

Welcome to the Cutting Edge Health Podcast with Jane Rogers, where we discuss science to help prevent cognitive decline.

Jane Rogers: "Alzheimer's is optional." That's a quote from my guest today. Her medical practice is in Encinitas, California, an hour's drive north of San Diego.

Dr. Heather Sandison and three other docs are part of a clinic that she founded called Solcere. They focus on neurocognitive testing and treatment. In addition to that, she's done something that nobody else has ever tried. She started an assisted living facility for Alzheimer's patients but with a big twist. Her mission is to heal and empower them to return to normal independent living. It's called Marama, and it's in Vista, California, which is north of San Diego. Dr. Sandison, thank you so much for joining us today.

Dr. Heather Sandison: It's such a privilege, Jane. Thanks for having me.

Jane: You're welcome. Tell me a little bit just about you, because what you are doing for the community of people who are struggling from cognitive decline is simply amazing. What got you interested in this?

Dr. Sandison: Oh, Jane, thanks so much for saying that. This work found me. I couldn't have imagined 15, 20 years ago that this would be what I would be dedicating my life to, and yet one thing after another led to this being a path I just couldn't not go down. I was trained by Dr. Bredesen in 2017 after seeing him speak at a conference. What he said was so compelling to me because I had been told over and over by very well-meaning instructors, professors, super smart people, neurologists, MDs, NDs, all of my instructors and the people I have learned from.

Whenever the topic of dementia came up, they said, "There's nothing you can really do. There's a few medications. They don't work very well. It's really just a downhill slide for people, and it's so unfortunate. There's lots of money going into research. Hopefully, there will be a magical pill someday so that people don't have to suffer. To suggest otherwise would be to give them false hope." Fast forward a handful of years and I'm at a conference where I hear Dr. Bredesen speaking. This was before his book was published, but he was presenting the case studies of people reversing their Alzheimer's.

The way he presented it made a lot of common sense to me. He was saying, "Okay. We know a lot about functional medicine. We know a lot more about cell health and precision medicine now than we ever did in the 21st century. What we need to do is stack these things on top of each other. Instead of saying there's one pill, and it's just beta-amyloid plaques that cause Alzheimer's. Really, it's about, yes, inflammation, maybe toxins, infections, hormones, and trophic support, and signaling. It's about diet. It's about exercise. It's about sleep." It's about all of these foundational health pieces I

had learned so much about in naturopathic school, and about the precision medicine and science that we could apply as we learn more and more and more about genetics and all of these other pieces.

I was very curious. This made sense to me, but I hadn't seen it work. I had been told it wasn't possible, so I was skeptical. I went ahead and registered for his course and took his training, and then I came back to my office. I had the privilege of sitting with patients who had read his books because I was now on his list. I had read his book, of course. My patients had read his book, and I still had my healthy skepticism hat on. My patients were enthusiastic and excited and ready and committed to the process, and so I supported them in the way that I could at that point, of course, without the experience that I have now.

What I saw was miraculous. My first patient, Linda, came in with a MoCA of 2, which I'm sure your audience is familiar with MoCA scoring. I'll just remind anybody who doesn't know that a MoCA score is graded. It's a worksheet that's graded out of a score of 30, so 30 is perfect, and anything over 26 is normal, maybe even down to 24 depending on certain things like your age and how much education, and if English is your first language, that kind of thing. She had a MoCA score of 2. She was saying things like, "Yes," or "No," were pretty much her only words. It was a struggle. I could see her understand the question I was asking, but by the time she could formulate a response, one, she couldn't find the words, but she also forgot the question. This had severely impacted her relationship with her husband. There were lots and lots of struggles as you might imagine. This affected every single facet of her life. Well, she and her husband were very committed to this, so she got out of a moldy environment. She started hormone therapy. She got all of her dental work done. They started ballroom dancing three, four days a week. They completely changed their diet, started on all the supplements.

