MEMORY LOSS ASSOCIATED WITH ALZHEIMER’S REVERSED FOR FIRST TIME

SMALL TRIAL BY UCLA AND BUCK INSTITUTE SUCCEEDS USING ‘SYSTEMS APPROACH’ TO MEMORY DISORDERS

MARK WHEELER | OCTOBER 02, 2014

➤ **Patient 1** had two years of progressive memory loss. She was considering quitting her job, which involved analyzing data and writing reports, she got disoriented driving, and she mixed up the names of her pets.

➤ **Patient 2** kept forgetting once-familiar faces at work, forgot his gym locker combination and had to have his assistants constantly remind him of his work schedule.

➤ **Patient 3**’s memory was so bad that she used an iPad to record everything, then forgot her password. Her children noticed she commonly lost her train of thought in mid-sentence, and often asked them if they had carried out the tasks that she mistakenly thought she had asked them to do.

If you would like to be part of this TEAM effort by volunteering, fundraising, or contributing your time, please email us at: JoinTheTeam@SharpAgain.org

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From the Co-Chairs

Our feature article for this fourth Sharp Again newsletter delivers profoundly important news: For the first time, a breakthrough scientific study gives scientifically solid evidence that cognitive decline, including diagnoses of Alzheimer’s Disease and dementia, can be reversed. Dr. Dale Bredesen of UCLA and The Buck Institute for Research on Aging, using a multi-therapeutic approach on a group of 10 subjects, achieved a 90% success rate in restoring full cognitive function. A copy of the scientific report, which appeared in the September 2014 issue of Aging, can be found in printable form on our website at http://sharp-again.org/wp-content/uploads/2012/04/UCLA-Buck-Bredesen-AD-study-AGING-0914.pdf.

We have three other firsts to celebrate: the initial meeting for our Medical Advisory Board, our inaugural Annual Report, and the first conference in the country to deal exclusively with reversing Alzheimer’s and dementia:

Our Medical Advisory Board kickoff meeting took place on April 27, 2015. Hosted by original SAN sponsors Vicki and Si Ford, a group of doctors, dentists, health coaches, and other professionals gathered with SAN’s Board to discuss SAN’s mission and how to promote its objectives. One of the Medical Advisory Board’s principal roles will be to design/define a multi-causal/multi-therapeutic testing, evaluation, and treatment plan.

Our first Annual Report, which summarizes our achievements to date, goals for the coming year, and finances, gave us an opportunity to pause and appreciate how much we’ve accomplished during the last three years. We’ve made over 50 presentations to nearly 1500 people, not only in Westchester County NY, but also in Connecticut, Florida, Massachusetts, and New Jersey. Our website has had more than 10,000 unique visitors since it went up, and several thousand copies of our newsletters have been distributed at our presentations and downloaded from our website. And we have laid the foundation for the infrastructure required to keep our day-to-day operations running smoothly. For the full 4-page report, please go to www.sharpagain.org/annual-report-2015.pdf.

Omega Institute Conference on Preventing and Reversing Alzheimer’s & Dementia.
Omega, located in Rhinebeck, NY, is the premier holistic education and retreat center in the Eastern U.S. They have asked Sharp Again Naturally for help in planning the first annual conference on reversing Alzheimer’s. We are thrilled to be delivering the introductory presentation Friday night. Saturday and Sunday will feature David Perlmutter, MD author of Grain Brain and Brain Maker; Dale Bredesen, MD of UCLA who conducted the groundbreaking study in our lead article; and Mark Hyman MD, recently appointed Director of the new Center for Functional Medicine at the Cleveland Clinic.

This issue also includes a delicious recipe and tips for introducing turmeric into your diet. Turmeric contains curcumin, the super nutrient commonly credited with the extremely low rates of AD and dementia in India.

Please do not hesitate to reach out to us if you have questions or comments. And if your heart inclines you to join the team in any way, we’d love to hear from you.

Jacqui Bishop and Lisa Feiner
Since it was first described over 100 years ago, Alzheimer’s disease has been without an effective treatment. That may finally be about to change: In the first, small study of a novel, personalized, and comprehensive program to reverse memory loss, nine of 10 participants, including those described above, displayed subjective or objective improvement in their memories beginning within three to six months.

