Episode 150 Transcript

00:00:00:00 - 00:00:06:15
Dr. Heather Sandison
Men go through andropause, and they have this much more gradual drop in sex hormones and women just fall off a cliff.

00:00:06:17 - 00:00:32:02
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton and chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:32:04 - 00:00:57:13
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Thank you for joining me on today's episode of the DUTCH podcast. I'm so glad you're here. We're going to talk about a topic today that affects so many people, not just patients, but families of patients, caregivers of patients, friends of patients.

00:00:57:15 - 00:01:16:09
Dr. Jaclyn Smeaton
And that topic is really about brain health. Alzheimer's disease and cognitive decline. Now you might think, why is this something that we would be talking about on the DUTCH podcast? Well, there's a couple of reasons. First of all, hormones are a big component, particularly for women. We know 65% of patients with dementia are women. And there's absolutely a hormonal component.

00:01:16:11 - 00:01:46:03
Dr. Jaclyn Smeaton
But this really gets to many of the root causes that can contribute to an environment where brain health is not optimized. Today's guest is a natural gothic doctor who's really committed her career to this and has a tremendous amount of experience over the last decade, building a collaborative medical approach to brain health. Doctor

Heather Sandison, she's the New York Times bestselling author of Reversing Alzheimer's The New Toolkit to Improve Cognition and Protect Brain Health.

00:01:46:05 - 00:02:09:19
Dr. Jaclyn Smeaton
She's a renowned naturopathy doctor who specializes in neurocognitive medicine and the founder of Salisbury Health Clinic, a premiere brain optimization clinic based in San Diego. She trained under Dale Bredesen, who many of you may know Doctor Bredesen in the Bredesen and protocol. Doctor Sandison is dedicated to supporting those suffering with dementia. She's also the primary author of peer reviewed research published in the Journal of Alzheimer's Disease.

00:02:10:01 - 00:02:38:18
Dr. Jaclyn Smeaton
She is really shattering the common misconceptions about Alzheimer's and teaching lifestyle change based protocols that keep your brain sharp at any age. If you think you're too young to be thinking about this. She's going to convince you otherwise. So let's go ahead and dive in. Well, Doctor Sandison, I'm really excited about our topic today. And I think it's something that, you know, for our like middle age audience, it's probably a mix of people, whether they're thinking about this actively right now or not.

00:02:38:18 - 00:02:54:08
Dr. Jaclyn Smeaton
Right. Or maybe they have a parent or someone they care for and it's kind of hitting them in their life. Or maybe they're just thinking about their own health long term. But this is a topic we haven't really covered on the podcast, but it's one that affects so many people. So thank you so much for being here.

00:02:54:10 - 00:03:05:14
Dr. Heather Sandison
Oh, it's a privilege. I know for most of us, the thought of losing your mind as you age is our biggest fear. So I think it's absolutely.

00:03:05:16 - 00:03:15:18
Dr. Jaclyn Smeaton
Totally. Well, can you start by just sharing a little bit about yourselves? I always love starting with this. Like how did you find naturopathic medicine? And then more specifically, how did you find your way into neurocognitive medicine?

00:03:15:20 - 00:03:35:05
Dr. Heather Sandison
Yeah, really. On accident, I had always wanted to go into medicine. I think having this idea that people, when people are at their healthiest, they can contribute to society, right? They can show up at neighborhood board meetings and they can help with their grandchildren. And they are just they're contributing. I think we all have that inherent human need to feel like we're contributing.

00:03:35:07 - 00:03:59:06
Dr. Heather Sandison
And if we're sick, it's really hard, right? If you're running around a doctor's appointments or if you're struggling with fatigue or cognitive changes or pain, chronic pain, whatever it is, whatever ailment it is, it's really hard to engage fully. It's really hard to be yourself and be present. And so I that's how I've always thought of myself as like, I want to be a provider who can help other people live their lives to the fullest.

00:03:59:08 - 00:04:22:17
Dr. Heather Sandison
And I imagined going to conventional medical school. I have several family members who are in the medical field, and I went to San Francisco thinking I would go to UCSF, you know, the best medical school on the West Coast. And I met Sally Lamont, a colleague of ours, through an introduction to naturopathic medicine course. And when it was the first day in the course, I was just like, wait, what?

00:04:22:17 - 00:04:51:10
Dr. Heather Sandison
Somebody else has thought of this too? Like this idea that you can approach how health and wellness. You can use medicine to promote people living their optimal lives versus having just tools of pharmaceuticals and, and surgery and, you know, really focusing on the disease process versus what creates health. I was just so much more interested in the latter, was so much more interested in health and well-being.

00:04:51:12 - 00:05:13:12
Dr. Heather Sandison
And so knowing that there was this path, it became just a matter of of when, not if I just I felt once I had met Doctor Lamont and been introduced to these concepts of treating the cause, treating the root cause and supporting doctors teacher rather, it's as you know, like this, kind of patriarchal, like, I'm the one in charge and you will do

what I say.

00:05:13:18 - 00:05:41:12
Dr. Heather Sandison
But really thinking of it as collaborative medicine and using these tenants of natural Catholic medicine, it just it spoke to me. I was like, yes, this is it. And then the way I neurocognitive medicine, you know, I was taught, I'm sure, as you were, as all of us were at that time, and maybe many still are taught, is that there was nothing you could do for somebody struggling with Alzheimer's or dementia, that to suggest that you could was actually to do harm was to give people false hope.

00:05:41:13 - 00:06:17:04
Dr. Heather Sandison
And that was I mean, I bought it. I was told that by well-meaning, very well educated instructors. And then a couple of years after getting out of school, I was at a conference that, it was integrative mental integrative medicine for mental health. I am a meet and doctor. Bredesen, my now mentor, was speaking there and he was describing essentially stacking everything I had learned in school, all of natural medicine, and applying it to people with cognitive changes, age related memory loss and seeing their cognition improve.

00:06:17:06 - 00:06:46:05
Dr. Heather Sandison
And I so I was like, well, that, you know, I was told that was impossible, that we shouldn't say that we could help those people. But I was intrigued because it made conceptual sense to me. Right. This idea that if you have a cell in the body, whether it's a neuron or Hartselle or your big toe, right, like if you have a cell in the body and you take all the junk out of the way and you give it what it needs to thrive, you have a better functioning cell, and neurons are no different from the rest of the body in that way.

00:06:46:06 - 00:07:04:18
Dr. Heather Sandison
And so that I think hearing that it was kind of another moment, like when I was in Sally Lamont's class, it was like, yeah, of course, like, why would we why would we think that it's any different? And so when he was describing these cases of people improving, I was like, I need to learn more about this because this is my ego, of course.

00:07:04:18 - 00:07:26:17
Dr. Heather Sandison
So then it was like, well, if I could treat somebody with dementia and, you know, everything else would be easy, like, that would be amazing. So I went ahead and did his course. Learn from Doctor Peterson, became certified right. And this is just a timing thing was I did that right in September of 2017 as his book was being published, and I was then the only person in San Diego who had the training.

00:07:26:18 - 00:07:45:01
Dr. Heather Sandison
And I had a lot of people showing up, and I had no confidence at that point, that I could help, because there was still that voice in the back of my head saying, there's nothing we can do. But I watched people get better over not just once, but over and over and over. And of course, we still have those moments where I'm like, am I helping anyone?

00:07:45:01 - 00:08:00:14
Dr. Heather Sandison
I guess nobody's getting better. This week, but then the next week it's like everybody is improving their cognitive scores. And, you know, we have our patients and there's caregivers saying, I got my husband back, I got my wife back, I got my mom back. And that just makes all of it worthwhile.

