Why Brain Health Became Personal

I do so much because I have seen what happens, you know, with my grandparents. But also, I get motivated by how I feel in the moment. I fell so better mentally when I'm sticking to my exercise, when sticking the diet, doing things that bring me joy and taking my supplements.

And I can tell when a stray from that. I come from, the reason why I went into naturopathic medicine, I dealt with a lot of depression growing up. I came from that mental health history and it took me changing my life holistically and working on nutrition and all of that.

to feel better. I was on many different medications and unfortunately they didn't work for me. They worked for some people, but it was the holistic medicine that worked and that's what ultimately brought me to naturopathic medicine.

But now when I think about brain health, I do my exercises, I strength train, run, have a mix of cardio, go to Pilates a couple times a week. I try to eat healthy because it makes me feel good, eat whole foods and get lots of good healthy fats.

And I eat paleo or cycling to keto because in the moment I feel mentally so good. In the future, it's preventing cognitive decline. Welcome to this episode of the Think Well, Age Well podcast.

I'm your host, Dr. Heather Sandison, and I am delighted today to be introducing you to Dr Rachel Houston. She is a colleague and a friend and works closely with me at Solisary Seeing Patients in collaboration with Pacific Neuroscience Institute, who you've met here on the podcast, Doctor Predison and others who support our collaborative efforts to get patients the dementia care that they deserve so that can see true outcomes.

So Dr. Rachel Hustner, welcome. Thank you. I wanna understand first your why. Why are you here to help patients who are suffering with dementia and their families?

So I grew up with three out of four of my grandparents ending up having dementia in their later years. And my Yaya, my grandmother, she was pretty severe in her later with Alzheimer's and it was heartbreaking.

It was really hard to see me lose my grandmother, I look back and I wasn't able to ask her all the questions that I wanted to. Ask her like how she came here from Spain, what her upbringing was like, and then to see the toll that it took on my family, especially my mother when she was balancing kids and full time work.

It was exhausting for her. So I saw how emotional it was and just the devastating components of Alzheimer's, the toll it takes on the person in the family.

And I never wanted that. I don't want that for my family. And it won't that from my kids for My parents and then I tested myself and I am eight, eight three, four.

So I know that I also have that increased risk. so I show up every day to help reduce the statistics there and make this something that we can prevent and that you can help make a change in that space.

It's exciting work, it's very fulfilling. Do you have any patients that stand out to you? Oh, so many. So many, I'm so blown away by my patients. I learn every day from them.

It really is so special to work with this population. We did an in-person support group for a couple of weeks and there were some fantastic shifts that happened within six weeks.

Within six weeks, I saw this one woman go from having three words to more verbal fluency and being able to

remember her grandkids.

The Podcast Introduction and Shared Mission

And I mean, her daughter would come in like, look, she doesn't have swollen ankles and she's speaking fluently. And then there was another woman within that class too who reversed her diabetes from getting into ketosis and was able to hang with her girlfriends more and play games more.

I think, you know, those are just two examples of within a short amount of time what's possible when people do the work. And it was so inspiring to see just how excited they were and how they lit up by the small changes.

So tell us about that six-week program. How is that designed? What does it do? How can people get involved or learn more about it? So it is an in-person support group for patients with cognitive decline, or I should say people with Cognitive Decline and their care partner.

And the structure of it was based off of your book a bit to really help people with what they can implement at home with exercise, with nutrition, and with limiting toxins.

But the purpose of really was to, yes, educate and help that, but to get people together to tell their story and have that one-on-one storytelling and care and support that everybody in that family unit needs.

So many caregivers feel so alone. And when you can get in a room even just once a week with people who are in similar situation, it can lift a little bit of that weight, that burden of caregiving.

Right, of course there were difficult conversations that were coming up and a lot of emotions, but also a lots of laughter and joy and hearing about how people got into ketosis, what was their favorite meals, What they made for their birthday cake, maybe at a new gym that they found out about or workout class and activity.

So being able to share those resources and local, so it was nice to have that local support. It was so fun. Yeah, the support groups were a lot of fun and we have the online support group.

We are trying to get the Think Well, Age Well support here in Encinitas going regularly so that we always have a handful of couples in their care, care diodes in there.

And it is, I think we do it, we both do this support work because it's so fulfilling, so meaningful. when we have especially those foundations in place, right?

The diet, the exercise, lifestyle, and I want to talk more about those, but I really want dive into the medical care that we provide. And so give me a roadmap for what it looks like to become a new patient with you.

So you'll come establish care and typically we sit down for about 75 to 90 minutes and talk through your history. I mean, even starting from, you know, did you hit your head as a kid?

Did you play any contact sports as kid and what were your medical history? We'll go through current symptoms and really get an idea of what do we need to investigate here?

and then set you up for labs. And before we get those labs done, we're talking through a foundational plan because this is the perfect time for us to start the things that you can start at home, that can you start on your own, but don't require a lot of resource.

So just changing diet alone. I mean, yes, I would love to get everybody into ketosis and eating more plants and having healthy fats, but even just trying to eat all organic, whole foods, limiting sugar, no sugar and limiting carbohydrates.

Maybe wearing a continuous glucose monitor to really understand that. Yeah, maybe taking ketones to help just

drive more ketone to the brain, optimizing exercise or getting people moving.

And there's some people that come in that that's a great first place to start is just walking to mailbox or going for a short walk every day, get that blood moving, and activities, so what they can do to help stimulate their brain.

