## Early Cognitive Decline and Misdiagnosis

two years. For two years, she told her two years. For two years, she told her doctors that something was happening to doctors that something was happening to her brain. Words that just didn't come her brain. Words that just didn't come as fast. A fog that sleep just didn't as fast. A fog that sleep just didn't fix. A version of herself she just fix. A version of herself she just couldn't quite get back to. Two doctors, couldn't quite get back to. Two doctors, two years, and what she was told two years, and what she was told consistently was, "It's just stress.

consistently was, "It's just stress. This is just pmenopause. This is just This is just pmenopause.

## Introducing the Patient Case and Diagnostic Approach

This is just normal aging." When she came to me, I normal aging." When she came to me, I ran the markers that most physicians ran the markers that most physicians never order. And what we found changed never order. And what we found changed the trajectory of her next decade. Just the trajectory of her next decade. Just aging is not a diagnosis. And the aging is not a diagnosis. And the cognitive decline, which is real, cognitive decline, which is real, measurable, reversible in many cases, measurable, reversible in many cases, begins years before it even has a name.

begins years before it even has a name. I'm Dr. Myra Reid, and I practice early I'm Dr.

## Why Cognitive Decline Is Not Inevitable

Myra Reid, and I practice early detection longevity medicine. My detection longevity medicine. My practice runs through four pillars: practice runs through four pillars: hormones, gut health, lifestyle factors, hormones, gut health, lifestyle factors, and environmental exposures. I'd like to and environmental exposures. I'd like to tell you about a patient, and for her tell you about a patient, and for her name's privacy, we'll call her Carol.

name's privacy, we'll call her Carol. Carol was 61 years old when she started Carol was 61 years old when she started coming to see me. She had been a sharp, coming to see me. She had been a sharp, high functioning professional her entire high functioning professional her entire career. And in the two years before she career. And in the two years before she found me, she had been slowly watching found me, she had been slowly watching that version of herself kind of that version of herself kind of disappear. She was losing words about disappear. She was losing words about mids sentence, not occasionally but mids sentence, not occasionally but consistently. And she would walk into a consistently. And she would walk into a room and had no idea why she was there.

room and had no idea why she was there.

## Key Upstream Drivers of Brain Health

She would read the same paragraph three She would read the same paragraph three times and retain nothing. And she would times and retain nothing. And she would wake up at 3:00 a.m. unable to fall back wake up at 3:00 a.m. unable to fall back asleep. She told her primary care doctor asleep. She told her primary care doctor and she was told it was just stress. She and she was told it was just stress. She went to a specialist and she was told it went to a specialist and she was told it was pmenopause.

was pmenopause. Both times she was handed a prescription Both times she was handed a prescription and sent home. No cognitive testing and sent home. No cognitive testing done, no metabolic workup, no done, no metabolic workup, no investigation into what was actually investigation into what was actually driving the decline. Carol didn't need driving the decline. Carol didn't need someone to dismiss her symptoms. Carol someone to dismiss her

symptoms. Carol needed someone to ask why. I'll come needed someone to ask why. I'll come back to Carol in a minute, but first I back to Carol in a minute, but first I need to explain what the research need to explain what the research actually tells us about why this is actually tells us about why this is happening and how far upstream it really happening and how far upstream it really begins. I want to challenge a belief begins. I want to challenge a belief that most people carrying into my that most people carrying into my office. The belief that cognitive office. The belief that cognitive decline is inevitable, that it just decline is inevitable, that it just happens, that it runs in the family and happens, that it runs in the family and there's nothing that can be done or that there's nothing that can be done or that it's just aging. The published research it's just aging. The published research tells a different story. Dr. Dr. Dale tells a different story. Dr. Dr. Dale Bredesen, whose protocol I'm certified Bredesen, whose protocol I'm certified in, has identified more than 36 of these in, has identified more than 36 of these distinct metabolic factors that distinct metabolic factors that contribute to cognitive decline. But 36 contribute to cognitive decline. But 36 addressable, measurable inputs that addressable, measurable inputs that drive the process. That means cognitive drive the process. That means cognitive decline is not a single disease. It's a decline is not a single disease.

