# Neuroplasticity Brain Retraining For Chronic Illnesses Transcript

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## Introduction to Ashok Gupta and the Gupta Program

– Welcome back to the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sandison and I'm so excited to introduce you to Ashok Gupta. He's a well known neuroplasticity expert, film filmmaker and health practitioner who has dedicated his life to supporting people through chronic illness and achieving their potential.

He personally suffered from chronic fatigue syndrome for around 25 years ago when he was studying at Cambridge University. Through neurological research that he conducted, he managed to get himself a hundred percent better.

He then set up a clinic to treat others and then published the well known neuroplasticity brain retraining program known as the Gupta Program in 2007.

He's published several medical papers and has continually contributed to the research for those suffering with chronic conditions. Recently, a randomized control trial was published showing the Gupta Program was highly effective compared to a control.

The program is now used to support many people with long COVID, chronic fatigue syndrome, fibromyalgia, mold illness and many other related conditions.

And I'm excited to collaborate with him and use this in the fields of Alzheimer's and the reversal of dementia. Ashok, welcome. – Thank you so much, Heather.

I'm delighted to be here. – So I was telling you how I've been referring people to your program for several years, I work in both the mold and dementia space.

And so I started by referring people for multiple chemical sensitivity, mass cell activation and of course with mold illness. And then I saw how effective it was and how this brain retraining really helped people achieve levels of wellness that I wasn't even sure was possible.

And so I'm really excited to expand that into more of my practice and introduce more people here to your program. Can you first start with, what is it?

– Sure. So thank you, Heather. Yeah, it's amazing actually, we've been discovering more and more integrative doctors, functional doctors who've been recommending our program for conditions that we never expected that it would be prescribed for.

So our program is essentially a brain retraining neuroplasticity program. Yeah? And sometimes it's called limbic retraining colloquially, but actually it's more than just the limbic system that's being retrained.

It's the entire brain. And it's essentially reversing the learnt responses in our brains that cause our immune system and our nervous system to get stuck.

So the core of it, we're resetting the nervous system and the immune system for health and vitality and optimal healing. – I've noticed in my practice that those who are suffering with these long term chronic conditions, many of them have adverse childhood events or they suffered through a lot of stress as children.

## How Brain Retraining Works

Do you see a relationship between the people who benefit from your program and having lots of stressors? – Yes, absolutely. And this… I'm glad you asked this question because it's not really where scientists first go when they're thinking of curing something like Alzheimer's or whatever.

Yeah, absolutely. There's a fascinating link here. So essentially, there's a part of our brain called the amygdala, which is known as our fear, our fight or flight response.

It's our response to the stresses around us and it creates an emotional response. Yeah. And traditionally that part of the brain was thought of as an emotional part.

And obviously in modern medicine, we separate the psychology. You go to a hospital, you have the psychology department over here, the neurology department over here, the immunological department over here as if these are all separate functions within the body, which is obviously not true.

And the amygdala was traditionally known as our emotional psychological responses. But then we found that actually the amygdala is involved in immune responses, in responses to pain.

And then we then understand that the brain does not differentiate between different types of threats. So the same part of the brain is responding to emotional threats, but biological threats, physiological threats and that's a secret and a clue to why adverse childhood experiences could then create worse outcomes or health outcomes or chronic illness later in life.

And so the factory setting of the amygdala is almost affected by so many different factors. So one is the state of mind of the mother can impact on the amygdala.

We know that in womb, in vitro and then the experience of birth can then impact on the amygdala. And the main influences I believe are then in the first 10, 12 years of life, in terms of those adverse childhood experiences.

Those can be anything from neglect right through to, trauma, abuse, physical abuse, sexual abuse even can all impact on the amygdala's setting. And once that has occurred in those first 10 to 15 years, then the amygdala believes that that is the threat level for the rest of our lives.

But the interesting thing is that no one's talking about is that threat level emotionally also reflects as a threat level physiologically and immunologically.

And that's where our research on the amygdala and the insular is hopefully opening up new avenues of research and new understandings of how these linkages actually occur.

And we know that people with adverse childhood experiences are three to four times more likely to experience chronic illness later in life. – We also know that caregivers are two and a half times more likely to be diagnosed with Alzheimer's.

So someone caring for someone with dementia has a much higher likelihood of developing dementia. And we think that this has a lot to do with just the stress of it and how people who are in a caregiving role they tend to neglect themselves, right?

