Could This New Therapy Stop Alzheimer's In Its Tracks? Transcript

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Introduction and guest background

Hello and welcome back to the Reversing All Signs Summit. I'm super excited to be here with you and bringing you some of the most exciting guests from across Madison.

And to this session is going to be no exception. We have Doctor Riker here. She is a leader in functional medicine and has one of the most innovative clinics, around and has been doing functional medicine for a long time, has worked with all kinds of multi systemic chronic illness, and is passionate about bringing this to the masses.

And one of the reasons why I wanted to have her come in here today is because she is on the cutting edge of understanding, not only some clinical innovation that is available today, but also some coming clinical innovation that should give, not only, hope to people who are struggling now, but also to reinforce some of the value of the functional medicine operating system for dealing with these kind of areas.

So Radko, welcome. Thanks for having me, James. Super important to get this message out there. Not only to the people who are suffering, but then people who are, coming to this, summit who have family members who they themselves may have early signs so that they can get the help they need now.

Absolutely. Well, yeah. Look, so the reason why how this came about. So a couple months ago, I posted the story of my father. My father had, you know, had a major cognitive decline.

Because of my old Christine Burke had, you know, basically identified the cause of it from across the world without ever having seen him. I was able to take him out of that moldy environment, and he was able to some degree to, you know, build a lot of function back.

And when I posted that online, you know, you, you shared something about TB 006 and I didn't know anything about it. And I asked Christine about it and she said, like, this is it's actually very exciting.

And that is in contrast to Alzheimer's drugs that are not very exciting at all because of some of the like, there's been some New York Times headlines about corruption and false endpoints and so forth.

So, you know, maybe we could just start there with, what is this? What does it do? Why are you excited about it? Why is a functional medicine doctor excited about a medication?

Let's start there. So that is a great question. Why would I be excited about a medication? But in all reality, I always say the reason why, you know, I have my medical degree is that we use a functional medicine kind of, platform to improve people's health.

And then if we need, we reach in and utilize medications. And, for all intents and purposes, this one really has limited, side effects, which is what you want.

You want to first do no harm. So what is TB 006? It is a monoclonal antibody, meaning it binds very specifically.

TB006 and galectin-3 for cognitive decline

And what it does is it blocks an agent called galectin three. And so let's talk about galectin three. And for all the patients that are and practitioners that are listening, you can measure galectin three through your standard lab.

So I've no affiliation with any one lab. So that would be like your lab core or quest. And the suggestion now is that we start measuring that after someone hits 40 and you will see it go up very much like our other inflammatory markers when there's a little bit of inflammation.

But with time it should go up and then come down. The bad news is, with chronic inflammation will go up and up and up. And that's what causes what we call microglial activation and what leads to that tissue destruction.

So that's why that person who maybe has a little bit of memory loss, they're doing okay. Maybe they're in and out. And then all of a sudden there's this downward spiral.

And I would venture to guess that that's at galectin three just being chronically escalated and elevated. And the preliminary, data is really pretty good.

So they took all cohorts of people with dementia mild, moderate, severe, and they show that they had 63% reduction in progression, limited side effects, some dizziness with infusion, nothing that required, any kind of intervention and resolved and they also are seeing some profound changes with the memory score and probably the greatest, down even at the level of 13.

So in talking to other providers. So that's a pretty low mini mental status, score out of 30 or if you're doing Moca, which is a Montreal cognitive assessment test and so bringing that up even a little bit and I'll tell you, you know, I've gotten significant jumps.

And our real goal is to improve quality of life. And when you see that where someone's unsafe to drive and they can't do the things that make them happy, that's going to cause that downward spiral in general, because we all know longevity is about community and relationships.

So when you take them out of their community or relationship, you see a further, decline. So I'm really super excited. It is a once a month infusion, takes less than an hour to run.

And, that that change in 63% reduction was seen in progression was even after one month. But of course, what you said earlier was that it needs to be done in conjunction with all the foundational things, because, yes, we're lowering, the inflammatory marker, but you want to decrease that inflammatory burden, so it works even better.

