



Primary Care - How We Can Optimize Health To Prevent Cognitive Decline?

Dr. Heather Sandison, N.D. interviewing
Dr. Aunna Herbst, DO



Dr. Heather Sandison, N.D.

Welcome back to the Reverse Alzheimer's Summit. I'm so delighted to have Dr. Aunna Herbst here today. She has dedicated her career to treating the chronic diseases that are out there and on the rise. She brings an innovative approach to healthcare by implementing functional medicine into primary care. Doctor Herbst began her journey into health and wellness as a patient herself after years of frustration and debilitating symptoms like chronic fatigue and migraines, she began to find the answers through integrative medicine. Recently, Dr. Herbst spent three years working to help establish the highly acclaimed Center for Functional Medicine at the very prestigious Cleveland Clinic.

This is the first of its kind. Serving as the interim Director of Clinical Operations and an onsite physician, now she is sought out for her expertise, receiving awards and speaking invitations at events across the nation. Dr. Herbst is thrilled to partner with a new direct primary care clinic, SALT S-A-L-T SALT Health to offer proactive, preventative and personalized health care in Northwest Arkansas. She is a mother, outdoor enthusiast and passionate about healthcare and how she has come to know it personally herself. Dr. Herbst thank you so much for taking the time. I know you're busy. Thank you for taking the time to have this conversation with us today.

Dr. Aunna Herbst, DO

Yes, thanks Heather I'm honored to be here.



Dr. Heather Sandison, N.D.

So you have a really impressive background and you are applying it to primary care. I mean, you have lots of options. You could really be whatever kind of doctor you want to be. And you're choosing to go into primary care, which can sometimes be a little thankless. So what makes you wanna do that? I imagine it's because of the impact you can have, but I want to hear it from you.

Dr. Aunna Herbst, DO

Yeah I love the sense of community, getting to know the patient, not just the patient, but their whole entire family usually. And then I also like the way that I've been able to incorporate the functional medicine side of it. So it gets to be really, truly preventative. I'm taking it away past the normal, basic mammogram and annual Pap smear and those basic labs and really deep diving so we can stop and curtail disease processes earlier, intervene as soon as we can, so we can keep a much healthier optimal, well patient load is really what my passion's about, yeah.

Dr. Heather Sandison, N.D.

And how do you see this preventing and even potentially reversing cognitive decline in your patients?

Dr. Aunna Herbst, DO

Yeah so it's interesting. I know this is a lot of times people think about, intervening when we have large symptoms, at least that's the typical traditional medicine approach. You know, where you come in, my loved one has a memory loss, Namenda, Aricept is kind of a first-line therapy. And we don't really do a whole lot before, and that hurts my heart. So from a primary care standpoint, that does functional medicine I start looking at things, early like genomics and basic labs, optimizing nutrition, optimizing thyroid function, making sure we're taking out as much of the toxic load as we can, educating patients before they even think about mild cognitive impairment, especially if it's on their family radar. Then we really deep dive into the nitty-gritty.



Dr. Heather Sandison, N.D.

I love this as somebody who's doing some of the heavy lifting around supporting patients with dementia, with active dementia, and sometimes quite progressed dementia. The luxury of being able to work with patients before they get it so that they know how to prevent it sounds much easier and like a lot of fun. Part of me is jealous.

Dr. Aunna Herbst, DO

It is fun and it's fun to see them feel like they have sort of an empowered, they have a sense of control. It gives them the opportunity to learn more, educate themselves more and be proactive so you can get them on in family practice.

You'll get them at the beginning when they're young, we know we have a family history and we don't want it to ever happen to us and then you may get someone in their, late 50s, mid early 50s that they're noticing they're having to write everything down so you can catch them in that early cognitive decline area. And then you can see the progression through some of the families and you can intervene in any of those places, but it's so fun to get them at the beginning and just empower them basically.

Dr. Heather Sandison, N.D.

Oh what a luxury and a model for the way primary care should be done everywhere really.

Dr. Aunna Herbst, DO

Yeah, yeah, diet nutrition, toxicity, lifestyle, infections to start diving in and cleaning it up basically.

Dr. Heather Sandison, N.D.

So you use specialty functional medicine testing and what comes up most when you're maybe talking to a patient who has a risk for dementia?



