Introduction to Dr. Valencia Porter

Welcome back to the reversed Alzheimer's Summit. I'm your host, doctor Heather Sanderson. And it's such a joy for me to introduce you to Doctor Valencia Porter today.

She is the author of this phenomenal book, Resilient Health. She's also an MD, MPH, a leader in integrative and environmental medicine, combining ancient wisdom traditions such as are you Vedic medicine with modern science?

For over a decade, she worked with Doctor Deepak Chopra at the Chopra Center for Well-Being, providing integrative medical consultants, consultations and teaching health professionals and community how to achieve total mind, body and spirit health.

She's passionately advocated for real solutions to the global problems of climate change, pollution, and knowing that personal and planetary health are intricately linked.

Doctor Porter is now on our team here at so. We are so lucky to have her. She also is the doctor seeing the majority of our Marama residents. And she has her own deeply personal story to share about her treatment of dementia patients.

Doctor Porter, thank you so much for being here. Thank you. I'm so excited to join you here. So I want everyone to know sort of the arc of your career trajectory.

You were just sharing with me that things have kind of come full circle for you before you even went to medical school. You were involved in the studies on Aricept, one of the earliest, dementia drugs out there.

So tell me a little bit about just how the whole circle. Yeah. I mean, it's so fascinating to me because I started out my career, I was very interested in cognitive neuroscience.

Coming from a computer science background, and it was because I was studying artificial intelligence that I fell in love with the human brain and all of the potential that we have.

So, before I went to medical school, I was, research assistant at Johns Hopkins, and I was one of the people working and, doing the neurocognitive neuro psychometric tests to evaluate how Aricept was doing.

So that was one of the initial drugs for Alzheimer's. And it was, you know, so fascinating to see what was going on there. And then I went to medical school and, decided to go into child neurology.

So my career started out in child neurology. I wanted to really work on keeping people's brains healthy, keeping people functioning and well.

From Cognitive Neuroscience to Integrative Medicine

However, I became frustrated with the conventional medical system, because the only tools in my toolbox really were pharmaceuticals, which had, you know, potentially harmful effects, potentially severe side effects.

And I kept seeing that time and again, with my patients. And meanwhile, my patients were looking at the other areas and they were exploring homoeopathy, different types of diets.

This was before gluten free was a thing that was well known, osteopathy. And they were coming to me asking me my opinion on these things. And I really didn't have much of a background in that.

And so I couldn't tell them yes or no. I didn't have much of an opinion. When I asked my colleagues, they said, oh, that's all you know. Yes. So but when my patients are coming back to me improved.

And I said, okay, well, we may say it's B. S., but it's doing something, so I'm going to go look over there. And that began my journey into integrative medicine. Wow.

And then you were at the Chopra Center for a long time. Tell me more about what you did there, who you were seeing. Yeah. So at the Chopra Center, we were seeing people from all over the world.

And, where there were a group of us who were traditionally trained Western physicians, MDS, but we were also trained in Vedic medicine, which is a form of medicine from India that dates back thousands of years.

So when, conventional doctors say I practice evidence based medicine, I always like to say, well, there's evidence in using a system of medicine for thousands of years.

But anyway, so we were seeing, clients there, as well as teaching about our Vedic lifestyle, which to me really blends hand in hand with functional medicine, which is, in my opinion, kind of a modern day version of our Vedic medicine.

And what they have in common is that one is you're looking at the whole person, a whole system, not just a little slice. We want to look at the whole trajectory, you know, where did they come from?

How did they grow up? What are their, you know, family history as well as family dynamics. And, you know, looking at the whole mind, body, spirit picture, food is a huge focus.

So we believe that food is medicine. And to me that is a foundation for health. If you don't have healthy, good food, you know, you can do a bunch of things, but you're, you know, going to have incomplete healing.

So food is a foundation and also prevention. So looking at catching disease and preventing disease before it even develops, according to Ayurvedic medicine, there's six stages of disease.

And unfortunately, Western medicine really only catches you at that sixth stage once you have developed something full blown, and, you know, have lab markers or radiographic findings or, you know, something that you can visibly see, whereas from an innovative standpoint, we can catch things on a more subtle level before they have fully developed.

Do we start by figuring out where there's an imbalance in the system and work to try to bring it back into balance and harmony and harmony with nature as well?

