huge debate in our community between high fat and low fat diets.

But I eventually settled on a heavily plant based, high fat diet using a healthy, high fat, adequate protein. I emphasize proteins high in DHEA and choline, so a lot of low mercury, wild caught fish, pastured eggs.

And I also started to change the way I exercise. So at that time, I was doing something really stupid. In retrospect, I was, doing a bootcamp style exercise program.

I lived in a college town and I was competing with college girls. I was 50 years old, trying to run the fastest mile and doing push ups and all this. And I recognize I used as an employee for career.

I was really fragile, so I still exercised a lot, but I did it in a much monitoring way. So instead of these grueling, you know, hour long workouts, I would do hour long hikes in nature where I'd interspersed walking and running, and it was just a beautiful, meditative time for me.

I also recognized my fragility, and I made myself a priority. I optimized sleep, made sure I got 7 to 8 hours of quality sleep every night. For the first time in my life, I began to meditate.

I knew I was in the fight of my life, so I was also praying a lot. I mean, I was really doing everything I can to cure my brain and to heal. I also wanted to challenge my brain.

So I started doing daily brain training. And this is something else that I wouldn't recommend for other people. But I began overly challenging myself.

So if I didn't beat my score from the day before, I stuck with the brain training until I got a better score every single day. So that was a little bit stressful.

And that's probably not the best way to Brain train. I also began to recognize the relationship between toxins and Alzheimer's, so I worked as hard as I could to make sure the air that I breathe was clean.

The water that I was drinking was clean. The food that I ate was as cleanly sourced as possible. I recognized that my skin was my largest organ, and all of us.

We slather on sunscreen and other toxic lotions and cosmetics and toiletries without even thinking about it. So I started running everything I used through the Environmental Working Group Skin Deep database to find the safest options.

And finally, I began to take targeted supplements. As I learned about their potential benefit, I started taking. The first one I took was curcumin. And I have to tell you, it was like a night and day difference when I took curcumin for the first time.

I have to say I took three different brands before I could tolerate it. At the time, I was dealing with mast cell

activation and I reacted to lots of different things, but once I found a brand I could tolerate, it was like the sun had come out and rainbows were there.

I felt such a lifting. And that probably speaks to the amount of information that was going on. DHEA was the other supplement I started taking next. Then I started taking supplements to reduce health assisting and vitamin D, and I just started taking things that made sense, you know, in a targeted way.

And after doing all of this for a year, I repeated my cognitive testing. And you'll recall, I started in the mid 30th percentile. I was scoring in the mid 90th percentile after putting all these strategies together, and it was it was it.

It down founded me. It made me question did I was I really experiencing cognitive decline. Where there was other health issues contributing? I'll never probably have the answer, but I know that I've experienced a dramatic improvement.

Around that time, I stumbled across Active resistance paper Reversal of Cognitive Decline A Novel Therapeutic Program in which you did ten case studies, nine of which reversed cognitive decline.

And the thing that blew me away not only was this well respected Alzheimer's researcher using very similar strategies to those that I and my approach for community had put together, but he had wonderful success with it, and it was enormous validation of the journey that I've been in.

And I think in a much smaller way, my story is a validation of adaptive reverses, you know, whole approach. So many of us, I think, in, in this community around dementia have been in that situation of being told for so long there was nothing you could do having this fear.

You know, I was terrified to see a dementia patient like, well, I can't help you out. Why would you spend the time and then I had a really similar experience with my first patient after being trained by Doctor Medicine, where she had a two out of 30 on her mock, a very severe disease.

And 6 or 7 weeks later she had a seven out of 30 on her Moca. And I thought, you know, she and she and her husband were so enthusiastic and they really took it and ran with it and got out of the environment, started ballroom dancing, completely changed their diet, got into ketosis, went organic.

She, took all the supplements, got on the hormones, you know, they did all she got all of her amalgams out. And, I mean, they did all of this in the space of weeks.

It was really impressive. And it it changed noticeably her interaction with her husband, how I interacted with her. And then we could measure it on her Moca score.

And I tell you, my first thought was, what do we do wrong last time? We must have measured it like this is impossible. So I was in disbelief and I think many of us have been there because there's so many intelligent, smart, amazing, gifted people who are saying that still that there's nothing you can do.

