

## Lyme Disease & Your Brain Health

**Thomas Moorcroft, DO**  
with **Heather Sandison, ND**



### **Thomas Moorcroft, DO**

Hey, everybody. Dr. Tom Moorcroft here with you again for this episode of The Healing from Lyme Disease Summit. And today, what a special guest we have, Dr. Heather Sandison. She's a near dear friend, someone I've gotten to really get to know closely because our sort of our paths overlap so much. We started, you know, talking because of her experience with brain health and recovering from Alzheimer's and so many of the things that she talked about from recovering from Alzheimer's and other dementias and brain issues really kind of just went back to the desire to prevent it from becoming a problem in the beginning and having early interventions. And a lot of the things that can help your long term brain health can also help you right now if you're suffering from brain fog, executive function issues, cognitive decline from tick borne illness, mild illness. And so I wanted to have Heather come on and really share her wisdom. So Dr. Heather Sandison, thanks for joining us.

### **Heather Sandison, ND**

Tom, such a pleasure. Thanks so much for having me.

### **Thomas Moorcroft, DO**

Yeah, and so we were talking we'll talk about Lyme disease and brain health. But one of the big things I always think that people would love to know is like, yeah, we're pals and everything, but what is the back story that got to the point where we struck up these conversations about brain health, what really got you interested in it? And kind of what was your journey in brain health and healing.

### **Heather Sandison, ND**

Made guys do I had I kind of thought through medical school and stuff like the brain was just this complex thing that was way too hard and I wasn't smart enough to be that kind of doctor. Like, I'm not going to be a neurologist or somebody who's that smart. And yet there was also this piece that was like a challenge. It's like if you can help people who have Lyme or autism or Alzheimer's, like, man, everything else is a walk in the park. And so I was curious and interested about it and wanting to learn more. Even if my confidence wasn't that high, it was like, all right, well, let me see, because there are patients like my mentor, Neil Nathan. He shakes a lot of Lyme and mold. And he and I share an experience that like everyone who walks in my door,

everyone who picks up the phone and calls to schedule an appointment with me, I want to be able to help them. Like that's why I'm a doctor. And so even these really challenging cases, if we can figure out some nuance or something, if we can really see that person, really hear that person and reduce their suffering at some level, that is a worthwhile endeavor for me. And so even though I didn't have a ton of confidence, I went into more and more training around Alzheimer's, hoping to just do that to reduce the suffering associated with those chronic diseases. And what I found astounded me and gave me so much hope and essentially it gets me out of bed every morning.

I have watched miracles happen and I know I've shared these stories with you of just watching patients absolutely transform. I have a new one because I see them every week. This last week I had this son and a mother. She the mother has dementia and she had a focus group set. So the perfect score is 30 normal cognitive function is 26 and above. And it's a one page worksheet where you draw a clock and you copy a box and you name some zoo animals. And she had a score of six and ten months later, she had a score of 13. And her she just like doubled more than doubled her score. The neurologist was like, no, that's not possible and there's nothing you can do. And this is normal age related dementia. Meanwhile, her son is like, I have my mom back, I can have a conversation with her. She has conversations with people at the grocery store and she's going to the senior center and she's happy and engaged. It's like the only thing she doesn't remember everything every day and she asks questions a couple of times, but she can. She was telling me how she might go into the kitchen, get out the carrot peeler, get a carrot, peel the carrot wash the carrot carrot peeler or put it in the dishwasher. But she knows where everything is. She can participate in making dinner, whereas before she didn't have the capacity to do that and she got it back. And those types of stories, those types of interactions, hearing I've got my mom back, those are the things that make me really excited to do this work and share what we found. And of course, it really it's a Lyme disease.

## **Thomas Moorcroft, DO**

Right? Well, it's just it's amazing when you're I mean, like for people to understand, like, like literally what I was trained is that is not possible. I mean, we give you meds, we slow it down. But I think it's because we're not looking at the root cause, you know, and when you can, that's like 100% improvement in brain function in ten months. That's like ridiculous.

## **Heather Sandison, ND**

With severe Alzheimer's. Like we're not talking about, oh, I can't remember. I put my keys, we are talking like I wasn't into able to live independently anymore like severe disease diagnosed Alzheimer's and it reversed.

