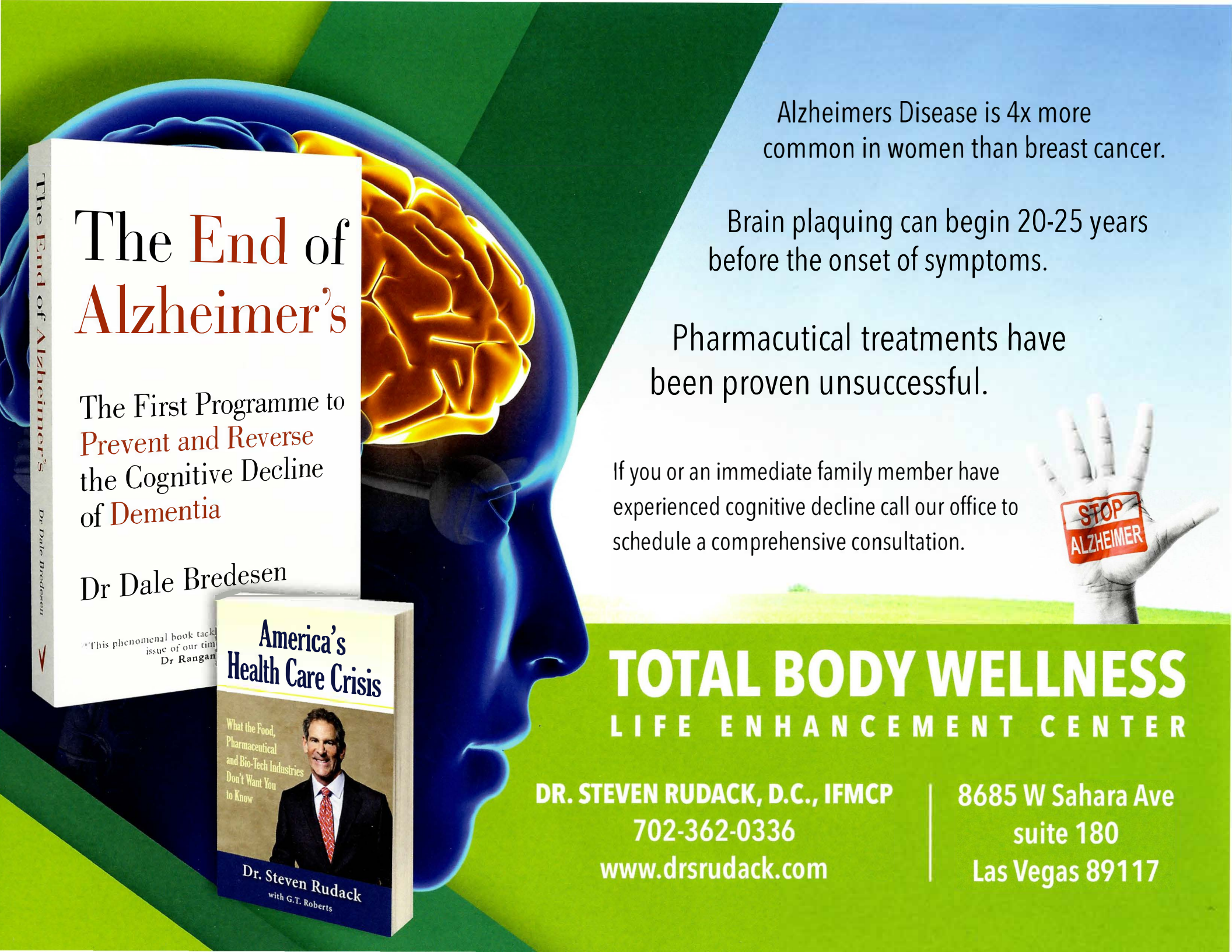

Alzheimers Disease is 4x more common in women than breast cancer.

Brain plaquing can begin 20-25 years before the onset of symptoms.

