Introduction to Gut Check and Reversing Cognitive Decline

Welcome, everyone, to the Alzheimer's Reversal Summit. I'm here. I'm very honored to have Dr. Steven Gundry, who's just come out with his new book called Gut Check.

And so if any of you don't have it, if you haven't read it, please pick up a copy. And I think that the message that Steven and I talk about a lot is, one, that the mainstream medicine does not believe, which is that indeed cognitive decline has been is being and will be reversed.

It's happening every day. We're seeing people with cognitive decline. And so, Steven, it's great to have you here and let's get right to it. Tell us about it. An example of a patient.

I know you've seen people with Parkinson's. I know you've seen people with cognitive decline. Tell us about a patient and what you did and what you saw and and documented.

Yeah, that that's great. And Dale, it's great to see you again. You and I, through the years, kind of actually with our interest in the APOE4 mutation have become very good friends and at almost not a week goes by that you're sending me a paper or I'm sending you a paper and yeah, you're right.

It is frustrating for people to understand or to not understand that that these processes are stoppable. If we get to it early enough, it's reversible and people need to hear this message.

Parkinson's Case Study and Leaky Gut

I'll give you the example of just a couple of weeks ago, I saw a young woman, young in her early forties who was diagnosed with Parkinson's about six months ago, and she noticed it initially as a pretty impressive tremor in her left arm.

And she fit all the criteria and was started on the usual medications, which may be made things a little bit better, but maybe not. Anyhow, she has the one thing she told me from her first interview was I've always had a funny stomach and it's if I have heard it once, I've heard it now tens of thousands of times.

But she said, I've always had a funny stomach and my mother told me that I was lactose intolerant as a child, really bad lactose intolerance, blah, blah, blah.

And so as part of my work up now, invariably I do leaky gut tests. And for anyone listening, please, please, please. Leaky gut or intestinal permeability is not pseudoscience.

It's not quackery. It is it was well-established by now a professor of pediatric gastroenterology, Alessio Fasano, who's now at Harvard, and the mechanisms of how leaky gut occurs.

We understand we understand that intestinal permeability can be measured. And you and I both know that Hippocrates was right, that all disease, including dementia and other neurologic diseases, has a is rooted in the gut and in gut, dysbiosis and in intestinal permeability.

So this lady had leaky gut. And we discovered, I think, the reasons why she had it. And we're now six months into her treatment. And the exciting thing is her her tremor is virtually not noticeable anymore.

I mean, it's just. Yeah, and she's you know, I remember her and, you know, I remember her like this. And now she says, you know, look, look. Oh, yeah, maybe there's a little something.

But she said this night and day and she said, I was all set to, you know, have the most miserable life possible, 42 years old. And I've got Parkinson's.

And and now, you know, she said, you know, look at you know, look at this. Look at me and know, you know, what's changed except teaching her how to eat.

And that's what's so exciting. This is a young woman facing, you know, a horrible future. If she had stayed in, you know, our allopathic medicine model of treating Parkinson's.

Absolutely. And of course, you just continue the degenerative process, unfortunately. And so no matter what you do, cinema and what have you, you're going downhill in the long run. So it's great to get to the source.

So let's talk about some specifics. Well, certainly we know that both in Alzheimer's and Parkinson's, there are changes in the gut microbiome. QUESTION One would be what do you like to do to heal the gut?

Are you a probutyrate person or are you a specific probiotics that you like? Are you a bone broth person? What are the sorts of things that have given you the best results?

Well, in my new book, I actually come down pretty hard on bone broth because it actually has a sugar molecule called neu5gc which can unfortunately leak through the blood brain barrier and produce neuroinflammation.

And you and I don't exactly like neuroinflammation, so I'm much more interested in people taking glutamine for a while.

Healing the Gut with Diet and Probiotics

I don't like it long term, but certainly three months worth is good. But when? When I teach people how to heal leaky gut and I even make a supplement called Total Restore Gundry, MD it works really well, but I tell people is, look, we can heal your leaky gut, but if you keep swallowing razor blades every day, then you're just going to rip it open and you know, Dr.

Terry Wahls, who's become a good friend of mine, both of us agree that Lectins and other plant defense compounds are mischievous for most of us. In fact, 100% of my people with leaky gut have antibodies to the various forms of wheat, including gluten, including wheat, German gluten, and 70% of them have antibodies to corn.

