Introduction to Julie Luby and Her Coaching Background

Hi, everyone, and welcome to the Reverse Alzheimer's Summit. I'm here with Julie Luby. Fantastic to have you here today. And also Sandy Koufax right behind me here.

Julie, Julie is a health coach, and it really focuses on cognitive enhancement. And, Julie, if you could tell us a little bit about how did you get started, as a health coach?

Sure. I really didn't do it intentionally. My background is food science and nutrition, and I spent many years doing product development in the food world.

But I wanted to learn about functional medicine. And so I signed up for a course at the Functional Medicine Coaching Academy and found out I loved coaching.

And it was, about the same time that my father was, going through Alzheimer's. I've got Alzheimer's on both sides of my family, and I actually was lucky enough to be a caregiver at the, immersion that you had for patients back in 2017.

That was right at the beginning of my coach training. And, that was, you know, the first time I'd really heard a message of hope about Alzheimer's and also, realized that there were root causes of dementia that could be addressed.

And I decided right there that weekend that that was going to be my focus for coaching. And so I've been doing it for, I think, about 4 or 5 years, and mostly specializing in this area.

Yeah. Fantastic. And tell me what it was like when you began to see the first people, improve from what we've all been taught is an irreversible process.

That's pretty exciting. Because, you know, we've all heard that it really only goes in one direction, right? So to even see it slow down or, stabilize in some patients and then turn around and others, has been really exciting.

And, you know, I really hope that I can help a lot of families that go through the experience that my family went through, and not have to watch their loved ones decline.

So, it's really a really hopeful time. Absolutely. And we always encourage people please come in as soon as possible. You don't want to wait till you go from asymptomatic to shy to MCI and then all the way to dementia.

Of course, it's much harder when you see people who have single digit Moca scores. Have you been able to work with people who were still at the, you know, FCI or early MCI stage?

Oh, yes. Yes. I've worked with several people in pre-Code and Recode that were at that point, and we've seen some really good results. People who have sort of eventually realized like, oh, I do need to eat differently.

I, you know, some people, for some people it's giving up alcohol. And they really see improvement. And so that's very exciting. I, you know, I can give some examples if you like.

Early Alzheimeru2019s Improvements and Finding the Rate-Limiting Step

Please. Yeah, sure. Yeah. So one of one of my clients, was working on she had Moca score at 23, I believe, and she was working with her practitioner on hormones, and she had some oral health problems.

Dentition. And she adapted some meditation for anxiety and some of the supplements and also had some detoxing

to do. She was we worked with her on getting into ketosis.

She was eating really well and couldn't figure out why she was struggling. And, we found just by adding more fat to her diet, she popped right into ketosis and then immediately felt the difference.

So she went from a Moca of 23 to 29, I believe, and reported just much clearer thinking. She was able to read and remember what she was reading. And then she also, I can't remember if she was a knitter or had another hobby, but it was something about following the more complex patterns in her hobby.

She was able to do that. Yeah, I mean, it's so interesting to me because as a scientist, what I see is that there is a rate limiting step. So people will often, you know, get a little bit of improvement and they kind of stabilize.

But then there's something, as you mentioned, that there's something that's preventing that next step up. In this case, obviously a more ketosis. And that's a relatively common one.

Sometimes we see that it's your SpO2 at night that you're just dropping. As long as you're dropping that it's a problem for some people. It's upper airway resistance.

For some people, it's changing oral microbiome. For some people, it's leaky gut, or it's a toxin, or it's an infection that's unrecognized. But sticking with it and getting to that, you know, finding that rate limiting step before the person signs off is always critical.

And I'm so happy when people will stick with it. We have some people who just like, if it doesn't do something in two weeks, boom, they're on to the next thing, unfortunately.

So one of the most common things that I hear people say when I lecture at various places is, well, this is all well and good. We're interested in the, you know, the trial results, but we don't think that we can get people to change their behaviors.

And obviously this is your specialty. How do you go about dealing with someone who's saying, look, I know I have cognitive decline, but I really don't want to change these fundamental things.

What are some of the hints and tricks that you use to get best outcomes? Sure. Well, one thing I will say is I find best outcomes when people are working with a skilled practitioner in addition to the health coach.

Yeah, a practitioner is really going to be giving them the treatment plan and the what they need to do. And then the health coach helps with the how, how do I make this work in my life?

