Introduction and Guest Welcome

Hello, hello. Welcome back. It's Doctor Sharon Stills, your host of Mastering the Menopause Transition Summit. Today we are going to talk about your brain.

How important is this conversation going to be? And I couldn't think of anyone else I'd rather have it with. And doctor Heather Sanderson, who many of you may know, she, hosted the Alzheimer's Summit, and she is a rock star.

And we're going to learn so much today from her. She's the founder of Salisbury Health Clinic and Miramar, which is the first residential care facility for the elderly of its kind.

She is just a wealth of information, and I am so honored to have her here and to call her a friend and colleague. So welcome. Welcome, welcome. Thank you so much for having me.

My pleasure. So many people probably know who you are already, but for those who don't, maybe just tell us a little background of how you got so involved with, Alzheimer's and brain and all of that good stuff.

So really, this work found me, I think a lot of people assume that I had a grandparent or a parent who had dementia, and that's not actually the case.

I feel very fortunate that that isn't part of my genetic makeup. And this this work is so compelling to me because there's essentially unnecessary suffering happening in the world.

I have watched patients reverse their severe dementia too many times to not want to tell everyone about it. So my very first patient, who I saw with dementia was soon after I was trained by my mentor, doctor Dale Bredesen, and I was very skeptical of his approach.

It made common sense to me. It made it made sense to me. Having a natural Catholic background, you know, we're not empathic colleagues.

Dementia Reversal and Early Intervention

And so we come from that perspective that the body has the innate ability to heal, that it's a complex system and that we need to be we need a solution that matches the complexity of the disease.

Right. It's not going to be a one pill kind of solution. And so Doctor Bredesen was talking in these terms. He's a medical doctor. He trained at Duke, I believe, and, he's been a researcher for a long time.

But what he found was that when we can stack these things to an biohacking speaker, where we can stack things on top of each other, they start to work together, and we get these more than the sum of the parts, right?

We get these really, virtuous cycles of healing in the brain. And so hormones are one component of that. So my first patient who I ever saw, I was very skeptical that something would happen, that she would get better.

She had a Moca score of two. So for people who aren't familiar with Moca scores, perfect is out of 30. And you do this worksheet where you draw a clock and you copy a box and you follow patterns, and you count back by seven from 100.

And you go through these, these different kind of brain, quizzes. And then we get a score at the end. So hers was a moca of two very severe disease. And I did not think that because I had been told.

But I'm sure as you were by many well-meaning, very intelligent people, that there was nothing you could do for dementia, and to suggest otherwise would be to do a disservice, would really be to do harm, because you were giving people false hope.

Well, when I saw her six weeks later and she had a Moca at seven and she was a completely different person, you know, the first my first thought was like, did we do something wrong?

Did we measure it wrong last time and make a way? Is this it didn't compute for me. And then when I realized, like, no, this isn't working. And then I saw it with several other patients, like, how do you not commit yourself to like, changing the narrative?

Is my work in the world to tell people that there is hope for dementia. Now, of course I wouldn't. We rather prevent it then have to treat it and we have the most success, you know, even people with measurable cognitive decline.

So when they have Moca score it's below 24. So they have measurable decline. But they're in the 20s still that is only having those confidence. So my message more than anything else, like if you take nothing else away from our conversation, is that if you are starting to notice or if a loved one around you is starting to notice that their brain, does it work the way it did five years ago or ten years ago?

That is the moment to get help. And we have so, so, so much more confidence, much less expensive, much less work. You take fewer supplements and there's lots less going on when we can do it at that stage versus waiting until your Moca is a two or even like a 16.

Prevention prevention is always the best cure, but sometimes we we we are not in the preventative state. So there's hope for everyone. But it's definitely I was talking about this yesterday, how it's so important that those of you watching this share this with the younger people in your life, because if we just get the knowledge in our brains that, well, there's something we can do.

