Clearing the Pathways: How Detox Sparks Cognitive Comeback Transcript

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Introduction to Christopher Shade and Mercury Testing

Hello and welcome back to the Reversing Alzheimer's Summit. I'm one of your host, James Maskell. And today, I'm very excited to have with me someone who has made extremely valuable contributions to the world of reversing Alzheimer's.

In this session, you're going to hear from Doctor Christopher Shade, who is a biochemist and innovator and someone who's been whose work is being central to proving that Alzheimer's can be reversed, and also speeding the, the transition and the consistency of this.

So, Doctor Shade, welcome to the summit. Happy to be here. James, this is one of my favorite topics. I wanted to just start by sharing this year, with version 2.0, since the last time we done the summit.

Doctor Burke, the study that she was involved in, has shown that, you know, consistently in 91% of cases, the brain function can be improved through this precision medicine approach.

And your invention is actually a part of that methodology. And we actually recently had another speaker on the summit, Molly Maloof, who did your testing and found herself to be in the 95th percentile of Mercury and knew that that mercury came from fish, and that was because of your original invention, which is around that metal and mercury speciation that the mercury tried.

Test our mercury speciation. What's your form of mercury? What's your source? What's your excretion? Why was that the most important sort of entry point for you into this world of precision medicine?

And why is it so relevant to reversing Alzheimer's? Yeah, well, it was my entry point because that was what I did. My PhD on, and that was where my deep, deep knowledge was of mercury biochemistry and mercury testing.

And I learned both of it. And I first thing I brought in to the clinical world was his mercury test, bringing my expertise. And first I was just going to do the testing and let people do their key letters and, use it to tell what their source of mercury was, how well they're getting rid of it.

And so I had the best test. It was far beyond what else? Whatever else was out there, these challenge tests and stuff. And then I myself tried using the key later as I was using DSA.

I was using lipoic acid with that and just made myself infinitely worse. And then that lead me to like, how do I bear myself out of this? And that led to IMD and tests on mental detox, which was let's go a totally different direction with bringing toxic metals, especially mercury, out of the body through liver and GI, not force everything through the kidneys.

I started to learn everything about opening up drainage paths and working with your own biochemistry instead of trying to override it and to make that all work, to get glutathione into the body.

And that was like, how do I do that? Capsules don't work. You know what you can do injections or nebulizer all the time. And that led me to liposomes as the bioavailability solution for things like glutathione.

And people were doing it at the time, but at a very low level.

From Mercury Detox to Precision Medicine

And we brought that we set the standard for how to do those things. And then we went into all these different functional medicine topics making products with this delivery system, these liposomes and nano emulsions, and

they were able to move the needle way faster than anything before.

And when we put together this whole system of mercury detox that instead of overriding things, brings your system up, opens everything up, and drains everything out.

It wasn't just taking Mercury out, it was taking lots of stuff out. And people were getting better, much faster. That eventually led to one of Del Edison's patients who went through the original Edison protocols.

And that was all. Put stuff in more omega threes. Some CoQ10, something positive, and we'll make it all work again. But that wasn't the problem. There was blocks in there that were stopping everything from working until you take the blocks out, you can't fix things.

And so he was at the end with this patient. He handed him over to me. We took all his mercury out. It reversed his cognitive stuff. And as you know from cognitive work, a lot of it overlaps with cardio, metabolic things, things like metabolic disease, fatty liver, poor glucose control.

He had both, cardiometabolic and neurologic. And they both fixed. And that led deal to change his path to trying to find the blocks and the whole recode thing is what are the blocks and how do you address those specifically versus a one size fits all.

So, you know, I'm proud to be part of deals redirection. And yeah, that's how it all came about. It's really cool now. I mean, how does it feel at this point now knowing that like, look, the studies come out, you know, you there's a randomized control element to it, which has been very difficult to do in functional and personalized medicine because of the nature of the methodology.