How am I going to make these changes? So I do always, you know, put in the plug for skilled practitioners as well. But we really the first thing is really to help people find their motivation.

Why do they want their brain health? You know what? What will they do with their healthy brain in 5 to 10 years? I want them to articulate that, and I want them to, you know, we sort of keep that in the forefront when we bump up against a barrier and remind them, like, remember, this is what you said you wanted your, your health for.

Yeah. And so that's helpful. Another thing is we really have to meet our clients where they are at you. You have ten different people who want help with this, and they are in ten different places.

So it's figuring out, what are they willing to do right away? What are they able to do right away? Some people like to jump in and do everything at once, and that's great, but that would probably be a rare person.

Yeah. So it's breaking it down into small steps. It's making it personalized. It's taking a complex treatment plan and and really sorting it out and figuring out what the parts and pieces are and helping people to adopt new habits.

Sometimes it's helpful to take a habit and stick it with something you're already doing. So if you need to do

something in the evening, is there some way you can put it next to your toothbrush so you're reminded to do it?

If it's a supplement or you know something you have to do or take, or it's that dental floss you should be using, you know, how can you pair it with something you're already doing?

And we try to break it down like that. And that usually helps. Interesting. And the other thing that comes up often is this idea of people will make change, but then they say, well, I've done the change.

Motivating Behavior Change and Building Better Habits

Now I don't need to kind of continue to work on like, when can I stop working on this? And I always tell people, please keep optimizing because you'll get continuous results.

How do you convince people that they shouldn't give up, and that they need to continue to address these different things? Well, it's helpful if they've seen some improvement because that in itself is very reinforcing.

Right. And so they often they realize, okay, I made this step. I do feel better. I have some improvement. I, I'm doing things I wasn't doing two months ago.

So that helps a lot. Right? But it's really again coming back to their motivation. You know, if they said that they wanted to have their brain health because they wanted to remain independent and live alone, we talk about that and we talk about what that means to them and how important that is, or if they they want to be able to play with their grandchildren or, they want to continue working.

Any of those things can be great motivating factors and help them keep doing it. The other piece that helps a lot is to connect them with other people who are doing it.

If you if you feel alone, it's kind of hard to keep it up. But if you feel like you've got a tribe, it can really be very helpful. That's a great point and actually leads into the next issue, which is, do you think that group coaching is more effective in your hands and with your experience?

Is it better to do it one on one, or do you have to kind of personalize this? Some people do better with one, some people do better with another. I would say that probably some people do better with one and some people do better.

You know, in a group, some people do better one on one. I have several people who are doing both, and they're both in a group and doing one on one coaching, and that's probably the sweet spot because they are getting the community and the support from people around them.

But then they can also talk to somebody, you know, very detailed and personalized about what they are experiencing. Sometimes group coaching is a good entry point.

It's a good way to try it out and start doing it. And if you find that's all you need, that's great. But sometimes people do group coaching and realize that's how they realize they need to do one on one coaching.

Yeah, exactly. All right. And then let's talk for a minute about people who are farther along. Of course, we encourage people to get in as early as possible.

We've seen some dramatic improvements. 84% of the people improved in our recent trial. But to be fair, some improved a lot, some improved only a little.

We've seen people go from mochas of 18 to 30 and from 0 to 9. We've never seen anyone yet go from 0 to 30. I'm very interested in theoretically what that would take, but I know I received a nasty email a few years ago from a guy who said, hey, you're always telling people that if it's really late, you shouldn't get started.

And she said, but my wife had a mock, a score of zero, and she's in a nursing home. And I started her on this program, and she's clearly better, and she's interacting with us and talking with us and all, he said.

So please don't tell people that if their farther along, they shouldn't get in. So clearly there are different things that you can improve, even though you may not be able to bring them back all the way.

So what do you tell people who have single digit Moca scores? And and if you could give an example, have you seen people improve with at least their activities of daily living?

Sure. And you know, we as health coaches, we should try to be realistic and help people understand what a win looks like. Right. So it can look very different for somebody who's starting with a mock of 23 or 25 versus somebody who's starting with a mock of two or 5 or 11 even.

So we and and we also help to set the expectation that the first thing you might notice is slowing down of decline, and then you might notice the decline is stopped and people are pretty stabilized.

