Opening on vitality and healthspan

Over 75% of people have a chronic disease. 86% percent of our Medicaid dollars is spent on chronic diseases. 98% our Medicare dollars are spent in chronic.

The patients that you and I see, no matter what they try, the bulk of them have chronic and have impaired health span. I like to look at vitality. What does vital mean to a six-year-old male like myself?

Well, hopefully I can go with my hike with wife on Friday afternoon. Hopefully I can travel the next day and make my connecting flights and not be too exhausted to be able to utilize some energy.

I want to vital, but I think one of the newer concepts is the idea of peak span, which has appeared in life during which we sustain at least 90% of our peak function performance in any given domain.

Welcome back to the Think Well, Age Well podcast. I am your host, Dr. Heather Sandison. Today's guest is someone who truly bridges the gap between performance, longevity, and real-world clinical results.

Dr Robert Silverman is a chiropractic physician, certified clinical nutritionist, an internationally recognized leader in functional and integrative health.

He's the founder and CEO of Westchester Integrative Health Center. He is known for combining advanced nutritional science with hands-on clinical care to help patients not just feel better, but perform at higher levels across every single stage of life.

He is the bestselling author of Immune Reboot and Inside Out Health. He was named Sports Chiropractor of the Year by the American Chiropractic Association and has led FDA-level research on laser therapy, contributing to the advancement of non-invasive treatments for healing and recovery.

With a global audience of nearly a million followers and a top-ranked podcast, Proven Health Alternatives, Dr. Silverman has become a trusted voice in longevity, resilience, and what it actually takes to add life to your years, not just years to life.

Introducing Dr. Robert Silverman

Dr Silvermen, it's really a privilege to have you. Welcome. I'm really looking forward to digging into this conversation. Thanks for having me, Dr. Sanderson.

I'm stoked to be here. And by the way, as I've told you off camera, you do a great job. Keep up with your work, your changing lives. Thank you, right back at you.

So let's get into this. Let's talk about adding years to your life. In the dementia space, this comes up a lot, what is a well-lived, meaningful life, especially in that last quarter?

How can we create a mindset where we're thinking about longevity and living longer as really something that we look forward to not dread? So how do you define longevity?

You know, longevity for me is simply defined lifespan versus health span. Lifespan, how long we live. Health span, How long do we life without chronic disease?

76.4% of Americans have chronic diseases. It's way too high. You and I are seeing too many people with chronic and we're seeing to many with people chronic at too early of an age.

Its a strain on our healthcare system. 86% percent of our Medicare dollars are spent on chronic. 98% of our Medicaid dollars are spent on chronic disease.

Enough said. So, for me, lifespan, healthspan, but really vitality. I think it's the white cloud above the head, kind of like the beautiful picture at the crescent that we think about.

And vital means like, you know, I'm scheduled Friday to have a hike with my wife, and I want to be able to I'm going to get up the next morning and grab a connecting flight and go lecture somewhere.

Get back from Mother's Day. So to be able to vital and do these things, that's what it's all about. It's not about a 400 pound or 500 pound deadlift or 75 pushups instead of 55 push ups.

And there's a new theme, the idea of peak span. which is a period in your life during which we sustain at least 90% of our peak function performance in any given health domain or system domain.

The problem is the decline in our systems and our body are asynchronous. Our muscle, endocrine, our cardiovascular, they're all at different parts and they were all different stages and the declined.

I mean, a male has peak muscularity at 21 years old. You know, the 21-year-old Rob looks different than a 60-year- old Rob. So how do I extend that peak span?

How do extend it without taking TRT? how Do I expand it and keep myself vital? Because you know muscle mass is a currency of longevity. Yeah, so how doing you?

That's a great question as far as muscle Mass. You know, interesting. So I'm a big believer in weight resistance. And when I say weight-resistance, that doesn't mean, you know you have to buy your old Marcy barbell set.

Doesn't means you need to use a kettlebell. It doesn' mean you can use all that I've mentioned, a dumbbell. You can simply do body weight because that's resistance, so you and I, both men and women, need to do weight resistance.

Defining longevity and peak span

And I think that's a critical ad we need exercise because it is, as Gabriella Lyon said, the longevity organ. Because muscle mass is much more than just movement.

It's much than more just posture. it's an endocrine organ, it an immune organ it a neuro organ And muscle mass is a critical add to everybody's own health span, lifespan, and vitality.

And you can add in good quality protein. You know, it's fascinating. I just had this conversation with somebody and everybody says no carbs. Well, there's only three macronutrients that we really talk about.

And so for me, for both men and women, and some people may, you know, feel that it's a little controversial what I'm about to say, I think a gram per day per body weight is ample as long as it split up and it is not really fast acting protein.

So for, me again, protein is a great choice. Animal protein superior to pea protein, okay, before other vegans jump on me. If you're taking a pea protein, great.

