Unlock The Potential Of Cranial Sacral Therapy Transcript

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Introduction to Michael Morgan

Welcome to this episode of the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sandison, and I'm so excited to introduce you to Michael Morgan today.

He's presented his findings at the American Society of Aging over the last few years, but he's also most recently been a host of the virtual Alzheimer's World Summit and the Longevity World Summit as well.

So he's very familiar with sharing just this really exceptional information around how we can both prevent and reverse dementia. He has a really unique perspective as an instructor of CranioSacral Therapy for the Upledger Institute.

For over 25 years, he's been involved in mind body work for over three decades. He's taught this technique extensively in the U. S. as well as internationally.

And he's pioneered and coordinated research into the application of Excuse me, a mouthful there. CranioSacral Therapy for Dementia and Alzheimer's. And he's instrumental in publishing this research.

So I'm excited to share. I think many people don't think about manual therapies like CranioSacral first when it comes to dementia. Right. Most people are running off to neurologists and yet there is this sort of untapped benefit of a very low risk.

High, highly. I think for me, personally, profoundly effective therapy and so. Michael, thank you. I can't wait for everyone to learn more from you. Think it's a pleasure to be here, Heather.

Thank you. So I think let's start with just the nuts and bolts of CranioSacral Therapy. What is it? Yeah, it's something that people always ask. They hear about it.

They may have heard about it now for the last few years, basically. My mentor, Dr. John Upledger. In the mid 1970s was an osteopath developed away, which comes from the osteopathic tradition for a hundred years before that of listening to the body.

And you know how they would train a doctor to listen to the the heartbeat or a nurse to the respiratory rhythm.

What CranioSacral Therapy Is

And what he found, which was kind of known for a while, but he kind of codified it into a technique is that even below the respiration, there's a little slower rhythm of about six cycles per minute, 6 to 8 cycles per minute, and that's called the CranioSacral rhythm.

And the idea is, without getting overly technical, is there are cerebrospinal fluid that flows from the head down to the sacrum, hence the name cranial for the head and sacrum for the sacrum and the girl to respond in between in this flow of cerebrospinal fluid actually interacts with the body and it allows the bones to widen just a little bit in a very minuscule amount and narrow.

And we also feel in the body going to what we call external and internal rotation. And the efficacy of that is if we can train a therapist to just kind of quiet their touch a little bit and listen, they can actually listen to this very subtle rhythm of the body.

And the power for that is Dr. Upledger says is it underlies the whole neuro skeletal, muscular system. So it's like there's a very fine ripple effect in the body, but it affects all these systems that are grosser than, you know, all the

musculature and the bones and the neurology.

And so what he did is he started experimenting with it and found out when he when he taught, even people that were laypeople how to do it, they started to get results.

So that's the basis of CranioSacral therapy is physiological. It's a hands on technique, but it's just a very light touch. As you know, if he's experienced that, it's a very light, subtle touch.

But the body responds to it because it's as if you're listening to somebody. You know how somebody sometimes says, you never listen to me? Well, at least I've heard that.

It's like the most profound way to get somebody on a deep level, a deep neurological level. And when people feel and when the body feels, it's really being respected and listened to, the body will start to shift and give things up.

So that's kind of a little bit of the basis of it in terms of the core, you know, how developed and Dr. John Upledger. helped train and create beginning and advanced courses where around the world now we've taught over 100,000 people and we're in 57 affiliates worldwide.

So it's kind of getting out there around the world. Yeah, this is a really exciting time. When you say the word listen, I think some people think of listening with their ears.

But I want to be clear here that this is listening with touch. Yeah. So it's it's a it's an attuned perception to movement in the body. When someone is at a kind of a macroscopic level to the naked eye.

Looks like they're still. Yes. Right. And I think some people also confuse this with massage. So we you just kind of compare and contrast it. Yeah. CranioSacral therapy, a hands on therapy.

But this is not a massage therapy. Right. And although a lot of massage therapists learn how to do this. So yeah, it's kind of like one of those buzzwords we use the cranial or a listening in such a way you never think of how other people might receive it.

So yeah, there's listening over the years, but also just placing on the body. We can listen how the body moves, we can listen to the head and we actually can feel this widening and narrowing.

And what's interesting about this, Heather, is that as we're at this Slide five gram touch, it's like lifting a nickel. It's that light. What can happen is, as you, you know, get more advanced in your work, it's like you start to be drawn deeper into the structures of the body.

