Introduction and guest background

For the. So welcome back to another interview with the Reversing Marcel activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara with mast cell 360.

I'm very excited today to have doctor Heather Sanderson with us. And we're going to have a really fascinating dialog about the role of mast cells and histamine in Alzheimer's.

And what I think you're going to find is groundbreaking information about that. Alzheimer's is not necessary permanent. And there's a lot that people can do to even not just drive, but really start reversing some of this cognitive decline.

So Doctor Sanderson is the founder of Salisbury Health Clinic, and she is the first residential care facility for the elderly of this kind. We'll find out a little bit more about what that means.

And Doctor Sanderson focuses primarily on supporting patients looking to prevent and reverse dementia by addressing root causes like mycotoxins and chronic infections.

We know there's a role with dementia and Alzheimer's and mast cell activation and this to me. And she was also awarded a grant to study an individualized, integrative approach to reversing cognitive decline.

She's a primary investigator on the IT and clear clinical trial. And she's also the host of the reverse Alzheimer's Summit, which if this is a primary area for you guys, you want to also go check that someone out.

Thank you so much for joining us. Of course, it's a pleasure to be here. Can you tell us a little bit more about your background and how you got into working and focusing on this area so much?

Yeah. So I'm a naturopathy doctor and so like you, you know, I, I like to look at the root cause medicine and really get healing and and really a cure is what we're after.

Now sometimes that's a reasonable expectation and other times it's not. It's more about orienting ourselves towards health and cognitive function is so important to me because when I take that step back and think like, what is the world need?

What's the worldly? More of it. But there's a lot of people who are unhealthy and there's a lot of problems, frankly. Right. Like there's polarization and there's economic inequality and there's climate stuff.

There's just so much going on that it can feel overwhelming. And what I know with certainty is that we need people with full cognitive capacity, especially as they age at the height of their wisdom and experience.

We need them on our team, helping us find solutions to these issues like this is a humanitarian like justice issue for me, and I also when I think about like, who are we as a society?

How do we treat our elders that how do we treat the most vulnerable among us like the children, the elders, the animals? When I think about that question, I want to say that we treat them with respect and dignity and that we we bring them back into the fold of our communities.

And yet the reality is that more often than not, people who are struggling with cognitive decline when they think there's nothing they can do to there, they feel ostracized.

Many times they want to hide or find ways to cope with their cognitive decline, and then, quite frankly, they they

often get put into homes where they're parked in front of TVs, said the worst diet imaginable for brain health.

And so when I think about that and like that alone is a pretty significant issue. I just want and I created Marama as a residential care facility as sort of the answer to that question.

But I think we can do better.

Root causes of dementia and cognitive decline

And I got into this because I watched patients get better from they were reversing an irreversible disease. I had been told over and over by well-meaning instructors, really, really smart people said you couldn't reverse dementia.

And yet I was watching it happen. And so when I saw that happening for people, even with this severe disease who were practically non-verbal, I was seeing them get better, not necessarily go back to work, but get better, be oriented in the direction of health.

When I saw that that was possible in late stage disease, I thought, well, what would be possible in that early stage of disease when you're just starting to notice brain fog or overwhelm that you didn't used to have, that you're not remembering names.

Maybe if you're unfamiliar people or places, when you're starting to just struggle a bit, you can you can say to yourself, like, gosh, I would have remembered that 5 or 10 years ago when that's happening.

That's the moment to intervene. And so I just get excited that people have this opportunity, that we live this in this really exciting day and age where we're showing that this works and scientifically we're proving this.

And it's not so much that there's nothing you can do, which has been the refrain for so long, is that, oh, here's some aricept or some namenda. Get your affairs in order. Everything's downhill from here.

It's really amazing. There's so much that we can do, almost to the point of overwhelm that right? There's just so many things to look at and discover and understand.

One of the big long term issues with dementia is that we've called one set of symptoms, and this happens with depression and anxiety, right. This happens with a lot of our different diseases that we name that we put a diagnosis code on.

This is really come out of like the insurance system, right? We need to name it something. And I really don't care so much what we call it. We can call it Alzheimer's.

We can call it dementia, we call it Lewy body. We call it frontotemporal dementia. There's vascular dementia. There's a lot of different names that we put on it.

But what I want to know, like you, that is why. How did you arrive at this diagnosis, this set of symptoms? What happened at a pathophysiological level?