But like to see that most people, 91% of people in the trial got bad. And to see the sort of, you know, the, the all the graphs where the people that aren't doing this down of CAG go down, we know what that looks for them to see this go back up consistently is a is a big moment.

It's so validating. You know, it's like I knew all this stuff was true as I went along in this. I, you know, I was an organic farmer, a long time ago.

It was like, talk about microbiome. That was all about microbiome. It was all systems biology. And then coming into this functional and integrative medicine and after the PhD, I was really good at looking at system stuff.

And I knew if we just change the systems that were going to get really deep results, and I seen so many great results with that kind of approach. But, you know, how do you get one of these big trials done?

And, and Dale and Christine got that done and really vindicated what we're doing here in functional medicine. And I'm like, yeah, I knew that would happen 91%.

I was like, damn, yeah, yeah, it's a big moment. Well, like, I hope that's inspiring for you. Listening at heart. Inspiring you know, to to move things along.

But I want to I want to jump into the the like his I'm discussion because. Yeah. You know one of the unique things about having early Alzheimer's, mild cognitive impairment or otherwise is that that time is ticking as to, you know, you've got to fight back effectively as quickly as possible.

And, you know, if you're if you're dealing with, you know, a digestive concern when you're 40 years old or 50 years old or 60 years old even, you know, there's not really like the the time is not running out.

And uniquely with these brain diseases, time is running out.

Why Fast-Acting Delivery Systems Matter

And, you know, I think I was I was at a dinner last year. Right. You and Christine was sort of sitting across the table. And I think that was a moment where you clicked that you both had the same methodology, which, yeah, our goal time is brain.

And so I'd love to just get your thoughts on why this is important and how the Quicksilver methodology reflects that urgency. Yeah. You know, I'm just inherently impatient for result.

I want to see things happen quick. And, you know, it's just natural that I was pulled into this path of doing this. And when you talk to our doctors and they've really started using this stuff, they're like, man, nothing moves the needle faster than these high bioavailability approaches.

And they'll say, you know, it's not that I can't get the results when I'm using the capsules and powders and some what's similar of a stack of nutrients.

But what I can do in 12 months with this other system here, I can get that done in 2 to 3 with years and that ability to move in and change things so quickly like cardio, metabolic.

So there's, you know, that Tibetan monkey that lives with me, I didn't I knew he was tattooed, diabetic, but I saw him taking his trulicity and his insulin and stuff, and I thought he had that under control.

And then he runs to me one day and he shows me this result of his A1. See, because he'd showed it to my ex-wife and she freaked out because we have a type one diabetic son.

We know everything about blood sugar control. And he runs to me and he's like, is that bad? 10.1 I'm like, oh my God, your eyes are going to fall out.

Your feet are going to run off. This is terrible. And we put him on Ampk charge. That's our cardio metabolic blood sugar control thing. We renamed it to GLP one amplifier because that sells better now in two months is a once he was 7.3.

You know like it affected it so quick. And that's what I want to see. And the ability that like why does it work so fast. So these molecules you're getting them all into the blood in 20 to 30 minutes.

And then if the body takes them out fast they go off fast. And it's not slow. They go up slower. But the needles we're trying to move are actually triggers in the body.

And it's signaling in the body. And we think of things like resveratrol in question as nutrients. Now there's signals and you have to get the level up high enough to signal.

And often there hear me talk. You don't want to round all the time. You want to go up signal and go away. And that's what the delivery does. Like that one for the blood sugar.

These are things everybody else is using. Quercetin, resveratrol, berberine, cinnamon. Nope. Thistle. But they all go in. So fast and all of them go in at once all together.

And they're all hitting these targets, and they really move things quickly. And then they go out and you're just drifting along with these low, you know, Kristen takes five hours to get to a peak in a capsule 20 minutes with this.

You go in, you hit a trigger, you affect something and it goes away. Then you can pulse and do another thing. There's a whole group of really precision.

Guys are starting to use this and they're like, I want to do this at this time of day, that at that time of day that at that time of day, if something's taking eight hours, 12 hours to come in and out, there's none of that precision there.