We see people, after they stop working, that tends to fall off, just stimulating the brain in general, learning new things, or maybe even having a hobby.

So finding what is sustainable for them and what they can commit to, it's really fun. You're meeting the patient where they're at, but also making it a sustainable plan for Yeah, and giving them permission, right, to engage in things that they enjoy, that are fun, they can sustain, but they would look forward to having more friends and spending more time with your friends, playing cards.

I think a lot of us have that narrative in our mind that if we're not being productive, it's not time well spent. Right.

New Patient Intake and Foundational Care Plan

And yet it can be supremely productive for our brain health to be engaged with peer group, with something that a hobby, like you mentioned, something challenges us, and really in the moment.

So when we talk about that first visit, there's the labs that go with it, and then when are you following up with them to review the lab sequence, what's timeline?

So we'll try to get those labs done as soon as possible because they do take some time to back, about four to six weeks. We'll get you started on the foundational plan, a great time for you to start implementing these changes.

And we'll also start some supplements that could be beneficial for everybody with any cognitive decline or for brain health in general. And then in about four to six weeks, we get those labs back and go through them in detail.

I find that when people understand why I'm recommending something and saying this is important, it's more motivation for them to stick to it. So if I can go through the labs and have them understand exactly what it is showing me about their health, about the biochemistry, they're more likely to be involved in their own plan.

And it's a very personalized, precision-based plan because not everybody with an Alzheimer's diagnosis has the same reasons for why they got there. Exactly.

So we have a baseline visit with labs, hopefully within a day or two after the visit, and then four to six weeks later, we're following up. And then what happens after that?

Take me through like a year or 2. OK. We're doing the lab review. We're going through all of that data, making this more precision-based plan. And then from there, we want to check in about every 12 weeks, retest some things, toxins or nutrient values that we would like to see improving, and following up, make sure we're staying on the plan, fine-tuning that plan." There's always the fine tuning.

That is the part where it can it's better to stay on track. If you can make the fine-tuning and stay up with the plan, there's more success from that.

So about every 12 weeks. And then once people get to a more maintenance mode, about ever six months is when we can follow up and check in. Again, just fine tune.

Health is not linear. Things happen. Things will always come up in life that feels like a step back. But I like to say it's just a little speed bump, right?

There's always something that will happen that we can address on the way. Yeah. And then it can motivate us or inspire us to get back on track. Exactly.

Or discover something else that need to figure out. Absolutely. Another piece of our process is health coaching. So can you talk about how the health coach supports this process?

Oh my goodness, I think this is maybe the best part is having that one-on-one support. So meeting with the doctor is great. You get the medical knowledge and you get treatment, but then no one is going to be there.

I can't be in the kitchen showing you how to cook keto. Having the health coach appointments, we set one up so after the initial you have one to go through the plan.

Go through what it looks like to get into ketosis. What foods should you be eating? How do you measure your ketones? What is a great exercise routine?

Going through all of that, and I like tell patients, go through your daily schedule. Make a daily with our health coach so that way you can eliminate any roadblocks as they come up.

And then we have another check-in after the lab review because now we're really putting a lot into the plan based on that data. So it's another great time to optimize a daily routine, go through especially what lifestyle things are in the way.

So I want to go back to our framework. We talk about buckets. I know even people listening might feel overwhelmed. They're like, well, what labs? What are we talking about?

Is this simple? It sounds complicated. So one of the ways I like to wrap my brain around it is really just to create a framework that we can kind of hang everything on.

And so talk me through how you view that framework, how do you think about it. So I like the idea of the buckets because you can kind of organize why we're looking into certain things and how it can affect brain health.

One would be infections. So we are looking at an overall infectious burden on the body. What is dysregulating the immune system that can take away resource from brain power or cause any kind neuroinflammation in the brain?

That might look like testing for HSV, herpes simplex virus. We know that when people have been exposed to herpe simple x and when they have an outbreak, it can cause neuroinflammation.

It can because more amyloid and tau pathology. So we test for it. Test, don't guess. That's kind of our motto. I want to know exactly what I should be chasing.

So for infections, we'll look at HSV. We'll talk about oral health, if there's any infections in the mouth that we can look into and test. Will look an overall infectious panel.

so we look the Cyrex panel, look a immune response to all these different pathogens, viruses, bacteria, parasites, et cetera. And then toxins is another bucket.

This is a another big one, especially with this toxic soup that we're all living in. And we break it down into molds, environmental toxins or chemical toxins, and heavy metals.

So looking at urinary excretion of mycotoxins, so toxins produced from mold within the body, from exposure to mold, We're looking at heavy metal analysis.

We are looking chemicals like phthalates and parabens from personal care products, VOCs or benzines and different chemicals that we are exposed to in air pollution and dirty water.

So testing excretion and levels of those, we're looking at signaling pathways. So infections, toxins, signaling. Signaling I think of hormones, hormones signaling to the brain to grow and your muscles telling your brain We're looking at vitamin D amount.

Vitamin D can be considered a hormone. And then stressors, so cortisol, chronic cortisol stimulation or stress hormone stimulation we know can toxic to the brain and cause atrophy of the hippocampus.

So we'll look at the amounts of cortisol throughout the day. We're also thinking about if the person's in chronic pain and taking into account any amount of pain that they might be exhibiting or levels of inflammation from that.