At a cellular level, what's going on so that those cells in your brain are not functioning optimally. And there's essentially a finite list of things that we can point to there.

So it can be certainly inflammation. But we still want to ask what caused the inflammation. Right. So toxins can do it. And this is where you and I have a lot of overlap.

And in what we offer mycotoxins in particular can cause brain fog. And neuroinflammation and all kinds of problems, immunomodulatory issues. So micro toxins we want to look at heavy metals.

We want to look at chemical toxicity. We want to look at we want to understand nutrients. So at a very basic level

when we're talking about dementia, we're talking about the neurons.

The cells in the brain, and also all the supportive cells around the neurons in the brain. And we want the junk out and the good stuff in supporting that cell function.

And so we want to get those toxins out, make sure there's plenty of nutrients there. We want to make sure that the signaling is working so that the hormones are balanced.

And these are trophic hormones like our progesterone, estrogen, testosterone, DHEA, pregnant alone, even thyroid hormone and vitamin D. All of these signals go to the brain and you can think like a 21 year old has an abundant amount of those hormones.

And they're in college. They're learning new things. They're it's easy for them to get new skills. That's that's what we want to be doing into our 70s, 80s and 90s.

So we want to balance those hormones and approximate that growth, that trophic. There's trophic factors. So make sure the signaling it's telling us to create new neurons, new connections, new pathways, new memories.

Then we also want to make sure that the signaling isn't stressed, stressed, stressed. Because, if we're depressed, anxious, overwhelmed, stressed, if we're spending a lot of our time in that, in that that headspace, our emotional memories, our emotional centers of the brain they cross with the amygdala and the hippocampus, there's a lot of interconnectedness there.

And so if our emotional center of the brain is bombarded with this negativity, we don't create memories. It's also just hard to remember if you think of yourself like stagefright, right?

If when you're under a lot of stress, a lot of pressure, you can get up in front of a bunch of people and you just forget what you're going to say, right? This can happen.

I mean, this is why torture isn't a great thing to do, because people under stress don't remember well. And this is another reason why caregivers are at very high risk of dementia is because it's just a stressful job.

So toxins, nutrients, stressors and then structure is another thing that comes up. So are you getting enough blood flow to your brain? Are you getting enough blood flow out of your brain taking the good stuff in and the bad stuff out?

Are you do have enough? Is your airway open? Do you get enough oxygen to your brain, particularly at night when you're sleeping? We want to treat sleep apnea quickly, if that is part of what's going on.

We also, you know, your hip bone's connected to your leg bone, like everything is connected. So is that neural circuitry? Is that all connected in a in an optimal way?

And and then, you know, we also think about molecular structure. So genetic structure and then macro structure is what I've been describing this how is my head sitting on top of my shoulders.

Can the can the blood flow through those arteries and veins. And then that macro structure, it might be like the way your orthopedist or your, your chiropractor thinks about it, or even traumatic brain injuries, right?

Getting hit over the head with a baseball bat, even if it was when you were eight years old or being in a car accident where you've had whiplash or you've you've hit your head hard, can create inflammation, can create areas of, like almost brownouts where that cell doesn't those cells in that area don't work quite as well.

Even, necrotic tissue that forms after a stroke, can also be kind of put in this category, like structurally, if there's just an area of the brain that doesn't work as well because of trauma.

And then on the genetic side, on this molecular structure side, we have things like the AP, the the ApoE e, so your amyloid precursor protein genetics, your, pieces one and two, and then you're able, if it's in the four category here, the four, four, three, four, then you can be at higher rates of dementia.

And so for someone like that, they might want to work harder on the other, preventative measures, lifestyle measures maybe than their neighbor or their spouse or somebody who doesn't have that predisposition.

So understanding that molecular structure and how you might go in that direction more quickly than someone else is also important. And then the last one, another area of overlap for us is infections.

So particularly stealth infections, things like Lyme but also herpes and then pigeon javelins that sound in the mouth. Those three infections have a propensity towards it, creating inflammation in the brain very quickly.

And so we want to treat those relatively aggressively, particularly if there is a higher risk of dementia. And so that is it feels like a lot, when we when we go to look at the medical side.