And then you may see it, you know, sort of activities of daily living coming back. And even gaining back some abilities that they had lost. So I have seen that happen.

I certainly seen people who have become much more alert with their family. I've seen, you know, people who have, reversed, pre-diabetes, people who have gotten rid of sort of lifelong, constipation, which can really make them happy.

Yeah. For sure. So, I mean, that's kind of a miserable way to live. So I've certainly seen that. And then just allowing them to interact with their family more, to be more responsive to me, going from really not talking very much at all to conversing.

I mean, that's huge for a family. Absolutely. When their loved one can do that. So we've certainly seen, experiences and improvements like that happen.

Yeah. The most common thing I hear is he or she is more engaged.

Supporting Advanced Cases and Measuring Real-World Wins

There's just more interactive. They're they're responsive. One of the things that we always, point out as neurologists is there's this so-called head turning sign when you have a couple and you ask questions to the patient, and every time the patient turns his or her head to the spouse for an answer, that's really a sign that there's some concern there.

And so to have them, you know, interacting and really being more engaged is is really wonderful. It's wonderful for the families. And then, of course, as you mentioned, just the fact that they're not getting worse anymore, and hopefully on the on the road to recovery is huge.

If you could talk a little bit about, the clinical trial you were involved in with Doctor Sanderson, what sorts of things did you see? And did you see some good results in that trial?

And I know that's going to be published, obviously. But tell us a little bit about what you witnessed in that trial. Yeah. So I was one of three coaches that, was coaching in the clinical trial. And, you know, Doctor Sanderson, of course, is a great practitioner with very complete treatment plans.

So that was wonderful to be working with people who got such great support. But we, I think all three of us coaches, some people that, really became better within the first six months.

And who were, you know, thinking more clearly who had, you know, just I could tell when I was doing it on zoom, I could just see the brightness in their eyes returning.

Yeah. And it's really fun to see that transformation, that you really notice. And, and they would mention it as well, that they were feeling better. They were, you know, some of the folks who needed to maybe lose some weight were losing their weight.

They were getting into ketosis. They were feeling clearer headed. I haven't seen all the results, but I know that we had, you know, local scores and increasing and, really getting people back to, yeah, interacting with their families and, depending on where they started, improving vocal scores.

Yeah. One of the common things I always see is people often will kind of stared blankly. They're just not quite there. And one of the very first patients who came through years ago, you know, just really didn't say much.

And, you know, I got an impression that was her, her personality. That was the way I met her and her family brought her back three months later, and she slapped me on the back and said, I'm doing better, doc.

So it's just, you know, like, suddenly it's a different person. You know, there's there's a there there or there is something in there going on. So that's always fantastic to see. Yeah.

And on the other hand, you know, what we've seen is that, it depends a lot on the, the family members as well. We've had people where the family is so supportive and they're in it and they're even doing the same things with them.

And then we've had others where, we had one where the daughters just said, I don't believe this. I don't even care if she or he or she gets better. I don't believe it.

And talk about how the how important it is for family members. You talked about practitioners and of course, and coaches. What about family members? It's super important for family members to be supportive.

And I actually coach, some of my favorite clients are the families I coach. I coached several couples, where one of the spouses has, you know, the dementia and the other spouse is very invested.

And they, you know, we have their adult children on the zoom call with us. So we have four way zoom calls and everyone is supportive. The the spouse is getting a lot of support from the children.

And they're taking on some of the, you know, whether it's research, whether it's, you know, finding tools or supplements or whatever they're helping out.

The couple. Because quite honestly, being a care partner is a full time job. It's a big job. Yeah. And so the more I always say, the more people you can bring into the village to help, the better.

And I've got several families that I coach and I love working with them. Absolutely. All right. And then talk a little bit about, if you would, the things that you've seen, you know, you mentioned the fats and you mentioned getting into ketosis, other things that seem to be really powerful in terms of the terms of seeing people improve.

Sure. Yeah. You know, one thing that is really important, is to make sure people have a functioning gut, to make sure their gut is healthy before they start changing their diet and moving to, you know, ketogenic diet.

I've seen people try to jump into ketosis and ketogenic diet for their gut was healthy. And that's not very pleasant. You know, the the diet has a lot of healthy fat in it.