She came back six weeks later, and her MoCA score was a 7 out of 30. Jane, when I saw what was possible for Linda-- I have to tell you that my first reaction was like, "What did we do wrong? Did we measure it wrong the last time? I thought this wasn't possible." No, her husband confirmed. She was a different person, and I could see it. It was funny. They were bickering about something that happened the night before. She was a completely different person. Again, that relationship, which had changed profoundly. When I saw what was possible for Linda, I couldn't help but dedicate my life to this. How can you see that suffering is optional and not scream from the rooftops to anyone who will listen that there is possibility here, that there is suffering that's happening unnecessarily, and there's so much that we can do about it. Not only are neurologists wrong when they say there's nothing that can be done, but in fact there is a long, long, long list of things that we can do to help cognitive function as we age.

Jane: So you just jumped in and said, "I can help people. I can help them in my office, but I can also help them if they don't have the support people," like Linda's husband was able to support her? She couldn't have done it by herself, but helped her change her diet and everything that she needed to do. Not everybody has that, and so you took a leap from that into what you're doing today, and explained to folks the very exciting concept that you've come up with that I hope replicates across the country.

Dr. Sandison: Jane, yes, you have a good idea of how much work goes into this. The Bredesen Protocol and his approach, the ReCODE protocol, is a ton of work. As I started seeing more and more Bredesen patients, I developed a bit of a reputation in town for being able to help people with dementia. More and more people started reaching out asking, "Hey. I have a loved one who needs support, but I can relate to this. I'm a mom. I've got kids of my own to take care of. I've got a full-time job. I've got a house to manage, and I want my uncle to get support. I want my mom to get support. I want my dad to get to this support, but I just can't do it all. Where can I send them? Who provides this type of care?" I started looking around. There was really nothing available, and there were a couple pretty places that were paying lip service to this but nothing I really felt like I could trust. They were maybe taking patients to a doctor, a Bredesen trained doctor, but they weren't offering an organic ketogenic diet.

As you know, if you sit down next to somebody who's having cake and cookies for dessert, and you're just given a salad for dinner, you're going to feel deprived. That's not going to be any fun. What I started thinking was, "How hard could it be? Why don't we just create this?" Things lined up so that it was possible for me to create Marama. Marama is a residential care facility for the elderly where we have an immersive experience on offer in this Bredesen Protocol. That has been life-changing for me. It's been amazing. It's so inspirational.

I'll tell you that one of the first calls I got in December of 2019, when we announced that Marama was happening and we would be opening in the spring of 2020, I got a call from a woman in New York who said, "Hey. My dear friend has severe dementia, and I think the best place for her to be is in a place like Marama." They had been doing the Bredesen Protocol for her in New York, but there were still aspects of it that were hard to implement. Her MoCA score was a 0, so she was severe in her disease process. I had to respectfully say as much as I wanted to be able to do that, if we had 100 beds, I would say yes immediately, but we only had 12 beds in this proof of concept. This is the first time anyone in the world has done this. I said, "No. We can't take the spot of somebody with a MoCA of 16 and someone with a MoCA of 0." I had a few concerns. Was everyone else there going to feel like they were headed in her direction, and so it was going to be demoralizing, or would she not get any improvement and then it was taking up the spot of somebody who I had higher confidence would get improvement? Again, this is my healthy skepticism going into this not knowing much because we're the first ones doing this.

Fast forward to a year later, the COVID pandemic hit, and so we had kept Marama half full because we thought half the residents, half the staff, half the risk of COVID coming into the building. This friend of this patient called back again, and she was very persistent and said, "Hey. Would you reconsider? After everything that happened with COVID, let's talk again." At that point, I was so impressed by her, and understood what was going on a little bit better and said, "Yes," so she moved in. I have learned, Jane, to never tell someone there isn't hope, because what happened for Kathleen was just miraculous. She has transformed. She's had her ups and downs, of course, but to see what's possible for people like Linda and Kathleen means that people, if we can intervene sooner, if we can intervene earlier, so many people don't have to suffer. Not just the patient but the caregivers, the loved ones, the children, the spouses, the siblings who have to watch someone lose their cognitive function. That doesn't have to happen.