Dr. Aunna Herbst, DO

Yeah so one of the specialty tests, when you're talking about like blood urine or biochemical tests, my favorite would be a nutritional panel of any kind. So really looking at deficiencies or excesses. Sometimes we tend to think a little is good, so a lot's better, and that's not always the case. So really looking at things like I always say, "We're gonna look under the hood of the car and we're gonna see what's going on, and we're gonna find two things that aren't quite working and really just top off those deficiencies," It's not about being normal, it's not about being average. It's about being optimal. So my favorite is probably if I was dealing with that one subject, it would be the nutritional panels.

Dr. Heather Sandison, N.D.

And then if you had the luxury of going a little deeper, what else would you wanna look at?

Dr. Aunna Herbst, DO

Then I usually get into genomics. So I get into genomic patterns that, well we know the typical genomics. So people look for the APOE e4s or the TOMM40s or there's a lot more information that we have around these polymorphisms that could increase our predisposition to developing some sort of cognitive impairment. But for me to catch it a little earlier, I want to see those patterns, but I also want to see how well they're converting their vitamins, how well they are managing their inflammation. What pathways are cytokine pathways tend to be more up-regulated than others. And do we need to deep dive into viral titers that are high and so forth? So the genomics is really the next step up when you're talking about specialized testing for me anyway.

Dr. Heather Sandison, N.D.

How exciting and how do you feel that this helps you really improve patient outcomes?

Dr. Aunna Herbst, DO

It's all about individualization. So if I know what works for you and we can fine tune it in a little pieces at a time, if I know that you do better with a certain type of choline, because



you maybe need a little bit more nerve protection, myelin protection, then I would suggest you use like CDP or something. And if I have somebody else that that's really not the case, and they say to me, "Should I be taking CDP because my friend is?" Not necessarily, maybe they need just the regular phosphatidylcholine, or maybe it's not even good for them. Maybe it's increasing TMAO or inflammatory markers. So it really comes down to the individualized approach to that person. I hope think I answered the question right.

Dr. Heather Sandison, N.D.

Yeah, no absolutely. I mean my wheels just started spinning. I'm like, "I want that." We wanna know, I think it's humans. How does this affect me? Am I like everybody else? Am I like that other person in that trial that was done 10 years ago? And we are, we're all very individual. And when we can, and also, should I be spending \$50 a month on that supplement? Is that really beneficial for me?

Dr. Aunna Herbst, DO

I wish I had known that way ahead of time. I probably would've saved thousands of dollars if I hadn't known my genomic panel. And if you can find one that continues to sort of update as the information comes out so some of the older ones, the original ones, like the 23s and all that, those are a little outdated at this point, but they still were a step ahead of them, what we had back in the late 90s. And so it was really nice to kind of watch that progression. But now you want to have ones that sort of keeps updating so that if they learn something new, I can learn something about myself. It's further individualizing my optimal health is how I would love to have that for every person on the planet.

Dr. Heather Sandison, N.D.

That's exciting. And yet it can also feel a little daunting and overwhelming, right? That's a lot of data to go through.



Dr. Aunna Herbst, DO

It is a lot of data. So you want to have somebody or a company that you like, or you feel comfortable working with that can help you interpret that to give you sort of a clinical tool, a guide that says, "Hey, this might be better. Based on the studies, here's what we could recommend. Based on this polymorphism, this is the better outcomes, or this is the stuff that's in the literature." And so that's how I use it. And I don't go, every person is different. Every person may benefit from one or two things that sort of cover a whole bunch of things that could benefit them. So for instance, sulforaphanes is always a favorite. So made from little three-day old broccoli sprouts. So sulforaphanes is a powerful, powerful antioxidant, increasingly the thighbone and for some people it's like, "Ah, it's kind of nice. Like it's sort of beneficial," but some people it's like bringing in a bulldozer and cleaning up the whole mess. I mean, it's going to take care of all kinds of muck for that person. So I think that's where the individualization comes in, but also getting the tools and getting the information that's current is also really beneficial.

Dr. Heather Sandison, N.D.

Nice to not have to be doing a lot of guessing.

Dr. Aunna Herbst, DO

Yeah, no guessing no.

Dr. Heather Sandison, N.D.

