End Alzheimer's: Practical Steps To Protect And Rejuvenate Your Mind Transcript

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Introduction and Guest Overview

Hi everyone. This is Doctor Joseph Anton. Welcome to a new episode on the Fasting and Longevity Summit. Today we have a very, very special guest. Probably, a human and a professional that a lot of you have heard about or met.

Doctor, the apprentice and probably the most prominent, you know, physician and scientist today working on Ending Alzheimer's as his book, you know, is called The End of Alzheimer's and made a lot of progress, is obviously an age related disease.

Why? We have an episode on it. Fasting has a potential to impact Alzheimer's, but this approach is much more, unanimous when it comes to what the brain needs to thrive.

And we're going to talk about all of that. But fasting is a component. And obviously with longevity today, one of the biggest struggle we have is neurodegeneration, how that ties to aging.

We're going to talk about all this today. Typically, most of the time when somebody is diagnosed with the dimension of Alzheimer's or Alzheimer's, it's it's a it's a sentence.

We know the famous saying is diagnosed and adios, right. But this is not the case today with, with Doctor Bateson. I think in, you're going to learn a lot today from him.

So, appreciate your time today, Doctor Bateson. And maybe, maybe say a few words about yourself as well for the audience. Thank you. Joseph. Always great to talk to you.

So I ran a lab for 30 years looking at the molecular biology of neurodegeneration. What drives it? And we came to some very different conclusions. This is not just about a misfolded protein or reactive oxygen species.

What?

Understanding Neurodegeneration as a Network Problem

When we look at these diseases like Alzheimer's, we are seeing a neural network where the supply no longer meets the demand. Typically, it's because of both.

There's too much demand, because of inflammation, because of toxicity, because of stress. There's too little supply, because of too little on the energetic side, on the neurotrophic side and on the neurotransmitter side.

So what we're doing then is looking at all the different features that drive this neural network. And then we can rebalance these, improve these. And we've had unprecedented results.

We published the first examples of reversal of cognitive decline a decade ago. We're in the middle of a randomized controlled trial. So very excited. And as, as Joseph said, fasting and longevity.

Absolutely. Part of this. So I'm probably gonna put myself in the shoes of, a person listening to us today say, I'm, I'm a 60 year old female or male, and and I'm feeling a little bit of intermittent memory, right.

Gaps. And or my husband is actually just got diagnosed with a neurodegenerative or Alzheimer's or Parkinson. Based on and on your 40, 50 years of research.

And now you get to market and you're, you're changing the way in the clinics how doctors that that just diagnosed.

But but try to treat or give new honeymoon's periods to what would you tell me.

What should I know about what's happening to me and what should I pay attention to or do? Great point. And by the way, I would mention, three of the recent patients 36 years old, 46 years old, 53 years old.

So what we used to call old timers disease, that's not the case. And we now know, of course, that you have changes in your brain biochemically for about 20 years before a diagnosis.

So this is the thing that's going on in your 30s, 40s, 50s. You mentioned a 60 year old person. Fine. But again, if you have symptoms, this is likely been there for a while.

So as you pointed out, yes, we want to look at three basic things. We want to look at your proclivity. In other words you know what's what is your risk.

And then you can look at genetics. There are some excellent genetic groups like Intelex DNA and 3X4 that will look at that for you. And of course there are new ones like Nebula that look at the entire genome.

So I think, you know, the day is coming when we'll all have entire genomes with a nice breakdown, computationally, of all the snips, deletions, etc., that may be impacting us.

So we look at your risk. The second thing is you want to look at your current status.

Testing for Risk, Brain Status, and Biological Age

And that's two things. That is your p tau level p tau 217. And there's a high sensitivity p tau that is developed by a group called neuro code. So you can now look at this.

And that will pick up changes that are Alzheimer related. Even before you have symptoms, which is fantastic. Just like picking up diabetes long before you ever have diabetes.

When you're in that pre pre-diabetic era, you just have a little bit of insulin resistance. You can make sure you never get diabetes. Well, that's the same thing.

Now you can look to see long before you ever have Alzheimer's and make sure that you never get the dementia. So that's half. Of that, doctor. But how can we find the tests?

