Reversing Alzheimers 2.0 Summit Preview Transcript

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Introduction to Brain Health and Biomarkers

Health is much more than the absence of apparent disease. What's going on in the body at a biochemical level, that's measurable now, is really different than what we often see on the surface.

And so knowing all of those markers, understanding where that balance is in your body is one of the key things that we need to be moving forward so that people can be proactive about what direction they're currently heading.

because it may not be the direction that you think you're heading. And so it's really empowering to have that data and to understand that. Hello and welcome.

I'm here with Dr. Christine Burke and we are super excited to welcome you to what will be an incredible week of learning. One of the reasons I'm excited to kick this off with Dr.

Christine Burke is because the topic is reversing Alzheimer's. And this is something that Dr Burke has done repeatedly in her practice, has a really good feel for, and also has been very impactful on me personally and my family.

So Dr, Burke, thank you so much for making time. I am very excited that we're on this journey together to get the word out and to facilitate this transformation in the way that Alzheimer is cared for.

I'm really excited about it too. So much work has been done to get us to this place where we have the knowledge that we need to be able to reverse cognitive decline.

And now we just need educate and arm an army of practitioners so that can do it. Well, that's it.

Why Reversing Alzheimer's Matters

And one of the things that we will be bringing to you during this summit is our technology company, True Neuro, which makes it easy for any clinic in the world to run the protocol that you'll be hearing about in this interview.

Now, first, I just want to share that I mentioned earlier that would be particularly valuable for me. There's a story that told about my father and his journey to cognitive decline and back that you played a critical role in.

And so I would just encourage if you see my talk later in the week and that's interesting to you, go there because I shared in detail, you know, the journey.

How did Dr. Burke know from across the world what my dad, what was driving my Dad's cognitive, decline, how it came back? and where he is today. All of that is covered there, so I don't want to cover the same ground again.

But you asked me on that day why I was passionate about this topic, and maybe I'll just start there with you. Why is this something that you get up every day doing?

You have taken on a lot of unpaid voluntary work, right, to move the paradigm forward and be part of this amazing placebo controlled study that you are participating in.

So why does this matter and why have you chosen this path? Oh, that's quite a story. Like you, I have Alzheimer's in my family. Both my great aunt and great uncle passed from the disease.

And then more recently, just a year ago, my aunt died of Alzheimer. So it is very close and personal to me as well. As all things come around, you had a part in exposing me to this work when you hosted the the pre-conference

event featuring Dr.

Bredesen and I got to hear firsthand from him what he had created in terms of the the model around reversing cognitive decline by identifying all of these upstream root causes rather than trying to change the outcome like what happens at the end when once we already have the disease and we're just trying focus on altering amyloid.

And so that was really a turning point for me and then his book came out right after that a couple months later and I read that cover to cover and then I immediately went and attended the training that he was offering at the Buck Institute because it's only a couple of hours from me and just really started getting into the empowerment that I feel like this work brings to practitioners because in my conventional family medicine career, which was about the first 17 years of my career.

I really felt like I was managing people's decline.

Personal Motivation and Family History

And in many ways, that's what we are doing in conventional medicine with chronic disease. So to have all these tools and concepts at my disposal that could help me to help the patients that I was serving to be able to reverse their chronic diseases, first learning how to reduce diabetes, then working extensively in cardiovascular disease and reversing that and preventing heart attacks, and then leading ultimately to reverses this much more complex chronic illness that's dementia or Alzheimer's, which is the most common form of dementia.

Yeah. Yeah, it's such a great journey. Well, look, I mean, over the next week, we're going to be bringing together concepts that help you understand exactly what's happening in this journey to reverse it.

And what I wanted to do today was just to sort of lay out some of that. So if you only watch one talk of this whole summit, hopefully this will inspire you to watch others, but you'll have a really good understanding of how it works.

And then you can start to think about how to apply it for yourself, for your family members, other members of your community. If you're a physician or practitioner to start thinking about taking this on, I guess before we get into the details, just share with me a little bit of, you've shared something with before, but like the moment that you see a patient and they've improved.