And, you know, it's great because in the last ten years a lot has changed. And so the the conversation is much more open. And I think there are fewer people in disbelief.

And when you see it over and over and you have that experience of validation and we measure it over and over and we see it over and over and we hear the stories.

It is really this beacon of hope that there's so much that we can do. Oh, I love that. I love your story. Yeah. It's so wonderful to know that there is a community of people that have reversed cognitive decline.

And I think sharing the message just provides hope to everyone who's listening today. And when they hear amazing story shares is that it takes some work.

Right? It's not this is not as simple as swallowing a pill and being better the next day. This is a commitment to changes and challenging changes at a time when things are already overwhelming and challenging because of cognitive decline.

So there's a lot. And yet community is what helps us put these changes into practice. So tell us a little bit about the communities that you've created and how you've really taken this journey and and created this purposeful work around supporting others.

Yeah. Well, that's a really great question. So that community and 23 and me, we eventually branched off and we created our own website. I think that was in October, 2013.

Bredesen Research and Validation

And it's called April for that info. And we dedicated ourselves to learning all we can about the April E4 a little, how it affects health and most importantly, what we can do to mitigate the pathological effects of ApoE e4.

We eventually get nonprofit status and we regulate interact with researchers now to try to find the best, best path forward for April E4 carriers. And this is a project that's near and dear to my heart.

We've also partnered with the Functional Medicine Coaching Academy, and they provide us a rotating group of interns, that welcome and support each new member.

Because I remember that terror when I found out I was in April for homeless, I coded symptoms had begun. People come to us very frightened, so we make sure no one takes that journey alone.

Not only do they have the 5000 plus other members of our community, but they also have a guide through these wonderful functional medicine, Coaching Academy graduates who support and guide each of the members.

So it's just a wonderful community. Most of the people who are there are ACO for careers, but some aren't. We welcome everyone. If you're trying to reduce your risk for Alzheimer's, you're just more than welcome.

It's a free resource, but it's best suited for citizen scientists who want to, like, dive into the research and try to formulate their own personalized protocol.

A lot of people come there and say, tell me what to do, and we're not that website because it's as you know, it's going to be a little different for each person, and you really need to understand the science and try to put your own protocol together.

And we have many, many people in our community that have experienced improved cognition as a result of doing the strategies that you and I have been talking about.

It's so exciting. Now with about E4 status, and you alluded to there being some controversy and some debate in the field about, a couple of things. But first, let's get into the facts and what you said, healthy fats and you have landed in a healthy, high fat, high healthy fat diet.

And there are other people who have suggested that maybe E4 carriers should not consume much fat or certain types of fat in particular. So let's go into the details and if you don't mind, would you give specific examples of the fats and the amounts?

To the degree that you're comfortable? Sure. So, you know, this is a controversy that was like, people were sticking their lives on it. I mean, at the time we were making this decision, you know, we know that we're also at risk for heart disease.

If you carry a copy or two of a pose for and we hyper absorb dietary fat. So if you do this low carb, high fat diet, you could be increasing your risk for heart disease if you believe the standard mainstream medicine.

So very controversial topic for sure. So I did a lot of Anova and experimentation on myself. So when I first began this higher fat diet, I didn't discriminate between the types of fat I used saturated fat, I use butter, I use polyunsaturated, monounsaturated, all different types of fat.

And sure enough, my cholesterol numbers increased. But when I did advanced lipid testing, my, LDL was still very good. It still was a little higher than I wanted it to be.

So I started playing around. I started reducing the amount of saturated fat that I used, and I really focused on high polyphenol extra virgin olive oil, which is a mono unsaturated fat, primarily.

Also the fat from fish, and I was still able to get into ketosis, but my lipid numbers were beautiful.

Building ApoE4.Info Community Support

My LDL was like 800 or 900, I mean, so even though I'm an April E4 homozygote, I was able to get beautiful lipids, beautiful glycemic numbers. So it was a lot of tracking and tweaking to kind of sort that out.

But in general, since then, we've learned ApoE4 carriers where we use saturated fat like butter and lard. That's found in some meats. It tends to exaggerate our cholesterol numbers.

And so for that reason, many of us stick with the polyunsaturated mono unsaturated fats. We also fast for long periods of time. We carry the ancestral oleo early man.

