Introduction to the summit and Dr. Heather Sandison

Welcome to the Conquering Chronic Inflammation Summit. I'm your host, Dr. David Jockers. And today I'm interviewing Dr. Heather Sandison. And we're going to talk all about key lifestyle strategies to prevent and even possibly reverse dementia and Alzheimer's disease.

Dr. Heather Sandison is a naturopathic doctor specializing in Alzheimer's disease and related dementia. She is the founder of Solcere Medical Clinic, San Diego's premier brain optimization clinic, and Marama, the first residential cognitive care. facility focused on recovery And she is committed to advancing research and innovative approaches to Alzheimer's and cognitive decline management, providing hope for patients and families.

Her clinical trial “Observed Improvement in Cognition During a Personalized Lifestyle Intervention in People with Cognitive Decline” was published in the Journal of Alzheimer's Disease in August 2023, and her highly anticipated book, Reversing Alzheimer’s, is out now, and you guys should definitely check it out.

Wonderful book called Reversing Alzheimer’s that summarizes her great work, her great research, and many of the case studies of the individuals she's been working with to help prevent and reverse dementia and Alzheimer's.

And we're going to go into that in detail in today's interview. So thank you so much for joining us. And let's go right to it. Well, Dr. Heather Sandison, always great to connect with you.

And congratulations on this new book, Reversing Alzheimer's. I mean, that's a really powerful statement. Bold statement. but it comes with personal experience and clinical research that you've been doing because you know, we've been told for years that you know the best you can do.

And this is really what Western medicine is kind of they've run up into this wall where the best they can do is try to slow the progression of Alzheimer's and dementia.

But, you know, there's a new group of practitioners, you, Dr. Bredesen, that I know you've trained with, that are kind of leading this movement of saying, hey, actually, that's not true.

Not only can we slow the progression and we could do it, you know, oftentimes without pharmaceuticals, but also on top of that, we can actually see a lot of progress and a lot of improvement and possibly even this idea of reversing dementia and Alzheimer's.

And so let's talk about, you know, how you really got into this. And then we'll talk about some of your research findings and patient care experiences.

Sure. And David, thanks so much for having me. And I just to put this into context, like you said, this is a bold statement that we could reverse Alzheimer's.

I was trained that we couldn't. I was told over and over by very intelligent people that there was nothing you could do. And to suggest that you could, would actually be, to do harm would be to give people false hope.

And yet, in that network of other doctors who have been trained by Dr. Bredesen, we now call it false hopelessness, right?

Why reversing dementia is possible

This idea that there's nothing you can do is actually factually inaccurate at this stage. There are there is a ton of research. The Lancet, a very reputable journal out of the UK published in 2017 and then again in 2020,

commissioned reports on Alzheimer's and all of the modifiable risk factors that there are and there's no fewer than 12.

And then you can add sleep in there that they discuss at length but don't actually add a 13th. and just in this past month and it's May of 2024, CNN has Sanjay Gupta has, docu series on CNN showing and sharing the stories of people who have reversed their dementia symptoms to reverse their Alzheimer's symptoms.

And these patients were seen by Dr. Dean Ornish on the West Coast and Dr. Richard Isaacson on the East Coast and all of us providers. We all came to this with a degree of skepticism because we've all heard that refrain.

Patients have heard it, doctors have heard it. We've been trained that way that there's nothing you can do. I didn't believe it until I saw it, and I saw it a few times.

And then I saw it more and more and more and more. And you stopped telling yourself, oh, I'm doing this wrong, or there's something wrong with me. And you start to realize as a provider, oh my God, people are suffering unnecessarily.

And when I saw that the first time, I mean, the first thing that came into my mind was, of course, that I had done it wrong. I was like, could we do the testing wrong?

And her husband reassured me, no, no, she is better. She's different. And then I thought, you know, like, how could I not dedicate my life to telling as many people as will listen that there's something you can do, that there are, in fact, many things that you can do.

It's kind of a choose your own adventure. Do as much as you can, but don't be overwhelmed. Don't get into that analysis paralysis of how do I do it right?

But more just get started. Just get started going through these modifiable risk factors and modifying what you can from a lifestyle perspective to optimize cognitive function.

Yeah, it's powerful when you start to see it, when you see real people changing, I mean, you have to get that message out because we know that Alzheimer's, dementia, I mean, it's just it ruins and really makes life a struggle for the entire family.

So it's not just the individual that suffering, but it's the people around them, the caregivers, the family. everybody suffers through this. And if there's hope, we've got to give that to them.

And so let's talk about your recent clinical trial that you published in the Journal of Alzheimer's Disease in 2023. It was called “Observed Improvement in Cognition During a Personalized Lifestyle Intervention in People with Cognitive Decline” And so can you tell us kind of the parameters of this and how you went about, basically doing this and getting it published?