Like doctor Heather is saying, we were taught, oh, there's nothing you can do. But if we can change that narrative, even in the younger ones, so they just have a little seed planted.

So as they grow, if they see a problem, they know, well, I don't have to follow that old narrative. I'm going with this narrative. So I love that, of course.

And so for the women listening, we talk so much about bioidentical hormone Aids and the importance.

Hormones, Menopause, and Brain Health

I mean, I say this all the time, it's not just to get rid of your hot flashes or to drop a few pounds, but that there's so much power in the prevention of chronic illness such as breast cancer, osteoporosis, and of course, Alzheimer's, among other things.

And so could you speak to the women who are here listening and whether they're already noticing brain fog or forgetfulness or they are? And what would your what would you have to say to them?

Yeah. You know, my my feelings about hormone replacement have really shifted. And I think the consensus is also really shifting with this Women's Health Initiative study that came out.

I'm sure you guys have talked extensively about that. It was really, I think, taken by the media out of context. There was a lot of misinformation that was spread after that, and there's still an immense amount of confusion about the difference between bioidentical hormone replacement and things like oral estrogens that are non bioidentical, which is unsafe.

Right. Like there are there are components and ways of getting hormone replacement that are unsafe and do not make sense. So when we when we talk about women and Alzheimer's, women are affected by dementia much,

much more than men.

They have two times the risk of getting a developing dementia in their lifetime. Then a man dies and then they're also affected as caregivers. So women are much more likely to become the caregiver for someone who has dementia than than a man is.

And then caregivers. So in addition to being female and having risk, caregivers are two and a half times more likely to develop dementia in the course of their lives because it's so inherently stressful to care for someone with dementia.

So, you know, when you start adding all of that up, it's women. This is a women's disease. And Maria Shriver is somebody who puts a lot of effort into this conversation and bringing light to this.

But I think that part of the reason, you know, if this if this were a male disease, then there would be, I think not that there isn't a lot of research, but maybe more thoughtfulness into how we do the research and what's going on with with the hormones.

Another component of this is traumatic brain injuries put us at very high risk for dementia. And that gets a bit morbid. And so bear with me for a minute here.

It makes me emotional to even have this conversation. But I also want to shed light on it is that women are more likely to be victims of domestic abuse and domestic violence, and repeated traumatic head injuries.

There's a ton of research about what happens to combat veterans, and what happens to professional athletes who have repeated TBIs, but not to women who are and where.

There's a lot of stigma around it there. And but there's this massive part of the population, who are suffering with cognitive decline because they've had repeated trauma, both emotional abuse, like physical trauma and emotional trauma.

And then when it's combined with this, this asphyxiation. So if you're being suffocated at the same time that you're getting your head, you know, slammed against a wall, this is the root.

And then push. We have no idea what the effects. It seems like there is an effect of having been in different parts of your cycle. So if your progesterone is high and that happens, it's a different outcome from if you're in like your luteal phase or your or your or your, of course I'm blanking, but if you're ovulating or if you're in your luteal phase or if you're like in or if you're having your period right at that time.

So your follicular phase using that's the word I'm looking for. I'm not sure. Maybe it's used right. So this conversation is like there's so little research around that.

And then you know, women don't get the help they need because people don't realize like, oh, the reason you can't move out is because you are suffering with cognitive decline.

Like I just moved recently. It is so overwhelming to move. And if your brain isn't working right, then of course you're not going to be able to like do the work of moving out of your home with this this like violent person potentially.

Right. So I know that this isn't exactly the question that you were asking, but it's this massive gap in the research and then when we when we talk about kind of more the majority of the population who doesn't suffer from domestic violence, but who is approaching menopause and considering should I get on the hormones?

You are absolutely right. Like what I have seen too many women, so many women who are thinking like, oh, I just have to like get through this menopausal transition.

That's absolute torture. And and my brain is never going to work the same. Or maybe it'll work the, the way it used

to in ten years. But now that I don't have the estrogen and progesterone in, in my brain, like this is just my new normal and and that's okay.

