Introduction to the summit and Dr. Heather Sandison

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Hey everyone, Dr. Tom Warcroft here and thanks for joining us for this episode of the Microbes and Mental Health Summit. And I'm really excited for the interview because I get to bring to you one of my near-dear friends, Doctor Heather Sandison.

She's the founder of Soul Sare Health Clinic and Murama. which is the first residential care facility for the elderly of its kind. And the thing that really blew me away when I first got to meet Dr.

Heather is one, her passion for what she's doing and taking the science that we know about reversing dementia and cognitive loss and actually making it real.

She's taking this scientific evidence and saying, look, There's a path here to improving our cognition and we don't have to wait until we're so bad that we need sort of this inpatient, you know, rehab that she's able to do for some folks.

But it's really about taking that science and being an innovator disrupting the field and bringing us to this new place. where you and I can actually benefit from this way before we end up with dementia or something crazy like that.

And we also are going to cover some information that we can share maybe with some of the older folks in our lives or the people of early onset dementia and things like, that could help.

So Dr. Heather Sandison, thank you so much for joining us and i'm really excited to dive into this topic today. Tom, it's always a pleasure to catch up with you.

Thanks for having me. Yeah. And one of the things I will say, and you guys will all see this in the show notes, Dr. Sanderson has a wicked long bio and she's done these clinical trials.

But the bottom line here is we all talk about we need evidence for what we're doing. And so when I thought about how do we think about microbes and dementia and the evidence base for the potential to reverse a lot of our cognitive changes, I could think of no one any better to talk this and talk brain inflammation and how this leads to dementia.

So we are going to have a really cool conversation. But one of the things like I love to find out though, Heather, and I know we've kind of talked about this in the past offline, but like, What the hell got you into this?

Like, why are you like this, you know, young doctor with all these different places that you could go and now you've become this big name of bringing?

Because what other people may not know too, because maybe I didn't introduce enough is, You know you're bringing people like Dr.

How Dr. Sandison got into dementia reversal

Perlmutter and Dr Bredesen into the living rooms of people in a really usable way. So what even got ya on this mission? Yeah, so Dr. Bredesen trained me.

I ran into his work at a mental health conference, actually, IMMH. It's an Integrated Mental Health Conference. And I saw his presentation suggesting that you could reverse dementia.

by all of my instructors, by everyone who I think of as smart in the neurology space and in, you know, anybody who would think about doing this, about treating dementia from a naturopathic perspective or a conventional perspective.

And the refrain over and over again is get your affairs in order. There's nothing that can be done. and we'll see you in six months to see what the degradation looks like, like to how much further you've gone.

Oh, and by the way, I've got to take your driver's license away now. So you have less independence and it's all downhill from here. The most depressing conversation ever, essentially, is what's being had all across the country when people go to either their primary care provider or a neurologist saying that they have memory loss or that their partner who they're bringing with them has memory lost.

And then when I saw Dr. Bettison speak, I was very skeptical. I thought, you know, I've been told by all these people that there's nothing you can do.

Why is this guy saying that? There is something you. And essentially what he's presenting is naturopathic or functional medicine as the solution. scratching my head a little skeptical, but I was intrigued enough because I come from this naturopathic perspective of treat the cause, identify the causes, you know, go back to the root of what's causing inflammation or whatever it is that's And a lot of it was lifestyle.

So it's about doctors, teacher, many of these tenants of naturopathic medicine came up, but also of complex system science, of saying, what are all of the things that might be impacting the brain?

And how do we kind of systematically, not kind-of, how we actually go in systematically assess them all, test them, understand if they're out of balance, and then push them back towards balance so that we get better neuronal function or the cells in the brains so every cell in brain is basically working better.

And so I went to Dr. Bredesen's training because I was intrigued and I had this background and it made common sense to me, right? Like, I'd heard people say it wasn't possible, but what he was describing, it was like, no, the puzzle pieces fit together.

That makes sense. So then fast forward to coming back to my office, was on the list of providers who had been trained by him. And at that point in time, in 2017, that list was not very long.

And so, you know, had the privilege really of seeing these patients who were much more enthusiastic and confident in the process than I was. One of my very first patients, her name is Linda, and she came in with a MOCA score of two.

So a MoCA is a Montreal Cognitive Assessment. It's a one-page worksheet that we do with patients. And a perfect score is 30. Anything normal is 26 or higher.

Measurable cognitive loss happens in the mid-20s. And she had a mocha of two. She was almost nonverbal. she could answer questions with yes or no answers, but she couldn't string together a sentence.

