Welcome to the Reversing Alzheimer's Summit

Hello and welcome to the Reversing Alzheimer's Summit. I am here with one of my co-hosts. I'm the co-host James Maskell. I'm here with Doctor Kristine Burke, and we are super excited to welcome you to what will be an incredible week of learning.

One of the reasons I'm excited to kick this off with Doctor Kristine Burke is because the topic is reversing Alzheimer's, and this is something that Doctor Burke has done repeatedly in her practice, has a really good and really good feel for and also, you know, has been very impactful on me personally and my family.

So Doctor Burke, thank you so much for making time. And I'm very excited that we're on this journey together to get the word out and to facilitate this transformation in the way that, Alzheimer's is cared for.

I'm really excited about it, too. So much work has been done to get us to this place where we have the knowledge that we need to be able to reverse cognitive decline, and now we just need to educate and arm an army of practitioners so that we can do it.

Well that's it. And one of the things that we will be bringing to you during this summit is, technology company True Neuro, which makes it easy for any clinic in the world to run the protocol that you'll be hearing about, in this interview.

Now, first, I just want to share that I mentioned earlier that you would be particularly valuable for me. And there's a story that I told about my father and his journey to cognitive decline and back that you played a critical role in.

And so I would just encourage, if you see my talk later in the week, and that's interesting to you go there because I shared in detail, you know, the journey.

How did Doctor Burke know from across the world what my dad, what was driving my dad's cognitive decline, how it came back and where he is today. All of that is covered there.

So I don't want to cover the same ground again. But, you know, you asked me on that day why I was passionate about this topic. And maybe I'll just start there with you.

Like, why is this something that you get up every day doing?

Why Dr. Burke Chose This Work

You have taken on a lot of unpaid, voluntary work, right, to move the paradigm forward and be part of this amazing placebo controlled study that you are participating in.

So why does this matter and why have you chosen this path? Yeah. Oh, it's quite a story, I like you. I have, Alzheimer's in my family. Both my great aunt and great uncle passed from the disease.

And then more recently, just a year ago, my aunt died of Alzheimer's. So it is very close and personal to me as well. And, you know, as all things come around, you had a part in exposing me to this work when you hosted the, the pre conference event featuring Doctor Bredesen.

And I got to hear firsthand from him what he had created in terms of the model around reversing cognitive decline by identifying all of these upstream root causes, rather than trying to change the outcome, like what happens at the end when once we already have the disease and we're just trying to focus on altering amyloid and so that was really a turning point for me.

And then his book came out right after that, a couple months later. And I read that cover to cover, and then I immediately went and attended the training that he was offering at the Book Institute, because it's only a couple of hours from me and just really started getting into the empowerment that I feel like this work brings to practitioners, because in my conventional family medicine career, which was about the first 17 years of my career, I really felt like I was managing people's decline.

And in in many ways, that's what we are doing in conventional medicine with chronic disease. And so to have all these tools and concepts at my disposal that could help me to help the patients that I was serving to be able to reverse their chronic diseases, first, learning how to reverse diabetes, then working extensively in cardiovascular disease and reversing that and preventing heart attacks, and then leading ultimately to reversing this much more complex chronic illness.

That's dementia or Alzheimer's, which is the most common form of dementia. Yeah, we have such a, It's a great journey. Well, look, I mean, you, over the next, over the next week, you know, we're going to be bringing you together concepts that help you understand exactly what's happening in this journey to reverse it.

And what I wanted to do today was just to sort of lay out some of that. So if you only watch one talk of this whole summit, hopefully this will inspire you to watch others, but that you'll have a really good understanding of of how it works.

And then you can start to think about how to apply it for yourself, for your family members, for other members of your community. And if you're a physician or practitioner to stop, think about, you know, you know, taking this on, I guess before we get into the details, just share with me a little bit of you share something with me before.

