Introduction to Ashok Gupta and the Gupta Program

Welcome back to the Reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I'm so excited to introduce you to Ashok Gupta. He's a well known neuroplasticity expert, 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 100% 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 controlled 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, injury and 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. Asha, 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.

Mast cell activation. And 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.

But I wasn't even sure it 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, It's amazing, actually. Good. 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, learned responses in our brains that cause our immune system, 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.

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

And the amygdala is 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 it's 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.

How Brain Retraining Works

And that's the 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, the state of mind of the mother can impact on the amygdala.

We know that in in womb, in vitro and then the experience of birth can then impact on the amygdala. And the main influences, I believe, are that in the first ten, 12 years of life, in terms of those adverse childhood experiences, those those can be anything from neglect right through to, you know, trauma, abuse, physical abuse, sexual abuse even can all impact on the amygdala setting.

And once that 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 insula is hopefully opening up new avenues of research and new understandings of how these linkages, you know, actually occur.

And we know that people with adverse childhood experiences are 3 to 4 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 could potentially be doing as a caregiver.

With your loved one who has dementia and helping to support the brains of both. So that's 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 with this acute stress, and 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 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 is basically these wagon wheel ruts that have been created in the mud. Right? And this is what what gets wired, what gets tired, 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 serve us in a better way.

So how 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're doing, that this chronic inflammatory response is occurring in so many different conditions.

And so it's reflecting for those 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 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, where I mean, chronic fatigue syndrome, fibromyalgia, mild illness, long Covid.

So we're getting very good results with long Covid. But now we have people, as we say, with diabetes, cancer announced 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 of 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 said, there's 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, a nervous system like those wagon wheels get 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.

Stress, Childhood Trauma, and Chronic Illness

And can we correct that and facilitate the body's, ability to come back to correct homeostasis? And then your body is its own best healer, right? Its own best detoxify.

When we know these things that we can certainly do a supplement and support it. But if we can get the system back in its optimal state, it can do that itself as well.

But 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 commit to this program, I do want to 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. 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 amplifier. An 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 our core hypothesis there, which is that, essentially, I mean, if I, 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. And maybe it's 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 are exposed to the processed additives in our foods, the pollution that we're experiencing and the physiological or chemical exposures.

Then there's the emotional stress that goes into the bucket. Then they might be relational stress. Then there could be, other physical stress we put on our bodies, let's say overtraining 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. Yep. And then you 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 I don't know. Are you are you a Game of Thrones fan like the books? Are you read the books?

Well, even better, you'll know an even deeper level. So imagine you're 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 it. 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. Yeah. And then along comes an invading army over the hill.

And you, as the Queen, tell the army and Navy right you 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.

Yeah. And they, 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. Just only just manage to fight it off. But because the kingdoms in that we can 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. Yeah, all the metal, all the grain stocks, all the corn. Need to now come to the Army and Navy because we're going to 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 going to 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're being threatened again.

So then they shoot off all their arrows and send 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 and it'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 survive, that therefore, we must continue to over trigger and defend.

And that, I believe, is that the root cause of so many mental, emotional and physical conditions that we now see in the modern doctor's office that perhaps you weren't seeing 50, 200 years ago, where it's more infectious disease. Yeah.

Now it is about these autoimmune conditions. And so there are three types of autoimmune conditions where we know the immune system is specifically attacking the body.

Secondly, there are conditions where the immune system is overstimulated. We have ongoing inflammation causing general, problems in the body. And a 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 also Alzheimer's would be placed.

And I want to take that analogy just a little bit further. My mentor, Doctor Peterson, who's, a partner here on this summit, he describes the brain like a country like similar to what you're describing.

He says, my brain is done right. And the 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.

The Bucket Theory and Hypervigilant Immune Responses

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

And what I've seen is work through your program is if they get that ability back. So then, you know, if they want to go into regeneration and hormone replacement or stem cells or any of the kind of the peptides and all the good, fun, fancy stuff that's going to 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 Doctor Neil Nathan as well. Obviously, there's a lot of small patients. Okay.

But sometimes many of his patients and many of your patients, potentially it is too sensitive to handle some of their, you know, 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 you know, I'm so curious about your personal story because you developed this not as a first a medical practitioner, but actually as a patient.

So share what happened. Yeah. So I actually suffered from any or chronic fatigue syndrome at university, as an undergrad. So studying at Cambridge University and second or third year, I was just like 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, was this a stomach bug? It would go, but it never went. And in fact, my symptoms got worse and worse.