And you do not have to accept that, like you do not have to suffer. There are very, very safe options for you. And of course, I always recommend somebody work with a trusted provider to do that.

This is a conversation around, you know, you want to be comfortable with the risks and benefits and knowing what to look for and knowing what to test and how to test it.

I know you give great advice about the way that you do it. I do it slightly differently every doctor has their way of doing it, but working with someone who you trust, where you can have the the thorough conversations about how to work through that and how to do it in a really safe, effective way, is important.

And no, you do not have to just grit your teeth and get through it. Amen to that. Yes, suffering and menopause. We're we're breaking that train. But menopause is not related to suffering around here.

It's related to growth and a new sacred act and good things. And yes, feeding your brain with the right hormones is is a game changer. It's because when I think about my patient population, which is largely populated by women who I've helped through the transition and our post-menopausal for years and years now, sometimes you just get removed because I'm so used to working with them and they're so sharp and they're doing amazing things in their 60s and 70s.

And I'm like, you are just aging backwards. And so that's why we're doing this, to remind you all that that is not something you need to say okay to. And and if you are suffering from domestic violence then please, you can seek help.

And we know this is we're not going to give proper due to that topic, but that, you deserve better.

Concussion, TBI, and Brain Testing

And there are shelters and there are ways to, to get yourself out of that situation. And so I am glad you said topic, but something that is, is real. So, you know, with grain, with the brain work that I do, treating traumatic brain injuries is certainly something that we do a lot of because it's so associated with, with, dementia.

And there are things that you can do for that. Right? It's not as simple as don't fall asleep, you might have a concussion. We, you know, Nadp+ and, contrast oxygen therapy, foster alkaline, foster searing high, dose fish oils, methyl B12.

There are formulas for functional neurology with chiropractors. There are so many things that we can do to reverse traumatic brain injuries as well, even decades later.

So it's much easier to do in those first, like 18 months after the injury. But there is still healing that can be done decades later. So again, it don't follow.

Like I just reject the narrative completely, that there's nothing that can be done for traumatic brain injuries, that there's nothing can be done for for dementia.

I've just watched over and over again, people heal. So you just answered the question I was going to ask, but I'm just going to ask another question for someone listening.

So say you've had a concussion. Does having had a concussion and not attended to it with the things you're talking about, the Nrd and the foster titles I read and call it and so forth.

If you haven't ever done that, does that mean it's definitely going to be affecting you down the road, or couldn't you have had a concussion and you don't really have any everlasting ramifications from it?

Yeah, absolutely. Kind of like The root can have a conversation, right? Like conventional medicine is like, oh, like there's nothing you can do. You'll heal, your brain will heal.

And there's some truth in that. Yes, yes, your body can heal. And it's, you know, this terrain idea, right? Like that, that when we have repeated injuries or we have, a large infection spread and we have a large toxic bird, and now you have this imbalanced system.

And so any new perturbation, any new stressor, like a menopausal transition is going to be amplified. Right? Your there's going to be more inflammation.

There's going to be more dysregulation in the system. And so if we can keep the hormone dynamic state relatively steady, if we can not be adding to that burden, if anything, we can be reducing that burning.

That's what's aging backwards. Right. Like when if we, you know, of course it makes sense. Like if you get hit over the head with a baseball bat, like that's going to probably cause some damage and cause some harm for some people that may be like somewhat permanent, right?

That may be significant enough that it throws off the pituitary function or it throws off something long term. For other people, it may be more mild. But any and if we're given the opportunity, we what we want to do is give the brain everything that it needs to heal.

So for someone who's listening, is there way, are there ways, are there ways to evaluate, like if you're listening and wondering, how do I know if that concussion I had is affecting me?

Are there diagnostic tests? Are there quizzes you can take to see if you have symptoms? How do you evaluate that for. So it's a great question. And different people can give you different answers.