And so and so many people who go on a gluten free diet are eating corn and thinking it's perfectly safe. Well, it's not. So it's a 1-2 punch. Yeah. We do want to heal the leaky gut, but we do want to stop swallowing these things that keep opening it up.

Now, to your point on Butyrate, one of the things that when I wrote Gut Check that just surprised me, it shouldn't have is that people who carry the APOE4 mutation and there's 25, 30% of people who carry it there, their genes prevent them from having short chain fatty acid produce seeing bacteria in their gut in sizable numbers.

And you and I have talked about this, and it's amazing how many of these people do not lack butyrate producing bacteria in their gut, and they almost always lack the keystone species akkermansia.

And there's certainly many others like Clostridium butyrate and producing and getting them to take supplements that now can really deliver these and then feeding these bacteria, the foods they want in prebiotic fiber and post biotics makes a world of difference for these people.

Yeah, great point. So do you have a favorite probiotic then? Well, I. I really like pendulum life. And interestingly enough, the one I start everybody on now is the one called metabolic Daily.

And it's a combination of akkermansia and other butyric acid producing bacteria and also it's the most affordable of

their three and I've got no skin in that game.

So but that's what I start people with and that that's a really good start. Most of the butyrate containing compounds, in my humble opinion, are fairly worthless, but nano encapsulated butyrate does work.

I have one at Gundry MD but other people have it. It's called Bio Complete 3 and the folks at Pendulum are actually big fan of nano encapsulated butyrate because Butyrate has to get delivered down to the colon and most of the butyrate compounds never make it that it's digested before it ever gets there.

So yeah, great point. So the other question I wanted to ask you about, when you look at the cellular and molecular biology and signaling in Alzheimer's disease in cognitive decline beyond that also vascular dementia, Lewy body disease, things like that, you come back again and again and again to three major things.

You come back to energetics which are suboptimal.

NAD, Mitochondria, and Ketogenic Support

Very much related to what you've been talking about. You come back to inflammation from various insults, various toxins, etc., and you come back to toxicity.

And of course, Christopher Palmer has written a book called Brain Energy all about mental health and energetics. And certainly we see the same sort of thing with Alzheimer's disease.

You know, if you've got low vascular flow, if you've got poor mitochondrial function, you're going to be at increased rates. So the question is how to get that back best.

What do you like for, for example, for NAD? How do you like to increase NAD in your patients? Well, any time going way, way, way back 20 years and how I initially gave everybody with the ability for mutation plain old niacinamide and because it was based on a few papers in rats showing that niacinamide increased in 80 plus and it does and it's dirt cheap now and I personally like and in our and then men and they are a bit pricey so a lot of times you know and I'll see Medicaid patients and a lot of times these supplements are just out of their reach.

But Niacinamide is not out of people's reach. So it's it's a good works. It works. Yes. And, you know, we can we can say, well, which works better, but it definitely works.

And there's very good evidence for that. And I like to give it at night. The reason I like to give it at night is it works better at raising HDL cholesterol and lowering LDL cholesterol if you give it at night was it's still very effective at lowering a lipoprotein little egg, which is one of the still biggest causes of vascular dementia.

And so anything we can do to decrease LP little activity seems to me to be worth it. But to get back to your point, the mitochondria in memory loss and all of these diseases of the brain are dysfunctional.

And you and I, you know, you've really said, you know, a ketogenic diet is really something that we should look at with these folks. And you've documented how well that works.

I agree that ketones are superb signaling molecules to make mitochondria uncouple and we won't go into that the day. But I like my mitochondria uncoupled.

But during the signaling you actually tell mitochondria to repair themselves, to have mitophagy and to actually build more mitochondria biogenesis. And I'm very impressed with this new compound you're with and hey.

I ask you about that. I'm glad you brought it up. And I talk a lot about it in the book. It's it's been formulated by a company out of Switzerland with called Timeline Nutrition.

I've seen some really impressive effects on on my patients. Again, it's unfortunately a bit pricey. But when we're

talking about the brain, at some point you've got to say price is is is way down on the list of what we should be worried about.