Yeah. Let's talk about that. Because, you know, reducing brain inflammation is something that you know how to do right and do. And obviously this can, you know, really support that.

So what what have you found are the keys to, that you that any person has, you know, their access to that they can reduce their brain inflammation and, and support this kind of protocol.

Yeah. So lowering you know first is food. So I would say and I wrote a book about I call it my three D protocol in that first D is diet and nutrients.

And so you can completely alter your microbiome, which is all the good bacteria in your large intestine and within seven days of eating an anti-inflammatory diet.

So, you know, reducing the level of carbohydrates. And people don't believe me when I say this and like, you know, that sugary coffee and orange juice in the morning is not going to support your brain?

Ironically, I'll have to say we were treating someone and we still got I don't I hate to even share this, but there are certain things. If you plug enough holes, like Dale Bredesen says, you can get a, improvement in memory and decline.

But she was still wouldn't give up that coffee and orange juice. Eventually the family did see when she got sick with the vomiting and illness and went into ketosis, how much clearer she was.

And then there were more on board. But we got we got some improvement. So you start with diet and even just going to Whole Foods and supporting, you know, the top three that people get wrong are not enough protein, not eating a balanced plate.

And I would say you have to eat and balance. So that's protein carbs and fats and a little bit more fat if you're focusing on memory and then not enough, diversity or fiber.

So I would say eating 35 or more plant based foods, in a week, of course, the low glycemic. So start there. And I do a vitamin and mineral panel on every single person.

So and I just do that through the standard labs. If someone is a high performance athlete, of course I'm going to run that in the white blood cells. So I want to know what the three months stores are and how really deplete they are.

But in kind of the average person coming through, I'm going to look at them like 10 to 12 vitamin and mineral markers. And can I share with you one thing about vitamin minerals I've observed?

Yeah, sure. Since starting in functional medicine 12 years ago, I used to see that people were depleting about 3 to 5 vitamins and minerals, and now the average adults 21 and over is deplete or deficient and 8 to 10 vitamins and minerals.

And the younger they are under 21, it could be 1015 vitamins and minerals. And as you can imagine, you need these vitamins and minerals to make all kinds of chemical processes, work in your body from making serotonin and make you happy, dopamine to make you motivated, and even your detox pathways.

So I target that first and foremost.

Foundational brain health: diet and nutrients

And and you and I were talking earlier about pattern recognition, which I love so much because I say the same thing that I employ with patients to identify where their initial imbalances are.

So I'll always usually start about three, maybe up to five different supplements, very targeted based on pattern recognition of where I think they need support, and I almost never have to take them off of that.

And so jumpstart that process of having them feel better, having more energy, having the brain switch on. And yeah, it's a beautiful thing. Just those first two steps diet and nutrients.

Beautiful. Yeah. I love, showing that it's such a high leverage thing. I wanted to just. While we've got you here, just really pick your brain on some of the innovation because, you know, you mentioned TB 006, and that's exciting that, you know, it's coming in that direction.

But, you know, I think there are there are innovations that you have in your practice right now that you found to improve brain function and that have been, you know, able to sort of accelerate progress for patients.

You want to share some of the things that you found and how you found them, and what's typically on your regimen. Yeah. So I, I've been utilizing a lot of peptides in my practice.

And I always say, you know, there's never one size fits all. Never, a magic bullet, so to speak. I'm hoping with TB 006, there is for many, many people, but with peptides just kind of for the average listener is that, peptides we naturally produce insulin is one such peptide.

Of course. What's, you know, tracking through the media or the weight loss peptides, such as Ozempic and, Munjal and of course, those actually cure the most side effects.

The way we deliver those and what's interesting about peptides is they just, transfer through the cells so they don't have to bind to a receptor. And so a lot of the problems people have is they might have issues when they make, say, testosterone, that it doesn't bind as well is in the in the next person.