But like the moment that you see a patient and they've improved, not many doctors have ever seen that because as you shared actually in my interview, you know, most doctors don't even think it's possible, don't know that this work exists. Right.

So they just it's managing a decline. Tell me about what it means for both the patient and you as the physician when the lights turn back on and what that has meant for you and what's what sort of inspiration that gives you.

Yeah, yeah, that's a really powerful experience for sure. So the first time that this happened was pretty early in my work in this arena, and we were working with a woman was our patient and her family.

And what if you've dealt with this disease? You know what it's like when your family member is slipping away from you.

The First Signs of Improvement

And they they develop that that blankness, the blank stare where you no longer feel like when you look into their eyes, like you can connect with them with who they are, their essence.

There's just this distance, this blankness that happens. And so that was the situation that this this woman was in. And we started working and doing all of the things that we do with all the lifestyle interventions and helping to rebalance the things in her physiology that were way out of balance and months later, probably four months later, I come in to a visit and she looks me in the eye, and you have that electricity of that human to human connection.

And it was like a lightning bolt to me, like it just to see her brain wake up. And for her, the essence of her to be back. That was magical. It was absolutely magical.

And then I was obviously totally hooked at that point, because if anyone had given me the opportunity to do that with my family members, it would have been worth everything.

So I think, you know, then you get the opportunity to see that happen more than once. So, you know, it's not a fluke. And then it happens again. And then hopefully you have the opportunity to work with people that aren't as far

advanced.

And then you can really see massive improvements. And I think just it just feels like you've been given a super power. Beautiful. Well, let's get it. Let's get into it now.

Let's see how we can bring that super power. So I wanted to split this into two parts of the conversation. I think on one hand there's some foundational elements that are the same for everyone.

And then I think there are some unique characteristics. Part of what this whole system is built on is that each person with Alzheimer's is their own unique combination of their their history and their influences and their exposures over their lifetime.

So we'll get into some of that. Why don't we just start with, the foundation. So what has to be true for Alzheimer's to be reversed? I think at its most basic level, the most simplistic way to think of it is what one of the fathers of functional medicine called your guts and your kids.

What does the body need to get in order to heal, and what does it need to get rid of? That's either creating damage or getting in the way of healing? And so we have the eight pillars of brain health.

And they're divided into three groups. We have the lifestyle group. We have the psychosocial group. And then we have the environmental group and then the lifestyle group.

It's the things that we need to do to create the foundation. So it's rest, it's move and it's nourish. These are all of the things that the individual needs to do to create that foundation for healing.

The Eight Pillars of Brain Health

In the psychosocial area. We have connect, we have grow, and we have reflect. Because each of these things are important in connecting and creating community, growing and expanding the mind.

If you don't use it, you lose it. And then reflection, which brings in the meditation piece or the mindfulness piece, which we know can alter brain structure and function.

And then in the environmental section we have removed, which is helping us to remove the harmful chemicals and toxins, things that we may have been exposed to and compose, which is composing a healthy microbiome in the mouth, in the gut, and getting rid of chronic infections that may be altering the way our immune system can function or react.

So all of those things are critical foundations just to get us started. Then we have the things that we need to get rid of, or what we need to balance in the physiology.

And for that, we're really looking for what we call the subsets of root cause. And in that area we have the metabolic inflammation, blood sugar regulation helping to identify and alter the environment in the body metabolically.

That's creating inflammation. And then we have our nutrients and mitochondria and the nutrient balance is going to be key to being able to have the enzymes function the way that they want to create healing, or to change the way that the immune system is attacking the brain tissue.

Then we have things like our hormonal balance and what we call trophic support, which is helping the body to heal, to grow new connections, to maintain the connections that we have in the brain.

And there's a very interesting correlation between the areas in the brain where we have the estrogen receptor network in both men and women, actually, and the areas of the brain that we see the most atrophy are the most neuronal damage.