Yeah. So in 2018, I had, the opportunity, I got funding to do a clinical trial. And the reason that we wanted to do it was because I had lots of families, as you mentioned, they're all of their suffering.

It's expensive. It's so much effort to take care of someone with dementia and to ask them to change their lifestyle, to change their diet, their exercise, to take the supplements, to do the testing.

People would ask, if I do all of this, how likely is it that I or my loved one will get better? And I didn't know the answer to that question. So essentially, the study was designed to answer that.

And what we found, we took 23 participants through a six month intervention. And in that time we saw that that 74 of the 23 improved, or 74% of them improved.

So all of these participants, they had MoCA scores or the Montreal Cognitive assessment is how we decided

whether or not they would be in the trial if they were eligible, and they had to have measurable cognitive impairment.

So their MoCA score had to be, measurably declined. Right. So normal is 26 and above. Perfect is 30 out of 30. They had to be between 12 and 23. And what we saw was that, as you might expect, as people, when people were younger, when they were earlier on in the disease process, it was easier, they were more likely to get better, but 74% of them still did get better.

I also see in my clinical practice the people who are able to do it, who are able to make the changes, whether it's because they have the support of a family member or other caregivers or health coaches or whoever it is, they're willing to do it.

If you're willing and able to make the changes. And it doesn't have to be all of them. But if you're willing and able to make the changes, you're much more likely to get benefit than the person who's, for whatever reason, because of whatever constraint, maybe they've been hospitalized, or maybe they don't feel like they can afford it, or they don't have the energy to engage those those participants that we just did not get the benefit.

So, right, it only works if you do it as you well know. So that it was it was really amazing though. It really stunned me that so many that that the numbers were as good as they were.

What we saw was that there was a a difference in the mean scores at baseline and at six months as well. And they were statistically significant. They were improvements in memory, overall composite cognition.

And in those MoCA scores, we also saw improvements, that were significant in sleep and quality of life. And we saw improvements in every cognitive parameter that we measured, although not all of them were statistically significant in that small of a group.

So, yeah, there's still a lot of research to be done, but that publication was in short lived or excuse me, August of 2023 and in July of 2022, Dr. Bredesen, my mentor and his group, the paper was authored first author by Cat Toups.

And they published a very similar clinical trial. It was a nine month intervention, whereas we had just done six months, but they took cognitively impaired patients who had MoCA scores down to 19.

So not as impaired as our group, which was 12 to 23, but they went down to 19 and people had to have cognitive impairment.

Clinical trial results and patient improvements

They couldn't be perfectly cognitively functioning. And in nine months, they saw that 84% of their participants improved and they had 25 participants.

So very similar trial, very similar scope, similarly done. And they got better outcomes. So they had more people improved, but they had a longer intervention and less declined participants.

So we sort of cooperated there, their research and showed that, that this was replicable, that we could do it in multiple settings. And they are currently recruiting for a randomized control trial that's happening.

And across the U. S at five different sites right now. Oh, that's great that they're doing that, that study. Now, what is the feedback then from let's say the neurology.

you know, from, from more of the kind of the West or obviously I know, you know, the functional medicine community is excited about this because this is stuff that we've been talking about forever, right?

We love seeing it get published. It verifies what we've been saying and what we've been witnessing and observing

for years. But how about the Western medicine, the, you know, neurologists that are still using more of a pharmaceutical model?

have you gotten feedback from them about the study and has it been recited, like, how have they use it as a citation for further research? Oh, that's such a great question.

I mean, my finger is not on the pulse of that as much as it probably should be. I my head is so down in in. Sure. Yeah. Patients and helping take care of the residents at Miramar and writing the book and coaching clients and stuff.

And so it's very I don't I don't end up interfacing with too many neurologists. But what I hear a lot of is what the patients who have just been to see in our ologist tell me, and, you know, people are still being told there's nothing you can do.

I'm gonna have to take away your driver's license, or they don't even tell them that. They just send the notice to the DMV, and then their driver's license disappears and they say, we'll see you back in a year or six months.

And there's they're not offered much. Right. There's a couple medications that, there was a Jama article, and I think it was December 2019 that showed people, patients who start Namenda or, memantine or Aricept or an episode, these two medications that are commonly prescribed for dementia, although they tend to do a little bit better initially, five years later, their cognition is worse than if they had never started.

And so, you know, from a pharmaceutical perspective, there isn't much there are these new antibody, therapies on the market. And they unfortunately, they don't create meaningful improvement in cognition, which is really what we care about.

They reduce amyloid markers and they reduce, about 30%. They reduce the rate of progression. So you basically prolong this really torturous, exhausting process.

And it needs to be started when they have mild cognitive impairment. So in that earlier stage, like what we like the patients that we recruited. And so, you know, I think what we're but we're also a doctor by and and I are both working with the Pacific Neuroscience Institute which is under Providence and Saint John in Santa Monica, a very large institution, medical institution where we are trained.

my goal working with them is to model, collaborative functional medicine. Plus, it in integrated with conventional neurology, at an institutional level.