Obviously, her relationship with her husband was severely affected. But she was completely dependent on him. But she had this bright smile and like her soul was shining through.

I could see it. She had the bright pink blouse and the studded leather bag. And you could just tell that she have been this incredible human. So six weeks later, she comes back and I like did not expect any of this, right?

She has now a mocha of seven. she's stringing sentences together. Her, She's bickering with her husband about something that happened the night before, the day before.

And her handwriting has changed. She was a teacher and professionally she had taught and she hadn't had this beautiful handwriting and her husband had pointed out how much it had been affected in the first visit.

Well, now it was straight. It was the right size. Her beautiful hand writing was back and if she wasn't going back to teaching, she was not 100% better by any stretch.

she still had very severe dementia. But her life was totally changed. And so was that of her husband's. This all happened in six weeks. Of course, I'm like, did we do something wrong?

Did we measure that wrong. I still am like I don't know that this isn't supposed to happen. Then I start sobbing. Because I think if this can happen for Linda, who else is suffering unnecessarily?

And what can happened for someone who's just at the very beginning? What can happens for people with MOCAS in the 20s? We probably don't have to work as hard.

We don' have do as much. So for Lynda, I'm sure many of you are thinking, well, what did she do in those six weeks, right? She made the protocol. So she didn't at all.

And what I tell my patients and their families, I have the most confidence when we're earlier on in the disease process. So when you're just starting to notice that you are not remembering where you put the keys Names you would have remembered in the past or that your partner is asking questions multiple times a day that you've already answered.

Sometimes people with dementia are not aware of it. And so the earlier on in that disease state, we can intervene the better off we're going to be the more confidence I have.

And then the more fully people dive in, right? So if you're just dipping your toe into the protocol, I have less confidence. If you are fully in and committed, my confidence goes way up.

And, then, of course, the younger you, are the easier this is to reverse. So what do we do? With Linda, she got on her bioidentical hormone replacement.

She got all of her dental work done, which is going to come up again because microbes, microbes microbes in the mouth.

Lindau2019s dramatic cognitive improvement

And then she moved out of a moldy bedroom. So they didn't even move out their house. They just moved our of the bedroom and moved into the living room of their.

And she got in all of the supplements. They started ballroom dancing three times a week. On the other days they were walking and getting vigorous exercise.

I mean, they really dove in. Oh, we got on the ketogenic diet and that was another big piece. So they did it all and really proved to me what is possible for those suffering with dementia.

Wow. I mean, first of all, just a jump from two to seven is not possible. So it's nice to know that we're talking to a miracle worker, right? But it is amazing when you start to do this at such a core level of healing where you're really supporting the body's natural ability to heal itself, which, you know, so many people in the Lyme world were talking and in a world that I spend a lot of time, Lymen autoimmune encephalitis triggered by Lyne, by co-infections, And so many of these people like have this trigger and they, we give away our ability to heal ourselves.

And I think what you've highlighted two things. One is there are things that you can do on your own, like your vigorous exercise, your diet, maybe even just changing the concentration of the mold by getting into a different bedroom.

But the other part that I just want to highlight for everybody, Heather, that your were saying is she was all in. Her and her husband sound like they were all in for Linda's help.

And that is one of the most important and key players for healing from any of these things. In my experience and clearly in yours is that you're going to have a better result.

Because do you get the question where people are like, you really expect me to do all that? All the time. Yeah. And people burn out, right? When you're caring for someone with dementia, it's a very just emotionally, physically, just like almost bankrupting, Right?

It is so challenging. It's so stressful. it can be so heartbreaking. and caregivers actually have a two and a half to six fold increase in risk of being diagnosed with Alzheimer's later in life.

because they don't get the exercise, they are eating on the run, there's under so much stress, their sleep is affected. And so, whenever I have a family come into me and it's oftentimes the daughter of someone with dementia or the spouse of some of dementia, I always turn to the caregiver and I'm like, look, you guys are in this together.

You both need to be doing this and we'll just bite off a chunk at a time. We'll go at the pace that works for you. But of course, The more you can do, the more fully the better the outcomes in my experience.

And also what I saw in the research that we did. So yeah, it's a lot to ask. This is kind of morbid, but a friend of mine unexpectedly passed away in a car accident not that long ago.

His brother got up on stage and gave this beautiful eulogy. At the end of it, he was describing how his brother sent these really unique text messages that were really funny.

