Preventing and Reversing Dementia and Alzheimer Disease

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A New Approach to Preventing and Treating Alzheimer’s Disease Summarized

• Conventional medicine considers Alzheimer’s to be untreatable
  • Long-term prognoses are very poor
• Dr. Dale Bredesen’s approach to treating Alzheimer’s has improved patient outcomes
  • His approach can be found in his book, “The End of Alzheimer’s: The First Program to Prevent and Treat Cognitive Decline”
  • Instead of focusing on treating Alzheimer’s with a single drug (the so-called “magic bullet approach”), he outlines numerous factors, which when addressed and optimized, can lead to much better results for patients with dementia or Alzheimer’s
Conventional Medicine Considers Alzheimer’s to be Untreatable

• Alzheimer’s disease is **unpreventable, irreversible** and **untreatable**

• According to the **Alzheimer Foundation’s website**:
  
  • Alzheimer's worsens over time over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions

• Currently, **Alzheimer’s has no cure**, but treatments for symptoms are available and research continues

• Alzheimer’s has become a leading cause of death in adults behind heart attacks and cancer
Big Pharma’s Repeated Failures to Find a Cure Have Led to Extreme Pessimism

• Between 2000 and 2010, the pharmaceutical industry spent billions (not millions) on research to find a cure
• More than 50 new drugs were studied
• More than 250 clinical trials were done
• Not one drug or one clinical trial was positive
• Hence, the conclusion by conventional medical experts that Alzheimer’s disease is untreatable
Two Recently Published Books Challenge Current Approaches to Managing Chronic Disease

• *The Plant Paradox* by Steven Gundry MD-Released July 2017
• *The End of Alzheimer’s* by Dale Bredesen-Released August 2017
• Hard for conventional medicine establishment to ignore them: Why?
• Both authors have **impeccable conventional credentials**, one as a cardiovascular surgeon and the other as a neurologist and researcher
• Both published extensively about their work in peer reviewed journals
• Both seriously **question accepted medical dogma**
• Both believe that the major way of managing chronic degenerative diseases is by **changes in lifestyle, diet & use of nutritional supplements**
• Both books give **precise suggestions** on what to do; both use lab results to help with specifics of the program
Dale Bredesin MD: *The End of Alzheimer’s: The First Program to Prevent and Reverse Cognitive Decline*

- Internationally recognized as an **expert in the mechanisms of neurodegenerative disease**
- Has held faculty positions at several California universities, including **UCLA**
- Published peer reviewed articles on his work with Alzheimer patients
- Explains and exposes the **difficulty of getting new ideas accepted when the paradigm is already taken as a given**
- This book can serve as a guide for professional caregivers as well as the families of Alzheimer patients
The End of Alzheimer’s: The First Program to Prevent and Reverse Cognitive Decline

• David Perlmutter MD-author of Grain Brain says on the cover: “A Monumental Work”
• For the first time in history, more than 1000 patients with documented Alzheimer’s showed significant improvement during the past 5 years
• Rather than looking for one factor being responsible for Alzheimer’s, Dr. Bredesen found at least 36 factors that may be involved (analogy of roof with 36 holes)
• These factors relate to diet, sleep, exercise, stress, hormone levels, vitamin levels; removal of toxins including infections and mold and blood test results are used to guide the treatment; deal with as many as you can
Bredesen’s Approach Focuses on Reversing Declining Cognitive Decline (RECODE)

- He aims to make lab test results optimal, rather than within the reference range (e.g. vit.D3 blood level: 50 to 80, rather than 30 to 100); Much higher doses may be needed for patients with autoimmune disease.

- He relates genetic predisposition (presence of apolipoprotein E4) to environmental factors (reducing inflammation) to how to reduce the likelihood of developing Alzheimer’s.

- He shows how AD is caused by the destruction of brain cells being greater than the creation of new brain cells (analogous to osteoporosis) dispelling the false belief that we are born with the number of brain cells we have.

- This process is reversed with his program.

- Dr. Bredesen divides Alzheimer’s into 3 categories: (1) Inflammatory; (2) Lack of necessary nutrients; (3) Toxic; however they may overlap.

- His therapeutic program is called: Recode: Reversing cognitive decline.

- Improvement can occur if several (not necessarily all) of the factors are addressed.
• Dr. Bredesen realized that the *conventional model of disease* which attempts to find a drug to control or cure a disease is NOT applicable to Alzheimer’s disease.

• He needed a model which stresses find the many causes of a condition and then correcting them (usually without the need for a drug)

• The *functional medicine approach* is a great paradigm to fit his findings for helping Alzheimer’s patients; his group has been partnering with the Institute for Functional Medicine (IFM) to teach this approach

• His plan is eventually to certify practitioners in this approach
There are New Tests to Help Diagnose Alzheimer’s Disease

• Used to be thought that AD could be diagnosed only at autopsy; this is no longer the case

• **MRI with volumetrics of brain structures;** can see generalized atrophy vs shrinkage of specific brain structures, such as the hippocampus which results in impaired short-term memory

• So which of the 3 types of AD is most likely can be ascertained from this testing
Some Factors that Need to be Optimized

- **Diet:** Avoidance of sugar, artificial chemicals in food; eating whole unprocessed foods, organic when possible
- **Exercise**-cardio and stretching are important; at least 4 days a week
- **Sleep:** shoot for 8 hours a night
- **Nutrient Levels:** (e.g. vitamin D, various minerals)
- **Hormone Levels:** (e.g. sex hormones, thyroid hormones, etc...)
- **Eliminating toxic, pro-inflammatory substances** and processes, including mold, infections like Lyme disease, yeast overgrowth, many prescription and over-the-counter drugs (statins are a good example; various psychotopic medications and withdrawal from them)
A Few of the Tests with **Optimal Levels** (from Dr. Bredesen)