And then you and your pediatric neurology, did that inform what you were doing there? Were you just even adults there? Have you continued to see kids?

Yeah. So I you know, before I did pediatric neurology, I was a pediatrician. And then after I left, child neurology for a while, I was I was working at a pediatric, clinic at a community clinic.

I love that. I love seeing, children. But most of the people coming to the Chopra Center were adults, so I saw people from, you know, who had a wide variety of, of issues, a lot of people with chronic stress, people with serious illnesses where they really open their minds to say, you know, I really have to look and take a, you know, take stock of my life, my lifestyle and make a change.

You know, for many people, when they come across a serious medical illness, medical diagnosis that ends up being a time to meet some of these important lifestyle shifts and so now you're seeing quite a few dementia patients.

So how did you end up with that interest? Yeah. You know, it's just continued to be a focus of mine. Always

optimizing health and optimizing brain health.

You know, as always just been a passion. And when I heard doctor Dale Bateson come up with his protocol and saw his research, heard him present, I was I was like, wow, finally, finally, somebody is looking at the whole picture and, and I could see so from all the other chronic illnesses that I have been seeing and working to help people prevent and reverse a lot of autoimmune illness, a lot of people with environmental toxicities, you know, things that aren't necessarily, at the forefront of people in the Western medical community.

And the approaches that are helpful there. So when I heard that, I was like, oh, yes, you know, this is a fantastic program, a wonderful opportunity to shift the trajectory of for so many people.

Chopra Center and Whole-Person Care

Because when you look at it from a, you know, population standpoint and, one of my board certifications is in preventive medicine as well, you know, the population is headed towards an epidemic of dementia.

And unfortunately and, and hitting at younger and younger ages. And I was starting to see that in my practice already. People were already coming to me saying, you know, they're in their 50s or 60s and saying, you know, I'm having some cognitive issues. Or genomics is also a passion of mine.

People learning about potential genetic susceptibility, saying, you know, I have this gene, what can I do about it? How can I prevent from going down this pathway?

Yeah. So exciting. And so what have you seen clinically? Yeah. It's been so, so fascinating. As you know, there are so many things to look at. And I love that, Doctor Bryson has, you know, the 36 point checkup, but it's probably more much more than that.

And really finding the holes in the roof and plugging those holes. So to me, you know, this is the same way that I treat all of my patients. I take a very holistic look at them.

I'm looking at, you know, I tell them I'm going to look at every nook and cranny so that I can figure out how to best help you, because the treatment really is individualized and personalized.

It has to be tailored to that person instead of just slapping on a diagnosis. And do that, name it, blame it, and tame it. Where then you're giving a pharmaceutical that's inadequately treating because you are missing all these other things.

So it's been fantastic trying to help these people turn things around. And I have seen progress. Not with and, pretty much everybody, at least some type of progress or, you know, slowing of the decline.

But when I'm able to see reversal, I'm always just so thrilled. So that's been wonderful. And then in terms of prevention and giving people peace of mind, that's also been really helpful as well.

And and usually when people come to me for that preventive aspect as well, they're starting to notice like a little slip, you know, we all get to a certain age and we're like, oh, you know, having a little moment there.

Or maybe this is part of my aging, but it's been amazing to see how people can, you know, even turn that around. Yeah. I think it's such a big part of why I'm hosting the summit way.

I have the clinic that we, we live and operate in, and then Marama, where residence I live, is because it's so important to change this narrative, right, that when it when you start to notice those senior moments, like we say, that that's not indicative of a directly downward spiral into dementia, that there are things that you can do and that the neurologists as well, meaning as they are, they don't always know that these things are possible right there.

There is this kind of tendency to be like, here's some aricept, here's some namenda. Get your affairs in order.

There's only one trajectory for you, when really the truth is that there's lots that we can do.

And if we look back at the root cause and we can systematically go through all of that, the more comprehensive we can be, the more confidence, I think, that you and I both have in the results that we see, which are, you know, very compelling, I think, because we're in the process of changing the narrative, it is work.

It takes a lot of work for people to change their diet, start exercising, change their routines, shop differently, take the supplements, take the hormones, you know, do all the pieces.

And we've been socialized really to think like kind of like you've got strep throat, take an antibiotic, it'll be gone in a few days and so this is a very different approach to health and healing.

