Introduction to Dr. Heather Sandison

Welcome back to the conversation. Today. I have my dear friend, Dr. Heather Sandison We're so happy to have you here. Hi. Thanks for having me. Oh, this is a good one.

I can't believe I just realizing this is the first time I've ever interviewed you on one of my summits, which I can't believe it. Just our schedules haven't worked out.

But it's so good that you're here on this one. Our audience is in for a treat. You're a dementia and Alzheimer's expert. You're the founder of Solcere Health Clinic and Marama And really, those are the first residential care facilities for the elderly of its kind that focus on helping people with cognitive decline.

Dementia, Alzheimer's and your work in the dementia field has been noticed. You were awarded a grant to study an individualized integrative approach to reversing dementia.

And you're the primary investigator on a clinical trial right now. So I'm really excited to dive in and have you shed some light on this. You know, the topic of our of our project here is Silent Killers.

And there's a lot of Silent Killer root causes that lead up to dementia, that lead up to these neurocognitive disorders. So I'd really like to dive into that today, talk about some solutions, really talk about the your way of helping people with dementia, because I know that you have an extraordinary results in your in your clinic and in your centers, and you actually have helped people reverse this process, right?

That's right. Yeah. Yeah. It's been really a privilege to get to work with people who are really pioneers in this space. But our patients are going against the grain at some level.

Many neurology still tell people there's nothing you can do about Alzheimer's, and that's just factually inaccurate. At this stage, we are almost overwhelmed by how much we can do to reverse cognitive decline.

Really, at any stage, we can even optimize it for people who are in their twenties, thirties and forties, and they're. You mentioned Silent Killers or the topic of this summit.

We know that the changes in the brain are actually taking place, sometimes decades, sometimes 20 years before anyone ever started, starts to notice, lapses in their memory.

So we can really get ahead of this. My mentor, Dr. Dale Bredesen, and he calls it a cognoscopy. So kind of like getting a colonoscopy when you turn 50, the idea would be that you get a cognoscopy. or the workup looking at all of those group cause level factors that can contribute to cognitive decline and the destruction of neuronal health over time.

And then if we do this a decade before you start to notice decline or two decades before you start to notice decline, we can really get ahead of it and at the very least prevent decline or delay a decline and some people will never even have to experience the suffering associated with Alzheimer's and other dementias.

This is amazing. So what I'm hearing you say is that this is a preventive game right out of the gates. So also, which may be kind of shocking to our audience is how many people are expected to have cognitive decline and dementia in our generation.

So just look at our our generation. I actually think I'm a little bit older than you, so I'm 50. I think you're still younger. But okay, let's talk about my generation right now.

Alzheimer's as a Preventable Condition

So Gen X right, that we're still in that space of, you know, in our fifties, maybe early sixties, and we're not quite there yet to that full cognitive decline.

But what we're doing right now with our health will prevent that from happening. So how what is the projection for the amount of people in my generation right now and the generation ahead of us that will have some sort of dementia?

Yeah. So there are about 6 million people between six and six and a half million people today living with Alzheimer's and dementia in the United States.

And that number is expected to rise because of how many baby boomers are approaching that age over 65, where you have the highest risk of an Alzheimer's diagnosis.

Now, Gen X, like your generation, my my generation is we should be able to call Alzheimer's optional for that generation. So you have you know, your generation has parents who are in that category of like sixties, seventies, eighties, nineties, and they are are suffering.

Right? There is a ton of them who are suffering with dementia. And my hope is that that really makes people at our age wake up and look for solutions.

We know there's something better out there. We don't have to suffer it. We don't have to wait on, you know, the magic pill or the ivy that's going to save us all.

In fact, we put billions as a society. We put billions and billions of dollars and decades of research into finding a magic bullet cure for Alzheimer's and dementia.

And in fact, I think that what it's going to take is more of a shotgun approach where we have to put everything on it. We need to optimize sleep. We need to optimize stress.

We need to get rid of toxins. We need to get rid of infections. We need to optimize nutrients. We need to make sure that we're doing everything that we can to support neuronal health, not wait for that one thing that's going to fix this.

And I think if we do that for people in their fifties and sixties who are not experiencing significant cognitive decline right now, Alzheimer is optional.