So if, if we can be successful there, I think that you're absolutely right like that. You know, what you were alluding to. It's like, how do we collaborate with the existing medical infrastructure, with what gets covered by insurance so we can reduce the cost and so that we can increase access and impact. And, that is my work in the world right now.

That is what we are trying to do. And certainly Doctor Bredesen is as well. We meet with that group and review cases and talk about things that can be done from a functional medicine perspective to add, and, potentiate what they're doing it in, in a very institutional, conventional setting.

Yeah. I'm really glad that you're doing that. And I think it's really important that we get more media coverage. I'm happy to obviously give the coverage to my audience.

We need more media coverage. when when, you know, we get real data like this and, and peer reviewed, published research in big journals like Journal of Alzheimer's Disease.

You know, we don't want practitioners, right. And and people in the media just kind of glancing at it and just go to the next right. It's you really need to get this out.

So, you know, we can do further research and really, you know, create the programs like Doctor Burgess has and get this out to the masses. So and like you have as well.

And so, so I think it's important I think that's important that you're doing that. And, I hope to see hope to see that your study is actually cited in a lot of future studies, not just by Doctor Bredesen and his group.

Right, but, but by many different groups as, as we go through this. And I think for many people in Western medicine, they get obviously, you know, they're getting a lot of their information from pharmaceutical companies, right?

That's where they get a lot of interest. Many of you don't have time to read through all the journals. And then on top of that, many of them just they kind of have lost hope in patient compliance.

Right. Because the reality of it is that functional medicine, natural health, like it seemed like from my perspective, a lot of it seems easy because I live it.

But when when it comes to lifestyle change, especially as people are older and if they have cognitive decline, the compliance level, or like, you know, if they are very sedentary, the idea of going out and walking in their in their block, which is one of the best therapeutics, that they can do, but just seems intimidating.

It seems overwhelming to them. And so I think that's one of the also great things that you do is you actually have programs that really help, encourage and facilitate these kind of processes, which I think is so important.

I think a lot of practitioners have just kind of they just don't believe that their patients are going to be compliant if they tell them, change your diet, right.

Take these supplements and, you know, start exercising, sleep better. Right. Things like that. But you that's where you have come in. And you're actually showing that this can definitely be done.

And, you know, obviously that there can be people that caretakers and things like that that come alongside and help encourage this. Yeah. You know, that was one of the surprising things about the trial.

We didn't know it was a feasibility trial, really. The question that we set out to answer was with a cognitively impaired group of people, a group of patients, can we get them to make these changes?

Will that even work? And what we found was like not only yes, are they willing to do it when they're at home? There was this incredible woman, she came in and, I tell this story, her story in the book and many others.

But when she came in and got enrolled in the trial, her goal was to be eligible to move into a, age in place community where she had a couple of second cousins who were living there.

So she was living in San Diego. This places up in LA, but her husband had passed away. Her older siblings had passed away. She had no children. So she was terrified, like there was an actual terror in her voice of the thought of growing old and demented at her home, which had fallen into disarray.

She was literally surrounded by like, stacks of paperwork she hadn't done her taxes in years. She'd had a nursery with her husband and it had gone. It had just gone feral. Right.

And so she her goal was to get her. She couldn't have any measurable cognitive impairment to be eligible to move into the senior living facility. It was like you pay the same rate, but you can't, you know, they're doing their calculation on the risk rate.

If we bring you in and you have you already have some dementia, it's going to cost a lot to care for you over time. And so you wouldn't be eligible. So anyways, she shows up. She did.

She was terrified. She's so anxious. She's worried it's not going to work for her. She has no support. I mean, we had my staff had to put aside time on Mondays to listen to all of the voicemails she had left over the weekend.

We had someone on the phone with her at least once a day, reassuring her, coaching her through what to eat, what not to eat, how, what kind of exercise to get, how to take supplements, all of these pieces.

She needed a handheld, both handheld. And six months later, this woman walked into my office wearing like her favorite blue dress that she hadn't worn in years.

She's like spinning around. She's telling me about the dates she's going on. She's telling me how she got her taxes done and how she, like, cleaned up everything at home, how she's going to these brain with some kind of brain health groups.

And she met somebody, and now she's going thrifting with her girlfriend. And oh, by the way, her neighbor got cancer, and now she's cooking for him, too.

And it's not just about cooking for herself. And she had zero interest in any senior living community at all anymore. She got her life back.

Working with conventional neurology and care teams

And so, you know, when people say to me like, oh, well, you know, somebody. So this was what was crazy is the health coach who is working with us on the trial because this woman, she was enrolled in the trial, called me like called and was like, hey, I don't think her readiness score is high enough.