How can we if I were to do the tests. Yeah. So there's, there's a, it's a triad which is P tau 217 GFR AP NFL and you can get it. And if you go to get a brain scan.

So these these are bundled together. It's a blood test. But it's been named brain scan. So if you just go to get a brain scan.com you'll be able to get it.

In fact I just had mine done. They came to my house, drew my blood. Very, very simple. It takes about a week. Came back and luckily my GFP, my PDL 217, my NFL were all normal.

So happy to know that I will recheck then. What I recommend is people rechecked. So 35, 40, 45, 50, 55, 60 and then after 60 every two years after that.

So you don't have to do it very often because this is a chronic process. You can see it coming so that you want that for your status. And then epi genetics, the other piece of your status.

And that's done by a group called True Diagnostic. But you can get all these things done. We've trained over 2000 physicians in ten different countries.

Then the third piece of this, you want to know what are the things that are driving my brain fog or any of the

symptoms that you just described? Doctor Anton.

So you want to look at those, and that has a set of things which go right to how this network works. So you want to know your inflammatory status, your energetic status, your toxicity status, your neurotrophic status, those sorts of things.

And, that's you can get that as a blood test, which we call a Cognos copy. So just like you get a colonoscopy, you know, we all want to know that we're going to have a good brain scan.

So in other words, we want our brain span to be at least as long as our health span and life span, so that hopefully we all get to 100. And being sharp.

And the cosmos copy tests, where would we get it? You can go to my cognates, Capcom. Oh, wow. So it's very easy to get these and, you can increasingly get them either having blood drawn at your home or your place of business, or you can go to a local draw center.

So it's it's very, very easy to get these done. And so these two tests coupled with the epigenetics, you said from two diagnostics. Right. Is that is that the bio age of the brain?

Is that data that will give. You so that will give you the age of different organs, including the brain, the brain will give you an overall biological age, and it'll also give you an aging rate.

Are you aging rapidly or are you aging slowly? So good thing you know, good thing to know. Okay. And say, it's showing that, a little bit my bio age is higher than my normal age and I and they could not copy and and and, and the brain is showing that it's starting to show some decline or some, I don't know what you call a dysfunctional function under underperformance.

What can I do at this? What are the options for me? Tremendous options. So this is a new era. The things are really changing. As you well know, the first examples of reversal, of aging, of course, a biological age you have just been in the last several years.

So this is an exciting time. We can now reverse cognitive decline in many, many cases. Not 100%, but many, and especially when people come in early, which is why we recommend please Don't wait.

Treatment Options and Early Intervention

In the past, of course, people said there's nothing you can do about it, so you might as well wait as long as you can. That's no longer the case. Now we want to get in early, and so there are all sorts of things you can do, but it's basically it revolves around bringing up the supply.

So we want to improve your energetics, improve your blood flow, improve your oxygenation. Make sure you don't have sleep apnea, for example, improve your mitochondrial function.

And as part of the fasting piece, you are going to increase some ketones and you want to go back and forth. You want to be metabolically flexible. You don't want to live on ketones, you don't want to live on glucose, but you want to be able to have it just like your brain is like a Prius.

You want to be able to use both fuels to get the maximum from your brain. So here's the interesting paradox Alzheimer's disease is a network insufficiency.

You don't have sufficient support for those 500 trillion synapses that you have in your brain. So to improve that, there are all these things you can do.

And yes, fasting is part of it. But if you get to the point of starvation, you are hurting that you are now making it worse. So you've got to be very careful, and you want to use your fasting judiciously so that you now create insulin

sensitivity and create metabolic flexibility.

That's fantastic. And what kind of a practical if you a say, you know, 47 turns out I'm 52 biologically. Yeah. I started feeling a little bit short term memory relapsing.

I started seeing a little bit of slowness in my movement and and my hours of performance at work. If, if what are practically the things that you. So you mentioned fasting.

I think there's, there's weight and insulin resistance as part of, when would you walk us through the recommendations that you practically do at your clinic so that people get familiarized with and, and hopefully join of absolutely.

And so we want to translate the basic research where we could see this mismatch in the molecular species. We want to translate that in, just as you were saying, Doctor Anton, into what do we do every day?

How do we change? How do we change our outcomes from developing dementia to staying sharp and it's just great that we have these stories. You know, every day we're hearing about people, getting better, which is really wonderful to hear.