This is a really interesting concept because I don't think people will definitely people who have been integrated in the Western medicine world, in that world, it's not optional.

There are no great treatments or preventions for it. And and we many of us have watched our loved ones go through this. And and and then there was just no way to stop it.

Right? It's like once that train gets going, you can't stop it. At least people perceive that. They can't stop it. So this is such an interesting concept of optional.

I actually got chills in my body when you said that, Oh, this is good. We don't have to end up like this. So let's now that we've kind of kind of talked about the overarching situation here and you kind of touched on some of the things that are creating this neuronal decline, this brain decline.

And, you know, one of the biggest complaints that my community, the people that I work with say is I'm starting to notice. I've got brain fogginess. I can't concentrate as well.

I can't keep myself organized like I used to clutters kind of starting to, you know, to fill up. I can't rely on my brain anymore. I'm not going for the promotion at work because I'm not sure I could handle the work, but they're not quite

to the point where they're, you know, in a full dementia forgetting, you know, they're, you know, from moment to moment what's happening.

That's not what people are experiencing. Generally in my community. So let's start by unpacking what's happening here that the underlying reasons and and maybe even a little bit of physiology of what's happening in the body from an inflammatory perspective.

What's, what's the main culprit here? Yeah. So part of the idea is that there isn't one main culprit for everyone, but lots of people arrive at a dementia diagnosis or even a brain fog feeling this experience of like, my brain isn't working as well as it did ten years ago, and if that's the case, now is the moment to get started.

On doing the detective work of How did I get here? What are the causal level factors? Because it's not the same for everyone. So we mentioned toxins, nutrients, stress structure, infections, signaling, you know, and it's not they're not mutually exclusive.

So one person might have experienced traumatic brain injuries, multiple traumatic brain injuries that lead to inflammation. Somebody else might have a diabetes diagnosis that's causing glycotoxicity or sugar.

Actually, sugar and insulin both becoming toxic in the brain.

Root Causes of Cognitive Decline

Somebody else might have gone through menopause and notice that their brain hasn't worked as well since they went through menopause. And part of it is because they don't get as good of sleep.

And so there's this actually from a signaling imbalance where they that drop in progesterone and estrogen when they hit menopause led to changes in the brain that were detrimental for somebody else.

It might mean that they have a APOE4. They have genetic predisposition, and because they haven't had enough B12, they don't have the right energetics to keep everything optimally functioning in the brain.

And then somebody else might have all of that or three or four of those things, right? And so what we want to do is we don't want to waste our time supporting your detox pathways and getting rid of mold if you never were exposed to mold and you don't have mold, but having high levels of mold toxicity in your or mercury or environmental pollutants like glyphosate or phthalates or PCBs, this can lead to neuronal degradation.

But we want to be precise. We want to understand for you what was going on and how can we support that pathway to correct for it to optimize that so that your neurons have enough resources.

So essentially it can it can boil down to resources. Is there enough resource coming into the brain? Uses 20% of the energy we produce every day, but it only makes up 2% of body weight.

This is a huge energy set now, if we are fighting off infections, we're defending from from invaders, whether they're toxic or infectious, we're going to use a lot of resource to defend and attack.

Right. What we really want to be saving our resource for is for that this neuronal connections for creating neuron, neurogenesis, which is the creation of new neurons and synaptogenesis, the creation of new connections between them.

That takes resource too. So if we don't have enough resources getting into the brain because we're not eating the right foods or we're, we're basically spending them on the attacking and defending the we're not going to have that.

We're not going to make those memories. We're not going to create those neurons. And we actually see brain atrophy. We see the brain shrinking over time, the other pieces, inflammation.

Right. And so, again, this is sort of like attacking or defending or recovering from something like a traumatic brain injury or also the infections and the toxins or not having enough resources to resolve the inflammation.

So things like COVID or herpes infections, pigeon develops that causes gingivitis and oral inflammation can lead to brain inflammation. We see Lyme and Lyme co-infections also they deposit in the amyloid plaques in the brain.

And so we know they play a role in creating inflammation. So anything that's going to cause inflammation in the body or the brain, whether it's leaky gut or parasites or anything like that, although it might not be directly causal of dementia, it's going to rob us of resource and increase inflammation that over time, if we are predisposed, increases the likelihood that we develop dementia.