They don't exercise, they don't eat well. They're not getting good sleep. And I love that this program is something that you can potentially be doing as a caregiver with your loved one who has dementia and helping to support the brains of both.

Do you… So that's kind of where I'm going with this. I think that- – Yeah. – I know that you haven't used it exactly in that way, but I'm just so excited about the potential.

– Yeah, that's really interesting. I wasn't aware of that statistic. And absolutely we know that there are two periods in people's lives where there's acute stress.

If one is caring for young children and one is caring then for perhaps an elderly relative or someone that's got chronic illness. So it's totally understandable that that would create high levels of stress, being homebound looking after somebody.

## Childhood Stress, the Amygdala, and Chronic Illness

And therefore, as you say, neglecting your own needs, which then could go on to creating the chronic stress in the brain and in the body. – When I describe this program to my patients, I say that there's basically these wagon wheel ruts that have been created in the mud, right?

That this is what, what gets wired… What gets fired gets wired, right? That we kind of become hardwired. And a lot of this can be from childhood, but even later in life.

We get hardwired in these beliefs or in these patterns. And what your program does is open up this potential to choose something different that might service us in a better way.

So can you describe a little bit of how someone might make that choice? – Yeah. So the main thing about our program is, it is originally designed for those who are experiencing chronic illness following an infection, yeah?

Which then creates this chronic inflammatory response. But now we are realizing in modern medicine and the great work that you are doing, that this chronic inflammatory response is occurring in so many different conditions.

And so it's reflecting for those who have gut issues. Essentially, it's been driven by these chronic inflammatory responses in the gut, shifting the biome, which then creates this feedback loop to the brain.

Or we know now in things like heart disease and cancer, a lot of it may be, or the contributing factors may well be about inflammation. And then obviously in the brain as well.

We know that neuroinflammation is huge amongst these types of conditions. And so I think the key thing is, if people recognize and your work's helping people understand that, that these chronic inflammatory responses can go on to creating chronic illness, then we recommend our program for all kinds of things.

And the original conditions it was created for were ME and chronic fatigue syndrome, fibromyalgia, mold illness, long COVID. So we're getting very good results with long COVID.

But now we have people, as we say, with diabetes, cancer and now Alzheimer's who are coming and using the program and essentially finding it's putting them in the optimal state.

Yeah? And many great practitioners are working from the physiological aspect of how can we shift the biome? How can we shift the enzyme systems? How can we look at supplements that can support brain health?

That's working from the physiological side and that's brilliant and great. What we focus more on is the neuroplasticity side. Yeah? Which traditionally people think, oh, you're saying it's in the mind, right?

You're saying it's in the head, I've made it up. No, I'm not saying it's in the head, we're saying it's in the brain. And if we can rewire the brain for success, as you say, those wagon wheels, the brain has got fixed, yeah?

In a certain way of responding. And traditionally we think of that as our personality. Our way of reacting to the world around us. But it's also our immune system and nervous system like those wagon wheels gets stuck in specific responses following an infection or following exposure to a toxin.

And how do we shift the brain, retrain the brain to get back onto a different track so that it isn't overstimulating aspects of the nervous system and immune system which is creating chronic illness.

And so I would say these are what we call software issues not hardware issues, yeah? That the hardware of the body is being impacted upon because the software of the system is operating for a bygone situation or a bygone era.

And can we correct that and facilitate the body's ability to come back to correct homeostasis? And then your body

is it's own best healer. – Right? – It's own best detoxifier.

We know these things. That we can certainly sort of supplement and support it but if we can get the system back in it's optimal state, it can do that itself as well.

– Right, it's almost as if when there's an exposure or there's some trigger to the system, it's like this amplified response, right? So if you breathe some in some molds in the case of mold illness or a chemical in the case of multiple chemical sensitivity, there's this signal that goes to the brain and asks the brain, am I dying?

And the brain essentially is saying, yes, you're dying. And that's the experience of my patients. They feel like they're dying. And when they can commit to this program, I do wanna be honest with people that this does take work.

It's not like swallowing a pill. It takes… That rewiring takes time and it takes effort and commitment.

## Caregiving Stress and Dementia Risk

But when you're able to do that, that response from the brain says, no, you're not dying. You don't have to create this amplified exaggerated histamine response or cytokine response, inflammatory response that can lead to so much other cellular damage in the body.