Not many doctors have ever seen that because as you shared actually in my interview, most doctors don't even think it's possible. Don't know that this work exists, right?

So they just it's managing a decline. Tell me about what it means for both the patient and you as the physician when the lights turn back on and what that has meant for you and and What's what sort of inspiration that gives you?

Yeah, yeah, that's a really powerful experience for sure. The first time it happened was pretty soon after I started implementing this work in my practice.

So the first that this happened, it was early in this arena and we were working with a woman who was our patient and her family. You know, if you've dealt with this disease, you know what it's like when your family member is slipping away from you and they develop that blankness, the blank stare, where you no longer feel like, when you look into their eyes, like you can connect with them, with who they are, their essence.

There's just this distance, this blank-ness that happens. And so that was the situation that this woman was in. And we started working and doing all of the things that we do with all the lifestyle interventions and helping to rebalance the thing in her physiology that were way out of balance.

And months later, probably four months, later I come into a visit and she looks me in the eye and you have that electricity of that human to human connection.

And it was like a lightning bolt to me. to see her brain wake up and for her, the essence of her to be back, that was magical. It was absolutely magical, and then I was obviously totally hooked at that point, because if anyone had given me the opportunity to do that with my family members, it would have been worth everything.

So I think, you know, then you get the opportunities to just see that happen more than once, so you it's not a fluke, And then hopefully you have the opportunity to work with people that aren't as far advanced and then you can really see massive improvements.

The First Patient Success Story

And I think it just feels like you've been given a superpower. Beautiful. Well, let's get into it now. Let's see how we can bring that superpower. So I want to split this into two parts of the conversation.

I think on one hand, there's some foundational elements that are the same for everyone. And then I there are some unique characteristics, part of what this whole system is built on is that each person with Alzheimer's is their own unique combination of their history and their influences and the exposures over their lifetime.

So we'll get into some of that. Why don't we just start with the foundation? So it has to be true for Alzheimer to Be Reversed. Just wanted to take a moment to thank our mission partners for helping bring this podcast to you.

As you know, we are in the business of building a network of clinics that can reverse cognitive decline and our partners in that are organizations. You can find out more if you go to goevomed.com and look at the mission partners.

But first and foremost, Truenura. If you got to truenura dot com, you can get a demo. This is the underlying software that will connect this network of clinics and we have an incredible mastermind session, a lot of cool stuff coming out of that company.

And you could see here, Fullscript, thanks to FullScript with Full script, where we're going to help you take advantage of the tools that they have. to compete with things like ChatGBT and Function Health.

It's going to be awesome. Go to goevomed.com slash full script. Big Boost Marketing. If you need patients for your clinic or if you have any marketing needs, go evomed dot com slash big boost is our premier supporter in that world.

And then please also check out Freedom Practice Coaching, built and scaled a very successful brain health practice and has been instrumental in helping practitioners with the non-clinical aspects of running a practice doing this.

These are our mission partners. these are people that I know well, these people are top of their sphere and really excited to bring you the rest of the podcast.

Enjoy. I think at its most basic level, the most simplistic way to think of it is what one of the fathers of functional medicine called your gets and your rids.

What does the body need to get in order to heal? And what does it need get rid of that's either creating damage or getting in the way of healing?

Core Foundations: The Eight Pillars

And so we have the eight pillars of brain health, and they're divided into three groups. We have a lifestyle group, we the psychosocial group and then we had the environmental group.

And in the lifestyle groups, it's the things that we need to do to create the foundation. So it is rest. It's move and it's nourish. These are all of the things that the individual needs to do to create that foundation for healing.

In the psychosocial area, we have connect, We have grow and we reflect because each of these things are important in connecting and creating community, in growing and expanding the mind.

If you don't use it, you lose it. And then reflection, which brings in the meditation piece or the mindfulness piece, structure and function. And then in the environmental section, we have remove, which is helping us to remove the harmful chemicals and toxins, things that we may have been exposed to, and compose, and getting rid of chronic infections that may be altering the way our immune system can function or react.