And then there's also the lifestyle side. So ketogenic diet, lots and lots of exercise, really good sleep, meditation, bowel movement every day, you know, kind of the foundational pieces of a healthy, just a healthy life in general, but particularly for dementia, it's a ketogenic diet.

And so those are our foundations. Those are the things we want to look at. It feels like a lot. But really when we do it in a systematic way, we get great outcomes that are well, well worth it, which is such a breath of fresh air.

So I just want to recap, because I know we've got a lot of people who are joining us who are our brain fogged, and they have, they they're having their own cognitive issues, whether they're doing cognitive decline or dementia or is just a factor of the kind of inflammation, but one I love the passion, the excitement to bring to this area, because often so many people are very dry about it.

And the inspiration that you bring is huge. And you're so you're talking about that.

How mast cells and histamine drive brain inflammation

We have these talks and layers and so interesting. These are the same, all the same root factors that we see in all these different types of inflammatory, chronic conditions.

Right. It mast cell activation syndrome. These are our major areas. So we've got toxins whether we're talking about environmental toxins mold toxins, metals we've got these infection layers.

We've got structural issues. We've got emotional stress and traumas. Physical traumas. We've got the genetic layers. And we have to look at these are going to be this unique set for each person.

And that's why there's no one size fits all, of course, in any of these conditions. And even for people who don't have Alzheimer's getting ahead of it.

So for me, this is a huge area that I'm very interested in continuing to work on and working on my own health because I had I was kicked in the head by a horse when I was nine, had traumatic brain injury, my neck muscles were so weakened from that and hypermobility from muscle toxins.

I'd probably had 15 concussions. And then I have that genetic ApoE three four status. So I know my risk is higher. And even if people don't know the genetics, if you have these risk factors, we've got to be working on this.

I'm in my 40s. I'm working on it now because I don't I don't want to hit 70 and I forget who I am and I want to be still contributing. So can you tell us more about how we know there's a connection between mast cells and histamine in particular?

There's a lot of research on that and cognitive decline in Alzheimer's. What's happening there and how are these root causes helping to drive some of this through that muscle and histamine angle.

Right. So as you well know, mast cells and histamine. It's this like hyper vigilance. Right. So there's a couple components. One is that cascade that inflammatory cascade all of those cytokines not just histamine but all of the other signals.

We talked briefly just now I mentioned that the signals the traffic signals are good signals to the brain. They tell us to grow, to create new. And these mast cells, when they're being constantly released because we're in a hypervigilant state or a highly sensitive state, they're releasing cytokines that are saying, defend right.

So if you think of your brain, Doctor Bredesen, my mentor, has this great analogy. If you think of your brain is like, my brain is done, it's a country, and your your country has to decide how to use its resources, right?

The nutrients, the oxygen, the energy. And if your energy is going to grow, create new, right? You're building new schools and roads and infrastructure and connections, right?

That's where we want to be oriented. But if we're fighting a pathogen or if we're constantly on guard defending ourselves, like in the case of the mast cells, then we are not putting resources into creating new, healthy memories.

And often times what will happen. The patients that you and I see is they're stuck in this kind of self-perpetuating cycle that they can't get out of.

And so that that cytokine storm that's on, you know, from after Covid, it's on the tip of everyone's tongue. And everybody kind of has a sense of what that looks like.

It's this runaway train. It's this out-of-control process that's sending signals for more and more and more inflammation to a degree that starts to be destructive.

And so many of our patients, you know, it's not just the toxins themselves that are causing degradation, although they do that too. It's this response.

It's that your brain is trying to protect you. Your your mast cells are trying to protect you. Your body is trying to protect you. And in that process, it gets out of control and it starts to hurt you.

And so we need to intervene then and tell the body. And this is where the stressors come in. Right. And modulated rewiring the brain. Our friend Ashok Gupta, who you introduced me to.

Thank you for that. Has a phenomenal program, the Gupta program, where you rewire the limbic system so that you can retrain your brain not to be in that hypervigilant state so that your cells are not releasing these cytokines into the system, creating more inflammation.

And and that I really see in my practice, that program is absolutely critical and so, so, so helpful for so many people. It really helps them get to that that turnaround spot where they're coming back and getting healthier and healthier, both for dementia patients as well as mold and, mast cell patients.

And one of the things, too, that I always think about with these topics is that anytime that we have a lot of inflammation, anytime that we have these infections, we have these toxins, particularly the ones that are going to cross the blood brain barrier, enter into the central nervous system.