I just don't think she's going to be successful. And she was one of the most successful participants in the trial. And she she surprised us, like, I have learned so much from patients about things.

There's so many people I have told and with good intentions, but I have learned my lesson. I've. I've basically suggested there wasn't hope that they couldn't get better.

And then they proved me wrong. They showed me that they could. And so I think whenever we talk about, oh, it's so hard and you need you need so much support, I just think of this woman and like, in her blue dress and like, or you don't, you know, some people just figure it out.

And so I think that as the narrative changes, like my job, I see my job as changing the story. When people hear that there's hope, when they hear that there's a path, when they hear that there's guidance and that there's resources and there's support, then they can decide.

But when you're told over and over again that there's nothing you can do, it just creates, again, this false hopelessness, this feeling of being stuck, of having no options.

And that that's like criminal at this. From my point of view at this point, at this stage. Yeah, absolutely. And she obviously had a big why she really did not want to end up like that.

And if somebody has enough of the kind of underlying motivation, they're going to do whatever they can, right? They're going to have a relentlessness or perseverance.

And, you know, like you said, at six months, you know, she had amazing changes and so all, you know, people have to learn new skills and it takes a little bit of time.

But, but if you have that, hey, that desire, that underlying desire, I always say why that makes you cry, right? Like a big why that inspires you to where you're like, you know what?

I'm I'm dedicated to doing it. So I'm going to figure it out. Right? If you have that, then, all these interventions, all

these I saw interventions, you're going to pick them up, you're going to learn them.

May take some hand-holding like like I did in a, in this case, but but you know, she was able to get the success. So that's awesome. Let's talk about these lifestyle interventions and what you have found particularly low hanging fruit.

You know, we can start with the things that are probably the easiest things that people can start to implement into their life. And then obviously we'll go into a little bit more complex as we go on.

But what have you found to be most effective strategies for people to improve their brain health? Yeah. So foundations are going to be the same that you've heard other places diet exercise, sleep and stress management.

And then there's the medical piece of identifying toxins nutrient imbalances, stressors, structural issues, genetic issues, signaling issues, infections.

All of those things are icing on the cake, however. And so really starting with the foundations is important. And as we talk through these, I invite people to kind of listen for one, 1 or 2 things.

One is like you said, what's the low hanging fruit? What's easy? What am I already. Kind. Of doing? But I can make this small tweak and I would get even more out of it.

So listen for that. And that's going to be different for each individual. And then the other thing is that big one, right? Where am I going to get the most return?

Where am I going to see the biggest Delta the biggest change. And so when we talk through these things diet, exercise, sleep, stress management, like some of the pieces that come up diet, you and I are both big fans of the ketogenic diet, of fasting and getting making that change, flipping the switch into ketosis as we have patients and not just one where they go from not remembering grandkids names to remembering the grandkids names, right?

Like big differences in cognition, many people will tell us that after getting into ketosis, they are remembering the words. They're remembering the, of course, the names that they're they're able to engage, they're present, they're sleeping better.

Their mood is more stable, right. They don't have the joint pains and now they can start exercising. So flipping that metabolic switch that's usually a big that's usually a big ask.

But it's a big delta. It's a big change from baseline. And then the other big one that we see that actually can feel a little easier is sleep when we start sleeping better.

So if we do that, you know, it's a chore sometimes. But if we get the sleep study and then we wear the CPAp and we learn to, we learn to like it, or we find that supplement or we we figure out that sleep hygiene shift that we need to make that allows us to get better sleep.

Well, now there are so many things open up, right? Because now we're rested in the morning, so we make better dietary decisions. We feel less stressed.

We have the energy to go get the exercise. And so it really helps all of the foundational pieces. So sleep also when we're getting better sleep that we need high quality sleep.

So if we're if we have apnea we're causing damage to the brain through hypoxia. These recurrent hypoxic events, when our airway is closed off at night, treating sleep apnea is absolutely crucial to brain health.

We cannot miss this one. And I have watched miracles happen.

A patient success story and the importance of hope

I've seen patients who have single digit mucus scores so advanced dementia diagnose Alzheimer's, who recover, who double their scores, who make huge improvements primarily because they start wearing their CPAp.

That's when you really see the shift. And so this is something no one should leave on the table as a as an effective strategy for optimizing brain health.

So addressing sleep apnea is one thing. But we need quality sleep, deep sleep and REM sleep. So deep sleep is when that glimpse system ruins is the brain we see in the science that one night of sleep deprivation for people in their 20s, 30s, 40s, you don't have to be 65 or 85 to have this happen.

One night of sleep deprivation leads to a measurable increase in in the cerebrospinal fluid of amyloid plaques that are associated with Alzheimer's. So over decades, this accumulates creates big problems.

We need to get that deep sleep so that we can rinse that out, not just the amyloid, but also the metabolic waste that every neuron collects throughout the day.

