Primary Care: Optimize Health to Prevent Cognitive Decline Transcript

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Introduction and Doctor Herbstu2019s Background

Welcome back to the Reverse Alzheimer's Summit. I'm so delighted to have Doctor Herbst here today. She has dedicated her career to treating the chronic diseases that are out there and on the rise.

She brings an innovative approach to health care by implementing functional medicine into primary care. Doctor Herbst began her journey into health and wellness as a patient herself.

After years of frustration and debilitating symptoms like chronic fatigue and migraines, she began to find the answers through integrative medicine. Recently, Doctor Oak spent three years working to help establish the highly acclaimed center for Functional Medicine at the very prestigious Cleveland Clinic.

This is the first of its kind. Serving as the interim director of clinical operations and an onsite physician. Now she is sought out for her expertise, receiving awards and speaking invitations at events across the nation.

Doctor Herbst is thrilled to partner with a new direct primary care clinic. Salt A salt Salt Health to offer proactive, preventive and personalized health care in Northwest Arkansas.

She is a mother Outdoor enthusiast and passionate about health care and how she has come to know it personally herself. Doctor, thank you so much for taking the time.

I know you're busy. Thank you for taking the time to have this conversation with us today. Yes. Thanks, Heather, and I'm honored to be here. So you and I, you have a really impressive background and you are applying.

It's a primary care. I mean, you have lots of options. You could really be whatever kind of doctor you want to be, and you're choosing to go into primary care, which can sometimes be a little thankless.

So what what makes you want to do that? I imagine it's because of the impact you can have. But I want to hear from you. Yeah. I love the sense of community getting to know the patient, not just a patient, but their whole entire family, usually.

And then I also like the way that I've been able to incorporate the functional medicine side of it. So it gets to be really, truly preventative. I'm taking it way past the normal, you know, basic mammogram and annual pap smear and, you know, the basic labs and really deep diving so we can stop and curtail disease processes earlier, you know, intervene as soon as we can so we can keep a much healthier, optimal, you know, well, patient load is really what my, my passions about.

Yeah. How do you see this preventing and even potentially reversing cognitive decline in your patients. Yeah. So it's interesting I know this is a lot of times people think about, you know, intervening when we have large symptoms.

At least that's the typical traditional medicine approach. You know, where you come in, my loved one has memory loss. Oh, Namenda. You know, aricept is kind of a first line therapy.

And we we don't we don't really do a whole lot before.

Why Primary Care and Functional Medicine Matter

And that hurts my heart. So from a primary care standpoint that does functional medicine, I start looking at things, you know, early like genomics and basic labs, optimizing nutrition, optimizing thyroid function, making sure we're taking out as much of the toxic load as we can, educating patients before they even think about mild cognitive impairment.

Especially if it's on their family radar. Then we really deep dive into, you know, the nitty gritty. I love this as somebody who's doing some of the heavy lifting around supporting patients with dementia, with active dementia and sometimes quite progressive dementia, the the luxury of being able to work with patients before they get it so that they know how to prevent it.

So it's much easier. And and like a lot of fun, part of me is jealous and it is fun when it's fun to see them that feel like they have sort of an empowered, they have a sense of control.

It gives them the opportunity to learn more, educate themselves more, and be proactive so you can get them on in family practice. You get them at the beginning when they're, you know, young.

We know we have a family history and we don't want it to ever happen to us. And then you may get someone in their, you know, late 50s, mid, early 50s that they're noticing they're having to write everything down so you can catch them in that early, you know, cognitive decline area.

And then you can you can see the progression through some of the families and you can intervene in any of those places. But it's so fun to get them up and beginning and just empower them because it's like, oh, what a luxury and a model for the way primary care should be done everywhere.

Really? Yeah, yeah. Diet, nutrition, toxicity, lifestyle, infections. Just start diving in and cleaning it up basically. So if you use specialty functional medicine testing and what comes up most when you're maybe talking to a patient who has a risk for dementia?

Yeah. So, one of the specialty tasks when you're talking about like, blood, urine or biochemical tests, my favorite would be a nutritional panel of any kind.