So all of those things are critical foundations just to get us started. Then we have the things that we need to Get rid over what we Need to balance in the physiology and for that, we're really looking for what We call the subsets of root cause and in that area we Have the metabolic inflammation, blood sugar regulation, helping to identify and alter the environment in the body metabolically that's creating inflammation and then we have our nutrients and mitochondria and The nutrient balance is going to be key to being able to have the enzymes function the way that they want to create healing or to change the ways that the immune system is attacking the brain tissue.

Then we have things like our hormonal balance and what we call trophic support, which is helping the body to heal, to grow new connections, and to maintain the connections that we had in the And there's a very interesting correlation between the areas in the brain where we have the estrogen receptor network in both men and women, actually, and the area of the brains that we see the most atrophy or the neuronal damage, those coincide with each other.

So that hormonal balance is a really important part of that. Then we have our cardiovascular health, and I've spoken about this at length because the vascular system is not only responsible for the oxygenation and the transport and all of the things that we typically think, but in the brain, we the blood brain barrier, which is the way that the body protects the brains from all the other things going on in body environment.

And that blood-brain barrier is dependent on something called the glycocalyx, which is this mesh network that creates that specialized barrier in the brain.

So attending to vascular health is about a lot more than just preventing heart attacks and preventing strokes. It literally is critical to being able to maintain the way that we protect the brains from damage.

Then we have our biome and biotoxins. So these are either chronic infections, infections like viruses that we've acquired throughout our lifetime that stay in our body forever.

The one most people are familiar with, of course, is chickenpox that can later manifest as shingles. Well, that's not the only virus that comes in and hitchhikes in your body forever.

And so some of those can be chronically active and create inflammation in the system and particularly in brain. Then the biological toxins are those poisons that are made by other biological organisms.

So common things in that division are going to be in a gut environment when the The bacteria are out of balance. We have the production of something called LPS, which is endotoxin.

That's very, very poisonous to the system. In fact, it's the thing that is what causes sepsis, so we all know how dangerous that that it. At low levels, that just creates damage and chronic inflammation.

And then we have a thing, arguably, maybe one of the most impactful, and that's mold-produced toxins. Those are called mycotoxins. And those are chemicals that are produced by molds that were meant to either kill other organisms in their environment or to create a situation in which the things that competing in the community can't survive so that the mold can flourish and grow.

And so those toxins are very, very powerful chemicals. The one we're most familiar with there is penicillin, that's a mycotoxin. because it was made by the bread mold.

And then the last area is our chemical toxins. The chemical toxins are going to be not just the things in air pollution, for example, or in water pollution but also the thing that we surround ourselves with in our household cleaning products and the fragrances and chemicals that are present in those or our personal care products.

In the candles that we may be burning that have fragrance, all of those fragrances come from chemicals called phthalates and we know that those disrupt the balance in the body, creating inflammation and oxidative stress, which are all damaging things that can happen in body.

And then also in a chemical toxin arena, we have the heavy metals and the ones that people are probably the most familiar with are going to be lead, and mercury.

And those both create a lot of those same things, that inflammation and oxidative stress. So those are the pathways that lead us towards damage of any tissue in the body, really.

We just happen to be talking about the tissue and the brain. and so we want to help the person to eliminate both their exposure to those things and then eliminate the accumulation that they may have acquired in their bodies.

Yeah. I'm really glad that you've laid it out like that. It's very comprehensive. You know, over the 20 years that I've been involved in health, I would hear little things like, Alzheimer's is type 3 diabetes or Alzheimer comes from aluminium poisoning or in my father's case, alzheimer's, you know can be triggered by mold.

And what I really appreciate about the way that it can be any of those things. And actually, one of the things that I've learned from you is that it could be those thing happening simultaneously.

Root Causes and Common Subtypes

Can you share a little bit more about what you found now that you've sort of dug into some of these cases? The typical Alzheimer's case, is it one these things they're dealing with?