So there are seven basics, and then there are a couple of specifics. And of course, we're thrilled to be working with nutrition for longevity. Your group, to make this it's a plant rich, mildly ketogenic diet.

So you're again, you're being metabolically flexible. You're not staying in ketosis. You're getting a little bit so that your brain has insulin sensitivity, insulin resistance is one of the most common contributors to Alzheimer's disease.

It's amazing how common some people have called Alzheimer's type three diabetes. It's not quite that simple, but that is a piece of it. This insulin resistance.

So the seven basics are diet a plant rich, mildly ketogenic diet, exercise. Very good for getting your blood flow oxygenation. You want to do both some strength training and some aerobics.

I happen to like also, you can do some katsu bands for resistance training. And you want exercise with oxygen therapy, which gives you that blood flow and the oxygenation and then sleep and I track mine.

Seven Basics for Brain Health

So I just took my watch off to, to to charge it. But, I track my sleep every night. You want to get at least seven hours of sleep, at least one hour of, deep sleep, at least 1.5 hours of REM sleep.

And your oxygen saturation should be over 94%. If you're dropping down into the 80s or even 70s, we've seen it. Then you're really hurting yourself. You want to keep the oxygen saturation good while you're sleeping again.

That's why sleep apnea is such a problem. Then the fourth piece of this is stress. It is amazing. I as a scientist, I used to think that stress was not such a big deal.

I was wrong, it turns out that stress, really is an important contributor to cognitive decline. And the fifth is brain training. And of course, doctor Mike Merson pioneered this years ago.

Professor Mike Merson a great guy, and he started brain HQ. But there are others. You can use others as well, but you want to get some stimulation to your brain.

And some people like to use things like photo bio modulation, some light stimulation or so. There's even magnetic and microcurrent lots of ways to stimulate your brain.

Now you don't want to stimulate it if you're not supporting it, but once you're supporting it, some stimulation then

detox surprisingly toxicity. And that's three types in organics air pollution, mercury organics, things like toluene, benzene, glyphosate and then bio toxins, things like mycotoxins.

And we just we're over going over some cases this morning, people with severe exposure to these mold produced toxins, that was not classically taught as a contributor to Alzheimer's.

It turns out to be one of the more common and more lethal. It's a it's a bad one. But you can get rid of these things and do very well. So, so that's the detox part.

And then the last of the seven is some just some basic supplements, things that are targeted to if you have low vitamin D or if you have low omega three index, low magnesium, which is very common.

Low choline is another one that's very common. So all of those are the basics. Then the specifics are do you have specific pathogens? For many of us, we unknowingly harbor, tickborne infections.

Bartonella is a common one, but bijou is common. You often don't know you have these until you search for them. So you have to look for them. You have to treat them.

And then the last one is to make sure you don't have specific toxins. As we talked about earlier, if you do target those get rid of those. And again we've got the best results in the world that have been published to date on reversing cognitive decline and get in early does very well.

And prevention is relatively easy if you do the right things so that Alzheimer's is really becoming optional. And an important part of that is some fasting periods to get you would be insulin sensitive to reduce your, your inflammation.

Another thing that of course, that, that, that, fasting does for you, that increases your ability to, to be metabolically flexible. So lots of benefits when it comes to brain function and brain, architecture and structure.

You know, you can look on these, volumetric MRI eyes. We had a patient recently, parietal lobe, less than the first percentile after being on the protocol for one year and three months, 22nd percentile.

So just dramatic improvements. Your brain is quite plastic, as you know. And so there's a lot you can do in that. So you mentioned nutrition for longevity that provides the key to flex diet.

Can you help people understand what is the key to flex nutrition that you recommend in your books and your clinics? What is it made of and what does it do to the brain?

Such a good point because there's no question that a major contributor to cognitive decline is the standard American diet. Not enough fiber, not enough choline, too much saturated fat, too much simple carb, giving you high glycemic load, to pro-inflammatory, to, pro leaky gut.

Not enough, probiotics and prebiotics. I mean, just the thing after thing after thing shows you this is a diet to give you Alzheimer's disease. On the other hand, if you look at all the science, what does it say about what is the optimal diet you could develop?