So in a population, we see a lot of dementia and it's much more common in women than men. And of course women go through menopause at some point. So what's your take on bioidentical hormone replacement particularly in women who are struggling with cognitive impairment.

Dr. Aunna Herbst, DO

Yeah so I've always seen through my years of practice, I've noticed that many women have really a giant brain fog period, or I a significant decline in their processing and thinking, and



memory word recall is difficult. And I noticed that when we put them on hormone replacement, as much as it's sort of a nerve me, because I was trained in the era of hormones are bad that I did see improvement. And I thought there's something to this like, there's gotta be more, so as I started to practice and really just treat the patient in front of me, looking at labs, looking at them, I did like the Dutch test to see how they metabolize and make sure that what we do is safe, as safe as I can possibly be.

I noticed such a drastic improvement in their cognition. And so I thought, "Well, this is amazing, isn't this fun." But some people didn't respond as well as others. Fasting forward and now using genomics, I'm seeing the estrogen receptors so prominent in male and female populations, but really now I can see why some people take so well to bioidentical hormones, especially when it comes to cognition for sure.

So there's the estrogen receptor part. There's the anti-inflammatory part. There's the basic antioxidant properties that are related to hormones. So I think really just optimizing that, especially for a patient that's struggling, even if you don't know their genomics, do the best you can make sure it's safe, make sure you know, what they do from a metabolism standpoint with their hormones and then just top it off. It doesn't have to be super therapeutical. It doesn't have to be off the charts. You don't want to push their testosterone over the top. You don't need to push their estrogen back over to where they were when they were 20. But how about just normal for their age? How about maybe just a little on that upper optimal side of normal for their stated age. And I find that really helps a lot.

Dr. Heather Sandison, N.D.

Yeah just to get that signaling to the brain.

Dr. Aunna Herbst, DO

Yes, absolutely. Some nerves firing, better signals oh my gosh yeah. Yeah it's actually been a big game changer for a lot of my patients.



Dr. Heather Sandison, N.D.

And the side effect is like, "Oh, I don't feel crazy anymore. I'm sleeping a little bit better."

Dr. Aunna Herbst, DO

Exactly and the more they sleep, the better they heal. We know that plays a huge role into cognitive impairment. So now I think that hormones play a big role and that's why we probably see a more rapid decline as we go through menopause.

Dr. Heather Sandison, N.D.

Now you've had a long-term interest in aging. I understood when we've chatted before you had worked a little bit in senior living, which is obviously with Moromo, with the residential care facility, a huge passion of mine can re-imagining how we might age in healthier ways and in community. So give our listeners a little sense of what your experience was like.

Dr. Aunna Herbst, DO

Yes so I was in college and I was working as an occupational therapist, AK occupational therapist. It was not a certified nor trained, but that's what my role developed into. We played bingo and exercises and it was my job to really just encourage socialization. One of the things that I loved doing then that I found was really helpful was brain games, interestingly enough, and this is mind you in the early 90s.

So this was not on the talk, it wasn't the big buzz, wasn't reversing Alzheimer's by any means, this podcast would not have been out there then. But I really found that my clients and the people that I was working with, my beautiful family there at the nursing home, just blossomed as you just kept the neuro-plasticity was amazing to watch develop.

And I didn't really have a word for that being, in my freshman year of college, I had no idea what that meant, but I could see it. I could see it over the years, then blossoming and developing and then starting to socialize better in their speech became better and their recall became better, just playing games. And then the other thing that I noticed that



made me sad is I could just see the diet that was so unhealthy. And I thought if only we could feed this beautiful population, the food they need to have alertness to feel good, to just nourish their bodies. And I didn't understand anything that had to do with biochemistry or medicine or anything or nutrition for that matter.

I just knew in my heart that what we were feeding them really was not fueling further quality of life. And so I felt that was sad. And I kept thinking of someday, if I was rich, I would develop some sort of senior center, a center that would have sort of this wellness motif, good healthy eating. I started a garden in the middle of their little atrium, so they could garden. It didn't last very long because I didn't, wasn't there all the time to help, but the idea was to get them out there and playing in it. And I just thought there was so many things we could do that didn't cost a lot that could have been, I don't know, better of life for these beautiful people, but that was my dream and you have developed it. So it's awesome, I think it's amazing.