– Yes, absolutely. And you've touched on our core hypothesis there, which is that essentially… I mean, if I can just go through the model which I think hopefully your listeners will really be able to then connect to this hypothesis.

Is that first of all, we start with a bucket theory, right? Essentially. I'm sure maybe it's an analogy you use as well. That we have a bucket of our ability to handle stress.

Yeah? And that can be physiological stress. So that can be the chemicals we're exposed to, the processed additives in our foods, the pollution that we're experiencing.

So in physiological or chemical exposures. Then there's the emotional stress that goes into the bucket. Then there might be relational stress. Then there could be other physical stress we put on our bodies and let's say over training, or…

And then there's the mental stress of overworking. So all of this goes into the bucket and we can handle certain amounts of stress but when the stress reaches the top of the bucket and the water pours over, the stress pours over, then it results in some kind of chronic illness.

Yeah? And then your body is more prone to these learning effects where it can then learn exaggerated defensive responses. And the analogy I love to give is the "Game of Thrones" analogy.

So Heather, I dunno… Are you a "Game of Thrones' fan by any chance? – I've read the books. – Oh, you've read the books. Well, even better you'll it know at even deeper level.

So imagine you are the king or queen of the castle, yeah? Well, in your case, you'll be the queen of the castle and your body is the castle. Yeah? The whole kingdom and the castle.

And your immune system is the Navy and your nervous system is the army. Okay. Now, normally under most circumstances, your army and Navy are strong. They can fight off any invasion and your whole kingdom has been safe for hundreds of thousands of years, let's say, Yeah.

Then all of a sudden there's a drought in the kingdom, which is equivalent of the bucket getting full of stress. So now there's a drought. So now the castle is weak.

The kingdom is weak. The army is weak. The Navy is weak. Yep? And then along comes an invading army over

the hill. And you, as the queen tell the army and Navy, right.

You need to defend the castle and the kingdom. So they're valiantly defending, but because they're in a weakened state, they only just managed to fight off the invaders.

## Rewiring Chronic Illness Patterns

Yeah? And the invading army retreat. So that invading army could be a virus. It could be bacterial infection. It could be a toxin. It could be mold, all kinds of things.

It just only just managed to fight it off. But because the kingdom's in that weakened state, the bucket is overflowing of water, stress. The army and Navy generals come to you as the queen and say, hey, queen, we only just managed to survive that otherwise we would all have died.

So now you need to give us all the resources. Yep? All the metal, all the grain stocks, all the corn need to now come to the army and Navy because we are gonna defend the castle and make sure we survive.

Which is a logical thing. You think yeah, we need to do that. Yeah. Otherwise we're not gonna survive. But now what happens is even a small group of men on horseback coming over the hill is enough of a trigger to the army and Navy that we are being threatened again.

So then they shoot off all their arrows and send people… The infantry in to go and tackle these people when there's actually no army coming in to invade.

Or it just may look like a very small army, but it's not. And so the system becomes hyper defensive and hypersensitive and we get puzzled thinking what's going on?

Is the body doing something wrong or is this a mistake? No, from the software's perspective, if the number one priority is survival, that's the right thing to do to get the army and Navy to defend the castle.

And this is what we call neurological learning or conditioning. The brain has become conditioned as a result of a traumatic event, which is the original infection or illness that we only just survived that therefore we must continue to over trigger and defend.

And that I believe is at the root cause of so many mental, emotional and physical conditions that we now see in the modern doctor's office that perhaps we weren't seeing 50 to a hundred years ago where it's more infectious disease.

Yeah? Now it is about these autoimmune conditions. And so there are three types. There's autoimmune conditions where we know the immune system is specifically attacking the body.

Secondly, there are conditions where the immune system is overstimulating. We have ongoing inflammation causing general problems in the body. And our third type of condition is where the immune system as a result of being over triggered is now causing secondary knock on effects, which would then be where Alzheimer's would be placed.

– And I wanna take that analogy just a little bit further. My mentor, Dr. Bredessen, who's a partner here on this summit, he describes the brain like a country.

Similar to what you're describing. He says, my brain is ston, right? And if you're defending… If you're defending from invaders, if you're attacking, if you're basically going to war, then you don't have the resources, right?

All of your resources are going in that direction. They're not going to building roads and schools and recovering from the illness and that rebuilding and restructuring and all the good stuff, right?

Including memory making. And so, not only are you hypervigilant to these small invaders, but now you don't have the ability to create the infrastructure that's necessary for really optimizing health.