Alzheimer's can be a rare disease, as Dr. Bredesen says. What I believe after seeing so many people transform is that Alzheimer's is optional for my generation. We can stop this awful, awful disease from happening in the first place, so I'm excited to share through the Reverse Alzheimer's Summit that we have coming up all of the information that it takes, and some of the solutions to this awful, torturous disease.

Jane: That's why I loved you right away, because you said, "Alzheimer's is optional." That's an incredible statement. Not what I heard with my father, from a neurologist, or my mother who's in memory care now. To get that word out, it's so pivotal. Tell me about the days of the residents in Marama. What is it like?

Dr. Sandison: The whole day is optimized for brain health, right from start to finish. We have incredible caregivers who know what to prioritize, how to redirect, how to communicate, and most importantly, they expect our residents to get better. Often with humans, we rise to the occasion, right? We rise to the expectation. If the expectation is that somebody's going to move in and get worse, we will fall to that too.

Our caregivers, they've seen it over and over again that people get better, so they know to expect it. They really communicate that with the residents, whether it's in non-verbal communication or even verbally, like, "You've got this. Come on. Get up. Let's get you down into the casita." When they wake up in the morning, also our caregivers are well-trained to understand how to implement complex medication and supplement routines. If somebody needs thyroid medication first thing in the morning, we make sure that they're getting it 30 to 45 minutes before breakfast, and that they have that window in the morning to get the most out of their medications. If something needs to be taken on an empty stomach or with food, the directions are followed precisely and 100% of the time. That means that any work that you do with your Bredesen-trained provider, it's being implemented really well at Marama.

I know that so many people struggle with this at home. I have a Marama At Home Caregiver Training Course that helps people understand the whys and some strategies about how to do these things at home, because I know it's not easy, and not everyone can make it to Marama. There's a lot of pieces about the day that you can do at home, and we have some extra support for that, but a lot of what we teach is modeled after what we've learned at Marama.

First thing first is getting that day started with the medications and supplements at the right time. Then we have an eight o'clock breakfast, and everything is organic and ketogenic. We do three meals a day. Breakfast at 8:00 AM, lunch at noon, and dinner by 5:00 PM to make sure that we have that window between our last meal so there's some fasting before bed, at least three hours as described by Dr. Bredesen. We need at least three hours between dinner and bedtime so that we can get optimal sleep, optimal digestion. Then we do two snacks between meals during the day.

Then after breakfast, there's a walk. Walking is great but it's not enough. We start with a walk. We get that movement going. Get outside. Connect with nature. Connect with each other. Then in the afternoon, there's an exercise therapy circuit. This includes a rebounder. We have a bike with contrast oxygen therapy. We have a rower. We use Joovv lights and saunas. There's a BioMat. We have small weights. If somebody's doing physical therapy, they'll see the physical therapist a couple days a week, but then we have a personal trainer who is one of our caregivers, and she helps everyone get the most out of those PT exercises that they can do between visits, so there are bands and weights and other things that can facilitate that.

Three times a week, have yoga, and so we have someone come from the community who teaches yoga. Sometimes it's ChiroYoga, it's adapted for the residents to facilitate whatever level they're at. There's lots and lots of exercise. The exercise that's most important is that exercise that engages the brain at the same time that it's engaging the body. Things like yoga where you're being told, "Okay. Right arm up. Left arm stretches over," and you have to follow those cues, that is really, really the most effective form of exercise to help with cognitive function. Then, of course, you get the benefits of blood flow and everything else. It's so magic about exercise. If only we can bottle that, right?

The other really important part of what we do day-to-day at Marama is, after the walk there's meditation. We do the Kirtan Kriya meditation, which has scientific literature that supports it. It supports cognitive function. It's 12 minutes, totally free. Anyone can do this at home using YouTube video. We just pop it up on the TV, and then everyone does this Sa Ta Na Ma for 12 minutes, over and over. There's, again, good science that supports that this is helpful for the brain. We do that, and then brain engaging activities. It's really easy to just turn the TV on and kick back and absorb information, or get caught up in the dramas of the news cycle, whatever it is, or start scrolling through Facebook, but that doesn't engage our brain in the way that engaging socially does.