And it does require effort. And when people are in the throes of dementia or later in life and they're used to their routines, it's challenging to get people on board.

And that, I think, limits the potential of the progress that they make. But the more of this we do, the more studies we publish. I think the more people are really going to engage in this and take back control of their health.

Yeah. And I think you know that to your point. You know, it's about the narrative. And we've grown up in this narrative of, you know, better living through modern chemistry and a pill for every ill.

I certainly, you know, was an advocate for that for a long time. And I think for many things it does work. For example, if you have an infection and need an antibiotic and Western medicine is fantastic, is those things that acute medicine, emergency medicine, you know, saving so many lives and, you know, really improving outcomes there.

But when it comes to chronic illness, I think what people need to understand is that chronic illness doesn't just happen overnight.

Entering Dementia Prevention and Treatment

It has developed over a long period of time, just as we, you know, have learned that Alzheimer's starts developing 20, 30 years before. It's diagnosed.

So I think that narrative has to be changed of, you know, when you have something that's been developing over 20, 30 years, it's not going to turn around overnight.

It's going to take a long time to reverse all of the things that led you up to that point. Yeah. It's so neat to see some of the residents that were I saw them today, virtually, but, I was having a little conversation with the couple who's been there for over a year now, and his his language is just so much more fluent, so much more fluid.

He communicates so much easier. And they're not even on the reticent protocol I think it's just the lifestyle. So I cannot wait to see what happens as they establish with you and really get the all.

You know, like I said, I think the more comprehensive we can be in our approach, the more benefit we get. And so I just cannot wait to see how things unfold for for everyone there really.

So you have a very personal connection to dementia. Would you mind sharing a bit of your dad's story? Yeah. So, you know, I've been working on these aspects of the Radisson protocol for years, but I didn't officially, you know, take the course and complete the certificate until just last year. And I'm so glad that I did, because it wasn't until, you know, shortly thereafter that I discovered that my dad had fallen into dementia as well.

So during Covid, he was all by himself. He's 85 years old. All the people that he knew are over 65. So he lives, you know, thousands of miles away from all of his three children.

My two sisters and I live far away. And he was afraid of Covid. He did not want us to come. And so he was on his, this bachelor, 85 year old, he my mom took care of him so well, and she passed, more than ten years ago.

So he's been doing the best he can nutritionally. But, you know, he always he would visit us. He would visit his daughters, and we would, you know, boost him up and feed him really good, wonderful, healthy foods.

But because of Covid, he couldn't do that. And so he was left on his own. He was afraid to go out. He was an avid exerciser his whole life. I mean, ever since I knew him, he would exercise on a daily basis because of Covid.

He stopped. He was afraid to go outside. And many other things were happening during that time. And, you know, I could tell he was under some stress. During that whole time.

But then around December of 2020, Christmas time, actually, I was I was like, I remember who we were on a zoom call and he he couldn't figure out how to fix his remote control of his TV.

He couldn't figure out how to get the battery off. And I was wondering, is it vision? Like, what is it? And, then there were some other, other things that I noticed.

And so as soon as I could, I, I got up, to see him and I thought maybe it was because of the nutrition, because of lack of sleep. So I got up there, I fed him really well.

I got him set up. But then we. And with his permission, we installed some cameras in his house because we said we want to check in on you on a more regular basis.

Make sure that you're okay, since you're living alone. And we started to notice he was wandering around at night. He had some medications for his heart that he needed to take, and, I wasn't sure that he was taking them on time.

So, there was an episode where, he got acutely confused, and my sisters and I were all worried, and I, we called 911 on him, and he went to the emergency room.

They checked him out. I mean, while I'm flying up from California to Washington state. So I'm there within a number of hours. And they checked him out and they're like, he's, you know, got some cognitive issues, but, you know, he's a pleasant 85 year old.

He's he's a very intelligent man. And so he, he can follow people pretty well. I mean, you ask him about history, long conversations about the history of the world, the history of the US.

And, you know, you do not know that he's impaired. But I could see it because I know him. And, he was an actuary by profession. And, so numbers were a big thing.

And I saw that he was having issues with some calculations, and I was like, okay, this is this is an issue. So, we took him to, well, actually made an appointment with a neurologist, but that was months down the road because to get a neurology appointment, probably anywhere.