And what I've seen is work through your program is that they get that ability back. So then, if they wanna go into a regeneration and hormone replacement or stem cells or any of the kind of…

The peptides and all the good fun fancy stuff that's gonna make things grow and help us learn and remember. When we get in that space, it all works so much better.

– Yes. It's funny you say that, because we speak to different doctors, even Dr. Neil Nathan as well. Obviously sends a lot of mold patients our way. That sometimes many of his patients and many of your patients potentially, they're just too sensitive to handle some of their nutrient therapies or supportive therapies.

And the whole system just needs to calm down and reset itself and get back to balance before some of those good therapies can actually be accepted by the body.

And the reason that is in our view is because when the body is so sensitive, it sees every little new medication or supplement as a threat to homeostasis.

Because once again, the software is now determining any external chemical as a threat, essentially. – Right. So I'm so curious about your personal story.

'Cause you developed this not as first a medical practitioner, but actually as a patient. So, share what happened. – Yeah.

## The Bucket Theory and Defensive Brain Responses

So I actually suffered from ME or chronic fatigue syndrome at university as an undergrad. So I was studying at Cambridge University and second or third year, I was just feeling worse and worse after a trip to India.

So I'd gone to India, got some kind of stomach bug, came back and thought, well it's just a stomach bug. It will go. But it never went. And in fact my symptoms got worse and worse to the point at which I had to crawl to the bathroom.

I'd open up a textbook and I'm sure many of your patients will attest to this. Just not be able to read the words on the page. Yeah? Or remember anything.

And thinking, I'm a young man, I'm 21. Literally this is like a brick wall. And then I'd see doctors and they'd say, we dunno what causes this and you may have it for the rest of your life and there's no cure.

And at points I was almost suicidal. We're thinking, nothing's changing. Nothing I do seems to impact on this. And that started a lifelong journey for me.

And I said, if I can just understand what's happening to me, if I could just improve my state even 20 or 30%, there's so many people suffering. I will dedicate the rest of my life to understanding these conditions and helping the millions others who were suffering.

That was the promise I made to myself. And so I studied a lot of brain neurology and specifically the word of professor Joseph LeDoux. Which in those days he was the foremost expert on the amygdala and the limbic system parts of the brain.

and had written some fantastic work in the area. And I applied his work to these types of conditions because once again, he was specifically working in what might be called more psychological or fight or flight responses.

But I said, actually, you could see the immune response as a fight response. Yeah? It's just that medicine

separates these things. And taking on those same hypotheses, I was able to develop my own hypothesis and I used ad hoc brain retraining.

So nothing specific. Just experimenting with my brain as to what could work. Got myself a hundred percent better and then set up a clinic to support other patients.

And then in 2007, we published our treatments online as the Gupta Program. So we were the first kind of neuroplasticity brain retraining program and have now published several iterations since then.

And we've published medical papers in the area and a recent randomized control trial as well. So yeah, that's been my journey. And I think for me, just like yourself, for these types of conditions rather than this limbic retrain…

Oh, sorry. Brain retraining or the great work that you do becoming the diagnosis or the treatment plan, right at the end of someone's journey, why can't it become the first port of call that you are diagnosed with Alzheimer's.

You are diagnosed with long COVID or pain syndromes, right? Do this brain retraining stuff first or go and see Heather first and do these protocols before you start going down these other avenues.

And that is my real aim is to make this the primary care, the default treatment by showing the studies. – I am so happy to hear you say that because I think that's my only frustration with this program.

And it is that people wait too long to do it. And I see all the potential benefit, right? This potentiates everything else. So when you do it foundationally, you get so much more out of every supplement you take, every meditation class you go to, every yoga class you go to, every time you sweat, it just enhances the detox process, the healing process.

And I tell patients now, I'll be offended if you don't push back a little bit. If you don't resist this program because it happens every time. And I think, I'm curious of your thoughts on what's going on there.

If there's an… It's the way we've done it so it feels safe And so there's a fear of kind of letting go of our habits or that a lot of this is hypervigilance and anxiety or depression.

And so there's almost an addiction to it. Or if I'm not worried, who's going to? I don't know exactly what the process is, but I will tell you almost every single person resists getting started.

So what do you tell them? – Yeah. There's many different reasons around that resistance. So, number one is we often when we have a treatment diagnosis or a treatment process, sorry.