00:08:00:16 - 00:08:19:01
Dr. Jaclyn Smeaton
Thank you for sharing that. I can tell we're going to have a juicy conversation today. There is so much that I want to say already, but I think that concept of, like, there's nothing you can do about this. I think there's it's it's really, I think naturopathic medicine, which is uniquely different from biohacking. Right. We're not biohacking our way to health.

00:08:19:01 - 00:08:37:12
Dr. Jaclyn Smeaton
I think it's just it's a fundamentally different approach. But the thing that came to mind for me was like people who suffer with illnesses like cognitive decline for a long time, you feel like you're a random victim, like you're a targeted victim, like of a robbery. Right? It's just as random. And you could say the same thing for infertility.

00:08:37:12 - 00:08:58:06

Dr. Jaclyn Smeaton
You could say the same thing for cancer. That are because we had this lack of understanding of kind of the root drivers and this feeling like there's nothing you can do. It creates a really challenging situation where people feel like they're for a long time, you know, it was just kind of some kind of like random victimization. But of course, that makes no sense from a medical perspective.

00:08:58:09 - 00:09:03:10
Dr. Heather Sandison
Julie G on Doctor Reticence team. She calls it false hopelessness. Right? But I.

00:09:03:10 - 00:09:03:19
Dr. Jaclyn Smeaton
Love that.

00:09:03:23 - 00:09:24:18
Dr. Heather Sandison
It was like this accusation that, oh, you're giving people false hope for a while or whatever. It's hyperbole. I mean, I get it like everyone's scared in this situation and and like, billions of dollars have been spent and countless hours of many smart people's time trying to figure this out from this pharmaceutical perspective, it's not for lack of trying.

00:09:24:20 - 00:09:50:09
Dr. Heather Sandison
And and they want to, you know, there's motivation to defend the amyloid hypothesis and all of that. I get it. And to say that there's nothing that we can do and that there isn't hope is perpetuating a disease process because there is so much we know. It's a there's an overwhelming amount with the we know at this point about how we can mitigate our risk, how we can absolutely prevent delay and even, yes, reverse this, this awful disease process.

00:09:50:11 - 00:10:04:09
Dr. Jaclyn Smeaton
So can we start at the beginning? Really for me, because I'm not an expert in this area. And for others, like when you look at cognitive decline or Alzheimer's, when you look at this from 50,000ft view, what's happening in the brain?

00:10:04:11 - 00:10:24:14

Dr. Heather Sandison
Yeah. So I think framework is good. So thank you. And I'm not going to answer exactly, exactly your question, but we're gonna get there. So what's happening? So if we zoom out, what is our framework for how we approach any complex disease. Right. So complex system science is essentially what naturopathy like medicine is for the body. And we're going to talk about this in relationship to the brain.

00:10:24:16 - 00:10:48:00
Dr. Heather Sandison
But we can you can apply these sort of concepts to any complex system right. Whether it's an ecosystem or it's a financial system or an education system or whatever it is. You can think through complex systems science because there's there's secondary effects and tertiary effects, right. Like you have there's feedback loops. So they are complex, but they don't have to be overly complicated.

00:10:48:02 - 00:11:08:20
Dr. Heather Sandison
What we want to do is think about causal level drivers of imbalance. And so we talk about balance a lot in the body. But imbalance what we're looking for is at these causal levels, we want to know if there are things that are not in the right place, that are not happening at the right time, and if there's too much or too little of them, right.

00:11:08:20 - 00:11:28:19
Dr. Heather Sandison
So if you have imbalance in a complex system, you are going to get dysfunction. And in this case that means neurodegeneration, right? If we're talking about the brain. So that might be Parkinson's or M.S. or Alzheimer's or frontotemporal dementia right. It could be many, many things could manifest as different things. But if you have imbalance in the system, that is where function is headed out.

00:11:28:22 - 00:11:32:04
Dr. Heather Sandison
Right? It is headed towards degeneration despite.

00:11:32:04 - 00:11:58:18
Dr. Jaclyn Smeaton
Paul, can I pause you for just a minute because I want to offer a reframe, and I think this is an interesting way to think about it, because I think you're right. When the system is out of balance, there is what there's adaptation that happens. It's like the

body is trying to restore balance. And I think about this with the model that a lot of people understand with blood sugar imbalance, where you have this like rising blood sugar causing high insulin, and then you get this adaptation downstream where the cells become insulin resistant.

00:11:58:18 - 00:12:18:07
Dr. Jaclyn Smeaton
And that is part of a disease state, but it actually is a cell protection mechanism because they're being bombarded with insulin for such a long period of time. So I put that out there because I think for people when we talk about dysfunctional systems, I like to try to reframe it a little bit where, like, our body is so smart, it's trying to constantly adapt to really a bad environment.

00:12:18:07 - 00:12:22:06
Dr. Jaclyn Smeaton
I don't know if you'd accept that or, you know, you agree with that in this kind of circumstance.

00:12:22:06 - 00:12:44:11
Dr. Heather Sandison
Well, absolutely, 100% because amyloid plaque. Right. Many people say amyloid plaque is the cause of Alzheimer's or misfolded proteins. Tau is the cause of Alzheimer's. Well, lo and behold, they are anti-microbial. They are there to protect us. Right? So they are part of that adaptive system. And if you get rid of them, which we're very good at that from a pharmaceutical perspective, we can get rid of amyloid.

00:12:44:13 - 00:13:03:23
Dr. Heather Sandison
We can take that out of the brain, but you don't end up with better cognition. So what we need to do is say what caused the amyloid. Sometimes even in the functional medicine world, naturopathic world, I'll hear people say, well, Alzheimer's is caused by inflammation, but what caused the inflammation? So if we're constantly asking the question like what's upstream from that?

00:13:03:23 - 00:13:23:02
Dr. Heather Sandison
Then you're going to I. That's where I like to play right? So if we're looking for imbalances, if we're looking for imbalances, it's like okay. And what it's not an inflammation. I mean that's interesting, but it's less interesting to me than whatever.

Cause the inflammation, if we're looking for imbalances, it's not in an amyloid plaque production. It's what caused the amyloid plaque production.

00:13:23:02 - 00:13:52:20
Dr. Heather Sandison
Right. So and say right. I would say two is secondary for the thyroid doesn't go out of balance on its own. Something pushes it. So what's interesting is what pushed it out of balance. And that's where I think it's helpful to define what are these causal level factors. And I would argue that for the human body, including the brain, the causal level factors are imbalances and toxins, nutrients, stressors, structure signaling and infections.

00:13:52:22 - 00:14:19:05
Dr. Heather Sandison
And if we systematically go through those things and and evaluate for balance, then we will find imbalances. If you look, you will find them. And when we correct for that, when we gently nudge the body back into, you know, and this is all homie or dynamic, right. Like this is not about static. This is not about this. This is about, you know, rhythms and think if something's too much, too little in the wrong place.

00:14:19:09 - 00:14:41:09
Dr. Heather Sandison
If you have too much cortisol at night and too little melatonin, you're not going to sleep, which is going to cause a stressor on the system. It's going to keep you from getting the deep sleep that you need for the lymphatic rinsing of the brain, and you're going to end up with too many toxins, whether they're metabolic or mercury or mycotoxins in the brain, leading to and leading to microglial activation.