I mean, and I remember when I was a, you know, pediatric neurology, you have to wait months to get in to see a neurologist. So meanwhile, here I am, armored with the medicine protocol.

I said, okay, dad, we're we're gonna do this.

Clinical Results and Changing the Narrative

And he had already heard about this work, this type of work, from watching some programs on television. He was already interested in that because he wanted to stay as healthy as possible.

As he age. So he was up for the challenge, and, his physician, ran some of the blood work for us so I could get

some understanding of where where we were at.

But when you looked at all the different areas, you know, the 5 or 6 different types of dementia, he had almost every type happening at once. So then I'm, like, busy plugging all those holes in there, which is almost a blessing and a curse, right?

Because in a way it's like, wow, look, there's so much we can do and we kind of know it. And then in another way it's like, oh man, there's a lot of work to do.

I think Doctor Bredesen and I have had these conversations around, okay, if it's 6 or 9 months, somebody is not getting better. What are we missing? Those are the places where, you know, I don't necessarily get excited, but I get really curious of like, what is it that we're missing because we know these 36 or 72 or however many you can list these days?

We know some of the holes, but there's still some holes we haven't identified yet. And so this is a work in progress. So for your dad you had a lot of them happened.

Yeah. And you know, I didn't even I hadn't even measured all the markers that you could possibly measure. I was like, okay, we have enough. We have enough to work.

We can get started. But, you know, nutritionally, that was a big thing. And so, you know, my suspicion that, things had gone off, with his bachelor diet, were correct.

So we worked on correcting those. He was having some, like, blood sugar issues. So that's a big thing. We're still working on that. In terms of, toxic load.

He did. He had some, perchlorate, actually, which from my bladder. Yeah. I was really surprised. And, his thyroid was off, and I'm still not sure if it was from the perchlorate or what.

But, yeah, she had some toxic loads. He had some mold present. What else? Some, you know, were you able to take heavy metals? We did do a new trivalent.

He actually did not have, heavy metal issues on the Nutri. Val. I'm trying to think what else we ran on him. Oh. We we didn't run the gene test yet, but I know from my genes that I have a methylation issue, and I also, carry the ApoE4 gene.

So I was I came from somewhere. And he did have some elevated homocysteine. So I was like, I think we've got a methylation issue here, too. So, you know, you can be when you're a clinician.

I mean, you've seen so many of these, even if you don't have all the pieces, you can kind of put the puzzle together and get a general feel. And then he also had some vascular issues, which we're still addressing as well.

So snoring. We're still working on that. He just had a sleep study. So, you know, even despite my background, it takes all it takes time, it takes work and it takes diligence to work through all of these things.

It was challenging to, have him adhere to the diet. You know, he's 85. He has lived a certain way his whole life. And then all of a sudden, I'm asking him to eat a completely different way.

Like, he's he's a bit regimented. And so, like, he would and the and he thought he had a healthy diet, so he was like at breakfast, I always have my cereal on my.

But my banana and my orange. And I'm looking at that. I'm like, sugar, you have a sugar problem. Oh sure. Yeah. So you know, but my whole life I have always seen him every morning with a banana and an orange.

So to, you know, to reverse some of those habits, to shift some of those habits. That was hard because he's like,

and you're he's like, fruits are good for you, right.

And I'm like, why I'm at that so bad for you. Right. That's what we heard through the 80s. Yeah. And you're asking someone who can't remember very well to change their diet.

Yes, exactly. So, you know, we were blessed that, he agreed to come stay with us. So my my sister lives nearby. So she and I were tag teaming. And I'm blessed that she's also a nurse practitioner.

So she had a medical background and she was on board as well. So we really worked hard with him. And then, he really wanted to continue to live independently.

So we we buffed him up as much as we could, and then he wanted to go back home. So we did. We, had him go back home. My other sister was there with him, and we brought in some help, and we were trying to see if that would work.

And ultimately he decided, I think partially because of what happened during Covid, you know, being alone. He was like, he didn't want to be alone anymore.

So he recently moved nearby and is now, doing so much better. I mean, I, I would love to repeat his his testing, the mocha test. And, we also did the CNS vital signs.

So we're going to we're going to have to do that pretty soon so I can see. But definitely there's been so much improvement. When he recently went in for, you know, there's the mini mental status exam, which is a screening test that, you know, practitioners use and the top score is 30.