What I heard you say here is precision matters, right? So of everything you just said, the thing that really stuck out to me, I mean, every bit of that was so enlightening compared to what we hear in the Western world.

But that piece of working with somebody to figure out what your root causes are precisely, is it mold for you? Is it infections? Is it some other toxin?

Is it like all the things you just mentioned, blood sugar? What is it? So that is critical. Can you can you talk just a little bit for a moment in the Western world?

What what what are what are Western neurologists saying is the cause of Alzheimer's and dementia? And what's their approach to it? Because their lifestyle is much, I don't think.

Yeah, I always am excited when I see somebody come in with, you know, a treatment plan and it says like change your diet or increase your blueberries or something like, okay, it's finally catching on.

And I think that the Western kind of conventional medicine can't ignore this for much longer because the results that we're seeing in the research are just profound, that people are reversing cognitive decline and it's working better than any drug out there.

And what we hear from conventional medicine is, oh, it's not enough acetylcholine. And so there are medications like donepezil. Memantine works on glutamate, but essentially there's a neurotransmitter problem and we need to use a medication like Memantine or TNF.

So to change the acetylcholine or glutamate in the brain and then we'll get better cognition. Well, unfortunately, when you look there was a JAMA article from November of 2018, the Journal of the American Medical Association, that showed that when you use those medications five years later, your cognition is actually worse than if you never started them.

And so this is really disheartening. And I think a lot of neurologists sort of see this. They're like, well, we have these medications, but they don't work very well, so go ahead and get your affairs in order.

And I don't think that we realize just how detrimental they could be until I didn't I certainly didn't know that until I read the article. But again and for anybody listening who's on those medications do not stop them cold turkey.

It's very, very dangerous to do that. So I wrote, if I have a patient who comes in and they're on those medications, I don't stop them. We make sure that people are getting better.

Usually if they're getting better over 12 to 18 months, then we start really slowly tapering them. Because I've seen people who hear like, Oh, I heard those medications weren't good for you, so I just stop them.

That will lead to cognitive decline. It's very stressful on the brain to do that, to change any of those medications that affect neurotransmitters, to just stop them cold turkey or to to do that quickly without support from a provider can be very, very detrimental.

So please don't take that away. But if you've never started them, talk to your provider about this research. It's relatively new. Not all providers had heard this, especially primary care providers with so much on their plate, they've got to be out there keeping up with so much.

They might not be aware of this research. So you can point to it and say, hey, considering this new information in from 2018, what do you think? Is it worth it for me to start that?

And it's a discussion that's worth having. You know, you mentioned there's not always something we can do when people get further progressed. And a lot of that has to do with the dynamics in the family.

Right? Like how much effort are we willing to put in? How much resource do we have? How much support does this person have? And that's a different for every family.

And so the conversations of risk benefit are going to be different in each family. And so I really want to acknowledge that, that I think sometimes when people hear there's so much you can do, they go, Oh my God, I'm guilty of not doing everything.

And that's not the case. What we want to do is arm you with information so that you're not in the dark. But how do you pick and choose what to do? Really depends on your family and your circumstance.

And if you're here listening to this, I want to just acknowledge you are doing the best you can and that is enough. So to go back to your question, like what are the causes of dementia from a conventional perspective, there's this acetylcholine GABA kind of like glutamate and neurotransmitter hypothesis.

It doesn't work that great. Then there's this other beta amyloid hypothesis which most people maybe you've heard of beta employed a couple of times, and it's like beta amyloid Alzheimer's in that world.

It's like if you're not studying beta amyloid, you're not studying Alzheimer's dementia. However, what we've seen over and over again there is like when we try to attack beta amyloid and some of the new medications aduhelm out of Canada and the can be or you can map these target beta amyloid and they basically pull them out of the brain.

And what we see is when we do that, we don't get really meaningful improvement.

Conventional Treatments and Their Limits

You get some slowing of the progression of disease. However, the risks are quite high and the cost is quite high. So these medications, this class of medications, they have a risk of brain bleeding and brain swelling and not everybody has those.

They're relatively rare. So ever, you know, if you live two or 300 miles away from a major medical hospital, major medical establishment, like you need to be getting MRI's, you need to be having those visits with providers to make sure that you're not having those side effects happen.