The point at which, you know, I had to crawl to the bathroom, I'd open up a textbook. And I'm sure many of your patients, we attest this just not be able to read the words on the page.

Yeah. Or remember anything I'm thinking, you know, 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 don't know what causes this.

And you may have it for the rest of your life, and there's no cure. You know? And at points, I was almost suicidal with thinking, you know, 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 stay, even 20 or 30%, there's so many people suffering.

I would dedicate the rest of my life to understanding these conditions and helping the millions others who were suffering. That was a promise I made 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 that 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 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 that, 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, but myself 100% better than set up a clinic, to support other patients. And then in 2007, we published our treatments online as the two programs that we were the first kind of neuroplasticity brain retraining program and have now published several iterations, since then, and we published medical papers in the area and a recent randomized controlled 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, also brain retraining, or, you know, the great work that you do becoming that 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're diagnosed with, long Covid or pain syndromes, right?

Do this brain retraining stuff first or go and see how the first and do these protocols before you start going down these other avenues. And that is my real aim is to make this in 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 is that people wait too long to do it. And I see that all the potential benefit right this this potentiate 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 your thoughts on what's going on there. If there is like, and 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, you know, that a lot of this is hypervigilance and anxiety or depression.

And so there's almost an addiction to it. Or like if I'm not worried, who is 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 of a treatment process, sorry.

We expect pills. Yeah. And we don't want to 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 want to do is potentially learn something new and have to make active mental or emotional effort. And I totally understand that.

That is 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 you know people are ready.

And I think also there's a there is a kind of fear of failure, right? In the sense of where 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 stop 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. But I think we try to help people with that resistance and just say, take it slowly, take it step by step, will 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 you'll the momentum builds and you'll want to continue with the program.

Gupta's Personal Recovery Story

But just, you know, at least get started that 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, but 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 they get into the program.

What happens next? Sure. So we wanted to make access to this universally available across the planet. And everything I was seeing, you know, five, ten 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, you know, us and, Canada, Europe. And the way it works is you come on to our website, on the website, go to program.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 these videos.

There's about 30 audio exercises and meditations, and there's a supportive community of people who you 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, give me access to your phone, ABC, for your computer.

We enable access across the different devices. And really, it's the commitment to what we ask from people is we've hopefully said it out 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. You motivate each other. Weekly call.

We can have a coach to support you through the program as well. I have a patient who, is self-described, 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 the 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 like six months or so.

But that was it was motivating for them. They were both professional athletes, right? And so very, very driven. And then both suffered with chronic illness.

And it's finding, you know, if it's social, if that's what motivates you, if it's showing up for someone. Yes. 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 got to set it up and get them on it, so I might as well do it at the same time. Or that 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 the they're looking for something to finally change that state. Yes. And that state of mind is a cool 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 the illness and fear of our own mortality.

Naturally. 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.

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 this clearly something wrong in the body.

It's not operating its potential. It must be because there is some kind of invader. Let me re stimulate 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 now.

And, you know, I was always think it's really interesting. You've talked about how people work with others, what motivates them. You know, the subjective experience of loneliness. Us.

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, you know, 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, you know? 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, there's a community I'm working with, then they don't feel lonely and less lonely, and they can we get better outcomes with that kind of, community learning.

Getting Started: Program Structure and Commitment

And we know the plastic show that as well. I have seen in some of my patients absolute miracles, like whether 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. And, 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 with 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 phrased 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 100% recovery.

And so generally, people notice results or differences within weeks. And months and within weeks. So, 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?

A 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 a program right through to people who are bedbound.

So we've treated, you know, people right across that ability spectrum, and they've all been able to incorporate it into their lives. And like with any treatment, it is 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 controlled trials in a recent randomized controlled trial showing great beneficial results.

So this isn't just once again, 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 a randomized controlled trial trial published.

And so just congratulations. That's a I know, a milestone. Yeah. No thank you. Thank you so much. And we'd love to, to have those randomized controlled trials for all types of conditions that obviously you mentioned some of the benefits your patients are getting as well.

You know, be great. So I think really our message is just like the message of hope that you're 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 neuro inflammatory response, which is that one of the causes will 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 know, you mentioned that people understanding that this works as a part of the motivation, right, to actually do it. This word neuro plasticity, 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, does it 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. You know, it's interesting we had, we have people often in their 60s and 70s and say to me, you, is it too late for me to rewire my brain?