00:14:41:11 - 00:14:53:16
Dr. Heather Sandison
Right? But it's not the micro glia fault. It's it's this imbalance and the ability to sleep and get that deep sleep. So we can talk through this. And again, there's many, many feedback loops.

00:14:53:18 - 00:15:18:04
Dr. Jaclyn Smeaton
I love that you're raising this because this is ultimately like the fundamental difference in approach or this these this understanding leads to the fundamental difference in approach between a conventional and an agile ethic, in particular naturopathic

medicine, which I think is like a unique, distinct from even an integrative or functional medicine perspective. But there's this questioning of the changes that are observed.

00:15:18:04 - 00:15:35:09
Dr. Jaclyn Smeaton
And I think what we see in the classic drug model, which I came from, that was what I did before med school, was you find out what's different between healthy and abnormal or healthy and disease, and then you figure out what that is and you target that molecule, or you target that change. And in hopes to see disease regression.

00:15:35:09 - 00:15:49:10
Dr. Jaclyn Smeaton
But what that fails to do is look at the environment that created that, that change in the first place. I love that you're talking about these. Can you repeat again what those big kind of list of things you talked about? Toxins, nutrients.

00:15:49:12 - 00:16:24:01
Dr. Heather Sandison
Yeah. And happy to dive into any of them more I know. Well it was conversation that always the signaling around hormones is is a big part of what we're doing. So toxins and we think of toxins in essentially in three flavors that we can test for which is heavy metals mycotoxins, bio toxins and then chemical toxicity. And then using, you know, specific binders, this, specific, protocols and strategies to get the to be precise about how we get those out, but also just turning up the volume on our natural detox processes through our organs of elimination.

00:16:24:03 - 00:16:41:05
Dr. Heather Sandison
And then with nutrients, we can think both macro and micro, right? We've got our our micro nutrients, our minerals and our B vitamins. And those are going to be different for different people. Some people need more methyl donors than the next. Some people burn through B vitamins quicker than the than the others. Some people need more magnesium. Right.

00:16:41:07 - 00:17:08:16
Dr. Heather Sandison
So and then we have our macronutrients, our of course our protein carbs and fats and you mentioned diabetes and insulin resistance. Sometimes you'll hear Alzheimer's referred to as type three diabetes. Certainly having elevated blood sugar,

dysregulated blood sugar puts you at risk for developing dementia over time. Having all of us, no matter what our diabetes status as we age, we aren't as good at turning sugar into fuel in the brain as we were when we were younger.

00:17:08:18 - 00:17:35:20
Dr. Heather Sandison
Even if we don't have diabetes or any insulin resistance, it's just part of aging. And we create a lot of oxidative stress. When we use sugar for fuel in the brain, the brain, in very rare research scenarios where there's both ketones and sugar available to the brain, the brain will preferentially burn ketones. And many, many, many people have the experience of getting into ketosis, whether it's dietary ketosis or using exogenous ketones feeling like their brain turns on.

00:17:35:22 - 00:18:00:16
Dr. Heather Sandison
It's essentially just a fuel that burns cleaner, and we feel sharper when we're burning ketones instead of sugar for fuel, again, regardless of diabetes status. But a ketogenic diet is a great way also to address diabetes. So we're proponents of that. Not forever, not that someone be in ketosis forever, but that if anyone's struggling with cognitive changes that you at least try a ketogenic diet and use exogenous ketones.

00:18:00:16 - 00:18:27:08
Dr. Heather Sandison
If you can't for any reason get into ketosis and see if that helps to kind of turn on and activate and get the brain more, more energy. So toxins, nutrients, stressors, stressors go both ways. Again, balance, right. If you have too little stress this can be like that idea of kicking your feet up. You know, it's it's 5:00 somewhere, kind of as a retirement plan that leaves there's no there's no there's nothing to push against.

00:18:27:14 - 00:18:47:05
Dr. Heather Sandison
And if you don't use it, you lose it. So if there isn't a purpose, meaning a reason to get up out of bed in the morning, if there isn't a reason to create some kind of structure, if you're not getting enough exercise, if there aren't periods of fasting, if it's just all abundance and kind of trending towards gluttony, we are going to experience issues.

00:18:47:05 - 00:19:13:18
Dr. Heather Sandison
There's going to be problems. And we're not going to state we don't get that benefit

of the hermetic effects. Right. When we stress the system, we get more resilience. And if we lose that after 65, our brain is going to deteriorate. On the flip side, we see the data shows that people who serve as care partners for someone with Alzheimer's and dementia, they're anywhere from two and a half to six times more likely to be diagnosed with dementia themselves.

00:19:13:20 - 00:19:15:16
Dr. Heather Sandison
Hum. The patient.

00:19:15:18 - 00:19:23:21
Dr. Jaclyn Smeaton
That's amazing. And they think that's attributed to the tremendous stress involved. Or it probably or maybe living in the same environment. Probably a lot of factors.

00:19:23:23 - 00:19:44:21
Dr. Heather Sandison
Yeah, I suspect that it is huge. It's largely due to the stress. We see that the highest rates are in the male partners and the husbands of a wife with Alzheimer's. And, you know, of course, this is affecting often people's sleep rhythms, their ability to exercise themselves, to make good food choices. And then they're going through the micro grief of losing a partner each day.

00:19:44:21 - 00:20:12:08
Dr. Heather Sandison
Yeah, I think there's there's extremely high stress with care, caregiving and, and so we can certainly have too much stress, long term sleep deprivation. Cortisol, cortisol is, literally toxic to the hippocampus over time. So we see that if there's too many to high cortisol levels, if they don't come down overnight, they stay perpetually high, then the, the hippocampus, that memory center of the brain will shrink.

00:20:12:10 - 00:20:39:14
Dr. Heather Sandison
So, yeah, we can have stress on either side. We want enough, but not too much. And then so toxins, nutrients, stress structure, structure like nutrients comes in micro and macro. So micro structure is our genetics, our ApoE e status, is part of that piece and one piece and two and AP those are early onset Alzheimer's genetics.

00:20:39:20 - 00:21:01:16

Dr. Heather Sandison
And we certainly work with some of those patients. But the vast majority of our patients are ApoE e4 positive. They have either 1 or 2 copies. And this puts them at higher risk for developing dementia. We can't change that. That's not a modifiable risk factor. However, for someone who knows, you know, people ten, 12 years ago used to say, why would I get that tested?

00:21:01:16 - 00:21:27:21
Dr. Heather Sandison
It's just going to keep me from sleeping. That's going to increase my dementia risk, right? Totally made sense 10 or 12 years ago. But now if I have a patient who's ApoE4 four and they have children, if your kids are thinking about what they're going to do for work, and we can if they're going to college and binge drinking, right, we we might want to know their status so that they can have more agency around different career decisions, maybe different sports even.

00:21:27:21 - 00:21:28:06
Dr. Heather Sandison
Well, I would.

00:21:28:06 - 00:21:31:17
Dr. Jaclyn Smeaton
Never even think about that. Like avoiding head trauma. Is that what you mean?

00:21:31:17 - 00:21:59:06
Dr. Heather Sandison
Absolutely. Yeah. If I had a child who was a baby for for a positive, there is no way I would let them go anywhere near football, soccer, big wave surfing, I mean, anything riding motorcycles, I mean, I wouldn't do that. My kids aren't allowed to do that anyways. But, if I you can think about that risk, very differently because if you're a body for positive, you're going to create amyloid plaque faster than your neighbor who's not.