Creating art does. We do puzzles. There are other games like Bananagrams, or Uno that are favorites among the residents. With those games, you want to make sure they're not too challenging, because then people will give up, but you want to make sure they're engaging enough. There's a little bit of cognitive work that's going on. Also the celebration. Bingo is really fun because somebody wins. The games that we do between meditation and lunch, and then again before the casita, and then again after dinner, so the whole day is full of engaging, fun activities.

On the weekends, they'll get manicures, or have their hair done, and feel just pampered, which also helps with that connection and relaxation and parasympathetic nervous system balance. That's a lot.

Jane: That's a lot. This is incredible. Is this approximately the same cost as other memory care units connected with nursing homes?

Dr. Sandison: Yes. It's such a great question. Our cost at Marama, it starts at \$15,000 a month. The feedback I've heard from residents and families is that it's slightly higher because we have a lot more staff. It's easy to put people on medications and park them in front of TVs and feed them low-quality food. I get it. We understand that would be much easier. It would take much less staff to do that, but that's not what we're about, obviously.

We have very high staffing ratios. We have staff who are dedicated to just the activities and making sure that they're creative and engaging and fun and we're communicating. Then staff like food, personal trainers, who are dedicated to making sure the activities are safe and effective. That does come with a bit of a premium, but the premium, that difference-- Here, it might be \$12,000 to be in regular memory care, and \$15,000 to be at Marama, so the difference isn't that great. When it comes to cost, Marama is covered by long-term care insurance, and so many of our residents are getting this covered by that insurance, and they're seeing improvement, and so it's well worth the investment. I know that that's not accessible for everyone.

What I hope is that we can make places like Marama obsolete, that people stay home, they stay engaged in their own communities, their own work, their own families. They don't have to move across the country, or to San Diego, or even the Memory Care Centre down the street. That they can stay home, completely involved, and give back to the next generation being involved in caregiving for their grandchildren or great-grandchildren. They can be part of the fabric of those loved ones and that communities that they've always been in, not having to go make new friends in the sunset of their lives. My hope is that what we do is not only shift the entire senior living industry and make it healthier for people who do end up there, but that we make that model a thing of the past, and that we again get our seniors at the height of their

wisdom and experience. We engage them back into those communities where they have so much value to add, particularly if they can maintain cognitive function.

Jane: So your facility is not a facility? Your home has 12 beds, right? You must just be inundated with people who want a bed. How do you pick?

Dr. Sandison: We have a waitlist right now. Anyone who's on the waitlist, we go through that and we determine-- Always we're having conversations with the loved ones and the responsible party about what the most appropriate place is for someone, whether it's at Marama or somewhere else. Going through that process, Carrie is our Director of Operations over at Marama. She's phenomenal, very supportive of these families. We just are in constant communication about what's going to become available.

We are looking to grow, so we're looking at other instances to create more additional homes, and also looking to influence the rest of the industry so that everyone can have access to this. Certainly with the word getting out, we are inundated with interest, and I'm so grateful, right? These people who have moved into Marama, they are the pioneers in this space. They've been essentially guinea pigs in our home and in this process. Although it's great, it's common sense that these things are good for your health and that this would be a good experience, and yet we were unproven two years ago, and so everyone who's shown up and put their trust in us, we just couldn't be more honored to be in that position of being able to help them.

Jane: I was reading your materials. It said that your goal is to have a resident come in and only spend 6, 8, 12 months with you so you can improve their cognitive abilities, their life skills, and then they go home. Are you finding that is possible with your residents? If so, what percentage? Are half of them achieving that goal?

Dr. Sandison: Yes. It's a lofty goal. I would say there are-- We have a resident there currently who I believe she could live independently. Now, her husband hasn't done quite as well as she has. I would be worried about them moving out and her needing to care for him. I think that would be too much for her. What Marama has attracted is people with more severe disease. We've only been there for two years. This resident who I'm talking about now, referring to, has been there for two years. They were the first residents to move in, and she continues to get better. I don't know that I would've realized that. I mentioned it to Dr. Bredesen recently and he was like, "Well, of course, because this spirals. Once you get benefit, you continue to get more and more benefit, because the signaling perpetuates the signaling."

