Introduction to Alzheimer's and Dr. Sanderson's Work

Let's talk about Alzheimer's disease. So today I have doctor Heather Sanderson, the founder of Soul Seer Health Clinic, from the first residential care facility for the elderly of its kind.

But for the citizen and her team of doctors, focused primarily on, supporting patients to look to optimize cognitive function, prevent mental decline, and reverse dementia by addressing root causes of imbalance in the brain.

In the body. She was awarded a grant to actually study an individualized integrative medicine approach to reversing dementia. As the primary investigator on these trials.

And there is a significant amount of data supporting the things that she do. She does so really wants Doctor Sanderson to, reveal some of the secrets as to what can improve brain health when it comes to Alzheimer's disease.

Welcome to the summit. Super excited to have you on. Thank you so much for having me. Well, let's talk about what you do because I think it's very incredible the things that you're actually, providing for people.

It's very unique. So let's, let's talk about, the clinic and let's talk about exactly what you're involved in. Yeah, sure. So we have a few different things that we're doing right now.

One of the questions I was getting most regularly from patients, and their loved ones after being trained by Doctor Bredesen. And his approach was, if I do this, if I take the time, spend the money, make the effort to make all these lifestyle changes, do all these labs take the supplements, take the hormones, all the medications?

How likely is it that I'm going to get better? Or that my loved one is going to get better and I think that's such a reasonable question. And unfortunately, the science is behind for a number of reasons, but primarily because the complexity of dementia, the complexity of cognitive decline, doesn't have a solution that matches the complexity of the problem.

Right. So and then also the paradigm in science, this reductionistic like, you know, double blind, placebo controlled trials. Yes, there's a place for them.

But when we have a really complex disease and it requires a complex intervention, it's really hard to put into that box. And so you can't blind lifestyle interventions.

This is not one intervention. This is a precision medicine approach that looks at the individual and then addresses the individual from a like a functional medicine or precision medicine perspective and naturopathy perspective.

And so we're looking the question we're asking is how do we optimize cell function at the neuronal level at the the at the level of the cell in the brain?

How do we optimize function and there are so many different answers to that question really depending on the individual. So what I have done is a few different things that hopefully make it a little bit more practical for people to implement this.

When we did a clinical trial in my office, and we're excited to publish those results this year, they were very, encouraging and exciting and definitely suggest that we should be doing more of this multimodal, sort of intervention and testing that and understanding the science behind that.

Is it working? Right as a clinician? As a scientist, we always want to be asking that question like, is it working? How else can we make this better? But Doctor Bateson published and his trial, with cat tubes, Deb Gordon, Anne Hathaway, there was a group of providers who did this approach in a clinical setting, much like mine.

And 25 participants went through that. And 84% of the time they are improving cognitive function. I mean, this isn't meant to happen, right? What we typically expect is, the natural classes of this disease, if nobody intervenes, in dementia or cognitive decline Alzheimer's, then what we expect is about a three point drop on a 30 point scale per 12 months.

So some people are familiar with the Moca score. This is the Montreal Cognitive assessment, where you draw a clock and you copy a box and you name zoo animals.

Count back from 100. This is a 30 point scale, 30s. Perfect. Anything over 24, 26, it's normal.

Precision Medicine and Clinical Trial Results

And then when you get start dropping down into the teens, this is pretty severe noticeable cognitive decline. You know it at to below five. It's hard for people to get answers to questions about definitely their memory is highly severely impaired and they're debilitated.

So this is a kind of a good scale to use. In Doctor Peterson's trial, they took participants with markers down to 19, and they did a nine month intervention.

So this is mild cognitive impairment is what we call it. In a clinical setting. That's the the ICD ten diagnosis that we would give it as mild cognitive impairment.

However there's nothing mild about this rate for someone experiencing cognitive impairment. This is they're losing their phone. They're leaving their purse at restaurants.

They can't maybe remember their neighbors names. This is really an impairment. And so what we've found is that that is the time to intervene. And sadly, many people wait.

They either try to hide it, they are discouraged from going to the doctor that a neurologist or even their primary care provider because they don't think they have anything for them. Right?

And doctors want to help, but the medications at their disposal that have been FDA approved for this, things like acetylcholinesterase inhibitors, they don't work very well.

So what often happens is people go in sharing that they're concerned about cognitive decline, and then they leave without a driver's license, right? They get their they they get their independence taken away.

And so there's not an a lot of incentive to go get help from someone who's going to give you a drug that doesn't work, tell you to put your affairs in order, and then to take away your independence.

And so, sadly, people don't go in for help. However, what we're finding is that that is the time to intervene. And there are so many things that we can do.

So we have a clinical offering, you know, people can come into those areas. And even my clinic solutions kind of for the brain is what we're doing there.

We're doing clinical research there. And then I also create a marama, which is a residential care facility for the elderly, where people who have, diagnosed Alzheimer's can come and live at the lifestyle and an immersive experience that Doctor Bateson describes.

So we have a and then we also coach and train caregivers so that they can create the Marama experience and the

comfort of their own homes and keep their loved ones shared with them. Amazing.

You know, for the immersive experience. We know a lot of that stuff works on different disease states, especially with something as complex as memory loss, mild cognitive impairment, dementia and Alzheimer's.

I think it's it's really needed, especially since a lot of people don't have any support. You know, we we do a lot of memory care, services here at Texas Central Medicine.

