How To Supercharge Your Brain & Avoid Cognitive Decline Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Dr. Heather Sandison's Work

– Welcome back to the global energy healing summit two point oh I'm your host, Jason paul. And with me today is someone that I've gotten to know recently pretty well. Her name is Dr. Heather Sandison and she is the founder of Solcere Health Clinic and Marama, the first residential care facility for the early of its kind at Seoul sorry Dr Sanderson and her team of doctors and health coaches focused primarily on supporting patients looking to optimize cognitive function, prevent mental decline and reverse dementia by addressing root causes of imbalance in the brain and the body. She was awarded a grant to study an individualized integrative approach to reversing dementia and is a primary investigator on the I th and CLR which I'm told is I think clear clinical trial at Marama. Dr. Heather Sanderson has created an immersive residential experience in the lifestyle proven to best support brain health. She understands that changing your diet, adding nutrients, creating community and optimizing a healing environment are all challenging even for those with full cognitive capacity at Marama.

She's done the work for you all you need to do is show up, she is also the host of the reverse Alzheimer Summit and collected insights podcast where she works to share what is possible for those suffering with dementia.

Well Heather welcome, good to see you. – Good to see you. – So I'm curious how you actually um kind of decided to focus on the brain. This is an area that I think there's been a lot of controversy actually recently with the research that has come out around Alzheimer's and dementia and there's been some sort of pioneering work done over the past but say 10 years or so and I know you're sort of at the forefront of that with some others like Dr. Dale and um and some other big names.

So how did you kind of focus in on the brain? – Yeah. You know, this work sort of found me if you will.

How Heather Got Into Brain Health

I was curious and interested and intimidated by this idea that there was potentially something that we could do about Alzheimer's and dementia even today, neurologists will tell their patients I'm sorry, we just don't have anything for you.

Here's some drugs, they don't work very well, things like Aricept and Namenda and you know, kind of put your affairs in order and we'll see you in six months and we'll just measure the decline. This is really depressing and especially for me to hear patients still reporting that this is their experience with highly, you know, very well educated neurologists, because from my perspective, there's almost an overwhelming amount that we can do to protect our brain and certainly prevent delay and even reverse Alzheimer's. And so the reason I got into this was I saw you mentioned dr dale Bredesen, I saw him give a talk that was highly intriguing to me.

He was essentially saying with a disease that's complex as dementia is let's throw everything at it. Let's take all of functional medicine and give our patients the best that we can to reduce toxins and increased nutrients and get them on hormone replacement and really optimize cell function.

And what he was describing made sense to me, like from a complex science perspective, we need an intervention that matches the complexity of the disease that we're treating.

And so although I was very skeptical, I had been told over and over. Like most of us have that there was nothing you could do for Alzheimer's. I was intrigued enough to go to his training. Well, once I finished his training, I was on the list of providers that had been trained by him and very enthusiastic patients started showing up who had read his book, the end of Alzheimer's.

And then what I saw next was just absolutely miraculous and there was no way that I couldn't devote my career to changing the narrative around Alzheimer's.

When I saw repeatedly, people with severe Alzheimer's coming into my clinic and getting better. Now when they were more severe, I didn't see them going back to work. But when I saw what was possible for my first few patients where they were able to change things measurably consistently and really change the quality of their life and their interactions with their spouses and their Children. That made me sure that if we could do that for people with severe dementia, what could we be doing?

How much suffering was unnecessarily happening for people at those earlier stages that we could probably pretty easily prevent. – Yeah, I love it. And it's one of those brain health is a tricky thing in the sense that, you know, if I have issues with my liver or my knees or any other part of the body, the brain and the executive function and all the reasoning and cognitive faculties come into play when with respect to how do I work with this, Right.

When the brain starts to go, when you start getting depressed or you lose motivation or you have unbearable anxiety or you're forgetting things. It is a really challenging thing to sort of unwind, partially because if it gets progressive enough, then you you actually need kind of a team around you to help execute the plan, right? And I've seen my, my great grammar go through this first when I was really little went through dementia.

I don't know if she was officially classified as Alzheimer's a little too young to recall, but I do remember the uh, the implications and what was happening.