And he just only moved down here. So he just missed one because he didn't know what county we were in. Wow. Yeah.

Personal Story: Her Father's Dementia Journey

So he's yeah I can't wait to hear what his market is now compared to before. And the CNS vital signs. That's amazing. Well done. Oh he's so lucky. So one of the things that you said you found, for him was mold and mold toxicity.

That's a conversation you've been having with doctor Margaret Christiansen. Doctor Neil, Nathan, doctor Joe, Krista, we've had a handful of people here on, the summit.

And please, all of our listeners, go over there and listen to some of those talks. If you're concerned that mold might be an issue for you. I have come to think that it is probably the number one hidden cause of dementia and that it's completely missed by conventional medicine.

And so it's also totally treatable. There's a lot you can do that's actionable. You don't necessarily need a ton of money to do it. I have patients who, you know, if, if they can, they can sleep in a tent outside and then they're getting half the exposure or a third of the exposure around the site all night.

So there's lots of practical tips, lots of ideas of what you can do. So definitely dive deeper into this if you're interested. And then I want to hear from you how you kind of discovered the mold.

If you think he was currently being exposed and have you tested that one again? Yeah. So, you know, he was living in the Seattle area. So obviously there's going to be stuff there.

And and previously he had lived in, you know, very humid environments and had a lot of books and papers. And I've seen a lot of people with mold illness.

So I know what that's all about and all of the stuff that can be contaminated. And then you take it with you and then

and then he was in a very humid, wet environment again.

So, yeah. So that that was one of the first that I was like, okay, we got to check your mold level here. So we did the urine mycotoxins test and and found that to be a positive.

I also was wondering if if part of part of that was due to his diet as well. Because during Covid, he was going out minimally for groceries and kind of stocking up.

And, so I think he was also eating some, not great food. And then he has this sugar too. So potentially Candida, which might have been contributing. Yeah.

Could be colonized and growing it internally too. So we have not followed that up yet. We we plan on doing that. But yeah, it's, it's an issue and there's a lot of, you know, the think the things that came with him and came with him on his move actually, may, may have some mold to it.

So we really need to, to pay attention to that and what happens there. But yeah, I agree with you. I think that is one of the biggest, hidden causes. You know, we talk about inhalational, Alzheimer's or inhalational dementia.

This huge, huge issue that people are not aware of. And Western practitioners really only think about mold in terms of allergies and, respiratory issues.

So I've, I have a lot of clients are like, oh, yeah, my doctor told me that's nothing, it's nothing. And yet they have these many, many symptoms, many systems affected.

And when we get the mycotoxins out, they usually disappear, which is so satisfying and fun to see people go back so their lives go back to living so fully.

Yes. Yeah. So you also are seeing some of the Marama residents. So where are you working? We're working together to sort of create the vision of what that looks like.

And you know what? All of the the accouterments, the fun things that I think you and I get excited about, you know, the red light therapy and the, the, certainly the violate the choose like the Levo two or the exercising with oxygen therapy is the biomarker and the brain to have, meditation.

So we were chatting a little bit about that, but I'm, I'm just excited to share with our listeners kind of what your vision is of how seniors might age in, in communities and in places that really put their health first.

So yeah, sure. Share what you would design if it were totally up to you and what you want to see for your patients who are there. Beautiful. And speaking of vision, I'm about to be blinded by the sun reflecting off of this house.

It's really pretty light on you. I'm just going to shift for a second so I'm not blinded. There we go. That was funny. All right. Yeah. So, a vision of this, you know, so I love the idea, the concept behind Marama, because now, having personally seen what it takes to to turn it around and to me, you know, brain health, like every minute counts.

Every second counts. Right? So in my opinion, like with my dad, I wanted to turn things around as soon as possible. So to have a place where you can go and really comprehensively work on it and get supported in terms of managing the diet, especially if someone is cognitively impaired, it's a lot of work.

And to manage, the supplements that also might be part of the protocol as well. And then to get all the support. So, you know, doing meditation and kirtan kriya doing the exercise with oxygen therapy and the red light, I mean all of those things.

Sauna. So especially if you have detox issues and mold issues, to have access to those things right at your fingertips is, is wonderful. And then, I would love to see more senior living communities embrace healthier lifestyles.