## **Thomas Moorcroft, DO**

It's wild because like I'm thinking about like to just comprehend that like at 26, 27 to 30 is normal and like literally like for most of us listening who have severe cognitive dysfunction and brain fog, you would still get a 25 to a 28 on your mark it like it's like I remember like and I've

talked to you about this before. Like my father died about five or so years ago now. But part of his process was, you know, in the no longer smoking and drinking world, it led to a lot of, you know, unfortunately, years and years of wear and tear led to the cardiovascular stuff, which led to the strokes, which led to the dementia. But he would literally brush his teeth for two, 3 hours because he's bleeding in the sink. He'd shaved to the point we got him electric shaver and he'd still come out looking like a raspberry. I mean, but he would yell at you to try to stop him because like Mom was telling me to tell him to stop and like, he couldn't understand that in the mirror, like his face was bleeding.

**Heather Sandison, ND**

Right?

**Thomas Moorcroft, DO**

Right. And so this is we're talking severe, severe cognitive impairment and you're like change tone completely changing it. So but then you said this interesting thing, it's like kind of related to Lyme disease, maybe. So what is sort of like where does Lyme and other infections kind of come into this sort of cognitive world? And what are we seeing?

**Heather Sandison, ND**

Right. So Lyme is Aspire Kit, right? Like in one of its forms that we use it just by Reiki. And so we can do a lot of parallels with syphilis, which is another bacterial skyrocket. And the reason that I point is that syphilis is a sexually transmitted disease very easily treated with antibiotics. Right. And some people have heard of Tuskegee. There is also a big part of why internal review boards and there's a lot there's a lot more protection for participants of human research. Human research subjects is because of kind of a lot of this research we have around syphilis and now syphilis is sort of a thing of the past. Very few people get it. If you do, it's just quick it easy to get rid of. But we have a bunch of research that tells us about what happens to people's brains when there is a spirit kit involved. And it's so neuro syphilis is what it was called. And now there's this neuro Lyme, which has there are a lot of parallels between this and neuro Lyme. You know, the most common side effects are not side effects. This most common symptom of Lyme of *Borrelia* is fatigue and brain fog and fatigue. Fatigue and brain fog. They just come together, right?

If your brain only takes up 2% of your body weight, but it takes up 20% of your energy every single day, more than that for most people. And if we don't have enough energy, our brain is not going to find that word or be able to go through that executive functioning process of planning a meal and cooking a meal and eating that meal and then cleaning up the kitchen. But we just don't have capacity for it. And then now we don't have the nutrients, right? So you can see how there's this downward spiral. And then now we don't get exercise and then now we're not getting sleep. And we now all of a sudden our brain is just not set up for success. We're not doing the things that are going to support good, healthy cognitive function and mood. And so Lyme directly impacts the brain through this sort of neural line that that spirit can get into the

brain. And we even see on histology. So an autopsy, people who have dementia, many of them will have herpes or p gingivalis or those lines by rickets show up in the brain and it's often associated with beta amyloid plaques or tau proteins. Beta amyloid plaques in particular are known to be anti-microbial, so they're misfolded proteins that are associated with you equate amyloid plaques with Alzheimer's disease, and yet they're not the cause. They're a response to some other trigger of inflammation. And in fact, they're there to protect you from that. That other thing triggering inflammation, which is in many cases, in some cases certainly is an infection, one of which can be Lyme.

And so I believe in aggressively treating any sort of positive Lyme. There's this whole continuum of people symptoms and there are people who are particularly susceptible and sensitive to having those infections present. However, if anyone is complaining of brain fog or cognitive decline, I am testing every single one of them for Lyme and treating it aggressively. And as you, you and I have discussed before, I just even compared to five years ago my confidence and things like trip to let this from the literature but also from my clinical experience has gone way up in terms of how we treat and the risk associated with what we use to treat. So if we're talking I.V. antibiotics, obviously the risks and the cost is much higher than if we're using something like a crypt Aleppo tincture for a year or two.