If they have various genetic mutations. And so, I use one for gut healing and even recovering from injuries. My

favorite. And it's like the Swiss Army knife is BBC 157.

I've seen it reversing autoimmune disease very, very quickly, quicker than any of the gut healing protocols. I would roll out in the past and, and even some of the more, difficult cases.

And I consider graves disease one of those harder to, reverse or taking longer or maybe even needing medications to get to that point where you're in that, remission and then you're kind of segueing it into while we are supporting with cognitive decline, you support all their hormones, their thyroid, their adrenal, their sex hormones, and make sure they're optimal and physiologic to what they were prior to them hitting and rapports or menopause.

So not super physiologic, but I really like all the growth hormone peptides as well. And they help support natural production. You see improvement of sleep.

You see improvement, people leaning out overall well-being. I've had women and men come back and say, wow, after a month, my libido was up. And so, that's helping just overall.

And then when it comes to the more, specific kind of brain supports, when we look at, Nadia, I don't use, any great. We know it declines. It's low. You need to support it.

But at any rate, the NAD levels, if you support them too high, too long, you can shut down methylation. And because I'm big into neutral genetics, you don't want to shut down methylation.

Methylation helps us turn off defective genes. So, I like five amino, I amcu and men and it goes around about way and you don't get that methylation turn off.

And so it's that one's not a peptide per se but a supplement. And then I sag and I've been altering patients with a couple, sets of peptides. So I like Sealink and C-Max. They help.

And we'll do that for about three months, typically nasal sprays and then also do Di hacks. And so the beauty of this is I get to demo and take things and I'm like, wow, de Hexa really does does work.

And again, it's going to take a little time. Nothing ever is the magic bullet. And if you're really looking at, you know, we talk about analytics and those are things that help break down, the senescent cells which recruit and make other cells that are healthy around it, inflammatory.

I do like a peptide. And so I am actually because I'm on different, studies have access to some of the ones that the FDA right now might not be approving.

But when you're part of a study, you have access to all of them is I like fox. So for dried. So it really breaks down the senescent cells.

Peptides and other clinical innovations

And I think I use a fraction of the dose myself. I'm like, wow, I already feel mentally clear. And I was say, if it's not unsafe for me to take, I'm going to dabble in it so I can experience it.

And then I know how to better guide my patients. Certainly there are some things that aren't indicated, for my age and me not, you know, me being relatively asymptomatic, but, those are some of the ones that, I deploy.

There's, a whole host of others we've been utilizing, which is some, some, some great results. Yeah. Let me answer this. So I know that there's been some studies now looking at like GLP ones and having outcomes outside of metabolic outcomes.

Can you talk about how that happens and what's going on that. Yeah. And so when you look at the anti-aging testing, you know, I do biologic age testing.

And the number two hit is you want to be seven years younger than your birthday. And anyone who's particularly seven years or more older, you increase your risk of chronic disease by over 50%, increase mortality, etc..

So you want to lower that biologic age. And one of the things that they're measuring is, you know, the hemoglobin A1. See the methylation of that. And the GLP ones used in lower doses, so not necessarily for weight loss have been found in studies to be neuroprotective.

So that's something that we can deploy. Now obviously if you've got you know I have a lot of patients who are leaner, patients who have dementia. So you're going to want to start low, go slow.

And, I don't know that you'll see that. Like that's not going to be an instant hit, but for preventative for sure, if someone's at high risk or if they've got the mild symptoms, you're probably going to see a more profound, effect.

And same for cardiovascular disease. You know, I have a lot of people who are reluctant to use them. I'm like, wait, wait, wait, wait. And I'll tell you, even in the functional space, the other practitioners are like, why can't we just use diet?

And like, it depends on the role you want that agent to play. And in this case, if it's either preventative, protective or ensuring that there's not, further progression, then we're going to put aside, you know, what the mainstream media is using it for.

And again, there's a role for that as well. For weight loss. Let me ask you this. So, you know, you're, you're at home and you're watching this summer and you have either concerns about yourself or a loved one, and there's a million things that you could potentially do.