There are already some mast cells in the brain, but then this will mobilize mast cells to cross that brain barrier, and the blood brain barrier is degrading.

And then they're going to move in in higher numbers. And we get this brain inflammation. So that has a role in dementia. But also just people who have the brain fog.

So many people have brain fog. And I think about half of what I do with people is just coaching and just breaking it down into here's how you do micro steps and here's how you get this on board, because it's hard to even think through all of this.

But if we clear that out, and I found in my self my own journey, I could hardly read a book 15 years ago, and that was a devastating decline from having been a top student and somebody who was doing independent study, research and, you know, at the top of the top of my class and then barely able to read a book and to get my brain back is amazing.

To get my brain back and to be able to read research studies and help people and process all of this complexity. And that's what I love about what you're doing, as well as giving people that hope and giving people those opportunities.

So we talked about mast cells, and we know histamine also has a role in terms of inflammatory and a role in circadian rhythms. And people with cognitive decline tend to start to lose their sleep capacities and things like that.

Diet, ketosis, and foundational treatment strategies

And so what what do you recommend? Can you start taking us through some of the recommendations? Where do you start with people. And and then can we talk even specifically about on this mast cell side and cognitive health.

Yeah. So as you mentioned, when you feel brain fog or you are struggling with cognitive decline, what we're asking you to do is often very complex, even for someone with full cognitive capacity.

It's a lot. And so this is what inspired me to create Marama, because I saw people in my practice getting better, and those people had the capacity to implement the recommendations.

They either had a really dedicated caregiver or they were so far gone that it was already kind of a lost cause. So and they were very, very committed to the process.

So what we see is the people who are most successful, who get the most benefit from a medicine type approach, this integrative, individualized, comprehensive approach is that they are the people that get the most benefit, are most adept at it, just implementing it as in the most comprehensive way possible.

They do as much of it as possible. And so way over the way I want to answer your question is like, oh, it's really simple. It's really easy. You just do these three steps and then you're better.

And that's just not the reality. Like I wish that it were. I wish so badly. And with mass so patients right with I have people come into my office saying like, I feel like I'm dying, like to tell me what to do and I'll do it.

And yet it's a process and it's a complex. And so they often need some handholding. And so with Marama, what we did was we created an immersive experience.

We said, just show up and we'll take care of the rest for you. You know, you need a doctor at and trained doctor who can create the plan for you, but then we'll implement.

So the diet is an organic ketogenic diet. The mattress is organic and the, the paints, it's a safe code. It's, you know, we we've done everything to keep the toxins down, all of those triggers down.

And then we've done everything to create a great diet. The caregivers expect people to come in and get get better. The caregivers are very engaging, so they get your brain stimulated all day long.

You don't have to think about, oh, should I do a puzzle or should I do this? Or I need to go online and find that they've just got it all right there, and it's just mapped into the day.

The exercises the other big piece. And so these are the types of things like this is where I start. These are those foundational things. And in fact I would say like a ketogenic diet, an organic ketogenic diet that's very, very vegetable heavy, that is probably doing about half of the lifting much of the time.

And those are vegetables. I just want to clarify, I we're not talking about we're not talking about potatoes. Yeah. So ketosis is like a metabolic switch.

So many of us have spent most of our lives, if not our entire lives. And in glycolysis, burning sugar for fuel. And what we want to do is flip the switch and burn fat for fuel or ketones.

And the brain prefers ketones. And so if we have fat and sugar going up, that's leads to a heart attack. If we have sugar restricted in sugar or carbohydrates, those are synonymous.

So not just candy bars but absolutely you're right. Squash the starchy squashes and potatoes, even sweet potatoes fruit as well. That's all in that carbohydrate pile.

And what we want to do is have fat and protein and those like lots and lots of leafy green veggies. So there was a recent trial out of, Florida where just six weeks on a ketogenic diet, it was a small feasibility trial.

There were only nine participants and eight of them were able to get. Or maybe there were ten and nine of them got into ketosis. But in just six weeks, they had significantly reversed cognitive decline.

And with mild cognitive impairment and mild cognitive impairment, I have that's what we call it. But I have a little there's a little rub that's like saying you have, you know, Alzheimer's is stage four cancer, right?