Everybody was in a for carrier. We're very well-suited to famine. And we're also the healthiest communities of April for carriers are hunter gatherers.

We also exercise a lot. So in our community, many of us use long periods of fasting, exercise and this low carb diet to get into ketosis. So when you combine all strategies, it's not draconian.

You don't need these really high amounts of fat. At the beginning, when you're trying to shift from burning glucose exclusively to getting into ketosis, yes, people need to use higher amounts of fat.

But at this point in my recovery, I do a really long daily fast, like sometimes 16 to 20 hours a day. I do very well with that. I'm weight stable, I have strong muscles and that alone gets me into ketosis.

So when I eat my main meal of the day, which is a feast, I don't really have to focus on using a lot of dietary fat, my preferred fat, because there's so many health benefits.

So it's high polyphenol, extra virgin olive oil, and coconut oil is another one that comes out. So this is a saturated fat. It's a favorite of people trying to get into ketosis, because you can make a lot of a keto desserts with coconut oil.

Know you can. There's a lot you can even take tablespoons of it. This is high and medium chain triglycerides is saturated. However. So how do you navigate the coconut oil conversation?

Well, you know, coconut oil and MCT oil are really exact in is sources of ketone supplements. He tells supplements have a role for sure in this protocol.

I think, especially when you're insulin resistant and you can't endogenously create ketosis. And that means, the prefix endo coming from inside. So when you combine that fasting and the exercise in the diet, you ingeniously create ketones, but you don't go from being insulin resistant to being able to do that overnight.

And I think within that period of time when you're doing that transition, I think that's a wonderful time to be using exactly this ketone supplements.

That being said, as an April 10th year, I probably would do ketone Salter esters before I would do coconut oil or MCT oil just because of the potential for increased lipids.

And, you know, vascular dementia is a real thing. So pathway for carriers have to pay attention to their lipids, especially the advanced particle count and all of that, because we want to keep that as clean as possible to minimize our risk of both heart disease and Alzheimer's.

And I want to, you know, further validate your experience by just, sharing that. I've seen the same thing with our ApoE4 for carriers in clinical practice that if they're mindful about what fats they use and they they can get into ketosis, it doesn't have to feel particularly restrictive.

They feel great cognitive functions regained, and their lipids can look phenomenal. So it does take a bit of attention to detail around what you can and can't eat.

Some trial and error, repeatedly getting those tests done. But we can we can just watch it on the cereal markers and see those lipoproteins improve the total cholesterol.

Get into a zone where you're every doctor who knows you is happy with it. Nobody's threatening to put you on statins. Okay, then another piece I if you're open to talking to it, I, got it.

I got back into ketosis finally this last week. And personally and I'm wearing a continuous glucose monitor, and, these tools were not available to you from ten years ago, even five years ago, getting a CGM to wear was was hard.

Diet, Fats, and Ketosis for ApoE4 Carriers

You know, you had to basically had a type one diabetes or, you know, something severe diabetes to get one. And now I can pick one up right. And ketone meters are available.

We use the keto mojo at my office and we recommend that patients use that. So there's a lot of you talked about end of one, of using yourself as an experiment.

And now there's all of these tools that make it a little bit easier to get that feedback as you're getting into ketosis and even while you're in ketosis.

So do you guys approve for that info community and yourself? Do you have experience with these gadgets? Yeah, I mean I've experiment with a lot of them.

One thing I've never done though is a continuous glucose monitor, and I would love to do that. And I love that you're doing it because everyone who's done it tells me it's such an amazing educational tool, like foods you think are safe.

When do you see the information in real time? You learn they're really not safe. But back in the day, I started with a urinary ketone strips, and they're very imprecise.

And it was so hard for me to get those to turn pink. But once I finally did, I began to cognitively feel very different. So I had been insulin resistant and I was on this glucose roller coaster.

So right after I ate, my glucose probably spiked. I didn't know that because I wasn't testing it, but I would feel great. But then it would drop precipitously.

Very quickly, and then I would get hypoglycemic. I'd have no energy. I mean, it was really frightening. So I had this whole glucose rollercoaster going, once I got into ketosis, my energy was steady.

There was this cognitive clarity to my brain devices, what felt like an endless supply of energy going to my brain,

and I could do whatever I wanted. It just felt amazing.