He's like, what would I give for one more text message from my brother? And this is that. This is what would I give for one more birthday, for more summer, one anniversary, those memories of having that person still with me.

Able to communicate, able to engage, just be together. And Alzheimer's is sometimes referred to as the long goodbye. because it is this decades-long torturous process.

And Tom, that's one of the more depressing things about it, is that there's no pharmaceutical remedy for this, right? What the pharmaceuticals offer at this point is they can potentially prolong that torturious process so that you're just in it longer.

What we are suggesting is, yeah, it's hard. It's not easy. That's exactly why I created Murama, because so many people I think could benefit, but just aren't able to implement.

And so I was like, all right, we have to do this. We need to create a spot where you just show up and it's all done for you so that we can kind of, yeah, just get all the benefits.

Yeah. I'm just reflecting like my father at the end of his exceptionally long torturous end. Exactly what you said. You know, it's the dementia. And what was really interesting was, I think it was like two, two and a half months before my father died.

We were all together at my parents place for the holidays and we had a family meeting with all the boys because they have three boys and you know our spouses and whatever.

We're most worried about mom because mom was going super downhill. Like my dad had smoked and drank and

he finally stopped those things, but he had had so many cardiac things after that repeated dye exposure killed his kidneys, which just accelerated all the other cerebrovascular disease and cardiovascular disease.

And I mean, dude would like brush his teeth. for hours until his gums were bleeding, he'd shave his face until it was bleeding. I mean, it's crazy, you know, and the medicines didn't do anything.

They really didn' t. But from a caregiver perspective, I see this a lot in patients who are suffering, like a pediatric acute onset neuropsychiatric syndrome, which is, as we're learning in the summit, but it's an infection-triggered autoimmune brain inflammation that leads to behavioral changes.

The parents, the primary caregiver, often is mom, not always, gets so burnt because they're not able to put that focus on themselves. And then mom and dad sometimes have that big you know, riff because of that.

Caregiver burnout and the need to go all in

So I just really wanted to take a moment and highlight the importance of what you said. Two big things. You got to be all in for yourself. Yes, it's hard, but it is so worth it and you are so Parents, if you want your kids to do it, you got to it too.

And caregivers of people that are closer in your age, do with them because the stuff that we're talking about in the summit and specifically today with Dr.

Heather is stuff, that's going to help you. So I just, public service that I mean, I love encapsulating what you just said, cause it's so key. It's like the crux of all the, If I look at the people who don't do as well as other people, You summarize the reason it doesn't happen.

So when we look, Heather, at causes of neuroinflammation and brain inflammation that kind of starts us down this path, what are some of the most common things that you're seeing?

Yeah, so there's sort of the mold camp and I'm going to put that aside for a minute, but definitely I want to go back there. So let's start with the microbes that trigger inflammation in the brain that we know are sort the worst offenders.

One is P. gingivalis, and there are actually a couple of others that have a lot of data that show that gum disease and gingivitis it immediately causes not only inflammation in the brain, but because it goes through the cardiovascular system, it causes cardiovascular risk as well, right?

So this causes inflammation and the blood vessels and that inflammation, and basically like preventing blood from getting to your brain and also can lead to that inflammatory process of the microglia in the brain that then leads to beta amyloid plaque production, maybe tau protein production.

So amyloid plaques, which we think of kind of as the culprit, many of us think like Alzheimer's amlyloids plaque. Many of, most of pharmaceutical interventions are around reducing amilyloide plaqs.

A lot of people don't realize that amyleoid, that protein, it's a protein that's misfolded, It is antimicrobial. So that amyloid is being produced to defend you from something.

And if we can figure out what you're defending yourself against, what your brain is defending itself from, then we kind of address that. Especially if it hasn't gotten to the brain yet, we're even in better shape.

Then we don't have to have that big defense that's built in the brains. We don' t end up with plaque production. So gingivitis is something that we take very, very seriously.

And one of the things that comes up here is root canals. So if you had told me 10, 15 years ago that root canal were the cause of disease, I would have kind of rolled my eyes and thought, that's crazy.

Everybody has rootcanals I know a bunch of people who've had rootCanals who have no, no issues. Well, not every root Canal is a problem, but many of them are and I've seen this too many times with my own eyes to not share it is these root Canals And they basically, when you take the nerve out, you leave this little gap and it's a ripe place.

It's basically like the perfect little Petri dish for microbes to grow in. And those microbes then are, because the teeth are not well vascularized, the immune system is in the vasculature, right?