I was like, "Of course. I hadn't really thought about that." I expected her to plateau to get to a maximum benefit and then maybe not get better. This month, she's gotten even more improvement. It's just miraculous. She could probably live independently again. Her disease was not as severe as her husband's. He is getting better, but it's slow

progress. When people are motivated to move across the country-- Many of our residents have come from all over the country. We've had inquiries from internationally, but we haven't figured out how to work out the visa situation yet. Then, we have some residents who are local, but they're still moving out of their homes. This is a big deal. The cost is not insignificant.

When people make that decision, they need a lot of motivation. Usually, that means more severe disease. If we were having people move in earlier in the process, I do believe they would regain independence more quickly. I have the most confidence when they're younger, less severe disease, so earlier on the progression process, and when they are most comprehensive about how they apply the protocol. If they don't just pick and choose just supplements, or just diet, or just exercise, but they do all of it, we see the best results. Short answer is, not everyone's moving home. Long answer is, there's a lot of reasons for that. Part of it is the severity of disease.

Then another part is I think it just hasn't been long enough because many residents haven't been there for years. This is a year's long pathophysiological process. By the time we're noticing changes in the brain, sometimes the things that have been going on, the inflammation or the pathways, the pathophysiological process has been happening for 20 years. This isn't going to go away unfortunately completely in six months, but it certainly can start getting better.

Jane: Have you ever thought about trying to attract a population a lot younger? Not so much to move into Marama, but maybe you go to a health care facility, like a gym, and offer these classes for people who are in their 40s, 50s, 60s, that may be saying, "Oh, my gosh. I keep losing my car keys." They're blowing it off, but that's the time that you need to double down to prevent the MoCA scores that are too low.

Dr. Sandison: Jane, this is music to my ears, and I'm ready to sing your song. Yes, yes, yes. [chuckles] This is Dr. Bredesen's PreCODE program. He has ReCODE, which is for Reversal COgnitive DEcline, and then he has PreCODE. I was talking to a colleague recently. She and I were fantasizing about having a place in Costa Rica, or the Alps, or somewhere wonderful where when someone retires, they go with friends or a spouse.

Retirement is this moment where you can-- It's like graduation or becoming a mom. There's this change. There's a shift in identity and this opportunity to say, "Who am I? Who do I want to be for this next stage of my life?" The fantasy is that we would have something set up where you would come for six months or so and you would learn all of the cooking. You'd take all the cooking classes, and you would understand all the exercises, and you would get in the routines, and you would start feeling the benefits physically and mentally and cognitively. Then you would take that home, and you would take all those skills that you learned in this post-retirement course. You would take it home and that would have a ripple effect in your community, right? You would do it in

your home. The way that you were living, and the benefits, and the transformation that you would show your neighbors and your loved ones and your community would inspire them to do similar things.

I want to go there. I want to live there. [chuckles] I love this idea. I absolutely think it's what needs to happen, Jane, in order to make Alzheimer's optional and rare, and yet the very rational criticism of the work that I do is that there isn't enough science and we don't have enough data. I get it. We need more. Dr. Bredesen is working on this. I am working on this to get more literature out there.

We have a paper that will be published this year. We did a feasibility trial, a clinical trial in my office where we took 25 patients in the clinic. They were still living at home, not living at Marama. We took them through this process on the clinical side. I'm excited to share those results. We need more science. We need more literature. It's much easier to convince people this works if you reverse disease, because prevention is much harder to prove, but I know that it's possible. The science just makes so much sense. It's common sense that if we're healthier, we're less likely to get this disease.

