

Tuesday Minute Transcript

This Week's Topic

Dementia, A Growing Problem

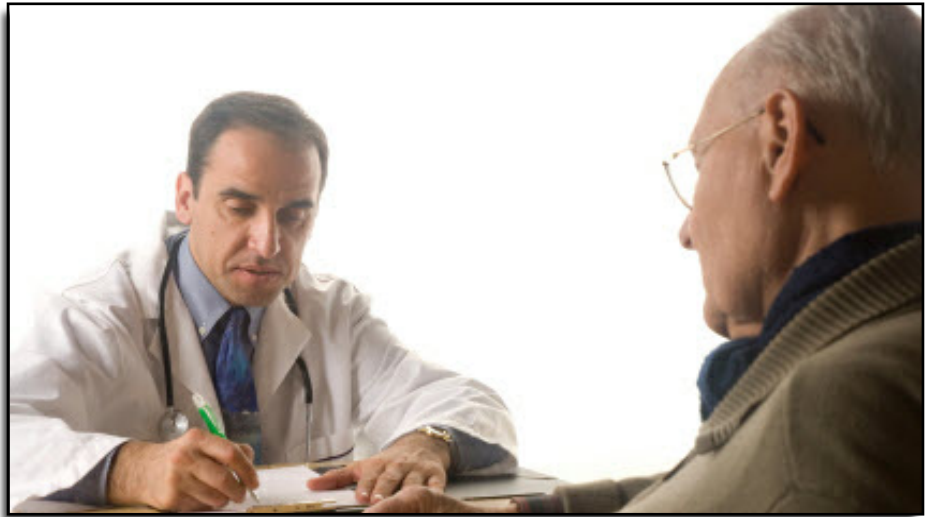


“What I consider the first tier of testing for patients with dementia, and why.”

Whether it is with our close family members or clients, we will all be forced to deal with dementia because aging is a reality. My thanks to Dr. Paul Varnas whose timely newsletter provided important research citations jarring my attention to the growing problem of dementia. I want to walk you through what I consider the first tier of testing for patients with dementia and why.

First and foremost: We want to check digestion. This is just critical, and with the epidemic of reflux drugs on the market hampering healthy digestion, we have to address this first. We have discussed methods of evaluating digestion in previous Tuesday Minutes. Also you can see the bullet points in the dementia testing summary below to gain greater clarity.

Next: B12 and Folic Acid levels. You can get a very



good picture of both B12 and folic acid by looking at the MCV and MCH on a standard CBC. However in a case like dementia, you may want to consider methylmalonic acid which is the gold standard for B12. I like to look at homocysteine as well. Elevated levels of homocysteine indicate inflammation and show a need for B12, folic acid, and/or B6.

Vitamin D is essential for healthy gut and is essential for approximately 2,000 of the 30,000 known genes to function correctly. Dr. Mark

Houston suggests the optimal levels for vitamin D3 is 80 nanograms per milliliter. His practice is in Nashville, Tennessee, which is in the Sun Belt; he tests all his patients for vitamin D and claims they are all low.

The next test is a familiar one but one you may not correlate with dementia, fasting insulin. This is one test that brings a little controversy. The key question is, “What is an elevated insulin level?” Dr. Ron Rosedale has been the earliest and perhaps the clearest voice on the need to

regulate insulin levels. In his book "The Rosedale Diet," he suggests anything over 10 should be addressed therapeutically.

Insulin is critical for life but when it is chronically elevated, cells become insulin resistant because they are trying to protect themselves from the toxic effects of high insulin. Cells down regulate their receptor activity and the number of receptors. The resulting excess circulating insulin causes sodium to increase, resulting in high blood pressure; intracellular magnesium to decrease, resulting in lower energy supplies.

Elevated insulin signals an increase in fat storage, increases in triglycerides, reductions in HDL cholesterol, increases in spasms in the arteries, and arrhythmias in the biggest muscle, the heart. Dr. Rosedale goes on to say that "It doesn't matter what disease you are talking about, whether you are talking about a common cold or about cardiovascular disease, osteoporosis or cancer, the root is always going to be at the molecular and cellular level, and I will tell you that insulin is going to have its hand in it, if not totally controlling it." So, think of insulin as another marker for inflammation. As a matter of fact, think of dementia as an inflamed brain.

What could be some of the other causes? One of the causes could be excess oxidation. An inexpensive test to measure this is the lingual ascorbic acid test. Your staff can put a drop of a food grade, colored, oxidizing agent on a patient's tongue and see how long it takes for the tissues to reduce it and return the tongue to its natural color. Tissue levels of vitamin C are the main reducing agents for this oxidant. So you are only testing for one antioxidant.

Some of the newer tests are awesome and give precise levels for all the antioxidants.

However if you are low in vitamin C, you can't regenerate or reduce many of the other antioxidants once they donate their electrons and become oxidized themselves. So if you are low in tissue stores of vitamin C, you are probably low in all of the antioxidants and a full spectrum product would be a wise investment.

Cell membranes are the gate keepers for nutrient repletion, waste removal, and intracellular protection. In any kind of brain enhancement program, we must address EFA status. We can do the exotic testing that is available; however, I generally just supplement aggressively with high levels of EPA and DHA to reduce inflammatory markers and to enhance cell membrane function for starters.

Continuing with our "inflamed brain model" being a major factor in dementia, food intolerances must be ruled out. Patients can be eating one or several foods which increase the systemic inflammation levels. When these foods are eliminated or rotated all of a sudden patients remark that it is "as if someone turned on the lights."

Several companies now allow blood spot testing for both IgG and IgA antibodies at a very affordable price. There are many other accessory food factors and trace nutrients that have yielded good clinical outcomes, and we will discuss this in other segments. However, we always have to make sure the basics are in place before we do the exotic things we read about in journals.

I have attached Dr. Varnas's newsletter for your enjoyment. He does a great job. You can receive his newsletter monthly at no cost.

Thanks for reading this week's edition. See you next Tuesday.