It's tough to get there. It's uncomfortable. And as you know, there's 15 or 20 minutes where you're really hungry and you're like, oh, am I going to be able to do this?

But yes, you are. And you can shift into it. And if you're insulin resistant, I do encourage people to check their blood glucose because you can become hypoglycemic.

Now, if that happens and you're fast and just try to extend it the next day, back just five more minutes and you will eventually get there. Yeah. Having just kind of gone and gotten up over that hump this weekend.

I spent Friday very irritable. Right. And it's a new mood is the other thing. But to all of our listeners, it's so worth it because, guys, yesterday I had that sort of endless energy that it's not the caffeinated, kind of like jittery, frenzied energy.

It was just a spike. All right, let's keep going. Like the next thing and feeling like putting away the dishes and reloading the dishwasher was just like a breeze.

Not not this, not this, like, tour or anymore. Oh, I love that. It's really fun. And I love because it's just so recent for me. And I hope inspiring to others because it's not easy for anyone.

Like you have to have that, that ability to forego the immediate satisfaction of having that cookie or that carb. On Friday, I would think about donuts like, I don't eat donuts, I don't think about donuts.

But it was like all I could think about was it just carbohydrates. But by Saturday, I was and it was gone. And on the other end of it, it's really lovely.

Oh that's wonderful. And once you become keto adapted, that transition period every day where it used to take, you know, 30 minutes or a whole day where you felt horrible that that little hump becomes less noticeable and it's a seamless transition.

So and you just feel stronger and better every day instead of being addicted to sugar, you're addicted to that feeling of being in ketosis. But that mental clarity and even mood and even energy, it's great.

So you are in health right now. Enough about nine. Your health right now. We were just discussing how you have been. You realize that you've been living in a moldy home.

Okay. Yes, that's a terrific question. So Doctor Preda said describes treating cognitive decline a lot like peeling back the layers of an onion. It's not a one and done as much as we wish that it were.

So when I met him shortly after I read his paper, he helped me identify additional contributors to my cognitive decline. He helped me realize I had a very acute case of subclasses at that time, and so I found a wonderful practitioner that helped me treat that and my service, which is chronic inflammatory response and around biomarkers, much, much better.

But they still can't rectify it all the way. So I recently did a urinary mike the toxin test. And my mycotoxins were very, very high. So I learned that the home I'd been living in for the past six years very likely had mold.

So I'm in the middle of removing myself from this situation and trying to get to a healthier place. But I feel absolutely blessed to have this information.

Rather than seeing this as a hardship. I know I'm predisposed to Alzheimer's, and I'm blessed to know all of these potential contributors because I can do something about it.

Yeah, I thank you for sharing that piece, because this can be really overwhelming. And especially if it includes a

move, from a home you've been in for a long time and or remediation and.

Right, having a construction project going on in your home, these things can feel insurmountable. And yet knowing about it and preventing that further decline, that further illness that that that further, you know, suffering is really what we're here to do, that when we can be armed with the information, we can be empowered to do something about it.

Yeah, I love that. That's so true. And, you know, a lot of people think the protocol is difficult. It really isn't. Because as we were just speaking about, you feel so amazing when you're on it that it becomes self-sustaining.

And really my job now, because I'm aware that I'm fragile and I'm predisposed to cognitive decline. My job now is to continue to act amongst my health until the day that I die.

I'm honored to have that information, honored to have you and everything that I can, and really excited to share with your viewers that it's possible to do this.

And it's not an extraordinary hardship. So you that's not your only job. And you have you are wearing a lot of hats these days. You're also working with Apollo.

And this. You've collaborated very directly with Doctor Bredesen and Lance and the whole team over at Apollo. So tell me what you do for them and how you know, you you really.

I'm just so impressed. You kind of felt sorry for yourself and crawled into a hole and just been like, all right, I'm going to get dementia. But instead, you have taken really what you hope anyone does with a really challenging life experience.

You've taken this and transformed it into helping others who are suffering. So tell us. Tell us your role. Right. So I love my work with the Powell Health I service or Chief Health Liaison.

And what that means is I work closely with Doctor Bredesen to help translate the science into clinical practice. I work with the medical team creating educational materials.

I also work closely with our software team and our coaching team.

Tracking Biomarkers and Using Health Tools

Apollo Health is has offered a wonderful product for anybody who wants to access the brightest in protocol. They have two different programs, one called pre code for prevention and records for reversal.