Jane: The Bredesen Protocol is what turned me around six years ago, and I just was religious about it. You have to be. It gave me a new life. I'm very grateful, very grateful. One of the components though that's not in the Bredesen Protocol that is getting a lot of press, and that is Alzheimer's is an age-related disease. If we can slow aging, then we can slow the progression of these age-related diseases like Parkinson's, like Alzheimer's. There are some things that can be done to slow aging. What do you think of that? What have you read about it? Is it worthy for consideration and implementation in your practice?

Dr. Sandison: 100% yes, emphatically yes. Dr. Kara Fitzgerald is a naturopathic colleague of mine. She published a trial about her diet and her approach, her methylation diet and lifestyle. She has a book out called the Younger You. She describes how she got three years of age reversal in her patients.

What they did was they measured using this methylation clock, the Horvath clock. Dr. Horvath is out of UCLA. A great, very intelligent researcher. He created a way to measure cellular aging. We have our biological age, which is what is measured by this Horvath clock, and then we have our chronological age, which is how many trips around the sun we've had. This is just something that can't change. What we can change is how old our cells are. David Sinclair, he's at Harvard. He's published extensively about this. His book is called Lifespan. There are a lot of really interesting, fascinating interventions that we can do, things like IV NADs, stem cells, Resveratrol, Quercetin, these polyphenols that have great data on reversing how quickly we age. Whether that's gray hairs, or wrinkles, or dementia, cancer risk. All of these things.

What's really exciting about this, I think, is that Dr. Bredesen's approach does something probably very similar to what Dr. Fitzgerald's approach does, right? They both reverse aging. They use slightly different interventions and talk about it with a little bit different language, but you get the same results. Your cells function more optimally. The signaling is towards more youth. We have less inflammation in the system, and we end up with not only longer lives but healthier lives.

Jane: Yes, you've increased your health span. I've recently been measuring my biological age just to see what interventions I'm doing are working with my body. I'm 60 and I reduced it by two and a half years in the last six months.

Dr. Sandison: Fantastic.

Jane: I was really excited about that.

Dr. Sandison: That's amazing.

Jane: Yes, really excited. Of course, I'm on the Bredesen Protocol totally, but I also added some things that David Sinclair was talking about like the NAD boosters, like Metformin I even did, which is to regulate my blood sugar and make sure my home IR score was spot on and I wasn't having blood sugar issues. I even am doing something out there as rapamycin.

Dr. Sandison: Sweet.

Jane: I don't know if you know about all the research going on at the University of Washington with Matt Kaeberlin. He's got an exciting program, and I interviewed him on the show. It's the aging in dogs. He has this whole cohort of dogs under 40 pounds that he's given rapamycin and looked at how positively it affects their biological age.

Dr. Sandison: Wow. I have a handful of patients on rapamycin and on these senescence cell programs, TELUS senescent cells and boost the signaling to create new cells. I couldn't agree more. There's so much exciting stuff happening in that world and then in the biohacking neurohacking space.

Peptides are another exciting frontier in this space that not everyone has access to but there are pioneers like you that are really pushing the edge of this and doing the learning so that everyone else will benefit from it. Yes, I think that this is such an exciting field. It's such a privilege for me to be involved in it and to be part of the conversation. I love talking about that stuff.

What I want to remind everybody is the first thing you said, was the Bredesen Protocol. Great. It's the foundation. Sometimes we get caught up in this idea that, "Oh, there's going to be a pill later on that's going to save me." Really, sleep, exercise, diet, those

foundational health pieces are so foundational. It's not worth doing all that extra stuff if you don't have those other foundational pieces in place. It really is critical to get those on board and that you are a testament to that. You are a model in doing that. Thank you for sharing your story and getting this information out there.

Jane: Thank you. If somebody wants to dive deep. If they realized, "You know what? I've got Alzheimer's in my family. If I'm really honest with myself, I'm having memory issues." If they want that honesty, turning to someone like you and the clinicians who are in your practice, making their way out to your clinic might be smart. Tell us all about your clinic. Where is it? We didn't say within this where Marana is either. I just want to make sure we've got that so everyone can find you.