But it's so difficult when they don't have the support system, when they don't have, not just a support system, but a lot of times they don't have a clinical support system or doctors that's, guiding them in the right direction.

It just becomes so detrimental at times, you know, and we do the best that we can for the tools that we have. Right. And doctors do well, there's prescriptions and then we do group visits and stuff like that as well.

But I think something like an immersive experience is, is, is the best. When it comes to living the style of some person who's actually healing the brain and knowing exactly what those components are, you know, and I wish is as easy as take here's some take some supplements, be on diet.

Take some meds and you'll be okay. But it's a whole lot more than that, right? Yeah. Well, this bread is an approach. It's a big lifestyle change, and it's also an unlearning of everything that we kind of thought was true or were told through the 80s and 90s.

Right. That food pyramid that says 6 to 8 servings of whole grains a day and very few fats that, you know, we've kind of turned that on its head. The bread, the best brain diet is really a ketogenic diet.

And for someone with full cognitive capacity, right. Sometimes that's still hard to wrap our minds around. Like, wait, wait, an apple? I thought an apple was really healthy.

An apple a day keeps the doctor away, right? Like I've heard this my whole life. You're telling me that an apple isn't good for my brain. And so there's there's a concept here around getting into ketosis, right?

Ketosis is like a light switch. You're either in it or you're not in what you're doing when you get into ketosis is you're changing the fuel source from sugar or carbohydrates.

Glucose to fat or ketones. And when we do this, when we present this alternative fuel source to the brain, we often get better energy, more efficient energy production and utilization.

And there's also lots of other sort of mechanisms involved there, but certainly reducing glycol toxicity or that, that excess sugar that can lead to these glycosylated add in products and basically lead to cellular damage because there's too much sugar, it's sugar has become a toxin.

Also we get around this insulin, the intensive tivity, right. This insulin resistance, we get around that and we can get this fuel source in the brain so that the brain finally can turn back on.

So many people will report after getting into ketosis that it's like it is like the lights turned back on, that they can remember things, that their mood is better.

I had a patient in my office a couple weeks ago and he got into ketosis and he was driving down down the street with, in their neighborhood in Colorado or, excuse me, in Utah.

And there were animals like deer. And previously he wasn't able to remember the names of the animals. And after getting into ketosis, he was like, oh, there's some white tailed deer.

And he was like, pointing out the animals and naming them by name. And so things like that. We hear stories like this all the time of like, oh, now I have more energy, I'm sleeping better, and that begets better cognitive function

anyways.

So but this whole concept of changing the fuel for the brain and that you would eat a lot of fats or restrict carbohydrates, people wonder like, is that bad for my heart?

Is this going to cause my gallbladder to act up is what I but I have diabetes, is that going to be a problem? And what we actually see, because this is a fancy mimicking diet and also a an ancestral diet, our bodies are actually programed to go in and out of ketosis.

And so we don't want people like ketosis forever. That's just as bad as burning sugar for fuel forever. We want people to have this dynamic ability to go back and forth between burning fat for fuel and burning sugar free fuel, and that that it's really a brain healing diet is to get the best of both of those worlds.

And, and we are giving away a free keto diet guide because I, I've come to think that, like, the ketogenic diet is about 50% of the spread is in protocol in that intervention.

And it's also something that's free and it's easy to do at home. And it's a great place to start because it is kind of challenging for some people. So if you just get started and go in that direction, you typically start seeing benefits relatively quickly and they're relatively significant.

So it's exciting to support people through that process.

Ketogenic Diet and Brain Fueling

Awesome. Well, first of all, how do people get this guide. So you have yeah. So we'll have it as a free gift on your summit. And then you can also go to salisbury.com.

And and there will be a prompt to sign up for our email list. And the first thing we will send you with a PDF of that guide. Amazing, amazing. So you know, so we know diet is a big contributing thing, but there's a lot of thing that surrounds diet, I think. Right.

There's cultural differences. There's relationships to food, self and other people around that formulate this concept and belief system behind food. Right.

That's why I think the immersive experience into what a brain healing lifestyle should be is possibly the best thing that we can do for patients with, you know, memory loss, right. But.

Oh really? Yeah. Let's, let's let's dive into relationships for a second because I think it's that's something that people don't talk about a whole lot.

So in working with people have memory loss. There's there's a lot of, preexisting concepts around, food and lifestyle and sleep and sort of the Western philosophy behind that.

Especially people in professions like mine and yours, in the professional profession is we just have to keep going. Go, go, go, go till sometime later in time, we we retire and we try to enjoy things.

But really, truly what happens is people get depressed and people get lonely during those times, you know, as evidenced by the pandemic. Right. So what we're seeing is that during the pandemic, memory loss is becoming far more apparent.

Oh my gosh. Like it's it's almost the there's a pandemic of of memory issues and depression that we see in the population. And and relationships are kind of really uprooted because we're so used to engagements like physical contact, engagement.

What have you seen during the pandemic has really affected your practice? Yeah. These are such great points that

you bring up. So just anecdotally, what we saw at Marama, we were, of course, to Covid very seriously, that affected, the senior living industry and seniors, of course, really profoundly.

And so we took Covid very, very seriously. And there was one case of Covid, and a resident at Marama, and that happened in January of 2022. And so what we did was we isolated everyone from each other.

So all of the residents were isolated from each other. So they still stayed on the program. They stayed in ketosis. The caregivers, and our care partners, all of our staff would go to different people and everybody would go for a walk and they would go down into, we call it the casita.