And the potential thing that we inhaled during the day, the mole toxin or the mercury that we eat with our fish. So we need to be able to get that stuff out.

And it happens during deep sleep. REM sleep is just as important. It's when we're consolidating memories. It's when we're taking the emotional bite out of anything that happens, stressful events so that we can actually recover and have that resilience to stress.

So deep, deep sleep, REM sleep, enough sleep avoiding apnea or other sleep disorders. This is. I cannot overemphasize how crucially important this is for the brain.

And going through the process. So many people say to me, well, I know how important sleep is, but I can't get to sleep. I can't stay asleep. I've suffered with insomnia, so what do I do?

There's a bunch of things. There are strategies for getting to sleep. There are strategies for staying asleep. There are sleep hygiene practices and temperature and sound and light and all of these things that we can play with.

And I use an aura ring. I test and measure my sleep so that I know what's going on and how my my end of when my variables change, the quality and timing of my sleep.

And I highly recommend that people do that. I can't give you everything in just this short conversation, but talk to someone who is well versed in this a functional medicine provider, a coach, a nature path, someone who can help guide you through this so that you get the benefits of that great sleep.

Yeah, and I put out a lot of content on on sleep. So if you check out Doctor jockers.com or my my podcast, we talk a lot about that because it is so critical activating that lymphatic system and really training detoxifying the brain.

I mean, even something as simple as sleeping on your side, right side sleeping has been shown to significantly increase lymphatic drainage, as opposed to sleeping on your back or on your stomach.

Right? So even just kind of the posture that you're sleeping in super king, you know, I remember when I was seeing patients regularly, I would have a questionnaire and part of the questionnaire that they would fill out the images, like how do they how do they sleep?

And one question we would have on would say, do you have a light or a on often when you sleep. Right. And I was surprised how many people actually fall asleep with their TV on.

Yeah. That blue light just, you know, and most people are just not been told basic sleep hygiene. Right. And so just really good sleep hygiene, getting all the lights off right, making it as dark as possible, something as simple as like blue light blocking glasses at night can make a huge.

I've seen a big, huge difference for people, right? You mentioned a CPAp machine. If so many people out there with sleep apnea, one of the fastest growing conditions, underdiagnosed conditions because you really have to go in and get a sleep study right in order to get it.

Yeah. Although the technology has improved so that there are at home sleep studies and they're not as good, they're not the gold standard and they won't rule everything in.

But you can often find sleep apnea. And it makes it makes it much. There's less of a hurdle to basically getting some sort of test that then can lead to treatment.

And so we use watch pad. and I ask your provider for that because I know so many people think, oh, I have to go to this overnight sleep study. And although that is the gold standard that I would prefer if everybody did that.

But I get it. You need to then arrange somebody to pick you up in the morning. You lose that night of sleep and so you feel like, oh, for a day or two.

And so how it's just such a big ask if we can get you that at home. One rule in sleep apnea and then be able to treat it. And that goes a little quicker.

Your brain benefit sooner. Yeah. Absolutely. So so key. So good nutrition. We also know you mentioned ketogenic diet ketones. We know that when the ketones are elevated in the bloodstream that's going to decrease inflammation in the brain.

So inflammation goes down actually kind of shuts down the overall inflammatory amplifying system called the neuro inflammasome in the brain. It also helps balance your gas pedal, the glutamate to Gaba ratio gas pedal to brake so you get more a smoother drive to your brain, and it increases mitochondrial energy production, which is really why you that's if you have a good, well-functioning brain, a brain function.

If you're able to think sharply and quickly, control your emotions, have good mitochondrial function. If you have cognitive decline, sine mitochondria are dying off, they're malfunctioning.

They're becoming what we call senescence. So ketones getting that elevated in the bloodstream so key for that. So love those first two great strategies.

What else can people be doing. Yeah. So exercise is another one. And many people haven't heard about dual task exercises. Dual dual as in two. What we're doing there and suggesting is that you engage cognitively at the same time as engaging physically.

So this might be as simple as walking and talking, or it can be a little bit more complicated, like going to a class where you're cued by an instructor, yoga, Pilates, Jazzercise, Zumba, whatever floats your boat.

Core lifestyle strategies for brain health

Getting into a class where you've got to know, like, what's my right side? What's my left foot doing? And then you've got to keep up and maybe even memorize dance steps or some kind of moves.

This is really helpful. and what we see is you basically potentiate the benefits of exercise when you engage cognitively at the same time. So you get more benefits for your brain.

There's been a lot of research in the stroke and traumatic brain injury space for balance. You doing balance exercises while cognitively engaged. So I've had patients.

I had a great super sweet patient. She was living, her granddaughter was living with her and her granddaughter was very interested in she was going to nursing school, very interested in health and wellness and would come to her visits.

And we were discussing this. And so she her grandma had always been an avid exerciser. She'd always gone to the classes, gone for her walks every day, jogged, done half marathons and stuff like that her whole life.