Six patients had discontinued working or had been struggling at their jobs at the time they joined the study; all were able to return to their jobs or continue working with improved performance, and their improvements have been sustained. (The patient in treatment the longest has been receiving the therapy for two-and-a-half years.) Among the 10 were patients with memory loss associated with Alzheimer’s disease, amnestic mild cognitive impairment or subjective cognitive impairment (in which the patient reports cognitive problems). One patient who had been diagnosed with late stage Alzheimer’s did not improve.

The study was conducted by Dr. Dale Bredesen of the UCLA Mary S. Easton Center for Alzheimer’s Disease Research and the Buck Institute for Research on Aging. It is the first to suggest that memory loss in patients may be reversed—and improvement sustained—using a complex, 36-point therapeutic program that involves comprehensive diet changes, brain stimulation, exercise, sleep optimization, specific pharmaceuticals and vitamins, and multiple additional steps that affect brain chemistry. The findings are published in the current online edition of the journal, Aging as “Reversal of cognitive decline: A novel therapeutic program,” UCLA/Buck Institute, 2014. http://www.impactaging.com/papers/v6/n9/full/100690.html

Bredesen, UCLA’s Augustus Rose Professor of Neurology, director of the Easton Center and the paper’s

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**REVERSIBLE CAUSES OF DEMENTIA**

1. Nutritional imbalances and deficiencies
2. Toxins in food, water, air, work/home environment
3. Effects of prescription medications
4. Mercury and other heavy metal toxicity
5. Hormonal imbalances (T3 thyroid, estrogen, testosterone, and others)
6. Inflammation from low-level infections, (Lyme Disease, oral infections, food sensitivities, mold, etc.)
7. Inadequate physical activity, mental stimulation, and social interaction
8. Stress, especially from life changes and how we process information
9. Low oxygen levels resulting from such conditions as sleep apnea and asthma

Before concluding a person’s dementia is incurable, it is necessary to test and treat all of these reversible causes.

**HELP US PRESERVE MEMORY AND RESTORE MINDS**

- Make a donation. sharpagain.org/donate
- Contribute time and skills
- Invite us to present at your business, home, church, synagogue, club, or organization
- Spread the good news by telling your friends/family there’s HOPE and sending them to our website: www.sharpagain.org
- Send us any stories you hear of people reversing their dementia symptoms. Please include contact information, especially for doctors who can provide documentation.

Sharp Again Naturally is a 501(c)(3) organization. Your contributions are tax deductible to the full extent allowed by law.
author, said the findings are “very encouraging,” but he added that the results are anecdotal, and a more extensive, controlled clinical trial is needed.

No single drug has been found to stop or even slow the progression of Alzheimer’s, and drugs have only had modest effects on symptoms. “In the past decade alone, hundreds of clinical trials have been conducted for Alzheimer’s, without success, at an aggregate cost of over $1 billion,” said Bredesen, who also is a professor at the Buck Institute.

Although other chronic illnesses such as cardiovascular disease, cancer, and HIV have been improved through the use of combination therapies, comprehensive combination therapies have not been explored for Alzheimer’s and other memory disorders. However, over the past few decades, genetic and biochemical research has revealed an extensive network of molecular interactions involved in the development of Alzheimer’s. “That suggested that a broader-based therapeutic approach, rather than a single drug that aims at a single target, may be feasible and potentially more effective for the treatment of cognitive decline due to Alzheimer’s,” Bredesen said.

While extensive preclinical studies in numerous other laboratories have identified single pathogenic targets for potential intervention, in human studies, such single target therapeutic approaches have not borne out. But, said Bredesen, it’s possible that addressing multiple targets within the network underlying Alzheimer’s may be successful even when each target is affected in a relatively modest way. “In other words,” he said, “the effects of the various targets may be additive, or even synergistic.”

The uniform failure of drug trials in Alzheimer’s influenced Bredesen’s desire to better understand the fundamental nature of the disease. His laboratory has found evidence that Alzheimer’s stems from an imbalance in nerve cell signaling. In the normal brain, specific signals foster nerve connections and memory making, while balancing signals support memory loss, allowing irrelevant information to be forgotten. But in people with Alzheimer’s, the balance of these opposing signals is disturbed, nerve connections are suppressed and memories are lost.