00:21:59:08 - 00:22:17:14
Dr. Heather Sandison
Right. You're and even in the teens, we see people who are AB four for positive compared to those who are not already have cognitive differences. So it is something that where we can start making decisions a lot earlier in life to protect the brain, to protect brain health, at risk and at risk individuals.

00:22:17:16 - 00:22:33:16
Dr. Jaclyn Smeaton
I love that you pull this in because I do think that, you know, people, we went through a kind of a trend in time, roughly in the 90s, where we thought every disease would be traced, genetic origin. We'd create a drug to modify the genome. The diseases would go away. It's obviously more complex than that. But it did.

00:22:33:16 - 00:22:56:16
Dr. Jaclyn Smeaton
It was like if you had, look at the trend that happened with 23 me, people got it. They were talking about disease risk, but I had to pull that down because again, it would cause people stress and strain if they could do nothing about it. But I love the way that you're reframing this, which is that you can't change the, you know, the book, you can't change the genes, but you can definitely change the environment that you're living in to optimize your genome.

00:22:56:16 - 00:23:08:17
Dr. Jaclyn Smeaton
And that's probably includes not just avoidance of potentially dangerous activities, but probably the nutritional status and things like that as well, to try to work around you like you get what you get, but you got to work around it.

00:23:08:23 - 00:23:33:06
Dr. Heather Sandison
Yeah, yeah, yeah. You play the cards or don't. So the other piece of structure is the macro structure. And this comes up in a few different places. It's the plumbing right. Like is the airway open at night. Or we see that sleep apnea even mild sleep apnea has a very big impact on cognition. And so that's really like one of those big places where we start is, is making sure that there's no, OSA obstructive sleep apnea.

00:23:33:07 - 00:23:55:19
Dr. Heather Sandison
And then also, you know, blood flow can bleed to get up to your brain and out of your brain. Or are there plaques? Are you that helps with exercise, you know, are you pumping that system? Are you getting enough blood for the brain? Another place that the macro structure comes up is like, is the hip bone connected to the leg bone right, or are you do you have sciatica and that keeps you from sleeping at night and you're in chronic pain.

00:23:55:19 - 00:24:16:07
Dr. Heather Sandison
You can't exercise. These are all things that have a big impact on dementia risk and how we age generally, and whether or not we're able to engage. And, and the things that will help us to reduce our risk and help us thrive, right. Not just reduce our risk and not get Alzheimer's, but like, help us to enjoy the last quarter of life.

00:24:16:09 - 00:24:47:21
Dr. Heather Sandison
And then so toxins, nutrients, stressors, structure, signaling. I hope we'll dive in. Actually, maybe I'll do infections first because then we can like to have a big conversation around signaling. So infections I put these towards the end often because if we can get everything else dialed, if you got nutrients under control and those are balanced and you've got the toxins down and you've got your stressors dialed and you're getting exercise, you're sleeping at night, but then your immune system takes care of a lot, right?

00:24:47:21 - 00:25:11:20
Dr. Heather Sandison
We don't have to do quite so much. However, we see lots of people, who have parents of adults who have gum disease. Peach and Janelle's has been found in the plaques and tangles on autopsy of people with Alzheimer's and dementia. So we know the amyloid is being created in response to gum disease. We also know that amyloid is created in response to lyme's by rickets.

00:25:11:22 - 00:25:39:21
Dr. Heather Sandison
And so Lyme, Lyme, Bartonella, Borrelia, Bartonella. But these yet these are, tick borne diseases that can have an impact. We know especially Lyme, the lions, parakeets. There's a neuro Lyme, manifestation, just like a syphilis there. They're these similar spiral forms, and they can have a huge impact on cognition. And Richard Horowitz has published on people with diagnosed Alzheimer's, improving cognition with, with his treatments.

00:25:39:23 - 00:25:42:02
Dr. Heather Sandison
And we see this pop up.

00:25:42:04 - 00:25:50:08
Dr. Jaclyn Smeaton
Can we stop for a second, though? Because I think this is worth repeating. I mean, I think so what you're saying here is that the brain is a microbiome in a lot of ways.

00:25:50:08 - 00:25:51:09
Dr. Heather Sandison
Oh, yeah.

00:25:51:11 - 00:26:21:00
The DUTCH Podcast
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00:26:28:11 - 00:26:31:12
The DUTCH Podcast
Welcome back to the DUTCH podcast.

00:26:31:14 - 00:26:50:15
Dr. Jaclyn Smeaton
We've talked a lot about microbiomes. I don't think we've talked about the brain microbiome. So that's one thing. If you can maybe touch upon that a bit more before we dive into signaling. But then also the thought that things could migrate, like from the gums into the brain through the blood brain barrier, that's probably a surprise for a lot of people that are listening.

00:26:50:17 - 00:27:19:06
Dr. Heather Sandison
Yeah. So there's basically 4 or 5 microbes that we know have an outsized impact on cognition. And they are the gum disease. So the it's not just pigeon Dallas. There's several others whose names I'm not even going to try to pronounce, but that they

they basically are triggering inflammation in the brain quickly. And this happens I measure LPL to I don't know if you do in your practice, but that is associated with heart disease, cardiovascular risk.

00:27:19:08 - 00:27:24:18
Dr. Jaclyn Smeaton
Familiar with it is the first tie that was made between, you know, dental and periodontal health.

00:27:24:19 - 00:27:51:06
Dr. Heather Sandison
Yeah. Yeah. Well what we see is it's also related to cognitive health. So it's increasing risk in both cardiovascular and cognitive, arenas. And it's when you introduce those bacteria into the bloodstream, there's they're going to the brain Ray. It's in the bloodstream. The brain is not sterile. I think that that's pretty well established. We don't know a lot about, you know, the good bugs, good brain bugs.

00:27:51:06 - 00:28:16:20
Dr. Heather Sandison
Like we talk about good gut bugs, good. Even sinus bugs, you know, vaginal flora and all of these things where there's we skin, we think about good bugs, but I think in the brain, we really haven't had that conversation. And I hope that that's something that will, that we will start to talk about, because I think it's important that right now, kind of the focus of, that conversation is on which pathogens trigger that amyloid production.

00:28:16:22 - 00:28:49:20
Dr. Heather Sandison
And that is put into Vallis and the other microbes associated to by this, sometimes parakeets herpes, HSV one, which is responsible for cold sores. So we see and this is very well established, in sort of epidemiological data as and that if you aggressively treat HSV one, if you're someone who's prone to cold sores and you take the, the, prescription antivirals and also I think my, my suggestion is if you're prone to those take a lot of lysine.

00:28:49:22 - 00:29:16:05
Dr. Heather Sandison
You can just put scoops of that into, into whatever you're drinking, and bring down that viral burden. But when we aggressively treat and we get that viral burden down,

there is lower risk for dementia. So that does have an impact. So if you are somebody who has 4 or 4 positive and you get outbreaks, you want to be you want to never leave home without some acyclovir and be treating that the second there's prodrome.

00:29:16:07 - 00:29:46:22
Dr. Heather Sandison
Just get super, super aggressive about it. I think that's really important. And then shingles, we see that the shingles vaccine again, very well established in the literature. There was a great study out of the UK that was done recently that showed that people they had basically birthdays within a month and right in the middle. So two weeks before the certain date, they got the shingles vaccine, they were eligible and there was a big, public health kind of push to get all of those people before born after the certain date to get the shingles vaccine.

00:29:46:22 - 00:30:05:23
Dr. Heather Sandison
And everyone before they they didn't have access to it. They didn't get it for free. So they weren't being targeted. And they compared these two groups basically born within a month. And seven years later, if you had the shingles vaccine, you were 20% less likely to develop Alzheimer's. So that is a vaccine that I recommend for people over 65.