Dr. Heather Sandison, N.D.

It's so fun to hear that there are these, we're all kind of thinking in the same direction and part of it is like where would I wanna be. And I where would I want my mom to go. And when we see what the options are, it's a little terrifying. And so creating solutions to that, whether it's in medicine and what we want to offer patients, or in senior living, I know that you designed or kind of put together a plan, you wrote a business plan around this. So I'm like sitting here going, "Well, what did I miss? Like, what else should I be doing? What did I not think of?"

Dr. Aunna Herbst, DO

I think you probably thought of it all. It looks amazing from what I can see. Some days I'll get the pleasure to come and visit. But yeah, I think just the things that you and I enjoy, they're very wise patient population. They really have a lot to offer us if we can just dive into who they are and get to know them and then feed them properly and love on them, nurture them and let them sort of grow and have quality of life. We could learn a lot from



that population. We really could, but sadly, I feel like we kind of write them off as a general rule.

Dr. Heather Sandison, N.D.

Oh, it's so sad, it's so disheartening. Here we take seniors who are at the height of their wisdom and experience, they have so much to offer. They have so much value to give us and our in the future generations and you're right we write them off. We feed them diets that don't help. We wait for a college freshmen to come in to help them. I mean, not, it sounds like you did an incredible job, but what if the next college freshmen--

Dr. Aunna Herbst, DO

Oh yeah, but I was very unusual, I heard.

Dr. Heather Sandison, N.D.

Yeah, yeah. And so we take those skilled, essentially low skilled labor, and that's who kind of babysits our elders who have so much more to offer.

Dr. Aunna Herbst, DO

Yeah, yeah. And they deserve a quality of life. So hats off to you all, I think that's incredible. I was just thinking today, if I could pick a couple of loose leaf teas to have in a nursing care center or senior care centers, sorry I'm stuttering on that, would be like ashwagandha tea or because of the amyloid beta plaque clearance, part of that. And then I would use things like green tea, the EGCG is great for those phenols that are in the polyphenols. So anyway, I just think of the things now that I know that don't cost a lot. We could add those into their daily loose leaf tea regimen or their choices on the menu. You probably already do those things.

Dr. Heather Sandison, N.D.

We brew an organic matcha for the EGCG. So we do that not every, we can't get everyone to drink it and they loved their coffee, but we sneak it in and we put a little scoop in.



REVERSE ALZHEIMER'S SUMMIT

Dr. Aunna Herbst, DO

Put a little memantine in there, like I use a, I see that on the genomic testing come up a lot, memantine and that's kind of earthy. You can hide that in coffee.

Dr. Heather Sandison, N.D.

We do a lot of smoothies and green fresh juices. And so we can hide the ginger and the turmeric and all those good herbs that help with inflammation and digestion and all that.

Dr. Aunna Herbst, DO

Yeah that's great, I love that.

Dr. Heather Sandison, N.D.

Really fun and creative. And so I can't wait to, this conversation I hope will go on for years, you and I can be like, "Okay, what else should we add? What else should, or should we think about? Did you see the latest paper?"

Dr. Aunna Herbst, DO

That's good, it's awesome yeah I love that. I was just thinking earlier, when you asked me about the testing and the hormones, and one of the things I always tell my patients, our sub optimal approach to thyroid treatment is probably one of our biggest downfalls in the early stages. So when you start seeing reports or complaints of fatigue, hair falling out, just can't think brain fog, like something's not right with me, I'm starting to gain weight that gaining weight of course leads to more inflammation. And so you can just kind of see, and sadly, my training and my colleagues were just, we sort of just forget about the entire thyroid pathway. And to me, I think that's one of those first interventions. And I think I'm sort of coming back to some of your questions, but I had had another thought.

Dr. Heather Sandison, N.D.

No but I really appreciate that, we're all--



Dr. Aunna Herbst, DO

Here we go back again.

Dr. Heather Sandison, N.D.

All these hormones are so important to neurological signaling. And if we start to lose them, then we're gonna lose the signals that tell us to create memories, to create new pathways so that we can learn new things so that we can execute. And if we are under under-treating that, if we're not recognizing it, and we're not giving patients the solution, then what do we expect? I mean, you're just gonna get further decline.