Like Daniel Eyman of the Eyman Clinic, they do Spect scans and they basically can look at cerebrovascular flow. So and my understanding of what they do, they really pretty pictures of the brain and they can basically say you're not getting the blood flow here and there.

And you know, if you put that together with the story of, oh, yeah, I hit my head. I fell out of a tree when I was seven. And it's and I hit my head in this spot and then they can say, oh yeah, that's, that's probably what's going on there.

Now we don't know for sure. But you know, when you put the story with the pictures, sometimes it all adds up. Then we do the wavy scan, which is an EEG.

And lots of different providers use different EEGs. It is a wet EEG, so it does connect, it to several different, you know, a handful, probably 12 or 13 spots on the brain.

There are different ways of doing that, but that gives us a read of how quick your reaction times are, and it gives us a bit of a map of what's going on in different areas of the brain.

And again, sometimes you can associate, okay, I hit my head in the front because I fell off my bike or whatever, you know, whatever the story is. And then that's where there's less voltage, like there's less energy there, or the P300.

This reaction time there is it's different from the rest of the brain. So sometimes we can put those things together. The, my, you know, all of those tests, they add up in terms of like financial resources, how much you need to pay for them.

Right. And so sometimes I'm like, well, Ned is anti-aging and it's going to help to heal your brain. And so like, why not just let's just jump to treatment if you're going to if you have the story of having had concussions, you've lost consciousness.

If you have that as part of your story, like, what does it matter what the imaging says? Let's just jump in and treat you because you're going to get benefit from the treatments that we're doing are so beneficial regardless.

That I mean, like fast food cooling, fast filtering. I've nad like these are things that I would I do it for anti-aging, for brain benefits. Anyways, it just becomes a higher priority if you have that that history.

Love that, love that. So what does your I'd love for you to talk about? What does your prevention reversal look like? And maybe share a little bit about Marana, which is such a unique yet needed place.

Thank you. So yeah, it's also at the clinic. What we offer is a dementia or prevention program.

Comprehensive Dementia Prevention Framework

And, dementia prevention or reversal program. Excuse me. And the reversal is essentially just like on steroids. We're going to do more. We're going to do it faster. It's more urgent.

But they're very, very similar. Right. Because it's all of this is evaluating from Doctor Peterson's perspective evaluating that he because of the 36 holes in the roof.

And really there's like 1000. But well we'll make it feel a little less overwhelming to just call it 36. And his point is that if you patch one of those 36 holes, you still have a leaky roof.

So what we want to do is be as comprehensive as possible, right? This is a complex neurodegenerative disease. And we need a, solution with a complexity that matches that.

So what we're doing is evaluating hormonal function, trophic function rate, performance signal the brain to create new neurons. This is very regenerative.

And when we think about, you know, the height of our hormones in our late teens and 20s, right. That is when we are skill building. That is when we are in college or in trade school, like we're learning new skills, we're taking in new ideas.

We're a bit irrational, maybe because we're so open to so many ideas. And that is we want to approximate that, maybe not all the way to there, but we want more of that.

Those connections being built right as we age. And we want this signaling. So this is our estrogen, progesterone, testosterone, DHEA, pregnant alone, even thyroid, thyroid hormones, vitamin D is a hormone.

Cortisol, melatonin. All of those hormones are so important for sending those trophic messages or those build messages. So hormones are a big component. Toxins.

We want to get rid of them because they're kind of the opposite. Right. Again, Doctor Bateson, he uses this analogy of my brain a done. So imagine your brain is a country, and if your brain is focused on defending against toxins or fighting infections, then you're not going to be building infrastructure of new memories.

And you don't want to maybe be doing both at the same time, because now your resources are spread so thin, the ATP that fuel or that currency that each cell uses to make memories to keep your brain, you know, coming up with that word that ATP is going to be depleted if you're in growth mode, when really where it needs to be is in defending or fighting.