## **Thomas Moorcroft, DO**

Right? Yeah. I think it's interesting, too, it's nice to hear like brain recovery experts, people who are reversing Alzheimer's are telling us, hey, we don't always just need to go for the I.V. antibiotics. Some people need them. But a lot of times we need to treat the infections with the with the best science and the best clinical experience and not just go for a labels. I'm always excited when we can kind of like, you know, highlight that because people are reversing brain kind everybody like so one other piece that I always that comes up a lot and is like everybody's like I need this because it needs to penetrate the blood brain barrier or I have Lyme in my brain, which you did summarize it. You can have Lyme in your brain, but are there ways or have you seen where people are like have like systemic infections, maybe lives? And again, it's kind of hard to find out if it's really truly in the brain or not without autopsy. So we're not going to do that on somebody who's alive, obviously. But are you do you see situations where even more systemic and not directly in the brain infections or other toxins could be leading to neurologic symptoms? Or is it like that? We have to have the infection in the brain.

## **Heather Sandison, ND**

Oh, thank you. Yes, absolutely. Still the I mean, there's so many directions we could go here, but let's stick with infections for now because pigeons of ALS directly associated and several other of the microbes that live in the mouth and cause gingivitis directly trigger inflammation in the brain and lead to dementia or certainly to to misfolded proteins, including beating amyloid plaques. So having good oral hygiene and this also increases inflammation in the circulatory system. So in that cardiovascular system and can we so strokes are associated with a dental cleaning and this is part of why if you have an artificial joint like a knee or a hip or something,

they'll put you on prophylactic antibiotics before you go in for a dental cleaning or any sort of dental work. Because if you introduce those gingivitis or some of the other microbes in the mouth that are associated with cardiovascular risk, you or an inflammation, you can trigger a stroke or you can trigger an myocardial infarction or a heart attack. And so and also, of course, the reason they do it, if you have an artificial valve or an artificial joint, is because you can trigger and create an infection in those areas. It's a hard place to get rid of them if you start introducing bacteria directly into the bloodstream.

And so this is high risk. And we know this. We know that vascular spasms are more likely to happen after the those inflammatory microbes are introduced into the bloodstream. And then a stroke a great a stroke like, as you just mentioned, with your dad, a stroke can lead to dementia. You're not getting blood flow to certain parts of the brain. Some parts of the brain shut down because they just they become just nonsensical. Right. Like they're not getting blood flow. They die. Those cells die. And you don't you have to work really, really, really hard to get that back to create new neurons or new pathways. And as we age, that gets harder and harder. And so we want to avoid that. And the best way to do it is with good oral hygiene. And I ask people to avoid getting root canals, you know, if you need to having teeth extracted, I think in some cases see a biological dentist. Now I'm not a dentist and everybody situation is different, but for the most part you want to avoid root canals, make sure if you've had your wisdom teeth extracted, that there are habitations there, that you know, you don't have a lot of mercury fillings in your mouth because that is that canals is a segway into the toxic conversation. So we'll come back to that.

But your dental health, health starts in the gut and your gut starts in your mouth. And so I highly recommend that people have a biological dentist on their team to protect their cardiovascular health and their brain health. They're directly related. And then the other infection that I see that we see from the literature that is associated with dementia and cognitive decline is herpes. So this is HSV one and two. This can be oral or genital and you can have one in one spot or the other in the other. It's like, not really. You can't really separate them that much. Many, many, many, many people test positive, especially IgG. So this is not really a test you can do that's going to give you meaningful information here. It's more is your experience that you have recurrent herpetic outbreaks. So some people, you know, it's not it's not necessarily sexually transmitted, but you pick this up in grade school from sharing a can of soda with somebody on the playground. Right. And now you get a little closer every time you go to the dentist or every time you eat.

Too many nights or every time you get too much done. If you are in that category of people who gets those recurrent cold sores, wherever or herpes outbreaks, wherever they show up, sometimes on somebody's shoulder, somebody it's on there, but it's not actually genital. But, you know, they show up regularly, typically in the same spot. And my recommendation, I'm a natural path. I'm not quick to jump to medications, but my recommendation is to treat aggressively with other acyclovir valacyclovir. And there's different ways to do that, to work with



a provider. But you want to you know, some people I see and they're like, I really don't want to take medications. That's part of why I'm coming to see a natural path. What else can I do? And certainly lysine and and even lithium and Melissa aficionados eliminate all like that. They're combination products that are wonderful and maybe using those for prevention. But if you start having the program like that, that tingle that there's going to be an outbreak goes. I recommend just go straight to those antiviral medications get on them and treat aggressively. We see this that it comes out of the epidemiological data out of Taiwan with big, big groups of people where those who had herpes and they didn't treat aggressively were more likely to get dementia than those who were on the medications for antiviral support.