But when her granddaughter heard about this, she took it and ran with it. So the first the first few walks they did together, she would quiz grandma on birthdays in the family and anniversaries in the family, things that were emotionally compelling to her and that she wanted to remember.

And then this is dynamic. So as she regained cognitive capacity, she started quizzing her on the names of all the neighbors and how old their kids were.

And then they started identifying the trees, and then they identified the birds, and then they started learning the Latin names of them. And so they just kind of upped the intellectual ante.

As she got better. They also started doing more hills. So this is dynamic grid. As we increase our cognitive capacity, as we increase our our cognitive capacity and our exercise capacity, we want to shift the the metrics, right.

We want it. We want to kind of stay engaged. So we want it a hard enough that we're into it. Right? We're not checking out like, I've been to the same Pilates instructor for years.

Right? I know what she's going to say before she says it, so I can be thinking about my grocery list and everything else that's on my plate for that day.

Not engaged in the the cueing then, so that we want to avoid we need to stay engaged. And then the other thing we want to avoid is like the giving up because it's too hard.

So particularly if we are working with a loved one who has dementia, sometimes we want to push. I've seen I've seen spouses be like, come on, you knew this yesterday and they're like upset with their loved one when they have a brain disease.

And so having some compassion and, and engaging them at that sweet spot of like 75% right where they're engaged, but they're not giving up or frustrated when we're under stress.

We just don't. Our brain doesn't work as well. We want to have we want to actually be having fun. We want to be enjoying it. And that was a big part of this granddaughter grandmother duo, because her granddaughter really knew what grandma liked.

She had grown up in like northern Minnesota in the woods. She loved the trees, she loved the birds. And of course, she loved her family. And so engaging her in those in those things was helpful in keeping her engaged.

Yeah, I love that. What a what a helpful strategy. And, you know, if you're out there and you have a family history of Alzheimer's, but you don't have cognitive decline right now, you can start taking walks with your spouse or with a friend, right, and have discussions. Right.

And, you know, having good intellectual discussions and having fun, laughing together. Such a powerful thing and coupling that with the movement. So you're getting your exercise in while you're doing that. So, so good.

I love that strategy. What pickleball craze has been awesome, right? Yeah. So so it's often outside. There's strategy involved. There's hand-eye coordination.

Ballroom dancing is another one. You're engaged with the music. You're engaged with a partner. So you're spatially aware. You have to remember the steps.

so there's there's lots of different ways to do this. And I invite people to just like brainstorm and get creative with it. But think about that. How do I engage both cognitively and physically at the same time?

Yeah, that's so good. So what else? What else can people be doing? Yeah. So stress management wise there's great literature on meditation. Kirtan, kriya is a type of meditation.

It's a certain nama. it's a type of meditation that has been studied extensively for both people suffering with mild cognitive impairment, dementia, and for their care partners.

So we know that caregivers are anywhere from two and a half to six times more likely to be diagnosed with dementia later on in their life, compared to those who never serve as caregivers.

So we're increase the risk. The stress of caregiving, the burden of caregiving is very real. And when I have a dyad come in a patient and a dementia patient and their caregiver, I always think of the caregiver as a patient as well.

How do we meet them so they you don't become the patient. And, having both the dementia patient and the caregiver engage in care time, create a gether do this meditation that's just 12 minutes totally free.

We find a video on YouTube. and doing that every day, it changes. It changes immune function that changes in the inflammatory markers. It changes glucose regulation and it changes cognition and of course, quality of life.

And so there's a ton of research on this particular type of meditation, but a prayer practice, a different meditation practice, any sort of mindfulness practice, a gratitude journal, anything like that can serve this purpose of taking time in your day to regulate your breath, to become present.

I was relistening to the the book breath recently. I don't I'm sure you've it's the James Nestor book and he refers to cure time.

Sleep, exercise, and stress management

I hadn't picked it up because I think I last time I read the book was probably years ago, right when it came out. And so I wasn't as interested in these, in these things.

And we hadn't been using cure Time Kriya at Marama and with with patients. But he mentions that it's the rate of the breath when you chant these, these phrases gets you into this perfect rhythm of the 5.5 seconds, 5.5 breaths per minute.

And so we get better oxygen, diffusion into the cells and, and better CO2 balance, the acid base balance are in the system changes. So there's a lot of and there's a pretty good understanding of why these practices have been around for millennia is because they're they're physiologically benefiting the body as well as the brain.

Of course. Yeah. Another simple thing people can be adding in is just really focusing in on their breath. Like you talked about kind of a mindfulness meditation where, you know, I'm a I'm a Christian believer.

So I'm a huge advocate of prayer. And my wife and I pray together. I pray with my kids, we do prayer walks. Right? So all of these things, yeah, they really bring gratitude.