Pharmacutical treatments have been proven unsuccessful.

If you or an immediate family member have experienced cognitive decline call our office to schedule a comprehensive consultation.

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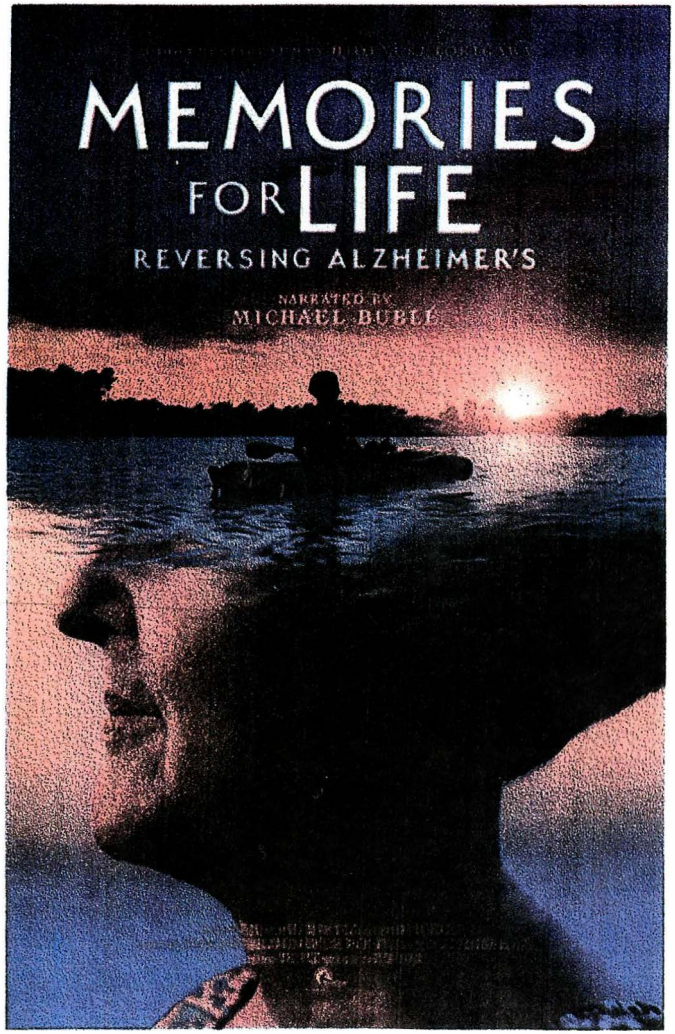

Written and Directed by

Hideyuki Tokigawa

Narated by

Michael Bublé

WHAT CAN WE DO WHEN OUR MEMORIES ARE FADING?

For patients suffering from Alzheimer's disease, no memories are safe — from the recollections of daily responsibilities to our most cherished moments. And despite having invested billions of dollars over the last 30 years into Alzheimer's research, the pharmaceutical industry has approved few drugs, all of which are very expensive, and only slow the rate of decline.

However, some Alzheimer's patients, refusing to accept this prognosis, are turning to a new method, spearheaded by American neurologist Dr Dale Bredesen. This precision medicine approach uses the expanded health data of each patient to find the root cause of their illness, and generate personalized protocols.

Yet Dr. Bredesen, best-selling author of *The End of Alzheimer's*, faces constant skepticism from the mainstream medical community for his method, and his research was repeatedly denied approval for clinical trials until 2019. Even so, many patients following the protocol show signs of reversing their cognitive decline.

Narrated by Michael Bublé, *Memories for Life – Reversing Alzheimer's* shows the eye-opening results of this life-changing treatment and questions why something with the potential to reverse such a devastating disease is not being embraced by medical researchers. What if this is the best chance we have to hold on to the most precious of things – our memories?