And I say, no, absolutely not. And, you know, we had a guy in New Zealand who was using our program. He was 84 years old and, you know, at that kind of age, you might be thinking, well, look, I'm, you know, I'm going to be

experiencing fatigue.

I'm going to be experiencing some kind of new degenerative experiences in life. And he used that 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 going to travel the world now, you know, I'm going to do all the things that I've always want to do for the last 20 years, and I haven't been able to.

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

I think that's so important. I'm sorry I got distracted by this to remind me of your question again, this neuroplasticity, this idea that in conventional medicine, 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, you know, in the 20 century, it was believed that generally our brains form their habits. So that's physiological habits, that's emotional habits, and is pretty much fixed for the rest of your life.

And then actually along came this modern idea of neuroplasticity based on brain scans the last 20, 30 years, which showed that the brain is constantly rewiring these neurons.

We're constantly having little shifts, which maybe shifts in our personality or shifts in the way that we are neurologically reprograming 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 its most common application is being in pain.

Neuroplasticity, Hope, and the Science Behind Recovery

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, because that's its 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.

You couldn't stop, signal firing from that part of the body. And so they use it for different pain syndromes. They use 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 victims of our adverse childhood experiences. We are not a victim of our genetics, epigenetics showing us that.

So everything that we've been told, oh, well, your parents had this condition, so you're going to have it right, or that actually you've been through these experiences, so you're going to get this illness or you've had this kind of diet, you're definitely going to 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 I'm so you know, I admire you so much for for giving that message to people and showing people that that's possible. Thank you for joining me on this this journey to change the narrative around it.

Right. Because so many people aren't aware that there is so much hope. You know, we're almost told so often that there's nothing, sorry, there's nothing we can do.

You know, you have chronic fatigue syndrome, which is best back at 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, you know, our message is that it might be even a little overwhelming how much you can do, how much potential and possibility there is.

And then, like you said, to find that right key and the lock and 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 want to 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 Gupta program.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, but we offer a one year moneyback guarantee on this treatment as well, because we feel the patients often don't have much money.

So if they want to use the money somewhere else because it doesn't work for them, that's absolutely fine. So people have got nothing to to lose by giving a go and see if they can get, you know, those kinds of results.

And really, I just want to 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 that 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 got to almost throw everything out that we've ever thought about our well-being and medicine and 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 in, you know, something I'll mention the men's protocol.

So we're operating on a four level. So aim is for mind, and that's a core area of stuff that we do. So it's the brain retraining and getting your brain to reset itself.

But there's also the IEF exercise the, activity levels that you take on board, the pacing, that make an impact on your neuroinflammation. And obviously n is for nighttime routine.

So the sleep and I'm sure you've got speakers you're talking about sleep. When we don't sleep well we have more in neuroinflammation. Yeah. And then DS for diet that when we have an anti-inflammatory diet and we prescribe certain diet 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 going to help you because I love you, I love you is my body.

And rather than putting you in a state where you're not able to look after, you know 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, you know, 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.

As I 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 we found?

Sure. So when we've been studying the immune system over the last few hundred years, it is often been seen as operating peripherally. Yep. 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 had been theoretical.

Research had said that the insular part of the brain, which doesn't fit in the limbic system, which is why technically brain retraining isn't just about limbic system retraining.

It's it's between the limbic system and the cortex. And the insula 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 insula does a very important role. And it has other roles as well. And in terms of also pain modulation. And inside the insula, there were some, some studies done where let's say, a recent study done by Doctor Asha Rose from Israel.

They took, rats and they, were able to create inflammatory bowel disease inside those rats. Okay. And they detected an electrical signature in the brain, specifically in the insula.

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 insula, which then created inflammatory bowel disease or an 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 insula.

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 insula retraining, that there is a specific signature of immuno 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 NCA? And obviously we're doing it right now through this brain retraining. But who knows in 30 years, 40 or 50 years, maybe it will have a specific electrical signature they can input into that part of the brain and literally halt that response.

And until that happens, how should we do the brain retraining 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 insula may be where we store these conditioned, trained responses.

That is absolutely fascinating and and really connects, I think, to the Alzheimer's. It doesn't take many like steps to

connect that to the formation of beta amyloid plaques and potentially tau proteins, right?

That this inflammatory signal gene. How that manifest 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 it's 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 how our brains work and and how we can achieve optimal health.

Really important work. Thank you. Thank you so much.