And so it requires a lot of medical management and you've got to go in and get these IVs regularly. So what you get is basically an only people who are in the more mild stages or the earlier stages of dementia, they are eligible.

So if you're late stage, you're not eligible for those. They don't seem to work at all. And it's interesting, even though Alzheimer's affects women, about two out of every three patients with dementia are women.

And then also on the caregiving side, women are more likely to be a caregiver for someone with dementia. But these particular medications, they seem to work slightly better in men.

So they are they come with risk. They don't seem to help women as much as men. They don't help all that much. What they do is they draw this torturous process.

And so please don't rely on conventional medicine to help here. Like, there's not a lot that they can do according to the research, and it comes with high cost.

So what we are recommending, you know, it comes with high cost, but there's so much you can do for free. It comes with effort. And that I want I want everybody to know you don't have to spend a penny.

Of course you can. You can do the precision medicine. You can get all the labs. And I love when people can put the icing on the cake. But so much of this is lifestyle medicine.

So this is actually a great pausing point for this first part of our talk. Dr. Sandison, I want to thank you so much for joining us today for this enlightening talk on what's happening in the world around cognitive decline dementia.

To our audience, I hope you found our conversation thus far. Insightful, helpful. If you're a summit purchaser, stay right here, because I'm going to dove even deeper into this with Dr.

Sandison and we're going to go into all the natural strategies that you can do to help stop this process from happening to you, your loved one. This is going to be an enlightening second half of our talk.

If you're not a summit purchaser, click on the button on this page to get access to a continuation of the conversation and many others, and get the tools you need to reclaim your health.

If you're watching this continuation of my talk with Dr. Sandison, thank you for being a valuable member of the community. We're going to dove right back in.

And can you start by talking about some of those free strategies you just mentioned that people can do at home right now? And these are the exact same strategies that you are using in your in your centers where people come in live and receive healing treatment for their cognitive decline.

And it's not you're not doing this with a bunch of prescription medications. I mean, this is literally a lifestyle center. Yeah. So that Marama, the residential care facility, we have these four pillars.

And just to be clear, everyone at Marama has a bredeson trained provider. And so we're trying to we're getting the most out of all of it. And there there are some people who have moved in without a bredeson trained provider.

And what we're doing is we call them the four pillars. So diet, you know, if you want to change your health, diet is a great place to start. And what we recommend is an organic ketogenic diet.

Now, if you're not ready to go into ketosis, then a paleo diet is also very, very helpful. So essentially going towards Whole30 is another way that you can describe this, but what you want to do is eliminate things that come out of packages and if you can get your body metabolically into ketosis for people who are suffering with cognitive decline and noticing changes in their cognition, I want them in ketosis more than they're in glycolysis or burning sugar for fuel.

So what is ketosis? Ketosis is a metabolic state where you're burning fat or ketones for fuel instead of sugar. And when we can get you there, we get a lot of brain healing.

As we age, we are less sensitive to sugar, glucose, carbohydrates. You can put those all in the same category. And insulin is used to help us shuttle sugar from the blood to carbohydrate carbohydrates, sugar, glucose from the blood into the cells where it's turned into energy and we become resistant.

So the insulin doesn't work as well and the sugar doesn't work as well when it gets into the neurons to be created, to be turned into ATP or that energy.

And so what's amazing about the human body and the human brain is that we are like hybrid vehicles, right? We can go from burning gas to burning electricity.

So we go from burning sugar to burning fat. And when we do that, we burn energy more cleanly and more efficiently. And so we want to take advantage of that.

And many people, because we have sugar available and it's highly marketed, it's easy, it's filling where many people are addicted to it. We eat sugar every day, some sort of and when I say sugar, I mean even like pasta and bread and cereal and oats.

That is still basically by the time it hits our gut, it is turning into glucose or sugar. So you don't have to be eating Skittles every day to be consuming a lot of sugar.

And I think a lot of people don't realize that. They don't people think I don't eat sweet things, so therefore I'm not sugar isn't a problem for me. And it's it's almost like I still haven't figured out a clear and clean way to help people understand that your pasta and your bread and your cereal and your rice and you're like, this is sugar.

It just isn't sweet. It's like savory and sweet sugar, right? It's like their sweet sugar in their savory sugar. You're addicted to savory sugar and your brain is not and your body is not efficiently burning fuel at this point, if that's the majority of your food.