I mean, even on this summit you're going to hear about in this interview, like innovation and peptides. And that sounds like, you know, peptides, certainly from what I'm hearing, you know, can accelerate things in a way that maybe nutrition, and other sort of lifestyle factors can't.

But ultimately, you know, everyone is also saying like, look, the foundation has to be there for long term health. How do you think about, ordering of interventions to make like because, you know, ordering interventions in a way that will create momentum for long term positive change?

Yeah, I do, I have a nine step protocol and I'd say the foundational three or we already talked about the diet and nutrients. The second is digestion or the microbiome.

So is really, you know, finding a practitioner that will or the stool test and help you implement a protocol to restore the microbiome. Almost everyone has had at least one course of antibiotics, so everyone's microbiomes are either going to be off, meaning they're going to be out of balance, or you may even find a predominant organism that's a trigger.

And then detoxification. So I say you really should be measuring. And, you know, I've kind of, the pendulum swings for me, too. When I first came out, I ordered all these tests, and I said, how can we do it more efficiently?

What I was finding was even my healthiest patients who were using air filters, water filters, etc., we were identifying high levels of environmental toxins and ones that could affect hormones, brain health, you name it.

And so that really turned my eyes on. And it was really a patient who said, hey, I heard this summit just like you're doing here today. And the particular doctor recommended I get it done.

I said, sure, let's run it. And I said, well, I like to run more tests, but a lot of people are bound by the constraints of, finances and they don't want to spend the money.

So I've swung back and I look and it's not just environmental, it's, all the heavy metals. It's mold is becoming more prevalent. And that's that's probably about 35 to 40% of, of my practice.

Is that chronically ill and those who do have mold. So we look at all of those, I say diet microbiome or digestion and toxins kind of in that order. And then you want to fix all the other things.

I'd say probably top of the list, and they go hand in hand or sleep and stress. So if you're not sleeping, you're inflamed if you're chronically stressed.

Now, I heard a stat is that women who have higher levels of cortisol are actually causing brain atrophy very quickly, particularly in their when they're in perimenopause.

So I'm like and that's where like your hormones go off balance, you don't feel well. So you don't you're maybe it's stressing you out because you don't sleep well either.

And it's this whole vicious cycle. So be mindful. And we, we teach everyone in our practice a form of biofeedback to regulate that stress. We pull out the adaptogenic herbs.

A lot of my high performers, I have to say, if you want to stay this way, I will get a cortisol panel, because a lot of women won't believe that that's impacting them until you show them.

Show them the data.

GLP-1s and neuroprotection

Yeah, that's really, really powerful. Well, like, I, it's wonderful like that. You, you know, offer these services. Obviously you're in, in, in the Chicago area, right?

Correct. In Chicago. What are some of the things that you, recommend when you're helping people to think through, you know, who they should work with or who's who could quarterback them on this journey because it's complex.

There's a lot of pieces. If you're dealing with an older population, that's typically the big range of of course, the factors. So what are some of the thinking process that you go through on how to develop the right team for this reversal?

Yeah. So I always recommend that patients find a doctor who's either IFM or a forum. So that's the Institute of Functional Medicine or the American Academy of Anti-Aging that is actually certified.

So those are your more rigorous, training programs and a practitioner that can prescribe. So, you know, anyone 50 plus, if you're heading down the road of either brain fog, you need to optimize the hormones are just no way around it.

And, so finding someone who is certified and I'd say set up that call, you know, we do the calls because I always say you want to have a mutual, respectful relationship and it's got to be collaborative.

And then talking about how do they get their needs met, we we discuss that with all our clients as well. And then, you know, what is the what does the journey look like.

So we can kind of get through that. And we give them a general sense. We can never tell someone specifically what we would be doing for them until you dive in, you don't really know.

And I'll tell you, we found people who have come in who are relatively healthy, and then we've uncovered all this stuff, and they're just absolutely floored at the intensity of like their ongoing care.