- Albumin > 4.5 g/dl
- 25 Hydroxy D: 50 to 80 nG/dl (Higher levels may be optimal for people with autoimmune disease)
- Testosterone and Free Testosterone: 500 to 1000 ng/dl; 6.5 to 15 ng/dl
- Pregnenolone: 50 to 100 ng/ml
- DHEA Sulfate 340 to 430 in women and 400 to 500 mcg/dL in men
- Total Cholesterol: No less than 150; ideal about 175 to 225
- Homocysteine range of about 6 to 8
- C-Reactive Protein: < 0.9
- Thyroid Stimulating Hormone (TSH) about 1.0
A Few of the Tests with **Optimal Levels** (from Dr. Bredesen)

• Estradiol: 50 to 250 pg/ml
• Progesterone: 1 to 20 ng/ml
• E/P Ratio 10 to 100 (and optimize to symptoms)
• **Fasting Insulin:** < 4.5 microU/ml
• **Hemoglobin A1C** < 5.6; best about 5.1 (measures blood sugar over time)
• Selenium: 110 to 150 ng/ml
• Serum Zinc: 90 to 110 mcg/dl
• Copper: 90 to 110 mcg/dl
• RBC Magnesium 5.2 to 6.5 mg/dl
• Cadmium, Mercury, Lead: as low as possible
Steven R Gundry MD: “The Plant Paradox: The Hidden Dangers in ‘Healthy’ Foods that Cause Disease and Weight Gain”

- Former cardiovascular surgeon who did many heart transplants on children
- Was professor and chairman of cardiothoracic surgery at Loma Linda Univ in California
- Resigned from this position because in 2001 he became convinced that he could better help cardiac patients by teaching them how to eat
- Author of more than 300 journal articles on how to help patients with heart disease with diet and supplements
- Published papers showing a 2% event rate in 10,000 known coronary artery pts over a 12-year period, far superior to any conventional Tx
The Plant Paradox Program Focuses on a Low-Lectin Diet

- The **Paradox**: Plants supply us with food for *nourishment*, but also produce *toxic* substances to ward off predators like insects and us
- Lectins are sticky proteins produced by plants that are potentially toxic to insects and animals
- Many “**healthy**” foods we eat are high in lectins (whole grains and the nightshade family) such as gluten
- **Lectins and sugar adversely affect our immune system, gut and brain** leading to leaky gut, autoimmune diseases like arthritis, Crohn’s disease and coronary artery disease and contribute to weight gain
- The program consists of foods low in lectins, sugars and devoid of any artificial chemicals like artificial sweeteners
There are Other Elements of the Plant Paradox Program Essential to Healing

• Seven disruptors, widespread in our society contribute to chronic degenerative diseases (broad spectrum antibiotics, NSAIDs, proton pump inhibitors and others). Discussed in detail in the book

• Numerous case histories involving various autoimmune diseases, including multiple sclerosis, rheumatoid arthritis, Crohn’s and coronary artery disease recovered on this program and are described in the book; also patients who are overweight, invariably lose weight on this program

• Dr. Gundry emphasizes that what is eliminated from the diet is more important than what one eats in terms of healing

• The program is a comprehensive dietary and supplement approach to all chronic disease including cancer
YouTube Videos involving Stephen Gundry MD

• Interview of Steven Gundry regarding his background and *The Plant Paradox:*
  [https://www.youtube.com/watch?v=JJI8QLSDUwY](https://www.youtube.com/watch?v=JJI8QLSDUwY)

• Dr. Joseph Mercola interviews Dr. Steven Gundry: [https://www.youtube.com/watch?v=YglmyfAvVyM](https://www.youtube.com/watch?v=YglmyfAvVyM)

• You can order food prepared using foods acceptable on this diet from: [www.catalystcuisine.com](http://www.catalystcuisine.com)
Dr. Gundry interviews Dr. Bredesen

- [https://www.youtube.com/watch?v=p6IkRXaQKwk](https://www.youtube.com/watch?v=p6IkRXaQKwk)
- Reducing lectin exposure may be helpful for patients trying to avoid or treat Alzheimer’s
Similarities Exist Between Osteoporosis and Alzheimer’s Disease

• With osteoporosis, the rate of breakdown or loss of bone is greater than the body’s ability to build new bone

• With Alzheimer’s disease, the rate of breakdown or loss of brain tissue is greater that the body’s ability to build new brain tissue

• In both cases, we want to discourage breakdown and enhance buildup

• With regard to Alzheimer’s disease we need to enhance Amyloid Precursor Protein Alpha and inhibit Amyloid Precursor Protein Beta (discussed in book)

• This can be done by paying attention to and changing lifestyle, sleep patterns, exercise, nutritional supplements, exposure to sunlight and avoidance of toxic substances

• Dental issues need to be addressed
Several Tests are Effective for Monitoring Alzheimer’s Disease

• Let’s do a COGNOSCOPY (see how cognition is doing)
• Montreal Cognitive Assessment (MoCA) test is one available online test; helps to determine current status of cognition
• May be used to see if brain deterioration is deteriorating, stabilized or improving
• Additional tests can be found online for a reasonable price
Schachter Center on 2nd Floor; Suffern NY in Rockland County-45 min from NYC
Access PowerPoint Presentations by Clicking on Red Box on the Right
Access Lecture Slides by Clicking on Lecture Slides