So it's a whole thing. We could stand on our soapbox about that. But it's free. It's free to change your diet. And it's profoundly helpful at reducing inflammation and increasing the resource available to your brain to burn all that energy and get all the energy that it needs to burn.

And so organic ketogenic diet is is one of the primary things that I recommend. Second is exercise, great diet and exercise. It's essentially what this comes down to.

But there are specific types of exercise that you can do that will help your brain.

Free Lifestyle Strategies for Brain Health

And the first thing I turn people's attention to is something called dual task two. So two things. Dual dual means you're engaging cognitively at the same time that you're engaging physically.

And the classic example here is walking and talking. Another level is ballroom dancing where you are their sensory inputs, auditory the music, visual, your partner, the space you're in.

There's cues maybe from an instructor about how you're supposed to dance and you've got to remember the steps so you can do this in lots of different ways.

I've had patients who had a patient. This was great. Her granddaughter was living with her and so they would go for walks and her granddaughter at first would quiz her on important dates in their family.

So like birthdays and holidays and anniversaries and what was coming up and what she could remember. And then as her grandma got better, they switched to identifying birds and trees and flowers in the neighborhood.

And then they would go through the neighborhood and they would say, who lived in each house. So these were things that were meaningful to her. And as she got better and better, they started talking about nutrition and talking about biochemistry and start talking about more and more complex things as grandma was getting better and better.

So there's different ways to do this. But as you would class a Pilates, class a yoga class, all of those, were you being cued by the instructor? If it if it requires cognitive engagement while you're getting physical exercise, you're going to potentiate.

You're going to get more from the exercise that you're already doing. So, yes, walking is great, but if you can add this to it, you're going to get more benefit.

And you can also look up on YouTube dual task again, dual dual task exercises and you'll see a bunch of examples. I love this and I know I'm well, I call it multitasking in my life and I like to habit stacks.

So if I can be like benefiting to different if I can do two different things and get extra benefit from it, that's literally my love language to myself.

Yes, I love it. Efficiency, efficiency, queens right here. Yeah. Efficiency gains. Okay. So movement, exercise and really like stimulating your brain while you're moving and and food.

What are some other strategies? Yeah. So stress management. So what we see in the literature around dementia is that meditation has profound benefits.

And there's one particular meditation. It's a 12 minute meditation you can find for free on YouTube. It's kirtan kriya. And it's bizarre to know where there's a you have to use your fingers and go in a certain pattern and then there's a vocalization.

And so there's a vibration in the body and there is really, really great literature. Meta analyzes like double blind, placebo controlled or double blinded trials.

No controlled trials because you can't really blind this because people either do it or they don't. So there's controlled trials and meta analysis on these controlled trials, very high level research that shows that this is beneficial for both people suffering with dementia, with mild cognitive impairment and full blown dementia, and for their care partners.

So at Miramar, for example, we have everybody there stop and do the meditation together, because for the caregivers, there's always dishes that need to be unloaded.

The dishwasher, there's always laundry that needs to be folded. There's always a bathroom that needs to be cleaned or, you know, there's always something to be done.

But it helps everybody in terms of mood and stress management, if they can just take 12 minutes and do this meditation every day. And then the other thing that we notice with people kind of in retirement is if you're in prevention mode, you want to make sure you have purpose and meaning in your life.

So I think some people think, oh, I'm going to retire, I'm going to kick my feet up, I'm going to watch the daytime TV shows and I'm going to just relax and eat whatever I want and go on cruises and this is not really where we want to be.

We want to be engaged. So if it's not work anymore, then grandkids, church, you know, whatever is meaningful and important to you, we want to see you double down on that and create these.

Sometimes it's writing an autobiography or it's making something, mentoring others, finding purpose and meaning. It's a reason to get out of bed in the morning is so crucially important.

So we want to manage stressors, but we also want to make sure we have enough motivation and enough stress that we're showing up and kind of staying at our edge.

Oh, that is a yes. So don't ever stop being productive in your life. Basically, don't ever stop creating, thinking, contributing, giving back, whatever it looks like and connecting.

So we know that social isolation is one of these known modifiable risk factors. So when we're more connected to others, we protect our brain. We're social species.