Well, you can just go straight from the biochemistry. And of course, of course, you know, you interact a lot with with my colleague Walter Longo, who showed that you can do these periods of fasting, mimicking diet, which is a great idea and which makes you more insulin sensitive, makes you less inflammatory, lots of positive things.

But then in between those, you want to know what's the best diet on a daily basis. And it turns out that what you want to do to address all those biochemical changes is you want something that's plant rich.

So lots of phytonutrients, lots of good prebiotic fiber. That actually helps with the detox piece of this, lots of good probing biotics with some fermented vegetables and things like that.

So plant rich, mildly ketogenic because you want to be metabolically flexible, get into a little ketosis going back so you're not staying in ketosis, but you're able to be insulin sensitive and when you need the ketones, when you're sleeping at night, for example, you can shift right back and forth.

When we see people, it's very interesting. Joseph, when we see people who come in with cognitive decline, we know there are only two substrates that their brains can burn for energy, and that's glucose and ketones.

Or what happens? They're not able to do either one.

KeytoFlex Diet and Metabolic Flexibility

So their brains are literally sputtering. Because what happens is they are insulin resistant. So they can't use the glucose anymore. They're in fact, the signature of a Pet scan for Alzheimer's is reduced glucose utilization.

So it very much shows the metabolic change. On the other hand, because they've ramped up their insulin that prevents them from making ketones. So now they've lost both.

And their brains are just literally going on fumes. So we get them back into now being insulin sensitive, utilizing glucose and utilizing ketones. And now they're hitting on all cylinders and they're doing very, very well.

So these are, you know, this is a part of the of the key. You want to have this mildly ketogenic diet. And so you want to have good fats. Now you can do it as a vegan. No problem.

Or you can do it with some animal products. So things like wild caught fish, low mercury fish, smash fish, you know, salmon, mackerel, anchovies, sardines and herring.

You don't want shark. Of course you don't want swordfish, things like that. So you want to have the, the, the wild caught fish. You want to have pastured chicken, pastured eggs, and some grass fed beef, things like that that are included.

That's great. And these will, you know, these will give you plenty of, protein. You can also get protein, of course, from the vegetables. So it's a plant rich, mildly ketogenic, high fat, intermediate protein and very low on this, especially the simple carbs which are so pro-inflammatory, so damaging for people.

And, boy, just to see people turn around, I mean after typically it's, you know, it takes a month or two. But as they're getting to be turned around, it's so great to see them.

They're they've got more energy. They're thinking more clearly. Their, partners will say, wow, they're so much more engaged with the family. And now this is starting to be taken to the assisted living facilities around the United States.

And, we're working with a group called the Vineyards, which is about 450, beds, in Fresno, California. Of course, also, doctor Heather Sanderson created Marama a couple of years ago, which uses, this approach, and she's gotten some wonderful results.

She's also created a second one in Kansas called Clear Mind Center. So with this sort of diet where you're recognizing what the brain needs for optimal energy, optimal detox and optimal anti-microbial activity, that's what gives the best outcomes.

And that's why we're so thrilled, and for all has been great about creating this diet with us and now getting it to people and really delicious food. I've had it myself on a number of occasions and really enjoyed it.

And nutrition for longevity. As you mentioned, the concept at the end of the day is food is the only product we put in our body every day of life, right?

Every day. And it's astonishing how those food companies open up science and they don't tailor food as medicine. Right. And this is what nutrition for longevity did, and all with the fasting mimicking diet.

And it's amazing for us to see that physicians such as yourself deploy it to their patients. They see practical results, because we were trained that it's only a pill that can move you somehow.

But food can never be a medicine. We're showing food is definitely a strong medicine today, and some health outcomes that are clearly noticeable, recognizable and measurable.

I want to ask you one final question, doctor. I know you're working a lot. When you and I met, I think it was at the Buck Institute some 15, 20 years ago, maybe 15 years ago, you were working on the supplementation of the brain, and you were very interested in the the closing all the holes, all the all the of the, all the things that if they're not there, the balance of the brain is not there, the supply and demand.

And one of them was supplementation. What would you recommend that people, interested in improving their brain function with, you know, use or supplement in the case they have a lot of certain nutrients or minerals and vitamins?