00:30:06:01 - 00:30:20:16
Dr. Jaclyn Smeaton
That's very interesting because you wouldn't people think about it to prevent shingles, but not necessarily to prevent Alzheimer's. Is that is that did they did they divide the control group into people who actually had an outbreak of shingles and not or they just saw it just across the board?

00:30:20:18 - 00:30:41:16
Dr. Heather Sandison
No, no, that's this was like thousands of people in the UK. Yeah. This was like it was a it was everyone like under this age was getting the shingles vaccine and everyone over wasn't. And yeah, they saw and we see the Shingrix. In the U.S there was a similar stat, a similar study. It was like 18% less likely to be diagnosed with dementia.

00:30:41:16 - 00:31:03:03
Dr. Heather Sandison
And in the years after. So I think that that was important. And then Covid is the other

one is the other, virus that has an effect. I think many maybe people listening won't be like, oh, yeah, that happened to me. Too many people. Yeah, too many people had this experience of having Covid and then feeling like their cognition didn't recover.

00:31:03:05 - 00:31:22:06
Dr. Heather Sandison
And we think that this is actually more structural. This is blood flow that, there's the cytokine storm, the cytokines that are in the bloodstream are actually creating kind of micro clots that prevent blood flow and nutrient oxygen exchange. And so it's a very different mechanism than these other viruses and bacteria that are creating an immune response in the brain.

00:31:22:06 - 00:31:32:03
Dr. Heather Sandison
But this is really more about blood flow and and how we address it is a little bit different. But those are that's kind of the infection conversation and then signaling where we'll go next.

00:31:32:03 - 00:31:33:20
Dr. Jaclyn Smeaton
Let's talk about signaling.

00:31:33:22 - 00:32:02:23
Dr. Heather Sandison
So signaling yes other hormones. This is super fun. And way less controversial than it was a couple years ago because of these new trials that have come out. There was the women over 65, the 10 million women, you know, comparing about a million women on hormone replacement to the 9 million who were not because they were products of the why that generation that was pretty much denied treatment for, menopausal symptoms.

00:32:03:01 - 00:32:28:18
Dr. Heather Sandison
And, you know, the that one did not talk much about cognitive function. It actually didn't. It barely addressed it. I think it said there was a 2% reduction in dementia. I suspect that if we looked into that deeper, we would see a bigger signal. But certainly established safety and the, the population over 65 with estrogen alone, there was a 19% reduction in all cause mortality.

00:32:28:20 - 00:32:49:19
Dr. Heather Sandison
I think at six, I don't I might be misquoting this, but there is certainly a reduction in breast cancer incidence in the teens. Lung cancer, colon cancer, heart disease. Of course, they didn't even mention bone risk, and osteoporosis in that paper. But really? Well, I think, it gave me a lot more confidence that we're not hurting people.

00:32:49:19 - 00:33:13:06
Dr. Heather Sandison
And I think in the natural part of the community, we've always had this sense that hormone replacement and bioidentical hormone replacement, you cannot deny that the women, post-menopausal women on hormone replacement therapy, they behave younger. They're having more sex, they are getting more exercise. They are sleeping better. They are happier, healthier people. You can just see it.

00:33:13:08 - 00:33:16:16
Dr. Jaclyn Smeaton
Yeah, absolutely. That the quality of life improvements are unbelievable.

00:33:16:18 - 00:33:42:11
Dr. Heather Sandison
And and when done, when done correctly. Right. When you, when it's bioidentical and you have estrogen and progesterone and you're, you're working with patients to dial in their doses, you're never using oral estrogen. You're always using topical. I think that you can you it's like I watch women and it's like a flower. It's like a wilted flower that just, like, comes to life again.

00:33:42:12 - 00:34:07:10
Dr. Heather Sandison
It's just undeniable how beneficial it can be. And cognitively, not every woman has the same experience. For many, it's just like, okay, I can sleep again. And so now I can think again. But for others, there's this drop in cognition, my word, finding my my verbal ability, my ability to put things like plan, executive function. It changed at menopause.

00:34:07:10 - 00:34:13:23
Dr. Heather Sandison
And when we get that vision back, it like a light switch, it turns back on.

00:34:14:00 - 00:34:34:12
Dr. Jaclyn Smeaton
Well, and I know that, dementia disproportionately affects women. It's about 65% of patients with dementia are women. So it leads the question of well, what is the difference? Why are women more disproportionately affected? Do you think hormones or the hormone decline during menopause or estrogen decline during menopause is not the primary driver?

00:34:34:14 - 00:34:42:00
Dr. Heather Sandison
Yeah, I think there's a bunch of I mean, I'm like kind of laughing because I think personally, I think it's probably the sleep deprivation associated with having an infant with motherhood.

00:34:42:00 - 00:34:44:18
Dr. Jaclyn Smeaton
I know we can look back and we.

00:34:44:20 - 00:35:05:20
Dr. Heather Sandison
I think that may be part of it. No, I think, you know, this is this is the big theory, right? Lisa mosconi, there's a there's a bunch of people talking about this certainly these days. But for a long time. But it's this drop. It's like men go through and rapports, and they have this much more gradual drop in sex hormones and women just fall off a cliff.

00:35:05:22 - 00:35:16:19
Dr. Heather Sandison
And so that is that is the theory. I, I think that there are probably but, you know, as, as we do, there's multiple factors at play.

00:35:16:21 - 00:35:41:02
Dr. Jaclyn Smeaton
You also think about stress. If if stress is a big driver, you think about, you know, nowadays, especially the women who are being monitored in these studies, it's probably the first generation of women who had jobs while child rearing. And, you know, you're seeing this change that you're women are. We are classic multitaskers. I'll just leave it at that and put it in a positive sense carrying the load, keeping everything in the air, all the balls in the air for for decades.

00:35:41:04 - 00:35:53:18
Dr. Jaclyn Smeaton
Yeah. Not that better not. What if you're a man listening. This is not a male bashing podcast. I'm just I'm just taking a minute here to honor all that additional workload that, you know, working parents have in women as well.

00:35:53:20 - 00:36:15:14
Dr. Heather Sandison
Yeah. Yeah I, I think that there's there's probably multiple factors. Women also serve as caregivers and caregiving increases risk. Now it increases risk the most for men. But it I think that that also is is a piece of this I think that there's there's multiple at play, but certainly the signaling is a big one. Other signals to think about.

00:36:15:14 - 00:36:54:13
Dr. Heather Sandison
So thyroid thyroid hormone, thyroid hormone vitamin D is a hormone BD and F brain drain Retrouvé factor is a is is a signal. Peptides are signals going to the brain. So really like at a high level the signaling conversation is if our if our brain if our neurons like microglia are activated, if the signal is to attack, defend, you know, if you're in a fight flight freeze state, if you literally like if you are personally and then if your cells are as well and they're in attack defend mode, you are not making new connections between synapses.

00:36:54:15 - 00:37:33:16
Dr. Heather Sandison
Right? To to create new synapses, new new connections between them to, between neurons. We need to be and a rest digest, heal, regenerate, connect state. And the way we get there is through is ultimately through signaling. Right. Cortisol, having enough nutrients, getting rid of the toxins and getting rid of the infections, but then also sending those signals, like all of the sex hormones and, and, you know, neurotransmitters, all of these things need to be in that hormone dynamic balance that supports regeneration and healing.

00:37:33:18 - 00:37:35:14
Dr. Heather Sandison
And so I'll go ahead.