So I want to make sure I got them all. Toxins, infections, signaling stress, structure. That's why we ask a lot about traumatic brain injury. We might test certain markers like NFL for markers of brain And then sleep apnea.

So sleep Apnea we know is cutting off oxygen to the brain while someone is sleeping and supposed to be restoring their brain and getting into deep sleep.

But if they don't have that oxygen at night, then that can be causing direct injury to The brain.

The Clinical Framework: Labs, Buckets, and Biomarkers

so that could be maybe from a structural defect. We'll test that. we'll send people for sleep studies at home sleep Studies. And, you know, vasculature is a part of that as well.

If someone has a vascular disease or anything with a heart, we'll want to test cholesterol and their levels of cardiac inflammation or SDL, oxidized LDL and all these fancy words to look at how cholesterol is being used in the body and if they're at risk for cardiovascular disease.

And then APOE. So we know that genetics, you know, it's part of our structure if that increases one's risk of dementia. I mean, we like omegas, that's a huge one.

And I see everybody's own omagas. We know the link with vitamin D as well. so we're looking at these key nutrients. we use micronutrient analysis to look at the levels and optimize them through diet, through supplementation.

Amazing. And then I think as we go through that list, it really becomes apparent that not every person is going to have the same imbalances. What we're looking for at a high level is an imbalance, that there's too much, too little, in the wrong place, at the right time, of all of these different things, all these categories or buckets like you are describing.

We want to optimize through creating balance, providing more if there is too and getting it out if it's to much. And in that scenario, when we can support balance in a complex system, we get better function at the neuronal level, which is fun to see.

It's so fun when you get to someone get the benefits of that. I'm curious as well, you know, this foundational plan, are there supplements that you've seen particular success with that?

You are sending people home with for the most part, right? Like, of course, talk to your doctor, make sure that these are safe for you. But generally speaking, they're relatively safe supplements and people can just get started with.

Yes, omegas and vitamin D, pretty much everyone is on the low level there. So we're starting everybody off on good levels of third-party tested fish oil to get their omega-3s and a vitamin-D supplement.

Creatine, there's so much great research now about creatine for the brain and increasing energetics of the bring. I tell my patients all the time, think of your brain like a battery.

We want to increase all of that voltage that we possibly can. It's so often that when we were doing EEGs at the office and we could test people's voltage of their brain, they'd come in and everybody was low and then they get into ketosis.

or they would be on creatine and increase their fish oil and that voltage would go up. So anything that can increase the energetics and take away the stress and the inflammation on the brain is the direction we want to go.

Lithium now, lithium has also a great research even in small doses of helping stabilize mood and increase brain optimization. I like a nootropic blend, something like quality of mind to help with just being an overall like multivitamin for the brain.

When I personally take that and I find great success with that. And then, you know, magnesium and those things, especially if somebody is not sleeping well or having difficulty with bowel movements and ketones.

Yeah. Super helpful. I think we've both seen these transformations in patients. Is there one thing that stands out as the most important? I Think keto.

Well, so like we said, everyone has a different set of labs that will come back. And I like how you say smoking gun, right? There could be a smoking that comes back and it's usually a combination of different things for people.

But especially in the beginning, when we're waiting for that data, I have seen such incredible, significant changes with people just getting into ketosis.

It is without a doubt the first thing I say, we have to try this. We have too. I would feel like a bad doctor if I didn't say let's work on your diet first to get some movement because food is medicine, you're ingesting it every day.

And there are people that it makes a world of a difference by getting in to ketoses. safely with your doctor, checking your ketones, et cetera. But that would probably be the one thing.

Yeah. And for someone who maybe can't get into ketosis or who's worried about it, I guess maybe the better question is, what are the challenges that you see people face and then what helps them to overcome them?

The structure of the diet, you really are trying to lower carbohydrates very minimally and increase that healthy fat. So you're switching the biochemistry of body to burn the fat as fuel and not carbs.

That alone can be hard for people to, especially when they eat a standard American diet that is very high in carbohydrates, to go into that lower side of carbs and higher fat when we've been told for since the 90s, I think, to not eat high fat.

That's hard. It's difficulty just making that mind shift. And also, for some people, they're on the frailer side. We don't want them losing weight. They might start to lose weight if they are decreasing carbs.

So we do have to be mindful about weight loss. and get them on lots of high fat, checking weight frequently, maybe putting them in ketones to start if we find that keto isn't appropriate for them at the beginning.

Making the shift, if weight is a challenge, blood sugar, people that are already high in bloodsugar might have a difficulty with making that switch, but often once they do, those numbers plummet.

It's amazing. They can reverse their diabetes right away. And then, you know, it takes a lot of resource. So being able to have good quality food that you can cook at home and that, that's how you will be more successful with getting into ketosis and not relying on food from a restaurant.

but it takes effort and time and resource. Some support. And support, absolutely. Yeah. I think generally speaking, do you feel like ketosis is what people struggle with the most?

Are there other components of the program that, you know, it's so funny, because as we're having this conversation, I feel some of my favorite patients are the ones who come in with Dr.

Bredesen's book or my book, and they're like, with what you guys wrote, you know, but I want to take it to the next

level. That is such a luxury because those foundations are in place, right?

There's always some fine-tuning to do, But they've really taken the initiative, they're committed to process, They've already gotten maybe some of that benefit and they want just level up.