They would do this circuit, the exercise circuit. They would be doing brain games, but they were isolated from their peers, from each other. And what we saw was and it was over ten days.

And the woman who got Covid, it was funny because she wasn't isolated from her husband. They had a room together and he never got Covid, even though they shared a room the whole time.

But she tested positive for Covid. She had a sore throat. We found out on Friday she had a sore throat Friday and Saturday that was gone by Sunday. And then she she was congested, you know, Monday, Tuesday with it.

And I don't mean to discount like obviously Covid was killing people, especially an age group like Covid was very, very serious. It's very serious. I don't think that that's a non-issue.

However, what we saw over the course of those ten days that everyone was isolated is essentially an increase in incontinence and in, changes in behavior.

We saw changes in sleep dysregulation. And now, mind you, everyone was still on their routine. They just were not seeing each other at their peer group.

They were seeing caregivers, but they were taking meals in their rooms. They weren't engaging in activities together. They were still getting exercise.

They were still getting their supplements, still getting their medications. And we had, I think, three falls in those ten days. So an increase in fall risk increase in incontinence, irritability, aggression, like all of the behavioral changes that we saw, changes in sleep.

And it took about ten weeks to recover from those ten days of isolation for everybody to get back to baseline. And this is just an antidote, a small a small sort of like and of ten of who was at Marana at that time.

But it was so eye opening for me to watch. How much of a difference it made in the quality of life for everyone living at Miramar, to engage with each other, to engage with other people and in a similar situation to them.

And to disrupt the routine as well. So it showed me the value of community and what I think you were sort of alluding to this, right? You know, and our earning years are 30, 40, 56 days.

We are just going for it. Right? And so many people, this mantra of like, I'll sleep when I die, I'll sleep when I retire, me, like, I'm just gonna keep pushing, pushing and pushing.

And we know now that that puts us at risk for cognitive decline later. And as you mentioned, it puts us at risk for isolation and depression and anxiety.

Yeah, it's the other thing that happens to seniors as they age. I mentioned, like going to neurology or going to a primary care provider, ended up with a dementia or Alzheimer's diagnosis.

You get your driver's license revoked. Yeah. Well, now it's harder to get to the senior center. Now it's harder to get to church now it's harder to get to bridge now.

It's harder to get you to your kids house for Tuesday dinner. And people become more and more isolated. And we know that this has a massive impact on cognitive function.

Like this is in the Lancet. This happened in 2020. They had a commission report on Alzheimer's and they list they they very conventional. Right. The Lancet is a very well-respected medical journal out of the UK.

And they, the Commission report suggests that 40% of dementia worldwide can be avoided and can be prevented. And in their list of things that cause dementia, is social isolation also hearing loss, diabetes?

Toxic exposure, light pollution, exposure. There's a long list of things smoking. There's there's a laundry list of, excuse me of things that they suggest and so many of those things we have control over.

And social isolation is certainly one of them. And in my experience, both clinically and at Marama, it's. Yeah, it's an absolutely critical component to have that community.

This is a powerful observation. I mean, like crap. I mean, you have this cohort of people that you manage over there that's getting the best care possible, but it's really the lack of interaction during those ten days that created physical manifestations, not just brain manifestations, but incontinence falls.

I mean, come on, these are things that that we worry about as as care providers all the time in, in the, in the memory patients. And how many times to these people go to the doctor and no one asks about their social situations?

Loneliness is a factor. But what you just described is the power of relationships.

Social Isolation, Community, and Senior Care

The power of contacts, human contact, as a driving factor. For we're beyond memory loss now, right where we're at is a couple manifestations of isolation.

So this is, this is something that I think that as part of, memory care providers that we really have to engage in the patients on, I think depressed are they are they really lonely, like, what's going on?

What is a support structure? And I really want to reflect on on that observation by making our own observation. During the pandemic, the people who are the hardest, to improve are the people who are the most isolated, and they have the no family members around, no caregivers. Yes.

They have home health and stuff that's taking care of them. But it's so difficult for those patients. And we know that even if they're truly compliant with the diet, they're great with supplements, they're great with other things in life.

But if they're actually lonely, the prognosis is not right. It's right. And so it's so now we have a risk assessment that actually looks at the loneliness scale to figure out, prognosis, to see how people are actually doing.

So, so, so that really reflects on what you saw with those ten patient cohort, which I think is something that we really all have to get out there. And this is what I mean by that is now we see a lot of people who have been sort of like engineers and doctors and lawyers like their whole lives, right?

And they're like, oh, I can figure this out. I can figure out this brain thing. I read this book and did all this stuff. But part of the is obsession with the data that's out there is that allows them to be continue to be socially isolated without having the relationship have discussions with their families in their healing process, and those are the people who are the hardest to heal.

You know what I'm saying? Yeah, yeah, it's interesting just hearing you say, like, oh, as providers, we need to do this and this and this and I, I would just say that like it's even bigger than that societally.

We need a paradigm shift, right? Like my the essence of my work is facilitating intergenerational wisdom transfer. Like I see my purpose as supporting seniors and their cognitive cognitive health so that they can help us generate solutions to like the complex problems in the world.

Right? We need the wisdom and experience of our elders, and right now it's a squandered resource. Typically, what happens is that we park our seniors in front of TVs all day.

They eat cake and cookies for dessert. They have cereal for breakfast and a sandwich for lunch and pasta for dinner. And there's a soft serve. Literally, when you walk into many of these senior living facilities, there's soft serve ice cream on demand.

