The New Standard of Care for Cognitive Decline Is Already Here Transcript

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Summit Welcome and Yearly Update

Hello and welcome back to the Reversing Alzheimer's 2.0 summit. And I am here today with my co-host Doctor Kristine Burke, and we are going to be giving you an update as to what you can expect in this year's summit, how it builds upon what we did last year, and all the things you can learn when you join us this April for the summit.

So, Doctor Burke, welcome. Hi. Nice to be here. I'm so excited about the summit that we've pulled together this year. What a time for talking about reverse Alzheimer's.

Ultimately, those of us and I would say those of you, because this is your work, I've been sort of implementing these ideas in clinical practice now for a number of years.

I've seen firsthand what's possible when you use a different way of treating the brain. That is the standard of care. But I would say if there's one thing that happened in the last year, that's probably the most exciting, it's sort of, continued accelerated progress toward proving that this is, this of the results that are possible in your practice, that these are possible generally.

Yeah. I agreed with completing the study and the dimension reversal clinical trial study and analyzing those results, getting it into pre-print and now in submission for, the Journal of Alzheimer's Disease is really a monumental milestone for this work moving forward.

So great. So I know that you have done an interview with Doctor Deborah Addison and Doctor Kat Toups all about the study. If people want to know more about it, what will they learn if they come onto that?

And to be? Yeah, well, the study was a randomized, controlled trial over three years across six different sites in the country. And we were looking at a precision medicine approach to reverse cognitive decline and early Alzheimer's disease.

So the key results were that precision medicine group was compared to a control group. And in the precision medicine group, we saw substantial improvements in memory and cognitive performance.

And, cognitive symptom burden improved and overall, we had a 92% reported improvement rate, which was really cool. And in the standard treatment group, because this is the gold standard, right?

The randomized controlled trial where we compare the intervention to the control group. And in the control group, we saw minimal symptom improvement. We actually saw declines in memory performance as opposed to the stark, improvement that we saw in the intervention group and declines in memory and cognitive performance.

So really, really strong, statistically significant. If you're into statistics, the p values are less than 0.001. So that means less than 1 in 1000 chance that these results occurred by chance as opposed to as a result of the intervention.

So really amazing outcomes. I know that, you know, for the last decade, Doctor Bredesen has been, you know, working to essentially prove that this methodology or his methodology, you know, can be effective.

What does it mean for the industry to have a randomized controlled trial compared to some of the other data points that have have come together over the last decade?

Yeah.

RCT Results and Clinical Significance

Well, in a randomized controlled trial, as opposed to what's been, shown before with the pilot study, you're comparing to that control group. So when you compare it to the standard of care, then you really have the opportunity to say this intervention has a different result, a different outcome than what that does.

And that's what makes this really, really groundbreaking. Wonderful. Well, I would encourage everyone who is listening to this to make sure to check out that interview, because you have three of the leaders of this movement, you know, really bringing to light what they learned from it.

And, and to see what the implications are for both caregiving for patients, for clinical practice and for the standard of care. I'd love to just say, you know, obviously, over the last year, we've, we've taken a lot of ground in trying to think about, okay, well, how could this become the standard of care?

And, you know, I guess I'd love to just start by just asking, you know, that the doctors that were chosen for that study, you know, they have a lot of things in common, but one of them is that these are people with deep expertise, experience.

People have been doing this medicine for a long time to get those kind of outcomes. What out of that gives you hope for a new standard of care? And one out of that gives you some, like, trepidation.

Well, I think one of the interesting things is that almost all of us are family physicians. And so that's really a big paradigm shift in terms of how we think about the treatment of this disease being kind of an end stage diagnosis and then a referral to neurology for management, really management of the decline.

That's typical of that disease. And now what we have is this opportunity for primary care to become the place where we identify the earliest changes in cognition, the earliest changes in memory, the earliest changes really in how proficiently a brain is working.

And we can implement these interventions then to hopefully prevent that progression to what we've now shown, we can we can reverse on the other side. So that's a very exciting change.

I think, you know, one of the things that makes this work challenging is that it's an enormous amount of data to to integrate, to synthesize and to develop a treatment plan based on that functional integrative precision medicine, paradigms of systems biology and the system interconnectedness.