So really looking at deficiencies or excesses, sometimes we tend to think a little is good, so a lot is better. And that's not always the case. Really looking at things like I always say, we're going to look under the hood of the car and we're going to see what's going on.

We're going to fine tune things that aren't quite working and really just top off those deficiencies. It's not about being normal. It's not about being average.

It's about being optimal. So my favorite is probably if I was dealing with, that one subject, I would be the nutritional panels. And then if you had the luxury of going a little deeper, what else would you want to look at?

Then I usually get into genomics. So I get into, genomic patterns that, well, we know the typical genomics. So people look for the ApoE4 fours or the time 40s or the, you know, there's a lot more, information that we have around these polymorphisms that can increase our, predisposition to developing some sort of cognitive impairment.

But for me to catch it a little earlier, I want to see those patterns. But I also want to see how well they're converting their vitamins, how well they are managing their inflammation, what pathways or cytokine pathways tend to be more upregulated than others.

And, you know, do we need to deep dive into viral titers that are high and so forth? So the genomics is really the next step up, when you're talking about specialized testing, for me anyway, how exciting.

And how do you feel that this helps you really improve patient outcomes? It just it's all about individualization. So if I know what works for you and we can fine tune it in a little, little pieces at a time, you know, if I know that you do better, with a certain type of colon because you maybe need a little bit more nerve protection, you know, myelin protection, then I would suggest use like, CDP or something.

And if I have somebody else that that's really not the case.

Preventing Cognitive Decline with Early Testing

And they say to me, should I be taking CTP because my friend is not necessarily maybe they need just a regular hospital coin, or maybe it's not even good for them.

Maybe it's increasing. You know, TMA or or in some way markers. So it really comes down to the individualized, approach to that person. I hope I answered your question.

Yeah. No, absolutely. I mean, I mean, my wheels just start spinning. I'm like, I want that, right? We want to know, I think as humans, how how does this affect me?

Am I like everybody else? Am I like that other person in that trial that was done ten years ago? And we we are we're all very individual. And when we can and also should I be spending $50 a month on that supplement?

Is that really beneficial for me? Yes, yes, I wish I had known that way ahead of time. I probably would have saved thousands of dollars if I had known my genomic panel.

And if you can find one that, continues to sort of update as the information comes out. So some of the older ones, the original ones like the 23, some years and all that, those are a little outdated at this point, but they still were a step ahead of them.

What we had back in, you know, the late 90s. And so it was really nice to, to kind of watch that progression. But now you want to have one that sort of keeps updating so that if they learn something new, I can learn something new about myself.

It's further individualizing, my optimal health is how I would love to have that for every person on the planet. That's exciting. And yet it can also feel a little daunting and overwhelming, right?

That's a lot of data to go through. It is a lot of data. So you want to have somebody or a company that you like or you feel comfortable working with that can help you interpret that to give you sort of a, a clinical tool, a guide that says, hey, this might be better based on the studies.

Here's what we could recommend. Based on this polymorphism, this is the better outcomes or this is the stuff that's in the literature. And so that's how I use it.

And I don't go, you know, every person is different. Every person benefit may benefit from 1 or 2 things, that sort of cover a whole bunch of things that could benefit them.

So for instance, sulforaphane is always a favorite. So made from little three day old broccoli sprouts. So therapy is a powerful, powerful antioxidant.

You know, increasingly the thiamin. And for some people it's like, oh, it's kind of nice. Like it's a it's a better beneficial. But some people, it's like bringing in a bulldozer and cleaning up the whole mess.

I mean, it's going to take care of all kinds of muck for that person. So I think that's where the individualization comes in. But also getting the tools and getting the information that's current, is also really beneficial.

Nice to not have to be doing a lot of guessing. Yeah. And I'm guessing no. So in the population we see a lot of dementia. And it's much more common in women than men.

And of course women go through menopause at some point. So what's your take on bioidentical hormone replacement? Replacement particularly in women who are struggling with cognitive impairment.