And so we want to evaluate for all those things. Do you have mercury toxicity? Do you have mold toxicity. Do you have high levels of phthalates or PCBs that your body is spending a lot of energy fighting?

How can we augment that process? How can we in a very safe, gentle, effective way, help you get those toxins out so we can check that box and go, okay, that's not interfering with cognitive function.

Sometimes that does the trick. Sometimes it's so incredible that getting those toxins out, clearing, cleansing and clearing up the the brain, all of a sudden the lights come back on.

Same thing with hormones. It's like watching a wilted flower like perk back up. That's amazing. So hormones, toxins, nutrients. We need enough nutrients.

We need enough of the right things. Again, B vitamins, like just getting enough B vitamins and sometimes the lights come back on, but we evaluate. So we test for all of those things.

All all of your minerals, your B vitamins, your antioxidants. We as you're working, are you digesting and absorbing? A lot of people are eating exactly the right things.

We recommend an organic ketogenic diet for brain healing, not for the rest of your life, but at least for like 3 to 6 months. If you're struggling with cognitive function, 3 to 6 months on a ketogenic diet can be very, very healing.

And but if you're choosing to eat the right things, but you're not digesting, absorbing and assimilating those nutrients, that can be an issue. And we might want to go around the gut with I. V.

nutrients temporarily or injections. Think about other ways to make sure you have those resources that are necessary for healing. And then, of course, treat the gut.

So we have hormones, toxins, nutrients, structure. So structurally, you know, molecular structure, you can have genetic predisposition towards dementia.

And some people know this because of their family history. For other people, they find they have an abo e status of A4434. So they're at higher risk. And what we do then is we focus on the epigenetics.

So how we just have to double down. You have to work harder. If you have an abusive 4 or 4, you've just got to work harder than your neighbor, harder than your spouse, maybe to prevent because you just have more of a likelihood to develop amyloid plaques or tau proteins in your brain.

Those response to those, those are not the cause of dementia, right? Those are the response to an irritant in the brain. And if you have that genetic predisposition, you're more likely to get more irritated in your brain quicker.

So we need to keep those irritants away. We need to keep them down and out of the picture as much as is possible. So that's molecular structure. Then on the other end of structure is your macro structure.

And this is a way maybe an orthopedist or a chiropractor or your dentist might think of it. Can you keep your airway open at night. Is your head carriage way forward, cutting off circulation both in and out of your brain, or are you keeping your shoulders, your ear, and your shoulders in alignment so that you can get good flow up into your brain as well as out of your brain?

Are you getting oxygen to your brain at night, or do you have sleep apnea? So these are things that need to be evaluated. Are your sinuses cloud so you can't breathe through your nose?

Breathing through your nose? Nasal breathing is essential to good cognitive function because it's how we get enough oxygen to our lungs and then enough oxygen in our blood so that it can get to our brain.

Blood flow is critical to good cognitive function, both going in and going out. And then sleep is critical because sleep is when that Glenn static detox happens at night.

So if you're if you're not getting that good sleep, you accumulate toxins in your brain. So really important to prioritize that. And then oral health, becomes very essential here in terms of structure.

Do you have. And then infections. Infections is another piece of this. Gingival which is associated with the gingivitis.

And gum disease sometimes is in those root canals.

So not everybody has a bad root canal. But some people have root canals that have these latent infections that drive that irritation. Again, that data amyloid plaque protein neuroinflammation directly.

So we need to take care of any infections. Be very proactive about dental health. Lyme disease is another infection that directly causes plaque and tile protein formation.

So we we want to be on top of that, and herpes as well. So if you are somebody who gets, you know, one of the unlucky people who not only has been exposed, which is most people have been exposed to herpes, but there's some unlucky people who have recurrent infections.

I'm we're not paths. Right. Like I'm not a drug pusher, but I highly recommend doing whatever you need to do. If it's lysine and some lithium, Melissa aficionados or lemon balm can be very helpful.