And so that's definitely one of the challenges. And I think that's one that you and I have been working really hard to solve with true neuro, creating a system of organization for clinicians to be able to do this work.

Well, absolutely. And yeah, just to flesh that out for people who, you know, listening to this for the first time, Doctor Burke and I and are in the process of looking to solve this problem.

And, you know, one of the things that we would love to see and that the vision for the company is that this could become the standard of care and that ultimately that, that cognitive decline would be something that, you know, you you it may still happen, but it would be unlikely, or it would be that there would be a standard of care available to everyone where where cognitive decline would not be the standard outcome.

And ultimately, you know, one of the things that has to happen for that to happen is we have to really, the work that has been done to the next level, specifically, is making it easier for practitioners to do this work, because I have so much reverence for all the people that have come before us and have proven some of these outcomes.

But ultimately, you know, that level of commitment to decades of training outside of the standard of care is not something that I think we can expect of every doctor, and therefore we have to really start to think about how to, to make that easier.

And I would say over the last year, one of the big things is establishing the technology, getting it out, getting clinics, using it, and then being in a process to mentor other clinicians.

Primary Care, Training, and Network Support

What's it been like to sort of put on a mentor hat every week and support clinicians who are just finding their way into either finding their way or looking to accelerate their ability to deliver this to that community.

Yeah. Well, I mean, you know me very well. And so, you know, I love teaching. And, you know, I've been teaching for various organizations and, and, you know, various with Loma Linda University and other other organizations.

And so I've used all of those skills in my own center as I've trained clinicians that have joined our team that's now, you know, grown to five, five practitioners.

But it's been fun to bring that into a new group where it isn't necessarily people who are coming in and working with me. It's people in all of their different practices and their different ecosystems and even different specialties.

And so bringing that group together and having the opportunity to teach about the work that I do, that we do at our center, that we've done what we've accomplished in the study and then get feedback from people and hear different ways that they've been able to either incorporate things or tips or tricks that they've uncovered in their practice, and then having that group of people together, really elevating each other, has been a piece of that that I didn't really anticipate.

Yeah. Wonderful. Well, the good news is that if you're listening to this, that the, you know, the network is being built to be able to be supportive of everyone, to have this sort of standard panel certainly take some time, but we're both deeply committed to that process, as is, you know, everyone who's involved in it.

I just wanted to share, from my perspective, one of the the great things that I've learned this year, a sort of a unifying moment for me, was coming to a conference and hearing Doctor Bateson speak and him talking about the strategy that you're working on, the idea that Alzheimer's is a function of what he called network insufficiency.

So biological networks in the body breaking down, becoming insufficient, and that leading to what we see is all same as and that's in pretty direct contrast to if you look at, say, something like the Alzheimer's drug discovery pipeline, where you're essentially looking for, you know, what is the mechanism of action that we're going to test, and then what molecule can solve for that mechanism of action?

And what what struck me when I saw the diagram of that pipeline was that there were 14 different mechanisms of action that were being worked on. So either one of those will be right and the rest will be wrong, which I think if that had happened, we would have already seen more progress than we have.

But the fact that a Networks of Insufficiency paradigm works on 92% of the people tells me that it it it sort of, it brings Doctor Patterson's thesis that this is a multifactorial illness.

It seems like it couldn't be more obvious. And I really appreciated the network insufficiency paradigm because I wrote a book on, I would say, network insufficiency, which is really about what happens when loneliness and what are the health effects of loneliness, and what are the health effects of not having a community by which to implement the healthy behaviors that would allow your biological network to be sufficient?

And then even beyond that, the work that both of us are involved in now is to build networks, efficiency of clinics that can deliver on this paradigm.

And so it's been amazing to just spend time into that concept, because I just see that actually, if you if you sort of take a step out, there's one consistent theme that goes across all of these areas.

And I think that part of my what I see between maybe like now and at next year's summit might be the popularization of the concept of networks efficiency as sort of a lightning rod to really understanding how do we work together to bring back human health.

Yeah. I think it's such an interesting concept really, when you think about it. And, and it does really contrast with how we have approached chronic illness in particular, in medicine.