We expect pills. Yeah? And we don't wanna put that effort in because we're not used to that type of intervention. But secondly, often when people are anxious, depressed and also have neurocognitive difficulties, the last thing they wanna do is potentially learn something new and have to make active mental and emotional effort.

And I totally understand that though. It's totally understandable. And that's why we try to make our treatment step by step. It's a slow process. You can take it in your own pace and you can introduce tools as and when people are ready.

And I think also there's a… There is a kind of fear of failure, right? In the sense of, well I could make all this effort and do all of this, but what happens if it doesn't work?

Yeah? And that can be of unconscious resistance to actually starting it. And fourthly, I think that's related to the adverse childhood experiences where there can be a lot of fear.

And so there can be fear about what I've just described. If I start this and it doesn't make an impact, I'll be incredibly disappointed. Yeah? Or actually I feel so busy in my own mind, the thought of having some structure and some expectations of what I'm supposed to do, feels overwhelming.

So I won't start the program.

## Ashok Gupta's Personal Recovery Story

But I think we try to help people with that resistance and just say, take it slowly, take it step by step. We'll, hold your hand through the process. We've got trained practitioners that can take people through it if they don't want to do it on their own.

So that's always a possibility as well. And once you start seeing those benefits, then you'll get on the virtuous circle and the momentum builds and you'll want to continue with the program, but just at least get started.

– When I type it into my notes, suggesting it to a patient, I always say, get a coach quickly so that if you start to kind of fall out of the routine or you're having…

You're struggling to even get into one, that there's someone there to give you that extra support. So I'm sure a lot of our listeners are going, what is this program that you keep talking about?

So take us through, what does it look like? Someone goes to your website and then they get into the program. What happens next? – Sure. So we wanted to make access to this universally available across the planet.

And originally I was seeing, five, 10 patients in my clinic and thinking, wow, this is great. We're getting amazing results, but there's millions who suffer from this.

How can we get the word out there? So we created an online training program and it can be done from anywhere in the world. And most of our clients are actually in US and Canada, Europe.

And the way it works is you come onto our website. On the website, guptaprogram.com you can sign up for a free trial. So you can sample things before you even think of paying for this.

And so you can watch lots of free videos, watch testimonials and understand more about the condition that you're experiencing. And then if people choose to take the full program, it's 15 interactive video sessions, which were shot in the beautiful mountains of Switzerland.

So there's a healing effect just by watching those videos. There's about 30 audio exercises and meditations and there's a supportive community of people who get that added advice from.

Then we have trained coaches that support you and there are weekly webinars with myself as well. So there's a whole package of support to help people step by step, retrain their brains and get their health back.

And on the online system, it can be access through your phone, obviously through your computer. We enable access across different devices. And really it's the commitment.

So what we ask from people is we've hopefully set it out as simply and as easily to absorb, but how are you going to make sure there is that commitment there?

And as you say, sometimes people need a buddy. So you can have a buddy that you motivate each other, a weekly call. Or you can have a coach to support you through the program as well.

– I have a patient who self describes as very, very competitive. And so that's exactly what he did. He committed with somebody else and he wanted to win.

He wanted to be the one who didn't stop doing their one hour daily practice. And they both are still going now. They're both patients of mine and it's kind of fun to cheer them on.

Each one is waiting for the other to miss a day. And I think it's been about six months or so. But that was what was

motivating for them. They were both professional athletes, right?

And so very, very driven and then both suffered with chronic illness. And finding if it's social, if that's what motivates you, if it's showing up for someone.

For a lot of caregivers, that is a deep motivation. Is that, well, I have to do this for the person I'm caring for. I've gotta set it up and get them on it so I might as well do it at the same time.

Or that deeply competitive nature. Whatever it is, even if it is the fear of further suffering or for some people getting started, they feel like they are dying.

And the thought of continuing, and it sounds like almost that was your story. The thought of continuing life living in that state was just not an option.

And so they're looking for something to finally change that state. – Yes. And that state of mind is a core thing we address in the program as part of the retraining, which is not only do we have our childhood experiences that have stimulated our nervous system, but with every illness, there is a very strong component to fear of that illness and fear of our immortality, naturally.

And those need to be addressed head on. Yeah? Because if we ignore that, it just sits there and keeps rippling up and affecting our consciousness.

## Resistance, Commitment, and Program Structure

But when we are able to say, actually I accept the condition. So a big part of this is accepting your condition. Accepting is here. Now acceptance doesn't mean it's okay.