Add leucine. Three grams of leuccine will make the signaling as strong as an animal protein. Therefore, they're equalized in muscle hypertrophy, muscle mass, and muscle recovery.

We are big fans of creatine and the brain space, but also important for muscle. What's your take on creatinine? You know, I was in the first class that had to write a thesis to graduate chiropractic school.

My thesis was on creatine and muscle hypertrophy. So of course, creatinine now is much more than muscle, hypertrophy. Creatine is muscle hypertrophy, muscle recovery, and performance.

But to speak to what you said about being in a brain space, when you get up to 10 grams a day, You're now in the space of helping brain cognitivity. Incidentally, women need to have more creatine than men because women have less muscle mass.

So, a couple of caveats on creatinine. Creatine is great with other nutrients. creatines great in water. Do not drink creatined with coffee and do not drinking creatina with a hot aqueous solution.

So you could have an iced coffee and do not drink it with caffeine. They all disassemble the creatine molecules. It's got to be cool water. So I love things in my coffee.

I have MCT oil, I had a little organic stevia, and I may have some mushrooms, but not creatinine. That's gotta be taken separately. Remember, the first five milligrams of creatines go to your muscles, which are extraordinarily greedy.

The next five go your brain. Milligrams or grams? We usually talk about creatine in gram doses. Gram, I said milligrams. You caught me. I appreciate that.

No, that's helpful. And we use upwards of even 20 grams in people with dementia daily. There was a small study on Alzheimer's that showed an improvement in cognition with 20grams a day and even as much as five grams a days, helping with brain.

But I believe you that most of it is going to muscle at first and you really have to get up over that five gram dose to give meaningful cognitive benefit.

Right. The first five is typically muscle, next five brain. And I agree with you. So I treat a lot of Parkinson's patients and I like to get them up at about 20 grams per day, both men and women.

I think it's a great ad and without question, you know, we're talking about it now. It is the hot nutrient to discuss or one of the nutrients to discussed.

And, you know, already some great takeaways for our listeners here, but you also often reference the hallmarks of aging. Can you walk us through each of those?

I think some people have heard that term, the Hallmarks Of Aging. But what are they, like from a practical perspective? And are there ones that we want to prioritize influencing sooner rather than later?

I want to take a moment to share something really exciting with you.

Muscle, protein, and creatine for aging well

This is something that's been a long time coming for us. At Sulseri, our mission has always been to make dementia rare and optional, to give people real tools, real answers, and real hope when it comes to brain health.

But one of the biggest barriers we've seen over the years is access. So many people need this care. They're motivated, they're ready to do the work, but they simply haven't been able to afford it.

And this is why I'm incredibly excited and proud to share that we are now participating in Medicare's Guide Program. This means that for the first time, eligible patients can receive ongoing support for cognitive decline, Alzheimer's and dementia through Medicare with significantly reduced out-of-pocket costs and support from caregivers.

We are not just opening the door, we are expanding our team to meet this need. We now have two new nurse

practitioners trained in our functional root cause approach to brain health.

They're working alongside us with our teams to deliver this care in a way that's personalized, comprehensive, and deeply supportive. This is about reaching more people earlier and staying with them longer on their journey.

It's about supporting caregivers who have been carrying too much for too long. And it's about making sure that the cost is no longer a reason that someone doesn't get the care that they deserve.

If you or someone you love is experiencing memory loss or cognitive decline or has been diagnosed with Alzheimer's or dementia, I want you to know that there are options and that now there's more access than ever before.

You can learn more and see if you qualify by visiting salseri.com or calling 760-385-8683. This is just the beginning and I'm so honored and excited to be able to bring this announcement to you today.

Well, we mentioned one of them, loss of muscle mass or sarcopenia or really dinopenia, the loss muscle strength. So, muscle-mass again is that idea of a longevity organ.

I believe the zeitgeist in modern health is clear. Muscle has become medicine and it's become a long-gevity medicine. The immune system, that's why I wrote the book Immune Reboot.

So it's a red button, boom, press the red bottom and reboot your immune. We want to be able to have immune health, immune balance, immune support, and immune rejuvenation, ultimately having an immune that is resilient.

I think that determined the concept that we most adhere to now. Think one of the bigger hallmarks of aging is inflammation or chronic inflammation. I noticed one thing about COVID.

Half the world's crazy, the other half the worlds crazier. And I never knew what a cytokine storm was. I apologized before COVID and it came to the realization that people were pre-inflamed.

Americans are pre inflamed and they suffer from chronic inflammation. So anywhere from chiropractic, acupuncture to medical, If you don't quell and squash some of the inflammation and control it, patients never gonna get better.

And isn't Alzheimer's a problem and inability to control inflammation in the brain? Isn't a lot of these neurodegenerative diseases a problems of controlling inflammation, in general?