They can have it any time they want, right? This is the exact wrong diet for cognitive health. For health in general. Right? This is a recipe for diabetes and heart disease and dementia.

And then they're told, you know, you don't have to walk. You don't have to get out of your wheelchair. You don't have to get out of bed because you're a fall risk.

And so we essentially relegate our seniors at the height of their wisdom and experience when they have so much to give to these senior living facilities that do the exact opposite of what they should do and essentially, like write this off as, oh, well, they've they've lived a long life and they deserve to enjoy themselves.

Right. When is enjoyment really indulging in these unhealthy practices or is there an alternative and of course, I you know, I own a senior living facility.

But ultimately that's a that's really a proof of concept of like, look what's possible. How do we take this thing that's kind of broken, this senior living industry, and create at least the best thing that we can in, in the context of what exists, and yet, really, what I would love to see happen in my lifetime is that those places become obsolete, that as a society, we just reject that.

That's what we do with our seniors. And really what we do is we keep them in the fabric of our communities that that people, if they want to be engaged in church, if they want to take care of the youngest generation, if they which I think is is actually critical to a healthy society, is that we have, you know, our earners are 30 some 20, 30, 40, 56 years.

They're at work, they're contributing at a at a different scale and then are the grandparents and great grandparents are taking care of the youngest among us, and that it's really how we get more compassion, more empathy, more understanding.

It's like this, you know, people talk about the super power of trip time travel like that is spending time with our elders. We can do that so easily, but we don't set up life so that that's that that happens, right?

We we I think we can do this all at our own. We don't need them. There's too many weird dynamics. So I don't want mom around. And instead of working through it that we isolate ourselves at a kind of every stage of life.

So my my hope is that we, we will see bigger shifts like that, but also just this idea, right? This the food pyramid that what we're told from the powers that be is factual and evidence base and and true in terms of what supports health.

It's exercise sweep the right diet, stress management, social engagement, challenging ourselves getting that that dopamine hit and not the quick dopamine hits of scrolling through social media.

But those real deep, that satisfaction that comes with doing something challenging and working through something hard, learning the new skill at any age.

Those are the types of things that we want to facilitate and value as a society, so that it's not all on the provider to like, oh, I've got to ask the right questions and spend the right amount of time.

And then and then what? And then and then how do I get someone out of social isolation? Really? It has to be a village effort. A group effort really does have to. I don't really agree with that.

And we learned a lot of this from other industries, like in hospice and palliative care. We know that the more touchpoints a patient has in metastatic lung disease, the longer they live.

Literally that's mortality benefit both by touchpoints. Right. We know that in those people with PTSD and the military veteran population, the more touchpoints they have with people independent of medications or therapies and stuff like that, the more engaged they are.

With people and providers, the better their PTSD outcomes are. So we see this in other aspects of life as well. Diabetes, the largest diabetes that we've ever done, seeing the reduction in blood sugar and improvement in blister control over the people who have the most touch points, whether that's through diabetes coaching or through dieticians, etc., etc..

Right. And once again, also independent of medications and drugs. Right. And so it's not surprising, but at the same time it's, it's it's frustrating.

I think it's frustrating just from, from my point of view because that, you know, I wish I was kind of taught this summer school right. And I wish that, there's more that we can do about it in terms of getting the people the not the care that they need, but the care that they actually want.

Right. And that this is the big difference between serving ice cream in the senior living home, right? And saying, hey, you know what? You're here to actually build powerful, meaningful relationships, not just get ice cream, right.

And just kind of, you know, brush them off to the side, which I believe that. And that's the hospitality business, right? The hospitality business is, you know, giving people the thing that, that, they desire.

But at the same time, when you're at the intersection of health, this paradigm shift really has to exist, right? So, so this is this brings up to this next topic, the mean you talked about at the reverse Alzheimer's Summit that you held and, you talked about, why Alzheimer's is optional.

So this is pretty controversial. So can you, can you digress? Can you, kind of dive into what that means? Yeah. So where I have seen clinically is that Alzheimer's is reversible most of the time.

And, we have much higher confidence when we intervene early on in the disease process, when people are younger, when people are aware of their cognitive decline and when they jump in fully.

So this is not dipping your toe in, like maybe I'll eat a little bit better. But it's the diet, the exercise, the sleep, the supplements, the hormone replacement.

It's the whole getting the toxins out. It's when you dive in completely, we see the best results. So, I believe that Alzheimer's can be an optional and rare disease, especially for our generation.

Right. There's what I never want to suggest is like that. People chose to get Alzheimer's. Like, obviously that's not at all the suggestion, however, I think that we need to say something like Alzheimer's that's optional to get people's attention, to say like, hey, narrative, you've been told that there's nothing you can do that is factually inaccurate.

There is so much that you can do, and there is a big impact that you can have on your cognitive function as you age, particularly if you don't have symptoms yet.

This is preventable. And how do we do that? We you know, it's it's this immersive sort of lifestyle. Very most of it the 80% is lifestyle based. It's getting in and out of ketosis.

And so I need enough time in ketosis that you really get the benefits of that. It's prioritizing sleep, treating sleep

apnea, the social connections that we've been discussing, challenging our brain and then getting enough exercise.

One of the things I remind everyone is walking is not enough. So if you want to prevent and reverse cognitive decline or Alzheimer's, you need to get lots of exercise.