You know, I mean, it was really hard to watch. Um and then my grandmother went through this as well. So I've seen this a number of times. Um and it's it's one of those things. So how do you, I guess first, before we get down to how to reverse it, because that's a that's a big thing that is actually quite controversial in the traditional medical community, which is funny, but what are some of the things that we can think about when it comes to brain health and having preserved brain health?

– Right? So you know this is the global energy healing summit and so it would be remiss if I didn't mention that the brain is about Two% 20 of the energy expenditure in our bodies per day.

So this is an organ that's using a ton of energy requires a ton of energy. And a lot of what it comes down to is can the brain produces enough energy to create those memories you know, go back and reach into the brain and find that name or that word or figure out how to cook Camille how to get where we're going in a new city maybe.

And also depression and anxiety can come from poor energy and depression and anxiety are related to increased risk of dementia. So how do we get enough energy in the brain?

This is really can be. And dr Bennison refers to this as the fundamental cause of dementia is potentially energy utilization and so we can start to break down these these causes and these primary causes.

I always think of these as primary and secondary. So thyroid that's usually a secondary issue although it can have an effect on brain function. Typically something throws the thyroid out of balance.

Core Causes of Cognitive Decline

So where I really like to play is in this primary causal level layer and those things directly impact energy production in the brain and utilization. So these are things like toxins.

Talk and again dr Edison he uses this phenomenal example if we're like if our brain is like a country my brain is on if we are using our energy to fight and defend against toxins or infections then we're not going to be using our energy to put in into infrastructure to be building those pathways and collecting those memories and dialing them in and being able to retrieve them. We're going to be really focusing on using that energy on getting rid of the toxins and getting rid of the infections and so we want to assess for those things so toxins toxic burden and I think of this in like three flavors like ice cream, your you've got your metal toxins, your mycotoxins or biotoxins that are made from uh from fungus typically or molds and then you have your chemical toxins, things like petrochemicals or glyphosate which is found in roundup things like parabens and PCBs that are found in chemical like beauty products or cosmetics and then of course your pesticides and herbicides outside of glyphosate.

So things found in water potentially and all of these things we can measure, we can get a sense of the total toxic burden on the body and that's going to again require resources that are going to reduce the amount of energy in the brain and then we want to so toxins, nutrients. Do we have enough nutrients or do we have too much of particular nutrients. So blood sugar is a big piece of the conversation here as we get older as we need energy in our brain still and we're not as good at turning glucose into a teepee or that currency that our cells run on.

And so one of the ways to get around that is to switch up the fuel and use ketones or fats for fuel instead. Then additionally, when we think of nutrients, if we have excess glucose this is going to cause a big problem.

We're not going to have good energy utilization but if we don't have enough of things like B 12 or or CO Q 10 or you know the laundry list of vice and minerals that we can take as supplements or get from our food then that's going to be an issue.

But we also need to think about gut health. Are we able to digest and assimilate? So yes, maybe we're eating the right things but then are we able to get those things in through a functional gut into our bloodstream and have it delivered to cells where the rubber meets the road and things really happen and we can turn that into fuel.

So toxins nutrients, stress. This is that that connection between depression and anxiety and dementia. If we are spending our time and our energy and efforts going down these destructive pathways that that are you know depressive and pessimistic then that is it has a huge impact on our brain and not all of this is biochemical but some of it is some of it is just how right if we have a positive association with aging, this comes out of the work by Becca Levy and a book she wrote called Breaking the Age Code.

She showed that people with apoe E four status which is a structural component, a genetic component that can increase our risk of dementia. If they had a positive association with aging, they completely eliminated their genetic risk for Alzheimer's. – Hold on this is crazy.

Like I haven't heard this research, this is actually really fascinating because this a Bowie 444 right? This is like 34. This is like this is a big thing right? And people get these genetic tests and they get these results back and I think we've been conditioned a lot in this sort of medical community and even the patient world that says when you have these markers, your risk goes up for Alzheimer's it's skyrockets right?