Another hallmark of aging would be microbiome. Everybody knows I love to talk about the gut. The gut is the epicenter of your health. 80% of your immune cells, as we all know, are in your gut.

It's where your macro and micronutrients are absorbed. That said, what have you done for your guts lately? Do you have the guts to be healthy? So if 80 percent of my immune cell are my gut, I need to do something for them every day because I want to put something in my health savings account, if you will.

And that's not the little card that I use when I go to the doctor. it's my personal health saving account. Some other hallmarks of aging is mitochondrial dysfunction.

Oof, I probably just hit a chord with you, because you treat a lot of people with dementia and Alzheimer's, and it's a function of mitochondria dysfunction, the number one mitochondrion body part is your brain without question.

I do a lot of work and I look to a lots of ideas on helping mitochondrial function. Some interesting things like fascial injuries are also a hallmark of aging.

People don't talk about that enough. What is fascia? Fascia is the saran wrap of the body. It's your body's own wetsuit. If I took a chicken breast and looked at the chicken breasts and peeled the skin away, I could see the muscle, the white foam in between the two.

That's fascia. It holds the body together. And fascias is an intracellular communicator. So what have we done to help our fascial and our facial planes and facial injuries daily?

Vagus nerve tone. Now, when I graduated chiral school 27 years ago, the vagus nerve of all I knew was cranial nerve number 10, and it was parasympathetic.

And man, I got shortchanged. I want a refund. Because it's so much more than that. It is captain of the parasympethetic nervous system. it goes from the brain stem to the gut.

Is the neuro-communicator between the guts and the brains. That allows the good and brain to communicate. Therefore, brain and gut can be the super highway to health.

So what have we done for vagus nerve tone? And maybe the biggest hallmark of aging for me would be dysbiosis, that unleveling of good and bad bacteria.

I gave you a lot. And I apologize for loading you up. Oh, I took notes. This is great. Where do you see most clinicians? I'm trying to keep it concise.

No, it's perfect. and I think it gives us kind of a structure. where do most see clinicians missing the mark when it comes to these hallmarks of ageing?

Well, I mean, i don't see enough doctors talking about longevity. I think one of the bigger problems is they don' use anything in reference to what I would like to refer to as a biomarker.

Hallmarks of aging and key biomarkers

So you're a medical doctor. Medical doctors are great in using biomakers. No. But thank you. You guys use biomakers. We use biomarkers all day long. Which ones do you use to look at someone's longevity trajectory?

Well, this is for anybody listening. This is not necessary for doctors writing this down to do for patients. Everybody should know that TNF-alpha, they're interleukin-1-beta, their inter-leucin 6, and their Interleukan 8. And so some immune markers.

Immune markers, inflammatory markers and I'll even twist it to musculoskeletal markers because inter leuken- 1-beta also implies intervertebral disc injury.

Inter leucan 6 is a dynamic marker. You're correct in an immune marker, however, when inter produced by myokines and muscle contractions is real positive.

Interleukin-8 is obviously inflammatory, interleucin 6 and 8 will appear to have a rise when you have chronic inflammation with chronic muscular issues.

In addition, C-reactive protein, and that's pretty much a standard, that is tissue inflammatory marker. It's high levels of inflammation, which will really register in C-reactive protein.

But the winner, the HS C reactor protein, a high sensitivity C react to protein is critical because it's a low inflammatory marker, but really specializes in arterial damage and is without question a heart attack marker.

Hemoglobin A1C would be another biomarker. It tells you pre-diabetes and diabetes. But I'm going to speak and share something with you that I know you already know.

5.7 to 6.4 means you're a pre diabetic. Five point four, you go to most docs, double thumbs up. Data indicates 5 point 4. You may be losing brain mass right now.

So we want that hemoglobin A1c to be lower than that 5.2, 5.0. And that gets a little challenging for somebody who

eats a lot of carbohydrates at 60, 65 years old, et cetera, especially who's exposed to what we call the standard American diet.

Everybody should know as a biomarker for longevity, they're vitamin D levels. Vitamin D performs a swath of health promoting properties, immune, musculoskeletal.

Did you know? that there's a receptor site in every cell of your body for vitamin D3 and omega-3 fatty acids. So when people say, what supplements do you recommend?

Those are the two that I immediately do. My levels of vitamin d, I believe that will lead you down a health promoting path or about 60 to 80. I'm in full agreement.

Full agreement, 80 to 100 is okay. I haven't had anybody come in with over 150 or something like that, so I have not had anyone suffer from vitamin Dosis or anything like.

Good luck. We've had some people with calcium toxicity. Because of parathyroid adenomas. And that is a case where I recommend people do not take vitamin D until they have that resolved.