This is essential for so many reasons. But even just like at a simple level, this is blood flow to the brain. It's blood flow out of the brain. It's, you know, bringing the all of the building blocks that you need for cognitive function, whether it's the amino acids that are those building blocks of neurotransmitters or if it's the fats that that myelin sheath is made out of, all of those things are so critically important.

We need to get enough oxygen. We need all those nutrients to be delivered efficiently to the brain.

Why Alzheimer's Is Often Reversible

And then we need to take the trash out. Right. We got to get rid of the toxins just as metabolic. We don't even have to talk about mercury and mold and chemicals, just the metabolic toxins and the metabolic waste that's created each and every day that needs to be taken out so that we don't have that brain fog and fatigue.

So exercise helps with with blood flow, but it helps with trophic factors and increases brain drag. Derived neurotrophic factor BD and AV. Also, you know, as we build muscle that increases testosterone, which is another trophic factor that tells the brain to make new connections. Right?

When we're at the height in our teens and early 20s, all those hormones are raging. That's also when we're making those connections, building those skills.

It's usually when we're in training or in school, and we want to approximate that as much as we can as the age. And we see this in the the blue zones. Right.

The longest lived people, they, they have those big thigh muscles. Typically they're walking up and down stairs. They're in shape. And so these lifestyle pieces are like that again, this 80% of this intervention and so crucially important to two brain function.

That's I totally agree with you there. I want to address, the people who are listening to this who are either diagnosed with Alzheimer's disease or, they're listening for a loved one with Alzheimer's.

And what mostly happens is that, they go into the neurologist office, they take a neurocognitive assessment, they may or may not have imaging by that time.

Maybe they see some brain shrinkage on the MRI. Maybe they have a death scan or a Pet scan of the brain showing possible amyloid deposits, etc., etc..

So, you know, there's a lot of diagnostic tools, when it comes to neurology, right? Is there anybody who is listening right now who may be to further along into the disease state for any sort of reversibility?

What do you think about that? So I, I arrived at this as a skeptic. Right. So I had been told there was nothing you could do by very smart. And and so I was, intrigued by what Doctor Pederson said.

I saw him speak at a conference in 2015, 2016. So not even that long ago. Right. And I, I heard what he said, but I was like, no, you can't reverse Alzheimer's.

Like, nobody can do that. If you could do that, then, like we would be. And but I was intrigued enough because the, the concepts made sense to me. Like he was saying the same thing.

You know, I'm not repeating what he says, right? Is let's take a look at all of the interventions, all of the factors that impact neuronal function, and then let's address them all.

Let's not pick and choose one or the other. Let's address all of them systematically and see what happens. And so when I went to his training, it made sense.

And then as a natural path, I had been trained in environmental medicine or detox kind of work. I'd been trained in hormone replacement. I had been trained and, you know, lifestyle medicine and dietary interventions.

I'd been trained in all of his like, verticals, if you will. And so I was able to do this in my practice, and I was also on the list of people who had been trained by hand.

So I had people showing up saying, hey, can you help us do this reticent protocol. And one of my first patients, her name was Linda, and she came in with a Moca of two.

So again, this 30 point cognitive scale two is extremely severe disease. Her eating was affected. She could barely answer questions. And yes or no one word answers.

I could see that her brain was computing the question, but she couldn't remember the question long enough to get an answer out. She couldn't find words.

Of course. Her relationship with her husband was severely impacted, but they were both her husband, especially because he was, you know, at this point, he's the decision maker.

He's driving, because she has so little capacity. She's so debilitated. So he was very enthusiastic and had more confidence and doctor reticence approach than I did at that point.

And they did it all. So she had a mom of two when she showed up and six weeks later she had a Moca at seven, they got out of a moldy environment, this ballroom dancing three days a week.

They changed to a ketogenic diet. She got all of her amalgams out of her mouth, had all her dental work done. She, got on all the supplements, got on the hormone replacement.

I mean, they did it all. They did it quickly. They jumped into that pool headfirst and dove deep. And they got the results. And when I, I mean, the first time that Linda came back, when I saw that Moca score, that second mucus score, I thought, like, did we do it wrong?

And this isn't supposed to be possible? And then I just started like, crying, right? Of course it was like, what just happened? And then of course, my next thought was like, if this is possible for her, what's possible for everybody else?

And how do I do anything else with my life other than tell everyone that this is possible because they're getting a different story and I was getting a different story.

And so, you know, as a provider, I was perpetuating this idea that you couldn't do anything when like in front of me, a miracle had happened. Now, it took effort, it took work.

And I have seen that play out over and over and over now. Does it happen for everyone? No, but I, you know, fast forward a couple of years later, in December of 2019, we announced that we were opening Marama, this residential experience, this immersive experience and Doctor Peterson's approach.

And so I had people calling from all over the world saying, can my loved one come? And I got a call from a woman in New York saying, hey, I really want my friend to come.

She has been on the reticent protocol. I know that this would be the best place for her. She has a moca of zero. Would you consider that? And I said, no.

You know, I really want to save. We only have 12 beds and this is the first time we're doing this. I want to save it for

the people I have the most confidence we can help.

Well, then we opened our doors March 1st of 2020, and the world shut down with Covid. And so everything got flipped on its head. And I heard from this woman again at the end of 2022 that I know, you know, the vaccines are out and Covid is changing.

And I'm wondering if you would reconsider. And at that point, I said, wow, she's persistent. They're committed. Let's see what happens. And so she moved in with her Moca and zero.