And so I guess I'm curious from your perspective, like what is the difference between the patients who are successful and those who're not? Well, that's a part of it, right?

If you already come in with that motivation high and the ball rolling, you're in ketosis, there's more room for success there. But also the support. I think that is the biggest thing.

When people have a family unit around them, a football team around, them a team of support, Those are the more successful patients. It's a lot to keep track of supplements and medications and doctor's appointments and exercise routines and meal prepping.

So having more people and more resources to help with that support and care team is ultimately how people can be more Yeah, when both the patient and the care provider, like the primary person who's there day to day, they're on the same page.

When they both want to be engaged in this program, that is the ultimate success. Now that being said, I've had patients who have been so impressive. They don't have any support, and they make it happen somehow.

It's incredible. And there's always, you know, caregiving can be a burden. And so there is a recommitment. We fall off track, things go sideways, something comes up, we get tired of it, and we give up for a bit.

But how do you see people get back to it? Or is there something that makes it more sustainable? The care partner? All of it, the whole thing. I mean, more support, yeah.

And having that time for themselves where they can rebalance and ground and get back to what makes them feel joy and happiness. The biggest motivator for people too is when they have a little win.

If they get into ketosis or a good night's sleep, if they do something that makes feel a bit better, they're more motivated to go in the direction of feeling better.

Absolutely. So with you, you have your APOE 3-4. Yeah. What are your big takeaways? What do you do personally to protect your own brain health? Oh, I love this question because it's my life and I'm so passionate about it.

I do so much because I have seen what happens with my grandparents, but also I get motivated by how I feel in the moment. I feel so much better mentally when I'm sticking to my exercise, when am sticking the diet, and I am doing things that bring me joy and am taking my supplements.

And I can tell when a stray from that. I come from a, the reason I went into naturopathic medicine, I dealt with a lot of depression growing up. I come from that mental health history and it took me changing my life holistically and working on nutrition and all of that to feel better.

I was on many different medications and unfortunately they didn't work for me. They worked for some people. But it was the holistic medicine that worked and that's what ultimately brought me to naturopathic medicine.

But now when I think about brain health, I do my exercises, strength train, run, have a mix of cardio, go to Pilates a couple of times a week. I try to eat healthy because it makes me feel good, eat whole foods and get lots of good healthy fats.

And I eat paleo or cycling to keto because in the moment I feel mentally so good.

Core Supplements, Ketosis, and Treatment Challenges

In the future, it's preventing cognitive decline. So, I can break it down a little bit more, but physically I was an athlete, so I really lean into that.

It's easy for me to do. I understand that's not easy everybody, because that is where I pull the lever. Work out every day or go for a walk or move my body some type of way every And with diet, I have to eat my whole foods and eat healthy fats, lots of avocado, lot's of eggs, good protein.

And I do a lot of meditation and breath work to limit my stress, be in the moment. I go to yoga, pilates, take my omegas and magnesium for my supplements.

and find what brings me joy. Because I can tell if I'm straying away from hobbies and things outside of work that don't bring me Joy, then I cant show up my best self.

Yeah. So that's really inspiring to patients, I think, right? You're working full time. It's not like life is empty for you and this is your full-time job to take care of your brain.

You are adding these things and incorporating these into your already very full life. And is there something that helps you to do that, to recommit to that if, you know, like you mentioned, I can tell that I don't feel as well if I fall off.

So like if you go on a trip or, people are here from out of town, whatever it is that makes you fall of the wagon, how do you get back to it? I have like my buffers in place that I've learned over the years.

And so I Have a trainer that all commit to go back to seeing. Accountability. Yeah, it's all about for me. It's accountability. Mel Robbins, I'm sure you're familiar with Mel robbins.

She talks a lot about the five second role and how you have to count down really quickly to yourself. Five, four, three, two, one to get out of bed. because our brains are wired to do what's easy and do it feels good and, you know, try to tell us any excuse to not get out of bed.

That is me with everything. So I like to have my accountability in place, my buffers in places. So when I get back from a trip and I don't want to get into working out, I'll schedule something with my trainer, or I schedule a workout class with a best friend, something to kind of re-motivate me.

With food, you know I wear a continuous glucose monitor, that's really motivating because I can see the data in real time. I will set alarms on my phone.

I really like reminding myself to do things. So like when to get ready for bed. Um, I have a gratitude alarm every night at 8 p.m. And that's a really great way to draw me back into my gratitude practice and, you know, looking back on, um, my self care, am I checking in with that?

So it's the accountability. Yeah, you and I both wear oar rings, and we've worn continuous glucose monitors. And I think this idea of measuring, it can go both ways.

Some people have a lot of anxiety around it. Like, am I doing it wrong? What is it going to say? I'm being measured. In my experience of it has been that when I am being measure, I make better decisions.

It changes my behavior for the better. I eat better when a have CGM on because I don't want that blood sugar level to go up. When I'm wearing the aura ring, I make sure I get my steps and I got my activity in.

And I am going to bed earlier and drinking less frequently because I know it's going affect my HRV. Right. It's kind of a way to gamify it. As long as you hold it loosely.

They're not perfect tools, but they're really useful tools. I agree. I think all of the data is knowledge and it's power. All of that is power, like me knowing my APOE34, that's powered to me to take accountability and take control of my health because I know that I can prevent cognitive decline and dementia.