It means I'm okay with it, rather than it's okay. So there's an internal acceptance of it's here now what do I do about it? That reduces a lot of the fear.

Then we also work on how people can retrain their brains out of the cycle of response, because the brain says, there's clearly something wrong in the body.

It's not operating it's potential. It must be because there is some kind of invader. Let me restimulate even more aspects of the immune system. Even more neuroinflammation, which then causes these secondary effects in the brain.

So how do we break those cycles and then calm the overall nervous system and immune system to reset it. Yeah? So I think all of these things, then as people see the benefit, they can overcome their resistances and some of their negativities about their condition.

Yeah? And I was always think it's really interesting you've talked about how people work with others or what motivates them. The subjective experience of loneliness, yeah?

We know is the number one risk factor in mortality statistics. And it's something that's not really talked about. So when we think of risk factors, we think well obviously obesity, drinking, smoking, bad diet, all of the usual, but actually at the top of the list is loneliness and not just physical loneliness, but the subjective experience of loneliness.

Yeah? And that's why I think you're absolutely right. That when people feel they are working on this with somebody or there's weekly webinars, or there's a coach I can speak to, or there's a community I'm working with, then they don't feel lonely and, or as lonely.

And they can… We get better outcomes with that kind of community learning. And we know the statistics show that as well. – I've seen in some of my patients, absolute miracles.

Where their symptoms are 80% better after a week in intensive with your work. And that doesn't happen for everyone, but I've seen it enough that I know it's possible.

But I want people to take away kind of an understanding of what's expected. So, how soon would they notice symptomatic differences? How soon would they notice that things are starting to shift and how much effort do they need to put in before they start getting those returns?

– Sure. And you phrase the question exactly how people think in our modern society. Is exactly that way that we think and that's totally normal. The challenge with something like this is that the moment that we set an expectation, we set ourselves up for disappointment.

So what we say is, we call this a minimum six month program. Now, if you get better in a week or two weeks, or you get better in six months, we want you to let go of that pressure expectation and keep going with the program until you get to that good recovery that you want, maybe a hundred percent recovery.

And so generally people notice results or differences within weeks and months. Yeah, within weeks, sorry. Some people, they may not notice any difference for a number of months and that's okay as well.

And in terms of the minimum commitment, we say a minimum of 30 minutes a day, which we think everyone on the planet has 30 minutes, right? Minimum of 30 minutes in one sitting and then small exercises throughout the day to supplement it.

And we have people who work full time who are able to use the program right through to people who are bedbound. So we've treated people are right across that ability spectrum and they've all been able to incorporate it into their lives.

And like with any treatment, your commitment is going to be based on your belief in the program. Yeah? And what's really helped a lot of our patients is knowing that we've now got randomized control trials.

And a recent randomized control trial showing great beneficial results. So this isn't just, what's been hearsay, this is now the science is showing this and proving this.

And we're working on multiple trials right now going forward. So that helps once again with the commitment and the investment of time. – Congratulations.

That's a really big deal to have randomized control trial published. And so it just… Congratulations. It's a, I know a milestone. – Yeah, no, thank you.

Thank you so much. We'd love to have those randomized control trials for all types of conditions. And obviously you mentioned some of the benefits your patients are getting as well.

It'd be great. So, I think really our message is just like the message of hope that you are giving. That doesn't matter what your doctor or your therapist has said, all of these types of conditions where we know there's a neuroinflammatory response, which is at one of the causes or root cause, these responses can be reversed.

Yeah? It's just that the traditional medical profession is not set up to reverse it and doesn't even spend a lot of time and energy researching that. It is very much something's gone wrong.

What are the reductionist chemical procedures that we can identify and how do we fix those at a micro level? Rather than going upstream and saying, why don't we fix the entire system and get it working efficiently and effectively.

– Exactly. You mentioned that people understanding that this works as a part of the motivation, right? To actually do it. This word neuroplasticity, we've been throwing it around and sort of assuming everyone knows what that means.

And this is part of the issue, right? Is that conventional medicine doesn't really acknowledge that neuroplasticity can happen particularly with the elderly, right?

We say things like old dogs can't learn new tricks. We have this idea that we're very stuck in our ways that there can't be big changes in the brain. So tell me about neuroplasticity, what that means to you.

– Sure. It's interesting we had a… We have people often in their '60s and '70s and say to me, Ashok is it too late for me to rewire my brain? And I say no, absolutely not.