## **Thomas Moorcroft, DO**

It's crazy. It's sort of like a lot of us have been talking forever. It's like it is about infectious load, it's about toxin burden. And so we're finding that things that aren't maybe directly in the brain are still through the inflammatory pathways affecting it.

## **Heather Sandison, ND**

Without a doubt. Right. And you can create these cytokine storm. This is sort of a kitchen table. No. One question now, because of the cytokine storm, this idea that there's this self-perpetuating cycle of cytokine production and cytokines are essentially the products of inflammation. And so sometimes we need to interrupt that pattern, but certainly getting rid of whatever is triggering it, whatever is telling those cells to dig granular and create more cytokines, we want to stop that signal from being sent and sometimes we need to get rid of the inflammation and one of the best ways to do that is, is through just detoxification, having a bowel movement every day, drinking plenty of water and urinating and sweating, moving, heart rate, moving, giving an exercise to move the lymphatics, doing breathwork detox breathwork to just reduce that toxic burden. Many of these infections that we're talking about as you go into kill them, they will release more toxins. And in that process now, our toxic level is going up. Now there's more cytokines, more inflammation. And so we want to be gentle with ourselves and do this at a pace that makes sense where we're not triggering even more symptom, but we're actually staying rate below that threshold where we're making progress but not making things worse in the meantime.

## **Thomas Moorcroft, DO**

Yeah, yeah. I think it's so important though, to really highlight like the detoxification piece of it. And one of the things that I love talking about is the lymphatic system, the detox of the brain, and you're like, Hey, there's amyloid. Well, I think that like inflammation and amyloid as sort of like there are things that get this negative rap and inflammation is actually really good for healing as long as it turns off. And amyloid is, like you said, like it's anti-microbial and it allows the brain to heal as long as we turn it off and get rid of it. And what's really interesting to me with confined X in the Brain Detox is the number one time where the lymphatic system is the primary tool the brain uses to remove amyloid plaque from the substance of the brain. Or, you know, but the thing what you need to do is like you actually need to sleep. This is like the

primary place where your brain detoxifies and then you're talking about, hey, let's move and have a bowel movement and let's do breathwork and relax and calm down. Oh, these are all the things that if you do them during the day, actually allow you to sleep at night. So it's kind of.

## **Heather Sandison, ND**

Glad you said that because I've been having that conversation just this morning. It's like if you wanted to start one place for brain health, sleep and you mentioned beta amyloid plaques, so and the lymphatics getting them out there, they have measured that people in their twenties, thirties and forties who have sleep deprivation, less than 5 hours of sleep in a night when they wake up, they have a significant accumulation of beta amyloid plaques compared to if they had slept a full 8 hours. So you can imagine that if you extend that accumulation of amyloid plaques over the course of years or decades, you're going to have an increased risk of dementia. You have protein misfolding that's accumulating and your brain is going to stop working eventually. But we have full control of that. That variable we can control, we can get to bed, we can and I, I use an orbiting. I love it. I like getting the data. I like noticing like what changes if I, you know, sleep in a different bed? I'm traveling or I eat, you know, close to bed or I have caffeine that day versus not all of these things are kind of fun.

You can be in an end of one trial for yourself. Do these experiments on yourself and then get that direct feedback about my experience. How rested do I feel? How good was my sleep? When I change up these variables and know that when you're getting better, sleep, you are doing your brain a huge favor and reducing the risk of that amyloid plaque formation and buildup. The other thing is, of course, this is better for your immune system to get good, healthy sleep. It's such a great starting point when affecting brain health because if you can get that good sleep then, now, now you have a little bit more willpower, a little more bandwidth to make those good, healthy food decisions. Now you have more energy to exercise. Now you get on that virtuous cycle of making good, healthy decisions, because really our health comes down to those decisions that feel small, but that we make consistently every day about what we eat, what time we go to bed, whether or not we brush and floss our teeth, and those little decisions, how much exercise we get, how many people that we connect with. Those decisions, that sum total of those decisions is what ends up being our health.