It is the blood. So it is not recognizing that there is this latent little infection that is irritating the system but never being fully resolved. And that can trigger inflammation, so can cavitations where wisdom teeth were pulled, but particularly gum disease.

And so I recommend that people see a biological dentist, get a cone beam x-ray, and I'm not a dentist. But just generally, if I see an LPPLA2 elevated on an advanced cardiometabolic panel, I usually wait for it to be elevated twice.

Sometimes people have come just after the dentist or there's some other factor that's involved there. So before I say go spend a ton of money with a biological dentist, I said, okay, let's just double check it.

Let's make sure that that is consistently high. And sure enough, if it is, I'm sending them to a biological dentist for a combi max ray, a full assessment of the mouth, and then water pick.

I love the dental siden product by BioSiden. There's a coconut oil, oil pulling can be a great thing to do. But of course, brushing and flossing, flossing every single day.

It's so simple. This is totally free. Just do it every day, it's these habits. that we make, these choices that make every day that really have an impact on the trajectory of our health long term.

It's so interesting. Wait, I just have to do the good hygiene stuff that my parents told me about. Exactly. OK, so that's the mouth. So bugs in the mouse, you want to keep those out because that and part of it is just the geography, right?

Like the math is so close to our brains. But also it's because when those scums, if your gums are bleeding, that the sign you needed to floss more, or you need to brush more.

And then other microbes that pop up, herpes. Herpes, simplex one and two. This is like sexually transmitted herpes. It can be oral, can genital, either one.

This also triggers inflammation in the brain very quickly. And so I am, I'm an atropath, right? I don't push a lot of medications, but this is one where if somebody is getting repeat herpies outbreaks, then I will prescribe acyclovir, valcyclovir.

Typically, people kind of tell me, oh yeah, that one worked for me or that didn't. I just have them. There's kind of a spectrum, but some of the prednisone docs will do like one week a month as prophylaxis.

Some will say at that first sign of prodrome, just go big on the dosing and take for at least a week or until that whole prodome is gone. Hopefully you won't get an outbreak.

And other people will just their patients on it all the time. I don't tend to do that because I worry about liver and kidney. function, but we can do from a naturopathic perspective, things like lysine, even lithium, melissa officinalis, which is lemon balm.

There's a lot of great antiviral herbs that we use and use them ongoing as prophylaxis. And just treat aggressively. So there's epidemiological data that shows that people who were treated aggressively with the medications with, the pharmaceuticals had less risk of developing Alzheimer's later on compared to those who did not treat with

pharmaceutical.

Gum disease, root canals, and oral microbes

It's one of those places where I do recommend a pharmaceutical intervention if you're having those repeated outbreaks. Now, some people have had herpes once or they're like, oh, it's positive on testing.

Everybody's on positive testing, like that doesn't, that's not super meaningful. It's if you're getting those repeated outbreaks that I recommend the treatment.

I think it's so key because a lot of times people are like, and everybody's looking at like HHV6 and HB7, everybody is wanting there, but this is like real clinical repeat herpes outbreaks.

We're not just checking numbers to say that you were exposed at some point, it is actually something that we're seeing all the time. Right. Exactly. Yeah.

You don't need to jump on acyclovir if you had herpes when you were 21 and never again since. I'm not suggesting that more. If there are some people, I am sure you have patients that are like, every time I have a stressful event pop up, and I get the herpies in the same spot.

That's who we're talking about. Okay, sounds good. And I love it, too, the combining of, hey, this is a place for modern medicine and a prescription may be appropriate, but then we can do our baseline herbal support, our sort of more natural thing to it.

I find lots of herbals actually really do work, But when you need it… I mean, I think most of my patients with oral or genital herpes are pretty much… I'm okay with the Cyclovir.

Whichever one you want to give me, just give it quick. Exactly. The other microbe that we always have to talk about when it comes to dementia and microbes is lime.

And just that lime and the spirochete, you know, very similar to syphilis, there's a neurolime type of component. for some people, not everyone, but chronic Lyme has, and here, I'm talking like an expert in Lymes, so maybe you can fill in here.

If I see a patient who has any Lyne markers that are showing up, now I typically start with the herbs. I start, if it's Borrelia we're talking about, starting with Cryptolepis, there's Bartonella because the co-infections are very common with Borrelia.

So if there's Bartonella and Babesia, I'm using other treatments like, like a lot of garlic and a of oregano and these Buna herbs or Byron White or Beyond Balance.