Dr. Steven M. Rudack, D.C.
TOTAL BODY WELLNESS
Life Enhancement Center

Steven M. Rudack D.C, IFMCP
Board Certified Functional Medicine Physician

ALZHEIMER'S DISEASE and COGNITIVE DECLINE
A New Approach

Dr. Dale Bredesen and Dale David Perlmutter have defined a new path for physicians to treat individuals diagnosed with Alzheimer's Disease and cognitive decline. Dr. Perlmutter in his best seller book, Grain Brain, first spoke of cognitive decline as a type of insulin abnormality of the brain that he refers to as type 3 diabetes. Dr. Dale Bredesen as a professor at UCLA went further in his research and has created the only program that has shown to be successful to prevent and reverse Alzheimer's Disease and cognitive decline.

Dr. Bredesen's best selling book, The End of Alzheimer's, describes six subtype causative or contributing factors and treatment programs that are individualized based upon several diagnostic and laboratory results.

Dr. Bredesen's protocols do not differ from an article published in The Journal of Internal Medicine, " Advances in the Prevention of Alzheimer's disease and Dementia"

".....the most common cognitive impairments in old age probably have mixed etiologies and different pathologies suggesting that combined multi domain preventative interventions targeting several risk factors simultaneously have the highest likelihood of being effective."

Basically what this article is saying is that there may be several factors developed over ones lifetime that may cause and or contribute to Alzheimer's Disease and cognitive decline and treating these issues will produce the best results.

The current treatment used in convention medicine is using pharmaceutical drugs to attack the amyloid plaques seen in the brain scans of Alzheimer patients. Of the 18 FDA approved drugs used to treat Alzheimer patients, none have successfully helped and in fact they have caused increased cognitive decline. The explanation of these disappointing outcomes is that the drugs were developed to attack the amyloid plaques and a recent scientific discovery has found these plaques are formed as a defensive response of the body against inflammation and toxicity.

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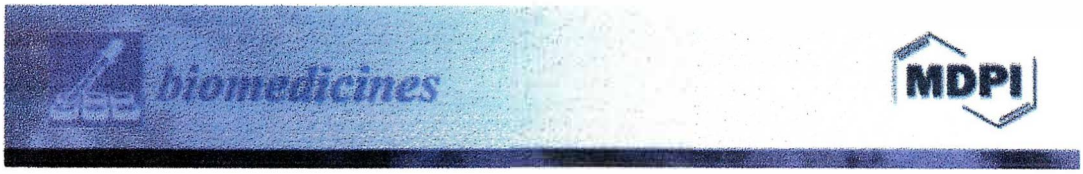
According to the nations Alzheimer's Association website, alz.org, "....the amyloid plaques seen in Alzheimer patients can occur 20-25 years before any symptoms of cognitive decline."

This is very important to recognize because if an individual is diagnosed with Alzheimer's disease, there offspring may posses genetic risk factors. Early evaluation gives one the best opportunity for a favorable outcome or prevention.

Again, from the Journal of Internal Medicine, ".... the overall goal of primary prevention is to reduce the incidence of disease by intervening before the disease onset."

Alzheimer's disease is 2X more common in women than men.
Alzheimer's disease is 4X more common in women than breast cancer.

SOME IDENTIFIED RISK FACTORS FOR ALZHEIMER'S DISEASE & COGNITIVE DECLINE:
Genetic - APOE4, MHTF-r, Presenilin
Significant dental history or amalgams
Type I or type2 diabetes
Herpes virus
Toxic or mold exposure
Hormone imbalance
Omega deficiency or imbalance
History of concussion
Dysbiosis



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ReCODE: A Personalized, Targeted, Multi-Factorial Therapeutic Program for Reversal of Cognitive Decline

Rammohan V Rao,[1,*] Sharanya Kumar,[2] Julie Gregory,[1] Christine Coward,[1] Sho Okada,[1] William Lipa,[1] Lance Kelly,[1] and Dale E Bredesen[1,3,*]