And within three months she had read a nametag of one of our, staff members. She had spelled her name to a new staff member when they asked what her name was.

So she went from non-verbal, and she's not going back to work, meaning like, can't speak at all, right? Like zero speaks to, like, naming names would.

That's that's crazy. Crazy. Absolutely insane. Right. So again, I'm like bawling like, how is this possible? This isn't supposed to happen. Like, I wouldn't believe it if somebody told me this story.

But now I've seen these miracles happen enough that I know that we're onto something. And, you know, these patients. I'm so grateful to them for showing us what's possible.

I don't, you know, I want to believe that we'll find a stem cell, or we'll find some sort of intervention that's going to get her back to 100%, and we're going to get her back.

And yeah, I don't I don't know that that will happen in my career. But I know that there are people that we can impact and we can prevent them from going to that level.

We can prevent a zero. When I get a patient with a Moca in the 20s, you know, where they're aware they're having issues like we can measure that the the difference from what it used to be, I'm like, we're good.

As long as you're willing to do this, I have so much confidence we can get you back to 30. And I know that's kind of crazy to say. Like, not many people will say that, but we see it over and over and over again.

And what do you think are the most common, like lovers to pull when it comes to patients like that? With these sort of miracle cases, like what are the most commonly missed things, miss opportunities.

You know, I Doctor Bateson and I had this conversation all the time. I love him, he is so amazing. He he's the type of person, right? Where, he's like, call me with everybody who's not getting better because I know that it's possible.

We're just missing something. Like, what is it we're missing? And so he's always just looking for how to make this protocol better, how to streamline things, how to make it more accessible to more people.

And these days, you know, his first question is, are they in ketosis? Ketosis is really one of those big things. It's relatively simple. The other thing that I think it's missed is toxic exposure or toxic accumulation toxicity.

So mold exposure, maybe even mercury exposure. Those are really pretty significant neurotoxic, components that if those aren't measured and if they're missed, it's really hard to get up and over that. It's right.

It's like there's this hurdle, this big obstacle in the way of healing and then exercise. I think a lot of people don't get enough exercise, but kind of think that right.

Like I mentioned, walking is enough. It's not. We really need to get lots of aerobic exercise. We I tell people to aim for 200 minutes. This is from the Framingham trial, 200 minutes of a week of moderate to vigorous exercise, getting strength training so that you have muscle tone and then dual task exercises where you are both getting cognitive, engagement at the same time.

It's physical engagement that also is very, very helpful. And in contrast, oxygen therapy can also be, very helpful. So, you know, and is that's not exactly low hanging fruit, but yeah, it's hard because people are like, what's the one thing that you would do?

It's like probably the ketogenic diet. But really the two things that I would do if I had a loved one at home would be the liver. To contrast oxygen therapy and the ketogenic diet.

Those two things move the needle for a lot of people in a very measurable way, and I can never stress enough that it's not about 1 or 2 things. It's about all of it and putting it all together.

And that's really when we get the best outcomes. I will never tell anyone there isn't hope, right? And I don't want to give people false hope.

Missed Drivers: Toxins, Exercise, and Oxygen Therapy

However, I have there have been people I didn't have hope for who have proven me wrong over and over. None of those are those are really amazing, amazing and hopeful stories to piggyback off of and of course, building relationships, letting go of resentment, you know, calling or talking to the people that you haven't talked to and one time you always want to talk to.

We have a lot of those, engagement process in mind, body medicine. So, the, the, the point of I think our talk is that there's, there's hope and, the, the scary part for most people is what if there's false hope?

And as I talked to doctor medicine before, interview, he said that, hopelessness is a bigger pandemic. Because there's actually a lot of things that can be done, and we just have to work there and engage.

The and you probably know this as well as I do, that a lot of people, a lot of the, the elderly that really come into the picture, they have a sense of guilt, you know, like they're a burden to their family.

And that they don't they don't want to have hope because their family is more important to them than than themselves. We have a lot of people like that.

What do you say to those people? Yeah. Well, you know, my goal is to facilitate this intergenerational wisdom transfer, right? Like get that value back and have those people contributing and really, the best thing that they could do is prioritize their brain health so that they are not a liability so that they don't become this strain that requires so much care.

And if you're someone who puts your family first, well, you you can't serve from an empty vessel, right? Put your own oxygen mask on first. And I would say this to caregivers as well.

Caregiving is extremely stressful, very, very demanding, has a high burden and puts caregivers at two and a half times the risk of developing Alzheimer's in their lifetime compared to the general population.

So caregivers need to put their oxygen mask on first. They need to be getting the exercise, doing the meditation, prioritizing sleep and getting help.

And again, this is this is one of those societal things. I really hope that as baby boomers age, it's these demographic shifts happened that there's more Medicare and, you know, societal.

Right. Like at a government level, at a, at a bigger level, that there is more care provided so that there isn't that isolation and then there isn't that tax, that burden on the generation below that's caring for people.

So really, I think that the best thing that you can do is jump in, dive into this, do as much of it as you possibly can, reach out, get support, get help.

You enthusiastically jump into this because we see such incredible results. And yes, it's hard. It's not easy. But just because it's hard doesn't mean it's not worth doing.

The benefits of the rewards of this are just so great. I my hope is that more and more and more people get access. Yeah. Me too. I do as well. I think that the the the limited resources is the big problem right now.