And just the idea that, that we have this very complicated degenerative process in, in a number of different disease states and that we could have just one target that could turn that all around.

The more we learn about this, the more ridiculous that that really seems. But I think what we're those of us who are working on this particular part, the precision medicine approaches, are hoping, is that this combination of seeking out and correcting the root cause contributors that are leading to to degeneration, and specifically in this instance, neurodegeneration and ultimately Alzheimer's disease can potentially then in the future be combined with maybe anti amyloid therapies after you fixed the fire, right after you fix the underlying problem, then maybe there will be a place where these medications can be profoundly more effective than they are right now.

And I think that's what we're that's what we're kind of future casting or hoping that we'll see. Wonderful. Well, look, I'm very excited to be on this journey.

Network Insufficiency and Multifactorial Disease

And, you know, for anyone who's here, who's listening, if you're a patient or a caregiver or someone who's involved in that, you know, our hope is that we can really make it easy for you to find a practitioner that could deliver the standard of care.

And then if you're a doctor, how can we make it easy for you to launch a program or a clinic? How can we make it easy for you to launch a program to deliver these, you know, these, this kind of care, deliver episodes of care consistently.

How to track the outcomes so that we can see across the network of clinic where the best outcomes are coming from. And we can continually learn from that process.

And then on the other side of it is on the third side is really starting to see, you know, what, what would it take to build capacity for the network.

And that's going to be probably a life mission, but something that is as well worth it when you see what's possible on the other side. I wanted to just ask you, you know, one of the things that has happened this years, you've been on national TV talking about a completely different topic, or is it completely different the reversal of type two diabetes, you know, what is someone who is maybe one of the the leading lights in the world and reversing cognitive decline with with a precision medicine.

What what is the what are the similarities and differences with reversing type two diabetes when you were on TV? Yeah. So the the interesting part is that I actually found my way into cognitive decline work through two of the other chronic diseases that are highly prevalent in our society, type two diabetes, what you just mentioned.

And then also cardiovascular disease, the number one killer. And it was my work in both reversing type two diabetes, which is predominantly a lifestyle driven disease.

Your genetics may prime you to develop the problem, but it's your choices and your exposures that caused the expression of that disease. And so we can unravel that and we can reverse that the majority of the time.

So that's very exciting. Then my work in cardiovascular disease prevention, because we, you know, we have tools now that are available to us, lab testing and imaging that can really help us understand the inflammatory risk in the vascular system that leads to the the event, like the heart attack or the stroke.

So we can see these things coming long before we could before. And that gives us an opportunity to intervene. And then both of those things share common root causes the metabolic dysfunction, the vascular wall injury and leaky blood vessels that allow things to get into the brain.

So all of those share common mechanisms with what drives Alzheimer's disease or cognitive decline and neurodegeneration. It was really my previous work that set me up to understand the concepts that I needed to grasp, and to be able to apply and intervene on to reverse cognitive decline.

It's an interesting journey. Yeah. And ultimately, cognitive decline is infinitely more complicated because there are all these other potential drivers.

And I wanted to share one of the best experiences I've had in the last year was hearing your talk on mold illness, because I think a lot of practitioners who are just coming into this space are surprised and patience to to understand that, you know, mold can be a driver of cognitive decline and is a driver, frequently of cognitive decline.

And when you were doing your presentation to the doctors and the mastermind, the practitioners, what I sort of took away from it was this was, you know, so to 20 years of you going to conferences and learning and trying to package it in a way that, you know, this is all you need to know.

And obviously it's a very complicated conversation because there's diagnostic challenges, there's patient implementation challenges, there's all these different home challenges.

But you know, ultimately that that's the purpose of of true neuro is really to help practitioners identify what is driving the pathology. And it was really amazing to just sort of feel that the synthesis happening in real time.

Yeah. And I think you bring up a good point that there are two drivers that are frequently involved. Mold, obviously, as you just mentioned, is a very heavy one, and it acts as a heavy anchor that holds down the progress or drags progress that's been achieved back down once people have accomplished some improvement.