## **Thomas Moorcroft, DO**

You know, I mean, I'm just, you know, shaking my head over here and going like this because it's like, yes, it's so critical. And what's interesting is, like, I love looking at I'm a picture person. I love and I love data. So I love looking at like PET scans of brains and it's like it is amazing the difference between if you sleep 7 to 8 hours versus less than 6 hours, the amount of rapid accumulation of amyloid beta that happens in your brain. And just recently so I think about a lot of like I did this lecture years and years ago about chronic bonking. I get asked to talk about nutrition at a Lyme conference and I said, Look, bonking is a term that we use in athletics where you basically blow out your energy supply and you're like killing it in your marathon and you're cycling that and then you hit the wall. And then it's like even if you get a bunch of food, you're

out for days, like you are so washed out. And I said, Well, one of the things that our mind patients are doing is they're chronically bonking their insulin and their blood glucose. They're all over the place. Their nutrients are all over the place, up and down. And even when they really trying, it's like they're chronically running a marathon. And then I told people these strategies how to do it, and it was like crickets. It wasn't until it was like literally like the worst rated lecture I ever did, and it was the most lackluster response until about three years later, at the same conference, when, like at least 15 people came up to me and said, I thought that was another boring nutrition lecture for about two years. And then I got it and they got it because it was simple. And this is one of the things I love about what you're saying, Heather, is there's so many little simple things that if you do consistently will make a difference and sleep. Just recently I did it.

We did a Lyme retreat that we do once a year for practitioners and we do a lot of activities during the day because many of us have overcome our health challenges. Now we live what we preach to our patients and the thing we noticed was I started to get tired of running the event. I'm lecturing at the event. We're exercising and skiing during the day. There may or may not have been a little bit of adult partying in the evenings while you're talking because it's kind of like our vacation. But at the end of it I was like, I needed three days of 9 hours of sleep a night. But what was I was like flashing back and having this such a positive feeling when you were describing everything. Because when I got there, I did it the first morning I woke up, I was like, I'm a little tired, but I feel so clean, I feel so good. And I was able to get back on the bandwagon of high cognitive stuff after I was feeling emotionally kind of behind the eight ball. And then I did it again and I got like eight and a half hours like, Oh, I need another 30 minutes. So the next night I got my full nine as my catch up and my brain was like back on track, right? But this is literally just a couple of days of a little bit of burning the candle. I still got like seven and a half, 8 hours every night, but when I stressed my system more, I needed a little more.

## Heather Sandison, ND

Well, we've all experienced jet lag, right? Your brain doesn't work when you're on a time zone half a world away. It just doesn't. It's so hard to function. And I think that that's one of the best illustrations, right? Because so many people can go back to that time like, Oh yeah, I took that work trip and I could barely make it through the conference or Yes, I barely got anything out of it. I can't even remember it because we were stretched so much. We were so stressed and sleep was so disrupted. And it is just one of those critical components to health. And yeah, when you're young, we can get away with it and we can kind of bounce back. But when we accumulate a thought, we make a habit out of it. When it becomes kind of our work. Or we see this a lot with caregivers or people who are caring for Alzheimer's patients or anywhere from 250 to 600% higher risk for being diagnosed with Alzheimer's later in life. The highest risk is a male spouse of someone with dementia. And so the rates of day of later diagnosis are very, very high, the risk of caregiving very, very high. And we think a lot of this is because of these modifiable risk factors when it comes to dementia, including sleep deprivation, social isolation, poor dietary choices, sedentary lifestyle, you know, all of these things, potentially smoking



because you got to get your stressed out somewhere, right? And so all of these things start to be stacked on top of each other and they create a downward spiral instead of a virtuous cycle.

And so it's one of the first conversations I have whenever a couple shows up in my office, even when it's an adult child sometimes like the son and mom I was describing, I speak directly to the care partner and say, Hey, like you must take care of yourself. Put your oxygen mask on first. Because if you are not sleeping, if you are not exercising, if you are not eating well, if you're not taking time for yourself, then you are going to become the patient and you're not helping your mom or your spouse anymore. You actually put them at risk. And so you have an obligation to take care of yourselves and treat the lives, treat the infections, go to the dentist. You know, I know it's one of those things as a caregiver, you know, parents experience this, but parents as a parent, there's your child is getting more independent. They've never been an adult who expects independence and decision making and authority and wants to be able to drive. Right. It's your job as a parent to say no and create boundaries.