And we had a guy in New Zealand who was using our program. He was 84 years old. And at that kind of age, you might be thinking, well, look, I'm gonna be experiencing fatigue.

## Neuroplasticity and the Hope of Reversal

I'm gonna be experiencing some kind of neurodegenerative experiences in life. And he used our program. He got better from… I think it was fibromyalgia and chronic pain.

And he had his life back. And he's like, right, I'm gonna travel the world now. I'm gonna do all the things that I've always wanted to do for the last 20 years and I haven't been able to.

And I thought if he can do it and if he can have that optimism to do it and then want to go and live a full on life, then all of us can (chuckles). And that really inspired me to really encourage people that whatever age you're at, whatever experiences you have, it is possible to heal.

I think that's so important. Sorry. I got distracted by that. Do remind me of your question again. – Neuroplasticity, this idea that in conventional medicine, and a lot of people are told that that's not possible.

And that we've been saying this big word, and I'm not sure everyone knows what it means. – Sure. No, absolutely. So, neuroplasticity means that the neurons in our brain are what we call plastic, which means that they can change and rewire itself.

So in the 20th century, it was believed that generally our brains form their habits. So that's physiological habits, that's emotional habits and it's pretty much fixed for the rest of your life.

And then actually along came this modern idea of neuroplasticity based on brain scans in the last 20 to 30 years, which show that the brain is constantly rewiring these neurons, but constantly having little shifts.

Which maybe shifts in our personality or shifts in the way that we are neurologically programming the body to respond. And yes, the body can get into habits and the brain gets into habits.

Yeah? But those habits can be changed. And it's most common application has been in pain research. An example of that would be a phantom limb pain where people would come back from war zones and they'd have a leg amputated.

And of course the brain would then think that the leg still exists. Yeah? 'Cause that's his history and a person would subjectively experience pain in that leg even though it doesn't exist.

And through some combinations of mirror work, neural rehabilitation, they're able to train the brain to say, actually that leg no longer exists so you can stop signal firing from that part of the body.

And so they've used it for different pain syndromes. They've used it for many different things. And that is the hope. That is the hope we can give to everybody that now science is catching up with the idea that we are not a victims of our adverse childhood experiences.

We are not a victim of our genetics, right? Epigenetics showing us that. So everything that we've been told that oh

well, your parents had this condition, so you are gonna have it, right?

Or that actually you've been through these experiences so you are gonna get this illness. Or you've had this kind of diet, you're definitely gonna get this illness.

We can throw a lot of that out and say, we are in charge of our destiny. If we can find the right key to the right lock, we can either improve these conditions or actually reverse it.

And I admire you so much for giving that message to people and showing people that that's possible. – Thank you for joining me on this journey to change the narrative around it, right?

Because so many people aren't aware that there is so much hope. We're almost told so often that there's nothing… Sorry, there's nothing we can do. You have chronic fatigue syndrome which is this bucket diagnosis.

You have dementia, get your affairs in order. Here's some drugs that don't work very well. I'm sorry there's nothing left I can do when you're going through a conventional medical system.

And yet, our message is that it might be even a little overwhelming how much you can do. How much potential and possibility there is. And that, like you said, to find that right key and the lock or that combination of keys through each door, you will find that path to healing.

And that it is absolutely possible. I can't thank you enough for sharing this very, very hopeful message. I wanna be sure that our listeners all know where they can find out more and get the benefits of the Gupta Program.

– Yes, of course. So we'd love people to take our free trial. So, there's no credit card required. You get to really experience the videos and what we're talking about.

So they can come to our website, which is Guptaprogram.com and sign up for the free trial, experience all of that. And there's even some free meditations as well they can experience.

And then they can obviously go on to having the full program if they choose. And what we do is until we have large scale phase three trials, medical trials on this, we offer a one year money back guarantee on this treatment as well.

Because we feel that patients often don't have much money. So if they wanna use the money somewhere else, because it doesn't work for them, that's absolutely fine.

So people have got nothing to lose by giving it a go and see if they can get those kinds of results. And really, I just wanna give people that belief that we've seen it time and time again, with so many conditions.

When people commit to this, it improves not only the condition that it's been prescribed for by us, but it, as a secondary benefit, it improves other things.

Like we had a lady that's written into us, who's in her '80s who had a cancer diagnosis and she overcame her cancer. Now we can't say it's directly as a result of our program, but she believes that she was able to support herself through that journey because she had the right toolkit to be able to do that.

