



“In-N-Out” Memory Care Models

You go in (with maybe your BFF). You learn (& change) things. You get better. You go home.

January 18, 2024 By [Mike Barr](#)

I have written about this before. And yes, I am a little obsessed with the apparent epidemic of neurodegeneration slash neurocognitive decline in this country. Last post was from the super dedicated, super inspiring SoCal naturopath, Heather Sandison, who recently oversaw (is that a word?) the opening of the third ReCode-based residential living center for folks with dementia.

There is another one, though not officially affiliated, in [Boothbay Harbor, Maine](#). And surely a handful of others I am not yet aware of. I think [GW Medical Center](#), while not residential, has something. I remember seeing something in Michigan, and in Miami. And in [Austin](#). Here's one in [Sarasota](#). One in [Chicago](#). Another in [Columbus](#).

Today we go to NoCal, okay SF Bay, for Kat Touns. Both HS and KT found their way here via mega dementia disrupter, however professional and understated, Dale Bredesen. And the collaborations, as you might have noticed, continue to expand.

(P.S. If this topic (or the topic of dysfunctional research bureaucracy generally) grabs you the way it grabs me, you must, must, must check out Prof Karl Herrup's 2023 rage-filled, erudite but eminently readable, systematic takedown manifesto, "[How Not To Study A Disease](#).")

Not only will the clinical results blow you away (in this admittedly tiny trial 84% improved; similar trials report 75%, I believe, but it's tricky to do on one's own— that's why I love the [Marama](#) and [Solcere](#) —and now Wichita, KS's [Avita](#)—temporary live-in model), but her personal/professional journey story is one I am always on the lookout for: a conventionally trained MD who mid-career or upon personal life crisis, “sees the light” and realizes that most of what s/he was taught in medical school needs updating or just isn't terribly useful— or is just plain wrong. And then changes how s/he practices. (And gets wholly transformative, self-sustaining results.)

Perhaps this applies less to the world of HIV medicine or even chronic hep B or HPV or herpesvirus infections— but I would argue more than at first blush might appear. There are terrain and gut microbiome and co-infection and nutritional elements that know no boundaries. Heck, in our Chinese medicine clinic in the MacArthur Park neighborhood of LA way back in 2009, my Chinese trained MD was clearing HPV with herbal therapies. And I imagine somewhere, maybe in Taiwan or South Korea or even Vietnam, someone is doing the same with hepatitis B or HSV.

I particularly liked in this interview not only her personal story and humility but her honesty: that

even this rather standardized approach (e.g., identify & repair “the 36 holes,” which are really now only 10 or 12 for most folks) cannot be applied cookie cutter to everyone. And the ongoing challenges.

And it’s not just Kat: there is an entire mini-universe out there of [Dale Bredegens](#) and Kat Toups (and [Terry Wahls](#), [Susan Blums](#), [Aristo Vojdanis](#), [Patrick Hanaways](#), [Liz Bohams](#)— and yes, Mark Hymans and Jeffrey Blands). We are LIVING the (albeit it mostly still a whispered voices underground) REVOLUTION in how we think about health & healthcare! One only needs to know where to look/ listen.

Here is the [video](#) where she speaks with MindBodyGreen guy about the pilot study. And here is [link](#) to paper.

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