

Hacking Brain Fog – Interventions With Dave – Keri Glassman, MS, RD, CDN – #981

Dave Asprey:

Welcome to Interventions With Dave. What you're going to hear on this is going to be somewhat detailed, but you're going to learn the mindset for troubleshooting and upgrading. I'm going to talk with people about how to manage whatever's going on with nutritional and lifestyle strategies, and then here's what you might want to go ask your doctor about. To be really clear, this is not a replacement for doctors, but you should be prepared when you go in to the doctor. Sometimes there's an idea. You can plant a seed, working in partnership with a functional medicine provider, and magically, you get better outcomes. That's what we want to do here. Our victim today-

Keri Glassman, MS, RD, CDN:

Let's go with victim. That's what it feels like.

Dave:

Victim. Right. Is Keri Glassman, a registered dietician, certified nutritionist. She was just on the show talking about Omni-Biotic Life, the probiotics. At the end of the show, she said, "I couldn't remember this one thing." She had this long list of excuses. Tell me what's going on. Tell me what you said.

Keri:

Well, it wasn't even that long. My No. 1 blame was perimenopause. My hormones are shifting. I'm going to be 50 in January, and my word recall lately has been crap. What is going on with that? I've always been super interested in cognition and brain health. Alzheimer's runs in my family. I just like to feel on and sharp. I'm super busy. I work really hard. I like to feel good and be on. So when I am not 100% on, and when I'm feeling the least bit off, I'm not happy about that. I've noticed over the past couple of years, as my hormones are shifting, my memory, my word recall is just not as sharp as it used to be. It's driving me mental. You going to hack me?

Dave:

I'm going to hack you. The way this episode came about is we finished recording the Omni-Biotic, and she's like, "Oh, my God. I couldn't remember something. That's really pissing me off." I said, "All right. Let's just hack this really quick." This might be a short episode. We don't know what we're going to talk about. But honestly, this is an area where I think a short conversation could have a really big difference for you and for anyone. Now, you've made an assumption that you're losing words because of perimenopause. Have you tested that assumption?

Keri:

My hormones, the last time I tested was actually about a year and a half ago. So I have not recently. I'm actually doing that in September. So I'm doing a whole workout. No, they were actually ... They didn't show any changes yet. They actually showed that they were fine. No, they really did. I mean, they didn't show signs that I should be having any issues yet. But, as we know, that's just certain blood tests. That doesn't mean that your body still hasn't shifted.

Dave:

You're saying, "I'm losing words. My working memory isn't what I want it to be." Actually, that's long-term memory, not working memory. So you took a hormone test. You said, "It must be perimenopause." Your hormone test didn't show anything weird, so you told yourself, "It still must be perimenopause," so you'd have an excuse, even though the data didn't match your excuse. Is this an accurate assessment?

Keri:

Yeah. Yeah. I wouldn't necessarily say that for, let's say, a client. But I know, based on, again, it's still been a year and a half since I had it. I'm saying that a lot could have shifted. I say that a year and a half ago, when that happened. I'm saying this is since then. I'm just assuming that things have started to shift, so that wasn't actually exactly accurate.

Dave:

Okay. But you said for the last couple years, you've had a problem.

Keri:

Yeah.

Dave:

So the problem started. You got your hormones. The hormones didn't indicate they were the source of the problem, but you're still continuing the narrative. It's just not a proven narrative. You shouldn't believe it. Maybe there's something else.

Keri:

You're right. You're right. Oh, my God. You're right.

Dave:

It's okay. This is one thing that happens with people who work in healing professions. Doctors and healers of all stripes have a very hard time turning it around on themselves, because you have to be able to take away the parts of shortcut thinking that are built in, that we can't see it, just to save energy. Especially if you're having an energy problem in your brain, your brain will take even more shortcuts. Everything feels harder than it is. The things you would rule out are heavy metals because heavy metals are a major cause of word loss in the brain, specifically mercury and maybe lead. You got to get a test for those. If those levels are high, then that is your issue. It has nothing to do with your hormones. Second thing is did you get a thyroid panel?

Keri:

I'm doing that in September.