And, you know, and there's also a cognitive component that you're actually activating as well. And they're reducing stress. Right. And so, so really powerful stuff, very powerful.

And I think they're so simple. Right. And there's a it's easy to say, oh, get that, get to that tomorrow or I'll do that another time. It's not that important.

And yet over and over again, my personal experience is and then also what I hear from patients who say that is the best medicine, that daily prayer practice, that daily journaling, that daily meditation, whatever it is for you, doing that daily, even when it doesn't feel like it's doing much.

When you look back six months later, you go, oh, I relate to stressors so much differently. I'm more patient. I'm

more creative. Life is different. Life is more fulfilling because of that practice.

Yeah, I love that. So you've gone through some simple things right there. Let's talk about maybe let's, let's say a couple supplements or other strategies that people can apply, especially as they start building momentum.

They they're doing a lot of this low hanging fruit, cleaning up their sleep, stress, eating a better diet. What else can they do to help really jumpstart things?

Yeah. So the supplements that we started with, for all of the participants in the clinical trial were, no trophic stack called qualia. Qualia, qualia mind.

And that one has a little bit of caffeine in it. They have caffeine free versions as well, if you're sensitive. But that isn't a tropic stack that includes vitamins, minerals, and, herbs that are known to support neurotransmitter synthesis, metabolism, and attention, focus, clarity.

And so we see that that's helpful for people. and that can make a big difference out of the gate. Vitamin D is another one. And if you struggle with, with osteoporosis or bone issues like they're aging, having it with K2, potentially, as long as you're not on blood thinners can also be very helpful.

But vitamin D is actually a hormone that sends signals to our brain that promote neurogenesis. So we want we want to have enough vitamin D on board. We see that people with low levels of vitamin D are more likely to develop dementia.

And then omegas, omega three fatty acids, whether you get plenty of wild cut salmon or sardines or anchovies are, part of what your palate enjoys. most people, even if you're eating some fish, benefit from getting a little bit of supplemented EPA, DHEA, the omega, and especially DHEA for the brain.

So getting some extra omega is usually about 3 to 4g per day of EPA. And DHA is where we like to start. And then, we often will also add in probiotics because of that gut brain connection.

But we might if you're not having a bowel movement, we'll add magnesium, get the bowels moving so you can detoxify. we might also consider B vitamins if there's elevated homocysteine.

So we have this structure for where we start. But then doing the lab testing to say is there a toxic burden. Is there an infectious burden. Is there are there nutrient imbalances?

are there things that we can optimize. So at a, at a metabolic level or at a biochemical level so that you can recover faster so that you can stop fighting and defending and go into that regenerative mode.

Yeah. So you're saying there's a couple things that most people that are coming up with cognitive decline typically are they tend to be very deficient in vitamin D probably need need a boost of magnesium.

maybe a good quality multivitamin right there. Certain herbs which I want to go back to, that can be beneficial. But then there's also a personalized approach.

Some people need more B vitamins, some don't. Right. And so, you can you can do testing like looking at homocysteine, for example, to see if you need more B12, folate, B6, and you know, zinc, for example, you can actually test, right, plasma zinc levels and things like that.

And so so you can get further, you know, personalization when it comes to the nutrient stack. Now, you had mentioned the nootropic snack. What what are some of the herbs that you found to be really effective for.

yeah. Health. Yeah. And so I don't use any of these on their own. Typically I will use some lion's mane, some of the, the, some of the great medicinal mushrooms come up here.

But I really love putting these together because and that's why we talk about the stack. Because using city choline on its own or using coffee Berry on its own, is not going to give you as much benefit as when we add McDonough and Gingko and coleus and whoop resign.

Right. So when we start adding these things on top of each other, plus we put in, you know, phosphorus, serine and phosphorus, choline and and some of the other, you know, the kopa and rhodiola and some tyrosine and taurine, some amino acids with it.

All of a sudden they start playing together. And that's really what we want to have happen is, is that we don't just I think that this is one of the traps that we get into, in, in the conventional kind of, paradigm is that there's a single molecule that's going to fix us, but really it's about balance.

It's about creating how many homo dynamic balance this is constantly changing, right. What's the right amounts. But we want is balance the right amount at the right time at the right in the right place, in the right amount at midnight is different from the right amount at noon.

Right than the right amount in our 60s is different from the right amount in our late teens.

Supplements, testing, and personalized support

And so we want balance for the system. And that isn't usually about a single molecule. I mean, sometimes you hit one where it's like, oh, I got that magnesium three and eight, and all of a sudden I sleep better and life is better.

Sometimes that happens, but that's usually just step one. Or like one of the steps along the way to creating more balance in the system. Yeah, absolutely.

Yeah. So you mentioned a whole bunch different herbs, a whole bunch different nutrients. There are a lot of good things that people can look up. You can go to doctor jackers.com I got a lot of resources on, you know all these types of things.