You can actually feel and visualize how the heart is beating, where there's restrictions around an area where there's something on the hand that might feel a little tired.

And as you get more advanced in the work, you can actually feel into structures of the brain. So that's different. So massage, you know, which we all love, is that that's working primarily on the musculature.

You know, a lot of therapists massage, they're sort of very keen on the muscles and that's good because you get relaxation in some people, they're deeper in the massage, I call it in the Midwest, the Chicago type massage, where people go really deep.

They like that. Some people have lighter, but what it's doing is basically focusing on the musculature and you get better blood flow, you feel more relaxed and most people understand intuitively, if you get massage and you get that rubbing in that deep, you get more blood flow and you feel more relaxed.

And so that's very revivified. Now, CranioSacral is like a deeper level of that. It's not working so much directly, deeply on the musculature, but just by that light touch the body starts to respond and shift.

And there's an old osteopathic principle that the body is a self-correcting mechanism. So if you listen respectfully enough, even quietly, the body will start to shift and realign itself.

And the old timey osteopath you'll love, this is an astral past. They they had the theory, even in the late 1800s, that the body had its own natural pharmacy.

And if you could listen respectfully enough, the body could filter out on its own through its own internal intelligence, how to heal itself. So that was their thoughts.

So we've kind of come full circle after 120 years or so, in a sense, saying if we can listen to the body in a very light touch, that doesn't look like a lot's going on.

It looks like a whole lot of nothing, honestly. But people can feel it internally in their body. So for example, I saw someone yesterday that somebody brought to me and they had insomnia for pretty severe case insomnia, where a fellow couldn't sleep for four days in a row.

And I worked on him for an hour and I thought even if I get my foot in the door after, you know, he had like 11 documented concussions. Right. And so I thought even if he got 5 minutes more sleep, that would be great.

He went home that night in the early evening, slept for 2 hours and then went to bed about 11 and sat for four or 5 hours just, you know, unabated. And for him, that was huge because his body and his sympathetic tone was so tight, it never had the chance to slow down and reregulate, which is what we found, funnily enough, also with a lot of Alzheimer's patients, is that their tone is so high, they can't relax, they're agitated.

And so when you place that kind of feeling in the body and allow that to settle down, you get a lot deeper parasympathetic tone where there's rest and repair.

Sorry, I could go on, but you started me going. But that's kind of like the idea of Maybe CranioSacral a little bit different than massage. Absolutely. I think there's another component.

So I want to put this in the context of our modifiable risk factors when it comes to dementia and Alzheimer's. Yeah. And also anatomically, I want to just add, when we talk about the differences between massage and CranioSacral Therapy, anatomically what we're doing is we are manually stimulating with CranioSacral Therapy, the cranial and sacral roots, which are where the parasympathetic system lies.

Right? Physically, the cranial and sacral nerve roots are part of that rest digest and heal system, where the sympathetic are that fight or flight freeze.

And so when we manually kind of bring people into that rest digestion heel state, lo and behold we get some healing that comes from that. So let's dove into your specific research.

I'd love to hear about how you how you what made you draw these connections between dementia and using CranioSacral Therapy? Well, for a lot of us, you know, it started with our family because my my sister in law and my stepmother developed Alzheimer's.

And I've been teaching cranial for a while. And I knew it helped with clothes and injuries and headaches and migraines and digestive lower back pain and a variety of things.

And I thought, you know, maybe unfortunately, after they passed, I started to think about this maybe cranial psychotherapy can help with that.

How It Differs From Massage

So I started experimenting and I found out through some friends of mine that were nurse practitioners at the University of Iowa, I said, Maybe let's do a little study.

And there was something called a still point, which we teach even to laypeople. And it's a very simple way to listen to the cranial cycle rhythm, allow it to come to a very slow and even halt.

When it does that, it's like a computer rebooting or like resetting the switch on your furnace when it needs to reset. And what that does is it lowers, especially if people have a high tone, a very low to a very balanced parasympathetic tone.

And so we did our first research project in Iowa. And basically what we did is we worked on people with early to mid stage poor. Now later some of them were later stage dementia and we just worked on them for 5 to 10 minutes a day for six weeks in a row.

And we found out after we had fairly, you know, all recent practitioners now a lot of training, but they knew how to administer this still point. We found out that after about three weeks, things started to change.