Yeah. So you know, I've always seen through my practice years of practice, I've noticed that, many women, have really a giant brain fog period or a significant, decline in their processing and thinking.

And memory. Word recall is difficult. And I noticed that when you would put when we put them on hormone

replacement, as much as it sort of unnerved me because I was trained in the era of hormones or bad, that I did see improvement.

And I thought, there's something to this. Like there's there's got to be more. So as I started to practice and really just treat the patient in front of me, looking at labs, looking at them.

I did like the Dutch test to see how they metabolize and make sure that what we do is safe. As safe as I can possibly be. I noticed such a drastic improvement in their cognition.

And so I thought, wow, this is amazing. Isn't this fun? But some people didn't respond as well as others. Fasting forward and now using genomics. I'm seeing the antigen receptors so prominent in male and female populations.

But really I now I can see why some people are so, take so well to buy identical hormones, especially when it comes to cognition for sure. So there's the estrogen receptor part.

There's the anti-inflammatory part, there's the basic, antioxidant properties that are related to hormones. So I think really just optimizing that, especially for a patient that's struggling, even if you don't know their genomics, do the best you can, make sure it's safe.

Make sure you know what they do from a metabolism standpoint with their hormones. And then just top it off. It doesn't have to be super therapeutic. It doesn't have to be off the charts.

You know, you don't want to push their testosterone over the top. You don't need to push their estrogen back over to where they were when they were 20.

But how about just normal for their age? How about maybe just a little on that upper optimal side of normal for their, their stated age? And I find that really helps a lot.

Yeah. Just to get that signaling in the brain. Yes, absolutely. Some nerves firing better signals. Oh my gosh. Yeah. It's actually been a big game changer for a lot of my patients.

Hormones, Menopause, and Brain Health

And the side effect is like oh I don't feel crazy anymore. Oh I'm sleeping in a little bit better sleep. Why are they sleep? The better they heal. You know we know that plays a huge role into, cognitive impairment.

So now I think that hormones play a big role. And that's why we probably see a more rapid decline as we go through menopause. Now, you've had a long term, interest in aging.

I understood when we've chatted before. You had worked a little bit in senior living, which is obviously with Marama, with the residential care facility, a huge passion of mine, kind of reimagining how we might age in healthier ways and in community.

So give me a little sense, give our listeners a little sense of what your experience was like. Yeah. So I was in college and I was working as an occupational therapist, aka occupational therapist, who was not a certified nor trained.

But that's what my role developed into. We played bingo and exercises, and it was my job to really just encourage socialization. One of the things that I loved doing then that I found was really helpful was brain games, interestingly enough, and this is, mind you, in the early 90s.

So, you know, this was not on the talk. It wasn't on the, you know, the big buzz wasn't reversing Alzheimer's by any means. This podcast would not have been out there then.

But I really found that my, clients and the people that I was working with, my beautiful family there at the nursing

home, just blossomed as you just kept the neuroplasticity.

Was amazing to watch, developed. And I didn't really have a word for that being. You know, in my freshman year of college, I had no idea what that meant.

But I could see it. I could see it over the years, the blossoming and developing and then starting to socialize better. And their speech became better and their recall became better.

Just playing games. And then the other thing that I noticed that made me sad is I could just see the diet that was so unhealthy. And I thought, if only we could feed this beautiful population the food they need to have alertness to to feel good, to just nourish their bodies.

And I didn't understand anything that had to do with biochemistry or medicine or anything, or nutrition for that matter. I just knew in my heart that what we were feeding them really was not fueling, you know, further, quality of life.

And so I felt that was sad. And I had I kept thinking that someday, if I was rich, I would develop some sort of senior center, center that would have sort of this wellness, motif, you know, good healthy eating.

I started a garden in the middle of their little atrium so they could, you know, garden. It didn't last very long because I didn't wasn't there all the time to help.

But the idea was to get them out there and playing in it. And, I just thought there was so many things we could do that didn't cost a lot. That could have been, I don't know, better quality of life for these beautiful people.