And we've gotta almost throw everything out that we've ever thought about our wellbeing and medicine and actually realize that these things are reversible.

And like that bucket diagnosis, if you can understand what things you've been putting into that bucket and how you can empty that bucket, then healing starts coming.

And something I'll mention the men's protocol. So we're operating on a full level. So M is for mind, and that's the core area of stuff that we do.

## Recent Research on the Insula and Inflammation

So it's the brain retraining and getting your brain to reset itself. But there's also the E for exercise. The activity levels that you take on board. The pacing that make an impact on your neuroinflammation.

Then obviously N is for nighttime routine. So the sleep and I'm sure you've got speakers that you're talking about sleep. When we don't sleep well, we have more neuroinflammation.

Yeah? And then D is for diet. That when we have an anti-inflammatory diet, I know you prescribe certain diets that also impacts on the what's in the bucket.

So when you put all of these things together and in our program we also look at these other aspects as well. When you put all of that together, you really are saying to your body, I'm gonna help you, 'cause I love you.

I love you as my body. And rather than putting you in this state where you are not able to look after… You're not able to defend yourself against these invaders and you're actually causing yourself harm.

As you said, get yourself out of the way and the body will be able to heal itself and take care of itself. – Amazing. Thank you so much for sharing your wisdom, expertise, your personal journey with us today.

This has been so enlightening and I also can't just say enough good things about this program and how beneficial it is. And it's a very generous offer.

Money back guarantee and a free trial that there's no reason someone shouldn't get started right away and get these incredible benefits of neuroplasticity and brain rewiring.

Ashok, thank you for sharing your time. – Yeah. Thank you so much. – And you mentioned there was some recent research that was super interesting to you.

Can you share what they found? – Sure. So when we've been studying the immune system over the last few hundred years, it has often been seen as operating peripherally.

Yeah? So, local cells are detecting local invaders and creating local responses. Now of course there must be some communication centrally because how would the brain know to then protect against future invaders?

But that system was poorly understood. And some of our research, oh, had been theoretical research had said that the insular part of the brain, which doesn't sit in the limbic system, which is why technically brain retraining isn't just about limbic system retraining.

It sits between the limbic system and the cortex. And the insular is designed to take in incoming information about the body, process that information and create the correct autonomic or immune responses to ensure homeostasis.

So that's what the insular does. A very important role and it has other roles as well. And in terms of also pain modulation. And inside the insular, there were some studies done where…

Let's take a recent study done by Dr. Asya Rolls from Israel. They took rats and they were able to create an inflammatory bowel disease inside those rats.

Okay? And they detected an electrical signature in the brain specifically in the insular. And even though then the rats recovered from the inflammatory bowel disease once it was no longer incepted within them, they were able to electrically trigger the insular, which then created the inflammatory bowel disease or inflammatory bowel response.

And that was the first time that it's been shown that we can stimulate a specific set of neurons and create a specific immune or biological response. So it must be that these responses are stored in the insular.

Now could it be that in Alzheimer's and many other conditions that within the insular itself and this is why we call our treatment amygdala and insular retraining.

That there is a specific signature of immunol responses or inflammatory responses specifically targeting the brain that is going on to create these neurodegenerative systems.

Our responses. And can we target that specific response in the brain, in the insula? And obviously we are doing it right now through this brain retraining.

But who knows in 30 years, 40 years, 50 years maybe we'll have a specific electrical signature they can input into that part of the brain and literally halt that response.

And until that happens, obviously we do the brain we training in a bit more of an indirect way. But I just thought that was really fascinating that we now have conclusive research or certainly in animal models that the insular may be where we store these conditioned trained responses.

– That is absolutely fascinating and really connects, I think to the Alzheimer's. It doesn't take many steps to connect that to the formation of beta-amyloid plaques and potentially tau proteins, right?

That this inflammatory signaling how that manifests then is through these plaques and tangles potentially. So if you can turn off the signal that tells your body to create more of this inflammation, especially if it's runaway inflammation and not necessarily to defend against something that truly needs defending against, right?

Then you can see how kind of rewinding that pattern would be really, really beneficial in preventing and potentially even treating dementia. – Yes, absolutely.

– So fascinating. Well thank you for doing this incredible work and continuing to stay at the forefront of the research and understanding how our brains work and how we can achieve optimal health.

Really important work. Thank you. – Thank you so much. (smooth music)