So it creates this ton of fear kind of like the Bracha gene with breast cancer. It's kind of like the same mentality that's been inculcated in us and what you're saying is there's a way around 100%. There is a way around this every time.

So the numbers that you're talking about. So the typical person in the U. S. Has a. 13% chance of developing Alzheimer's. So this is a little bit over one in 10 Now the people who have a po 44. So if you have you get one copy from mom and one copy from dad, so you have two of them and your options are either 23 or four.

And if you have two fours you have a one in two chance or a 50% chance of being diagnosed with alzheimer's. Now this is your later onset. This isn't in your forties and fifties. This is usually postmenopausal for women over 65 is typically when this is going to happen but it's still a very high likelihood in this big chunk of your life, one in two and then people who have a 34 which is you know relatively common. They have a one in three chance.

So not as high as the 44 but still a significantly increased from 13% to about 33% 30 to 33%. And so how we want to we obviously want this to be empowering.

Not terrifying. So many patients come in who find out through 23 me or some other test that there we they have an A. P. Four and they are so concerned.

Well that concern does not help you. It actually hurts you. What you want to do is channel your inner Betty white. You want to think about someone who you respect and appreciate who's older than you who's having a blast in that later stage of life that's connected.

That's doing new and fun things that's enjoying their grandkids or great grandkids. You want to channel that person and create a positive association with aging.

You also want a repository for all of the wisdom and experience that you've gained. You need someone to give that to. And keeping engaged is really a big part of this. So Becca Levy's work.

It comes out of studying cultures where there is a reverence for the aged people among them right in that society. So Confucius cultures like the japanese and and chinese but not just in asian communities also in the american deaf community which deaf people in the U.

S. Tend to have hearing parents and so they create tight connections with other people in the deaf community and in that culture there is a reverence again a respect for their elders and what we see is that hormones don't drop and if people have a P. 44 status or 34 status they get rid of the genetic risk associated with developing Alzheimer's.

It's just mind blowing and really reinforces this idea that our thoughts become our reality and it really important to take responsibility for them. Okay so we talked about toxins, we talked about nutrients, we talked about stress and how this mindset is so important and also you know getting enough it can be too much or too little if we don't get any exercise if we retire and sit on the couch and watch netflix and eat ice cream. We're not getting any movement that lack of stress is going to be an issue. We want enough stress but not so much that it's detrimental. And also from a from a structural perspective and a stress perspective. Sleep sleep is so important and critical for brain health. We see from the trials um epidemiological studies people in their thirties, forties and fifties who have chronic sleep deprivation, they actually have an increased risk of developing alzheimer's later in life.

And what we see is the beta amyloid plaques that we all make regularly. They will accumulate in just one night of sleep deprivation. So you can imagine that over time this is accumulation on top of accumulation.

We have protein misfolding in the brain that's associated with cognitive decline so other, so if we talk about toxins, nutrients, stressors structure so in structure we have the molecular structure. We were just discussing the apoe E four characteristics but we already know that there's lots we can do about that and then we also have kind of the you know my hip bone's connected to my leg bone macro structure that we might think of if we're seeing an orthopedist or a chiropractor.

We need to be able to get blood flow from our you know from the rest of our body up into our brains and then back out. We also need to be able to get oxygen to our brains, particularly at night. So obstructive sleep apnea is something really, really critical to a value for and then to treat and I'm quite aggressive in this.

So even if sleep medicine is saying, oh it's very mild, you don't need to get a device either CPAP and CPAP or an oral dental device. I say no, no, no. Any sort of sleep apnea at night as a brain doctor is essentially that is brain damage, mild brain damage.

I don't believe that there is such thing any brain damage. If you have cognitive decline, I want to deal with aggressively and right away and I have a patient. I just saw her last week.

She's been being supported by her son and she came in with a mocha mocha is the Montreal cognitive assessment. This is one of the ways that we measure cognitive function. Her mocha was a six.

This is severe dementia, so as perfect as over 30 and normal is over 26. She had a six. This is she's lost her independence. You know, she's struggling to communicate well 10 months later, one of the primary interventions that we did was treat her apnea.