Cristina Carvalho, Academic Editor

Abstract

Background: Alzheimer's disease (AD) is the major cause of age-associated cognitive decline, and in the absence of effective therapeutics is progressive and ultimately fatal, creating a dire need for successful prevention and treatment strategies. We recently reported results of a successful proof-of-concept trial, using a personalized, precision medicine protocol, but whether such an approach is readily scalable is unknown. Objective: In the case of AD, there is not a single therapeutic that exerts anything beyond a marginal, unsustained, symptomatic effect. This suggests that the monotherapeutic approach of drug development for AD may not be an optimal one, at least when used alone. Using a novel, comprehensive, and personalized therapeutic system called ReCODE (reversal of cognitive decline), which proved successful in a small, proof-of-concept trial, we sought to determine whether the program could be scaled to improve cognitive and metabolic function in individuals diagnosed with subjective cognitive impairment, mild cognitive impairment, and early-stage AD. Methods: 255 individuals submitted blood samples, took the Montreal Cognitive Assessment (MoCA) test, and answered intake questions. Individuals who enrolled in the ReCODE program had consultations with clinical practitioners, and explanations of the program were provided. Participants had follow-up visits that included education regarding diet, lifestyle choices, medications, supplements, repeat blood sample analysis,

and MoCA testing between 2 and 12 months after participating in the ReCODE program. Pre- and post-treatment measures were compared using the non-parametric Wilcoxon signed rank test. Results and Conclusions: By comparing baseline to follow-up testing, we observed that MoCA scores either significantly improved or stabilized in the entire participant pool—results that were not as successful as those in the proof-of-concept trial, but more successful than anti-amyloid therapies—and other risk factors including blood glucose, high-sensitivity C-reactive protein, HOMA-IR, and vitamin D significantly improved in the participant pool. Our findings provide evidence that a multi-factorial, comprehensive, and personalized therapeutic program designed to mitigate AD risk factors can improve risk factor scores and stabilize or reverse the decline in cognitive function. Since superior results were obtained in the proof-of-concept trial, which was conducted by a small group of highly trained and experienced physicians, it is possible that results from the use of this personalized approach would be enhanced by further training and experience of the practicing physicians. Nonetheless, the current results provide further support indicating the potential of such an approach for the prevention and reversal of cognitive decline.

Keywords: Alzheimer's disease, cognitive decline, therapeutics, diet, lifestyle, supplements, blood analysis, AD risk factors

1. Introduction

Alzheimer's disease (AD) is the major cause of age-related cognitive decline, with approximately 6.2 million Americans age 65 and older estimated to suffer from this disease [1]. With 13 million Americans and 160 million people globally projected to have AD by 2050, the impact it will have on healthcare systems worldwide requires serious consideration [1,2,3]. The cause(s) of AD remain unclear, and there is no truly effective treatment currently recognized. This makes the need to develop effective prevention and treatment increasingly pressing. Recent studies support the notion that metabolic abnormalities are present in patients with cognitive decline, often years prior to a diagnosis of AD [4,5]. Studies also suggest the effect of metabolic abnormalities, such as insulin resistance, chronic inflammation, hypovitaminosis D, hormonal deficiencies, and hyperhomocysteinemia, among others, in the AD process [5,6,7,8,9].

Thus, a therapeutic strategy to identify and attenuate all the risk factors specific to each affected individual may have a significant impact on disease progression, as has been shown recently [10,11,12,13,14]. Here we present pilot data that a comprehensive and personalized therapeutic program designed to mitigate AD risk factors can improve several risk factor scores and stabilize cognitive function, warranting prospective, longitudinal cohort studies, and controlled clinical trials.