That finding is contrary to the popular belief that Alzheimer’s is caused by the accumulation of sticky plaques in the brain. Bredesen believes the amyloid beta peptide, the source of the plaques, has a normal function in the brain, as part of a larger set of molecules that promote signals that cause nerve connections to lapse. Thus, the increase in the peptide that occurs in Alzheimer’s shifts the balance in favor of memory loss. Bredesen therefore thought that, rather than a single targeted agent, the solution might be a multiple-component system approach, in line with the approach for other chronic illnesses.

“The existing Alzheimer’s drugs affect a single target, but Alzheimer’s disease is more complex. Imagine having a roof with 36 holes in it, and your drug patched one hole very well,” he said. “The drug may have worked, and a single hole may have been fixed, but you still have 35 other leaks, and so the underlying process may not be affected much.”

Bredesen’s approach is personalized to the patient, based on extensive testing to determine what is affecting the brain’s plasticity signaling network. In the case of the patient with the
demanding job who was forgetting her way home, her therapy consisted of some, but not all, of the components of Bredesen’s program, including:

1. Eliminating all simple carbohydrates, gluten, and processed food from her diet, and eating more vegetables, fruits, and non-farmed fish
2. Meditating twice a day and beginning yoga to reduce stress
3. Sleeping seven to eight hours per night, up from four to five
4. Taking melatonin, methylcobalamin, vitamin d3, fish oil, and coenzyme q10 each day
5. Optimizing oral hygiene using an electric flosser and electric toothbrush
6. Reinstating hormone replacement therapy, which had previously been discontinued
7. Fasting for a minimum of 12 hours between dinner and breakfast, and for a minimum of three hours between dinner and bedtime
8. Exercising for a minimum of 30 minutes, four to six days per week.

Bredesen said the program’s downsides are its complexity and the [weight of the] burden that falls on patients and caregivers to follow it. In the study, none of the patients was able to stick to the entire protocol. Their most common complaints were the diet and lifestyle changes, and having to take multiple pills each day.

The good news, though, said Bredesen, are the side effects: “It is noteworthy that the major side effects of this therapeutic system are improved health and an improved body mass index, a stark contrast to the side effects of many drugs.”

The results suggest that memory loss may be reversed and improvement sustained with the therapeutic program, but Bredesen cautioned that the results need to be replicated.

“The current, anecdotal results require a larger trial, not only to confirm or refute the results reported here, but also to address key questions raised, such as the degree of improvement that can be achieved routinely, how late in the course of cognitive decline reversal can be effected, whether such an approach may be effective in patients with familial Alzheimer’s disease, and last, how long improvement can be sustained,” he said. Cognitive decline is a major concern of the aging population. Alzheimer’s affects approximately 5.4 million Americans and 30 million people globally. By 2050, without effective prevention and treatment, an estimated 160 million people globally would have the disease, including 13 million Americans, which could potentially bankrupt the Medicare system. Unlike several other chronic illnesses, the incidence of Alzheimer’s is on the rise; recent estimates suggest that it has become the third leading cause of death in the U.S. behind cardiovascular disease and cancer.

Multiple entities provided support for the study, including the National Institutes of Health (AG16570, AG034427 and AG036975). The complete list is included in the paper, available at UCLA-Buck-Bredesen AD study AGING-0914.

Thank you to UCLA’s Mark Wheeler for permission to reprint his article.
If there is one message for people dealing with Alzheimer’s to take away from the study in this article, it is **DON’T GIVE UP**. Here’s why:

➤ **Alzheimer’s and most other forms of dementia are fueled by a range of factors.** One of the reasons the current Alzheimer’s drugs rarely work is because they are based on a search for a “magic bullet” that works for virtually every patient. Occasionally, a patient’s dementia may be caused by only one factor, but more commonly, there are a number of reasons for their cognitive dysfunction.

➤ **If you don’t address most or all of these factors, you may miss the most important one.** Picture a roof with ten holes in it. It leaks. If you plug up one or two of those holes, you will still have eight leaks. Every patient’s “roof” has a different number and mix of holes, and this mix must be addressed in a way that is tailored to each patient based on an assessment of his or her lifestyle, genetic, metabolic, and clinical indicators.