So right now, to my point now, what you just described is a whole bunch of free things that you can do. Are there any other things in the free bucket I want to touch on kind of the biohacking things that we.

Oh, yeah, you know, but what. I mean, there are so many things in the free bucket, like we can talk about this for a long time. I mean. Sunshine. Yes. Quenching it, getting your circadian rhythms to sleep.

I mean, sleep is another huge free thing, making sure that you're getting enough high quality, good, deep sleep. Sleep is when our lymphatic system rinses the toxins out of the brain.

So if we rob our bodies and our brains of that, that space, of that time, when we do that, we see that people in my twenties and thirties, forties and those decades of life, just one night of sleep deprivation leads to a measurable accumulation of beta amyloid. After just one night.

So you can imagine that over decades that accumulation becomes very significant. And so making sure that you just get enough sleep and then hopefully, you know, if we want to go towards biohacking, like I'm wearing my aura, everything right now, I'm sure my my sleep and the quality of my sleep.

And then if you have any reason to think that you have sleep apnea, get a sleep study. Now, those are covered by insurance. If you have Medicare, there's great ways to do this.

Watch Cat is a company that we've used for a long time. That is it's they send you an at home sleep study device it's not the gold standard of like an in-hospital, but it can rule in sleep apnea and get you the CPAP or the dental device, the oral device, whatever.

You need to keep your airway open at night because if you're not if you have apnea events at night, even if it's considered mild sleep apnea, that means mild brain damage every night.

You're not getting enough oxygen to your brain. Sometimes even mouse tape can be helpful in terms of reminding your body how to breathe through your nose at night and during the day.

So important. I think so many people don't want to deal with their sleep apnea. This is where we start to talk about like there's some effort that needs to be put in. Right.

So we have a savvy group of viewers here. So I bet there's a lot of people watching right now who are thinking to themselves, okay, I don't have a sugar addiction.

I don't eat the carbs, I'm paleo, I do wear an orange and I get sleep every night. I've worked with practitioners and I've tested my mold. I've tested for metals, I've tested for environmental toxins, I've done parasite cleanses.

I've, you know, we have a group of people here watching right now and even a group of practitioners watching. So what would you say to the people who are doing everything right?

So they're doing the things you already recommended, yet they still do not have what they would perceive as a strong of a brain and a cognition, and they're worried that they're headed down this road.

What are some of the other things that they really need to be focusing on and looking at and touch on biohacking? Because I know at your Marama Center, like you've cut signs and red lights and all these amazing things.

One time I remember asking you when I was doing the mitochondria that make due to cold punching there, you're like, no, they don't like it. No, but it would be good.

But people don't like to make older people don't want to go. I mean, I don't want to get cold, but I still turn my shower to cold before I get out of it because. It ain't better than me.

I feel so much better. I get so, you know, I get the benefits. I get sick less frequently. I'm warmer during the day. So yeah, I love cold winters. And then, I mean, I've talked to people and patients and friends who are like cold plunges that the reason I'm off antidepressants, right?

Like it makes a huge difference. I think even women have great like that. She went through a stressful divorce and that was why he turned to cold clenching and the breathwork and the stuff that he does.

So yeah, there's a huge, huge space for that. So yeah, we have red light. We have the, the villa, the villa of light, which is specific to the brain and it has both an alpha and a gamma setting.

Biohacking and Advanced Support Tools

And alpha is super helpful for anxiety and a lot of people with dementia, they suffer from anxiety and depression, rate depression, treating depression again, this is a modifiable risk factor for dementia. So it's kind of a chicken or egg thing.

So people have depression and that it leads to or anxiety and depression and it leads to dementia or does the dementia cause it? And I think it's they perpetuate each other.

And so treating that and you know, whether it's therapy or I mean, even people are talking about psychedelics for dementia, there is ongoing research looking at how can we support those people who are suffering with depression and anxiety and dementia using psychedelic therapeutic psilocybin or ketamine or and this is very much cutting edge stuff.

We're not doing this at Miramar, but we are doing the red light, very low risk, and just 20 minutes, maybe five or six days a week. And you can put this cap on for 20 minutes.

You can be doing the meditation at the same time. You can be chopping vegetables, at the same time you can be doing other things. But we notice it immediately helps people who are having an anxiety.