I am using these different herbal remedies aggressively if I see any sort of risk factor there. So, if ask and they've been bit by ticks a thousand times, i'm going to throw these herbs at them.

If I run a Cyrex Array 12 panel, which is sort like Castino Wide Net for microbes and I look for patterns there, and that one has P. gingivalis on it and it also has Borrelia and then it has the co-infections kind of all lumped together.

It is not by any stretch the best Lyme test that's out there. However, it is a good way for me to get a sense of like what's the infectious burden of this dementia patient and how hard do I need to push on these different potential triggers of inflammation.

And, and so if I see those lit up on that, if they're all in the red, they are all pretty significantly elevated, then I'm jumping straight into those herbs pretty quickly.

And then probably following up with iGenics or InfectoLabs or Tlabs, or if we're really lucky, all of them. Right. I

mean, I think a lot of it's like risks stratifying.

There's so many options, which like I love the toxic burden perspective of where do I need to really focus because we're doing a lots of intensive work.

And, you know, we definitely, and I know I'm going to use the word right now that we are going talk about in a minute, but between Lyme and co-infections and mold, were doing specific chats in this summit because it is so critical.

One thing to know about Crypto Lepus, at least in a test tube Petri dish setting in the lab, it's our best lime, Bartonella, Babesia duncani herb ever studied.

We're not trying to tell you guys what to go take and what not to take. You should be working with your practitioner for that. These herbs, like if you want to look at something that can eradicate Lyme disease, Cryptolepis is the only single agent that could do it when it's compared against any other medications as well as other herbs.

If you take any two combinations of meds, don't come close and there's only one combination of three medicines, all of which have to be done IV and one of them is not available commercially in our country.

And even if it was, I've come really close to making those protocols, Heather, and it just side effects central. chronic glime, and the other part is like I don't want to create more neuroinflammation either when I do, you know, too quickly.

And one little thing that you made me think of too is when you use one of my favorite words in the whole world, which is microglia. Wait, micro glia? Microglia?

How do you say it? What is that? It's so funny. I remember clearly because when we talk about mold in a minute, it comes to mind. But if we look at the white cells in our body, We don't have them in the brain, or at least we shouldn't them have in our brain.

But we have cells that are analogous to it, which are these microglia, and one of the places that Bartonella loves to hide is inside micro glia. So the cells, that is supposed to essentially kill it are the cell that lives in.

When Heather is saying you really need to focus on these things, I could not support that statement more. You really got to take a look and determine if it needs to be treated in any one order.

nor Lyme, nor Bartonellosis. I mean, big deals too, right? Big deal. And what I want to share with people is that this can be its entire can of worms.

and I also want a second, what you said about Cryptolephus. So not only from research, but like my clinical experience has been that CryptoLethus has better than anything I've ever tried, where I actually see things resolving.

It's still early, I have only been using it for a couple of years. This is long term where people have flares and things come back up, but I'm getting the best results I've ever gotten in my career with Lime with Cryptolepis.

Herpes, Lyme, and other infectious triggers

This whole LIME world is, I mean, you're deep in it. And I would just share with people that foundations are so important, right? So sleep. That your brain is not going to help you out if you're not getting enough sleep.

So prioritize sleep, stress levels. I am a huge fan of Ashok Gupta's work and the Guptas program. DNRS is another one. And I, again, like in terms of what makes me have confidence that people are going get better, go back to living their normal, healthy lives.

if they can be doing some sort of limbic retraining. And again, I refer to the Gupta program because I see I have a lot of confidence in it. In fact, teased my patients and I'm about to get serious about it, that if you're not willing to do that, you are not going to work with them because it just is one of these tools in my tool belt that I had so much confidence.

And I also get a little offended if people don't push back and don' resist a bit because it's one of those things, like your ego is right there going, no, if I don"t freak out, who's going to?

And yet that freakout, that stress mode that many caregivers are in, but also many sick people are stuck in of that fear of getting a flare of being sick again, of no one can help me, or I'm always searching for that next person that's going to fix me.

Am I missing something? Am i missing a supplement? I am missing the medication? Those feelings of not feeling safe, not having everything you need. that is going to prevent you from getting well.

And then diet, diet and movement. Not everybody, many people who are suffering with illness have post-exertional malaise or they are just for some reason physically unable for whatever's come up, they're physically able to maybe exercise the way that we think of it.

But potentially getting in a sauna or doing some sort of gentle exercise is so, so critically important. Yes, Lyme, I love the testing. It gets super expensive, so does treatment.