Because one never knows in advance what mix of leaky holes there is, it is critical to keep testing and treating until symptoms improve—until the cognitive “roof” is well and truly repaired, and clarity of memory and thinking has been restored.

➤ **Our research suggests that this multi-therapeutic approach, called MEND (metabolic enhancement for neurodegeneration), may work with a significant percentage of the dementia patient population.**

Of course, with only ten subjects, the study described in this newsletter is just a beginning. It leaves many questions unanswered and clearly calls for a larger study. Nevertheless, it remains the only study to date to produce marked, sustained improvement in cognitive functioning. Moreover, it accomplished these improvements using an unexpectedly accessible set of protocols: its non-pharmacological, multi-therapeutic approach used protocols that were neither exotic, nor arcane; on the contrary, they were implemented by laypeople—study participants and their caregivers. There is also reason to hope that this protocol may serve as a foundation on which future drug studies may have an increased chance of success.

The question now is: **What will it take to fund extensions of this research?** The remedies used will not generate huge sums in revenue for large drug companies or corporations, so the research will need to be funded by either the government or private parties.

It’s time for this knowledge and the research that supports it to be heard and disseminated to those most affected.

Please help Sharp Again Naturally spread the word so that the millions of people with dementia and their caregivers can be helped TODAY and money can be raised to support our ongoing research.

**Dale Bredesen, MD**

Los Angeles, CA
What: FIRST ANNUAL CONFERENCE ON REVERSING DEMENTIA
When: JULY 1-3, 2016
Where: OMEGA INSTITUTE IN RHINEBECK, NY

Featuring:

David Perlmutter, MD, FACN, ABIHM, is a board-certified neurologist and associate professor at the University of Miami Miller School of Medicine. Author of seven books including the #1 New York Times best seller, Brain Maker, he has been featured on 20/20, The Dr.Oz Show, and more. drperlmutter.com

Dale E. Bredesen, MD, founding president and chief executive officer of Buck Institute for Research on Aging, is internationally recognized as an expert in the mechanisms of neurodegenerative diseases such as Alzheimer’s disease. His research has led to new therapeutic approaches that reversed dementia in nine subjects in a recent study buckinstitute.org

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In thanks for the life of Jeanne S. Bishop
1923 - 2010

Silent partner in manifesting Sharp Again Naturally’s vision:
A world free of unnecessary suffering from reversible causes of dementia

Follow-up: First Annual Conference on Reversing Dementia

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Have you had SUCCESS with any of these or other TREATMENTS for dementia? Please share your STORY with us!

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Go to SharpAgain.org
Maintaining Brain Health with TURMERIC
By Rinku Bhattacharya and Lisa Feiner

One of the most common spices on the Indian table is turmeric, which has been used for over 5,000 years. It is well known for its rich deep yellow-gold color. The source of turmeric’s color is also its active component, curcumin, which been shown to reverse age-related cerebrovascular dysfunction (commonly manifesting as dementia and Alzheimer’s Disease). As a staple in the Indian diet, turmeric’s protective properties have contributed to a very low incidence of Alzheimer’s and dementia in India and parts of south Asia. How? Research has shown turmeric and curcumin combat the negative effects of β-amyloid proteins and also mitigates other factors contributing to Alzheimer’s disease in the following ways:

- Helps protect against inflammation caused by β-amyloid protein
- Appears to reduce cell damage associated with β-amyloid protein
- Prevents the formation of β-amyloid protein in the first place, which means it may address the root pathology of Alzheimer’s disease (active compounds in this action include curcumin, tetrahydrocurcumin, demethoxycurcumin and bisdemethoxycurcumin)
- Restores distorted nerve tissue (neurites) and thus rescues long-term potentiation (an indication of functional memory) impaired by amyloid peptide and may even reverse physiological damage by disrupting existing plaques.
- Binds strongly to iron and copper, which may reduce iron-mediated damage believed to play a pathological role in Alzheimer’s Disease.
- Reduces antioxidant damage. In addition to these benefits for cognitive health, turmeric/curcumin has many other benefits: It is antibacterial, antimicrobial, anti-inflammatory, and excellent for reducing pain. Medicinal uses include treating respiratory ailments, various cancers, arthritis, heartburn, stomach problems, headaches, bronchitis, skin conditions, and liver toxicity.