And if you're not quite sure which program is right for you, they've created a free cognitive assessment called the CQ Cognitive Quotient takes about 15 or 20 minutes to do.

And after completing that assessment, they help you decide which program is appropriate for you. And once you subscribe to the program, they make it really easy.

They encourage you to get a pre code or record report. And what this involves is doing laboratory testing, doing an online medical questionnaire and engaging in more in-depth cognitive testing.

But as a result of that, you get a 50 plus page personalized report that reveals all of your contributors to your current state of decline. Whether you're experiencing cognitive decline or emerging contributors.

If you're working on prevention and the great thing about report, it gives you step by step instructions for how to optimize your cognition. Apollo, has created a wonderful resource of educational material.

We have a whole community. They are brain health pioneers, wonderful people that are on the same journey that

I'm on. And we have an online community.

We do monthly town halls where participants can ask questions at Doctor Bredesen, we've got a library, recipes. I mean, we've got a wonderful coaching team.

They've created a training program for practitioners and a certification program. Anything that you need and your cognitive health journey, they're there to help you hold your hand, to walk you through the through the process.

So for anyone who wants to implement the protocol and if you've read the book The End of Alzheimer's at the End of Alzheimer's Program, and you're thinking, this is a lot, it is, but it's absolutely possible.

And some people can do it from just reading the book. And if you need a little extra help, Apollo's there. You know, kind of like your story. A lot of the patients who come to see me at Salisbury in the clinic here, they've read the book and they've gotten so much benefit from it, and they're wanting to take it to that next level, just like when you met Doctor Bateson.

And so we here at Salisbury, we work hand in hand with that recode and pre code. So anything that you're doing on that and we're reviewing and helping and holding your hand a little bit more to make sure you're getting the most out of those Recode and pre-Code protocols.

And I know that you guys help set people up with health coaches, as do we, so that you can work, on the individual things that are coming up for you. What is your unique challenges and where do you need that additional support?

And then I created Marama. Everyone at Marama is on on the Recode program. And what I love about Recode at Marama, the way that we use it, most specifically for them, is we can test and retest cognitive function and the brain games are built in.

So you can be using brain HQ and CNS vital signs through Recode to get this continual feedback about where you need to do a little extra work, or where you're really excelling.

And so that can be inspirational. It can also be instructive about what we need to to be doing more of, and then also, of course, all of the caregivers over there looking through the recipes and being educated through the materials that are there, joining the town halls.

It's really a great community, such a valuable resource. And Marama really is, is because some people do find this challenging.

Mold Exposure and Additional Contributors

And especially when your loved one has progressed pretty far, it's hard and I think of I can relate so much to the daughters who reach out to us, who are raising kids of their own.

They have a career in swing, they've got a house to manage, and they have a parent who they want to be really well taken care of. But this can feel like a full time job.

And so you created some parameter to really support those families. Where it's hard to implement at home. And we you can come and drop into this immersive experience and get the very best of the re code and medicine protocols.

Oh, I love that. So you've created a memory care facility that could at some point have participants leaving and going back into the world. Have you reached that milestone yet?

So, you know, we have had party, residents come and go and we have there's a resident who comes to mind when you ask that, he has been there for a couple years now. Wow.

It's May of 2022 and she moved in in May of 2020, right at the beginning, around the beginning of the pandemic. And, she and her husband moved in and she could return to independent living right now.

There would she would be she in a much better shape than when she moved in from independent living in her home. The kind of sad part is, although we don't want to lose that, we just absolutely love her so she could stay for as long as she wants.

But this struggles that her her husband was much more severely affected than she was. He was almost non-verbal, you know, saying yes and no. But really, if he tried to put a sentence together, it was nonsensical when he moved in.

And now he can talk about his, his work. He, he, discusses politics. It's great. He love conversation. However, he's not capable of independent living. And I think it would be very stressful on her for them to move home at this stage.

So we continue to support them. There are others who have moved home, and certainly that's our goal. I think my and our vision, my bigger goal is to change all of senior living.

Yes, absolutely. Because I've got family members that are in memory care now. And as you know, what tends to happen is they get worse when they're put in there because their diet is horrible, so heavy and sugar and carbs, they don't get enough exercise.