00:37:35:16 - 00:38:14:19

Dr. Jaclyn Smeaton
Oh, did you see that study that I think came out in nature earlier this year that looked at it was predominantly a mouse study where it had some human elements. And one of the things that they saw was that they looked at ovaries and younger women, and then ovaries in postmenopausal women. And what they found was that there was this entire network of sympathetic nerves that invaded the ovaries later on in life that it would they believed that it was due to exposures of chronic stress over life that it actually the ovaries had a unique concentration of additional new innovation by a sympathetic nervous system, and that that it actually impacted the ovarian aging, which

00:38:14:19 - 00:38:40:22
Dr. Jaclyn Smeaton
is a just such an interesting thing when you look at stress and hormone connection. This is obviously very early just observational data, but it aligns with what we see clinically, doesn't it, that we see fertility decline under stress. But when you think about the impact that the ovaries have on a woman's overall aging, because if you delay the onset of menopause, let's say five years or ten years, well within the window of normal for women, some women go through menopause early or some later.

00:38:40:23 - 00:39:03:06
Dr. Jaclyn Smeaton
The ones you go through later generally fare better because they've had a longer exposure to their natural production of estrogen. So it's just such an interesting thing. You're making me think about that and probably impactful on the brain as well, because you get that hormone cycling for a longer period of time. But that direct effect of that signaling of stress that the physiological changes that we're starting to uncover are incredible.

00:39:03:07 - 00:39:06:11
Dr. Heather Sandison
Yeah. No, I hadn't seen that. But it makes it tough to see.

00:39:06:12 - 00:39:10:20
Dr. Jaclyn Smeaton
I put it in the notes to for you guys that are listening. It's really cool. There's some beautiful images.

00:39:10:22 - 00:39:11:12

Dr. Heather Sandison
Yeah. I think.

00:39:11:13 - 00:39:11:23
Dr. Jaclyn Smeaton
Mary.

00:39:12:02 - 00:39:34:22
Dr. Heather Sandison
You know, and when women go through menopause, hot flashes are a very, very common symptom rate of low estrogen. Well, the temperature set point is in the brain, right. They tend to think that we don't have estrogen receptors in the brain is like the I mean it's just nonsensical. That's a nonstarter. Right? We have so many estrogen progesterone pregnant alone DHEA testosterone receptors in the brain.

00:39:35:00 - 00:39:56:10
Dr. Heather Sandison
And they and testosterone in particular. Right. Its growth. It is signaling growth. These these hormones are yeah they're signaling connection. And if we think about kind of our hormones are peaking around 18 1920. And now that we have to go back there. But they there. That is when we are learning our trade. We're we're learning we're connecting socially.

00:39:56:10 - 00:40:08:21
Dr. Heather Sandison
We are like just so open to that. And so we want to make sure our brain is getting that signaling. Not necessarily at that level, but we don't go to zero. Exactly. Yeah.

00:40:08:23 - 00:40:25:22
Dr. Jaclyn Smeaton
Now I have a question for you on hormone therapy for women who have a higher risk of cognitive decline. One of the things that we found really interesting when our team was digging into that research, which I think the jury's still out, and it's like, not conclusive, the role of HRT in cognitive decline. You said the same thing earlier.

00:40:25:22 - 00:40:44:20
Dr. Jaclyn Smeaton
We know it's safe, but we don't know if it can reverse cognitive decline, slow cognitive decline, like the larger studies aren't there for that yet. So I want to be clear about

that. But one thing that I found was really interesting was they've compared cyclic progesterone to continuous progesterone on protocols. Can you speak to like what you're using in practice and why?

00:40:44:20 - 00:40:58:20
Dr. Jaclyn Smeaton
Because I think that's one thing that, you know, if you're a practitioner or even a patient and you're worried about cognitive decline, the data on this is really fascinating. And I've heard some people kind of theorize as to why that is. But I'd love to hear your thoughts.

00:40:58:22 - 00:41:22:03
Dr. Heather Sandison
Yeah. So I think, I well, I can tell you what I use in clinical practice, and some of this is just pragmatic. I am not aware of data that really cleanly defines this, and there are definitely opinions out there. Yeah. So I was talking to Felice Gersh recently, and, you know, she is a fan of keeping women cycling to use as much higher doses.

00:41:22:05 - 00:41:48:16
Dr. Heather Sandison
It gets expensive. And, you know, she's using rectal suppositories of progesterone and not everybody is open to doing that. So I think, you know, but she has this wonderful point of like, well, if we're going to approximate what we were doing before menopause, why wouldn't we continue having women cycle? And so there's this idea that and that went with the way I was trained and the way that I, learned from Troy Hudson.

00:41:48:16 - 00:42:12:12
Dr. Heather Sandison
I'm sure, like most of us. And so I do more or less what she trained me to do to this day. With some nuances. And certainly I adjusted to the woman in front of me, like, what works for her? Does she need to sleep? And if so, then progesterone, because I think some of you know, even Felice is like, well, if you are giving progesterone, you might as well be giving a benzo.

00:42:12:12 - 00:42:34:11
Dr. Heather Sandison
I don't know that I would go that far, but, but for a woman who is not sleeping and haven't hasn't slept since she was 50 years old, like, if I can get her 200mg of

progesterone and get her sleeping through the night, her cognition is better. Her life is better. And you know, I do, I do. I need to convince her to do an expensive rectal suppository.

00:42:34:11 - 00:42:54:07
Dr. Heather Sandison
I don't know if the I don't know if I can. I don't know if she's open to that. Right. So I think navigating some of that is part of what we do. Having women take five days off a month, you know, if they haven't had a bleed in years. And now I've gotta work. I'm up for, endometrial cancer.

00:42:54:07 - 00:43:13:20
Dr. Heather Sandison
That opens a whole can of worms that scares them. That might turn them off. And then now they're not getting the benefits. Sleep and mood and everything else potentially. So I think that there's risks and benefits and trade offs, and it depends on the women in front of you. But what I typically do at this stage is a patch because it's easy.

00:43:13:22 - 00:43:42:16
Dr. Heather Sandison
I start with a 0.05, Monday and Thursday, and if that works for them, fantastic. If not, that's okay too. You know, I, I've done estrogen progesterone creams. I it did for a long time. They're more expensive. They're more hassle. If someone most of the women I talk to are not sleeping great. If they're sleeping great, I can put them on an estrogen, progesterone cream, bias cream and, progesterone.

00:43:42:18 - 00:44:07:01
Dr. Heather Sandison
And that's fantastic. Love that. Love doing that. But if someone's not sleeping, then the oral progesterone just gets them better sleep. So. Yeah. And then testosterone I do usually like two milligrams a day start there. Not everybody loves it. Some people, never want to let go of it. Depends on the on the woman that there's a lot of I love I love in our medicine that we have this, that there's not a one size fits all, that we can make it work.

00:44:07:01 - 00:44:22:09
Dr. Jaclyn Smeaton
Absolutely. Yeah. And I know Doctor Gersh, I haven't spoken to her about this

personally, but I know that recently she's been talking a lot, and we should get her up back on the podcast to talk about this. I'd love to have a conversation with her, but she she a her concern is the oral microRNA is progesterone given orally.

00:44:22:09 - 00:44:41:09
Dr. Jaclyn Smeaton
That's why she's doing these rectal suppositories. The, the the other interesting thing that I've seen and I just tried to pull a paper and all I can find is like a 20 to 2010 mouse study, but one found that cycling progesterone kind of on your standard protocol of like patch plus oral microRNA progesterone. We're not talking about high doses or rectal.