Yeah, because we're seeing reversal all the time. Exactly. We can reverse this and we can certainly prevent it. Yeah. What sort of takeaways do you want to leave our listeners with?

If there was one thing that they should know about optimizing their brain health? Oh, wow. One thing. I think one Oh gosh, I want to say so many things.

I know it's never just one thing. We also go in a different… Here, why don't we do this? What brings you joy? Being with my dog and being on the beach.

Running on a beach with a dog. And that's all the things. That's a lot of brain health protection, right? You're exercising, you're connecting with nature, your connecting your dog, like the mirror neurons of seeing your do happy and you get to be happy.

And I'm sure there's community. You run into the same people in your neighborhood who are at the beach. So I think that there is the genius in that. It's like, OK, how do I, the way I thing of it is like check a lotta boxes at same time.

How do incorporate a lot of my goals into one activity, because life is full for all of us, right? And so when you can be in community, be outside, physically active, connecting with people, and then also the purpose and meaning that comes from caring for an animal or a child or loved one at any age, that also is so helpful for the neurochemistry of our brain.

And that is, if I could leave one thing about brain health that I wish everybody knew, it would be how important joy and purpose is for your brain. If you lean into that, you ultimately will end up taking better care of yourself and addressing the diet and the exercise and those things that come with it.

if you can lean in to what brings you happiness and joy, And that, I mean, that's a life well lived, right? And it's the reason to still live longer. We see it.

There was a recent study. I know you're familiar with it, but for our listeners, there was recent a study out of Northwestern in Chicago. And they showed that superagers, which they defined as people who were 85, who had the brains of someone 55, or if they were 87, the brain of somebody 30 years younger, regardless of their age.

What they found was that the single thing that set them apart It wasn't a supplement, wasn' an exercise, it wasn a diet, It was in any of the things that we've kind of been talking about.

The common denominator for super-agers was that they were connected to a peer group. They had connections, they had social connections that there were regularly engaging in.

And I think we're like over-connected electronically, but disconnected in real life. And, I do think that this is something, especially for the generations who are coming behind, right?

The people in their 70s, 80s they've had a lifetime of in-real life connections. But people their 30s 40s 50s even, a lot of their connections are online and it's just not the same.

That is not going to get you super aging status. No, it's going to increase your stress and your risk. Are there any patients that stand out to you even from the past week or two?

Absolutely. Well, we just had a patient today come in. He's been hospitalized for the last couple of weeks. Something didn't seem right. His blood pressure was through the roof.

We were trying to run tests because he was experiencing significant cognitive decline over the first two years, actually since being diagnosed with Hashimoto's Thyroiditis.

So we're trying to get some more information. His blood pressure was high. He wasn't feeling so well during the

blood draw. So I sent him off to the ER.

Something didn't feel right. And he ended up having many strokes. But now he's a different man. He came in, was so grateful that we found this. Yeah, gave him good medical advice.

We found it and saved his life, I guess. But he is now so motivated that he knows this is his full-time job. He was a high-functioning entrepreneur, putting work ahead of his health, and now he's so re-motivated to do this, And I know that will help him cognitively because we know there's much to even just with vascular health there.

Yeah, and I hope that that story… I would love for that to inspire people so they don't have to get to that point where they're going to the ER with strokes, that they can be making…

find that motivation before it gets to point. I think that's one of the big things from my experience is watching people with more severe cognitive impairment improve is amazing.

But every time I see it, I wish this had never happened to this person to begin with. If we could have intervened earlier, Those first signs. Yes. There's so much suffering that can be avoided.

So an ideal patient, what are those signs? What drives someone in to see you? Great question. I had this patient a couple of months ago. She's in her 60s.

A very high-functioning entrepreneur owns many businesses, but words weren't coming as easy to her. But she felt like she wasn't as fluent in meetings.

something just fell off. You know, her short-term memory was declining a bit. Others around her did notice it too a bit, but it wasn't enough for her to have to quit her job or anything.

It was those first signs. She ended up running those tests on her own, the biomarkers, with PTAO-217 amyloid beta ratios, which did come back abnormal, and decided to seek help for that.

So she found us, thank goodness, because that is the perfect time to intervene before things get too late.

Sleep, Hormones, and Supportive Therapies

And you're at a point where you have quit your job, Right? So we got her into ketosis. We got around all those good supplements, we optimized her hormones, and it was night and day.

I mean, she was so thrilled because she didn't have to quit her job and sell her businesses. She was more fluent in her meetings. Things totally shifted for her within less maybe three months that's amazing right it's so possible it so much easier when we intervene in those earlier stages than when were trying to intervene and the later stages and we do need the support network and yes she at that stage she can do it all on her own she could do at all but I must say she is at risk she had we did imaging on our brain and not signs of what would be associated with Alzheimer's right now, but we are seeing a large area of her brain that was injured in her 20s when she had a traumatic brain injury.

That lasts, right? That will increase her risk of dementia later in life. She also, one of the main reasons she sought help in the first place, yes, she was experiencing some word finding some early stages, but she saw what her mother went through and she lost her Mother to Alzheimer's.

So she has that genetic risk as well. If she were to go off on her own, I would worry that later down on the line, she would develop dementia, But she had done so much now to prove that it is preventable 100%. Yeah.

And even reversible at this early stage, of course, Now, you mentioned p-tau-217, that you've mentioned NFL, and you mention A-beta ratios. Yes. So talk us through that.