They started to recognize their caregivers. They started to speak in complete sentences and feed themselves. And there was we and we found this consistently and years later is that people, after some point begin to catch themselves when they repeat.

And, you know, with someone with memory problems, a lot of times they just repeat over and over. It's kind of like what you have seen with closing entries as well.

But they started to catch themselves and they develop more and more self awareness. So we did that, that initial study, and then we started to replicate that anecdotally and then replicate that at the larger institute.

And we found that if people have not just even that initial treatment of a few minutes today, but they have more profound touch, maybe what we call mini intensive work, that we work on them for 2 hours, three days in a row with the team, that they begin to actually start to unwind, so to speak, the traumas from the past, someone who might be a 70 something might say, Oh yeah, this happened at 55, this happened at 40, and it's not a linear process.

But we found it out there when people started to get this in a more concentrated way, all the traumas from the past started a kind of dissolve, and they started to regain mental clarity.

And we're looking at a program now. If we could do this on a regular basis, we can actually start to dissolve things. And I can talk about your program too in the metabolic think address for basically our aspect.

But basically we found that's what started to happen and that was our initial research and we've continue to do that. I'll stop there for the moment, but that's kind of like a little bit of the background.

Yeah, yeah. I have to put this this conversation in the context of the modifiable risk factors for dementia, right? So The Lancet in 2020, published in a very prestigious journal out of the UK, published a commission report on Dimension Alzheimer's, and they listed 12 or 13 modifiable risk factors when it comes to dementia.

And so we can say, well, if they're risk factors, is there some sort of causal something happening? Right. And those risk factors included things like sleep, you mentioned.

Well, I don't think sleep was even actually formally on the list, but they talk about it extensively in the paper. But so sleep we know it has plays a role.

We know that the stress depression plays a role. Traumatic brain injuries, which you already mentioned, working with somebody who has traumatic brain injuries and untreated toxic exposures like from either pollution or from cigaret smoke and then also the list is long and essentially about don't hear from you like how can Cranio cycle kind of plug in and really help us reduce those risk factors?

Yeah, and this is really key as well. Thanks for bringing that up. Dr. Bredeson and I have talked about that in a number of interviews where we talk about the idea that Alzheimer's is not a one pill solution.

Right. And I think we've independently come to the same conclusion, but there are certain vectors like five key vectors that can contribute to Alzheimer's as a risk factor.

So let me just go through those really quick. Since you asked what is inflammatory process that can be built? Not exclusively, but that can do have a lot to do with diet.

And certain diets, as you well know, can be inflammatory in nature, that that's creating a problem in the body. And then unfortunately, from time to time, that can overflow into the brain.

So when you can create that relaxation response to the cranial psychotherapy and literally get more fluid flow in the body and also in the head, by doing various cranial techniques, you get more fluid flow in the interstitial barrier barrier in these of vascular spaces in the brain.

It complements what you're doing with metabolic changes like the keto diet. We can talk about that too, but it allows the delivery of portions of nutrients in the brain to get there more effectively because it's physical, but it's on an extremely subtle level.

It's like 10 to 20 nanometers. It's like so small. These spaces, there's a billion glial cells in the brain, there's a billion neurons and about 400 miles of capillary supply.

So how do you get into that? And release structures where inflammation has been brewing, so to speak, for decades? So we don't we don't only want to address the current metabolic insults and ameliorate those, we want to get to the past to something that's been preexisting.

So that's one thing. This inflammation toxicity is another one. And one of the from our past summit, you know, one of the ladies who wrote a book called Dirty Girl, you know, she's a very clean liver.

But I think, you know, I write. Against. That. And in what she talked about when she went to Notre Dame and she was there right after the whole cathedral basically burned down and all this lead poisoning was in the blast pattern.

And it developed you know, she developed some very, very severe reactions to, you know, toxic waste and cranial sacral is one. One of the things we feel is that is part of the missing piece of cranial psychotherapy is if you're accumulating toxicity in the brain.

And unfortunately, as you well know, some people like I think one of your recent paid patients you've seen, you know, they have very high levels of lead.

Usually it's mercury aluminum. But this fellow hands out, you know, very high levels of lead. So if you can palpate the brain and help this flow of cerebrospinal fluid, which is lower in people, as, you know, dementia, so the brain literally starts to dry up.

Then what you're going to do is you're going to clear those toxins out of the brain. It's like accumulating on a natural level. There's other ways to kill it, obviously, which is fine.