Then you can put on the gamma setting, which is more helpful for memory, and this kind of builds over time. It's not as a parent, but we have seen people with more severe dementia where they're in an episode, you know, in terms of short term memory loss or confusion or kind of in an altered state, you know, if we've ruled out a urinary tract infection like some of the other things, we can put them with the gamma setting and they will kind of return to baseline.

So we know it's doing something now. We don't do any of these things at Miramar in isolation. And we of course, we're doing the diet, we're getting them involved in crafts and, you know, cognitive exercise and physical exercise.

And we're prioritizing their sleep and all of those things at the same time. But there are patients at home where, you know, they start doing the live O2, which is a contrast oxygen therapy, where they're exercising and they're going from we breathe 20% oxygen day to day.

That's what's in the atmosphere. And then, you know, if you go to 80%, which is concentrate it oxygen and then sprint, you sprint like whether you're running on a treadmill or on a bike or trampoline or whatever you doing, you go and sprint 8%, a little less than half of what we typically are breathing in.

We go back and forth between 80% and 8%, sprinting on 8% and recovering on 80%. This contrast oxygen therapy is can be super beneficial for mitochondria, for senescent cells, for detox, for optimizing just our perfusion of oxygen and we get this chromatic effect. So this is a really great biohacking tool that I think is way underutilized is but a great thing to kind of look at.

And then of course on is we like that chip machine for lymphatics but also for nervous system regulation. I like the biomed. It's just it's, it's amethyst crystal heat.

I don't know how much the amethyst crystals are doing, but, like just lying on a heated kind of mat, firm heated mat. We see that help with anxiety. We also see in elderly folks, they're kind of more upright afterwards because it relaxes the muscles in the back.

So if they've been hunched, it can kind of help them, help them posteriorly. So there's there's so much that we can talk about and do. And supplements are a whole category in and of themselves.

So nootropics, I use the quality of my product is one of my favorite nootropics. I think it's it's a very sophisticated formula. So we point people in that direction quite often.

I love this. We could go down the road of supplements to just realizing, oh my gosh, in the time we have I have so many questions for you, but in the few minutes we do have left, I and I mean, we'll make sure everybody knows how to get a hold of you so they can find the information that you have out there in the world because you have a lot of this out there for people to to get support.

But I want to talk a little bit about I mentioned at the beginning of this talk that you can actually measure improvement in people who live in your in your centers, in your facilities and the people that you're helping.

So this is actually quantifiable. And so I wanted you to just touch on that in a moment for a quick moment. How do you know that people are getting better?

What are you measuring by? And this is also great for people to ask for if you are concerned about yourself or a loved one. We use a MOCA score and MOCA.

I love MOCA's because they're accessible. There's a PDF that's available for free online. It's called the Montreal Cognitive Assessment and it's a research validated.

It's kind of a Brant Blunt tool, right? It's not it's not a four hour neuro psych evaluation. And I my opinion about those. So a lot of people are like, oh, I did this.

My my mom got this incredible four hour no, thank you. But I'm like, how stressed out was she? And what did you change in terms of treatment? Right. So we use MOCA scores to know are we getting better?

Are things getting worse? They take about 20 to 30 minutes, depending on somebody, the severity of someone's cognitive decline. And you can have someone trained.

If you go online, you can see there's a training to to be able to administer this. You don't need a medical degree to administer it. So it's relatively easy and simple and inexpensive.

So I have people who, you know, I have the wife of a patient. She's a psychologist. She just went online and got the training and was able to do this for her husband.

So every time I met with him quarterly, then I knew what his focus was. This is available so you can ask for a mock score, a slump score or a mini mental status exam.

And these are three different kind of worksheets style assessment that can be administered in a clinic or some people even will get them at home. Now, seeing as vital signs is something that you can do online.

Those other three, they're out of a 30 point scale and it's a great way to communicate with providers. So you can do that or and or the CNS Vital Signs is another great way to do an online cognitive assessment that can be really helpful as well.

And then you can do re for a more robust assessment, we use the Cambridge brain sciences assessment, which is like a 45 minute versus like a four hour neuro psych eval.

It's a 45 minute ish computer thing, a computer games and it goes through a battery of cognitive testing so that, you know, okay, what's my verbal ability?

What's my focus score? What's my social score? You have these different types of scores that overall memory or

overall cognitive composite score. Yeah. So not covered by Medicare.