But that was my dream and you have developed it, so it's awesome. I think it's amazing. It's so fun to hear that, you know, there are these we're all kind of thinking in the same direction.

And part of it is like, how, where would I want to be and why would I want my mom to go at all? And and when we see what the options are, it's a little terrifying.

And so creating solutions to that, whether it's in medicine and what we want to offer patients or in senior living, I know that you, you designed or kind of put together a plan.

You've got a business plan around this. So I just, I, I like sitting here going, well, what did I miss? Like, what else should I be doing? What did I not think of?

I think you probably thought of it all. It looks amazing from what I can see. Some days I'll get the pleasure to come and visit. But yeah, I think just just, you know, this the things that you and I enjoy, they're very wise, patient population.

They really have a lot to offer us. If we could just dive into who they are and get to know them and then see them properly and love on them, nurture them and let them sort of grow and have quality of life.

We could learn a lot from that population. We really could. But sadly, I feel like we kind of write them off as a general rule. Oh, it's so sad. It's so disheartening.

Here we take seniors who are at the height of their wisdom and experience. They have so much to offer. They have so much value to give us in our in the future generations.

And you're right, we write them off. We we feed them diets that don't help. We, you know, we wait for a college freshman to come in to, to help them. And instead of it, I mean, not I.

It sounds like you did an incredible job, but what is the next college freshman? Oh, yeah, but not that was very unusual for her. Yeah, yeah, yeah. And so we take those skills essentially low skilled labor and that who kind of

babysits our elders who have so much more to offer.

Yeah. Yeah. And they deserve, quality of life. So hats off to you all. I think that's incredible.

Aging, Senior Living, and Quality of Life

I was just thinking today, you know, if I could take a couple of, you know, loose leaf teas to have and and a, nursing care center or a senior center, center or care center.

So items that are on that would be like ashwagandha tea or, you know, because there's the amyloid beta plaque, clearance part of that. And then I would use things like green tea, you know, the EJC, GC is great for, you know, those phenols that are in there, polyphenols.

So anyway, I just think of the things now that I know that don't cost a lot, we can add those into, you know, their daily loose leaf tea regimen or their choices on the menu.

You probably do those things. We do an organic matcha for the EGCg. So we do that. Not every we can't get everyone to drink it, man. They love their coffee, but we sneak it in.

We, we put a little scoop in science name in there, you know, like, I use, I see that on the genomic testing. Come up a little man's name. And that's kind of earthy.

You can hide that in coffee. Yeah. We do a lot of smoothies and green fresh juices and so we can hide, you know, the ginger and the turmeric and all the good herbs that help with inflammation and digestion and all that.

Yeah, well that's great. You know, I love that. Really fun and creative. And so I can't wait to, you know, this conversation I hope will go on for years that you and I can be like, okay, what else should we add?

What else should or should we think about? Yeah, I see the latest paper. You said it's awesome. Yeah, I love that. I was just thinking earlier when you asked me about the testing and the hormones and, you know, one of the things I always tell my patients, our suboptimal approach to thyroid treatment is probably one of our biggest downfalls in the early stages.

So when you start seeing reports are complaints of fatigue, hair falling out. Just can't think brain fog like something's not right with me. I'm starting to gain weight.

That gaining weight, of course, leads to more inflammation. And so you can just kind of see and sadly, my training and my colleagues, we're just we sort of just forget about the entire thyroid pathway.

And to me, I think that's one of those first interventions. And I think I'm sort of coming back to some of your questions, but I had had another thought.

So I think now, no, I really appreciate that. Right. Derail. Here we go back again. These hormones are so important to a to neurological signaling and that if we if we start to lose them, then we're going to lose the signals that tell us to create memories, to create a pathway so that we can learn new things so that we can execute, and that if we are under, under treating that, if we're not recognizing it and we're not, we're not giving patients the solution, then what do we expect?

I mean, you're just going to get further decline. Exactly, exactly. So that's one of the really basics vitamin D levels. Another basic that's not scary for us primary care physicians to test and to treat.