But the beauty of it is that cranial psychotherapy kind of helps healing at a level where the patient can handle it in a way that he doesn't get hold of them ahead of them, rather.

Research on Dementia and Alzheimer's

So it helps, you know, kind of like that risk factor, Amelia, in a very, you know, kind of like sublight supportive way, right? So that's another one.

And then you have, for example, you might have hormonal inequities, right? You're dealing with things like this, you know, basilar structure in the brain, the pituitary, which is right in the center of it.

And you're allowing literally more stretching and more room for the pituitary and clearing that area out. So hormonal the hormonal balance is reestablished.

We found that we find this even with kids with autism, where autism and Alzheimer's to some degree marry each other in terms of the reaction to toxicity.

So there's that. Then there's cardiovascular, of course, like like stroke and heart attack. And what you're doing is you're lowering the sympathetic tone.

And with that, there's less stress on the heart. There's I'm seeing one somebody soon, actually right after this. Is that she's been going through chemo.

And one aspect of chemo, which is unusual, is that her heartbeat is elevated, which for her, she has a very low heartbeat. So she's concerned and probably after the chemo is over, that will start to balance out.

But we're seeing that the cranial can help lower that as well. So that's another one. So cardiovascular because you're getting more parasympathetic tone, you're getting more opening of the arteries and veins, you're getting brighter, a greater flow of whole blood and you're getting that influence.

And then finally, the last one and there's others, but the last primary one is direct insults to the body like you find with football players. We work with a lot of NFL football players, so now we're starting to realize we can also transfer that into soccer.

You know, even even non professional athletics. What that can do is, you know, there's something, you know, you've heard about, it's called traumatic, chronic traumatic encephalitis, CTE, which is this fellow I worked on the other day with the sleep ad that because he also played football and there's like micro pockets of inflammation, hundreds of millions of those that get set up in the brain and the brain gets aggravated.

And that inflammation and Dr. Applied and I were talking about this a couple of years ago when you have inflammation and plaque in the brain, that becomes very problematic.

So if you can also because you're reducing blood flow excuse me, increasing blood flow and flow of cerebrospinal fluid, you're lowering the inflammatory response.

So those are some key factors that addresses. And the thing is, one size doesn't necessarily fit all because when we're listening with our hands, again, that's that listening.

But with the hands we can find out which complements while you're doing the blood titers and extensive testing, you know, blood testing, we can kind of feel and dialog with our client and find out which one of those is more present.

Maybe it's 50% inflammation and 40% traumatic, you know, injury or direct, maybe it's 10% hormonal, but we can kind of custom fit to each person to see how the recovery is and we do that.

So, yeah, I'm sorry I got carried away, but like those are just some, some areas we talk about in terms of those, those risk factors. Yeah, I love it.

And I think that we, we share this and for a lot of people I think it so to feel overwhelming. Right. There's a lot of there's these risk factors that are very well established by international and and conventional very conventional perspectives.

And it's this laundry list of things that seem sort of interrelated, right. And like traumatic brain injury and diabetes. And they're kind of all over the place and like what's going on here.

But reticence, approach it, organize, eases us and it feels like a really sophisticated way to say, okay, what are all

of these imbalances? How can we make a list?

You know, has 36 holes in the roof. Can we systematically go through a list of things that might be impacting my brain in a negative way so I can start checking the boxes and what I love about cranial sacral therapy is that it helps us check a bunch of boxes.

It really amplifies the good stuff. It helps us to detoxify it. It reduces kind of this this perception of stress by engaging the parasympathetic system.

It helps us to increase blood flow, which can help us get more resource to the cells that need it to heal and repair. And so this can be one of those things.

And the other thing is it's delightful to receive, right? This is something that people look forward to getting. So can you describe what you know? We talked about the similarity with massage and how massage therapists sometimes do this.

But what is occurring for people who have never experienced a cranial sacral session? What is it like? Probably what you'll find the baseline. No matter who it is, you'll be relaxed.

A lot of guys just fall asleep and the relaxation is primary. That's why I think it's so useful for to mention people that have agitation, they just feel more relaxed and they wake up and they swear, Oh, I haven't wasn't asleep.

And you'll see them just going to a very deep parasympathetic tone, just very, very deep and relaxed. And that will shift. And then I want to add one thing to all of those risk factors.

Sometimes there's an emotional component. I hope that's not a shock, but cranial sacral trains, advanced therapists to work in a very safe way if they're open.