Is it multiple? It's one more important than the other? What's your experience? That's a really great question. And I think, you know, I love how Dr. Bredesen has laid out the subtypes of Alzheimer's disease really with that idea that there is kind of a predominant problem and then we may have other problems that are coinciding.

But I thing what we have all found as this work has unfolded over the better part of the last decade is that most of time it is a component of almost all of those things.

And generally speaking, there is usually one that kind of takes the lead, and commonly that is the toxins that take the leads. There are also some of the more challenging things to address, partly because they aren't part of mainstream vernacular and so people aren t talking about them, they're not used to hearing about it.

So it's a new thing as opposed to talking about blood sugar regulation and not having pre-diabetes or type 2 diabetes. That's the common conversation.

People are familiar with that. Managing your blood pressure, that's common conversations. But managing the toxins in your environment and in you body, thats not a common conversion.

And so that can be one of the really challenging ones that has at times the greatest impact on whether or not someone is either able to improve or whether they maintain the improvement that they've been able achieve by addressing some of other things.

So that's a challenging area. Yeah, very challenging. I can see. Let me ask you this, you now have people who are listening to this I'm sure who dealing with dementia right now.

You have some people are anticipating about to deal with it. And then you have some people who have not really dealing with it at this point, but at least know that the science is showing that it starts a lot earlier than you think.

So there's that whole range. We've talked a little bit about this idea of dementia denial. And I'd love for you to jump into that a bit, because I just feel like if what you say is true, and I think it's rapidly becoming clear that is, it start 30 years before, I don't think that's actually probably reasonably well agreed to at this point.

It seems like what it's going to take to turn this around is a widespread education journey, but it is also active participation before symptoms. How does one get motivated to do that?

Well, I think part of the motivation comes from the hope and the now knowledge and belief that what we do now really does have an impact.

Dementia Denial and Early Prevention

And in part it has to do with all of these things have to have attention in one way or another. We can't just do a couple of them and expect that that's enough.

And so I think that one of the things that maybe has given the impression, you know, everybody probably knows someone who seems like they were the picture of health and then, cancer happened or some health event occurred that shocks everyone because everyone thought this person was so healthy.

But what you really find when you dig into all of the biochemistry behind all this is that health is much more than the absence of apparent disease. What's going on in the body at a biochemical level that's measurable now is really different than what we often see on the surface.

And so knowing all of those markers, understanding where that balance is in your body is one of the key things that we need to be moving forward so that people can be proactive about what direction they're currently heading.

Because it may not be the direction that you think you're heading, and so it's really empowering to have that data and to understand that. And I also think, you know, You mentioned the dementia denial, And that brings us back to this concept that something that's common, maybe common but that doesn't necessarily make it normal.

And we have normalized senior moments and forgetfulness and all of these things that start to happen as we age and we're moving along this path because the reality is if we do nothing, half of us, if were fortunate enough to live that long, will have Alzheimer's by age 85. So we really need to be focusing our attention on the things we can do to change that trajectory when we're in our 40s and 50s, well hopefully our entire lives, but for sure when were reaching that maturity of middle age.

We need be focussing on all of these different components because when do we act in prevention as opposed to when we're starting to have symptoms, maybe not a diagnosis of any type of cognitive decline, that you know as the person experiencing it that it's different for you and different than how you used to be.

That's your first clue. that's not an normal progression. And so at that point, then we really need to be doubling down and paying attention to all of these areas.

Once we move into what we call mild cognitive impairment, which is the level before we reach the actual diagnosis of dementia and Alzheimer's is most common type of Dementia, once we moved into that more symptomatic phase, now we're trying to alter the disease course.

And then once we have the disease, we're trying to back up and repair damage that has more significant damage, that's been done. So with each step of the way, the intensity with which we need to attack all of these components, The eight pillars and the six subsets of root cause, That intensity really gets magnified the farther along that course or that path that we are.

Wonderful. Obviously, in that journey, it's a spectrum of disease. Can you just share? Obviously it is a heavier lift the further down that path you are, but maybe you want to share some of what is happening in your office right now and what's What is the realms of possibility?