Turmeric can be used fresh or in powdered form stored in an airtight jar. The fresh root, which is fairly similar to ginger but smaller, can be peeled, grated, and added to foods. It is commonly mixed into soups and stews or rubbed on vegetables and meats and fish before roasting to create colorful savory dishes. Putting a heaping teaspoon into a smoothie that has strong flavors is an easy way to get plenty of it.

Here are just a couple of other ways to get started:

Turmeric Tea: One of my favorite ways to use this wonder rhizome is make a detox morning tea. Simply grate a fresh root and simmer it in hot water or brew it in regular tea with or without lemon. You can also use dried ground turmeric.

Roasted Spice-Rubbed Cauliflower Wedges: (see next page)

Rinku Bhattacharya is a Gourmand Award-winning author and “Spice Chronicles” blogger (spicechronicles.com) who offers time-strapped home cooks practical ways to cook healthfully and sustainably. Her cookbook, The Bengali Five-Spice Chronicles (Hippocrene Books, 2012), features more than 150 family-friendly recipes that marry the spices of India with the four seasons of an American backyard. Many of her dishes are gluten-free, vegan, or vegetarian, Rinku writes for the Poughkeepsie Journal, the Journal News, and several online sites.

(1) Cellular Physiology and Biochemistry titled, “Dietary Curcumin Ameliorates Aging-Related Cerebrovascular Dysfunction through the AMPK/Uncoupling Protein 2 Pathway,”

(2) http://www.greenmedinfo.com/blog/turmeric-produces-remarkable-recovery-alzheimers-patients?page=2#_ftn11. see this article for all primary sources.
Roasted Spice-Rubbed Cauliflower Wedges

This is a family favorite and is easy to prepare. We often make a double batch as it disappears quickly!

Prep Time: 40 minutes (includes 30 minutes for marinating)  
Cook Time: 30 minutes (mostly unattended)  
Serves: 6

Ingredients
1 medium head cauliflower (about 1½ pounds), cut into large florettes  
up to 1 teaspoon freshly ground black pepper (less if spicy isn’t to your liking)  
1 teaspoon powdered mint (optional)  
¾ teaspoon dried turmeric  
4 tablespoons oil (such as olive oil)  
15 to 20 sage leaves (optional)

For Garnish
1 large lime, halved, plus additional lime slices  
1 tablespoon chopped cilantro or parsley  
Thinly sliced red onion (optional)

Preparation
1. Mix the cauliflower with the black pepper, mint, turmeric, and oil, and set aside for 25 to 30 minutes. Meanwhile pre-heat the oven to 375ºF degrees.

2. Lay the cauliflower on a baking sheet or in a casserole and bake undisturbed for about 20 minutes. Open the oven and stir the mixture once to allow the spices to coat evenly. Scatter with the sage leaves. Bake for another 20 minutes, until the cauliflower is nice and well done with well-crisped spots.

3. To serve, arrange on a serving dish, sprinkle with lime juice, cilantro, or parsley, the thinly sliced red onion and ground salt to taste. Serve on small serving plates with some fruity white wine.
Deep, restorative sleep is vital to a healthy brain, in large part because it is during deep sleep that toxins are cleared from the brain, human growth hormone is released, and memory is consolidated. Not surprisingly, interrupting deep sleep can severely impact a person’s thinking.

That’s why sleep apnea frequently precedes cognitive impairment. Sleep apnea occurs when a person suspends breathing for at least 10 seconds during sleep. This not only restricts how much oxygen reaches brain cells, but also fragments sleep and interrupts brain detoxification, especially in areas of the brain that govern executive function and memory (the prefrontal cortex and hippocampus).

Symptoms of snoring and sleep apnea include difficulty concentrating, depression, anxiety, reflux, fatigue, and neurocognitive deficits. Sleep apnea almost doubles the risk of cognitive impairment. Left untreated, these problems can progress to a diagnosis of dementia and Alzheimer’s.

Airflow blockages range from minor to severe: deviated septum, enlarged turbinates, mouth breathing, and sinus congestion all produce apneas that are usually partial, but still disturb sleep and restrict oxygen. More severe blockages include enlarged tonsils and adenoids, a narrow nose, an enlarged tongue, and misaligned jaws.