And it creates a lot of safety for anything that's of an emotional basis to start to be released and for people to be complete. And sometimes, excuse me, the emotional process is 10% of the picture, sometimes it's 90%.

But if somebody has a way that they could feel they could let something out that never got a chance to release, then it really changes their lives and even a more life changing way.

And I work on someone. The other day I was teaching a class and we were teaching people how to relieve stressors like an an arm that got stuck. She re-experience the accident, but she was like witnessing it, showing it.

Then she felt all that energy flow out of her arm in the same way it went out. So it could be just a very passive your on the table is very quiet. You don't feel very much.

We feel relaxed to something on the other range or it's like, Wow, something got released that I've been hanging on to for the last 40 years and anything in between now with people with Alzheimer's dementia, they've come to us often with a lifetime of accumulated stressors, right.

They may not even know. And so for them and because it's so gradual and I'll address the normal experience too, but with people with memory issues, like the first thing I feel is just a little relaxation, then another treatment a little more, and then another treatment a little more.

And then as that starts to reorganize the brain in cognitive function, they become more aware. It's like, you know, if you're agitated, you're not going to think as well.

You're not going to remember when you're under pressure. But if that lowers, all of a sudden they start to notice things. Things start to work better in their brain because there's more flow and there's less baseline agitation.

Now for person that just comes relaxation. What's really interesting is a trained therapist will listen. And in that

neural skeletal structure of the neuropsychologist structure, muscular structure of the body, all that memories in there, sometimes we can kind of feel in the body, what's there, some tightness.

And then if it's appropriate, all that starts to come out and we'll find out, Oh, did this happen? What about this cycle? What about this hip?

How It May Address Dementia Risk Factors

What about the shoulder it's stored in there. We call it an energy cyst. But if we can do these simple techniques to relax tightness in the body, it starts to come out.

The memory might come out and but then it complete when it's done and feel like people feel like this release. So generally the experience is relaxation for sure, followed by something that can even be release of older issues, followed by something where even the clarity of thinking and memory starts to increase as well.

And so just said it's very practical, almost logistical level. Yeah, someone walks in and they stay dressed. They're usually on a massage table, right?

They're going to be face up. So you don't have to. I think some people think about those face cradle thing. Yeah, yeah. You go into and that feels really uncomfortable and their sinuses get all clogged up.

So you're lying on your back with your hair on your back with your face up and you're on a massage table and you can get comfortable, right? If you need pillows under your knees. Yeah, right.

In a typical session that you do, lasts. How long? Bout an hour? Typically. What, an hour? So you'd be lying there for about an hour and you'll. You'll get up feeling in my experience when I when I receive training is I feel relaxed but still alert.

I don't feel exhausted unless I'm probably really depleted and. Of after sound. Heather Yeah. Oh no. And we just lost your sound of the mine. And I am that 100% sure.

So is there anything else that you want people to understand about a typical cranial sacral treatment? Yeah, as we were saying, basically you're blind and like I said, fully clothed.

You're relaxed, you're feeling the therapist hands. Just feel your body at various parts called the listening station. We'll work on the head. We'll do something called a still point where we'll spend a few minutes to the head or some at the feet.

And again, we're listening to different parts of the body with our hands, one hand usually below, the body, ones above. And we're releasing any restrictions that are called diaphragm it releases.

So you'll see us work in different parts of the body, maybe ask you some questions. Some people are asleep and that's fine. It's completely quiet. Sometimes we'll chit chat a little bit, but basically in that our session, which usually goes very, very quickly, people will get up and they'll like rewind for a little bit and they go like, Wow, I feel more relaxed.

This was really good. That's typically what they'll say. And then they might ask about some accidentally, some memory that has come back sometimes, sometimes about something else that's been resolved, but basically it's generally, I think as you've experienced, a very relaxing experience like that.

Yeah, yeah, absolutely. Am and for, you know, my my personal experience was that when I was in college and undergrad, I had issues with my my jaw. I couldn't open my mouth, but I yeah, I couldn't put a toothbrush even between my mouth.

I couldn't I was having trouble eating at one point. I was losing weight and was feeling quite panicked. And I had

gone to see acupuncture and the medical doctors and I had, you know, gone to massage.

And any of the psychologists, pretty much anybody who sees me, who would see me at the dentist, of course, I had signed up with and tried everything. And this is about 18 months.