Those, coincide with each other. So that hormonal balance is a really important part of that. Then we have our cardiovascular health. And I've spoken about this at length because the vascular system is not only responsible for the oxygenation and the transport and all of the things that we typically think, but in the brain we have the blood brain barrier, which is the way that the body protects the brain from all the other things that are going on in the body environment.

And that blood brain barrier is dependent on something called the glycol calyx, which is this mesh network that creates that specialized barrier in the brain.

So attending to vascular health is about a lot more than just preventing heart attacks and preventing strokes. It literally is critical to being able to maintain the way that we protect the brain from damage.

Then we have our biome and bio toxins. So these are either chronic infections, infections like viruses that we've acquired throughout our lifetime that stay in our body forever.

The one most people are familiar with, of course, is chickenpox that can later manifest as shingles. Well, that's not the only virus that comes in and hitch hikes in your body forever.

And so some of those can be chronically active and create inflammation in the system and particularly in the brain. And then the biological toxins are the those poisons that are made by other biological organisms.

So common things in that division are going to be in the gut environment when the the bacteria are out of balance. We have the production of something called LPs, which is endotoxin.

That's very, very poisonous to the system. In fact, it's the thing that is what causes sepsis. So we all know how dangerous that that is at low levels.

It just creates damage and chronic inflammation. And then we have the thing that arguably may be one of the most impactful. And that is the mold produced toxins.

Those are called mycotoxins. And those are chemicals that are produced by molds that are meant to either kill other organisms in their environment, or to create a situation in which the things that are competing in their community can't survive, so that the mold can flourish and grow.

And so those toxins are very, very powerful chemicals. The one we're most familiar with there is penicillin. That's a mycotoxins because it was made by the bread mold.

And then the last area is our chemical toxins. And the chemical toxins are going to be not just the things in, in air pollution, for example, or in water pollution, but also the things that we surround ourselves with in our household cleaning products and the fragrances and the chemicals that are present in those, or in our personal care products, in the candles that we may be burning, that have fragrance.

All of those fragrances come from chemicals called phthalates. And we know that those disrupt the balance in the body, creating inflammation and oxidative stress, which are all damaging things that can happen in the body.

And then also in the chemical toxin arena, we have the heavy metals, and the ones that people are probably the most familiar with are going to be lead and mercury.

And those both create a lot of those same things that inflammation and oxidative stress. So those are the pathways that lead us towards damage of any tissue in the body.

Really. We just happen to be talking about the tissue in the brain. And so we want to help the person to eliminate both their exposure to those things and then eliminate the accumulation that they may have acquired in their bodies.

Yeah, I'm really glad that you've laid it out like that. And it's very comprehensive. You know, over the 20 years that I've been involved in health, I would hear little things like Alzheimer's as Type three diabetes or Alzheimer's comes from aluminum poisoning, or in my father's case, Alzheimer's.

You know, it could be triggered by mold. And what I really appreciate about the way that you've shared it is that it can be any of those things. And actually, one of the things that I've learned from you is that it can be those things happening simultaneously.

Can you share a little bit more about what you found now that you've sort of dug into some of these cases, the typical Alzheimer's case, is it one of these things that they're dealing with?

Is it multiple? Is one more important than the other? What what's your experience? That's a really great question. And I think, you know, I love how Doctor Bredesen has laid out the subtypes of Alzheimer's disease, really, with that idea that there is kind of a predominant problem.

And then we have we may have other problems that are coinciding, but I think what we have all found as this work has unfolded over the better part of the last decade, is that most of the time, it is a component of almost all of those things.

And generally speaking, there is there there is usually one that kind of takes the lead, and commonly that is the toxins that take the lead. There are also some of the more challenging things to address, partly because they aren't part of the mainstream vernacular.

And so people aren't talking about them. They're not used to hearing about it. So it's a it's a new thing as opposed to, you know, talking about blood sugar regulation and not having prediabetes or type two diabetes.