But the key that I tell a lot of my colleague friends, it's not about treating and keeping it in the normal range, because that is quite, quite big and large is 30 to 100 could be normal.

But how about shooting for optimal 60 to 70, 50 to 70 and really shooting in for that target range for optimal

outcomes. So then you have improved immune function.

You can have, you know, decrease in inflammation, better bone health. So we know that, you know, fractures as they age can lead to a pretty fast decline.

So anyway, I just think from a primary care standpoint, there's a lot more to the basics that we could be doing that's not so out of the box. That becomes weird or woowoo medicine or it's not.

It's not respected, but it's just a matter of looking at it a little bit differently, maybe with that optimal lens and not just, you know, average. I'm curious about omegas, you know, good fats, or B vitamin status.

Those are things that you can run pretty easily through lab core. You can ask most doctors to run them. Yeah. And do you do those routinely. Do your colleagues do that.

Do and I it's funny that you say that. So, when I first started practicing medicine in a rural community, I was checking vitamin D and B12 when I would see an elevated MCP on a CBC for my nursing home patients.

And I actually got reprimanded for treating the low B12 because they were having an increase in activity in the nursing home, and they didn't have the staff to keep up.

So I thought that was kind of funny. I had to ask a couple times, exactly what are you saying here? But the point being, you know, you can see little clues, a CBC that shows an elevated MCV that's pretty high, greater than 100.

You've got a pretty good chance that there's a low B12. And sometimes it, you know, an oral methylated good bioavailable B12 is helpful. Sometimes it requires an injection because then you want to use the methylated B12 injection.

It cost about $10. An injection once a week. It's minor. If they have a, a genetic mutation where it's difficult for them to transport that B12 across the blood brain barrier, the injection seems to help better.

The other part of that is just push them a little higher on that B12 level, because if they are having trouble getting across the blood brain barrier and they need that for cognition, then it's not going to hurt them to have it up at the higher rate.

So anyway, that's the B12 part. And yes, I do check it. I also check in my on the standard labs. That's easy to see if they're methylated. And we're taught that in medical.

It's not I think medical schools and think weird. It's just that we tend to forget and we to say, oh, it's okay. B12 again is another one of those. It has a huge range in primary care.

And so you can be normal at 2 or 300, but you can also be normal at 11 or 1200. Well I'd rather be up here in case we have trouble with some of that transportation or methylation or, you know, metabolism.

So that's the B12 one. Oh, what's the other one you asked me about? Oh, no. Oh, shit. Yeah. So what is it? Very large portion of our brain is is Omega, right?

A lot of fat. And we we know that in cognitive declining patients, the vast majority of them do well with, a higher fat, plant based diet, low saturated fat diet.

So, unfortunately, when we say keto now, it kind of jumps on the bacon.

Practical Lab Markers for Brain Optimization

And, what is that pork brain thing? That's not what I'm talking about. When I talk to my patients, it's more plant fats. Good, good omega fats or fatty fish or.

So anyway, to help with, you know, nerve firing, I always say it helps with inflammation lowering and control. It really just lubricates the joints. And so that's really helpful.

So yes, I test those and you can test those at a standard lab. You can do an omega 369 fatty acid panel and get an omega index even. So yeah, we do that a lot actually.

Good. And these are really simple, straightforward things that a doctor can order for anyone listening. You don't need a, you know, you don't necessarily need a medicine trained doctor.

You can just take this information and ask. And then you've given great ranges as well so that people can do start to do a lot of this on their own. And like you mentioned, just getting the B12 up gets people's activity levels up because they have more energy.

We all know how it feels to feel tired. Your brain doesn't work, right? Yeah, exactly. You feel off balance. You don't walk straight. You have that a toxic sort of gait.

Another good one in primary care that's easy to check is an RBC glucose iron level or a total glucose ion. You can do that at a standard lab. And if they're low, it's a powerful antioxidant, a very powerful antioxidant.

I'm not saying push them to the, you know, detox range. If you're not nervous about pushing too high, but at least get them in a normal range so that they had a fighting chance at cleaning up all those free radicals.

