CAN YOU REALLY PREVENT DEMENTIA?

THE SURPRISING TRUTH

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The Alternative Doctor

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INTRODUCTION

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Introduction

It seems inevitable that more and more people are searching for information about dementia, particularly Alzheimer's disease. The shocking abandonment demise of movie celebrity Gene Hackman has startled the world. "If it can happen to someone so rich and successful, it could happen to me," becomes the trigger for widespread fear. "How can I protect myself?" seems to be the most obvious question on everyone's lips.

The trouble is, searching for facts, you will find most available online sites will trot out the pharmaceutical industry's standard line: "We have the science. Only we know what this is and only our solution (at vast cost) will work." But they don't have anything that works! The results of orthodox medical treatments for dementia so far have been nothing short of dismal. With tricky science and tweaking the figures they can claim to slow down dementia, so you get a few more months, maybe even years, of lucidity. But that's not what we want!

We don't want to fall s-l-o-w-l-y down that particular rabbit hole, **NO THANK YOU!**
We want to maintain our grip of self and life!

“Alzheimer’s can’t be cured and can’t be prevented,” writes Peter Jaret in the AARP Bulletin (May 2014). This is typical of Big Pharma apologists and that’s how much of a throttle hold Big Pharma has on the media. “Experts” spout these lies until they are repeated so often they become true in peoples’ minds. Jaret is actually a medical nobody, just a journalist, who does his “research” by looking up the party line on Google.

He's never actually dealt with patients, like I have.
The truth is quite different: Alzheimer’s is essentially preventable and pretty treatable too. More of that in the pages that follow. Meanwhile, let’s demolish the rest of Jaret’s mischief.

The thrust of the piece, as always, was selling drugs. The AARP Bulletin reported the announcement of a new biomarker for those who might develop Alzheimer’s. But why would you want to do that, if it can’t be prevented anyway?

The answer, not surprisingly, is: identify these people and pump them full of drugs, to see if AD can be headed off. Maybe by starting drugs early, we can get a better result? Even if not, we can make shedloads of money!

See, Big Pharma has no interest whatever in the numerous holistic and natural approaches to health which can't be patented, so cannot exploit for serious profit. Not only that but they fight furiously to prevent public awareness of anything cheaper and more effective than their nonsense offerings, because these humble and inexpensive natural remedies are serious commercial competition!

It's a very cynical business which now has medicine by the throat and won't let go.

Someone, preferably a skilled and experienced MD ***(that would be me!),*** should tell it like it is and get the factual information out there and being circulated widely.

With that in mind, I launched this book project, which will eventually blossom into a full-on tome, I'm sure. But for now ***I am happy to share what I know as widely as possible and for FREE!***

Chapter 01

THE FOURTH LEADING CAUSE OF DEATH

Everyone should get up to speed on the topic of ***dementia***. In one generation it's come from the routine field right to the front rank of medical worries.

Of course dementia has always been with us. After all Alzheimer's disease (only one of several kinds of dementia) was first described by Dr. Alois Alzheimer (Germany) in 1906, after studying a patient named Auguste Dieter. She had been admitted to Frankfurt Psychiatric Hospital five years earlier with memory loss and other cognitive symptoms.

After her death, Alzheimer got to study her brain and found the amyloid plaques and neurofibrillary tangles that are the hallmarks (but probably not the cause) of what we now call **Alzheimer's disease or AD.**

Fast forward more than a century and dementias, including but not confined to Alzheimer's, now affects 6.9 million Americans. About 1 in 9 people (10.9%) age 65 and older has Alzheimer's dementia.

In the age group 65 – 74, that's 5.0% of people have AD; by age 75 to 84 that rises to 13.2%; and at 85 years and older, 33.4% of people have AD. That's fully one third of the population.

But it's worse: we now recognize a young person's form of dementia. People under the age of 65 can also develop Alzheimer's. Although the exact statistics are not yet known, researchers believe about 110 of every 100,000 people age 30 to 64 years, or about 200,000 Americans in total, have younger-onset dementia.

[Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2024;20(5)]

Globally, according to the WHO, over 55 million people have dementia, with nearly 10 million new cases each year. Alzheimer's disease being the most common form, accounting for 60-70% of all cases.

In a 1976 editorial, American neurologist Robert Katzman describes *Alzheimer's disease* as a **"major killer"**, saying that Alzheimer's is:

- The most common cause of dementia,
- The fourth leading cause of death in the United States after heart disease, cancer, and stroke
  and
- A major public health challenge that impacts the entire world.

Chapter 02

TYPE 3 DIABETES

Recent research has focused on insulin resistance in the brain in Alzheimer's patients, with researchers at Brown University in 2005 suggesting that the neurodegenerative disease might be a Type 3 diabetes!