Who should get that testing done? What does it mean if it's abnormal? I kind of struggle with this. When should people start doing it? Because I think if you're under the care of a doctor who can explain the answers to you, great.

The knowledge is power. However, people are getting it tested on their own and it's causing a lot of fear. Like in this patient's case, already thinking she had Alzheimer's and was gonna have to quit her job.

So the PTAW-217 amyloid beta ratios, NFL, these are biomarkers that you can now test in the blood. So, PTO and amyloid people were testing through spinal tap and CSF.

Now, we can do it in the blood within the last few years, and they are showing higher rates of amyoid pathology in So it could be indicative of earlier signs of a neurodegenerative process like Alzheimer's.

And it would be that there's something else going on that we need to investigate. You know, the NFL could show that their brain injury from a traumatic brain injuries.

We've seen with Dr. Bredesen, right, that the PTAL-217 might increase when somebody gets into ketosis. Yeah, it reflects neuroplasticity. It's very high in children.

Exactly. So not directly diagnostic, but a great tool for us to use along the way. And I do like looking at those values and getting a baseline and especially prevention patients and for people maybe in their 30s to start testing every six months or every year and watching that pattern over time.

Yeah, I think this is an important conversation because like you, just this week I had a patient who, she left the office distraught and she sent an email back after we had gone through her labs and we talked about it, but it is one of these life-changing diagnoses, particularly when you have, like she did, this experience of watching your mom or dad suffer.

Is that what's happening to me now? And the stress around that is profound. So she said she called her sister and she was crying. And I think kind of like getting a cancer diagnosis, as soon as you see that those markers are abnormal and you know that they're associated with Alzheimer's, you kind don't hear anything else in that visit.

Right. That's part of why I want to have this conversation here is because I anyone listening, when you those numbers, they are an invitation to do the work.

Exactly. Right. They are indicative of a neurodegenerative process, and that is terrifying. And they aren't indicative Alzheimer's dementia. Right, they are.

Indicative of Alzheimer disease in the very earliest stages. A lot of people are familiar with the language and they've heard on TikTok or Instagram or wherever we get our medical news these days.

We've heard that Alzheimer's disease starts decades before symptoms start. That is what we're talking about. We're taking about these earliest signs that something is pathological in the brain.

And so it doesn't mean that you have dementia. It doesn' mean you are in next year going to be dependent on everyone around you. and become a burden to your family.

It doesn't mean that. What it means is that now is a great time to get started with everything that we've discussed today. Exactly. Now is the time you get the rest of the testing that will help us understand why there's a neurodegenerative process happening so that you can turn that around and get that brain into that rest, digest, heal, connect, regenerate mode.

Out of that fight, flight, freeze, defend, attack mode And that is a process that does take work, but whenever you see those numbers that are abnormal, that's the infatuation, saying, come, let's go through this process.

Right. Then with APOE as well. Yeah, APE is another one that can be really scary. And I remember patients 10, even 10 years ago, they would say, well, why would I get that done?

It's just going to keep me from sleeping at night, which is going make it harder for my brain to be healthy. I think now, as you mentioned for you, it's empowering.

It gives us this opportunity to make better decisions for our brain earlier on so we can prevent that pathophysiological process from happening. Right.

I hope that is something that will be available to everybody starting at 30. Same. Yeah. The more we know the earlier, the better decisions we can make.

And you just reduce your risk of everything else. Right. I think the side effects of this process is better health in general. You mentioned reversing diabetes and addressing vascular health.

Decreasing inflammation all across the board. Yeah. You know, I'm curious what you think of the, you mentioned weight loss, decreasing inflammation. What are your thoughts on using GLP-1s, things like Ozempic or Zepp Bound, Monjaro, semiglutide, trisapatide.

These are some of those GLPs that are out there that many people are taking, many are on and using. Where do you see their role being in the Alzheimer's and dementia space?

I see a big role there. especially because we know that Alzheimer's is considered type 3 diabetes, and the rates in this country of metabolic disease are sky high.

So I do see that for both prevention and part of a treatment plan, they can be very useful in either reversing metabolic diseases, diabetes. They also help significantly with cholesterol and heart disease risk.

they are very anti-inflammatory. So getting people out of that risk, that metabolic risk itself is huge for the brain. But there's also studies that are now showing how it can decrease neuroinflammation.

So we're seeing it help with mood. It can actually help cognition. You know, part of it is you're decreasing the glycotoxicity, the blood sugar component.

It has to be done right though. With any medicine, with any supplement and food choice, we wanna be mindful that we're doing it right. We're going it for that patient, that individual.

So I do worry about, especially in the older population, significant weight loss. I wanna make sure that they're getting enough caloric intake, taking something like creatine to help with muscle maintenance.

exercising and really pushing the muscle so you're preventing muscle loss and encouraging more fat loss. And then, you know, making sure they don't become frail ultimately.

But I do see a big space for that if it's done correctly at the right dose with the help of a provider. You also want to make sure that the side effects are being minimized.

So we talked about weight loss, but the GI side-effects? I mean, part of what we do is we're trying to detoxify people and get toxins out and make they're having good gut health.

We know that mechanism of these drugs are to slow gut motility. I don't want someone to end up with constipation. or have any gallbladder issues or pancreatitis as a result of them.

And a lot of that goes back to the dose. So if done carefully with a doctor, I think they can be very helpful. Yeah, they're an effective tool. Peptides in general are an affective tool, are there other peptides that stand out to you for use in our population?