Yeah. You bring up such a good point because, you know, you can patch some of the holes so you can have someone who's got mycotoxins. So you now are giving them some detox, but maybe they still have, low vitamin D.

Maybe they still have low hormones. Maybe their thyroid is not doing well. We know that people with Alzheimer's have low acetylcholine, which is the most important neurotransmitter for memory.

So we want to get their choline intake. And most Americans are low in their choline intake. So we want to make sure to address all these different things. And so this is where the cognates copy that we talked about earlier is so helpful.

We were. So we have targets for each of these things.

Supplements and Personalized Brain Support

You know you want to drive your vitamin D level to between 50 and 80. Now some people are there already. They don't need any supplementation, but some people may be down in the 20s, which is relatively common.

You want to then bring it up to the 50s to the 80s, and you want to include some vitamin K2 in there as well so that you, you know, keep the the calcium out of the, out of the vessels.

And so that's one example, magnesium three and a, another good one. Some very nice work out of MIT that showed improvement even with that alone. Ketones.

And when we first start, we just say, look, you know, you're in a, an emergency situation where you're not able to use glucose or ketones. So we just give people some exogenous ketones.

That's been a very successful way to start. Over time, they can make their own. And of course, fasting is a critical part of that as as is good sleep, low stress exercise, all of these things ultimately is just as you said, you are taking a network and you are you are creating functionality, optimal functionality in that network.

And I would hasten to add that for many people, it's not about Alzheimer's. It's about just thinking better each day, having better memory, having better cognition, having better capabilities.

And people notice the difference when they do the right things, forgetting about, you know, getting Alzheimer's. This is just making your brain work better.

And there are all sorts of new things you know, urolift and a for people who are interested in mitochondrial turnover,

that can be very helpful. All sorts of things for, energetics, things like nicotinamide and riverside and NMN.

And the good news is that the armamentarium which we were told when we trained, there's nothing you can't there's nothing you can do about cognitive decline.

We now know that's absolutely wrong. There's a tremendous amount you can do. And the earlier you start, the better. The armamentarium is large and it's growing.

So new things like your life and coming out and you know, and men and all these wonderful things. So, you know, you can't take everything you don't want to take everything, but you get an idea from your testing to see what it is that would be the most beneficial to you.

That's, that's very, very valuable. Doctor Bateson. Appreciate you for your time. I think this was one of the most practical interviews we've done in this summit.

You've had all the points and the practical direction that people can use and go and do. So always if you measure, you can manage a recommend. People go and, do this test, the test that you mentioned and try to see where they are.

And then they can better manage with solutions. And for those of you who don't know where to go, and many of us, most of us, even I as a physician, it's difficult for me to know where to go when it comes to the brain.

There are very few false leaders that can. They can do much on the brain, and you're one of them. I know you have a book also the the the if you if you want to help people, know where to find it.

Yeah. Thank you. Yeah. Thanks. So there is a book coming out in March. It's called Ageless Brain. And the whole idea here is to help so that we all can be sure that we will have good cognition for our entire lifespan.

For so many people, you know, they get to the point of getting ready to retire and have joy with their partners. And now, unfortunately, they're suffering cognitive decline.

And even some people even in their 50s, 40s, 30s.

Book, Resources, and Closing Remarks

So we want to make it so that everybody can have optimal cognition for their whole life. And checking these things just as you would do for heart disease.

Same idea. You can now see problems coming and you can make sure that you never have a problem. In fact, if folks want to follow you, find you, read your previous books, or, visit your clinic or your clinics, I know you work with a lot of networks of doctors that you're training.

What are the best places to go to? Sure. Yeah. So you can go to, you know, Facebook doctor Dale Bateson. So, x, Instagram, all of those, channels. And you can also go to look and see what's going on at my doctor's copy.

As I mentioned, or get a brain scan, to look at some of the things that we're doing, looking at how do we get the best handles on what's going on in your brain, and to make sure that you never have cognitive decline.

There's also a documentary, which is called memories for life. Reversing Alzheimer's, wonderful documentary that's on Amazon Prime. Michael Bublé did a great job with narration of that.

So you can take a look at that. So lots of ways to see what what we're doing. Fantastic. Well, appreciate your time today. Thank you very much. Great to talk to you, Doctor Anthony.

As always. Thank you.