Also, doctor Heather Sandison, she's got some great resources when it comes to a lot of these different nutrients. and she mentioned some low hanging fruit, like vitamin D, just helping optimize vitamin D levels.

Yeah, we heard a lot about that with the pandemic. Amazing for the immune system. If we had just focused on optimizing people's vitamin D levels, getting them up between 16 100 nanograms per milliliter, we had a significantly reduced.

I mean, we really wouldn't have been a pandemic, right? you know, we would have significantly reduced hospitalizations, deaths and, really supported people's immune systems.

And it's very, very cost effective. And of course, you can go out in the sun on a regular basis and get it too. So great place to start, magnesium. I know you and I both seen a lot of people improve, cognitively when they get the magnesium.

We say magnesium is to the to the body what oil is to a car. The more stress we're under, the more we're revving up our system. More magnesium. We need it.

We need it for like 600 different enzymatic functions in our body. So super key. That's some good low hanging fruit you could start with. And then just like you mentioned like getting a good nootropic.

There's tons of them out there. different nootropic snacks that you guys can check out as well. And so with that said, let's let's talk about, you know, you got your book coming out, Reversing Alzheimer's here.

and obviously, you know, what was your inspiration there? You you've talked a lot about it. What can people expect from that book? Yeah, really, the goal is to make this work accessible.

It's to have a guide. The the first couple chapters talk about, if you only do one thing for this particular modifiable risk factor, if you only you know from a toxic perspective, just open your doors and windows every day, open your doors and windows for an hour each day.

Take your shoes off at the door and reduce the toxic burden that you're exposed to when you're spending time at home. And with these simple little things.

That's what I want people to pick up first from the book. And then as you work through the book, you can make these bigger changes around diet and lifestyle and exercise.

And we have reflection questions, because what we've noticed with patients with residence at Marama, with coaching clients, is that this path is different for everyone.

And so again, we want to keep guiding you back to what's going to be easy and doable so that we have that win. So we get that dopamine hit that helps us to go get the next one right, to do that next piece to layer these on top of each other.

And then what's that big piece. What is that big thing that I can do that's really going to change the trajectory of my health as I age. And so really, it's a it's a compassionate perspective about how to do this, and, and actually do it make it implementable.

Right. How to how to make it doable. I think that people get it often people will come to my, my office with Dr. Bredesen's book and I like all right, I made a change.

I made a bunch of changes. And I've done as much as I can, and now I'm ready to put the icing on the cake. But there are other people who are like, I get the concepts that intellectually it makes sense, but I'm having trouble actually making it happen.

And that's what the book is meant to be. It's a toolkit, and it's a guide to help you to put the intellectual, like, all of the things that you know, into practice, where they actually matter.

Yeah. It's great. I mean, this book is a book that gives a lot of hope. And so if you have a family history of dementia, Alzheimer's disease, perhaps a friend does, somebody that you care about, maybe it's dealing with that.

It's a great gift to give them and it's a great book to read. I think really, everybody should be reading some rain based health book every year. Right.

Just to remind ourselves of the things we need to be doing. everybody should be investing some level of energy. I mean, you're listening to this, this interview right here, which is great.

The new book Reversing Alzheimer's and closing advice

Right? And, and reading a book like this really, really give you hope and give you real life strategies, data backed strategies to help optimize your health.

So couldn't endorse it more. Dr. Sandison, great work on that. Reverse Alzheimer's. You guys can check it out. Amazon.com. We'll have a link in the show notes and any last words of inspiration here for for audience.

Yeah. You know, one of the most surprising things from the clinical trial was that no one did everything right. So we've talked about a lot of different things.

So the people who got better, although they all did something, no one did it all. Not everybody got into ketosis. Not everybody took every supplement. Right.

So what I really want to caution people against, it's the feeling of overwhelm. But we've talked about a ton, and

especially if this is new to you, it can feel like so much.

And yet it's tough, it's doable, and it is so worth while to see. The reason I get out of bed every day is because I have patients who tell me, I got my mom back right?

I got my partner back. They're having conversations. We get this. We get to enjoy our anniversary or the next holiday in front of us. And that's what this is about.

It's about those relationships and those connections. And so don't get overwhelmed. Just get started. I love that. I love that so many people have called me like, I have to be like you in order to be healthy.

And, you know, I think that, yeah, that can be intimidating, right? And so you don't have to be perfect, right? Just start where you can. We talked about the low hanging fruit.

Right. That idea of little things that can move the needle that are minimal effort. Right. As far as you know, committing to. And I think that's a great place to start.

And so again, great work. Dr. Sandison. And you could check her out. drheathersandison.com. Follow all the great work that she's doing and check out her book, Reversing Alzheimer’s.

which which is out now. So thanks so much. There you go. Right. If you're watching the video. There you go. All right. She's got it. Great book. And, we'll see you guys all in a future interview. Be blessed everybody.