Dr. Aunna Herbst, DO

Exactly, exactly. So that's one of the really basics vitamin D levels and other basic, that's not scary for us primary care physicians to test and to treat. But the key that I tell a lot of my colleagues friends, it's not about treating and keeping it in the normal range, because that is quite quite big and large is 30 to a 100, could be normal.

But how about shooting for optimal 60 to 70, 50 to 70, and really shooting for that target range for optimal outcomes. So then you have improved immune function and you can have decreasing inflammation, better bone health. So we know that fractures as they age can lead to a pretty fast decline. So anyway, I just think from a primary care standpoint, there's a lot more to the basics that we could be doing that's not so out of the box that becomes weird or woo-woo medicine, or it's not respected, but it's just a matter of looking at it a little bit differently, maybe with that optimal lens and not just average.

Dr. Heather Sandison, N.D.

I'm curious about omegas, good fats or B vitamin status. Those are things that you can run pretty easily through Lab Corp you can ask most doctors to run them. And do you do those routinely, do your colleagues do that?



Dr. Aunna Herbst, DO

They do and it's funny that you say that. So when I first started practicing medicine in a rural community, I was checking vitamin D and B12 when I would see an elevated MCV on a CBC for my nursing home patients. And I actually got reprimanded for treating the low B12 because they were having an increase in activity in the nursing home and they didn't have the staff to keep up. So I thought that was kind of funny. I had to ask a couple of times, "Exactly what you were saying here?" But the point being, you can see little clues at CBC that shows an elevated MCV.

That's pretty high, greater than 100. You got a pretty good chance that there's a low B12. And sometimes an oral methylated, good bioavailable B12 is helpful. Sometimes it requires an injection because then you want to use the methylated B12 injection. It costs about \$10 an injection once a week, it's minor. If they have a genetic mutation where it's difficult for them to transport that B12 across the blood brain barrier, the injection seems to help better.

The other part of that is just push them a little higher on that B12 level, because if they are having trouble getting it across the blood-brain barrier and they need that for cognition, then it's not gonna hurt them to have it up at the higher range. So anyway, that's the B12 part and yes I do check it. I also check an MMA on the standard labs.

That's easy to see if they're methylating and we're taught that in medical. It's not anything medical schools might think weird. It's just that we tend to forget and we tend to say, "Oh, it's okay." B12 again is another one of those that has a huge range in primary care and so you can be normal at two or 300, but you can also be normal at 11 or 1200. Well, I'd rather you be up here in case we have trouble with some of that transportation or methylation or, metabolism. So that's the B12 one. Oh, what's the other one you asking about? My omegas, oh cute.

Yeah so what is it, a very large portion of our brain is omega, right? A lot of fat. And we know that in cognitive declining patients, the vast majority of them do well with a higher fat



plant-based diet, low saturated fat diet. So unfortunately, when we say KIDO, now it kind of dumps on the bacon and the, what is that, pork rind thing That's not what I'm talking about when I talk to my patients, it's more plant fats, good, good omega fats or fatty fish, or so anyway, to help with nerve firing. I always say it helps with inflammation lowering and control. It really just lubricates the joints. And so that's really helpful. So yes, I test those and you can test those at a standard lab. You can do an omega 3, 6, 9 fatty acid panel and get an omega index even. So yeah, we do that a lot, actually.

Dr. Heather Sandison, N.D.

Good and these are really simple, straightforward things that a doctor can order for anyone listening. You don't necessarily need a medicine trained doctor. You can just take this information and ask, and then you'll be given great ranges as well, so that people can start to do a lot of this on their own. And like you mentioned, just getting the B12 up, gets people's activity levels up because they have more energy. We all know how it feels to feel tired, your brain doesn't work.

Dr. Aunna Herbst, DO

Yeah, exactly. You feel off balance. You don't walk straight. You have that a type of extorted gate, another good one in primary care, that's easy to check is an RBC glutathione level. Or a total glutathione. You can do that at a standard lab. And if they're low, it's a powerful antioxidant, a very powerful antioxidant. I'm not saying push them to the detox range if you're nervous about pushing too high, but at least get them in a normal range so that they have a fighting chance at cleaning up all those free radicals. It's awesome for a reactive oxidant species.