And I finally found a very well-trained, cranial sacral therapist. And within an hour I was 80% better. I was able to well, minimally again. And then I saw her for 12 sessions is what she recommended.

And I didn't have another issue until after having my child, after going through pregnancy and delivery. And so and then I went back to her and I had a few sessions and I was I was good as gold again and so cranial sacral for me at a very structure oral level has been found to be helpful when basically no one else was able to help me.

And so I of course, dug into this when I was a natural Catholic school. And even though it's not my area of expertize these days, I have a huge appreciation and reverence for the cranial psychotherapy.

I want to talk next about how you see cranial sacral therapy complementing the senior living experience in the treatment centers or memory care centers.

Yeah. And I want to give a shout out to you for what you're doing in Utah centers because you're getting some very profound results. It's very, very exciting.

It's like you're reinventing nursing homes to lack of a better word or independent living, assisted living. And that's very profound. What you're doing.

Hopefully will turn into memory recovery that. Yeah, there you go. Memory recovery, which is a different way of framing things. One thing about back to your experience about your jaw, you mentioned the cranial psychotherapists are, you know, trained in understanding the anatomical connections, right.

And the jaw is where everything was. Stress ends up the reticular activating system stress, we hold it in our jaw. So that's a reflection sometimes of tension and it's just built up when you release that, the whole body, the head, the spine, the sacrum starts to relax.

So that's another in your own experience, that's an example of how things in the structure begin to kind of downshift and get more relaxed. And the jaws are key.

It's like the last train in the stage and out in the country. That's the place where things show up. So when you get that released and TMJ is a very popular one to work with, that's it's profound.

So you it's about memory care, right? What was your question about memory care? Again, I want to know your vision. You know, we've discussed this a little bit, but I want our audience to hear how you see creating a sacral therapy, being incorporated in senior living environments.

Yeah, I like to think ten or 15 years from now, along with what you're doing, this will be kind of like the standard of care. So you have someone come in and they have a memory problem.

What we do in our interview process is you do we're kind of getting a sense of where they are in the spectrum of Alzheimer's, so to speak, whether there may maybe, you know, cognitive decline is subjective, whether they're actually early or mid or late stage, which like jettison, like doctor reticence.

That's usually even further on. We get an idea where they're on the spectrum and then when we're treating, we're getting an idea of the tension in their body and where they are, what area is, whether they're verbal or not.

And then what we can do is, in a very simple way, even trained staff, as we did in our initial approach, work 10 to 15 minutes a day to work on them and get them kind of like downregulated, you know, as a sundowners, you know, people late in the day, they kind of wander a little bit.

We want to see if that can help kind of downshift and get them to comp or state and even that wants a day a pass or even every other day is going to help if people have the time and a facility to administer them.

Then over and above that, from time to time, if we could, we can do more of these intensive program for we're not just working an hour, but 2 hours, have several therapies there and start to work on them maybe once a year like that or twice or three or four times a year.

What we're interested in doing in researching with folks like you is saying, okay, if they have applied dietary changes like the Keto Diet and their endocytosis, we can see how much that change we can build on top of that, to see how much more of a range of improvement they have in some people is, you know, respond better to treatment than others as it is with diet.

And we want to look at that section and say, how much more can we bring to those people so they're more receptive to what you're introducing as a metabolic change.

And we think that will create the standard.

What a Session Feels Like

And I know you and I reticent are both been saying this, but what what I've been bold enough to say as we developed is, is say, first of all, is there a possibility of slowing the progression?

That's number one, because it's usually done in stages in the body usually. Secondly, then we want to see could we absolutely stop the progression? That's a huge thing in and of itself.

And then thirdly, can we actually reverse the depending on how much damage there's been, can we actually, with our training span, stem cells from the sternum to the end, for example?

That's a whole nother advanced thing we do. But can we actually see how much we can reverse it? And the other thing we found in our research is that people have some maintenance program they want slip.

We found this also with autism that if we introduce this program and they have some regularity of maintenance after, then they will maintain that quality of life, which I think is very similar to your approach.

So that's the idea. We think we can blend it like the missing piece and use that very light manual touch to help augment what we're doing with the dietary and other changes as well.

Herbal changes, you know, whatever approaches we're using to do that. So I think teams of people get the help that and our idea is in changing the trajectory of Alzheimer's, which I thought I'd invented, maybe Del said out in the first place.