Like so mild cognitive impairment is like stage one cancer. This is this is still a really big deal even though we put that word mild in there. So this is measurable cognitive decline.

And people are reversing it just by changing their diet. Now when think about it this is what I get excited about. Like okay, we're going to do diet and we're going to get your labs and we're going to get your environment dialed and we're going to get your hormones out.

And so when we layer all of these things on top of each other, get the exercise going and get you sleeping optimally, when we start layering all of these pieces on top of each other, then you really see the magic happen.

And that's huge. And so some people can come to the center. Some people may not be able to, but even just working on a ketogenic diet, if they're in a place where adrenal, they can handle that and they're great.

But even if, I mean, we've got a lot of people with severe adrenal fatigue and they may not tolerate intermittent fasting, which is dialing back that sugar or dialing back those processed foods.

There's a lot of sugar addiction that I see dialing back those carbs and really relying on those heavy carbs. And our brains run best on ketones, right?

They do. Yeah, it's rare, but sometimes we have glucose or sugar and ketones arriving at the brain at the same time, same time typically wearing one or the other camp.

But when glucose is there or sugar, the brain prefers ketones. And so the ketogenic diet is a fasting mimicking diet. And from an evolutionary perspective, when I think through this, it makes a ton of sense.

If you are starving, if you're fasting at our ancestors, our hunter gatherer ancestors, when they were looking for food because they couldn't find the tubers or the berries or whatever was going to raise their blood sugar, they didn't.

You didn't want to have more brain fog. You didn't want to have more confusion, right? You needed your brain to

turn on so that you could figure out where your next food source was going to come from.

And that's exactly what happens when we get into ketosis. We get all the longevity benefits of a kind of a fasting diet. We get all of the detox benefits as we start breaking down mobilizing fat where a lot of fat soluble toxins are stored, we get a ton of detox happening, and then we get that mental clarity.

We get mood stabilization. Often people will say they get better sleep. Now, the ketogenic diet isn't for everyone. You want to work with a well-trained provider to make sure it's the right diet for you.

People with kidney issues or that don't have a gallbladder, that have high levels of cholesterol. You're going to want to work with a health coach or a doctor and really make sure that this is the right diet and that you're doing it in the right ways.

For some people, especially as they age, you know, they've been told fat is bad. So what happens is they are afraid to eat fat, but they're restricting carbs.

And all of a sudden they're not getting enough calories, frankly, and then they're losing too much weight. So we want we want people to be getting stronger, healthier, better, not, falling into some of those pitfalls that come with this.

So definitely work with a provider. And we know to that we have people in this toxicity category to have something called intermittent porphyria. And that until that's managed, people will have to have some glucose sources.

So this is why it's so critical. And if you're feeling really bad doing a ketogenic diet, back up, get some health. Don't don't push yourself into some kind of health emergency.

But this is this is wonderful. And I've been doing, I've found with, with my personal biochemistry that I was doing a really intense ketogenic diet with under 30g of carbs a day.

I actually had more inflammation. So then I found that my range is actually more around 50 to 60g of carbs. So this is really variable. There's not a one size fits all for my brain does work so much better and I feel better. I feel clearer that way.

Then we've got to get these toxins out and talk with us about these different kinds of toxins. What are some of the most common you see affecting cognitive health and affecting cognitive decline areas like Alzheimer's, but also just brain fog and these other types of issues?

Yeah. So certainly the more toxins are highly associated with brain fog and then mercury is extremely neurotoxic and lead a little less so. But lead certainly has a role to play in, in Stephanie center, who I've interviewed on my segment on the reverse Alzheimer's Summit, she can speak directly to and have published papers linking lead and glyphosate, in particular to ALS and Parkinson's, other neurodegenerative diseases, glyphosate in particular.

This. It replaces glycine, which is, it helps to calm the nervous system. And it also is a protein that's used over and or an amino acid used over and over and over in the nervous system.

And so when glyphosate starts to take its spot, it means that those proteins that that amino acid glycine is typically a part of, they start to fold and then they start to misbehave.

And so she Stephanie doctor said she lays out 5 or 6 mechanisms by which glyphosate is a huge problem for the brain, for the nervous system, and then LED as well.