It's awesome for a reactive oxygen species, so we know that that's a big push or into, you know, it'll push people into further cognitive decline when they don't have the capacity to clean up the system, so to speak.

And so I often will say to my colleagues that don't really know functional medicine, what are a few things I can do? And this is another one. Check a total glutathione level. It's really easy.

It's a bloodrock quest, you know, lab core, whomever you go to, and run that. That's another really easy one. Another was RBC magnesium. You know, that's super important for a lot of your Krebs cycle, your energy production, ATP.

We know it's important for neurotransmitter and dopamine and serotonin production. So who doesn't want to have a happier mom or dad? Right. We know it's important for bowel motility, so that's always, really easy.

Something that's not too scary to treat or to optimize and easy to come by. These are such practical tips for how to optimize a few things that are that are low budget.

Pretty straightforward and, and, but profoundly effective, particularly if there's, deficiencies which are quite common, especially in our older folks.

Right. Magnesium B vitamin omega deficiencies are very, very common. And so if we could just check those boxes, at least I think we you'll move the needle on how healthy some people can age very quickly.

Yeah. There's some other kind of sexy things that you do, that, you know, not maybe not everyone has access to, but that can get, again, some very profound results.

So one of the ones in your toolbox is an 80 plus. I'd love to hear how you use it when you use it and what you've seen. Sure. So I've, experimented a little bit with those.

I've there's some new oral but more bioavailable forms orally. And I'm really finding that for refractory refractory, fatigue. So chronic fatigue, really difficult to treat or refractory depression, addictions, sugar, alcohol and weaning people off of ADHD medicines or medicines, having great success with those three areas with I. V., Nad+ and benzos.

What's that? And benzodiazepines is actually I have one patient only I've had the rest of them is smoking. Alcohol. The, the stimulant medications people want to get off, but they can't or they just feel really horrible when they're coming off of that.

That's just been really, really successful. I have read about the benzos, yeah. So anyway, in my chronic fatigue years really seem to respond really well to it.

I've had a lot of Covid post, Covid long haulers that I've had has been a big game changer. We have 2 or 3 that are now over 18 months just struggling.

They have now three allergist on board, a cardiologist, a nephrologist and a pulmonologist. And then myself. And, you know, we just keep trying and trying and we've got, you know, heart inflammation.

We've got kidneys that are pooped out. And so anyway, this has been a big game changer. And that's really one of the main reasons I got into it is because I was just trying to figure out how can I get more, optimal mitochondrial function for these patients.

And that was the one thing I kept saying we need we need more. So. And I'll second that.

NAD+ Therapy and Long COVID Recovery

I have also use I've nati on my long Covid patients and gotten really good results in easing back to where getting better after months and months and months.

Yeah. So a fun story. A gentleman came, he's 91 years old. He actually is not a member here at salt, but his family is a member here. And he had Covid.

It was about three weeks in, and he was just really not himself. And they said, you know, my dad used to be a really independent 90 plus year old man, and, he's just not this is not him.

Like, he doesn't want to do anything. He's not eating. You know, we're really worried about him. And so they said, can we get an IV nutrition I. V.? And I said, we sure could, but I think I would just intuitively would like to use some just one, even one IV nad and we did.

And he was like, anyway, it was kind of funny. They said he wanted to go out dancing three days later because he had a girlfriend before, and he hadn't seen her for a long time.

He wanted to go out dancing. His energy was back. It was almost like a light switch had been switched. We gave him that and glucose ion. So those were the two IVs he got that day. But, and I don't know which one it was or if it was both, but it was a real big change for that.

That young man. How exciting. It's always funny when you get those, like, slam downs and. Yeah, you know, he was just saying, here we go. Okay. Yeah. So that's cool.

What are you looking forward to. Cannabis is the demographic shift in as our population ages and more and more people end up with dementia. What would you like to see in medicine?

How would you like to see things shift to better serve that population? Yeah. So from a preventive standpoint or from the offensive science testing technology, what would how can we do this better?