She is now a 13 out of 30 and her husband, Excuse me. Her son has said, I got my mom back, she's engaging, she's talking. He told me the story of the night before. She knew where the carrot peeler was.

She got the carrot peeler peel the carrot and then put the carrot peeler into the dishwasher. That sequence of events would have been impossible for her just a few months earlier.

And because of the treatment of apnea, getting her on the supplements, you know, doing everything that we did, getting her more movement. All of these things improved her mocha measurably in her quality of life profoundly.

The last thing on my list of causal factors is infections and and there are a handful that are really well known to directly impact cognitive function and that's oral, periodontal disease, things like gingivitis.

APOE Risk, Mindset, and Aging

And then also Lyme, the Lyme spirochete can cause neural degeneration and herpes herpes simplex one and two can directly cause neuro inflammation that can lead to beta amyloid plaque formation and dementia and then of course, covid we saw a lot of people with covid having long term brain fog or measurable decline in their cognitive function.

And so there's things that we can do about all of those at a very causal level. We can intervene and then see improvements not only in brain health but typically across the board in terms of health health.

– Yeah, I mean, it's interesting when you talk about infections, right? Because there's things that we have studied in the research has demonstrated and then undoubtedly there's this whole other swat that the research hasn't documented, right? Like does human t limp a trophic virus cause you know, brain inflammation probably if it's in the right, it's in the certain areas. Right?

So we just there's probably so much we don't know. And my 0.2 that is not to create a bunch of fear around infections, but as we support the immune system, as we support the entire body systems as a whole.

Now we're correcting and we're providing protective care against any and all infections. Right. And so what I'm hearing from you is that in order to both prevent brain degeneration of all kinds to preserve brain health and cognitive function as well as to even reverse some of these things once they started to set in, it's a holistic approach that it involves pretty much everything right?

And that really seems to be the key to all of this. Including having a positive mindset, right? Which which many of us maybe more skewed toward the doom and gloom toward the fear toward the negativity bias, right? We all tend to have this negativity bias around the world. It's a safety mechanism, right?

But some of us because of our experiences or maybe more skewed toward the negativity than others. And so that's something we can actually consciously look at and start to to recognize them.

And again, I have no idea that affected. Um I didn't know there was data against the sort of a P. 04 gene. I mean I knew about exercise and some of these other things and sleep of course, but that's really cool that we have data on that to basically down regulator to not express that gene characteristic. Um I'm also kind of what I'm hearing in the background. What I know about the brain is this is all mitochondrial related, right? Like that's why the energy that the brain requires so much energy, right? Is and so what you're expressing to me seems like all this stuff is related to mitochondrial health.

So maybe just give us a little bit of information on that, right? Like how mitochondria play a role and maybe tie this all together for us on sort of that more deep side my country level.

– Yeah, I wanted to double click on the infection piece really quick because I mentioned it last by design. So I really believe that if we have our toxins, nutrients, stressors and structural components of our health dialed, then many of us in the first world we don't have to worry too much about infections.

Now if we go to Mexico and we drink the water of course that's going to be an issue. And then in the context of herpes this is something we want to address we treat.

And if we're at risk for Alzheimer's and we see that from epidemiological data out of Taiwan that those who aggressively treat with antivirals are less likely to have Alzheimer's than those who don't with herpes. So there are

a couple components there that are specific to brain health. However, generally speaking, we can reduce that infectious burden just by having those other areas of our health optimized. So mitochondria, there is a whole concept here that I love to introduce around hore missus and I know you're very familiar with this, but essentially there's a few ways that we can increase the positive effects of stress on the system by using this Hormel thick effect. The idea here is that if we stress the system not so much that it de compensates, but below that we get an improvement in resilience and part of that resilience that we get is a increase in mitochondrial density per cell so that we're able to produce more energy in each cell day to day and it's a little easier to do that. Right?

And this makes sense. Right. If I think in 1968 the olympians were training up at altitude in lake Tahoe and they did that to increase erythropoietin so that they would have more red blood cells so you restrict oxygen and through that you have the bodies for medic response creates more resilience and more capacity in the system.