But it's the idea if you look at people over a 20 year continuum and there may be a late stage. Well, that's been building for maybe eight years. Right.

So what we want to do is say if we can catch them at an earlier stage, then we can change the outcome. And I'm saying even at the 20% of the world population we can introduce us to and change, we might, you know, save 20% of the deaths where it doesn't even have to be end stage.

So we want to see if we can identify in earlier stages, which you're all about as well, and then apply this. But whatever stage we feel that we can achieve some some degree of improvement and that's all about our ongoing research wanting to do it.

So that's my vision of how we can adjust this, rather introduce this into a, into a care and a senior care environment. At scale, right? Yeah. This idea of stacking interventions, right.

If we have great diet, good exercise habits, social interaction, we've got supplements, maybe hormones or the detox or whatever else, the other pieces of functional medicine on board.

And then we add the CranioSacral. How much more benefit can we get? How many more people can be helped? And I really love that concept of it's not going to be a one pill, one intervention solution.

It is going to be about stacking these beneficial things. And I one of the pieces about CranioSacral that I really appreciate, particularly with an elderly population, is that there's almost zero downside.

It becomes the labor rate. This someone has someone skilled needs to be available to do it but it's such a light touch and so you're not going to get hurt, you're not blind.

It's very unlikely that anyone is going to suffer because of this rate. If anything, it's going to be touch, which I think we all intuitively know. We're social creatures and we benefit from touch.

So the the bottleneck becomes getting people to show up and provide this. Oh, I know that you've been involved in training for a long time. I want people to understand how they can learn more from maybe you or trained to do this, to provide this maybe to a loved one, especially if they're a caregiver, a care partner, and then also where they might be able to find out more just generally about what you have to offer.

Yeah, my website is preventingalzheiemers.com You can go to the website and see some interviews that I've done and also resources that we've developed with our Summits.

You know, we can both of us who are going back and forth with our own summits and we have several levels of training in modules. One is that we have a two day class for laypeople called CranioSacral Therapy for Alzheimer's out CranioSacral Therapy for Longevity applications for Alzheimer's dementia.

So it's a two day lay person training. They can learn that virtually.

Using CranioSacral Therapy in Senior Care

So the caregivers can work on their loved ones at home, even between treatments. So we have we hold those on a regular basis just for people even without any training to get an idea or yeah, that's virtual.

We're doing one in a couple of months. We're working on going that's called CSLAD CranioSacral Therapy for longevity, applications for Alzheimer's dementia.

Then we have a course for more advanced CranioSacral Therapists after they've done three levels of training, the first three levels called CranioSacral Therapy for Longevity Reversal, the aging process.

And that's a four day course where you learn how to work on people if they're with Alzheimer's, dementia people. And we want to keep well and healthy people who have complex medical conditions and then how to work multi hands.

And what we're doing right now, based on the response from our last summit, which was tremendous, thank you very much, is that we're actually getting more and more certified longevity specialists.

So there are people that are CranioSacral Therapists, but they can learn more advanced applications from memory, cognition especially. So in my mind, I see this kind of roving person who can go to each of the memory care locations or each of the senior living facilities.

And basically on Monday they're at a couple of them and they treat as many people as they can. And then on Tuesday they go to the next one and treat as many people there as they can.

And there's lots of people getting the benefit of this skill that you're you're helping. Well, that's exactly what we want

to do. And all over and above that.

So that's one layer because there's about 17,000 nursing homes in United States. Even if we approach the first 2 to 3%, that will start to change that.

Actually, I feel of the whole industry. But over and above that, there's people that want to be well and healthy. So we want to also train our therapists, certified longevity specialists, to help people maintain their good health and prevention, obviously.

And then there's a third aspect, which is which I did a summit on longevity World Summit last year that was all about longevity and not just Alzheimer's in 2022.

And we found that some of the leaders in that area talking about what called Aging In Place. So there's a lot of people that don't want to go into a facility.

They want to age at home. But who's going to service those people? Who's going to maintain them? And so we're training our therapists to work in address that area as well.

So yeah, so those are all different aspects. So preventingalzheiemers.com is a good place to look to find out more. And we'd love to share more with people about what we're up to.

Wonderful. Michael, it's such a privilege and a pleasure always to connect with you and learn from you. And I'm just so inspired by by the work you're doing and your dedication to really helping people improve their lives at this later stage.

So thank you. Thank you. Thanks very much for having me.