Dr. Sandison: Yes, we're in San Diego County in Southern California. My clinic is in Encinitas. It's called Solcere, S-O-L-C-E-R-E. Solcere where SOLutions for the CEREBrum, or the brain, is what we're up to here. We do clinical research as well as see patients. We are licensed in the State of California as a provider, and so are the other doctors in my clinic.

We're all trained by Dr. Bredesen, but anyone who's interested in either coming to California or who lives anywhere in California, we can offer telemedicine for anyone in California, can be a patient at Solcere. We also offer health coaching through Solcere that is available to anyone anywhere in the world. If you want to work with a Bredesen-trained health coach who communicates with me consistently and who collaborates with us, and who uses the Bredesen model combined with what we've added to it and what we've learned, and basically how we implement it, then that is also available.

Health coaching, I would say, is the biggest bang for your buck across anything that you can invest in here, especially a well-trained Bredesen health coach who has experience in this, they've seen it all. They get it. They get how stressful it is to be a caregiver. They get how it can be hard to get into ketosis. They understand how changing your lifestyle so dramatically has its challenges. They know how to help because they've done it over and over and over again. They also understand how beneficial it is. Highest impact, first thing to do, in my opinion, is get a health coach, a Bredesen-trained health coach.

I love it when somebody walks into my office and they have the Bredesen book with them, and it's dog-eared and highlighted and there's scratches all over it. I can't tell you how many times somebody has come in and said, "I've gotten so much benefit just from doing the things that it says in this book, and I'm ready to take it to the next level with you. Let's do all the testing. Let's understand the nitty-gritty." They've already done the heavy lifting for me because really, like I mentioned, those foundational pieces are the diet, lifestyle, sleep, exercise components. Then we just get to put the icing on the cake of all of the labs and really understand the physiology of what's happening, but health

coaching is that foundational piece. It's so critical. If you're struggling at all with that, go there first. Then, of course, Marama is here in Southern California, and that's an offer.

I also work with a couple of patients a year, and I'll go to them. I just don't have the bandwidth to do a lot of that, but I learned much from going to someone's home about what other people need when I get to immerse myself in their routine and help them to create Marama at their house.

Jane: I think that's the hardest part, is finding a really good Bredesen-trained health coach. These people are angels. They're trying to get someone to completely change their lifestyle. The patient has to be incredibly motivated, but the health coach has to have a lot of energy and optimism to say, "You can do it. You can really change your lifestyle, and it's worth it." How does someone find a good Bredesen-trained health coach?

Dr. Sandison: I'll tell you it's not always easy. We've done it at Solcere. We've vetted them for you. The health coaches we work with, they worked with us on our clinical trial, some of them. We work with a handful of them. They're tried and true and they've seen it. We feel super fortunate to be partnered with them, so you can find good health coaches through Solcere.

There's also a website that was set up by Julie G., Julie Gregory, who works with Dr. Bredesen at Apollo, apoe4.info is her website. It's a nonprofit where she has a list of Bredesen-trained providers and health coaches. Then the other place to get a lot of great support is through Dr. Bredesen's company, Apollo. Dr. Bredesen has created the ReCODE and PreCODE programs. Through there, you can get access to all of the Bredesen training providers. You have the list of everyone, and you get a ReCODE report and some individualized information through their AI system. I highly recommend that program as well. Lots of options.

Jane: Make sure I've got everything here. We've covered a lot of ground. You mentioned Marama At Home. Tell me more about that.

Dr. Sandison: At Marama, we quickly ran out of beds, as you know. As I also mentioned, I'm very committed to making places like Marama a thing of the past. I know that the most value seniors have to offer is at home with their families. I understand that going to a place like Marama can be cost-prohibitive, and so my goal is to make this accessible to everyone at home.

What we saw is that caregivers feel overwhelmed. They don't know where to start. They don't have the support or the resources that they need to implement the Bredesen Protocol at home. Dr. Bredesen is amazing, and he trains providers like me. He's trained over 2,000 doctors, lots of health coaches. He's changed so many people all

over the world. They haven't been training caregivers, so caregivers can take their course if they're a health coach already, but the layperson isn't going to get benefit from taking a 40-hour course about the biochemistry of detox. What they want to know is, "What air filter do I get? How do I use it? What do I cook? What cooking pans do I need to be thinking about using? How do I get the ketogenic diet started at my house? What's the grocery shopping list? How do I find time for myself so I don't burn out?"