And if you're not digesting and absorbing well that can be kind of miserable. So I think that's a really important step that people need to take. Yeah, that's a great point for sure. Yeah.

And I think, you know, if you want to be in ketosis, I think you have to measure your ketones. So it's, you know, that's kind of a best outcomes.

I have people who have tried to do it without that, and I just, I, I don't know how people know that they're in ketosis if they're not measuring. You don't have to do it forever. Right? So but it's a really good point.

And, you know, when I'm doing troubleshooting and people say, well, you know, I've been on this for six months and, you know, I don't seem to be getting better.

So I just kind of start with the first things. Okay, tell me what your ketones are. Well, I'm not doing that part. Well, okay then what's the question?

You know, you're not really doing the protocol if you're not doing all the pieces of it to, you know, to get yourself in an optimal neurochemistry, and then it's, you know, it's not magic, it's neurochemistry.

And so you have to have a synaptic plastic neurochemistry to have synapses, you know, formed and, and, and maintained. So, yeah, I think that's one of the critical ones.

And of course, insulin resistance is another common one where people just and they often go hand in hand. People aren't able to get into ketosis as long as they're running those, those high insulin levels, of course.

And then another one I hear all the time as well, you know, I'm not sleeping that well. Well, okay, you know, that's going to be critical or that they haven't even checked their oxygenate, oxygen status at night.

Another critical one. And as you said, I think leaky gut is a is a very common one, or at least a suboptimal gut, often with relatively poor absorption.

So that's a huge one. And then, of course, a lot of something, you know, a lot of these people with the tremendous amounts of stress in their lives and unfortunately, they're they're just stressed more to try to get results.

And then they're they kind of want to give up and they're going back and forth. These are these are really tough ones. And so, you know, I think getting kind of focusing on these and getting each one optimized is so critical.

So many people just say, well, just give me some supplements or give me a pill, whatever. And, you know, it just it doesn't work that way. You really have to do you really do have to change the chemistry. Now, speaking of that, let's talk a little bit about, you know, your own journey.

You had mentioned earlier that when you, you, you got into coaching and then you actually ended up having your own health issues, not prior to the coaching, but actually after you had started the coaching.

And so tell us a little bit about what happened, because I think it is very relevant for people who are trying to optimize their cognitive outcomes. Sure.

Yeah. I was one of those very few functional medicine health coaches who, didn't find functional medicine health coaching because they had worked with a functional medicine doctor first.

But I was I was actually, doing the ketogenic diet along with my parents at the time. And, had, you know, lost 30 pounds, I think, but then had a very acute experience where I had really horrible gut problems.

I thought I had food poisoning, but it lasted for about a year. And so now, I was very sick, and I continued to lose weight when I really didn't want to.

Yeah. And got, you know, pretty thin. And I was working at the time with a good functional medicine practitioner. And, we were trying to address that.

I found that I had Sibo, which is small intestine, intestinal bacterial overgrowth. And we were treating the Sibo, and I

would get a little better with every round of treatment.

But then it would slip back when I stopped the treatment. And so she said, well, the book says if Sibo is not resolving, look for mold. And so I had no reason to think I had mold.

Yeah. Unless it was an exposure, you know, sort of an acute exposure. You know, I certainly have been around mold, but, we did look for mold using a urine mycotoxins test and found that I had mycotoxins in my body, and so started a detox program.

I was still hoping that maybe I had been exposed at a previous time. But I and I was in denial for a while. You know, I knew I had mycotoxins in my body, but I didn't really want to think that my own home was poisoning me.

Yeah. So I did, you know, I put it off for a while, but I did eventually test, do some early testing in my house and found out that, yes, I had hidden sources of mold.

Gut Health, Ketosis, and Common Root Causes

I, I brought in, in fact, my scores of my house were pretty horrible. And I brought in, a really? Where are your scores? You said me scores were. How high were they?

Oh, gosh, it was. I was in, I think, the 90th percentile for, wow, moldy buildings, you know, so I can't remember what the number was. It was well over 25.

I don't remember exactly what. It was as very high. Yeah. Yeah, it was terrible. And my basement was worse than, the I did a two armies in my house, one in the basement, one in my living areas, and my basement was worse.