Because parothyroid and calcium toxicity can lead to kidney stones and cognitive changes and all kinds of things. I've seen it maybe 12 times in the 15 years of my practice.

So it's not common. It's pretty rare. But I have seen enough that we don't want to miss it. For the most part, people with vitamin levels up over 60 is ideal.

60 to 80, and of course, always tested, don't guess. Yeah, exactly. Here's one for you. Something called APOE status. I think maybe you've talked about that a little bit.

We've heard of that one, once or twice. Once or two. APoE2, if the 1% of the population, If you're in that 1%, God bless you, you'll probably never see Alzheimer's.

ApoE3, which I happen to be a 3-3. So I'm like in health neutral. If my lifestyle is good, I should be able to avoid Alzheimer, especially if I adhere to a recode lifestyle.

And if I don't, and I'm eating a standard American diet and exposed to toxins, et cetera, that APOA-3 can back up the car and take me towards Alzheimer's.

Where it gets a little tricky is in APoA 4. Now, I always see Peter T. talking to Chris Hemsworth, Thor, in him telling him, you have a double 4, 8 to 10 times the incidence.

However, there's light at the end of the tunnel. because your lifestyle is really strong. So 25% of Americans have at least one APOE4, so they have a predilection and genetic disposition towards Alzheimer's.

Why wouldn't you test? Yeah, you know, I used to have patients maybe 10 years ago say, well, if I test I'm not going to be able to sleep. There's nothing I can do.

And I think I appreciated that at that point, right? If you're awake and anxious about having Alzheimer later in life, that might be putting you at higher risk.

But now I think that argument has really been flipped on its head because there is so much, there's an overwhelming amount that we know to do to protect brain health.

And if you're APOE 4, 4 positive, as you mentioned, if your part of the 2% of population who has that, you can be making better health decisions about alcohol exposure, about prioritizing sleep, many, mold exposure.

So many modifiable risk factors. You can start implementing changes in your lifestyle in teens and twenties. Okay, I

want to keep going through these biomarkers.

And I also want understand the patterns that you consistently see in people who are aging well versus those who aren't. We've talked through a few of them, but what else pops up?

You know, just to piggyback on what you said with the APOE4, not to go back, that the average person I see, if I make a recommendation for omega-3 fatty acids, it's two grams.

If they have an APoE 4, because their blood-brain barrier doesn't function as well, I have to double down and give them four grams, and APoe 4 is not just a predilection for Alzheimer's, It's for neurodegenerative disease, Parkinson's ALS and the like.

And cardiovascular disease. Yeah, so without question, Everybody should test it. Some of the other things, believe it or not, is in the gut, which probably doesn't surprise you after what I said, and that would be I'd be looking for something called LPS, in that LPS stands for Little Pieces of Stuff for Me, or if you speak Spanish, El Diablo, because if have LPs floating around, you're having a bad day.

Incidentally, and I know you are going to get excited when I say this, it's the exposure of Lps in the gut, the lung and the gum that without question increases the incidence of Alzheimer's disease.

So a big takeaway, so we don't run out of time, is that neurodegenerative diseases have an origin in the gut, they're neuroautoimmune, and they are bidirectional.

And they have full system network insufficiencies. The body's all interconnected. So without question, it's not the one thing.

Gut health, inflammation, and food triggers

It's the whole thing and my high school educated mom said one. I think the human body is like a car. If there's something out in the car and you don't fix it, It will cascade to other things.

So everybody, please, if you have something wrong, don' wait. Please be proactive. Don't be reactive. You emphasize gut health, and I think even to your point right now, right, health starts in the gut.

And there are people who suffer for decades with chronic constipation or diarrhea or, you know, food allergies. There is something telling us that their gut isn't quite right.

Their gut is inflamed or reactive. Tell us why, why does the good sit at the center of performance, immunity, aging, how and why should people get help and support optimizing their good function?

That's such a great question. That is probably five parts of any webinar, any podcast. I mean, there is such depth there. But when you really look at it, the gut is, as I said before, a percent of your health.

There is a gut to everywhere axis. So let's talk about a few of those accesses. Number one, there's a gut-to-liver access. Liver dysfunction affects the gut.

Gut affects liver dysfunction. 75% of the toxins from the liver to the guts go via the bloodstream. 25% go by the portal vein. By the way, the nerve that innervates the port of vein, no surprise, that great wonder of that vagus nerve.

There's gut to blood sugar access, insulin resistance. There's a gut-to-obesity axis, there's gut to thyroid axis. What a shock. The most sensitive gland in the body, thyroid, gets adversely affected.

Increased incidence of Hashimoto's disease. The expression of LPS in the blood increases the incidence of cardiovascular disease by three times. Now, wouldn't you think that testing for LPs should be a baseline

biomarker?

And of course, there's a gut-to-brain axis. Whatever you do to your gut, you're due to you brain. And let me give you a little insight behind a lot of musculoskeletal aisles, and I take a lack from my chiropractic brethren on this.