Right. So two major factors. You have stigma, which I think is the biggest issue. And then you have the limited resources, which is probably the second biggest issue.

And then and then you have coverage, insurance coverage, Medicare coverage and stuff like that, which is another issue as well. And, you know, right now, the way that our insurance system is really set up is for drug discovery and drug trials.

And so when you have something like what your trial is. Yes, it's not one standardized, double blind, randomized, placebo controlled trial specially designed for medications and drugs.

And it's not one lever to pull. You're exactly right. And you know, earlier you said that, you know, maybe hopefully there's some cool things coming up that like stem cell therapy or something like that that can possibly improve things.

But, I don't think that's ever going to happen. And the reason is this I think that if something like that happens that contradicts all of science, and it's because even though we're talking about Alzheimer's today, you know, memory loss and sequestration is how our body defends ourselves.

And so if we don't have memory loss, we may have been dead much earlier on because we can't sequester some of the brain functions which have seizures, we can die.

And so a lot of what's taught about Alzheimer's, like the plaques and tangles that develop in the brain, is part of our immune system doing us a favor.

So if our body is not sequestering memory, and, and at the same time suppressing toxins and infections, we don't have that immune process. Our life expectancy possibly will be decades earlier.

So we do have to think or think our brain and think our, you know, body for that, as well. So if we ever do find some miracle cure, I just, I just don't think it's going to happen.

If we ever do find some miracle cure, we're still going to have the foundation of food and relationships and activity. You know, all the things that that create this, you know, longevity, as well.

Right? So, yeah, no doubt about it. It's not an either or. It would I hope that the both and that we can discover that really helps with regeneration.

I, I just have to stay hopeful. Again. There's this whole beta amyloid plaque and how like we can go into that for a minute. I can get on my soapbox about that.

But this is this is really frustrating. Part of the narrative, right, is that there have been several missteps along the way from the entire history of this Alzheimer's epidemic.

Right. It's like starting in 1907 when when Alzheimer's first had his study, the patient who had this early onset memory loss, she was early in her life.

She was in her 50s. She lost her memory. And then there was an autopsy that was done on her brain. And they found these plaques and tangles in the brain under a microscope with the histology.

And then the the misstep that happened was it was a marketing play by, Alzheimer's. Superior wrote a textbook on

neurology, and he had a new edition coming out, and he wanted new juicy things to put in this new edition.

And so he put this case study, one case study of a study that Alzheimer's had treated, and put that into a textbook. That doesn't happen. That's not how it's meant to happen.

He was doing that to sell more textbooks. And so this got elevated to be this, this disease. Well, that would have been fine if in 1970s, the National Institutes of Aging hadn't decided that they wanted to get a bunch more funding.

And so what they decided was to basically make Alzheimer's the primary cause of senile dementia. And so I actually use the term dementia because I think it's more accurate.

But Alzheimer's is a marketing word, right? This is this is used because it puts the fear of God in people. Like if you say dementia, people are like, oh, whatever.

But if you say Alzheimer's, they are terrified, right? This is this is losing your mind, losing your dignity. And and so this world word Alzheimer's and began to be used to describe most of senile dementia.

Right. You still see in all the scientific papers, Alzheimer's is the most common cause of dementia or type of dementia. Well, I mean, maybe, but Alzheimer's, it has been equated with beta amyloid plaques and proteins.

And this is this has basically directed research, funding and time with smart people's time and effort. And for decades now, and we're at a dead end. It doesn't work when you reduce amyloid plaques or, when you reduce these plaques and tangles in the brain, what you you don't get an increase in cognition, you get a reduction in cognition.

So 99.6% of all trials that were focused on beta amyloid plaques have not shown outcomes that are helpful for anyone. And so we're barking up the wrong tree.

We're totally going in the wrong direction. And there's this like beta amyloid plaque mafia that like says, if you're not if you're not studying beta amyloid plaques, you're not studying Alzheimer's when that's that's not true.

And we actually found out recently that some of the research, some of the seminal research that was published in 2006, has been cited over 2300 times that that was that connects with smoking gun of of beta amyloid plaques with Alzheimer's.

That was actually fraudulent that it that the photos were doctored. And so we really are at a time where the paradigm in science needs to change. You know, there's bad actors in every community, but it's just disheartening when it's, you know, shifting taxpayer dollars in this desperately needed area towards something that doesn't work.

It's just really so sad and frustrating.

Rethinking Amyloid and Integrative Treatment Approaches

And I think it's also this wake up call that we need to switch gears. We need to switch to something that works, something that makes sense and like a common sense level.

Right. Like, what are all of the things that affect cell function in the brain? Not how do we how do we fit this in our box of reductionistic science that we want to work so desperately?

Right. Like, let's let that go and focus on the things that really work and on the things that make sense. Yeah, absolutely. So, great soapbox to be on by way of some of space makes me so upset.

No, no, no, but it's it's good to talk about and, and I'll tell you my reflection point on this. So there was a recent drug that came out, which is AG owned by this company called Biogen, and this, and, you know, the data on it is still relatively limited.

There's a conditional approval by the FDA, and, but the reason that we decided to go and, be a provider for this. All right, listen to this, is because those people come into the clinic and they're amongst their peers, and we could do group sessions with them.

We can incorporate the lifestyle with them. And, while they're either getting the infusion or they're doing some other things that are there. And one of the greatest benefits behind delivering a drug like that is actually we get to talk about things that they never heard about, you know, they're researching all these, you know, latest drugs and carry on the drug trials.