And that was where I had been exercising every night for 25 years. So taking in lungs full of air. Yeah. And it was probably moldy. So, we brought in, you know, a great mold, Inspector Brian Carr.

And he found his team. Found, I think it was five different sources of mold in our house that we didn't know we had. Wow. And so we had to make a decision.

Do we move? Do we remediate? Do we tear our house down and build it again? We actually contemplated that, and so we did decide to remediate and, moved out of our home for about six, almost four months during the pandemic, and did some remediation.

We had to do things from waterproofing our foundation. We have a, a brick foundation. It's 100 year old foundation in part of the house. So we had to dig a trench around the house and put on a waterproofing.

I call it putting on a raincoat on the outside of the house. Yeah. To prevent, you know, water from coming into the basement or moisture from migrating right through the bricks.

We we decided to put a new roof on. It was sort of time to do that. So we did that as part of this, and then we moved out when they actually came in to remediate, we had a bathroom that had a, a leak under the vanity when the kids were young and we thought we had cleaned it up and we clearly didn't.

We had a place in our laundry room where we had had a leak that was bad. We had a behind our dishwasher. We get cold winter here in Chicago, and one of those polar vortex is we had a frozen hose in the behind the dishwasher and didn't know we had mold there either.

And then of course, found some in the basement. So it was a pretty much whole house remediation. And was it specific? Specific genera, I mean, with these Aspergillus, Penicillium, it was a sticky mattress.

It was. Yeah. It was not sticky mattress. Okay. No sticky mattress. And I don't think we had much. Me either. Okay. So it was mostly Penicillium or obesity, and, Aspergillus I think.

Okay. You know, I'm sort of, you know, one of the I'm a scientist. And so I, of course lined up the mycotoxins we found in my body with the organisms we found in my house because I wanted a survey like that, and they pretty much did.

Okay. So that made me feel better, that maybe I was getting rid of my source. Absolutely. Of course, there there's an argument or controversy about whether you want to include antifungals or not include antifungals.

And of course, Doctor Shoemaker tends to argue not to include them. And Doctor Neil Nathan suggests that they should be included. How did you handle it?

My doctor, advised me to do it. I actually had Mark cousins as well. I tested positive for Americans. So we did do antifungals at the same time, and I did some, biofilm busting supplements as well.

Okay. So, luckily, I didn't really have any bad Horkheimer reactions. I seem to tolerate the binders well, so we did a pretty mild version. I didn't do any post.

I mean, I did all charcoal at first, and that got rid of five of the organisms that were off, or four of the organisms that were off the chart. And the last one really responds to bentonite clay.

So we switch to bentonite clay. And then that one, was wiped out. So, I continue to take binders. I'm not sure I'll ever feel comfortable in life not taking a few binders. So.

Yeah. I do that. That's a good point. And have you had any problem with any side effects from the binders? I have not, but like I said, I didn't do I remain, which I know is maybe a little more, strong and has more reaction, but not really.

I, I tolerated them pretty well. So. Fantastic. And have your symptoms cleared with, initially brought you with the Siebel. Was everything cleared up? Yeah.

Finally, with my fifth Sibo test, I had no Sibo, so that was very exciting. I honestly thought I would never have a sumo test where I didn't test positive.

But I did. So I'm starting to believe, you know, the people who talk about Sibo and mold going hand in hand and leaky gut and mold, I my gut symptoms have pretty much gone away.

Julieu2019s Mold Exposure, SIBO, and Recovery Journey

I had some skin issues as well. And, most of that has gone away. Every once in a while I will, you know, have something. So I always wonder if I got exposed to something again.

But yeah, for the most part, I feel way better. I could I can absorb my food again. I gained weight back. Maybe have to, you know, that's like that double edged sword, right?

We. Yeah. We wish we didn't have to worry about that anymore, but, it's been so far so good. And what percent of your clients, when you're seeing people with cognitive decline or risk for decline, what percentage of them have mold as one of the likely contributors?

I think at least 80%. Wow. That many. Yeah. But part of that might be because I, you know, people know that I've had mold. So they may self-select. Right.

But but I would say toxins in general, is in the top three in almost everybody I work with. Yeah. It's incredible for something that is, you know, we were taught in medical school that this is not an important, contributor to cognitive decline.

It's, you know, it's Alzheimer's, which means we don't know what it is. And it wasn't taught, you know, but nobody

said go look for mycotoxins. Nobody said go look for organic toxins.