Yeah. And I remember you saying at one point, I can remember a time when we were just on the phone chatting and you're like every single person. It took the MOCA in my center this month and every single person improved.

Measuring Progress and Getting Help

Like that was a really exciting moment. It's really exciting when that happens now. It doesn't happen every month, right? I don't want to give anybody that impression.

We know people fall and they lose loved ones and I think aging happens and it's not like it's not all rainbows and unicorns, but it's there. Rough months, too, and rough quarters.

And yet I don't think there's any other way. What our goal is, is memory recovery. And I would suspect that there's not a single other memory center in the world, probably where that's the case, where everybody there got better.

Yeah. Over the course of a quarter, you know that it's a miracle. And yet I don't want to give people, like false a false impression or false hope that that's always the case.

It was definitely worth celebrating when it happened because it's new. And what we're doing and what I'm very committed to is as we as we expand, is like, how do we make it even better?

How do we make it that every quarter everybody gets better and and so that's that's what I'm excited about and that's what I'm doing professionally. It's just trying to optimize this and get it better and better and better and more reliable for people.

This is what I love about you is you're so honest and you have such high integrity. And you, I mean, here I am saying let's celebrate this. You're like, well, it's not always like that, but of course it's not.

And thank you for. Just being so transparent about the work and you know, there's going to be setbacks, but overall, people are getting better. So I'd love for our audience to be able to know, okay, how do we get more of Dr.

Sandison? And you've got online courses, you have residential care facilities. I think you're opening more in the country like there's a demand for this and honestly, there's not enough of you or beds to go around.

So there's probably a waitlist to get in to one of your facilities. So talk about how you do that and then talk about how they can get home support as well.

Like if you just want to take everything that you just learned in possibility and have an outline to do this at home on your own, you've got that for people too.

Yeah. So just joining the email list at drheathersandison.com is a great first step. I've got a book coming out in June of 2024 as well, so if you want to get updates about that and in the meantime, we have yes, we have the Marama at home course because not everybody can make it to Marama and there's not always space, but also if you are interested, it's in the senior living facility.

You can contact us through Maramaexperience.com. There's an application form and we can see if it's a good fit. And you know, part of what we're doing is we want people to be able to move home or to regain cognitive function, so much so that they can live independently.

That's really our goal. And so we do have people moving out and moving home and that that's always a huge success. That never happens in care facilities. Okay.

Once you go into a care facility in the Western world, that's where you stay. People don't make it back home. I mean, just the fact that people are getting well and moving home is remarkable.

That's remarkable. That is a huge celebration. We always celebrate that. So so, you know, getting on the waitlist, you know, if we do have a waitlist, sometimes it becomes really fast.

And because a lot of people are getting better at home or circumstances change. So don't hesitate to get on the list. We're happy to have you and work with you.

And our team knows kind of now at this point, like, okay, maybe this is the best thing for you considering your circumstances. We've heard every story.

Well I don't know. They're all unique. We've heard a lot of the stories out there and the different challenges and constraints that people face. And so our goal is really to meet people where they are and get them the support they need that's going to help alleviate some of the suffering associated with this awful, awful disease.

So spell Marama so people know how to find that. It's Marama is M A R A M A and it's maramaexperience.com. And then your other main website to get on your mailing list.

Yeah drheathersandison.com Excellent, excellent. Thank you so much for being here sharing your wisdom and I just want to acknowledge you for being such a guiding light and a bright light in the world.

You are doing work that most people aren't willing to do. I mean, this is this is really where people's lives transform. And this isn't a, you know, a quick fix of take a pill and solve a problem.

This is this is really helping support people on a really deep level. And I also just want to acknowledge you for figuring out a way to get this to people's homes who can't either have the, you know, resources or they don't live near you or that, you know, they can't get in your clinic.

You've made it possible for people to get the support they need. So you're taking this to a whole new level. I'm honored to be your friend. I'm thrilled to watch your success and to see what you're doing in the world so thank you so much for contributing here.

Thank you. Right back at you You're doing amazing and wonderful work and I am celebrating you and thank you for putting this summit on. I it's going to be so helpful for so many people and I can't wait to see you again soon.

It's going to be good. Okay. Until next time, everyone. Take good care. Bye now.