That's a common conversation. People are familiar with that. Managing your blood pressure. That's a common conversation that managing the toxins in your environment and in your body, that's not a common conversation.

And so that can be one of the really challenging ones that has at times, the greatest impact on whether or not someone is either able to improve or whether they maintain the improvement that they've been able to achieve by addressing some of the other things.

So that's a challenging area. Yeah. Very challenging. I, I can see let me ask you this. Like you, you now have people who are listening to this, I'm sure, who are, dealing with dementia right now.

You have some people who are anticipating about to deal with it, and then you have some people who have not really dealing with it at this point, but at least know that the science is showing that it starts a lot earlier than you think.

And so is that whole range. You know, we've talked a little bit about this idea of of dementia denial, and I'd love for you to jump into that a little bit, because I just feel like if we really, you know, if what you say is true, and I think it's rapidly becoming clear that it is and it starts 30 years before.

And I think that's actually probably reasonably well agreed to at this point, you know. Well, it seems like what it's going to take to turn this around is, you know, is, a widespread education journey, but it's also active participation before symptoms.

How does one get motivated to do that?

Root Causes and Alzheimeru2019s Subtypes

Well, I think part of the motivation comes from the hope and the the now knowledge and belief that what we do now really does have an impact. And in part, it has to do with all of these things, have to have attention in one way or another.

We can't just do a couple of them and expect that that's enough. And so I think that's one of the things that maybe has given the impression, you know, everybody probably knows someone who seems like they were the picture of health.

And then, you know, cancer happened or you know, some health event occurred that shocks everyone because everyone thought this person was so healthy. But what you really find when you dig into all of the biochemistry behind all of this, is that health is much more than the absence of a parent disease.

What's going on in the body at a biochemical level that's measurable now is really different than what we often see on the surface. And so knowing all of those markers, understanding where that balance is in your body is one of the key things that we need to be moving forward so that people can be proactive about what direction they're currently heading, because it may not be the direction that you think you're heading.

And so it's really empowering to have that data and to understand that. And I also think, you know, you mentioned the dementia denial. And that brings us back to this concept that something that's common maybe common, but it doesn't necessarily that doesn't necessarily make it normal.

And we have normalized senior moments and forgetfulness. And you know, all of all of these things that start to happen as we age and we're, you know, moving along this path because the reality is, if we do nothing, half of us, if we're fortunate enough to live that long, will have Alzheimer's by age 85.

So we really need to be focusing our attention on the things we can do to change that trajectory when we're in our 40s and 50s will hopefully our entire lives.

But for sure, when we're reaching that, you know, that maturity of middle age, we need to be focusing on all of these different components, because when we do, we can act in prevention as opposed to when we're starting to have symptoms, maybe not a diagnosis of any type of cognitive decline that you know, as the person experiencing it, that it's different for you and different than how you used to be.

Dementia Denial and Early Prevention

That's your first clue. That's not a normal progression. That's a clue. And so at that point, then we really need to be doubling down and paying attention to all of these areas.

Once we move into what we call mild cognitive impairment, which is the level before we reach the actual diagnosis of dementia. And Alzheimer's is the most common type of dementia.

Once we move into that more symptomatic phase, now we're trying to alter the disease course. And then once we have the disease, we're trying to back up and repair damage that has more significant damage that's been done.

So with each step of the way, the intensity with which we need to attack all of these components, the eight pillars and the six subsets of root cause that intensity really gets magnified the farther along that that course or that path that we are wonderful.

You know, obviously, you know, at that in that journey, it's a spectrum of disease, you know, can you just share obviously it's a heavier lift the further down that path you are, but maybe want to just share, you know, some of what is is happening in your office right now.

And what is the sort of the, the realms of possibility, because it feels like that's widening every so often, you know, as, as people get better and better at it and they start to understand it and the diagnostics comes on like, what is the realm of possibility here?