So getting all your antiviral oils on board for prevention. And then if you need to take a cycle of your valacyclovir taking them, don't be afraid to do that because a headache outbreak triggers an early inflammation.

So you want to avoid that, as much as possible. And then of course, Covid. Covid has also proven to, really wreak havoc when it comes to neuro inflammation and cytokine production.

So, keeping that keeping that to remain, I always say all the other ones first. Because that infectious component really if if you are not a great host for those bugs, then, you should be in.

Okay shape, right? This is this is a lot of this is the hygiene eating the foundations of health. And then stress. Stress is one of those ones like I sometimes I mentioned it last and sometimes I mentioned it first because it's so important.

But managing stressors. This is why torture doesn't work. Because when you torture someone and they're under immense amounts of stress, they can't remember.

Anyways, so you you really, it's like stage fright is a great example of this, right? When we're under tons of stress, we just can't remember. Our brains stop functioning.

And that is what we want to avoid, right? We want to be in that rest, digest, heal state. That's when we make memories. That's when we're able to connect emotionally.

And memories are very much tied to emotion. That's when, you know, we let go of the anxiety and the depression. That's when our brains work best. That's when we're creative.

That's when we we make those connections. So managing stressors, we all have them, right? Lots of things come up. So it's how we manage them that's most important.

It's a prayer practice. The meditation practice. It's, breath work. It's making sure you have good relationships. That social connection is so crucial.

So those are as if that wasn't enough, right? Like those are the components of the the general components. And I'm sure everyone's like, oh my God, I have to do all of that.

Just getting started, just getting started and doing it early before you have symptoms makes it so much easier. I'm telling you, that was very comprehensive and I love it.

And, just I want to throw in a couple of just things. When you spoke about herpes and Covid, one of the things that I have found to be the most powerful treatment is famous and alpha, which is a peptide.

So that's like, I'm just my heart thymus. And alpha is like, I just love it so much. And when you were talking about stress and memories, I always think of we're either making a beautiful memory or we're learning a lesson.

And if we can turn our stress into a lesson, into growth, into what can I take with me? Then it kind of tampers down the angst of it and it can become, oh, this is kind of okay, I'm going to roll with this.

And so it's just a little bit of a mind shift that can help you manage your stress, because you know by now that stress is always involved. If you've been hanging around and listening to me interview people, it it always comes back to stress.

And it is how we how we dance with our stress. We're not going to get rid of our stress unless we die. And so and yes, all those things you mentioned are just so powerfully important.

And so I love that we're bringing light to our brains and that we have to pay attention. And it's not we don't need to settle for. I'm getting old. Like, that's just B. S.

when when you're told you're getting old. And so of course you're forgetful. Of course you're fat. Of course you're tired. Of course you're achy.

Marama, Elder Care, and the Future of Brain Health

It's like, no, we are changing that narrative. That is not how it has to be. And you do need to put in a little work because imbalances are multifactorial.

As doctor Heather just so elegantly explained. Is it a lack of something? Is it toxins? Is it not sleeping? Is it not eating and absorbing and assimilating?

And so sometimes it can be overwhelming. But when we for me it's always like like patients are told there's nothing we can do. And when a patient comes into my office or your office, it's like, oh my God, there's so many things we can do, where do we start?

And so working with someone who can kind of help you navigate that and pick out the things that they think might be the most, affecting you is really helpful. So have someone guide you so you don't have to be overwhelmed.

And in this alone, and ruling out or ruling in can be really like you brought up Lyme. And I think people forget that Lyme can really cause neuro psychiatric issues and neuro problems.

And so the these animals and these things, we have to I run these tests with patients and sometimes it's like we're just going to run them because maybe we can rule it out and put it to the side and if we can't do that, then wow.

We just found a really important factor. So thank you for being so comprehensive and changing the story. I guess I just like to end with what what do you think the future of brain health looks like? Yes.