Now, when the roles are reversed and you are caring for an elderly parent who has dementia, you don't know how long it's going to last. They're they're large. They're you know, they weigh more than 120 pounds and you can't force them into bed. You know, there's just it's such a different dynamic that creates so much more stress. And so it reduces immune function. All of these risk factors start to accumulate. And so really putting that emphasis, I think, is so important to the societal picture around Alzheimer's. Just sort of draining us of that wisdom and experience of our elders.

## **Thomas Moorcroft, DO**

A You know, I just was like flashing back like my mother. We had a family meeting a couple like two months before my dad passed where we were going to have an intervention because my mom was cognitively losing it, emotionally losing it. She's a slight woman. She had lost like 20 pounds. And she probably that was probably I mean, she probably started at 118 pounds. And she's that you know, I mean, you've seen this. I can see it on your face. Right. It's like so what's really interesting was once my dad passed, my mom focused on her own health and the diet kills me. It was this just dawned on me while you were saying this, Heather is my dad had really bad kidney disease. And so once your kidneys are shot, they put you on this diet. That's horrible for everybody except the person with end stage kidney disease. And my mom did the diet with him so that he would do it and it destroyed her health.

And so if we rewind or sidestep or whatever and we put this in the perspective of caregivers and family members and even patients with Lyme, Bartonella, Babesia, maybe even mold or some combination of this is putting your oxygen mask on first, putting yourself leading the other people in your family by example, by getting caught in Lyme. The good diet for Lyme is the good diet for life. Right end stage, renal failure, different story and but it's really like what you're saying is so true. And it's not just for dementia, it's for dementia prevention, it's for cognitive function, reverse like or decline of cognitive function reversal. Even if you're talking about a child

who's six years old or you're 26 or you're 36 or 56, this all this information is like the way you live, a healthy lifestyle. And one of the things that, like we always seem to talk about a lot and is how you can live a lifestyle now that prevents because I remember a previous conversation we had as I had the best outcomes are those who take action early not late.

## **Heather Sandison, ND**

Well what's fun about this and as you're sort of alluding to, is I see CEOs, you know, highly successful at the top of their game, looking to optimize cognitive function, athletes like that. And then I see people who are terrified they're going to have dementia like their mom, who's already passed. But they went through that torture of caring for her and they don't want their kids to be put in that position. And then and that's such a luxury to be working with people with on prevention and optimization. And then we see people with more early stage dementia. And that's like America again, this MOCA score is kind of gives us a spectrum of where you are on that cognitive decline path. And if there's a smoke in the twenties, it's measurable cognitive decline, but not that bad yet. I'm like, That's in the bag. We got this like, as long as you're willing to do the work, we can do this. And then we see people that are quite severe and many of them, not all of them, but many of them we see improve. Now, they don't go back to work. They don't get to a MOCA throw, but over time they get better and they continue to get better. Three and four and five years later, they're still getting better. And now the advice I give that entire spectrum of people is more or less the same.

## **Thomas Moorcroft, DO**

Mm.

## **Heather Sandison, ND**

Ketogenic diet. Treat those infections aggressively, get good sleep, optimize for for less, will not always less stress rate optimize for the good stress, the type of stress that that you're curious about and stress your system with new recipes and new diets and new learn new music, create new relationships, learn a new card game, go ballroom dancing. Those are the stresses. We don't want you to sit on the couch and veg out, but we don't want you under this type of stress of, like, legal matters and, you know, financial issues.

## **Thomas Moorcroft, DO**

What's the next best treatment for my Lyme or mold? Join up with someone like Dr. Sandison or myself to actually get that guidance and then let us do it for you so you can stress about cool stuff like your latest greatest diet. Like I love all this.

## **Heather Sandison, ND**

And so many people, you know, we need hand-holding. Like the information is out there, you get it. But get a coach. I work with a provider who can hold your hand through the process because it's hard, it's not easy, but there is hope, right? You can do this and not it's not going to

be for everyone, but for anyone that's willing to do the work, it's possible you can reverse dementia and you can heal from mine.