So you're not signaling. You don't have precision. I mean, it just changes everything. And when you get to detox,

you need to get this release from cells to blood.

Root Causes: Detox, Mitochondria, Hormones, and Infection

Then you need liver to pick it up and dump it out into the GI. You need to bind it. That all has to be done. All this stuff coming in, working in concert in a little package of time, and that's only you can do that if you inject.

But orally. Liposomes, nano emulsions like we make at a pharmaceutical level are the only things that can do that that moves the needle fat. That's interesting.

You say that because you know, in this study particularly like these are functional medicine trained doctors, but they're calling it precision medicine.

And it seems like there's actually a marriage even there in the fact that like the the speed to which things work actually allow precise efforts, especially when trying to like, move physiology in a certain order with detoxes.

And again, and maybe it's with bio rhythms and timed with your hormones and cortisol and melatonin and then that's real precision. Yeah. That's wonderful.

So you know, obviously the detoxification is is a major topic because that's, you know, where you where you where you came from. But I know that part of this methodology now is identifying the root cause and sort of and moving it along the sort of you mentioned cardiometabolic, you mentioned the Ampk there.

We talked a little bit about detox. What are some of the things that you like in some of the areas, like mitochondrial health or cardiovascular health?

We'll see. It's hard to remove those from detox because your your cells is signaling to do things, and they want to do things in the proper order. But what if the signals can't get through?

What if something's blocking them? You know, the the toxins. So one of the things they do, it's like, well, like mitochondrial health. Let me feed in more stuff.

Well, the toxins block those signals from even working cardiometabolic. Oh, let me, you know, do some fasting and let me improve my diet. But as long as the toxins are there, there's stopping the signaling.

So, the ability to move the blocks to the signaling out, and then infection's blocking, signaling the ability. We even applied this technology into those.

We have some of the biggest line groups on the East Coast. Using that, I developed stuff to heal my own line and they're like, My God, this works so much faster, more effectively than anything we're doing.

So yeah, we need to pull this stuff out. We need this technology for that. But then when we want to build mitochondria, we have to get delivery. If we're doing NAD precursors and a man and our long term high dose of the powders will get you there.

But now a fifth of the dose in this high delivery, you're getting there a lot faster. So you look at mitochondrial health, remove the LED blanket on it, and then feed this stuff in and back to that precision.

You know, how do you get stuff out? How do you directly put stuff in there? And so, you know, in longevity, you know, there's for the signals to come through.

A lot of the signals are even hormone dependent. And so, yeah. All right. So the toxins are blocking the signaling. We get those out, we get the infections out.

But the hormones aren't there to complete the signaling. So some of these detox triggers like Nrf2, if you don't have

protein alone or progesterone in there, you can't complete the loop.

And so when we started gaining in the hormones years ago, and then the female hormone system, you know, we understood how important these things are in there.

So to have, you know, like we have our longevity, we'll what's longevity mean? We got six points you have to go after and and take care of. And so I just believe that we have the tools and the understanding to approach it in such a more precise and powerful way than we used to.

And these delivery systems just make it all possible. Awesome. Yeah. So look, I mean, you're in an interesting position to sort of forecast as to what you think.

Like what what do you think? A standard of care could look like where which could make Alzheimer's optional or, you know, in a, in a, in a way that you don't have to get it.

What what would that look like? And what would the system have to look like? Yeah.

Diagnostics and the Future of Alzheimeru2019s Care

You know, the diagnostics have to go a certain way and we have to start a range. I mean, we still have these simple, you know, metabolic panels and, and blood counts.

We have to start breaking out in the immune cells, break out. What part of the immune system is working, right. What is senescent or gone down? What's, you know, a more sophisticated, metabolic panel, where we can look at the brakes in the cardio metabolic profiles, then looking at the buildup of the proteins that end up building in the brain, they're reflected in the blood.

And then, of course, the toxin infection panel. So and, you know, things like hormone panels, just having that full diagnostic and looking at it early and say, oh, I think these are the interfering things.