So we know that that's a big pusher into, it'll push people into further cognitive decline when they don't have the capacity to clean up the system, so to speak. And so I often will say to my colleagues that don't really know functional medicine, what are a few things I can do? And this is another one check a total glutathione level. It's really easy, it's a blood draw quest, Lab Corp, whomever you go to and run that, that's another really easy one. Another is



RBC magnesium. That's super important for a lot of your Krebs cycle, your energy production ATP. We know it's important for neurotransmitter and dopamine and serotonin production. So who doesn't want to have a happier mom or dad, right? We know it's important for bowel motility. So that's always a really easy something that's not too scary to treat or to optimize.

Dr. Heather Sandison, N.D.

And easy to come by. These are such practical tips for how to optimize a few things that are low budget, pretty straight forward and profoundly effective, particularly if there's a deficiencies, which are quite common, especially in our older folks, right? Magnesium, B vitamins, omega deficiencies are very, very common and so if we could just check those boxes, at least I think we you'll move the needle on how healthy some people can age very quickly.

There's some other kind of sexy things that you do that are not, maybe not everyone has access to, but they can get, again, some very profound results. So one of the ones in your toolbox is NAD plus. I'd love to hear how you use it, when you use it and what you've seen.

Dr. Aunna Herbst, DO

Sure, so I've experimented a little bit with both IV there's some new oral, but more bioavailable forms orally. And I'm really finding that for refractory fatigue, so chronic fatigue really difficult to treat or refractory depression, addictions, sugar, alcohol, and weaning people off of ADHD medicines, or ADD medicines, having great success with those three areas with IV NAD plus.

Dr. Heather Sandison, N.D.

And benzos

Dr. Aunna Herbst, DO

What's that?



Dr. Heather Sandison, N.D.

And benzodiazepine--

Dr. Aunna Herbst, DO

Oh and benzos. I have one patient only I've had the rest of them, but smoking, alcohol, the stimulant medications, people want to get up, but they can't, or they just felt really horrible when they're coming off of that. That's just been really, really successful. I have read about the benzos. Yeah so anyway, and my chronic fatiguers really seem to respond really well to it. I've had a lot of COVID, post COVID long haulers that IV NAD has been a big game changer. We have two or three that are now over 18 months, just struggling they have now three ologists on board, a cardiologist and nephrologist and a pulmonologist, and then myself.

And we just keep trying and trying, and we've got, heart inflammation, we get kidneys that are booked out. And so anyway, this has been a big game changer and that's really actually one of the main reasons I got into it, because I was just trying to figure out how can I get more optimal mitochondrial function for these patients? That was the one thing I kept saying, we need, we need more of, so.

Dr. Heather Sandison, N.D.

And I'll second that. I have also used IV NAD on my long haul COVID patients and gotten really good results, some are going back to work, getting better after months and months and months.

Dr. Aunna Herbst, DO

Yeah so a fun story. A gentlemen came he's 91 years old. He actually is not a member here at SALT, but his family is a member here and he had COVID. It was about three weeks in and he was just really not himself and they said, you know, my dad used to be a really independent 90 plus year old man. And he's just not, this is not him. Like, he doesn't want



to do anything. He's not eating, we're really worried about him. And so they said, "Can we get an IV nutrition, IV?" And I said, "We sure could. But I think I would just intuitively would like to use just one, even one IV NAD." And we did and it was like, anyway, it was kind of funny, they said he wanted to go out dancing three days later because he had a girlfriend before and he hadn't seen her for a long time. He wanted to go out dancing, his energy was back. It was almost like a light switch had been switched on. We gave him that and glutathione. So those were the two IVs he got that day. But, and I don't know which one it was or if it was both, but it was a real big change for that young man.

Dr. Heather Sandison, N.D.

How exciting. It's always funny when you get those like slam dunks and you go like--

Dr. Aunna Herbst, DO

It's just like here we go. Yeah so that's cool.

Dr. Heather Sandison, N.D.

What are you looking forward to as the demographic shift and as our population ages and more and more people end up with dementia, what would you like to see in medicine? How would you like to see things shift to better serve that population?

Dr. Aunna Herbst, DO

Yeah so from a preventive standpoint or from--

Dr. Heather Sandison, N.D.

Preventive, science, testing, technology, how can we do this better?