## Sleep, Inflammation, and Metabolic Factors

It's a cascade. The most common upstream cascade. The most common upstream drivers that I see in clinical practice drivers that I see in clinical practice are chronic systemic inflammation are chronic systemic inflammation markers like the high sensitivity CRP markers like the high sensitivity CRP homocyine plus so many more.

homocyine plus so many more. Inflammation damages that bloodb brain Inflammation damages that bloodb brain barrier that protective filter that barrier that protective filter that keeps the toxins out of our brain.

keeps the toxins out of our brain. Another measure that I like is insulin Another measure that I like is insulin resistance because that is huge against resistance because that is huge against the brain. Some researchers call this the brain. Some researchers call this Alzheimer's disease type three diabetes.

Alzheimer's disease type three diabetes. I talked a lot about this in my week I talked a lot about this in my week three that we just did last week. But three that we just did last week. But these are some of the most important these are some of the most important markers that we have. Another marker is markers that we have. Another marker is hormones. Because our hormones decline, hormones. Because our hormones decline, we get that atrophy. Estrogen, we get that atrophy. Estrogen, testosterone, and all those protective testosterone, and all those protective tissue hormones. So when that structure tissue hormones. So when that structure and that support and the integrity of and that support and the integrity of the brain is going to be affected by the brain is going to be affected by this and cause decline other important this and cause decline other important things that need to be measured are things that need to be measured are nutrient deficiencies such as the nutrient deficiencies such as the homocyine level your B12 your folate homocyine level your B12 your folate your vitamin D because we know that your vitamin D because we know that things that happen to us chronically if things that happen to us chronically if we get chronic disease is either not we get chronic disease is either not having enough of what we're supposed to having enough of what we're supposed to have or having too much of what that's have or having too much of what that's affecting our brain. So we really need affecting our brain. So we really need to look at both of those and measure to look at both of those and measure those to see are you optimal. Another those to see are you optimal. Another important factor for brain health and important factor for brain health and cognitive issues is your sleep cognitive issues is your sleep architecture. Your brain clears out all architecture. Your brain clears out all this metabolic waste during that slow this metabolic waste during that slow deep phase of sleep at night through a deep phase of sleep at night through a system called the glimpmphatic pathway.

system called the glimpmphatic pathway. When sleep is fragmented that clearance When sleep is fragmented that clearance doesn't happen and the proteins get ass doesn't happen and the proteins get ass that associated with cognitive decline that associated with cognitive decline accumulate. So all of these are not just accumulate. So all of these are not just peptide deficiencies. This is peptide deficiencies. This is foundational work that we really need to foundational work that we really need to look at. It's so important to address look at.

## Peptides for Neuroplasticity and Brain Repair

It's so important to address all these foundational things with a all these foundational things with a type of a functional medicine approach type of a functional medicine approach or just a good longevity approach of or just a good longevity approach of medicine. So it's just not replacing medicine. So it's just not replacing peptides. And none of these are peptide peptides. And none of these are peptide deficiency specifically. The peptides deficiency specifically. The peptides come after they layer on top because come after they layer on top because once all these upstream environmental once all these upstream environmental things are addressed, then that's the things are addressed, then that's the time to start layering in the peptides.

time to start layering in the peptides. And that is the difference between And that is the difference between symptom management and longevity symptom management and longevity medicine. So, I promised you in about medicine. So, I promised you in about Carol's story, and I'm going to get Carol's story, and I'm going to get there, but in the next few minutes, I'm there, but in the next few minutes, I'm going to show you exactly what cognitive going to show you exactly what cognitive peptides do and why the sequence peptides do and why the sequence matters. So, stay with me. Once we've matters. So, stay with me. Once we've addressed again all these upstream addressed again all these upstream drivers, there is a category of peptides drivers, there is a category of peptides that directly support the brain's that directly support the brain's capacity to repair, protect, and that capacity to repair, protect, and that neuroplasticity.