And I just have to remind people, like, if you're feeling overwhelmed by that, make sure you go back to your foundations, have those in place, and then add those more expensive tests and supplements and treatments.

I think it's just so well said, Heather, that there's so many things that we've, you know, as soon as you say lime or you said dental disease, or we say mold, man, it just like open up the wallet and it like the vacuum cleaner, right?

When you focus on the things that you can do like the movement, like brushing your teeth and flossing twice a day, every day. And yes, kind of at the end of the day sometimes you don't want to, but now it's cognitive function.

The other part that's really, I think, so key, you bring up the word sleep. Depending upon whom you read, what is it, 70 to 90% of your brain detoxification happens in deep sleep, or sleep but we think deep-sleep.

So deep sleep, you need to get to sleep and you have to do something that helps relax you so that you can get into that safe, parasympathetic healing mode.

So what you're doing with say like Gupta adds on, all this stuff is actually synergistic, not just additive, but synergicistic. 100% yes, yes yes to all the things you've been saying is that, You can do all these things before you go spend all that money.

And then you may need spend a little. Yeah, I mean, it's helpful, of course. I imagine, like, you know, a lot of people, when they come into me, they're on this downhill spiral.

They're like everything's getting worse. they are more sensitive. Their brain is deteriorating, right? Like, there's more stress. There's so much going on.

And what we want to do is start stacking things in their favor so they get on that virtuous cycle where now the sleep is beginning to exercise and then giving them the energy that they need to shop and cook a little bit differently and eat better.

And then, okay, now I can maybe even go back to work. And so now, I could make a little bit more money than I put into the supplements and the testing and everything else that I need.

So if we can prioritize sometimes in that way, but just gently start stacking the things as we're able, that is really

ideal. You mentioned, as you introduced me, right, like I created Murama.

It's sort of like, because the senior living industry needs help, it can be so much better. For real? It is not Moroccan science. I'm just putting the best of the science in memory care, in a memory-care setting, and a place where there's elderly folks that need the support, right?

And what you often find is people move in there and they go downhill because there is soft serve on demand and it's, you know, cereal for breakfast or oatmeal, like, high carb and then sandwiches for lunch and pasta for dinner.

And they're sitting in front of TVs. So this is the exact opposite of what's good for your brain. My professional goal is to put that kind of place out of business.

Because really what would be best is that if people have the information, they could do all of these things before they needed something like memory care.

They could stay in the fabric of their communities. they can stay working if they wanted. We could get that intergenerational wisdom transfer from grandparent to grandchild, and that would serve society at a much bigger level.

And so my hope is you and I, that's why we're here, is to share these stories, to show these resources, So they can get started much, much earlier. Well, and also when I hear you talk and it's like, I here hope.

It's, like so much of this is like. Oh, you're going to be sick forever. Blah, blah, blah. No, but so, so it is starting early before you are sick. And if you sick now and you younger.

Double down, you know, and if you're sick and older, look, I had chronic Lyme and Babesiosis and heavy metal toxicity for eight years before I got to die.

Well, the heavy metals were forever, but then I'd Lyman Babiesia chronically for 8 years, before got a diagnosis. Then it took me six years-ish to get better, but I haven't had a symptom that I can attribute to any one of those three in over 12 years, right?

So you can do it. And we know from, you know, your patient stories and so many others that it's doable, But it is like really putting yourself first and making that commitment.

Yeah, agreed. Okay, should we talk about mold? I think we should. I'm going to ask you the same thing because we've got mold dangling out there, so let's go for it.

Okay. So I trained with Dr. Bredesen and also Dr Neil Nathan, who is somebody who I just have so much respect for. He really took Richie Shoemaker's work.

I also trained Richy Shoemaker and Dr Nathan really transformed it into something that felt much more accessible for patients in my mind and then also much effective.

I really, it's such a privilege to see patients who come in in that, not to them in a state of desperation, but just watch them transform and get their lives back, go back to work, you know, be able to do all of those things that they dreamed of when they were so, so sick.

Be able tolerate foods and eat at restaurants and not feel like they're totally handicapped by this disease process. You know, Dr. Nathan is actually going to be joining us for the summit.

He's been gracious to come and share his wisdom in that field. So we'll be taking a really deep dive with that. But what's your experience kind of been in this sort of cognitive dysfunction, you know dementia?

I mean, the story you told at the top of our interview is just like, Holy moly. Because most people think you need to

get out of the house, not just the bedroom.