This is true with exercise. So, right, we stress the body a little bit and it becomes more resilient. You build those muscles, you build that strength, You build that cardiovascular capacity and leave you to max there are things that we can more capacity when after stressing the system in a targeted way. So we can do this exercise.

We can do this with hot and cold therapy right? And particularly with dementia. Excuse me With depression and anxiety. We see that people have improved mood when they go back and forth from maybe a sauna or a hot tub.

Some kind of war environment to a cold planned or maybe even an ice bath if you're if you're feeling especially adventurous and doing this regularly improves mood and proves certainly detox. And again we're using that hore medic effect.

And many of us you know, I've certainly been guilty of this of going from my 73 degree house to my 73 degree card, my 73 degree office and never stressing my system and then we lose whose capacity to do that We stop having the ability to sweat which is a primary detox pathway. Um And so getting getting our bodies back in these rhythms of a little bit of stress to build capacity is a great way to improve mitochondrial function. So again we can do this through heat and cold.

We can do this through exercise, we can do this through fasting, mimicking diets and I'm a proponent of the ketogenic diet for dementia specifically. And then we can also do this with oxygen as I mentioned, you know, going up to elevation is one way to do that. But we can also do it with a mask.

We can deplete oxygen or deprive the body of oxygen. This creates an increase in the diameter of our blood vessels through C. 02 as a so dilator. And then we can deliver concentrated oxygen and through all of these hermetic effects through all of this stress.

To build resistance to build resilience. We get an increase in mitochondrial density which is a way to increase cell function. – Yeah, I love that. So just kind of recap from what I'm hearing is we create this adaptive effect right? With these with these just the right amount of stress on the regular basis. We can adapt to that level of stress.

And then the mitochondria are basically like batteries. Right? So we're actually building a bigger battery inside our cells. And of course our brain is the most mitochondrial dense energy dense organ energy demanding.

And they have little energy reserves. Right? Like that's what's interesting is that it's kind of like it requires so much energy and there's not a lot of reserves. So it's going to have to be on demand.

Right? So we need these we need a lot of mitochondria. We need healthy mitochondria. And when we have that we have this amazing battery source of energy in the brain. And going back to kind of what you said at the beginning, we can use that battery power to either sort of clean up fight infection.

Mitochondria, Stress, and Resilience

Get rid of things right and defend, right? Or we can use it to power the and do some necessary tasks. Right? And so they're not totally separate. Right?

Whether there's there's definitely a lot going on right, Like, but it's an interesting, I mean, that is very clear to me, right, that when we have a lot of power, we got a lot of energy that we can use, then we can do the things that we want to do, right?

And the executive function that we're requiring um is no problem. Yeah. So, so we don't need a lot to to defend and start to clean up. We have a lot to use.

Um I'm curious how do you how do you start this process? You know, if somebody has dementia or Alzheimer's? Um and there at some point on that scale where they can't quite or maybe even have a certain level of depression or they're just kind of this apathy right there.

They just don't want to get going right. Like there's this resistance to it because of your transmitter function or whatever is going on. How do you work with people to sort of start unwinding that process because it can be quite difficult. – Yeah, it really can be.

I mean, this is really why I created Marama. I was seeing that patients in my clinic had the ability to get better from cognitive decline consistently unless they couldn't put the plan into action right? It doesn't work if you don't do it.

And so Marama really came out of like okay how do we create a controlled environment where people can just land and we've done it for them and they don't have to think about it.

There's good food that's on this organic ketogenic diet. The environment is nontoxic. There's community built in there. There's lots and lots of exercise and physical movement and creativity and music and all the things that we know meditation, all the things that we know that are good for a lifestyle in terms of brain health, it's all right there. And then I mean you have just this phenomenal question like what do we do when it's challenging?

So there's you know health coaching. Um you mentioned my bio, I just don't think that there is a higher bang for your buck than getting a health coach who can individualize this work with, you understands, you know, you can both learn to understand what motivates you what your drivers are, what's going to help you be successful in implementing this lifestyle.

Now, if we're earlier on in the disease process it doesn't take as much. And so that's why I really emphasize prevention. So if your mom had dementia come in now let's do what Dr. Bredesen calls acognoscopy right? You do a colonoscopy when you hit 50 45 let's do acognoscopy let's look at all of the risk factors for developing dementia.