neuroplasticity. neuroplasticity. Neurosplasticity is your brain's ability Neurosplasticity is your brain's ability to form the new connections, adapt, and to form the new connections, adapt, and recover. It doesn't stop at age 30 or 50 recover. It doesn't stop at age 30 or 50 or 70, but it does require the right or 70, but it does require the right environment to do its job. The first is environment to do its job. The first is CAX. Cax is a synthetic analog of a CAX. Cax is a synthetic analog of a natural brain peptide derived from act.

natural brain peptide derived from act. That's a hormone that your pituitary That's a hormone that your pituitary produces and signals to the body and the produces and signals to the body and the brain. The primary mechanism is brain. The primary mechanism is increasing the BDNF. BDNF stands for increasing the BDNF. BDNF stands for brain derived neurotrophic factor. Think brain derived neurotrophic factor. Think of B&D BDNF as the fertilizer for the of B&D BDNF as the fertilizer for the neurons. It enhances focus and the neurons. It enhances focus and the processing speed and has been studied processing speed and has been studied for neuroproction after brain injury. In for neuroproction after brain injury. In clinical use, CAX is typically used clinical use, CAX is typically used intraasally, meaning it's is delivered intraasally, meaning it's is delivered through the nose mucosa which goes through the nose mucosa which goes directly to the brain through the directly to the brain through the cribopform plate. The second one I like cribopform plate. The second one I like to talk about is salac. Salank is an to talk about is salac. Salank is an angiolytic peptide meaning it reduces angiolytic peptide meaning it reduces anxiety without sedation. It modulates anxiety without sedation. It modulates the GABA hormone. That's the brain's the GABA hormone. That's the brain's calming neurotransmitter and the calming neurotransmitter and the serotonin pathways. Clinical research serotonin pathways. Clinical research has shown improvements in memory, has shown improvements in memory, attention, mental clarity alongside attention, mental clarity alongside reducing that anxiety. The third is reducing that anxiety. The third is Dhexa. Dhexa is one of the most powerful Dhexa. Dhexa is one of the most powerful potent neuroplasticity supporting potent neuroplasticity supporting compounds. It works by increasing what compounds.

## Gut-Brain Axis and Cognitive Health

It works by increasing what we call the HGF/CMT we call the HGF/CMT signaling pathway which drives signaling pathway which drives synaptogenesis, the formation of new synaptogenesis, the formation of new connections between neurons. This early connections between neurons. This early research suggests it may be millions of research suggests it may be millions of times more potent than even BDNF at times more potent than even BDNF at promoting synaptic growth. One more promoting synaptic growth. One more peptide worth naming here, and if you peptide worth naming here, and if you watched week two, you've already met it.

watched week two, you've already met it. The BPC57 which I covered in the context The BPC57 which I covered in the context of healing and gut gut repair. It also of healing and gut gut repair. It also plays a role in the gut brain axis. Your plays a role in the gut brain axis. Your gut produces approximately 90% of your gut produces

approximately 90% of your body's serotonin. Your vagus nerve body's serotonin. Your vagus nerve carries a signal directly between your carries a signal directly between your gut and your brain. So when the gut is gut and your brain. So when the gut is inflamed or the mucosal lining is inflamed or the mucosal lining is compromised of your gut, that compromised of your gut, that communication becomes disrupted. BPC57's communication becomes disrupted. BPC57's healing's effects on the gut lining has healing's effects on the gut lining has these downstream implications for these downstream implications for neurotransmitter production and the neurotransmitter production and the inflammatory load reaching your brain.

inflammatory load reaching your brain.