But yeah, what's your experience been and how in-depth do you have to with mold and suspicious should we be if we have cognitive changes? Yeah. So, you know, I have learned to just test everyone.

I test urinary mycotoxins, trained by Dr. Neil Nathan. And so I do follow his sort of protocol and that's urinery mycotoxin with some provocation, usually glutathione, whatever the patient can tolerate.

asking questions and then asking, like, have you been exposed to mold? Have you lived in or worked in a water damaged building? And I still ask those questions, and I certainly prioritize things based on the answers to those question, but I don't care what the answer is.

I want to run a urinary mycotoxin test because so many people don t realize they have been And if I see elevated urinary mycotoxins, then I'm asking more questions about the current living situation or work situation and if there might be exposure.

But unfortunately, the tests don't tell us if you were exposed in 1991 or yesterday, right? And we don' know when or where or how long you are exposed for based on the results of the test.

We just know how much you're peeing out after provocation essentially is what we know.

Sleep, stress, movement, and limbic retraining

And so it gives us some indication of what the burden is. And I can sort of tell because of my clinical experience about how long it'll take to get rid of it, but there's not a lot of information about where you got it.

So if someone is like, well, there might be something behind the refrigerator. or under that sink in the bathroom, then that's when I'm like, all right, we need to get some testing done.

And Dr. Nathan talks about immunolytics, you know, he can probably go into the details of that, jump on over to his talk. So there are ways to have accessible testing no matter where you are.

And I feel really fortunate in San Diego, we have a great testing company. We also have great people we refer to for remediation so that people can really can sleep well at night knowing that they're not being exposed.

And, I love it when we look and they are like, no, free and clear. I spent my $600 on the testing and there's nothing to my house. Great. Wonderful. Let's just get to work on that detox and then we can check that box and move on.

It's not going to be affecting your brain. I have had patients, you know, it's never just one thing. There's one patient who comes to mind, he had the highest levels of mycotoxins I had ever seen.

You know all of them just like broke the graph like in the 20s and just really radically high and we got those down. They weren't below normal by the time he was in our clinical trial.

And so when he got to the end, I haven't seen him. He hasn't followed up since, but I suggested he continue on these detox supplements because of how high his levels were, but his cognition was much better.

He'd also had a stroke and we did, you know, we treated that as a traumatic brain injury. So we were giving him phosphorylcholine and phosphorous serine and NAD by IV and methyl B12 and high dose fish oils and hormone replacement.

We were doing a lot of things. to treat the TBI and treat him holistically. But those mycotoxins were crazy, Kai. And they were part of what changed as his cognition got better.

He was a sweet story. His daughter lived in the Midwest and he was living here in San Diego. She was basically

uprooting her entire family to move back because she was like, I'm going to have to take care of dad.

Like he is going downhill and relatively fast. And by the time she was able to move, he was now taking care of her kids because she didn't really need the help anymore.

Yeah. He was in a great spot. They, they moved into, onto his property and then, yeah, He, was like able drive the kids around and to and from school and sports and stuff.

And she doesn't have to really worry about him. So good. Well I think when you take that whole comprehensive approach and today we've really focused on the microbes that we find in the brain.

There's so many other things like you said TBI and all these other pieces and I just want to highlight some form of limbic retraining. I mean we provide free resources to our patients.

i have a program that specifically addresses that. Gooped is excellent. DNRS can be a little harder but when Program for you just safe and do the work and I just like everything you talked about to me It's like creating those little healing rituals that are synergistic and add on to it and i really loved how you Summarize how if I do if i get a little bit of sleep I get A little this I have a Little more that night and and it just it all compounds and its It's so important for everyone to focus on that, you know, and focus themselves in this, because in the end you guys are so worth it.

You deserve healing. you deserve to live the life you love. And Dr. Heather, I mean the way you're highlighting everything, these are simple things that people can work on and then we know the core microbes to look at.

As we kind of wrap things together for folks, is there anything from sort of microbes that trigger the, I mean, obviously there's a lot more on the dementia plate, but in terms of microbes and dementia, there is anything else that we've kind skipped over or didn't give enough love to just yet?

No, you know, I think we did it. I will say that you want to keep inflammation down, right? So mold, we talked about toxicity of mold and not just to break that up, but you can have an immune response to mold.

Like if you are colonized with mold in your sinuses or in Candida in That can make you crave sugar, which isn't good for your brain. We can go down the whole rabbit hole in that direction.

