

The End of Alzheimers

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I have seen a lot of dementia. My mother died of a dementia with no agreed diagnosis in 1998. We watched his progression as my ex-wife's father lived in our house from 2001 until he died of Parkinson's in 2005.

Of the twenty or so guys who stayed in touch after working together for IBM in Vietnam during the war, Bob and John have died of Alzheimer's. I don't know about the third – we last had a conversation about four years ago and his wife tells me he's slipping.

Some of the older ex-pats I know here in Ukraine are given to repeating themselves and rambling a bit. I'm not going to attempt diagnosis, but I sure hope I'm not like that.

It appears I'm in good shape with regard to Alzheimer's. It usually shows up well before one reaches my 80 years. It runs in families, and we have very little. All I recall being told is that my Aunt Berta was a little bit dotty before she died in her 90s.

Sleep and Alzheimer's are closely related. Though I can't find the reference, I believe it was Matthew Walker's "Why We Sleep" that put me onto this book. The thesis of both is that a person needs to take a holistic approach to their health. There are no magic pills for either sleeping or taming Alzheimer's.

The core thesis of this book is that Alzheimer's is a syndrome, not a single disease. It is a result of the body's attempt to defend itself against deterioration, not a disease unto itself. The tau tangles and the amyloid plaque that characterize the brains of Alzheimer's victims are symptoms more than causes.

The deterioration comes from three sources. The first is a genetic predisposition. If a person suspects Alzheimer's the first, easy, thing to do would be to have a DNA analysis to see if the ApoE4 gene has been inherited from either or both parents. The second is associated with lifestyle and diet: too much gluten, caffeine, alcohol and so on and not enough exercise, sleep and so on. The third is triggered by toxins – mercury, molds, pesticides and so on.

Bredesen's thesis is that these three basic types of Alzheimer's are triggered by a number of different conditions. He names 36 – his metaphor is 36 holes in the roof that have to be considered for patching in fixing the problem. American medicine is designed to look for a monotherapy – a single solution to a single problem, such as a hip replacement for a damaged joint or an antibiotic for syphilis. Even these, one notes, could be prevented by appropriate lifestyle choices. But American medicine is not structured that way.

Monotherapies have been being tested for decades as solutions Alzheimer's. None of them work. Bradesen notes that the idea of magic bullet solutions has been applied with marginal success to other complex issues such as heart disease. I would add AIDS, autism and autoimmune diseases to the list. He claims to have more a Chinese medicine – Ayurvedic - approach than traditional Western allopathic approach.

Consistent with this observation, he gives several accounts of his encounters with the medical establishment which was absolutely resistant to his approach. Frustrated at every turn, he accepted one woman who had given up on other alternatives to be his Patient Zero for what has become his ReCODE protocol. She is doing well after 11 years. He now has thousands of cases. So what is his approach?

Step number one is to undergo a series of laboratory tests commensurate with the observed symptoms. He gives reasons for all of the tests – measuring levels of vitamins, hormones, metals and trace minerals, metabolic byproducts and so on in the blood and urine. He offers the observation that most of the tests should be covered by insurance. If not they would come to \$1000 or so.

Step number two would be to put together a comprehensive treatment plan according to his ReCODE protocol. A customized plan for each patient, addressing the deficiencies discovered by the laboratory tests. The protocols cover diet, medicine, exercise, sleep and so on.

The third step would be to measure and adjust. See how the plan is working, and tweak it in the attempt to get optimal levels of all measurements and, of course, measure progress.

It will not always be possible to get optimal numbers for every measure. It will certainly not be possible for everybody to adhere to an optimal plan. Giving up sugar and caffeine, for instance, is very tough for some people. They should at the least be attempting the feasible and aware of the rest.

I took the five-minute Montréal Cognitive Assessment that he references throughout the book to see how I do with regard to dementia. Though you would conclude, as did I, that anybody who can read a book like this and write a cogent review probably has a fairly healthy mind, I wanted to check it out. Yes. I would expect most of you reading this to be able to get a maximum score of 30. Here [is one of many versions of the tests](#) available online.

In 15 years here I have not encounter Ukrainians with obvious signs of dementia. People don't talk about it. First of all we don't live as long. Secondly we have other things to worry about. Third I would surmise that we have healthier diets, not as much restaurant and junk food. Fourth, most of us get more exercise simply because we don't own as many cars and have to walk a lot.

My take on this book is that anybody who is worried about losing their mental grip ought to get the DNA test and take the Montréal Cognitive Assessment named above. If these make you concerned, buy the book and see what you can do about following its recommendations for diet, exercise and sleep. If you discern a real threat, by all means buy the book and see if you can get involved in a program of ReCODE therapy