Dave:

Okay. Good. That's really important.

Keri:

I'm doing that in September. Yeah. I'm doing that in September.

Dave:

Around 50, around perimenopause, even before your sex hormones change, it's very common for thyroid to just take a little dip. If you're lucky and you have normal thyroid things that just come with aging, your TSH is going to creep up above one. Even if you don't get your other thyroid markers, that's probably enough to say, "Just a teeny tiny bit of thyroid's going help." I think almost everyone over 50 benefits from an eighth of a grain because like, oh, it's normal. Everyone your age has those kind of thyroid scores. No, antiaging professionals want between 0.2 and 1.0 on your TSH, and adequate T3 and T4, and not too much reverse T3.

You got to get that dialed in because when energy levels are slightly low in the brain, the brain will feel it first, of any part of the body, because the brain has the most mitochondria per cell. The neurons there are just studded with them. So if you can't make enough energy, it's like, what's not important. Remembering an old fact. It takes these shortcuts. You want to turn your memory on. You turn your energy back up. Go to the thermostat and turn it up because it's likely off, because in menopause, it gets off for almost everyone, and in andropause as well.

The second thing that may be affecting it, but probably isn't because you got it tested, would be your testosterone levels. When you get those retested, as long as they're not dropping, you're fine. But I do find there can be a correlation between adequate testosterone and brain function. There is, in men and women, a correlation of testosterone and synaptic density, even. You just want to make sure those hormones are there, but it's probably an energetic problem or a toxin problem.

If it is due to perimenopause, then we start looking at mast cell-mediated inflammation in the brain, because as estrogen levels rise and progesterone levels fall, it makes your mast cells more sensitive in the brain. Mast cells are the cells responsible for protecting you as part of your immune system. They're also the ones that give you hot flashes. They give you hives and night sweats. They're activated by histamine. They just become very easy to activate when you are in your fifties and you're a woman. You go through a period of that. They're easy to activate because of estrogen. To fix it, black cumin seed oil can help, or sometimes even just a medication like Claritin can do wonders.

Reduce allergic inflammation and having a healthy gut is one of the biggest things you can do. You already know that. You're already doing that. Maybe turning down mast cell sensitivity with Claritin may be helpful. If you have really bad brain fog, Benadryl before bed on occasion may be helpful. If you wake up the next morning feeling like, "Oh, my God, I got everything back," now you know that it's that kind of inflammation. You're going to get a mercury test. You may need progesterone cream if your labs say it. You may need DHEA, only if your labs say it. You may need pregnenolone only if your labs say it.

I'm saying that for listeners because if you're listening to this saying, "Oh, I can go to the store and buy pregnenolone and DHEA," yes, you can. That doesn't mean you need them. If you take them as a man or a woman, DHEA and pregnenolone are parent hormones. They can turn into almost anything, including the hormones you don't want. If you're a man, "Oh, look, I took DHEA. I got man boobs, and I lost my libido." By the way, that's what DHEA does to me, so I don't take DHEA. I take other stuff like testosterone. You just need to know. But in your case, I'd be looking at cortisol as well, the stress hormone. Everyone has more cortisol now.

Keri:

Definitely. Well, absolutely. It's funny because you were saying that I was not good at looking at myself as my own patient, which I totally understand. That is why you need to go see other experts and professionals and not-

Dave:

I didn't say you weren't good. I said you failed. They're different.

Keri:

Yes.

Dave:

I'm just kidding.

Keri:

Well, of course, because, as my boyfriend says to me, who is not a medical professional or a health and wellness person in any way, shape, or form, other than the fact that he eats healthy, he just says to me, "There is nothing wrong. You're not in perimenopause. You just have way too many things on your plate. There's just too much in your brain." So there's probably a little bit of that going on, too. But I like everything you suggested. This is super helpful.

Dave:

Okay. Have you been tested for ADHD?