Fortunately, with proper diagnosis and treatment, brain function can improve. Michael Gelb, DDS, Director of the Gelb Center in NYC and White Plains, works with physicians to diagnose and treat these conditions. As its name suggests, Dr. Gelb’s trademark system, AirwayCentric® Dentistry, optimizes the airway to promote proper breathing and restful sleep.

If you suspect you have a sleep disorder, call The Gelb Center to arrange a consultation.

www.gelbcenter.com
(212) 752 1662 - Manhattan
(914) 686 4528 - White Plains
Other countries have taken this information seriously: The eden, and Denmark have banned the use of mercury amalgam fillings in dentistry, France has recommended that alternative mercury-free dental materials be used for pregnant women, and Germany, Finland, Austria, and Canada have worked to reduce the use of dental mercury amalgam fillings for pregnant women, children, and patients with kidney

In the U.S., however, many people are unaware of important issues concerning amalgam fillings, and so we

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Should I buy long-term care insurance?

Like other types of insurance, long-term care insurance protects you against a specific financial risk—in this case, the chance that long-term care will cost more than you can afford. In exchange for your premium payments, the insurance company promises to cover part of your future long-term care costs.

Long-term care insurance can help preserve your assets and guarantee access to a range of care options. However, it can be expensive, so before purchasing a policy, make sure you can afford the premiums both now and in the future.

The cost of a long-term care policy depends primarily on your age (in general, the younger you are when you purchase a policy, the lower your premium will be), but it also depends on what

benefits you choose. If you decide to purchase long-term care insurance, here are some of the key features to consider:

• Benefit amount: The daily benefit amount is the maximum your policy will pay for your care each day, and generally ranges from $50 to $350.
• Benefit period: The length of time your policy will pay benefits (e.g., 2 years, 4 years, lifetime).
• Elimination period: The number of days you must pay for your own care before the policy begins paying benefits (e.g., 20 days, 90 days).
• Types of facilities included: Many policies cover care in a variety of settings including your own home, assisted living facilities, adult day care centers, and nursing homes.
• Inflation protection: With inflation protection, your benefit will increase by a certain percentage each year. It's an optional feature available at additional cost, but having it will enable your coverage to keep pace with rising prices.

An insurance agent or financial planning professional can help you assess and compare long-term care insurance policies and answer any questions.
YOUR MOUTH: A WINDOW TO THE REST OF YOUR BODY

Your dentist is in a unique position to recognize factors that appear to play a role in the loss of cognitive function. So in addition to checking for cavities and having your teeth cleaned, dentists should inspect your mouth for the presence of: (1) toxic materials; (2) chronic infection; and (3) structural irregularities that can interfere with sleep and breathing.

1. Toxic metals, including mercury, nickel, and palladium, which are used in dental restorations, have been shown to diminish cognitive function. In addition, some non-metal restorations contain chemicals that compromise immunity. An individual’s acidity, diet, and other factors will affect the absorption and retention of particles of these materials.

2. Bacterial infection. The same bacteria found in chronic periodontal infections have also been associated with inflammation in the brain and, increasingly, cognitive dysfunction. Alzheimer’s patients have been shown to have higher levels of these bacteria as well as circulating antibodies. Evidence associating chronic periodontal disease with loss of cognitive function continues to accumulate.

3. Oral structures & malfunctions. Unrestricted airways are important to your brain because, as research indicates, it is during healthy sleep that vitally important functions occur, in the brains of mice and very likely in humans as well. In particular, as the heartbeat slows, the flow of cerebral spinal fluid (CSF) in the brain increases, removing and clearing waste materials as the CSF passes through the channels between brain cells. University of Rochester (NY) researcher M. Nedergaard likens this activity to “rinsing neurons like so many pots and pans in a dishwasher.”

But airway restrictions can interfere with sleep, increase inflammation, and hinder nightly clearing of toxic waste materials from the brain. Moreover, sleep-disordered breathing and sleep deprivation raise the long-term risk for chronic inflammation and associated loss of cognitive function years later.

Might a restricted airway accompanied by chronic gum disease in a mouth containing toxic materials today be the seeds of future dementia? We won’t know for sure until current research is complete. But are you willing to risk the wait? For more information, contact The Hindin Center.

www.hindincenter.com  •  hindincenter@verizon.net
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