00:44:41:09 - 00:45:07:05
Dr. Jaclyn Smeaton
This is kind of more of the traditional protocols. They'd seen that the cycling progesterone had a better outcomes cognitively than continuous. And the theory behind it was that it's really the astro dials that are so protective in the brain, even though progesterone the neuro steroid and has like all these additional benefits and the metabolites of progesterone are great neuro steroids, but that from a cognitive perspective, it's the estrogen that's really beneficial.

00:45:07:05 - 00:45:26:04
Dr. Jaclyn Smeaton
So having two weeks where it's estrogen only gives better exposure to the estrogen receptors in the brain compared to when they're Co prescribed where progesterone although it's a different receptor they have this kind of balancing act. So you have that. That's kind of the theory behind it that I've heard. And if I can find the papers I will pull and drop them in here in the show notes.

00:45:26:08 - 00:45:29:11
Dr. Jaclyn Smeaton
Yeah. One of our docs we have, pulled somewhere because we've been chatting about it.

00:45:29:13 - 00:45:43:09
Dr. Heather Sandison
You know, just in my conversations with Felice, I'm, I'm really open to changing how we do it. I think I think putting progesterone you're going to end up with more bleeding. So are you going to biopsy though.

00:45:43:11 - 00:45:45:13
Dr. Jaclyn Smeaton
That's right. I mean there's ups and downs to it. Right.

00:45:45:13 - 00:45:46:02
Dr. Heather Sandison
So you end.

00:45:46:04 - 00:45:49:01
Dr. Jaclyn Smeaton
Up having sometimes women bleed with the progesterone withdrawal.

00:45:49:01 - 00:46:14:18
Dr. Heather Sandison
Stress, the stress of being told you might have atrial cancer and you need to go get a biopsy. Yeah. I mean, maybe if as a society that becomes just kind of normal, like, oh, I got it, get my uterus biopsy it like, because I am bleeding again. Or we decide that if you're going to cycle like women might have spotting in their 60s, I think that we maybe and we prepare people for that.

00:46:14:20 - 00:46:18:13
Dr. Heather Sandison
But then are you going to miss an interview? Yeah. Oh, I don't know.

00:46:18:15 - 00:46:34:07
Dr. Jaclyn Smeaton
What I love about this conversation right now is you guys are getting a window into, like, how doctors think we're talking about how do we make clinical decision. That's never a straight answer. And this is why we say decisions should be made on an individual basis. Because, you know, it impacts the decisions that we make.

00:46:34:08 - 00:46:51:14
Dr. Heather Sandison
I had a patient last that long ago who came into me. I think she was at Kaiser. I shouldn't say that out loud, but, she was on progesterone one week a year. He had her on, on oral estrogen and progesterone for one week a year.

00:46:51:15 - 00:46:56:05

Dr. Jaclyn Smeaton
For just one week. Yeah. And did you get a withdrawal bleed and that that felt that was enough?

00:46:56:06 - 00:47:03:20
Dr. Heather Sandison
No, but I thought she might have endometrial cancer I yeah like I was I was like there's not one right way to do it.

00:47:03:20 - 00:47:30:13
Dr. Jaclyn Smeaton
Yeah. But there's they are wrong ways to do it. So I yeah I think it's important to just make sure, particularly when you're talking about HRT, we say this all the time, but you know, you've got to be using doses that are proven to be safe and effective to prevent endometrial hyperplasia and intramural cancer. You know, I don't want to get too far off the topic there, but it's just really it's very important on those protocols because it's a completely preventable concern.

00:47:30:15 - 00:48:02:10
Dr. Jaclyn Smeaton
So I want to shift gears a little bit, because we did talk so much about all of these contributing factors, and I'd love to talk a little bit more about, like, your clinical approach. And one thing that we mentioned briefly in your bio is that you have an outpatient clinic, but there's also an inpatient opportunity, and I'd love to hear more about how that came about, what your experience is for patients, and why you've created that route to care versus an outpatient only.

00:48:02:10 - 00:48:07:22
Dr. Jaclyn Smeaton
So can we start with I want to people I kind of understand your the patient experience.

00:48:08:00 - 00:48:31:23
Dr. Heather Sandison
Yeah. So I see patients at SteelSeries like solutions for the cerebrum is kind of where that's coming from. The URL is also available. So so series my outpatient clinic. And actually I feel really excited about that right now because we have just hired a couple of nurse practitioners and we are going to start taking Medicare for this, an approach which, is is is really exciting.

00:48:31:23 - 00:48:51:23
Dr. Heather Sandison
So with the guide program guide is, a program through Medicare that helps with care coordination and then through the nurse practitioners. We're hoping we can really bring this naturopathy redesign based approach to people struggling with dementia and Alzheimer's, because people walking into my clinic seen myself or my colleague Doctor Rachel, he's there for the past few years.

00:48:52:01 - 00:49:15:18
Dr. Heather Sandison
You know, they're going to have to spend $10,000 by the time they see us pay for the labs, get the supplements, and if we can reduce the cost, we make this this approach much more accessible to so many more people. So that is our current project that we are really, really, really excited about. And so May of 2026, those two new nurse practitioners will be seeing patients at Salisbury, and then we will as well, of course, but we can't build Medicare.

00:49:15:18 - 00:49:35:03
Dr. Heather Sandison
So it'll continue to be cash based. And then Marama is the residential care community that I created. And essentially this came out of like everything. It's like patients asking, hey, I have my uncle has been diagnosed with dementia. I want him to get doctor. But a sense approach. But where do I send him? I can't, I'm, you know, like we're talking about women, right?

00:49:35:08 - 00:49:55:23
Dr. Heather Sandison
I got my dog and my kids and my career and my husband and my house to manage, like how I can't do this for my uncle. So where do I send him? And I in 2019? I thought to myself, well, how hard could it be? Nobody else is doing this. Why don't we just create one? And so we did.

00:49:56:00 - 00:50:18:02
Dr. Heather Sandison
And, it was successful in many ways, and it was also extremely stressful for me. And so I have since shut that down. I mean, it was it was amazing. People came. We had a controlled environment. We felt that fed them organic keto food. And we, we had them engaged in cognitive activities and in community. And it was in a nontoxic

environment.

00:50:18:02 - 00:50:34:05
Dr. Heather Sandison
I mean, we had organic mattresses and there is no mold in that place. So we ran air filters. We got them outside. I mean, there was this beautiful garden on the property. It was it was great. It was amazing. People got better, people got better. What happened was there were I mean, there were many reasons why we wound it down.

00:50:34:05 - 00:50:52:02
Dr. Heather Sandison
It was extremely stressful for me to be responsible for people 24 hours a day, seven days a week, who I couldn't imagine risk for falls. Yeah. And and all of the other things. It was a lot. And it was so well worth it. We learned so much about what works and what doesn't, and the complexities and the dynamics of that stage of life.

00:50:52:02 - 00:51:21:22
Dr. Heather Sandison
And those decisions. And it, I what what one of the things that we learned was that people waited, right? Because if you want need to send your mom to San Diego from Maryland, she's got to be pretty far gone for you to feel that desperate. And I think that we can have a bigger impact. And the conversation is now happening in a way that it wasn't in 2019, in larger senior living communities.