Dr. Aunna Herbst, DO

Yeah, I think that people, that are following the same train of thought, like the reticent train of thought where it's much more complex, there's a multifaceted disease that's being presented to us and everybody's a little bit different. So I really, really wish the research



would lend itself to that so we could watch even small populations where you could feed them well, decrease inflammation, look for infections. We got viral titer loads that are off the charts. Why are we not addressing these things and how has it related? Heavy metals and toxicities, why are we not really focusing a little bit more on that? I think it's coming, I'm used to, a lot of that stuff has, is way esoteric. And now we're starting to realize, thanks to, beautiful scientists that are out there that are already saying, "Hey, there's actually things we could be doing that are causing this disease." I think just individualizing the treatments probably on a smaller scale. So we need small groups that are studying, maybe heavy metal or toxicity.

Maybe we just have small groups that are doing just plain dietary changes and social changes and giving them a purpose. And that whole socioeconomic sort of community based medicine. And then what about just doing things like we were just talking about? Optimizing hormones and neuro-endocrine system. And then small, because unfortunately we don't get a lot of funding for large studies in preventative medicine typically.

And I'm not saying that it won't ever come, but if we could present it a little bit better as researchers, I did used to do research in smaller cases and smaller control studies, then we could then start showing how all of the spokes on the wheel come together and how we could prevent them and probably change the course of their treatment starting at the beginning. And that's how I would like to see it continue in the research world. But anyway, we'll see what happens.

Dr. Heather Sandison, N.D.

So exciting. Well, like, yeah, same and I think, our minds are aligning in multiple ways, you get there before me sometimes, but yeah, it's just these ideas. And hopefully again, common sense, even though it hasn't been common practice quite yet, that there's another way to age that's more graceful, that's more enjoyable, that's more valued and that potential is there, we just have to create it.



Dr. Aunna Herbst, DO

Yeah we have to grab onto it. One other thing I have to say, you actually made a good point. People have really put a negative stigmatism around anti-aging. I don't think it's about anti-aging. I think it's about graceful aging. I think it's about appropriate aging. And unfortunately we have pushed ourselves with junk food and toxicity after toxicity and stressor after stressor. And then we've said, "Hey, here's your natural aging." It's not natural aging if you've done all of that for 40 years of your life. So graceful aging is a better way I think, to look at how we would approach.

Dr. Heather Sandison, N.D.

To the standard American it's aging aggressively, right? They're aging too quickly, because we're not getting the support.

Dr. Aunna Herbst, DO

Exactly, exactly.

Dr. Heather Sandison, N.D.

Well there's options, there's hope and there's options. And there's simple steps that you can take to chat with your doctor and learn more about how you might age a little bit more gracefully. I wanna make sure all of our summit attendees and listeners out there know how to find you. I feel so fortunate to be talking to someone who's in Arkansas in the middle of the country. It's because typically we're talking to people on both coasts and people call from the middle of the country and that I don't know where to send them. And this is just such a gift to know that you are there to be supportive. So tell everyone how they can find you.

Dr. Aunna Herbst, DO

Sure we're in Bentonville, Arkansas, I'd say almost the center of the United States. I came here for that reason. I was working in rural Oklahoma because I knew that it's an area you can go to Eastern west easy and you get all kinds of things available. We do not have that in



the Midwest, in the Central America. So yeah, I'm here in Bentonville, Arkansas at SALTS health. The number here, I guess I can give my phone number, is that good?

Dr. Heather Sandison, N.D.

Absolutely.

Dr. Aunna Herbst, DO

It's 479-715-4645. Yeah just give us a call. You can go onto SALT Health, Northwest Arkansas, that's a.com, that's our Facebook page and also our webpage. So yeah, I would love to help anybody that needs help or even a consult or just to chat. I tend to do that a lot.

Dr. Heather Sandison, N.D.

Love it, I love it. Well, thank you. I know that those chats shift the trajectory of people's health and so grateful for the work that you're doing and just an absolute pleasure to get to chat with you and share your wisdom with our listeners.

Dr. Aunna Herbst, DO

Thank you, you too, Heather, keep up the good work out there.

Dr. Heather Sandison, N.D.

Thank you.

Dr. Aunna Herbst, DO

Thanks.