There's the gut to disc axis, and there's a gut-to-joint axis. The expression of cytokines because your gut is leaky or increased intestinal permeability leads you down a path of increased arthritis and joint pain.

Well, I hope they've had patients who have cut out gluten and realized that their joint goes away. Gluten and dairy, I'm big on both of them. And without question, gluten and joint pain, you know.

Wow, it's just so funny. I am sure you get the same comments as I do, even though we practice in different parts of the country. They'll say to me, Glutin, what's left to eat?

And that speaks to the problem. It's in everything, so it is hard to avoid, and it means that people are getting doses when they don't even realize it.

And it directly increases inflammation, not just in the gut, but systemically. I'm sure you're aware that gluten, when affected by the immune system, gets cross-reactivity with the cerebellum.

I mean, there's a long list. Yeah, it's one of those things I hope no one meets you or I in the interwebs, across the Interwebz or in our practices who doesn't take the opportunity to cut gluten out of their diet because it can be life-changing.

I mean, if I had a list of three things to do, you know, as far as diet, number one would be ultra processed food, 57% of the calories we consume come from ultra-processed food.

That's horrific number in 57 percent of calories in adults, 67% in teenagers. Give me a break. Number two would be gluten. You can make the case that gluten is used in ultra-processed food.

And number three would dairy. We're the only species that drinks another species' milk. I mean, we don't need it. It's a high allergy food, and if you were to take those three away, It would be a better day, which really begs the question, how do I get people to remember them?

Well, we've got to be little pithy in the current market. So here's some piffy acronyms, GPS, no gluten, not ultra-processed food, and dust on it. You'll get anything.

If you're going to eat a fruit, kumbaya, DNA, No dairy, We could talk about the nicotine patches, if you like, no artificial sweetness, and IRS, inflammation reduction strategies, No processed seed oils, inherent in the word process.

There are people who argue with me, guys, it's processed. No deep fried foods and avoid food sensitivities because I believe that food sensitivities are one of the biggest reasons for chronic hidden inflammation.

Food is a potentiator for health information. Bad food is the potenciator of inflammation, so we need to choose wisely. Yeah, you know, I'm curious. Some people find that they're more and more sensitive to more-and-more foods, right?

And the way I think about it clinically is like, okay, they are oriented towards more hyper-reactivity versus being more resilient. And so I want people to avoid their food allergies, their foods sensitivities, and yet I also want them to be resilient and not have to avoid foods.

So sometimes I think that there's something else disrupting the system, something elsewhere disrupt in the gut that's making you so reactive. How do you help patients navigate that?

That is a great question. The first way I help people navigate them is I do listen to them, because I believe that the practitioner of today needs to listen, build trust, so they implement the things.

Because if you go to a doctor and you hear no gluten or no dairy, And if they don't like us or think that we're listening, they're not going to implement.

Number two, everything does revolve around the gut. So without question, we need to have a gut promoting diet that is individualized and personalized.

And you know what? It's an interesting thing, and I think we should discuss it and share it. I'm not trying to dodge the question. What really excited me about the concept of functional medicine, functional health, function nutrition was it took the symptoms which are really basing on my protocols on sick care and then looking at the systems which got it a little bit more exciting, 12 to 14 systems in the body.

Then it got to what we call root cause resolution. Well, to speak to the problem that you mentioned, it's not root-cause resolution, its root causes resolution which can really lead to a myriad of issues.

And if the doctor's not testing and listening and eclectic like you, the patient's lost. Yeah, you know, I was making a note as you were sharing, it's like this high-level concept is super compelling, right?

Root cause, instead of a pill for every ill, what we're talking about is really getting at those root causal level pieces.

Root-cause medicine and neurodegenerative disease

And regardless of the diagnosis, people take different pathways there, and so neurodegenerative disease is rapidly rising. And I'm curious from your perspective, you know, taking this high-level concept that there's multiple factors, there are multiple root- level causes that are going to be individual, different between individuals, what feels genuinely new or promising right now from you perspective in prevention and management of neurodegenerative diseases associated with aging?

You know what? It's interesting. Like you said, there's drugs, and drugs have their place. Of course, yes. They do. And we're not here to bastardize drugs or anything like that, but they only can do so much.

So what's really come to the forefront is lifestyle. Lifestyle is the top of the funnel, it's got all these branches. But I'm going to pick on Parkinson's, because I know you cover Alzheimer's all the time.

And I definitely don't want to go into your genre. So let's talk about Parkinson's disease. What's big with Parkinson outside L-Dopa, Carbidopa? Well, number one is they have something called Rocksteady Boxing.

Non-contact, of course. They found out that the movement and the coordination of moving the upper and lower body really helps people with Parkinsons who have a receptor site and a producer problem of dopamine.