Some people believe that mercury was one potential contributor, but basically it was this is not a toxic illness. This is a protein folding problem, that sort of thing.

So that is very interesting. And then what are the other common contributors? I am assuming you see a lot of people with insulin resistance. Insulin resistance.

Sure. Absolutely. And then I would say the, you know, hormones and trophic factors is the other one. So certainly the insulin resistance and, and the, you know, diets high in simple carbohydrates, which contributes to that.

Right. And, timing is another thing that comes up. And I often tell people, look, this has been going on by the time you are having symptoms, it's been going on typically 10 or 20 years.

Your symptoms are late. It's probably more like 20 years if you're at the beginning. It's probably more like ten years, but nonetheless, it's a long time.

And so give us, you know, give us a little time to turn the ship around here. When you see people improve, typically. How long have they been, have they been doing a protocol to improve them?

You know, it depends. I would say the toxin and mold ones take longer for sure. Yeah. That's a longer haul. I've seen some people, when they clean up their diet, feel better and feel sharper almost immediately.

So within weeks or months, some people are already reporting that they believe they're thinking clearer and everything. So. Yes, it's pretty quick and I think maybe the trophic sector one is in the middle somewhere.

Yeah. I always feel great when I see someone who's got no toxins. They got, you know, inflammation and glycol toxicity. I was like, wow, this is going to be well, it's going to be really, really easy to get some good results here.

Yeah. Very quickly. So and as you said, it's the ones who have that severe toxicity that's been going on for years. And they'll say, oh yeah, we've been living in this moldy house for 30 years or something.

We're really, really tough to get the same sort of results. Okay. So yeah. Okay. So what are your what are your upcoming plans? Are you, are you seeing a lot of people with, with with group coaching?

Are you doing this at a distance? And what's your sense about onsite versus, versus telemedicine when it comes to coaching? You know, I'm 100% virtual on my coaching right now.

That happened when Covid hit, quite honestly, and I'm not sure I would ever change that. I, I really, really enjoy it. It allows me to coach. I coach people all over the world, which is great.

And we can do that. Singapore, Ireland, England, Panama. So, you can do that when it's virtual. So I like that a lot. I'm also I do lead one of the Apollo Health type three tax and support groups for.

So that's virtual. And that's one of those situations where you've got people in a group together who can talk about what they're going through with people who understand it, and it can just be so supportive and helpful.

And also, teaching one of the mastering a mastering mold class for Apollo, which is sort of a combination of education and support group. And that's going well as well.

It's people again, have the support of people around them who are going through the same thing. And this one has the benefit of actually having some lessons each week to help people understand what this thing is.

We call mold. Right. And what about people who come in and say, or their their families will say, look, you know, I just have heard about this. I haven't heard that people can actually get better when they have cognitive decline.

So what do you tell them to to convince them to to do the right things? Well, I, I it depends on the person. I use a variety of, of techniques really to help them out.

I do explain it to them sometimes it really hasn't been explained very well. So they really understand what we're getting into. I, I think it depends on, you know, are they.

There's really nothing else to do. So if they're interested in doing something, it's really kind of the best game in town. And I like to convince people to give it a try.

And so often they will start feeling better. They'll start seeing some positive changes. And that helps make believers out of people. Some people, you know maybe won't ever decide they want to make these changes in their life.

And, you know, there's plenty of people who would like to try. So I think that helps. I also, I like to use a lot of humor in my coaching. Humor is my number one character strength.

So I like to use that. And I find, you know, if we can't laugh, it's really hard to go through life.

Virtual Coaching, Support Groups, and Long-Term Goals

So even though this is not a laughing matter. Right. It's really good to be able to smile. And, I will tell you that sometimes I'm coaching couples and, you know, mostly talking with the care partner.

Right. And I've seen people get better enough that they crack jokes. And to me, that's just the most wonderful thing in the world. It's like somebody who was, you know, pretty affected and not communicating very well, who actually comes out with a joke.

Yeah. And so that's a great feeling. I love that. That's a great point. You know, one of the people I've worked with for a number of years, who is a professor, and has done very well, went from 24 to 30 had, you know, amyloid in her brain and actually was part of the first survivors of Alzheimer's, wrote, wrote her story for the book, just a beautiful story about her family and herself and her granddaughters and husband and all that.