00:51:21:22 - 00:51:56:00
Dr. Heather Sandison
So what I do now is I basically consult with some of these larger groups that have assisted and independent living and then some small memory care. They don't have enough capacity and memory care, so they end up with a lot of people in assisted and independent living who have significant cognitive changes, who are looking for resources. And so my goal is to essentially help them create programs that prevent people from going into memory care versus waiting for people to come to us when they're so late stage we can get people with as of zero improved.

00:51:56:02 - 00:51:56:17
Dr. Jaclyn Smeaton
Wow.

00:51:56:19 - 00:52:03:12

Dr. Heather Sandison
It's a blew my mind. But we don't want to we want to keep people from getting there to begin with.

00:52:03:14 - 00:52:07:05
Dr. Jaclyn Smeaton
I mean, that brings up a really important point, which is like, what's the right time to intervene?

00:52:07:11 - 00:52:10:22
Dr. Heather Sandison
Oh, in utero, I think. I mean.

00:52:11:00 - 00:52:25:10
Dr. Jaclyn Smeaton
That's the best. Okay. And I see the same thing with fertility. I think about that where the biggest impact you could have is like when you're in your mother's womb. And sometimes we're dealing with, you know, exposures that can't be undone because they were beyond before you had control of situation.

00:52:25:12 - 00:52:35:16
Dr. Heather Sandison
But it's never too early. Like, right? I love that. When is the best time to plant a tree? It's like if there's nothing you can't go backwards. But like today.

00:52:35:18 - 00:52:44:14
Dr. Jaclyn Smeaton
And so give me your practical advice for the average, you know, let's say woman in her 30s, what should she be focused on?

00:52:44:14 - 00:53:08:09
Dr. Heather Sandison
Sleep. Yeah. I mean, the foundations are of course, like anything else diet, exercise, lifestyle, stress management and and rest. Get eight hours of sleep a night, get, you know, get in or, track your sleep. Understand? What helps you get good sleep? Sleep is the number one way to protect your brain. And then the next is exercise. And then the next is is the metabolic flexibility.

00:53:08:09 - 00:53:16:14

Dr. Heather Sandison
Get in and out of ketosis. Have periods of fasting. Manage your weight, manage your blood sugar. We could talk about GLP ones. I don't know if you want to.

00:53:16:14 - 00:53:17:17
Dr. Jaclyn Smeaton
Let's talk about deal one.

00:53:17:23 - 00:53:43:07
Dr. Heather Sandison
Yeah, we use them when appropriate. There was a study that where, they, they tried to see if GLP ones would reduce, Alzheimer's risk and it did not. However, I do think that in the right patient who's struggling with weight management, who is struggling with metabolic flexibility, who's maybe knocking on the door of diabetes, who has some insulin resistance, who has inflammation, whose CRP is elevated.

00:53:43:09 - 00:54:22:04
Dr. Heather Sandison
That is a great candidate for GLP ones. And I think that overall her risk will be reduced or his, risk reward will be reduced for developing all kinds of chronic diseases as we age. And so I think that there is a right time to use that tool. Of course, with with exercise and good nutrition, getting plenty of protein, getting plenty of macros and micronutrients, but I think as opposed to, you know, a bariatric surgery or something, this is a really, really great option that we have to mitigate a lot of the risks associated with diseases of aging.

00:54:22:06 - 00:54:44:01
Dr. Jaclyn Smeaton
You know, one thing we haven't talked about today and your thoughts on GLP one make me think about this, because we make our own our microbiome kind of makes our own natural GLP ones, right? These are like these peptides come predominantly from our gut that influence our hunger. Have there has there been studies on GI function and dementia in any way or what are your thoughts about that?

00:54:44:01 - 00:54:46:01
Dr. Jaclyn Smeaton
Is that something that's important to address.

00:54:46:03 - 00:55:05:11

Dr. Heather Sandison
Yeah. Gut brain connection. Absolutely. And then also just going back to nutrients. Right. I kind of put this in that nutrient category. We talked about macro microbes. But it's like you can choose to eat all the best stuff. But if you can't digest and absorb it then that doesn't help very much. So without a doubt, we ran a stool test on every single person we see.

00:55:05:13 - 00:55:36:14
Dr. Heather Sandison
We're looking for markers of, you know, digestive function. And then also, of course, with their symptoms, we're going to kill bugs that are overgrown protozoa and candida and bacteria. So certainly we're doing lots of that replenishing with the good, the good guys getting inflammation down. I use yes, BPC La Raza Tide regularly, to help people with with gut, with leaky gut, with

00:55:36:16 - 00:55:55:09
Dr. Heather Sandison
So the La Raza is very helpful for, sensitivities to gluten either we don't really promote a gluten rich diet. But just in terms of reducing sensitivities, we see great benefit with that. Reducing inflammation with BPC and increasing gut function. Yeah, we do. We do the natural bread and butter have gut function for sure.

00:55:55:11 - 00:56:15:21
Dr. Jaclyn Smeaton
Don't leave that out. Well I love that you're tackling this. And like as an antibiotic doctor, I feel so much kind of pride that you're in this tribe and having so much success. And really kind of making such a big impact in this field because it's one that, like I said, it impacts so many people. It puts a huge economic strain on our health care system.

00:56:15:23 - 00:56:44:21
Dr. Jaclyn Smeaton
And just an emotional strain and financial strain on families as they care for like elders that are going through this. So I very I'm just so grateful for the approach and all the time you've spent to develop expertise and to help people in this area, I feel like I could keep asking you questions. There's so many things I want to know, like all these trending things hyperbaric oxygen therapy and sauna and all these things like how do these layer in and how important are they or not, or how impactful they are not.

00:56:44:21 - 00:56:46:17
Dr. Jaclyn Smeaton
So we're gonna have to have you back.

00:56:46:19 - 00:57:01:15
Dr. Heather Sandison
Happy do any time. Yes. All of that. The trendy fun. Well out there we were learning about cold punches and in school right before it was. Yes, but yes, I have a book. There's lots more about all that stuff in the book, but happy to share any time with you. It's such a private pleasure.

00:57:01:17 - 00:57:10:09
Dr. Jaclyn Smeaton
Well, please share with listeners how they can follow you and kind of keep you in their orbit on social. And tell us about your book. Well, make sure we link to everything in the show notes for you guys.

00:57:10:11 - 00:57:30:09
Dr. Heather Sandison
Yeah. So doctor Heather Sandison.com. You can join my newsletter and Instagram I'm doctor Heather Sandison. Sandy I am so in. And then my book is called Reversing Alzheimer's. It's available on Amazon or wherever you get book your books and happy happy to support. We've got coaching programs, online coaching programs for people who are not in California.

00:57:30:14 - 00:57:39:09
Dr. Heather Sandison
We are taking new patients in California and then, happy to connect anyone with for referrals and in your living space.

00:57:39:11 - 00:57:45:12
Dr. Jaclyn Smeaton
Well, thanks again for all the work you do. And, it's, you know, making a huge impact on your community. It's pretty impressive.

00:57:45:17 - 00:57:46:18
Dr. Heather Sandison
Thank you. Doctor.

00:57:46:20 - 00:58:04:06
Dr. Jaclyn Smeaton
Yeah. And thank you, all of you who've been listening today. I hope you found the conversation to be as fabulous as I did. I wanted to remind you, if you like conversations like this and you want to learn more about hormone therapy and DUTCH testing and, root cause medicine, we do release a podcast every single Tuesday.

00:58:04:06 - 00:58:11:20
Dr. Jaclyn Smeaton
So make sure you subscribe to our podcast wherever you listen and follow us on socials at DUTCH Test. We'll see you next Tuesday.

00:58:11:22 - 00:58:24:15
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