But at the same time we're like, hey, you know, there's this other thing called a ketogenic diet, you know, food, nutrient diet. There's other thing called exercise, and there's tai chi and qigong you can incorporate.

So we have this full support line, for these patients who really enjoy the process, not even knowing that something like that's ever existing. So it's sort of a Trojan horse effect for, for us, I love it.

Yeah. You're using it as like this delivery mechanism for all the other stuff. It is so, so I do appreciate it. Because of that aspect. But if you actually look at the ag trials, right.

And so they did, they, they started this back in 2012. And if you actually look at those trials, the biggest improvement, by far are all the questionnaires that deal with relationships and really.

Well, why? And it's because they have to come in every time they have caregivers. There. And the caregiver perception of the patient improvement are the biggest results in, phase one and phase two clinical trials for those medications.

I'm like, duh, you having people come in and doing something about it and addressing something like creating that, that creating that value that's there.

And so you see that in in both groups, the placebo group as well as the, the ag home group. Right. And so we're finding something that even though this is kind of pooped upon in pharmaceutical, science, that's something that I held on.

It was like, wait, wait, wait a second. These people are actually coming in and getting stuff done. And also there's there's, there's other aspects about memory care that are also being done.

This is a big deal. So, so I kind of use it to sort of hack my mentality behind these, these drug trials. But I agree with you overall that targeting just the effect, right?

Not the cause, just the effect, which has been amyloid entire protein is not necessarily very useful, because if we didn't have the beta amyloid, and if we didn't have those tail proteins, we'd be dead decades before for a reason.

They're there in response to something to to a trigger, an infectious trigger or a toxic trigger. And so they're there for a reason. If we don't take away the trigger, we just take away the the effect.

Then we get it. It can make sense. You would get a reduction in cognitive capacity. But if we can, what I love is this idea that maybe we could marry both.

Right. Let's get rid of the toxin. Let's get rid of. Let's get rid of all of the things that are creating this response. And then after let's let's get rid of the amyloid plaques to and see if we can support regeneration through stem cells or NAD and, you know, all of all of the exosomes or whatever, whatever is maybe even psychedelics.

Right. Let's push on the trophic factors and push that regeneration after we've gotten rid of all the credits and they're making it up and creating this momentary response and that that like, this is that whole idea, like, let's stack everything we know that works, let's put them on top of each other and then look at what outcomes we can get.

And that's really exciting. And really where I think, the research I hope is headed, where we can use the best of both of these worlds. And I love how you're doing this.

Like, okay, there's this benefit of getting people to show up, and you're also attracting the people who are early adopters, who are excited about doing something, you know, who want, who want an intervention, who feel hopeful.

And I think that that. Yeah, that's a big that's exciting. I'm glad to hear I'm really curious what you find. As people go through using at home, I'll tell you.

I'll tell you something that I didn't really expect to find. When we started doing this, is that one of the most common, common causes of acute and sometimes chronic memory loss is recurrent urinary tract infections.

Right. And, more than half the people who show up for memory programs have recurrent, you know, tract infections. And lastly, treating the urinary tract infections improves your cognition a tremendous amount even after a couple of weeks.

Right. And especially men, because when men have urinary tract infections, antibiotics are needed for 4 to 6 weeks, not, you know, seven days or three days, like, like women. Right.

And so, what we find is that there's so many of these kind of easy wins when they come in for the drug discovery trials and stuff like that, where, like, oh, yeah, before we get you on this, let's, let's deal with this like, oh, yeah.

And, you know, bless your good side. Let's kind of deal with that in preparation. Right. In preparation for being on different medications and ag home being one of them.

Right. And that creates a lot of excitement behind oh my gosh. Yeah. You know, mom and dad were was treated with with with, medications for the urinary tract infections.

They got better, you know, their diet got better and they got better. We haven't even started the drug yet. And that's the point, right. And, and and that is sort of the integrative approach that I think that we should really look at.

Addressing. Can I combine all our powers together, you know, anyways, what as we conclude, how do people find more about you and your programs and everything that you do?

Yeah. So, and, so Sara, Solsbury, Safaricom and Marama ma ama marama experience.com, and, either place you can sign up for our email list and we'll keep you abreast of all of the new and exciting things we have available.

We have a marama at home course where people can learn, how to do all of these things at home. We have coaching that comes with that, with as an optional offer, to upgrade to that.

And that's where we see, you know, it's just so much fun to engage with people at home and really rewarding to see people get better and stay with their families, with their loved ones, in their community.

It's just an absolute privilege to get to do this work. That's amazing. I want to thank you for coming on. We will establish discussion, between two like minded people, and we need to have a whole lot more of this.

So I think my biggest takeaway for people who are listening to this or watching this is that until we get excited, both Heather and I, because there's a lot of hope and, and hope shouldn't be wasted.

And we also. And then I think that there's a lot of ageism, especially within the Western society, where we think that the people who are elderly, don't have as much value in reality, the opposite is true.

You know, partially probably because, you know, coming from China and Buddhist. And so this is sort of our philosophy that age will always, supersede, anything when it comes to enlightenment in my culture.

But those are the things that I would love for people to kind of take away from this. So thank you everyone for listening, watching. Thank you. And I just want to add how inspiring you are and how much that you make happen in the world and, that it's always, a pleasure to chat with you and collaborate with you, on anything.

So thank you for having me. Likewise. Thank you.