2. Methods

2.1. Study Design and Participant Enrollment

ReCODE is a comprehensive and personalized multi-therapeutic program for reversing symptoms of cognitive decline and optimizing brain health, using a targeted algorithm based on biochemical and genetic risk factors for cognitive decline. It is intended for individuals experiencing symptoms of subjective cognitive impairment (SCI), mild cognitive impairment (MCI), and those with early stage AD, although some with later stages of AD have shown improvement, as well [13]. The ReCODE program includes information on the metabolic factors that drive the symptoms of cognitive decline and provides detailed, personalized recommendations to address these factors, such as nutrition, exercise (physical and mental), sleep, stress management, detoxification, supplements, and hormones. The ReCODE program evolved from other similar programs that used precision medicine approaches to identify and target the drivers of Alzheimer's or pre-Alzheimer's [13,14,15]. Following the completion of labs, medical questionnaires, and cognitive testing, a software-based algorithm generates a personalized report that addresses the identified putative contributors to cognitive decline, such as specific pathogens, toxins, or hormonal alterations.

Patients who received a diagnosis of SCI, MCI, or early stage AD from their practitioners and who chose to enroll in the ReCODE program were included. Patients who had any major medical illnesses, such as cardiovascular disease or cancer, or who received a psychiatric diagnosis that impacted cognition, as well as pregnant women, were excluded. Patients work closely with a ReCODE-trained physician, health coach, nutritionist, and other practitioners as needed. Their protocol is integrated with all members of the clinical team, allowing for easy access, communication, and support. Patient data include AD symptoms, demographics, past and current medical history, physical and mental health history, diet and lifestyle patterns, tobacco, alcohol, recreational drug usage, current medications and supplement usage, family history, social history, and current living environment.

Patients undergo genetic and blood testing for a range of parameters associated with the onset of AD. A subset of those components is listed in Table 1.

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Observed Improvement in Cognition During a Personalized Lifestyle Intervention in People with Cognitive Decline

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Abstract.
Background: Alzheimer's disease (AD) is a chronic condition marked by progressive objective cognitive impairment (OCI). No monotherapy has substantially altered disease progression, suggesting the disease is multifactorial and may require a multimodal therapeutic approach.
Objective: We sought to determine if cognitive function in a sample with OCI would change in response to a multimodal, individualized care plan based on potential contributors to cognitive decline (e.g., nutritional status, infection, etc.).
Methods: Participants ($n = 34$) were recruited from the San Diego, CA area. The multimodal intervention included lifestyle changes (i.e., movement, diet, and stress management), nutraceutical support, and medications. It was delivered pragmatically over four clinical visits, and outcome measures were gathered at four study visits, occurring at baseline, one, three, and six months (primary endpoint). Study participants received weekly phone calls for nutrition support throughout study participation. Outcome measures included the Cambridge Brain Sciences (CBS) battery, and the Montreal Cognitive Assessment (MoCA).
Results: At 6 months, mean MoCA scores improved from 19.6 ± 3.1 to 21.7 ± 6.2 ($p = 0.013$). Significant improvement was observed in mean scores of the CBS memory domain [25.2 (SD 23.3) to 35.8 (SD 26.9); $p < 0.01$] and CBS overall composite cognition score [24.5 (SD 16.1) to 29.7 (SD 20.5); $p = 0.02$]. All CBS domains improved.
Conclusion: Multiple measures of cognitive function improved after six months of intervention. Our results support the feasibility and impact of a multimodal, individualized treatment approach to OCI, warranting further research.

Keywords: Alzheimer's disease, Cambridge Brain Sciences, clinical trial, dementia, mild cognitive impairment, Montreal Cognitive Assessment

INTRODUCTION

Alzheimer's disease (AD) is a debilitating disorder that affects approximately 6 million people in the United States and 50 million people worldwide [1]. AD has a significant impact on quality of life and relational integrity and has a societal expense of more than $305 billion healthcare dollars in 2020, with many billions more in indirect costs of care [2]. As population demographics shift towards an older population, the impact of age-related conditions, including AD, will cause increased societal morbidity and compromise years of high functioning life for an increasing proportion of adults [3].

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