## Carol's Test Results and Treatment Plan

So cognitive health is not just a brain So cognitive health is not just a brain problem, it's a systems problem and the problem, it's a systems problem and the treatment has to match that. Let's get treatment has to match that. Let's get back to Carol. When I ran her back to Carol. When I ran her comprehensive panel, here's what we comprehensive panel, here's what we found. Her homocyine was significantly found. Her homocyine was significantly elevated. This is one of the mo elevated. This is one of the mo strongest modifiable risk factors for strongest modifiable risk factors for cognitive decline.

cognitive decline. Her high sensitivity CRP was elevated. Her high sensitivity CRP was elevated. Her vitamin D was deficient, which we Her vitamin D was deficient, which we know is so important for energy and know is so important for energy and immune. Her B12 was at a very bottom of immune. Her B12 was at a very bottom of the reference range. And her fasting the reference range. And her fasting insulin was elevated, meaning early insulin was elevated, meaning early insulin resistance. A home sleep study insulin resistance. A home sleep study showed severely fragmented sleep. She showed severely fragmented sleep. She was never reaching that slow deep wave was never reaching that slow deep wave sleep that cleans out the brain. Carol sleep that cleans out the brain. Carol did not have stress. Carol did not have did not have stress. Carol did not have permenopause related brain fog. Carol permenopause related brain fog. Carol had six measurable treatable upstream had six measurable treatable upstream drivers of cognitive decline. None of drivers of cognitive decline. None of which had ever been looked at before. We which had ever been looked at before. We built her protocol. We corrected the built her protocol. We corrected the homoyine with targeted B vitamins. We homoyine with targeted B vitamins. We targeted and addressed her vitamin D targeted and addressed her vitamin D deficiency, her diet, her sleep deficiency, her diet, her sleep architect. Then is when we added the CJC architect. Then is when we added the CJC 1295 and epipomor to support her growth 1295 and epipomor to support her growth hormone pulse and the slowwave sleep. We hormone pulse and the slowwave sleep. We addressed her insulin resistance through addressed her insulin resistance through diet and lifestyle factors. And once diet and lifestyle factors. And once that foundation was in place, we added that foundation was in place, we added the CAX. At 60 days, Carol told me that the CAX. At 60 days, Carol told me that the fog began to lift. At 90 days, she the fog began to lift.

## Recovery and Final Takeaways

At 90 days, she was finishing her sentences again. And was finishing her sentences again. And at 6 months, she came back in and said, at 6 months, she came back in and said, "I feel like I got my brain back." This "I feel like I got my brain back." This is the result of testing before is the result of testing before treating. Or even asking why, not just treating. Or even asking why, not just what. And it's about understanding that what. And it's about understanding that the brain is the most complex organ in the brain is the most complex organ in the body and it deserves a protocol that the body and it deserves a protocol that matches that complexity. I want to pause matches that complexity. I want to pause here because Carol's story is one that I here because Carol's story is one that I hear almost every week in my practice.

hear almost every week in my practice. Someone who knew something was wrong, Someone who knew something was wrong, who said, and she even was saying it out who said, and she even was saying it out loud to her physicians. She was just loud to her physicians. She was just sent home with the word normal with no sent home with the word normal with no real answers. So, I want to ask you real answers. So, I want to ask you something. Have you ever been dismissed something. Have you ever been dismissed for a symptom that you knew was real?

for a symptom that you knew was real? Maybe it's brain fog. It could be Maybe it's brain fog. It could be difficulty finding that word, energy difficulty finding that word, energy collapse, poor sleep, just overall collapse, poor sleep, just overall inflammation, feeling. If so, did did inflammation, feeling. If so, did did you just keep pushing for answers or did you just keep pushing for answers or did you just start believing that what they you just start believing that what they told you was normal? Drop your answer in told you was normal? Drop your answer in the comments because I read every one of the comments because I read every one of them. And if you're still looking for them. And if you're still looking for answers, let's talk in the comments. I'd answers, let's talk in the comments. I'd love to discuss this more online. I also love to discuss this more online. I also want you to check out all my resources want you to check out all my resources that we link down below in the that we link down below in the description because those there's so description because those there's so much information that I'd love to share much information that I'd love to share with you. It's all free. So, I want to with you. It's all free. So, I want to thank you for being here because thank you for being here because everything I do, every protocol, every everything I do, every protocol, every video, every conversation runs through video, every conversation runs through the same belief. I want to help you live the same belief. I want to help you live smarter, stronger, longer because I smarter, stronger, longer because I don't want your first symptom being your don't want your first symptom being your