Yeah, I think that people, you know, that are following the same train of thought, like the Protestant train of thought, where it's much more complex.

There is a there's a multifaceted, disease that's being presented to us and everybody's a little bit different. So I really, really wish the research would lend itself to that.

So we could watch even small populations where you could see them. Well, you know, decrease inflammation, look for infections. We got viral titer loads that are off the charts.

Why are we not why we're not addressing these things? And how is it related? Heavy metals and toxicities. Why are we not really focusing a little bit more on that?

I think it's coming. Used to a lot of that stuff is, is, you know, way esoteric. And now we're starting to realize, thanks to, you know, beautiful scientists are out there that are already saying, hey, there's actually things we could be doing, that are causing this disease.

So, I think just individualizing the treatments, probably on a smaller scale. So we need, you know, small groups that are studying, you know, maybe heavy metal or toxicity.

Maybe we just have small groups that are doing just plain dietary changes and social changes and giving them a purpose. And you know, that that whole, socio economic, sort of community based medicine.

And then how about what about just doing things like we were just talking about optimizing hormones and endocrine neuroendocrine system, and then small because unfortunately we don't get a lot of funding for large studies in preventive medicine typically.

And I'm not saying that it won't ever come, but if we could present it a little bit better as researchers, and it used to do research in smaller cases, and smaller control studies, then we could then start showing how all of the spokes on the wheel come together and how we can prevent, prevent them, and probably change the course of their, their treatments starting at the beginning.

And that's how I would like to see it continue in, in the research world. But anyway, we'll see what happens. So exciting. Well, it yeah, I see him and I think, you know, our minds are aligning in multiple ways.

Yeah you get there.

Future of Dementia Prevention and Graceful Aging

But for me sometimes it but yeah, it's just these idea that the AI and hopefully, you know, again common sense even though it hasn't been common practice quite yet that there is another way to age that's more graceful, that's more enjoyable, that's more valued, and, and that potential is there.

We just have to we just have to create it. Yeah. We have to grab on to it. You know, I one other thing I have to say that you actually made a good point.

People have really put a negative stigmatism around anti-aging. I don't think it's about anti-aging. I think it's about graceful aging. I think it's about appropriate aging.

And unfortunately, we have pushed ourselves with junk food and toxicity after toxicity and stressor after stressor. And then we've said, hey, here's your natural aging.

It's not natural aging. If you've done all of that for 40 years of your life, so graceful aging is a better way, I think, to look at how we would benefit the standard of American.

It's it's a it's aging aggressively. Right? It they're they're aging too quickly because we're not getting the support. Exactly, exactly. Well there's options.

There's hope and there's options. And there's simple steps that you can take to chat with your doctor and learn more about how you might age a little bit more gracefully.

I want to make sure all of our summit attendees and listeners out there know how to find you. I feel so fortunate to

be talking to someone who's an architect in the middle of the country.

Because, you know, typically we're talking to people on both coasts and people call from the middle of the country and I don't know where to send them.

And this is just such a gift to know that you are there to be supportive. So tell everyone how they can find you. Sure. We're in Bentonville, Arkansas.

I say almost the center of the United States. I came here for that reason. I was working in rural Oklahoma because I knew that it's an area you can go to east and west easy, and you get all kinds of things available.

We do not have that in the Midwest, in the Central America. So, yeah, I'm here in Bentonville, Arkansas at Salt Health. The number here, I guess I can get my phone number.

Is that that good? Absolutely. It's (479) 715-4645. Yeah. Just give us a call. You can go on to Salt Health Northwest Arkansas. That's, dot com. That's our, our, Facebook page and also our web page.

So, yeah, I would love to help anybody that needs help or even a consult or just a chat. I tend to do that a lot. I love it, I love it. Well thank you.

I know that those chats shift the trajectory of people's health and so, so grateful for the work that you're doing. And just an absolute pleasure to get to chat with you and share your wisdom with our listeners.

Thank you too, Heather. Keep up the good work out there. Thank you. Thanks.