And in addition to that, they also have cognitive crossword puzzles and cognitive work. Great. But let's look at a nutritional protocol, vitamin D. Vitamin D actually improves balance and mobility.

Coenzyme Q10, mitochondrial function, and improves motor symptoms. Omega-3 fatty acids support cognitive functions. Pro-resolving medias, which you use in Alzheimer's, allow for the resolution of inflammation.

It's the only thing that gives a lipid class switch that presses the button from the initiation to the solution of information. B vitamins, especially B2, they're necessary for dopamine synthesis.

They can lower homocysteine levels, and a big problem with Parkinson's is they have a D-elevated B2. Glutathione and NAC. Liposomal glutathion, the master antioxidant, great for the cells in the body, but Nac passes the blood-brain barrier.

So, depending on what you desire, obviously, Nact makes a little more sense with Parkinsons. Magnesium, because as you mentioned, a lot of people with neurodegenerative diseases have constipation.

Pre and probiotics are a great choice. I mean, I don't take one without the other. And if you wanted to try and get some dopa on your own, you could try something called velvet bean.

i will be honest, i don t know one Parkinson's patient that has been able to dose the velvet bean and take it with the theanine to pass the blood-brain barrier.

But I'm always hopeful. A couple quick other ones would be NAD+. I would use precursors for N. A. D. NMN passes the Blood-Brain Barrier better. NR is better for the cells.

Again, choose curcumin. very neuroprotective, reduces inflammation. And again, your favorite creatine. There's a boatload of studies that talk about creatinine exercise having great outcomes with Parkinson's.

Maybe the secret sauce, maybe the device of the now would be non-thermal low-level laser. Non-thermal, not red light therapy. With all due respect to everybody, I hear what you say about red light therapy, but red-light therapy is like a light-emitting diode.

It heats up structures. I don't want to give myself a fever. One of the big things about the brain is you want keep it at a constant temperature. And so I'm curious about patients who only improve when the brain and vagal pathways are addressed.

You've talked a lot about that. What does that tell us about how we've been approaching chronic illness, including neurodegenerative illnesses, and particularly Parkinson's, like you were just talking about?

Yeah, I mean the vagus nerve is interesting in that one of the bigger problems is with the Vagus Nerve. When the vagus nerve tone is down, it gives the ability of a protein called alpha synuclein to jump on that elevator up because 80 to 90 percent of signals and fibers on the vegas nerve go from the gut to the brain.

and it's able to get to the brain and get inside the and uncouple the mitochondria. So vagus nerve tone, proper tone is critical for overall health. When vagous nerve is down, you also have it in this…

You have issues with constipation. Fascinatingly enough, vagus nerve is a rest and digest. It's your one and die nerve. So for me, the vagous nerve as a critical ad.

I do a lot of vagal nerve stimulation. via non-thermal low-level laser, and I check all my patients for something called heart rate variability. The more heart-rate variability, if you will, as opposed to flatline, the healthier we are.

And the vagus nerve does communicate with the brain. So you've got that communication, you're probably going to decrease the incidence, And it's been a backbone of what I do in my office.

It's exciting stuff. What about Parkinson's and toxic exposure? There was a recent study that got a lot of press around proximity to golf courses and how close people live to a golf course has an impact on their risk for Parkinson.

How do you address that? It's a great question. I think the exact number was an increase of 126%. If you live within a mile of a golf course, I live in Westchester County, New York, which has more golf courses per square foot than any other place.

Um, um, maybe I'm going to ask you and a couple of your colleagues there if they want to start a oral organic golf. So maybe we can avoid that, but you know what it is to tell a golfer and say, you're exposing yourself.

Parkinson's support, vagus nerve, and laser therapy

I would probably have to say one of the biggest causes of Parkinson's is not obviously genetics, which is only 10% to 15%. One of biggest problems is what you just mentioned, chemicals.

But is it just chemicals in the air? Is it the nanoparticles that we drink in bottled water? I mean, where does it stop? We are exposed. And it's unfortunate with all these great leaps in medical, we haven't had any great bleeps in medicine when it comes to neurodegenerative disease.

Yeah. Well, you've done a lot of research on the low-level laser therapy that you have been speaking to. Can you break this down for us just so a lay person could understand what is going on with low level laser Low-level laser therapy is based on photonic energy.

So it kind of is like photosynthesis of the body. As we all know, the sun produces light, which gets absorbed in a tree, and the tree produces a chemical reaction.

We want a photochemical reaction versus a photothermal reaction, so the proper type of non-thermal low- level laser allows for photosynthesizes of body, Laser energy fuels the mitochondria.

It can dampen inflammation, improve mitochondrial function, and optimize our genetic expression to enhance our overall quality of life. So what's interesting about it is different wavelengths from the visible light.