So I just, with my father went on a grand tour of many of the communities in, in my area. And, honestly, it was depressing. Not that they were bad. They looked fun.

It looked like vacation. But when I saw, I was like, oh, what kind of lifestyle is this promoting? And, of course I'm looking at the menu and talking to the chef and seeing what's going on.

You know, most of these places, they are like, you can have wine at lunch and dinner and I'm like, no, no, no, and dessert all day long. Here's an ice cream bar that's open all, all the time.

And, and then the foods are comforting, but not necessarily healthy. They're there are, you know, better and worse. But unfortunately, 100% of them, I felt, were promoting of chronic disease and chronic illness because of their focus on these comfort foods and desserts and, and less emphasis on, you know, vegetables and healthy foods.

And every time I asked, I was like, so do use any organic produce. They were like, what? So, you know, adding adding to that toxic burden as well. So I would love to see.

So my dream is that more communities will embrace this. And I think as, you know, as our populations are aging, hopefully more consumers who are going into these communities will be pushing for this because that's what they respond to.

They respond to to consumer demand. And, you know, I have some bright ideas of how they could get fresh organic foods, and not break the bank. You know, there are ways of having, urban gardens that are sustainable, regenerative, organic.

They don't have to take a lot of space. You don't even have to have dirt. You can put it right over pavement. But I love that, you know, at Morava, we have our organic garden there, and that's great to not only eat the food, but it's a wonderful activity for the residents.

And I think it's such a great way for when people are able to connect to food and connect to the food that they're about to eat. Like, I think that is so motivating for people as well.

Mold, Toxicity, and Hidden Causes of Dementia

Yeah. So engaging. It's fun to watch the the community and say that their relationships also evolve around the garden and and just yeah, all of the activities really so fun.

So where do you see things going? And I think over the next ten years you have this master's in public health and, you've looked deeply into environmental medicine.

So I know the trajectory looks a little bit bleak, but in terms of solutions, we've talked about senior living and how that can change. What else would you like to see in the field of neurology and medicine in society?

Yeah. You know, I would love for more people to understand what functional medicine is all about. And really looking at that root cause approach, I think there has been some headway made in the functional medicine community and especially at the Cleveland Clinic, where they're, you know, functioning within a traditional Western medical system.

And I think the Western practitioners over there are seeing that they're, they're getting great results. So I'm hopeful that people's mindsets will be open by seeing the good results.

And and that's what I've seen. And with a lot of my clients, is that, you know, they improve and then they go back to their doctor and their doctor's like, what did you just do?

What helped you? How did you fix this? And so I think, you know, getting people to be curious about it, by showing the good results and the good outcomes, it's, you know, hard to convince people by, you know, beating them over

the head with it.

But when they see the the proof, when they see the results, when they see their patients shifting, you know, I think that's the best proof. Of course, it's wonderful to do studies, but that's difficult to do.

Like a whole lifestyle evaluation. And of course, it's always compared to that double blind, placebo controlled trial, which you can't do with lifestyle medicine.

So, again, shifting the narrative, oh my gosh, this light is so crazy. I'm going to shift the lighting again. I'm so sorry. We're we're chasing the sun here.

Okay. We up over here. Good thing my desk is on wheels. I know, and it's nice that you have that beautiful window with your all of your natural light in your office.

Yeah, yeah, yeah. It'll be nice when more studies are published and. And you bring up such a good point, right. This doesn't lend itself. It's not a one variable motto.

You know, a pharmaceutical intervention that you can easily blind and control. This is really a disease that is sort of too complex for our reductionist and simplistic model that we hold to such a high standard.

Right. We really need, we need a system of evaluating interventions that meets the complexity of the chronic, complex diseases that we face as a society.

And so my hope is that there's a shift in how we how we kind of grade these things, right, that the the double blind, placebo controlled trial, it doesn't give us the information.

It hasn't gotten us to a healthier population or even a less sick population. It's gone in the other direction. So we're clearly missing something and expanding our understanding in the in, like you said, chronic diseases and complex medicine is essential.

Yes. So so true. And and I think that's becoming, you know, more and more so with all these complex illnesses, you know, I see a lot of autoimmune illness in my practice.

And, you know, why are people getting multiple autoimmune illnesses? You know, it's not just bad genes. It's a lot of these are environmental factors.