And if you try to apply the British protocol while they're living there, I'm constantly being told that I'm harming my uncle's health.

Apollo Health, ReCODE, and Memory Care

If I bring him snacks like nuts, which, as we know, are among the healthiest foods people live longer. Who we. And I've been told to stop bringing him that junk.

He needs his, supplemental, glucose drink instead. Yeah. And. Right. Because it's so important, I know it's if you're just corn sirup in a can. Right. And. Yeah.

So I share your vision, and we need to change this because I think what you're doing needs to become the standard of care. And I hope with act of reticence, respect.

Clinical trial that's about to be published in peer review formed, that this will become the standard of care. We can't throw away people with dementia.

To me it smacks of ageism. Think of everything we do to save people who have cancer, all the expensive treatments and tests, and we do absolutely nothing for people with dementia.

Despite the published research that there are things that can be done, it's absolutely criminal. We're squandering an incredibly valuable resource by doing that.

You know, our seniors are at the height of their wisdom and experience, and they have so much to give. We see the value, when societies, you know, pair our grandparents with the earliest generation.

Right. And how oh, just how absolutely lovely that is to see the magic that happens when they get that opportunity and that purpose of assisting the youngest among us.

And yet there's also this idea that at a very practical level, somebody who's been in the workforce for 40 years, they have so much to give and that if we just let them get cognitive decline at 50 and 60 and 70 and retire early, they're not contributing like a real dollars and cents level.

They're not contributing in a way that they possibly could. Right. And they're a real draw on society. There was a

recent BlueCross BlueShield study that came out, and it showed an over 200% increase in younger people developing cognitive decline.

And we have to think that could be a result of Covid. And the increasingly toxic world in which we live. But that study said the average age of someone living with dementia is 49 years old, and we know the pathology behind Alzheimer's takes at least a decade, likely more like several decades before the first symptom shows.

So the sooner you take action, the sooner you can protect your cognition. For decades, we see that over and over again in the clinical trial we ran in my office, but it would be published behind me or behind the medicine one.

But, hopefully in the next six months or so when we get through our peer review process, we saw the same thing the younger someone is when they intervene the earlier in the disease process, the more confidence we have now.

I will never, ever tell anyone there isn't hope because I have seen people like my very first patient, Linda, who went from a Moca score of 2 to 7 in a matter of weeks.

I've seen those types of miracles often enough that I will never tell someone. There's not hope and there's not benefit from doing this. And yet we have more confidence.

It costs less money, it takes less effort when we do it early and we dive fully in when we get as comprehensive as possible. Like you described, your process of adding layer upon layer to how you changed your diet and lifestyle, we can create this virtuous cycle of feeling better and getting better, and that when we do that early, it's so much easier.

So to all of you who are listening, who are caregivers with with increased risk because of the stress of caregiving, to all of you who are listening, who have are related to someone genetically related to someone with dementia, to those of you who are noticing those earliest signs of my brain isn't working the way it was 5 or 10 years ago, now is the time to take action.

I absolutely agree, you know I love this metaphor. Remember your first car? What if you knew that was the only car you were going to have for the rest of your life?

Wouldn't you have treated that car a little bit differently than you probably did? Well, the brains we have now are the only brains we're going to have for the rest of our lives.

And the earlier you begin working and your cognitive health, the better you are going to age. And I promise your older self is going to thank you. I forget I'm the protocol now, even if you're not experiencing symptoms, because we know that pathology could still be happening.

But that's a hopeful, beautiful, passionate message.

Hope, Early Action, and Closing Remarks

Julie, thank you so much for being here, for sharing your time and your personal story with us today. Oh, you are so welcome. Sorry about my internet, but I'm glad we could finish this in a we made it work.

So what's more, tell everyone where they can find out more about you and get the support from the Apollo. And maybe, sure. So you're welcome to visit our nonprofit.

It's April 8th for info or I also welcome anyone who wants to use the Princeton Protocol to come to the Apollo Health website. I think it's Apollo Health C dot com and take that free cognitive assessment.

It is like eye opening. I mean, when I have cognitive decline, it's so insidious. I really wasn't aware. So I welcome everyone to do that assessment to find out where you stand today and to begin working on your cognitive health.

Thank you again to always a pleasure. Right. Thank you. Take care.