If we don't correct that, and then the other area is chronic infections. And like for example, I have a really interesting interview in the in the summit with Doctor Richard Horowitz, who has just had an article accepted into the Journal of Alzheimer's Disease case reports on using his own therapy for Lyme and tick related illnesses to improve the the cognitive outcomes for a patient, and actually to reverse elevated Peto to 17 levels, which is a marker that we'll talk about both in the summit and that is now becoming better known.

Root Causes: Mold, Infections, and Toxins

That tells us about the progress of the pathology of Alzheimer's developing in someone's brain. So all of these different pieces of the puzzle that are all specific areas that people have been focusing in, actually all coalesce to impact the ultimate neurodegeneration and the development of cognitive decline.

Yeah, that's such a great point. I'm really looking forward to watching that interview with Doctor Horowitz, too. And I know what a what a key role that's played in some of the cases in the mastermind.

I'd love to. You just share. Like so. One of the interviews I did with was with Doctor Christopher Shade. And, you know, one of the things that happened in between last year, this year was a dinner that we had.

And, when you were both teaching at, the cognition 360 conference and the sort of mutual recognition of a, of a key concept that we talked about there, which is that time is brain.

And I think from your perspective, and you can share if I, if I've got this right, that one of the things because when you're working with a brain that's in cognitive decline, you only have a limited window to intervene because the brain could be slipping away quickly.

Time is brain in the fact that you need to work out very rapidly. What's driving the cognition in a cognitive decline, you don't have time to wait. And so you have to do all the testing.

You have to get up to speed to what's going on. And then on Chris's point of view, it was more like, okay, well, once you have once you know what's going on, once you know what's driving it, then the speed at which you could

achieve outcomes is critical.

And a lot of that is getting the nutrition into the places where it needs to be in as a rapid way as possible. And so he brings the the idea of using the delivery systems that, that he's, he's worked on.

And, we also shared a little bit about some of the, the one of the tests that you used in the study, which was the determining the source of the mercury and metals in the body.

And so it's just, it was interesting to see a unified concept coming from two different angles that actually, like, you know, the amount you don't have time to wait when it comes to this disease category.

And, I'd love for you to just share you on your own thoughts on that. Yeah, that was really, a watershed moment of understanding, I think, for both of us, like you said, because it's like we're working on that two, two sides of the same puzzle.

You have to be able to identify what's going on, but then you need to be able to get those toxins out of that person so that you can stop the chronic inflammation and the chronic oxidative stress and damage to the cells and the nucleus and the tissues, the organs, that's happening as a result of those.

And so it was it was really interesting to see how we could bring those things together to try to accelerate outcomes. Yeah. Well, another great interview that I did was with Robert Silverman who I've known for a number of years since I, you know, functional form started in New York 12 years ago.

And you know, he talked about mitochondrial health and some of these other areas that really fit into the methodology. But one of the things that I heard and, you know, talking about that was interesting was zoning land LPs and their effects on, on, on Alzheimer's.

And I couldn't help but think about some of the lectures and, you know, sort of key theses on barrier, function. And so maybe you could just share a little bit about that, and then how you see that those two things, particularly on the land and LPs, fit into the overall picture of intervening through a network sufficiency model?

Yeah. So I think it just it brings us back to the concept that each of these different areas are connected in some way. And so, you know, increases in Sonja Lin increase the the gating in the gut to create leaky gut or open the channels in the gut.

And that can allow, you know, abnormal bacteria to get by larger proteins that can stimulate an immune response or, you know, low grade infections, various then toxins.

And then we have that same process being stimulated by LPs, which is endotoxin produced by certain types of gram negative bacteria in the gut. And that will then impact the blood brain barrier.

So it's these two barrier systems that we have the gut barrier and then the blood brain barrier that are really both in verbally linked in terms of protecting the brain.

And so having to focusing on supporting both of those barrier systems is one of the main ways that we approach preventing cognitive decline and then repairing the damaged ones is a critical step in being able to reverse cognitive decline.

And this goes into your specialty of the vascular system. What are some of the strategies and tools that you like for repairing, that dysfunction. And how do you identify that it's happening?

Yeah. So I mean, we know it's happening because we see the degeneration happening. It's kind of like, how do you know you've had you know, you have a leak. It's because there's a puddle.