Andrew Huberman talked a little bit about this. He kind of got to the doorway. he'd walk in the door. I'm hoping somebody else does. i'm there for everybody.

Different wavelengths have different properties. So for instance, everybody talks about red light. It's a 635 nanometer wavelength emitted by a laser diode.

There's 532 laser wavelength that has a green light or visual green to it. As a 405 nanometers violet light, all of these wavelengths have different health properties.

But when I put it on that brain, it has a tremendous neurotoxicity decrease. It decreases glutamate, increases angiogenesis, and increases the release of brain-derived neurotrophic factors, which lead to brain neurogenesis and neuroplasticity.

And it also leads to a decrease in brain edema and lymphatic drainage. So all the things that go wrong in the brain Laser could conceivably reverse if utilized correctly.

Remember, laser work in the mitochondria It's all about mitochondria, dysfunction to function. But just remember, mitochondrial aren't just powerhouses, they're also communicators.

Emerging research shows mitochondrion can function extracellularly, acting as a signaling hub that influence inflammation, immune response, and tissue repair.

If that is truly true, Mitochondria health isn't cellular, it's systemic. Right. Yeah, and crucially important to our health as we age. I'm curious about GLP-1 medications.

They are everywhere right now. And how do you think about them and how they might support these pathways or are there alternatives to them? Because certainly we see, you know, in conventional medicine, the standard American diet, It leads to obesity, it leads inflammation, at least a dysfunction, increases risk of all.

It reduces health span, right? And our end lifespan. And so, you know, when we think about the complexity of what you and I offer, the foundational diet, lifestyle, exercise interventions, is there a place for GLP-1s or an alternative to them?

Well, I would have to say there is a place because I remember when they became really popular a couple of years ago. I sat with my medical friends, all three of them, Columbia, Stanford, and Harvard, And I said, man, these guys

don't prescribe them.

They're anesthesiologists, neurosurgeons, orthopedists, they're not talking GLP-1. And they asked me, do I see people that are 400 pounds on 15 different medications?

And typically in a functional medicine world that I'm in, I do not see that. So they believe that for that extension of patients, it would work. But for people looking 50 pounds or less, the data's not there to back up taking it, because you have two tremendous side effects.

Number one is gastrointestinal side-effects, awful nausea, or awful diarrhea, things of that nature. And the other one, is the loss of muscle mass. So we all know it's been documented 40% of the weight loss comes from muscle, mass, but some of things that we don't hear enough about is not only muscle-mass, your heart's a muscle.

So you're losing heart muscle mass. You're using particle size muscle in your heart. I know how to improve muscularity. And I had improved muscular in patients.

Haven't figured out the idea of improving heart muscles mass So that said, let's look at the numbers. The numbers for Ozempic and Wigovia are not all that robust.

And by the way, those numbers that they gave, which were 19 pounds for Ozympic, and 27 pounds from Wigovii in a year, with people who had BMIs of 37 who were relatively corpulent, isn't all of that impressive.

Now, unfortunately, 8 out of 10 people in the studies dropped out, 7 out 10 from gastrointestinal issues, and 1 out because they microdosed, which doesn't really seem to work.

Is it better to try it naturally? Yeah. So what things would I do to activate GLP-1 naturally. The number one supplement in the world, it's called exercise.

But beyond that, you want to talk real supplements, berberine, ginseng, green tea, pomegranate, quality probiotics, fiber, omega-3s, eat good quality protein, magnesium, glutamate caffeine, fermentable fiber to get short chain fatty acids and make butyrate, allulose, which I'm sure you're familiar with.

Allulase is 70% as sweet as sugar. It's one little molecule, got a lot of fiber. Believe it or not, bitter melon. Bitter melon stimulates GLP-1s, whereas sugar turns them down.

Incidentally, GLp-I receptor site on the lytic cells in your gut, there's a GL p1 receptor side on your vagus nerve, is a glp1 receptors side in you dorsal medial hypothalamus.

A properly functioned GL P1 pathway should be exemplar of the gut to brain axis. And then, so supplements, we started to kind of down this path. You just listed a few.

And you also talked about omegas and vitamin D. Which nutrients or supplements consistently move the needle for longevity and why?

GLP-1s, supplements, and future care

And how much should someone consider taking? You know, it's funny because I'm the guy that people come into and they have shopping bags of supplements.

I mean, I am here to save you money and kind streamline what you do. But that's a great question. For me, again, it's aprenaprobiotic, and the probiotics that come to mind for longevity would be acromansia, because it is great for immune health.

It's also great blood sugar regulation. And bacillus subtilis, which is an endospore, helps you ward off that alpha-synuclein that we talked about. Both are very viable for those people that have an LPS release, like in Alzheimer's.