Many of the things that I listed on those five things that are primary primary causes. There's test for them so we can test them, we can understand if they're there and get rid of them. Now, if you're early on in this disease process and you are young, my confidence that we can reverse whatever's going on physiologically is much higher.

A lot of people don't realize that the changes in your brain that lead to alzheimer's, they start happening decades before you ever have a symptom. And so if we can identify those causal factors early then we can do, it's a little less work. It's a little less expensive.

It's a little less time consuming than if we're in full full reversal mode. Now, if we're in full reversal and somebody's in their eighties say, and they've had cognitive changes going on for years and they're moca score is low, then we need to dive in fully right. We need care team, we need spouse or adult child or whoever. It is really committed to this process and they need a lot of support and hand holding. Now, creating these changes in your lifestyle.

This is hard for someone with full cognitive capacity. This is next to impossible for somebody with dementia. So we need a team in place that can support them.

And really one of the things that I think it raises my confidence that we can do this is one dipping your toe in. Yes, do what you can, especially early on. But later on I just have so much less confidence if we're just gonna do a little bit of it.

Although to be fair, we did a clinical trial in my ah And nobody did everything right. They picked and choose from the list of options. And they did what they could and 75% of them got better. Right?

So you don't have to do absolutely everything, but you've got to dive in pretty fully to get these results. Now, the other component here is um that you had mentioned is what if people are like resistant and many people with Alzheimer's are not aware of their cognitive decline. They have measurable severe, significant cognitive decline. And I asked them so how's your memory?

Are you repeating questions? Oh it's no problem. No, I don't have a problem with memory. And some doctors will say they're in denial. I actually am of the opinion that is probably the a part of their brain that is affected that is limiting their ability to have that self awareness.

When someone is aware of their cognitive decline which does happen as well. Its less often less common that they are aware of the cognitive decline. I kind of do like a little happy wiggle because I'm like sweet we've got the motivation.

They are, they get it, they understand and usually although I don't celebrate that they're terrified. Like alright, let's use that to our advantage. Let's get them on board and get them get them you know, involved in this process as much as possible despite the decline.

– Yeah. Well, and it's interesting too because from a clinician standpoint, you know, it's it's never good to celebrate what's going on. Um but I think there's, there's, there's another side to that which is that showing your confidence and your ability to sort of like kind of have such, Yeah, I guess there's confidence in this in this process.

Like, okay, yeah, you've got this level of dimension. Here's your score. This is great news because we know where to go from here, we know exactly what to do, right? Like that is a different thing than um oh well we're just going to give you this medicine and hopefully it doesn't get worse.

Right, come back in a few months and we'll see how you're doing. Like that's just a totally different paradigm.

Treating Dementia with Supportive Care

And so I just want to reflect that that, you know, when you, when you start to recognize what's happening and you start seeing people get better. There is a recognition on the other side as a clinician going, hey, it's actually we're okay here, you know?

Yeah, this is an ideal, but okay, we know where to go. Um I'm curious about some of these other thing that if we have any data on things, you mentioned a couple of things like music, um you know, you mentioned thoughts and and just the ability of a positive mindset, but meditation music. Um some of these like random kind of new agey slash really old ancient techniques breathwork right.

Like do we have any scientific data on this stuff when it comes to dementia? Alzheimer's you know any of the Parkinson's any sort of brain degeneration, what does that data look like? And what do you tons of data.

– I mean it's wild the amount of data that there is on. Let's just take meditation for example. So Kirton crea is an example and hopefully this will go in the show notes because I know that's a hard one to spell.

So we'll put a link. But what we do at Marama is it's a 12 minute meditation. It's sata nama and there's a component with your fingers where you're connecting your fingers in a certain pattern and then you're just repeating this mantra sata nama and it's only 12 minutes.

This is totally free and the data on this is so compelling. So this is not only good for the person with dementia regardless of of the severity. So mild cognitive impairment subject of cognitive impairment, severe dementia. It doesn't matter where you are on the spectrum.