I mean, really, a daily dose is cheaper than a cup of coffee. And that's how we have to look at some of these supplements, because the evidence is very impressive about your listening of producing mitophagy and mutagenesis.

It's a good point. And you know, if you look at the average American who who dies of Alzheimer's and that's 15% of the population. So it's very, very common they are going to spend on average about throat hundred $50,000, and that's before inflation.

So it's probably now more like four for $50,000 before dying. And that's, of course, a lot of that is going to a nursing home. Yeah, if you can get rid of that.

In our argument, we've just had a paper accepted that's going to be coming out showing documented, sustained improvement for over ten years. That's never been seen before.

People have never documented this. And so as you and I both know, these people can get better and then they can stay better. And one of the interesting things we learned is often they'll go for several years and then begin to have a secondary decline.

And lo and behold, you find out what's causing that. They go back and then write back up again. So if you can keep people out of nursing homes, you know, spending a little bit on a supplement is just not going to be an issue.

In fact, it's a great investment as part of an overall plan to keep you out of the nursing home and save you a great deal of money and of course, savior, save your brain as well.

So I think it's no question these are these are critical things.

Long-Term Improvement, Caregiving, and Early Intervention

And something I think we neglect to mention is becoming a caregiver of someone in cognitive decline or with Parkinson's. Is being a caregiver is oftentimes harder than the person who is getting the care.

And I unfortunately see these people every day. And yeah, it's nothing else. Think of think of your family or your loved one who's going to have to provide the care.

And again, these the exciting news, as you and I know, is that we can we can stop this in its tracks. And, you know, given the given the right circumstances, we can reverse it.

I mean, you've now spent your career trying to convince people of this, and I'm right behind you. So we're yeah, we'll get there. So, you know, I think the two biggest problems really, number one, people don't believe it.

Or number two, they want to wait till the end stage is. And we had a person just just recently as a physician actually, who went to his neurologist, and this guy was all the way into the fourth stage, passed, you know, MCI, MCI into dementia and the dot in the neurologist told him this is normal aging.

Oh, my gosh. You know, this is you know, so this is one of the things that I think is changing. We're changed. This is part of 21st century medicine. Don't wait for a lot of symptoms.

Look at risk and look at earliest changes. And so this is why we recommend anyone who's 40 or over. Please get a connoisseur copy. It's easy. You can get some blood test.

You can get a simple online evaluation. And if you have symptoms, you can get an MRI with volume metrics. But if you don't, you don't have to worry about that.

But the reality is very few people need to get this disease. And unfortunately, everybody, you know, everybody so many people are coming down with it.

It's going to dwarf the pandemic. We've got over a million people dead from the pandemic in the United States. About 45 million statistically are slated to die from Alzheimer's of the currently living Americans.

So let me go there for a moment. Steven, what are you seeing and what are you doing that we're now in a new bloom, unfortunately, of COVID 19 and certainly long COVID has so many parallels with what ultimately becomes Alzheimer's.

You know, ongoing inflammation, ongoing mitochondrial damage, ongoing brain fog and dysfunction. So there are just too many parallels. It's quite scary.

What are you telling your patients who are getting COVID now? The typically the gen one, I guess it is now a variant. Well, I'm one of the people who thinks that most long COVID originates from the leaky gut caused by the COVID virus.

Initially, 25 to 30% of people with COVID, they're presenting symptoms are GI. Whether it's nausea, whether it's abdominal pain, whether it's diarrhea.

And viruses actually are notoriously good at producing leaky gut and through the years, many of my patients will describe a viral illness that started their autoimmune disease.

And I think I mentioned to you just last week, I saw two people with new onset Crohn's in their forties following a COVID infection. And yeah, neither of their GI people even, you know, considered that that was one.

So what happens, I think, is that COVID opens the door for all of these pathogens to come out through the gut to cause neuroinflammation. And then it's a really hard process to stop.

One of the things that is frustrating, I think, probably to you and me is once you activate the microglia thinking that they need to protect the neurons, it's really hard to tell them, hey, you know, relax.

Trouble is not coming on the way. And that's where I think you've been so effective. And I mean, my patients in progress is to damping down this chronic inflammation, this chronic inflammation.