But what we talked about specifically was the toxicity, the neurotoxicity of the toxins that molds create. So this is more like a heavy metal, not exactly a microbe.

This is inert, they're not alive and breeding in your system. They just need to be mopped up and cleaned out. And then the molds themselves, that thing that does procreate that is alive and growing on probably a wall somewhere, can cause an immune response as well.

So we can have allergies to that and then it can colonize and wreak havoc as we want to be kind of conscious of both of those pieces.

Mold, mycotoxins, and gut-brain inflammation

And that again is on that Cyrix array that I look at. Sometimes I see this cluster of all of the molds lighting up as an issue, and I can see, okay, this person maybe has that toxic component, but definitely has an immune burden.

Another place to look is in the gut, of course, right? The parasitic fungal bacterial what are those microbes doing? What is that milieu of microbes in your gut, that microbiome doing and that that directly, I'm sure you have people speaking to this at length, how those microbes are so important in terms of mental health and then of course cognition as well.

We know that there's so many neurotransmitters in our gut neurotransmitters like acetylcholine, right?

Acetylocholinesterase inhibitors are one of the ways that we treat dementia, Aricept or Denefazil, and then Namenda works at glutamate receptors.

And so these are drugs that are commonly used for people with Alzheimer's. But those neurotransmitters have a ton to do with the microbes in your gut, on what you eat, and there's this gut-brain connection, of course, that's happening, this information that is going back and forth between the brain and the gut.

focusing on the gut, you know, so for some people, that's where I start. Health starts in the get, now the guts starts your mouth. So don't, from full circle back to where we started with the dental infections, but keeping in mind, what you eat and then how that feeding your microbiome is also very important.

So Keith, yeah, I mean, keeping the inflammation down, find those things that are triggering that inflammation and address that. This has been such a great conversation that I want to do for another three hours or maybe three days because I think there's so much more you can share with folks.

I'm sure we've helped really kind of Honing on microbes and cells can affect cognitive function and dementia. But for those who want to dive deeper into your work, learn more about the other aspects that can trigger dementia and hopefully more importantly learn how to heal their brains.

Where can they learn about your works? Yeah. So there are a few options. Solcere.com is my clinic here in San Diego. And then Marama is M-A-R-M-E and Maramathome.

M A R A M a T H O M E dot com. is where you can learn more about creating the Murama experience, which is that residential care experience. You can create that in your own home.

So I talk you through step by step how to do that with a 12 module course. And then we also have coaching that can help you to implement that Bredesen protocol at home So awesome.

I'm just so thankful to be able to have this conversation and share this. The whole time, I was just thinking hope, hope. Heather's just feeling hope today.

And I mean, guys, this is all about taking control of your own health. In some of these aspects, you need the help of someone like Dr. Heathers Sanderson.

Other times, it's so much of what you can start to do at home and you gain that momentum that Dr Heather has talked about. So really take this information, go check out our information.

We'll make sure we have all the links to that in the summit notes. But man, Heather, thank you so much for an amazing conversation and a deep dive on why I need to brush and floss my teeth every day and all these other little things that frankly get overlooked.

And to be honest, When people talk about medicine, sometimes for viruses, so many people shy away. And I just love the practical approach to all the things we've talked about, including that, where you can combine your preference for naturopathic stuff.

But sometimes we need the meds to really get the optimal outcome for our brains and our overall health and relationship with our families. So just thank you so much for sharing all these wonderful stories and this practical Tom, thanks.

Murama, home care, and where to learn more

It's so wonderful and delightful to be here with you. I just want to leave you with one thing. Hope, yes, but we measured it. So I want everyone to know that not only, Yes, there is hope, But that hope isn't baseless.

it is really based on what I have seen clinically and what we measure in the clinical trial. So it is not, I'm not just

coming up with this out of nowhere.

We know that it works the majority of the time. And Dr. Bredesen has also published in her study, 84% of people with cognitive decline got better when they did this approach.

So yes, hope, but for good reason. Totally agree. I'm glad you point that out because everything I try to do is evidence-based and it's not just we're wishing on a star.

This is the practical application of medical science that allows you to experience that emotion and the reality that's called hope. But that is totally important to point it out that way.

But again, Dr. Heather Sandison, guys, go check out all of her stuff and if you or a loved one are in need. And just thank you again from the bottom of my heart, Heather.

Everyone, thank for joining us for this episode of the Microbes and Mental Health Summit, and we'll see you in the next episode. Thanks, Tom. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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