And, and I really think that we need to look deeper at the, at the environmental factors. That's part of the reason why I, when I went back and got my master's in public health is because I realized that my understanding, was inadequate.

In medical school, we learn about poisonings, we learn about occupational exposures. But we don't learn about the everyday exposures that we have. And, you know, since World War two, more than 84,000 novel chemicals, new chemicals have been released into the environment.

And so when my Western colleagues tell me, hey, detox is, you know, B. S. because if you have a working liver and kidneys, you know, need it, you know, that might have been true.

100 years ago, but now we've got all this chemical soup that we have to deal with, and I don't I don't know if our systems can quite handle it. You know, we have not really evolved, shifted our, you know, evolution of our physiology in the last 10,000 years.

Right? You know, and this is just like, come on.

Designing Healthier Senior Living Communities

Like in the last second, we've just been bombarded by all these chemicals and we see all these chronic illnesses going on this upward trajectory. Why is that?

Yeah. So even more research into that and hopefully a societal shift towards getting rid of them. Yeah. And where they stand on that show is you know so really stopping to produce them and spray them everywhere.

I recently was reading some paperwork about the building and it was like you're in an agricultural zone, you have no legal rights. If you if there's any spraying pesticides, herbicides, anything like that, you like, there's nothing you can do.

You're signing that away if you choose to be anywhere in like a two mile radius of this. And I just believe it, I was like, wow. Not only are we are we like eating it up all the time, but like you, when you move in somewhere, you've got to sign away your rights.

So ever have anyone look at it and they can spray these forever chemicals right? Next door, right outside your door without a cross, just across the property line.

Even though it crosses into your space, it's like we have no there's no boundary anymore between us and the chemicals. And in a lot of ways. Do you have any tips for listeners, to help them either detox a little bit better or prevent the exposure exposures?

Yeah. So, you know, that's part of the reason why I wrote the book, was really as a handbook for people to to see what kind of actions they could take, what potential exposures they have.

What that possibly would mean to them. Thank you. And then what can they do about it? And so I go through 50 to 52 sets. My 52 point checkup, 52 different things that you can evaluate and see, you know, does this resonate with you?

Does this seem to be impacting you? And how can you shift? But for me that, you know, it's like a pyramid. And the base of the pyramid is the food, the food that you eat.

Because that we might not have control over who's spraying what outside. And like today, I was walking around outside my neighborhood and I was like, who is using a dryer sheet and spreading that toxic smell all over my neighbor?

I don't need a dryer sheet. No one needs a dryer sheet. I it's amazing because you can smell it in the whole neighborhood. But so I don't have control over that.

But I do have control over what I'm putting into my mouth when I'm choosing to eat. And you know, if you're able to afford organic food, that is great.

If if you have a tight budget and want to just focus on the most heavily contaminated ones, you know, the environmental working group Gorg Dirty Dozen list is very helpful.

But even if you can't afford organic food, just eating fruits and vegetables, even non-organic, can be so helpful. And I think a majority of Americans are deficient in their diet in terms of the number of fruits and vegetables that they eat.

So I like to add things before I take away. So I'm going to say just add more vegetables, especially the green leafy vegetables and cruciferous vegetables.

There are so many different ways to eat them and prepare them and there's so many different types. So, if you're like, oh, I don't like that, try something else or try to prepare it in a different way.

I was blessed that, I had a Korean mom growing up and she always made these wonderful Korean vegetables. So

I grew up loving spinach. You know, most kids are like spinach, but.

But she would make this fantastic Korean spinach. And I, you know, I could probably eat a pound of spinach at a sit in because it was so tasty. So, you know, part of it is about making it appealing to yourself.

But, you know, really paying attention to the food that you're putting in your body, reducing the inflammatory foods. So processed foods, high sugar foods, those types of things.

And, making sure that you're getting enough pure clear water. So water is frustrating for us. If you want a little flavor, I would recommend putting some berries or mint in there.

If you want a little fizz, that's fine. But you know, we are mostly made of water, so we should probably drink some.

Environmental Medicine and Practical Detox Tips

And, you know, I like to tell patients also just taking their shoes off at the doorway so that you're not checking in everything from the outside and that, although, you know, there's all kinds of pollutants everywhere, but the indoor air quality tends to be the worst.