Toxins, infections, and environmental triggers

LED tends to come up, like I said, with Parkinson's and ALS and then Mercury with, I mean, I'll, I mean, also autism. On the early side of things, we know that lead reduces, our, Oh, gosh, of course, this is the thing I can't

remember, but our IQ scores excuse.

Okay. So, this this research comes out of studies around children who are exposed to lead pipes, water and lead pipes, and even just one point of lead in your blood is reducing your IQ score measurably.

So we want that as close to zero as possible. Cadmium and arsenic are also issues. Not is directly related or as directly toxic to the nervous system, but certainly still become an issue.

And then all of the other petrochemicals, parabens, PCBs, phthalates, these some of them are directly neurotoxic and then others are, are indirectly toxic to the system.

But then. Right, if they're if they're endocrine disruptors and now our adrenal gland is affected and our ovaries or testicles are affected and our thyroid is affected.

Well, now that signaling isn't going to the brain, right? It's all connected. And so even if it's a downstream effect, those are having an impact on whether or not we can create new memories, learn new skills, have the motivation to get up and get out of bed in the morning.

And then the other kind of toxic picture is, are the, the toxins created by living things. Right? And this when I talk about I usually use Botox as an example because everybody kind of is familiar with Botox.

Botox stands for botulinum toxin. And we injected into our foreheads to cause paralysis in the muscles. Right. So we know there's a bacteria that produces a toxin.

You're not injecting the bacteria into your forehead. You're injecting the toxin that the bacteria produced. And that toxin is so toxic it paralyzes your muscles so you don't get wrinkles and tetanus.

It has a similar. So you don't die from getting tetanus. You die from the tetanus toxoid from the toxin produced by the bacteria whooping cough or pertussis.

Very similar as well. The children don't die from the bacteria pertussis. They die from the toxin produced by the bacteria. And that's why we cough for 100 days after getting whooping cough.

So what's going on here is very similar when you have these stealth infections like Lyme and the co-infections that come with Borrelia, your bbca, your or Wikia, Bartonella, all of that family of of bacteria and other organisms.

When you have those, they create toxins. And then as you and I, it's a study. Mycotoxins are created by fungus that might be in a water damaged building that could also be growing up in your nose.

It could also be growing in your gut. But so when we become colonized by too many of these pathogens, those start to create toxins in us, particularly when they go to fight back.

So if we start to restrict our sugar and we starve out that yeast or candida that's growing in our gut, it starts to create Leo toxin. And when we when we paint our walls with paints that have fungicide in them, those molds, they want to fight back because they're being attacked.

And so they create toxicity that they create their you can't smell them. Typically you can. Sometimes you can smell the mold. But those mycotoxins are very, very small.

You can't see them. You can't smell them. You can't detect them. And if you can't see the mold behind the wall, you might not even know that you're being exposed to them.

So we want to we want to measure. We want to look in urine and see if they're mycotoxins present. And we want to whenever you buy a house or move into a house, you want to have it tested thoroughly and make sure there's no mold.

Because this can be so, so harmful to your brain and keep up with that. More I think of mold is a maintenance issue in homes now. And we talked about parabens and phthalates.

And so people may not know that these come from all of our Fragranced products, have these in them. Anything that has a fragrance that not we're not talking about the nice essential oils.

We're talking about fragrance. Whether it says artificial oil or natural fragrance does not mean that it's pure, bitter or, paraben free. But those plug ins, the car fragrances, these are all toxic to our immune system.

They're toxic to our nervous system. And so one of the ways they talk about fuels mast cell activation is that we're the canaries in the coal mine. So we're the ones that are having the immediate reaction and to, to these kinds of scents and paint smells and gasoline and mold and all of that.

But everyone's getting affected. We're just waving the flag and going, hey, this is a big problem now. But some people, it's going to hit everybody. It's just does it hit you now and you can get a handle on it quickly, or is it going to hit to 20 or 30 years down the road with cancer, with Alzheimer's, other types of neural inflammatory conditions.

Let's go. So so we talked about some of those important areas. And then do you work on the mast cell calming side as you're working through your protocol.

And what what do you do. How do you there's so many ways to approach this. And I say there's a thousand roads to Rome. They're all good. It's finding the ones that work best for you.

What are your approaches? What are you doing? Yeah. So with mast Cell, not everybody with dementia has mast cell. And so we don't always have to go there.

But many, many people who have mold exposure some of them who are struggling with cognitive decline to have mast cell issues where they're highly, highly sensitive.