And I'm like, you know, it's kind of like a general contractor who comes in who, you know, maybe they're coming in to fix your roof and there's a small leak, but they find a much larger problem and the whole roof has to be replaced.

It's the same, same idea. But yeah, so mutually collaborative. Where do they train? And then, you know, do you, do you like what they're. Do you get a good sense, you know, asked for recommendations to, read the online reviews?

Prioritizing interventions for lasting progress

I have to just chuckle about that. There's so many people we've helped literally save their lives. And it's the last thing someone will do is write a review.

But, you know, you definitely want to look, if there's a trend, it's all about patterns, right? And so, those are some of the things I think about. And you know, what to expect.

I'd say depending on where you are in the journey of how unwell you are, you know, it's a minimum if especially if there's cognitive decline, you're looking at 1 to 2 years, to really one year to establish a foundation.

And then, on upward. And I'm going to because, you know, every the day we're born, we start aging. And you don't want to hear that, but particularly over 40, it's really, you know what I tell my patients is like, I want to see you because the recommendations change.

So much like galectin three. I just started ordering in in January, so that's not too long ago. And all of my patients to see because it can predict, progression, progression of the Alzheimer's, progression of heart disease.

And so you, you need to, to know this. And then and there's other tests that we've excluded because we haven't found it that they've added value. So that's how I think about it.

And looking for a practitioner wonderful. Well yeah I just want to throw into that that, you know, part of what having been in this world now for for a decade or more, you know, I guess what we we're really trying to do with this summit and off the back is to make sure that there is a network of doctors that we know, that they have access to all the things that you've spoken about, they are doing this kind of information, and that information is readily available, to you.

And and just to reflect what you said, you know, from spending time with Doctor Burke and understanding my dad and, and so forth like this is a full court press to get better, right?

This is not just like dabbling in it and, you know, do it. You if you want to reverse something that's been happening for decades, you know, you have to aggressively go after it.

And there's nothing more exciting than that happening. Like, you know, getting function back is very excited. My dad, when he could read again, you know, having not being able to read, to be able to read and now reading 3 or 4 books a week, you know, just such a joy for him to be able to get back into a habit that he had had throughout his life.

And, you know, to turn that back on is amazing. But it is work. And part of the reason why we've had some of the focus here on the sort of psychosocial elements.

You said something earlier, it's about community and friendship, and, you know, you need a team to to help you get better. And I think particularly in this, you know, having a supportive community of people who are going to help you implement or you can help other people implement is is critical.

And, I think you see that the outcomes are always the best when people have that support structure. Yeah, we include a health coach and a nutritionist for our clients.

Choosing the right practitioner and care team

We have, a patient care coordinator that kind of does onboarding. And, you know, just so that they feel supported and heard and things are addressed, you know, because if I meet with patients from 9 to 5 on a clinic day, I'm

going to be looking at things in between, but I won't have as much time as an off day.

So they're going to be my eyes and ears and supporting people and making sure if something really is. It rarely happens, but we'll get something in front of my eyes very quickly.

So yeah, having that team is super, super important not only for medical care but, you know, for longevity purposes, your tribe and your team's. Yeah.

Beautiful. Well, Doctor Riker, thank you so much for your participation. And I think that in this session, everyone who's listened, you know, will have a good idea of maybe some of the things that are coming that could, you know, transform the industry, but that also the foundation can be built now and can be worked on now, and also some of the innovation you're doing in your practice.

You know, it's definitely, courageous to test everything yourself because obviously, that but I could see that in you. And, when I appreciate you for that and.

Yeah, thanks for all the hard work. And it's been great to see you thrive over all these years. And how many people you've helped and, look forward to, along with your collaboration in this journey.

Yeah. Thanks for having me, James. All right. Take care. Take. This would be the, reversing Alzheimer's summit. I'm your host, James Maskell. We've got great sessions the rest of today and the rest of the week.

Thank you so much for tuning in.