And you didn't tell us about Marama. Oh, you do that. So my you know, the reason I do this is because I. I believe that as a society, we are squandering one of the most valuable resources, which is the internet, the opportunity for intergenerational wisdom transfer.

Right. Like we have seniors among us who are at the height of their wisdom and experience. They know so much and have so much to contribute, and yet we allow them to just degenerate, right?

We put them in senior living facilities, so we ship them off, put them in front of the TVs and and feed them cake and cookies and pasta and sandwiches and cereal.

Right. Like the worst thing for their brain. And then they become or they're isolated, maybe they stay home because they're really attached to their home, but now they're totally isolated because they get their driver's license

taken away.

Nobody trust them, you know, and this is again, it's just absolutely like the heartbreaking, squandered resource because really there's this opportunity for them to take care of like the youngest among us.

There are so many wisdom, traditions and and indigenous cultures. But even like Scandinavian culture does this really well still. And so in that Marama, I think of what I'm doing there is like tree izing where we're trying to help that make the existing structure the existing kind of societal norm of like people going to the senior living.

We're trying to make that better, the best that it can possibly be. But really ultimately, like my goal and the future of how society treats seniors is that when we prevent any sort of cognitive decline, even the Lancet.

So The Lancet is a journal out of the UK, very highly credible, totally conventional. And they had said in 2020 it got steamrolled by Covid. But it was like I don't know, mid 2020 they published their view on dementias.

And they are saying that 40% of dementia can be prevented. And so if the conventional world is accepting that, 40% can be dementia prevented, I think that like 99% can be prevented with good food, good water and good sleep.

You know, less stress, more exercise. The foundations of what we discussed today, hormone replacement therapy, we could have so much less of that. And then we keep our seniors in the fabric of their communities where they can continue to work if they want.

They continue to take care of, you know, they take care of younger generations. They are valued. And so that's my hope. It's that by the time I am older, the senior living facilities are obsolete.

Like, yes, I have that business, but like, I hope that we can put it out of business in time because it doesn't serve society. What serves society is having our seniors with us.

Our elders, our elders are there to teach us. And so, yeah, as I get creative about what my next steps look like and how I contribute, in this lifetime, that is Michael, I love that.

And I'm right there with you. And that's why we are here, reminding you all who are listening that this is not the end. Menopause transition is not being put out to pasture.

It is becoming a crown, embracing your wisdom. And yes, I am right there with you that as we age we need to be revered and not set aside and integrated.

I know when I would bring my granddaughter, when my mom was alive to see her and her friends, that my granddaughter would light up the place and it would just come to life and everyone would be so happy.

And we need more of that. That mixing in that learning from experience. So, oh my God, I just adore you and love you so much for all that you do. Where can people.

I would love for the listeners to be able to learn more about Marama. And I know you have Marama at home, so where can we? Where can we find you? Yeah, so we have Marama experience.

Dot com is the website for Marama Marama and then Marama at home is another offering that I. My hope is that this helps to keep people at home. So it's, I basically teach a course about how to implement everything we do at Marama in our immersive living senior living environment, how to incorporate all of that at your home.

So what to do, what activities to do, what to cook, how to set your house up, what do all all the things, how to how to relate to people with dementia?

All of that's in there. So that's Marama Marama at Tomi marama@home.com. And then society as a whole series.

So sari.com is our is the clinic. And I'm here with a team of providers that all are dedicated to helping people reverse their dementia.

So we invite you to yeah look us up on the internet and or give us a call and there will be notes, I'm sure, show notes and stuff below. So thank you so much, Sharon, for having me.

It's always a pleasure. And as somebody who has had the privilege of meeting your granddaughter, she lights up a room no matter where she goes, as does your daughter.

We've got a little play thing going, so thank you for being here. Thank you everyone for listening. I hope you become as obsessed with Marama and learning about Heather's work as I am.

And so blessings to you all and we'll be back with another interview soon. Until then, be well.