And I think COVID is a great way to start the process. So absolutely. And it's interesting. We're seeing the amyloid that people have vilified in this disease is really part of the innate immune system.

Essentially, it's part of an innate immune system memory, essentially like a long acting cytokine anti-microbial peptide.

COVID, Long COVID, and Neuroinflammation

And so, as you say, as long as you are triggered, whether it's by COVID, whether it's by a vaccine, whether it's by an occult infection, eating too much saturated fat, having a leaky gut, having a change in your oral microbiome, just go right down the list.

Any of those things that are triggering this is going to put you in that. So I know we're coming up on time here, but I want to hit you a couple rapid fire questions at the end here so that we all have something actionable to remember.

You mentioned your health and A, do you replace your PCU with that or do you use both? I use both, yep. I think that they work in different ways. Gotcha. Okay.

What do you like? What is your vitamin D target? I want vitamin D's. At least 100 nanograms from the Cleveland Clinic says 150 is perfectly normal. I agree with them.

The University of California, San Diego, right down the street from all of us, says that they have never seen vitamin D toxicity in a human being, even at 40,000 international units a day.

And that's my experience as well. They think the average American should be taking 9600 international units a day. So that's that's 10,000 a day. Almost 10,000.

Yeah, exactly. Okay. Where do you like to see your B12? I like high B12. And the reason I do that is I follow people's homocysteine. And first of all, half or half of the population has at least one mutation of the MTHFR genes, and they do not have methyl groups that can be donated to homocysteine to inactivate or activate DNA.

And I think that's a big missing link. We I see lots of folks with these mutations who have high homocysteine. So that to me is just a marker that they're bad methylation.

And so I give them methyl B12, methyl folate. I like TMG as well. Trimethyl glycine. Another cheap methyl donor. One of the things that's fascinating me is, folks, you got to put methyl B12 under your tongue.

There are so many people that lack intrinsic factor that allows them to properly absorb oral methyl B12 that just put it under your tongue and it works miraculously.

All right. You as a cardiothoracic surgeon may be the best person to answer this question. So we hear all the time from cardiologists, we'd like to see your cholesterol as close to zero as there was one to get it low, low, low, low, low.

Where do you like to see APO B And where do you like to see total cholesterol? So I over the last few years used to test that's called oxidized phospholipid.

Apo B and I use Boston Heart to run that test for me on every human being. One of the things I can tell you is that despite all the talk out there, Apo B does not correlate with oxidized Apo B levels.

Oxidized phospholipid, Apo B levels.

Rapid-Fire Prevention and Biomarker Advice

I have people with Apo B levels literally of 2 to 300 that do not that do not have oxidized phospholipid. Apo B and I have done CT coronary angiograms on these people and they have absolutely no plaque.

On the other hand, I have people who have very low Apo B because they're on high dose statin drugs and they have Apo B's of 50, 40 and they oxidize their Apo B Yeah, and those are the ones I worry about because they're the ones who keep getting stents and they go, I don't believe, you know, my doctors got my LDL at 30 and I'm on testosterone because I don't make testosterone anymore and I have to replace it.

And they still are getting stents. And when we look at them, they have an oxidized peel. Apo B and they go, What's that? And I go, Well, still the best way to track it right now.

So interesting. Interesting. Okay. It's an $8 test. You can you can amaze cardiologist with an $8 test. So fantastic. All right. Very exciting. Thanks for all this great information, Steven.

Always great to talk to you. And again, congratulations on your book Gut Check. And excuse me. So I heard the launch went well. Yeah. And I don't know if you saw 60 Minutes last night, but they had a piece on Alzheimer's where they said that the way to go is to open the blood brain barrier and deliver more anti amyloid antibodies.

Oh, of course. And they had zero data on Cognition. Zero. So like this is this is the only thing to do is scary.

Closing Thoughts on Early Treatment and Prevention

So we really do need to continue to to change the realization, get people on early treatment, get people on early on prevention or earliest reversal. So I urge everybody, please do not wait.

It's not normal to be having problems with cognition as you get a little older, you should be able to keep your cognition very well if you do the right things, if you do what Dr. Steven Gundry tells you to do.

So thanks very much, Steven, and look forward to talking to you again. Thank you. Keep up the good work and thanks for having me on. I appreciate it. Great to talk to you, Steven.