So this means they're walking into a building and then they get a headache immediately, or they start having hives immediately. They have some indication, they have their tell that they've been exposed.

And it might be someone walks by with perfume and they immediately got a nausea. You know, everybody's a little bit different in terms of what they describe.

But it's not quick immediate. And it basically their brain says I'm dying in one way or another. And so what we want to do, what I do for that is how do we unwind that pattern.

So when we went at that, that person, we want them exposed as little as possible. Right. Because every insult, it's just like adding it's adding fuel to the fire.

It's just reinforcing that pathway. So ideally that type of patient is in a nontoxic environment consistently for 6 to 12 months. And if they are triggered by going into Walmart or Target, they don't go right.

They they stay outside, they stay in environments that don't trigger them. And then the next layer is, how can we start rewiring the brain? And this is what I was talking about with the Gupta program.

So I, I would threaten to not work with people who are not willing to do DNR or the Gupta program because it's so critical to getting to the end result, to getting to the finish line, and you never really finish. Right.

This is always going to be something you probably want to come back to. But people, particularly who had adverse childhood events, lots of trauma early in life, they're wired, their brains are wired, are not necessarily forever.

Right. There's neuroplasticity is what we're excited about here. The changes that we can make in the brain even as adults and late into adulthood, that's what we want to capture, is that ability to do that.

And the Gupta program does a really good job walking people through that, so that you can choose how you want your brain to react. And then getting that on board quickly.

I mean, I've just seen miracles with that. People who are 80% better over the course of a weekend.

Mast cell calming tools and supportive therapies

And so I really, really strongly encourage it. Really. A it's not that expensive, you know, under $400 for a year. And you are you're getting so much benefit that the expenses, the time really that it takes to do it.

But it's well, well worth it. It changes the trajectory of life to have this ability to retrain your brain. Then the next step is adding, I really think of them as Band-Aids.

These are going to be temporary. These are not going to be something that you carry with you for the rest of your life. But the analogy I use is like, you're going to hike the Pacific Crest Trail.

We're here in California, you know, so you're going to on this big, long backpacking trip, and you've got to carry everything that you need with you, your tent, your clothes, your food, and these allies, these mast cell stabilizers.

And so you do not want to take anything extra, you not want to pack anything that you don't need, but you need the ones that you do need are like almost critical for survival.

Right. And so how do we work through which ones you need and which ones you don't. And that is just a process of working with your doctor, your provider.

And I've got a list of 8 or 10 of them that I use. And sometimes I have a sense somebody will tell me how they've done with Benadryl in the past, or they've taken some Claritin.

They have tried, Dao supplement or they haven't, you know, and we talk through what they've tried, what they haven't, how it went. And then very, very slowly and very gently, we work our way through trying each of these.

And the goal isn't to be 100% better in four weeks. The goal is to understand, what am I packing in that backpack and what am I leaving behind? Because that that patient, when they find those 2 or 3 alive, that really help them to reduce that sensitivity level, then those things are going to be packed for the next couple of years as we work through the process of detoxifying them and rewiring the brain, other things that I really love to to throw in there.

Doctor Nathan, my mentor, I know one of yours as well. He loves FSM, frequent frequency specific Microcurrent Stanley Rosenberg's book, The Healing Power of the Vagus Nerve that talks about gargling and exercises and singing and other things you can do to stimulate the vagus nerve so that can help to reset the, the parasympathetic sympathetic balance, the autonomic nervous system.

And then cranial sacral therapy is another really great therapy. I personally have benefited so much from it, particularly James jealous trained providers.

And you can look that up online. I it 20 years ago or so, I had an experience with the James jealous train provider, and I didn't know how important it was that she had been trained by him.

But I then the other creating a psychotherapist, not really gotten that much benefit. Pretty much anyone can call themselves the craniofacial therapist if they've got a massage license.

And they took a week long course, they can say they do cranial psychotherapy, but osteopathic doctors or medical doctors who have been trained by James Jealous are at an entirely different level.

And so the profound benefits of that type of treatment, I really I can't overstate them. They're just so incredibly healing. And at a curative level. Right.

Like you don't have to go back over and over. I mean, it's kind of nice to go 12 times or have a have a series because you build each time. But oftentimes as things are unwound again, the structure gets balance as the as the autonomic nervous system.