Because it feels like that's widening every so often as people get better and better at it and they start to understand it, and the diagnostics comes on.

What's the realm of possibilities here? Yeah, there's a lot of possibility, even in people that are more significantly declined. One of our current patients, a young person in their mid-50s who is diagnosed with full-blown Alzheimer's disease We've been able to help him move from a MOCA score of seven, which is severe Alzheimer's.

The MOCAA, which stands for Montreal Cognitive Assessment, is a cognitive testing platform that scores people from zero to 30. 27 to thirty is normal.

Real-World Recovery and Clinical Possibilities

And then in the twenties is that mild cognitive impairment. Below 20 is really where we start entering into the Alzheimer arena. In the single digits, it's severe.

So his score had rapidly gone from an 18, so earlier Alzheimer's, down to seven in a little under a year. And with just three months of intensive intervention, I think most importantly, moving him, like we did with your dad, out of the moldy apartment that he was living in into one that had a normal mold-safe level.

has had remarkable improvement and we've been able to move his score all the way up to 12 in just three months. That is a miracle in and of itself, but even more so, that's only three month.

Like we have so much momentum and so many possibility of where we can potentially help him to end up. With people that we're working with that are more in the mild or further along in mild cognitive impairment area, In those people, we can see sometimes movement from a score of 18 mild Alzheimer's all the way up into the normal range, like a 28, for example, that several people that I've worked with that we've been able to do that.

So there really is a broad range of possibility. It's just the effort that's required to accomplish those changes intensifies the further along the path that Well, I'd love to take a moment here at the end of our interview just to show what's about to happen this week because obviously you are an expert here today and sharing, but alongside you, some mentors and other people.

So I just mentioned the names and I love for you to just share some of your thoughts. Dr. Dale Bredesen, David Perlmutter, Dr Heather Sanderson. There's a lot of expertise, should we say, on the call today.

Yeah, we have some amazing interviews that we've lined up with people who've been pioneers in this work, people have made major accomplishments in the work.

People who are knowledgeable in specific areas of the subsets that were talked about, who were really knowledgeable in the metabolic components and how we manage blood sugar regulation and ketogenesis, for example, are particularly knowledgeable in areas of chronic infection or in toxins.

And so we've curated these amazing people to share their expertise with us and with all of you so that we can start to help unfold and unravel how we get after this disease by just picking away at it from the inside out.

Wonderful. Then later in the week, I know you mentioned some of those specials there, but we've done something quite unique here, Matt.

Experts, Tools, and Summit Wrap-Up

Later in a week you're going to see very specific sessions because ultimately I think for everyone here it would be a journey for you to understand what your unique subsets and patterns and susceptibilities are.

And so I'm excited for some of the leaders that we've interviewed that will bring very specific knowledge. Maybe they've never reversed Alzheimer's in anyone, but they certainly do know how to reverse metabolic inflammation

and detoxify chemical toxins.

So we got some incredible guests on there. And then also some from further afield. It's really exciting to see how many things end up in the brain. This is really the meeting point of chronic illness and so forth.

And more than anything, Christine and I decided that we were going to do this because we believe that have a major accelerant in our midst, which is that the software that will be working on TruNeura allows any clinic, hopefully anywhere around the world, but certainly right now in the States, to launch a cognitive decline reversal program and will guide clinicians to take the lab information that they already get and maybe new information to be able to plot a path for any patient back from where they are.

And I'm very excited that this summit is actually unlike any summit that's come before because of that unique accelerant. And so whether you're a practitioner watching this and trying to get on the cutting edge of what's new in research, or if you care for someone and their loved one, there will be resources in every state and soon every city to facilitate this journey.

So thank you for being with us. And Christine, thanks so much for bringing your expertise and your knowledge and putting in a structure where we can change many more lives.

I'm really excited to share this information with everyone. Thanks so much for tuning in, I'm your host James Maskell and we'll see you next time. forward for the reversal of Alzheimer's and cognitive decline.

Thank you so much for tuning in to the Evolution of Medicine podcast. We'll be back again next week. And thanks so