And so this is a bit like that. Right. So we have the puddle that we're seeing, the neurodegenerative mess that

we're dealing with. And so we know that these vascular disruptions have occurred.

We know that these gut barrier disruptions have occurred. And so we have a whole toolkit that we use like in in repairing the gut barrier integrity. We have something called the car repair system that goes through a methodological methodology of steps that help to repair that barrier.

Barrier Repair and Clinical Team Approach

And then for the blood brain barrier, we have to remove the toxins that are creating damage. We've got to control the gut barrier. So we don't have LPs making its way up to the blood brain barrier.

And then we want to be repairing that inner lining of the blood vessels, both the endothelium and then inside that the endothelial glycol calyx with things like rammed and sulfate, a building block for that glycol calyx, that inner lining.

So it is there is there is quite a bit of complexity to how we have to how we have to go about doing it. But just like anything else, once you learn the patterns and you learn the methodologies, then it becomes something that is readily reproducible.

It's interesting though, you know, because obviously it reinforces the need for this. This, precision medicine approach, because most people in that if you're listening to this and you're a, you know, someone who is either caring for someone or is that is experiencing it all, you experience is the puddle.

You know, you don't really know where where the leak is coming from. And ultimately, it's interesting that you, you know that this is not something that can be necessarily fixed by a person.

You need a care team. Look at your practice. You got your doctor's, you got P A's and you've got nutritionists and you've got health coaches. At this moment in time, it seems to me that that is the only delivery system out in the world that that can consistently reverse this.

You need that team approach. Absolutely. You need that team approach. And we replicated that team approach in the clinical trial so that we could get these types of results.

Because you really do in the same, you have to have network sufficiency in your clinical team to be able to deliver all of the components of change that have to occur.

You have to have the medical team has to have the right depth of testing tools. We can't just be using the same blood test that we used 40 years ago. We have a whole we've got omics and biologics and proteomics and organic acids.

We have all of these new biochemical tools that tell us so much more about how the body is functioning, rather than just whether it's diseased or not, which is historically what we've typically used lab tests to help us identify.

So that's a paradigm shift. Then we have to be able to retrain people in how they need to fuel their bodies so that they can heal. And we need to help them to incorporate some of the lifestyle changes around getting enough exercise.

Well, we got to help them have enough energy to be able to exercise. Before we can do that, we need to be removing the chemical toxin load from the home environment or from their work environment.

So really at every level there is a system that has to be addressed. And each of those systems has to have complete sufficiency for the whole thing to work together.

Wonderful. Yeah, I love that you saw this. Another another good way of thinking about it in the in the clinical team. Yeah. I guess the last thing I want to just ask, one of the great interviews that I did this year, which I was really

excited to bring in to this year's summit, was Doctor Garland Garland, who very thoughtful, functional neurologist who's been part of our mastermind at junior for the last year and has added a lot of value.

And I think he's really brought the sort of functional neurology concept to a group of clinicians, you know, really learning the networks, sufficiency model.

And I just wanted to, you know, to to give a shout out for his talk because it seems like understanding the pathways and understanding the network is, is critical to state the current state of the network.

But one of the things I think he brings to it is the idea that, you know, that this is a muscle that needs to be rebuilt in the patient, and that ultimately some of it is doing the healthy things every day, but some of it is specifically brain training and different ways in which the eyes connect to the brain.

And all those different things can connect and I'd love to get your thoughts on, you know, just that, that that addition to the methodology that you're familiar with and practicing.

I absolutely love what Doctor Glenn brings to the mastermind, because it's a perspective that people who've been trained as medical doctors have not seen.

We have not been trained on that. And it really takes into account the power of neuroplasticity and then the specifics of training in certain ways. It's kind of like, you know, it's a little bit like the Olympics for the brain, right?

Like you have to you have to train in the way that you need the brain to function, and you have to be able to identify where the deficits are or where the weak points are, and build those up just like we would in physical therapy.

And so it's really brought a perspective of, of, capitalizing on that neuroplasticity, the ability of the brain to change and build new connections, that allows it to do things that it's lost.

Functional Neurology and Hope for the Future

One of those things is retrieving memories. But one of those things may be retrieving words, or it might be remembering the process of how to do something or learning how to, you know, learning how to follow instructions.