Absolutely. So the GLPs, VPC 157 has really gone up on my list more recently because it's so safe and we're finding that you can take it orally and it can help so much with the gut and improving gut motility and decreasing gut inflammation.

But also with neuroinflammation, I'm seeing people are like, oh, why have less brain fog after starting this? Can think clearer. So there's so many benefits and it helps with rebuilding collagen and joint and a lot of those issues we see in older populations as well.

Yeah. Any others that stand out to you? Any specific neuro, like I said, napthogenic, neurogenic kind of peptides on your radar? I feel like we just had this conversation with the patient the other day that I don't really recommend those.

Yeah. I haven't been impressed with any that are directly for neurogenesis. The indirect effects of something like BPC157 have shown improvement in brain health and cognition, but indirectly So the other ones that are supposed to be more for the brain, like cerebral lysine, I don't get huge benefit in my patient population from those.

And because they're more costly, harder to get, um, i don' typically recommend them. Yeah, same with C-Lynx, CMAX.

Personal Brain Health Habits and Accountability

So people might have seen those out there and then they are asking about them and my clinical experience with them is that their side are like, ho-hum, Yeah, maybe a little bit.

Maybe a bit in the beginning. A little increase, but it's not usually something that's sustainable. And then there are also, I think, sleep peptides. So we could have a whole conversation about sleep, But sleep peptides are another place where I see that.

Where I wish there was a sleep Peptide that really worked. I agree. There's just not one, like the one for weight loss. Man, those work. The ones for gut healing, they are amazing.

So if those are your problems, there's a peptide for you. I agree. With some of these other issues, There's not yet, I guess. But what about for sleep?

Sleep is so crucial. You mentioned sleep apnea. Good sleep is crucial for the brain. When people hear that and they're like, yeah, but I can't, what do you recommend?

How do talk them through that? how do help them achieve good sleep so they can optimize brain health? That's a great topic because of how important it is for the brain.

Absolutely number one is, I'll go through what is your sleep routine. So when are you going to bed? What are doing before bed. Do you have proper sleep hygiene?

Is it cool enough? is it dark enough. Are you winding down? You're not watching some really intense movie right before bedtime. And then when are you getting up?

Were you going to bed waking up around the same time? Are you giving yourself enough time in bed? That was my issue. I was not giving myself, I doing all these things right, all the things.

But the one thing I wasn't doing was getting enough in time bed to get proper sleep. And once I did that, shifted my bedtime 30 minutes earlier. I'm getting beautiful scores in my aura ring now.

So we'll go through their sleep hygiene, see if we can optimize that routine in some way, get them winding down before bed, and then consistency is really nice.

And ideally, plenty of time before midnight so they can get into that deep sleep. I really like to see before 10 if possible. And then from their treatments, so whirling out sleep apnea, making sure that we're addressing sleep Apnea if that is diagnosed, progesterone for women.

So hormone replacement therapy, if appropriate. That's the, I think, top of the list, probably. Game changing. And we're not even there yet. Just so everybody knows, I don't take progesterone.

I do neither. It's because my patients tell me how amazing it is that I get so emphatic about telling people about the benefits. Same. Life-changing for women who haven't slept since perimenopause, menopaus.

Some women, who have slept because they were having kids still, it's just game-changing to get good restful sleep, and proesteroin does it so often. Now, some people can't tolerate it for one reason or another.

But if you can, oh my goodness. It's significant and it's so common that we see you go through menopause and then all of a sudden you cant sleep. So it makes sense that there's a hormonal component there.

Progesterone is probably the one that can make the biggest difference in women who tend to have more sleep issues than men. and magnesium, different forms of magnesium.

Magnesium glycinate is really calming for the nervous system. magnesium threonate, great for brain. I love those individually or in combination to help with sleep.

Relax Max, which has magnesium three and eight in it, along with some things to gaba production to calm and restful sleep at night. And inositol is in there too, right?

Which reduces the production of amyloid plaques. Exactly. And, you know, I like inositol just across the board because it can help with insulin sensitivity, so it's decreasing blood sugar, it is decreasing amyloid plaque accumulation, and it has shown to be anti-inflammatory.

I love inositol. And it sweet. It's sweet! It tastes good! I… It is my hack. Yeah. Sweeten my yogurts and my cottage cheese or anything that I don't want to put, like, a sweetener in.

Like a honey-er, yeah. If I add the inocitol to it. What about tea? I don't add it there because of the consistency, but if something like a yogurt bowl that already has a different consistency…

Like a chia pudding or a keto oatmeal or something. Yeah. So magnesiums, progesterone, sometimes a little bit of melatonin, like 0.3 to 0,5 milligrams can be helpful, especially if you're having difficulty with falling asleep.

because we do see that some people have a disrupted circadian rhythm. So their cortisol can be jacked up at night, that stress hormone, and inhibiting the melatonin production naturally from the pituitary gland.

About 0.3 to 0,5 milligrams might help with staying asleep. Some 5-HTP or tryptophan might be nice as well for helping with stay asleep. I love L-theanine.

L theanines wonderful for staying asleep, I found that the things that are very calming to our nervous system, so the magnesiums, GABA, valerian, passion, flour, those things to help calm the nervous systems, prevent cortisol spikes can be great.