And the prebiotic of choice, it's always food, but the supplement pre biotic choice is XOS. Don't ask me to spell it but it xylo-ogliosaccharides, which is a great pre-biotic which feeds probiotics at a very low level.

Another one which we talked about in good detail was creatine. Without question, like you said, vitamin D and omega-3s, proreservative mediators like I mentioned before.

Something that we could probably add to the recode, I'm sure you probably have it now, is mushroom complexes like lion's mane. Collagen and plant-based protein, any liposomal vitamin, and maybe something that miracle mineral, 800 enzymatic reactions, or up to about 800 enzyme reactions.

Magnesium glycinate or bisglycine, if you will. And maybe, you know, my little secret weapon, the data's starting to grow on it, BPC157 as a peptide. because it's great in the regulation of blood pressure, accelerates bone healing, helps with periodontal disease, good for gut disease.

I prefer it in an oral to an IV form. I found the oral be very effective. You know, I'm not trying to throw shade, if you will, on the people in IVs. Well, intramuscular usually for maybe the BPC.

Absolutely. Yeah. And do you use any lorazetide? I'm a huge fan of lorazetide for gut. I've seen just amazing results with that peptide orally for colitis, for celiac, and for gluten sensitivities.

It's been helpful, so I don't know if you can get your hands on some of that. Looking ahead, what do you hope becomes the standard of care that people aren't getting today?

First, diagnostics are becoming far more precise. Unaccessible. And accessible. Patients can get them, so doctors need to be up on it and understand what they're revealing.

Second, therapeutics have becoming more targeted and less invasive. Thirdly, the patient is becoming an active participant. It's called something called CHAT-GPT.

You know, the doctor of the future is the patient of now, so we have to deal with it like it, not like, whatever, it's here to stay. It's not going anywhere.

I love when patients come in and they've put all their labs into Chad or into Claude, and we get to have a really nuanced conversation. And yeah, it's like I'm talking to a colleague.

It's very stimulating and exciting. I personally love it too. And it allows us to, like you say, nuance it and really individualize and personalize it so we can get to the end of one.

I mean, chat's not there with the N of 1, but it's great for research, gives us the information, and allows to rocket ship the patient to a higher level.

Couldn't agree more. What brings you joy at this stage of life? Oh, goodness. You know what? I had a great day today because someone stuck their hand out and said, thanks for making me feel better and thanks to giving the time and I'm happy that the protocol worked.

I mean, I got the best job in the whole wide world. Because it's not a job, it is a credo. It's a mission. My dad told me, find something that you like to do so you never feel like you go to work and he's 95 and gets up every day and goes somewhere.

When you look at patients or maybe your dad, What does aging well look like in real life? You know, what I've seen aging. Well is it's really an attitude and you know from a philosophical in a physiological perspective, it's like avoiding some of the chronic diseases or managing them once you get them in an appropriate manner.

You know, don't let the cascade happen. But for me, the people that are older, I can tell, you know when someone's old and they give me a smile when they come in, they're really stoked about what they are doing as

opposed to when the come and you probably have a bad day but they look down and kind of not that engaged.

Yeah, yeah.

Joy, aging well, and closing thoughts

Well, I hope that this powerful and energizing conversation has inspired our listeners to make some decisions that are a little different, maybe add a supplement or get a test or think about low level laser therapy so that they can age a bit better and really enjoy that phase of life a but more.

I really appreciate your work and how you bridge the science with what's doable in real life. Dr. Silverman, you have helped us connect the dots between gut health, brain health metabolism, performance in a way that makes longevity not just feel possible, but really actionable.

There's something to do here. That's a takeaway. And I think one of the biggest takeaways is that aging, well, isn't about chasing one magic bullet. It's about understanding how the systems are all connected, right?

There is a gut access to everything. I love that. And then making the consistent and intentional choices that support the body's ability to heal and adapt and then thrive.

For everyone who is listening, if this conversation has resonated with you, I highly recommend checking out Dr. Silverman's work. His books, Immune Reboot and Inside Out Health and his podcast, Proven Health Alternatives.

He is a wealth of education and he shares that across platforms. Dr Silvermen, where do you like people to find you? Just find me at drrobertsilverman.com.

Any one of my social media channels are great. Reach out, say hi. any questions you have, I'll be happy to answer. Just remember, fix the gut, build muscle, protect your mitochondria.

Those three systems drive almost everything in long-term health, which is truly longevity. Thank you so much for the work that you're doing and for pushing the field forward, for getting the word out, and taking the time to be here with us today.

To everyone listening, your longevity isn't something you wait for. It is something that builds. If you found this helpful, please share it with others you love.

Until next time, be well. 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.

It's one of the best ways to help others discover tools and inspiration for aging well. To stay connected, get bonus resources and never miss an episode, head over to drheathersanderson.com and join my email list.

Until next time, keep thinking well and aging on purpose.