The Marama At Home course, we are speaking directly to the caregiver. Caregivers have two and a half times the risk of the average person in the population of developing Alzheimer's, so we need to make sure they put their oxygen mask on first. We can't have them become a patient who then now needs caregiving themselves. I've created the Marama At Home Course to support those people, to support caregivers in the community who are looking to implement this, find balance, take care of themselves, and who really need that step-by-step instruction about how to implement this at home.

Jane: Tell us about that. How does someone access this course? How long does the course run? How much will it set you back? You can do it all virtually, right?

Dr. Sandison: The web address is Marama At Home, M-A-R-A-M-A-A-T-H-O-M-E.com. Marama At Home, this we hope is very accessible. It's an 11-module course that comes with a workbook.

The Marama At Home course will be \$497, and then the solution is in the course.

Jane: Excellent. One other thing I wanted to touch on. You would like to see the Bredesen Protocol implemented more widely across the country with Marama At Home like these, but also Marama residential facilities. How much interest have you received from regular nursing home memory care facilities? Are you being deluged with owners of these facilities saying, "You know what? This is the way of the future? This is how I want to go," or is it quiet?

Dr. Sandison: Just in the five minutes before we jumped on this call, I got an inquiry from Australia saying, "I have five group homes where we have seniors. I'd love to expand a Marama to Australia." I lived in Australia for a year, and so I will definitely be responding to that email, and excited about growing things around the world, really, because this isn't just a problem in the US. This is a big problem internationally, and especially as the global population is aging, it's becoming a bigger and bigger societal issue.

My hope is yes, that this expands around the world. I have a call scheduled in a couple of hours with a gentleman who owns senior living facilities in Kansas. Yes, there are lots of people reaching out, and I really hope that this will add value for those owners. I think that they are starting to see that this is the way of the future, and most importantly, it

adds a tremendous amount of value to the residents. They're getting much, much better care if this is an option. My hope is that anyone who is listening, who maybe is exploring residential care for a loved one, when you call, when you get on the phone with somebody who has a facility, ask them, "Do you have a brain-healthy diet available? Are you familiar with the Bredesen Protocol?" because it's consumers who are going to drive the industry changes. If you ask, even if they say no, just the fact that you express interest is going to shift the thinking in this world.

Jane: You're paying so much for that care that it's good to have a say and say, "You know what? This is really what I ideally want you to provide my parents."

Dr. Sandison: Great.

Jane: Dr. Sandison, I know you're running out of time, but one closing thought to leave with folks today?

Dr. Sandison: Alzheimer's is optional. There are so many things that we can do to improve our cognitive health starting today, regardless of where you might be on the spectrum of risk or of decline.

Please know that there's hope for anyone suffering with dementia, and this is an absolutely preventable disease.

There's a Lancet article from 2020 that got buried in the deluge of COVID information that the Lancet general out of England very, very reputable, very conventional. They are saying that over 40% of dementias worldwide are preventable. This is very consistent with what Dr. Bredesen is saying. In fact, I would say that even more than that when you use a functional medicine approach, even more than 40% is preventable. It will take that 40% from the conventional side. Let's milk that for all it's worth so that that many fewer people and their loved ones can prevent suffering. Thank you, Jane.

Jane: Thank you very much. I want to clone you. [laughter]

Dr. Sandison: Oh, it's so soon.

Jane: We need more Dr. Heather Sandisons around. [laughter]

Dr. Sandison: Then you think, "The clients are adorable."

Jane: Thank you so much for your time.

Dr. Sandison: What I want to do is clone you, right? Your story should be the normal story, that you started noticing decline, you did it, and now here you are changing the world.



Jane: Yes, yes, we can do it. Thank you, dear. Take care.

Dr. Sandison: You too.

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