I can't believe I almost forgot that one. That one literally breaks down cortisol. So that's often what's happening when we're waking up through the night is we are having these small cortisol surges.

Our stress hormone is going through night, whether that is from what we carrying through day or blue light, something that telling our body to release.

And so that phosphatidylserine helps to break down the cortisol so you're not getting that same spike. So that's

another one, actually, that people are like, wow, this saved my life.

I can now sleep through the night with this. That's a big one. Any other big takeaways from the looking forward kind of tech space? I know we talk sometimes about red light and saunas and cold plunging and the biohacking techspace.

Are there good takeaways for a population either at risk or experiencing some dementia? And of sauna therapy. I think because we see in the literature showing that it can increase heat shock proteins, which can decrease amyloid in brain, decrease inflammation, protect the brain.

But it's also detoxifying. So there's the studies that show, right, that you have a total decrease in all-cause mortality the more that And that's one of our major organs of elimination is through our skin, through sweat.

So if we're increasing these great things for our brain, but also decreasing the toxic load that can have an effect later on, I just think, why not? It feels good, it's good for your nervous system.

It's a great addition to your workout routine, if possible. What about red light therapy? I also love red lights. I think of, right, that battery. But I always, I'm like imagining a Sims character with like a battery pack over someone's head.

And how can we increase that? What can do to really juice that up? So energetics, so anything that's going to pump more blood, pump, more oxygen to the brain.

Early Detection, Biomarkers, and Prevention

Red light can directly stimulate energy within the mitochondria of brain cells. So cool. It's amazing. And we had that one patient who he was affected by the Palisades fires.

Unfortunately, he didn't lose his house. Thank goodness. But there was a lot of smoke damage, chemical toxicity. So he had to get out of there. He was telling us how he went to Mexico.

Mm hmm. Didn't take much with him. You didn' take supplements. Was eating chips and guacamole. Not on the diet. And he but he did take the red light. Yes.

And we saw some pretty incredible changes. Oh, my goodness. He did, you know, he was good about meditating and doing those other things. Not great about getting into ketosis.

But he. Was so consistent with the Red Light and he had been on the program program for like a year and a half or so, maybe two years, and you was getting some benefits.

but there was this like it was so crazy to see that even in 2025 after going to Mexico and falling off a lot of it with a redlight. his brain grew. It was crazy.

His brain grown. On the imaging. We saw that his bring grew in size. The before and afters of the blood perfusion, I think that was the most significant to see that.

I mean, still pinch myself how cool it was to experience that, to sit within two years. He was under significant stress with the palisades fire and it wasn't perfect.

But this one thing helped significantly with blood flow and growth of his Yeah, I think with what we do, because we're doing so much at the same time, it's hard to say, okay, this one thing makes this, you know, creates this big improvement.

But with him, he sort of like reduced the variables and just did that. And it was such a reminder to me how powerful red light therapy can be. We've had other patients who say in the first month, her energy was better.

I noticed she was improving. And I think for most of us, especially if we aren't super progressed, you don't notice it day to day, but after 30 days of doing it, it's like, yeah, something's different compared to a month ago.

Exactly. I often have patients ask me, well, what would you choose? You know, if I could choose between this and this. Breath light is easy because you do not have to do anything.

It's easy, right? It is so passive. You can wear it as you're washing the dishes or meditating or laying down. You don't have to be doing anything. So you can do it every day.

I wear my red light face mask every and I love it. It's just easy. Yeah, it's easy, passive. The downside is it is expensive. But if you think at that economy of scale of sharing it with between a few people, like I have a mother daughter I saw yesterday and she was like, all right, we're going to get it because mom's living with me now, my husband can I can use it.

I'm going to put it on my son. He has anxiety." And it's like when everybody in the household can start using it, it seems like it makes sense. Exactly.

Or if you're local, come to Soliceri and use our brain gym. Right. Good point. Anything else you want to share with our listeners? I would love to talk about my one patient who, you know, this individual, he's in his seventies and he, similar to the patient we were just describing, had these things going against him, right?

Like he wasn't in the palisades fire, but he was, within the time we had been working together, diagnosed with inflammatory bowel disease, was having significant GI symptoms where he losing weight.

He was really unwell. Wasn't able to keep any food down. And he still increased his mocha from a 19 to a 22 within five months, doing all the other things.

So things are not going to look perfect. And you're not gonna be able to do everything. But when you can still put the effort into things, like he was still doing red light, he's still taking his supplements and reducing his homocysteine and increasing his omegas and trying to eat as, you know, best in that keto direction.

He still improved his cognition. Yeah, so good reminders to, yes, thank you for joining us to listen to this podcast and hopefully you can enjoy it with someone, maybe chat about it, play some cards, do something to go for a run on the beach with a dog, go do some thing that you find joy from.

Any other final thoughts to share with our listeners? I'm just so grateful. I am so thankful for the people in our community. The people that we get were lucky enough to come into our office.

People that believe in this and that are willing to have the courage to do this. It's not easy, but it can change lives. It's never going to be perfect.

You're never gonna do everything right. Things are gonna come up. Life is gonna happen. We're still aging. But you can get the benefits of this program when you commit to it and you do as much as possible.

Right. Rachel, it's such a pleasure to have you here every day. Thank you. Um, but especially here on the podcast to share all you've learned and, and all we are learning together about helping and serving this population.

So thank you, thank Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review, and share this episode with someone you care about.

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