Again, because you can follow that sequence of events. And we've typically approached it more from just kind of hoping or expecting those things to come back as people improve.

And so it's really exciting to see this whole field where we can apply specific assessments and then interventions and training protocols to help the brain improve faster.

Absolutely. I guess the last question I just want to ask you is it just feels like there's a lot of hope in this in this field. You know, I think there's a lot of noise or so online.

There's a lot of outrageous claims that are being made, but it feels like there's hope. And that hope is grounded in real world outcomes that are done in a way that medicine respects the randomized controlled trial and maybe could just speak to hope in context.

I think, you know, whenever you accomplish something that in a way no one else has done before, I mean, obviously Doctor Bredesen has been working on this, and doctor Cat Toups and and Hathway and Deborah Gordon and the pilot study and, you know, doctor Dean Ornish is work.

So it's not like there haven't been people working on this, but really, because this is the first RCT for this approach, we are the first to step out into the claim of being able to accomplish this.

So I think that now that we've been able to really establish this in firmly in the literature, that that hope is real. It's not a hope that maybe there will be something or maybe something will be discovered.

It's a hope grounded in factual accomplishment. And that completely changes the entire paradigm. It's wonderful. Well, look, I think it's really interesting how maybe this summit, you know, it could be a marker of our progress.

This when we came to last year's summit, where at the very beginning of the journey with True Neuro, where we had had a better group and we had connected with that better group, and then we had launched the software.

And now a year later, with clinics across the country using the software and and now data being collected in a way that can help take the movement forward, it's, it's exciting to be here another year.

And, you know, over the next year. Our goal was to first and foremost create accessibility for every state in America. You know, our goal is really that in every state, you'll be able to access care that is not only proven to reverse cognitive decline or connect with clinicians who are in the process of learning how to do that and doing it successfully, but also that the network itself and practitioners using a similar methodology and collecting data together might be able to take the field forward, because I also feel that we haven't reached the endpoint of this as the standard of care.

And it seems to me that, like what has been proven is that this is possible when you detect the network insufficiency in the right way and then treat accordingly.

But it's it's my thinking that there's there's still a long way to go in easing that process, to make it as logistically simple and as clinically simple and as participatory simple, you know, so that ultimately, because I think it would have to be all of those things in order to become the standard of care.

But I feel like we've taken a lot of ground in year one. I agree with you. I think, you know, the implementation of this can be a heavy lift both for patients and families and also for the practitioners and their teams, but the outcomes are just nothing short of miraculous.

And when you get to live miracles day after day, that gives you a lot of motivation to keep going. Exactly. Wow. This is a warm invitation for everyone listening to join us at the summit coming up in April.

We'll have all the details in the show notes, but please join us. You can listen to all of the great lectures that we've been sort of previewing, as well as last year, where we had an incredible number of concerts.

I mean, you think when you're looking at understanding networks, efficiency, you really have to deal with with understanding how does metabolic inflammation play a role in cognitive decline, and what could you do about it?

The same thing for mitochondria and hormonal and cardiovascular and bio toxin and toxin. And so in this summit you will hear from leaders in the field about how they understand that process, what are some of the tools that they use.

And we're really excited to be able to bring this out. I highly recommend being on also, the session we talked about us in a Doctor Toups and Doctor Burke, because that is really, you know, an incredible opportunity to learn from the people on the cutting edge.

And we will be making it easier and easier for you to find practitioners that can do this and to eventually try and make a way that, this could become, a standard of care for cognitive decline and, preventing and reversing.

And so, Doctor Burke, thank you so much for your pioneering work. It's been great to work together this year and very excited for what's to come. And thank you, everyone for listening.

For those of you who have listened, who have paid attention, who have participated, and for all of those who are interested in finding out more, definitely get in touch with us.

You can go to nircam and you can look up find a practitioner. If you're looking for a new practitioner, we would love to meet you. If you're doing precision and functional medicine already, if you would like to become a node in our

network, we would love to hear from you.

And, we would love to support you. And, supporting patients like this. So thanks so much for tuning in for the summit. It's going to be a great session, and we'll see you next time.