It improves almost everything including telomerase which is one of those things associated with longevity. This is tailor our genetic information and it improves the integrity of our genetic of our D. N. A.

Of our genetic information in terms of what we need for for cell for cell replication which we do until the day we die right. We have new cells. And so the immune function improves cortisol goes down.

So our stress scores go down. Most importantly our quality of life scores go up and our activities of daily living. This is like this is our This is this is being able to use the bathroom on your own, being able to get dressed on your own, this is people's ability to maintain some vestige of independence even in severe Alzheimer's these things go up. They improve with 12 minutes a day of cartoon Korea meditation.

The other really important thing with meditation and compassion. There's literature and compassion as well as self compassion and compassion for others is caregiver burden of this disease. So with Alzheimer's and dementia it isn't just the person with dementia who's suffering. The all of the people who love them are on that path of the long goodbye of losing their loved one.

Not physically but their personality. That person that they fell in love with as a spouse or that they knew as a mom or dad. And that caregiver especially if they're the one providing that day to day care of helping them go to the bathroom of helping them remember to get to their doctor's appointments and reminding them to get exercise and helping them eat and dress and all of these things That caregiver has a very very high risk of developing dementia later in life. So that risk when we measure it is anywhere from 250% to up to 600% increase in risk of developing dementia later in your life as a caregiver. And this is because of the stressors associated with caregiving. The risk is highest for male spouses of a female dementia patient. And so what we want to do is reduce that risk and Curtin crea is a phenomenal way to do that. It measurably reduces caregiver burnout and burden as does self compassion. And so at Marama we we encourage all of our staff to stop what they're doing. There's always dishes to be done.

There's always laundry to be folded. There's always something to be done. When we're caring for people with dementia. However, we ask them, just stop for 12 minutes, join the residents doing curtain Korea.

And what we see is that the entire mood changes. Everyone is more patient. Everyone is happier. Everyone is cool Palmer residents and staff alike. And so I just highly encourage people to take this 12 minutes and make it a sacred ritual. Do it every day routinely and you will notice the differences. We have coaching clients and they come back and tell us we started it. We're doing it every day and it's already transformed our lives. – That's amazing.

And what I've learned working with people is that if anything is powerful enough to reverse a condition or a set of symptoms and it's that much more powerful in preventing symptoms, right? So I think sometimes we think, okay, well, I don't have to mention, I don't have memory loss, I don't have any, Well this stuff is good to do even in your forties and fifties right before we get down that, that road. This is really, really amazing stuff. And one of the things I remember from the human longevity project, we were in Okinawa in a, in an assisted living facility.

Meditation, Caregiver Burden, and Community

And what was cool is that, that there was some people that lived off campus, so to speak and they would come in whether they need a bath or needed some assistance, they would do that too, so they could come in even though they weren't living there.

So I thought that was really interesting. There's this kind of this communal support, this like open door policy, so to speak. And then what it was actually quite embarrassing and really funny at the same time, they did a lot of this like dancing and they did dress up and they had like these kind of plays and they brought me up on stage as well.

So I was, I was on stage these 70 eighties, 90 year old and we're all in costume and I'm like dancing around, um you know, it's like to music that I'm super not familiar with and they all got the biggest kick out of it and they were doing karaoke, like they were singing karaoke, they were dancing, they were doing these plays and goofing around um kind of putting on these skits and then the other thing that they were doing, especially for the people that were

really old and they weren't able to move as well, they'd be in their chairs and it was kind of like this audience and they would have these sticks, right? And they would do these like movements, this coordinated like exercise movements. They were, it was to music and it was coordinated, right? So it's like this neuro muscular and it was primarily not necessarily for exercise, but for executive function from brain function, maintaining that that neurocognitive ability. Right?

So, um these are just some of the takeaways that I recall because, you know, I've been in a few assisted living facilities in the States. You know, my my grandparents were in them and the food was horrible.

It was just pure processed, carbohydrate loaded nonsense. Um It was just kind of, you go in and you just feel you feel like you want to die like it's just this, it's an exit facility, you know, more than anything.