This is cranial sacral therapy. So the cranium and the sacral nerve roots those are where our parasympathetic or our rest digest and heal roots are coming out of.

And you're manually stimulating more balance in that system. And through that I mean it can be miraculous. So those are a handful of things I also love acupuncture I think can be very, very helpful.

So depending on the patient I'm working with and what's feasible for them, what makes sense, what's within a budget, what's within the geographical, logistical, parameters?

You know, we can create it, co-create a plan that works for them and hopefully get them feeling better within about 4 to 6 weeks at least, to know that they're on a path.

They've gotten some relief by this point. Yeah. We're not going to be done. We know this is usually for people, at least in my practice, a multi-year process.

I'm sure it takes time in your practice and on that creative work to I think about just getting the nutrient flow, getting the the circulation improved, getting the the drainage, the lymphatic drainage.

So it works on all these angles and we're going to have links on our resources page for the summit for these different things that the doctor Sanderson's talking about.

So you can find them and, and look into them for yourself. And I just want to pick your brain for a moment on your take on Benadryl, because there were those studies that came out about linking Benadryl to cognitive decline.

I was on Benadryl, dependent on it for four years for sleep, for horrible sleep, but it was better than no sleep. What's your take on Benadryl? What do you what do you see? Was that study valid?

Yeah. So it, when we think about treating dementia, there, some of these, the medications that we use are anti colon esters inhibitors. So an antioxidant inhibitor makes it so that there's more choline acetylcholine in the synapse between your neurons and that is associated with some temporary benefit and cognitive function.

So I feel choline is one of the most abundant neurotransmitters. Very, very, very important. And antihistamines like Benadryl are not only antihistamines, not only antihistamine, they're also anticholinergic.

And there are other anticholinergic medications too. But the antihistamines like Benadryl, have a bit of anticholinergic activity. And so it makes sense that they would be associated with some degree of cognitive decline.

And when I am, you know, choosing amongst these mast cell stabilizers, certainly diphenhydramine or Benadryl is not at the top of my list. It is not the one that I would prefer.

Pepcid is also not at the top of my list because it's going to neutralize stomach acid, which has its own, you know, downstream effects of not being able to digest as well.

So, you know, these these, you know, we're going to call them allies, but they're temporary allies. These are not things that we don't want you on for a decade.

They're not. Just because we use them for a little bit doesn't mean that they're the best thing for you. Now, on the spectrum of, like, sleep support, we know that benzodiazepines are very, very hard on cognitive function.

So this is your Xanax, your Ambien, any of the the gab a receptor agonist.

Benadryl, sleep support, and closing resources

Gabapentin maybe a little less so. But like your Klonopin in those medicated at a van. Valium. Have an Valium. Yeah, exactly. If these are our, you know, if we're saying Benadryl or added in, I'm going to say Benadryl all day long.

If we're saying Benadryl or, melatonin, I'm going to say melatonin all day long. Right. So we have but but sleep is so critical, right? Sleep is so foundational that if it's between no sleep and Benadryl.

Benadryl. Right. I like how you're putting that. And and then it's really about looking at what's the case for this person and that there's not a straight yes or no.

And even Pepcid like we don't want to do Pepcid for ten years, but then I find really tiny amounts for people that are having trouble eating lots of food sensitivities, lots of mycotoxins.

Illness keeps that G. I tract settled enough that they can get through where they couldn't get through otherwise. Then we come back off of that. That's a that's a great approach. I love that.

And it's really about applying the logic and applying the case by case basis. This has been incredible information I am really grateful for, first of all your time and your wisdom, your knowledge, your expertise here.

Can you tell us about how people can find you and how they can find more about your programs? Yeah. So where it's all succumb, that's the clinic, the medical clinic, integrative clinic in San Diego, and then Marama and Ma and and they are AMA and Haruma experience.com is where you can find out more about the residential care facility for the elderly.

And then we also have the Reverse Alzheimer's Summit, which you are welcome to look up online. And we've got free gifts and introductory packets on the full website as well as the Marama website, and we'd love to keep in touch with you.

This is great! I'm so excited to have this inspiration both for people's Alzheimer's, but also just people dealing with brain fog, people doing the cognitive decline.

Thank you again for all that you do in the world and your service and your gifts. Right back to thank you so much for having me.