Keri:

So fascinating you should ask me that because my son actually has ADHD. He is 19. I've done lots and lots of research, obviously, just having him as my son for the past 19 years. I've been researching this topic extensively over the years. I've had him on a good regimen of supplements and lifestyle changes over the years. He's amazing and doing amazing. But it's funny. As I've done all this reading, I think to myself all the time, "Hmm. I think I probably wasn't diagnosed as a child." I just overcame all of this through behavior changes. I've overcome most of it. Then I've been reading, actually, a lot about women in their 40s and 50s being diagnosed, who were never diagnosed because, also, we know that many people, again, 20, 30, 40 years ago, we weren't diagnosed with that. Or the amount of people diagnosed was much less.

Dave:

I'm sorry. You were diagnosed with that. You needed happy pills. They were called benzos.

Keri:

Yes.

Dave:

That was the diagnosis. They would just hand out benzos like Cap'n Crunch cereal to housewives who couldn't stand it because a lot of them had ADHD. It runs in women and men. If I can just save you some money on diagnosis, there's a 90% chance, based on this conversation, that you would fall in that bucket. And you already know it because you read all the papers.

Keri:

Well, by the way, I'll say my daughter's then very smart. She's going to be 16. She says to me all the time, "Rex has this. You're doing this and doing this. You got to go on his regimen." She does it to me all the time. So perhaps-

Dave:

You might consider it. Okay. Here's two things, actually, three things I'm going to recommend for you. No. 1, Daniel Amen at Amen Clinics is a dear friend. He changed my life when I was an adult with ADHD who didn't know it. I did a spec scan at one of his clinics years ago. I am actually on his board of directors for Amen Clinics now. I talk with him regularly. He's got 200,000 brain scans. He can look at your brain and tell you exactly what's going on, if you want to go really deep on this stuff. That would be useful.

If you wanted to say, "I'm going to self-medicate because there's some work here," one of the most powerful drugs for what you want is called aniracetam, A-N-I-R-A-C-E-T-A-M. This is a gray market drug, in that it's not banned in the US. It's just not admitted to exist by the Physicians' Desk Reference. It is a type of cognitive enhancing drug that has been in existence for about 40 or 50 years. Very well studied. Originally made by Sandoz Pharmaceuticals in its piracetam form. Aniracetam increases memory I/O. I have been on it for 20-something years. It's one of the reasons that I can do what I do, because I have unusually good memory I/O because I use drugs that give it to me. It protects neurons from cell death anyway, and it also has a mild anti-anxiety effect. Maybe you should try some aniracetam. It's going to cost you 30 or 40 bucks for a bottle of it.

Keri:

That sounds amazing.

Dave:

Pop a couple in the morning. You might need a little bit of choline. I recommend CDP choline instead of alpha-GPC, the stuff they put in Alpha Brain or whatever. Alpha-GPC, it creates problems with cell membranes that CDP choline doesn't. So you might need a choline donor, or take a bunch of lecithin, if you prefer, or phosphatidylcholine. Okay. Not everyone needs that, but some people benefit from it. You probably will benefit from it because aniracetam increases your brain's use of choline.

On top of that, why don't you just go for the big guns? I was on Nightline talking about this stuff, modafinil. Modafinil is the limitless drug. It gives you amazing focus. Its off-label use since the late '90s has been for ADHD, but it's way better than taking prescription meth, which is also Adderall. What you find is, with maybe even 100 milligrams, which is the lowest dose, or even half of the lowest dose of that in the morning, it's just so much easier to focus. By the way, everyone else around you seems really slow because you're like, "My brain works." It's really, really helpful for ADHD brains or for jet lag or for a day when nothing works. It's a really big difference. I took it every day for eight years. It got me through business school. It helped me learn to meditate. It made a huge difference.

Then I started doing what is now 40 Years of Zen, with years of development of neurofeedback. I spent six months with the electrodes on my head, between the smart drugs, between all the cognitive enhancements, between things like CoQ10, which would benefit you because it helps with your mitochondria. Things like red light therapy, you're going to get a TrueLight. One of the brand new TrueLight devices, that's four times more powerful than anything else out there right now. You can take something called methylene blue along with your red light therapy. Do you know about methylene blue? It's, well, a very old dye that was used in surgery or in those little blue drops you put on a microscope.

Keri:

Oh, yeah.