It's not a living facility in any way. And yet when I was in Okinawa, totally different vibe, right? It was laughing, it was Joy was singing, It was dancing. It was, it was so much more than what I found and what I've come across in the States may not be typical, I don't know, but, but I have been in a few and it's a very different experience.

And so what you're, what you're saying rings true just based on the experience that I have. – Yeah, there's so many directions to go from that. So community is one of these really important components to preventing cognitive decline.

The Lancet, which is a very reputable journal out of the UK, published in the summer of 2020 an updated commission report on Alzheimer's and dementia and they listed 13 modifiable risk factors. Right?

So these are things that we can change. We can change our gender. We can't change our age, but we can change many of the factors that put us at risk for dementia.

So there were some obvious things like cigarette smoking and a sedentary lifestyle and not being active, but community social isolation is a huge component to our risk factors as we age. And what you described was just the antithesis of social isolation. Right?

It was, it was having fun and enjoying your those years with your peers and certainly we see that at Marama, it was really fascinating in uh, it was january of 2022. We had our first covid case at Marama and by that point it was a Macron and it was relatively mild.

We had this patient resident, she had a sore throat and of course we figured it out that it was Covid on a friday afternoon. But so what we did was we isolated all of the residents from each other. She ended up being the only one who got Covid and she was totally fine From COVID five days later, which was a relief.

But when we isolated everyone from each other, not from caregivers, so they continue to eat the organic ketogenic diet. They were still in their non toxic environment. They were still walking.

They were doing brain games, they were going down, we call it the Casita circuit. So they were getting their oxygen therapy and their red light therapy and all of the other things, fun things that we do there.

But they were isolated from each other. And what we saw was this radical increase. I think we had three falls in 10 days. We don't have three falls in 10 months, usually. Right. But three falls in 10 days.

There was an increase in incontinence. People couldn't hold their bladder There was sleep disturbances. There was an increase in depression. There was a measurable reduction in cognitive decline in just 10 days of isolation from their peers. I never could have designed that experiment, but because it just happened, it blew my mind. mind and now get this Jason.

It took 10 weeks after 10 days of social isolation from their peers. 10 weeks until they all got back to baseline, Just wild. And can you imagine if that's that profound of an experience for just that subset.

I mean, obviously Covid was really detrimental in that way and very measurable, but you know, taking that data that understanding and saying, all right, I'm gonna join that bridge club or I'm gonna go get the ball room dancing or I'm going to start playing pickleball or whatever it is.

I'm going to join the book club, whatever it is that you can do to church, right, spiritual practices, whatever you can do to maintain those connections, it's really easy for us to isolate as we get older, especially when it's harder to hear or it's harder to see where our driver's license gets taken away.

Lifestyle, Facilities, and Closing Remarks

I really encourage people to make the extra effort and put put time into the building and maintaining and nurturing those social connections. The other thing you mentioned was the food in these residential care facilities.

So more often than not people move into these facilities and they go downhill. Their health metrics are reduced and, and like you said, they just kind of waiting to die in some of these places.

I have been in two places that literally have soft serve on demand. You can have it at any time of the day and this is essentially just like help yourself to high fructose corn syrup. It's just wild and mind boggling that we would do this and it comes from a mindset of you've worked hard, you're retired now. You deserve to just indulge and have whatever you want. I just don't think it's worth it.

It's so painful to die That slow death of lots of inflammation of never brain fog and poor cognitive function and low energy and just the aches and pains that we think are normal aging.

You don't have to go down that path. There are so many things that we can do to create vibrant health well into our 8th, 9th and 10th decades. – Beautiful. I think that's a good place to stop Dr. Heather Sandison and you have your own summit coming up reverse Alzheimer's, I believe, correct?

So we'll let people know about that for sure. So if you're interested, just keep on lookout for each from from us and we'll let you know when heather's event goes live. Where can people find more about your work too?

– Yeah. So at Solcere, SOLCERE.com is our clinic is the clinical practice and Marama. M A R A M A Maramaexperience.com is where you can find out more about the residential care facility.

And then it's the reverse Alzheimer's summit that will be live in June. – It's a pleasure. Thanks so much.