Yeah, there's a lot of possibility even in people that are more significantly declined. One of our current patients, a young person in their mid 50s who is diagnosed with a full blown Alzheimer's disease, we've been able to help him move from a Moca score of seven, which is severe Alzheimer's.

The Moca, which stands for Montreal Cognitive Assessment, is a cognitive testing platform that scores people from 0 to 30, 27 to 30 is normal. And then in the uses that mild cognitive impairment below 20 is really where we start entering into the Alzheimer's arena.

And and in the single digits it's severe. So his score had rapidly gone from an 18 so earlier Alzheimer's down to seven in a little under a year. And with just three months of intensive intervention, I think most importantly, moving him like we did with your dad out of the moldy apartment that he was living and into one that had a normal mold safe level has had remarkable improvement, and we've been able to move his score all the way up to 12 in just three months.

That is a miracle in and of itself. But even more so. That's only three months. Like, we have so much momentum and so much possibility of where we can potentially help him to end up with, with people that we're working with that are more in the mild or further along in the mild cognitive impairment area in those people.

We can see sometimes movement from a score of 18 mild Alzheimer's all the way up into the normal range. Make a 28, for example, that several people that I've worked with that we've been able to do that.

What Improvement Can Look Like

So there really is a broad range of possibility. It's just the effort that's required to accomplish those changes intensifies the further along the path that we are.

Beautiful. Yeah. There we have some amazing interviews that we've lined up with, people who've been pioneers in this work, people who have made major accomplishments in this work, people who are knowledgeable in specific areas of the subsets that we've talked about, who are really knowledgeable in the in the metabolic components, in how we manage blood sugar regulation, and to Genesis, for example, are particularly knowledgeable in the areas of chronic infection or in toxins.

And so we've curated these, these amazing people to share their expertise with us and with all of you so that we can start to help unfold and unravel how we get after this disease by just picking away at it from the inside out.

Wonderful. And then later in the week, you know, I, I know you mentioned some of those specials there, but we've done something quite unique here in that in the late in the week you're going to see like very specific sessions because, you know, ultimately I think for everyone here, it would be a journey for you to understand what your unique subsets and patterns and susceptibilities are.

And so I'm excited for some of the leaders that we've interviewed that will bring very specific knowledge. Maybe they've never reverse Alzheimer's in anyone, but they certainly do know how to reverse metabolic inflammation and detoxify chemical toxins.

So we've got some incredible guests on there and then also some from further afield. It's it's really exciting to see how many things end up in the brain.

And this is really like the meeting point of chronic illness and so forth.

Summit Guests, Tools, and Closing Remarks

And, you know, more than anything, you and I decided that we were going to do this because we believe that we have a major accelerant in our midst, which is that the software that we be working on true, near, allows any clinic, hopefully anywhere around the world, but certainly right now and in the States to launch a cognitive decline reversal program and will guide clinicians to take the lab information that they already get and maybe new information to be able to plot a path for any patient back from where they are.

And, I'm very, very excited that this summit is actually unlike any summit that's come before. Because of that unique accelerant. And so whether you're a practitioner watching this and trying to get on the cutting edge of what's

new in research, or if you care for someone and their loved one, there will be resources in every state and soon every city to facilitate this journey.

So thank you for being with us. And Kristine, thanks so much for bringing your expertise and and your knowledge and putting in a structure where we can change many more lives.

I'm really excited to share this information with everyone. Great. Well, enjoy the rest of the summit. We got so many great speakers here today. Please share this with someone.

It's the beginning of the week, so if you're able to get this out to someone today, they can watch the rest of the summit for free. We'll have incredible talks throughout the rest of the week, from some leading experts in the space, and dive into some of these specific root causes.

I'll give a pitch for my own talk coming up later this week. When I dive into my father's personal story. And I think something that's inspiring for all of us and the community that we can build around us to help us facilitate this journey.

But thanks so much for tuning in. This has been the Reversing Alzheimer's Summit. I'm your host, James Maskell, and we'll see you next time.