Dave:

Well, it turns out, the prescription version of that, or at least the human food grade version of it, is very active for improving mitochondria, especially around red light. You can take up to 10 milligrams orally.

Your tongue will turn blue like you kissed a Smurf. Then you use your red light, and that actually really improves mitochondrial function. So you might feel it on your brain. Speaking of which, one of the first ways I regenerated my brain was with focused infrared light on my brain. You can take red and infrared lights and put them around your head. They'll improve blood flow everywhere. But honestly, get your mitochondria working. Take some aniracetam, maybe modafinil in the morning if you really, really need it. Not everyone needs it. Get your heavy metal test, and get your thyroid test. Maybe it's menopause, but I don't think so.

Keri:

No, no, no, no, no, no. This is amazing.

Dave:

But we forgot to talk about one thing. I can't believe I forgot. Anytime, oh, in the last couple years, this new problem happened. Tell me about water damage in your home.

Keri:

The type of water or if there's been any water damage like floods or anything like that. Is that what you mean?

Dave:

Yeah. Floods, leaky sinks under the cabinet, leaking dishwashers, roof leaks.

Keri:

I live in New York City, in an apartment building. Nothing really in our specific apartment. Nothing really. Yeah.

Dave:

You might want to check out a mold test. They're something that you can do now in your house for really, really affordable prices. I'm just checking this URL for you to make sure it's the right one.

Keri:

Yeah. This is actually interesting that you're bringing this up because my daughter gets really bad headaches. I get headaches, too.

Dave:

Okay.

Keri:

That's actually one of the reasons I don't drink alcohol, really. Now it's more brain health, but it started with alcohol could just trigger horrible migraines. I've been saying, actually, "We need to get a mold test in here. We need to get a mold test." My boyfriend keeps saying, "There's nothing. This apartment's fine." We keep having this whole conversation and this debate about it. So if you have a resource for me, I will trust your resource and go with it.

Dave:

Okay. First is moldymovie.com. It is free. This is my documentary around toxic mold. One of the guys I interviewed lives in New York City. He's a hedge fund manager who was completely taken out by mold in his apartment building, which was a lead-approved, brand new, expensive apartment building. New York tends to have problems. Also, the subway is riddled with mold and has been flooded recently. If you take the subway regularly, I promise you you're getting mold. In fact, some of my wife's fertility clients had to stop riding the subway in order to get pregnant because they were getting so many toxins that way, and they were hyper reactive to it. Yikes.

As a New Yorker, I don't want to tell you not to take the subway, but I do think you really, really want to get a mold test in your apartment. There's a company called Got Mold, at gotmold.com, that can send you a test kit. That could be an interesting thing for you just to figure out, all right, is it going on? I have a sinking suspicion that may be more than you think it is, at which point, if it's not specific to your apartment and you don't have massive levels of it, maybe just good quality HEPA air filters and this company called Homebiotic, like probiotic, but Homebiotic. They make a mold probiotic you spray around the house that competes with mold.

Keri:

Oh, wow.

Dave:

I know about this because I'm the founder of the company, because toxic mold trashed me. It's one of the reasons I weighed 300 pounds. I'm going to get even with that stuff. So homebiotic.com. If you find, in an air test from gotmold.com, that there's an issue, you might want to check it out.

Keri:

We have filters. We do have good air filters. I bought those.

Dave:

You have good air filters?

Keri:

I have that. I bought those. Yeah.

Dave:

Get the air test. It's 200 or 300 bucks, I think.

Keri:

Yeah. I would do that for sure.

Dave:

Then you'll know, because I suspect ... Anytime people start to lose words, mold toxins are a major thing. I went down the metals path and forgot to ask you about mold because that's so common, especially when it's a recent change, like what happened? Well, you would know that the guy two units up or down had a massive flood, and it ran down the walls. Stuff like that happens all the time in big apartment buildings.

Keri:

You are amazing. This was incredible.

Dave:

Happy to be of service. Thank you, Keri, for being on the show now twice, because we got to do a little bit of an intervention. It's been a ton of fun. I will see you on the interwebs.

Keri:

Thank you so much.