Has really, really found that she loves to tell jokes, and that's one of the things that she just enjoys with her, with her new and improved brain. You know, she gets it.

She picks up very quickly on things. She doesn't forget things. And so, yeah, she it really has changed her personality and more joy, you know, more more engagement, more purpose in life.

And I think that that's one of the things that really, impacts people. You know, you look at families where it's been hopeless, and now suddenly the hopelessness is gone and the there's kind of a new lease on life.

And so that they're able to get back into the swing of things and really think about it as one. But one of the patients said a number of years ago, I have allowed myself to talk to my grandchildren about the future once again.

Whereas for a while he was just like, I can't talk about that because I know what my future is, and it's not a good one. And that's completely changed.

And he's actually now he's, now in years. Let's see, he's nine years into this now, and continuing to do very well. So that that brings up the issue of timing.

We talked a little earlier about when do you start to see change? The other half of that is, of course, if you go on a drug, you may get a little improvement, but you go right back to declining.

Have you seen people now that you've got years under your belt, do you see people sustain their improvements or sustain their stabilization? Yes. I, you know, it depends.

I, I'm trying to think of who I've coached the longest period of time, sometimes with people like I may do ten sessions with them and they're like, I've got this.

And they sort of graduate from my program. And so I do check in with people occasionally and make sure they're still doing okay. But I've had some people who have done that.

And, you know, prevention and, and maybe starting to feel, you know, some people don't pre code with a little bit of maybe subjective cognitive impairment.

Yes. And so but really feeling like they're better, they've gotten a handle on some of the healthy habit changes that they've made. And they, they do move on. Yeah.

So I guess I, I hope that they're sustaining I don't always know. Yeah. The other I think as long as they continue to, do, you know, work the protocol.

They continue to, to, you know, stabilizer continue to get better. Right. Maybe a year and a half is like the longest time I've followed somebody. Yeah. So. Yeah. So we'll see. We'll see. Yeah.

I suspect they'll come back to you if they have problems, I hope so. I ask everybody, have you seen a person yet where they were truly asymptomatic scoring.

Well things were good but they went on active prevention. They stuck with it, did the right things. And yet they developed true dementia. I haven't heard of a single person yet.

You know, we're only ten years into this. We'll see. Maybe maybe it will happen at some point. But I haven't heard of one yet. Have you seen this yet?

I don't think so. No. Certainly not in the time I've been coaching. Yeah, that that would be my hope that ultimately we get as many people as possible to get on active prevention when they're, you know, 45, 50, prior to any symptoms and that we just really wouldn't see much dementia, that it would truly be a rare problem.

Yeah. So I think that's, you know, that's, you know, that's the goal really to see a reduction in the global burden of dementia. So where are you going with this?

And what do you see as your goal for the next 5 or 10 years? I, I still work three days a week at my other job. So my goal is to, one day retire from that job and coach full time.

I, I love coaching, and I hope I can do it, you know, for a long, long time. It's, it's something that is very portable. And so I find that I can do it no matter where I am, which I love.

And, so I, I'm hoping that the world will open up and I can do things like travel again and and those kind of things. But, I see coaching as, as being part of my life for a long, long time.

And, you know, at the same time, I love to coach in this space because with somebody who has got Alzheimer's on both sides of her family, I need to be paying attention to this too.

So I love staying close to it. And, you know, learning about the changes and thought and the thought leaders and everything else so that I can stay on top of it.

But I'm looking forward to helping as many families as I can and, hoping, hoping that we have more clinical trials in this area that we can convince more people.

And if I could ever figure out, how to get, you know, the Western medicine world and particular the insurance companies to buy into this, I think that would be an incredible goal.

So absolute I hope to do. Yeah, absolutely. And do you coach any of the, any of the people who are living in at Marana? I don't know, I don't coach anybody at Marana.

I had only done the clinical trial folks who were all not living at Miramar. Gotcha. Okay. Well, look, I really look forward to reading about the clinical trial when it comes up. I think it's very exciting.

Look forward to reading about the exciting results. And thank you so much, Julie. Great for sharing your expertise and your experience with us. And I look forward to talking to you again.

Great. Thank you very much. Doctor Rose. Take care. Bye. Stay safe.