And so if we can open all of our doors and windows, even for just an hour, a day, and get that good outdoor airflow, Doctor Kenyon, one of my mentors, he, he's deceased, but he was just such a gem and such a gift to our community, our knowledge of how the community.

And he always said the solution to pollution is dilution. So the more that we can get, you know, good air coming through, lots of water to dilute whatever's in our system.

All of those things are so, so helpful to reduce the overall toxic burden. Exactly. Yes. Kenyon was my mentor, too. I loved him, yes. Yeah. So, and the the air quality. Yeah.

That's so true. Like, we have closed up our buildings so tightly to try to make it more energy efficient. And we have really made sick buildings. So if you're able to open your windows or even if you don't have windows that open even just open the doors and try to get some cross ventilation for a couple of hours during the day.

That can make a huge impact. And then, you know, let's talk about Doctor Kenyon. Reminds me, you know, one of the things that I talk about in the book is like, make sure your exits are open and clear.

So, so many people have an issue with constipation and not going to the bathroom. So how do toxins leave our body? They leave therapy, poop, sweat and breath.

So make sure that you're, you know, hydrated, drinking water so that we can pee the toxins out, make sure that you're going to the bathroom at least once a day, if not more so that they're released. Because if they're not, some of those toxins can get taken back up into the body.

Doing breathwork. So exercise, I think, you know, is so beneficial for many different reasons. I think part of one of the reasons is that we breathe deeply when we exercise, and we release toxins there and then sweating.

So when we exercise, we sweat. Doing sauna therapy is also amazing. And there was, you know, a number of studies out of Finland which has like a sauna culture, which I love.

I'm like, I want to go to Finland. But they show that, you know, their decrease in a number of illnesses, the number of chronic diseases, as well as overall mortality, for people, the more that they do sauna as a lifestyle.

So getting your sweat on is really a good idea too. So exciting. Any other parting words for our listeners? And also, I want to make sure they know where to find out about you.

Certainly they could become a patient of yours here at Salisbury at our clinic. Your book, The name is Resilient Health How to Thrive in Our Toxic World and is available on Amazon.

I've seen it there. If you have another place that they can buy it and wear those, they can learn more about you. I want everyone to know. Thank you so much. Yeah.

So my website is just my name Valencia porter.com pretty easy. And yeah, the books on Amazon and I hope to come up with an update soon as well. But you know, parting word I would say is, you know, just because you've been given a diagnosis or you found out that you have a certain gene, don't give up hope, you know, keep pursuing, and looking for people who will listen to you and hear you.

I think some of my patients, they've expressed that to me, that, like you are the first one who's actually heard me, and listened to my story and listened to my concerns.

So, you know, keep looking, keep looking for somebody who will hear you and who will look at your overall picture and partner with you as well. Like, I consider myself a partner with my patients, my clients.

Because it is a partnership. If if you're not going to partner with me, we're not going to get very far. If you're not going to do to, you know, adhere to the treatment, you know, it's what good is it for me to tell you?

So, you know, there oftentimes I could give, you know, a list of 40 things. But I really have to say, you know, what is it that you can do and are willing to do?

So it it is a partnership.

Final Advice, Hope, and Where to Find Dr. Porter

Yeah, absolutely. You reminded me when you said about the genes in the diagnosis. I have had a handful of women in their 40s and 50s lately who started to notice a little cognitive decline, and they end up finding out their ApoE e4 for a positive.

And I think that in retrospect, 10 or 20 years from now, they're going to look back and say, that was the best thing that ever happened to me, because I did something about it, and I'm not going down the same path that my mom or dad or older sister or older brother went down.

I'm going to be able to prevent this, and I'm going to be able to get my health back. And that just changing the story, just changing the conversations, having conversations with a partner like you are and getting the, you know, having the ability to take back control, to take initiative of your health trajectory is so important.

And it's there. It's there for the taking. Just reporter you wear many hats, you're a caregiver, a daughter, a doctor. You are doing so many things right now in this world.

To help the the dementia versus everyone in the space. And I just couldn't be more grateful to have you on my team. And, to be getting to have these conversations with you and just, you know, grateful that you are supporting people with dementia.

So, so directly thank you for the work you're doing. Thank you so much. And thank you for your work as well. I'm so excited to to be helping people at Marama especially.

I think it's a wonderful place. Thank you for.