**Thomas Moorcroft, DO**

I love it. So Dr. Heather Sandison I mean, I would I want to talk all day long because like this is so important. But I really just want to put a huge punctuation on the last statement you made. And everyone, I want you to rewind and listen to the last 30 seconds, over and over and over, because you can prevent decline, you can reverse decline, you can heal from Alzheimer's, you can heal from line. But notice that I use the word you in every single one of these and in my personal healing journey. As I've told you so many times, 70 to 80% of my healing was me. I needed a little help from the provider, but I was ready to do the work because I was already doing the work and my body was ready to accept the healing because I was already optimizing everything I could on my own. This whole summit is about how you can heal from Lyme disease and come out of it on the tail end better than you ever thought you could be so that you can go live your latest, your best life, and shine your light for the world. And that's why. Heather, I'm so honored and blessed to have you here to share all this hope with people. Because when you think when I think about it, it's like when I go to who do I think about? Who can actually fix and repair cognitive function? It's like, this is the Holy Grail, and you're doing this all the time in all your different things. So I just want to say thank you for sharing your love and your heart with everyone and your knowledge.

**Heather Sandison, ND**

Thank you so much, Tom. It's such a pleasure always to catch up with you. And you know, Lyme is one of those things to just like dementia, where people feel hopeless many, many times and often have been to many, many providers and feel like they're just banging their head against a wall, not getting the help that they deserve and need. And so this summit, I'm just so grateful to be a part of it and honored to be a part of it, and just spread that message of hope that there are things that you can do.

**Thomas Moorcroft, DO**

Yeah.

**Heather Sandison, ND**

And you living testament to that.

**Thomas Moorcroft, DO**

Oh, my gosh. Right. And every once in a while I'm like, I don't want to be a statistic, but I love being that statistic where I break the mold and, you know, but many, many people are doing this. So one of the things we didn't even get into, all the amazing things you're doing in residential dementia recovery and all your other group programs. So if I'm sure that after healing hearing all this, everyone's going to want more of Dr. Heather and know how to engage with you a little bit more so that they can learn even more from all these little things that we

just barely touched on. So where can people reach out to and learn more about what you're doing?

**Heather Sandison, ND**

So here is Sue. DrHeatherSandison.com is a great place to start and from there they're so sorry, so sorry. So I CRC is my clinic here in San Diego, California, and that's where we treat people one on one for dementia. So sorcery is kind of like shining light, like the sun's or solutions for the brain, the cerebrum and so solcere.com or marama experience mhr and a maramaexperience.com is where you can learn more about our residential care programs and marama at home. Maramaathome.com is where you can learn how to implement these practices from the comfort of your own home so that you never need a memory care facility or residential care facility like Marama. Which is really my goal to make Alzheimers rare and optional so that you never have to go down that path of losing your dignity and of losing your minds.

**Thomas Moorcroft, DO**

I love that. That might be my new go for Lyme disease and co-infections. We're going to make them rare and optional. I love it. So good, Heather. So thank you so much and everyone. I mean, like, Heather is like at the forefront of all the research, all the actual clinical trials that are showing that everything we talked about today is true. You can show up and speak like just common language and share from the heart and inspire. I'm so inspired and like every time we talk, I'm like, you know, I'm going to make sure I do this thing in that thing in my life because it's like, we all want to make sure we're keeping those really great habits. So thank you for being an inspiration and sharing with everyone and definitely everybody. I will make sure that in our Summit Resource page, we have all the links to Dr. Sandison's work. And thank you so much for joining us, Dr. Heather Sandison.

**Heather Sandison, ND**

And thank you, Tom. Such a pleasure always.

**Thomas Moorcroft, DO**

And everyone, thank you so much for joining us for this episode of The Healing from Lyme Disease Summit. I'm looking forward to seeing you in our next interview and just take some of the stuff that we talked about. Pick one thing and put it in the action. And, you know, over the a couple of weeks, in a couple of months, you'll start to see it working. And really, we just want to give you back your own healing power because it's never gone anywhere. Maybe the people out in the media have suggested that you don't own it anymore, but you truly own the vast majority of all your healing potential. So take this information that Dr. Heather Sandison has shared and implement that in your lives, and please reach out and let us know how it's work. And until next time. I'm Dr. Tom Moorcroft. Great to see you.