Let's start clearing those out. Let's relook at everything and see what's left. And there's a little, you know, at different times, you know, the industry is I mean, how many people do you know, are given 50 supplements by their doctor and stuff?

You know, we gotta get more precise about how what we're going after. And then precise with how we go after it and look for really defined results. And I'm amazed at the speed at which this is coming along.

There's so much I mean, I saw this first starting to develop out our systems, how much research I could go on on these nutraceutical compounds and what they do.

There was it was building in the universities and now the diagnostics leaps and bounds and the movement of things like Cleveland Clinic into looking at these things.

I mean, very, you know, you know, some gratitude for Mark. And Pat had a way for going in and building those things in the Cleveland Clinic. And it's just built from there's a lot of intelligence.

And really longevity has brought a lot of money into this. You know, when I started doing detox, it was about taking people who were really on disability who couldn't really do anything anymore and bringing them back up to the top.

It wasn't really about optimization, and it wasn't about what we're looking at now with longevity and cognitive health. And now all that's applied to that and that's bringing in more money and more money brings more man hours.

Working on a problem. And like where we've gone in the last decade and where we'll be in ten years, it'll be spectacular. Yeah. It's amazing. You know, I was seeing this graph yesterday, which is showing the comparison of like what we spent in the last 20 years on health care versus like the increase in longevity.

And just seeing that one graph over time made me realize why the longevity boom is happening so much, because we've invested so much money in healthcare, and I've got essentially no value, no longevity benefits.

So like, you know, and again, you know, that was stuck too long and living longer. But it's being, well, longer your health span up to your lifespan. And that's changing so fast.

And Bobby Kennedy got to thank him so much. You know thank the administration for letting them in there. Thank Carly Means for hooking up in there and him being able to just pull the blinders back on how we developed sick care, not health care, and just opening up the dialog on that to move that forward.

What would you say? You know, there's a lot of people watching this, maybe have loved ones who have mild cognitive impairment or themselves trying to avoid it.

What what are some things that you think you know before you're at a stage where you actually having any symptoms at all? What are some of your recommendations for, you know, staving off, future issues?

Yeah, yeah. I mean, just so the basic level, toxins and cardio metabolic wellness are probably the biggest things going on there. And you know, look at like, what is there a onesie.

What's their glucose insulin ratio. How's that working. How's the liver systems. How are they working. You improve that cardio metabolic that's going to go right into the brain.

And you get that, intermittent fasting and stuff. You're going to turn up autophagy and start moving the accumulated proteins out of the brain. You just get one of our detoxes. Just do it.

Prevention Strategies and Closing Remarks

Even if you don't know what's in there, it's gonna help because this is the beauty. And this is why I said the first patient is cardiometabolic and his toxins and his cognitive stuff.

All changed because the way we're doing it is using triggers that are both cardio, metabolic and detox triggers. Those are really intimately interlinked.

And so if you go after toxins and cardio metabolic, you know, even with simple testing, you're going to really change the game. And anyone can do that.

Yeah. Well at that well, I thank you so much for being part of the summit. I really appreciate, you know, all of your contributions to the space. And I think like the vision that you shared is, is upon us, right?

Where ultimately the tools exist, the resources exist. They're just not evenly distributed. And I'm excited to go on this journey to distribute them, because ultimately, if you look at the outcomes of the study and you see such a huge gap between the standard of care and what happens when you take this precise approach, we have to move in that direction.

And I think that we've laid a great foundation. I agree with you. The next ten years is going to be very exciting. Absolutely. Thank you so much, James.

All right. Well, this has been a reversing Alzheimer's summit. 2.0. I've been here. We talked to Christopher Shade of Quicksilver Scientific. Check out Quicksilver scientific.com.

You can find out more about the testing. You can find out more about some of the products that were mentioned here. And, there's a lot more going on in that world.

And I look forward to checking out all the rest of the sessions that are happening today and throughout the rest of the summit. Thank you so much for tuning in and we'll see you next time.