Glucose is the main fuel that powers the brain, but in Alzheimer's disease, neurons are unable to effectively metabolize it to generate energy. Unable to produce adequate energy, the brain doesn't efficiently utilize fats, fails to produce adequate amounts of the neurotransmitter acetylcholine, and can't properly clear the cellular proteins in the brain that give rise to the telltale plaque associated with the disease.

So the disordered glucose metabolism is certainly further upstream than the limited causes that doctors and scientists have been stuck on (amyloid plaque and tau proteins).

How do we get round this metabolic block? Is there a practical way?

Yes, there is: medium chain fatty acids (MCTs). Like all triglycerides (fats and oils), MCTs are composed of a glycerol backbone and three fatty acids, hence the name triglyceride. But not all are the dangerous ones that screw up your blood lipid profile.

In fact some MCTs are so gentle and friendly that patients with malnutrition or malabsorption syndromes are treated with MCTs because they do not require energy for absorption, utilization, or storage. In addition, MCTs do not require bile salts for digestion.

The names of the medium-chain fatty acids (and the corresponding number of carbons) found in MCTs are caproic acid (C6), caprylic acid (C8), capric acid (C10) and lauric acid (C12).

Coconut oil is composed of approximately 66% medium-chain triglycerides. Other rich sources of MCTs include palm kernel oil and camphor tree oil.
Why should these help bypass the glucose metabolism block? Because MCTs, coupled with a low carb diet, release floods of compounds known as ketones. In fact, the body naturally breaks down fat into ketone bodies to use for energy when insulin is unavailable.

Why does that help?

Because ketones are a valuable source of powerful nutritional energy, which brain cells can use for energy even when their ability to metabolize glucose is impaired. Actually, damaged brain cells seem to prefer ketones as a source of energy and lap them up.

You may have heard of *ketones* in association with the **Atkin's diet.** Robert Atkins' name is associated with a very low carbohydrate diet (though he did not actually invent it, it's been around over 100 years). His idea was to lower carbohydrate levels to the point where the body is forced to switch from glucose metabolism, to burning fats.

A reasonable idea: getting rid of fat is the whole object of the diet. You can tell fats are being burned because ketones, a product of fat breakdown, will appear in the blood. Ketones smell sweet and sickly, so you can easily tell you have reached the so-called ketogenic stage because of the breath odor which appears.

Atkins' many antagonists were quick to point out the dangers of ketones. They appear in the final stages of a *diabetic coma*. This rather extreme condition may also lead to a metabolic acidosis, which is dangerous too.

But following a **ketogenic diet** has nothing to do with the diabetic emergency in which the body starts to fail and produces ketones because of a dire state of metabolic emergency.

In reality, nobody has ever come to harm with the Atkins' diet. Critical studies have shown over and over it's quite effective and safe. The body seems to know what it is doing and a healthy body does not get into the mess a diseased body may create from this alternative metabolism.

That's why coconut oil and a low-carb diet are very healthy. The extreme version, called keto dieting, has its enthusiasts, as you may have noticed. It works for diabetes and works well for AD. You can feed your brain especially favorable nutrients, knowing that injured brain cells, in the process of repair, are especially benefitted.

There is a new product on the market, called *Axona*. It's largely MCTs and so is helpful for Alzheimer's. The manufacturers balked at carrying out a stage 3 drugs trial and instead switched to marketing it as a "medical food." That's as good as saying there is *"no proof it works."*

But why buy a commercial preparation when you can get the same benefits from humble and inexpensive coconut oil?

Chapter 03

THE FEARS

Let's be honest the prospect of losing your faculties can be very scary indeed. People fear dementia for a variety of reasons, many of which stem from its progressive nature and impact on identity, independence, and relationships. Here are some of the main fears associated with dementia:

01	**LOSS OF MEMORY** The fear of forgetting important aspects of life, such as loved ones, personal history, and daily routines, is one of the most common concerns.
02	**LOSS OF INDEPENDENCE** Many people worry about becoming unable to take care of themselves and needing assistance with basic tasks like cooking, dressing, or personal hygiene.

03

LOSING A SENSE OF SELF

The idea of gradually losing one's personality, preferences, and ability to recognize oneself is deeply unsettling.

04

BURDENING LOVED ONES

People often fear that their condition will place a heavy emotional, financial, and physical burden on their family members and caregivers.

05

SOCIAL ISOLATION

The worry that cognitive decline will lead to withdrawal from social activities, friendships, and meaningful interactions due to embarrassment or frustration.

06

BEHAVIORAL AND PERSONALITY CHANGES

The possibility of experiencing mood swings, aggression, paranoia, or confusion can be distressing for both the individual and their loved ones.

07

LOSS OF COMMUNICATION

Many fear the gradual inability to express themselves or understand others, leading to frustration and isolation.

08

INSTITUTIONALIZATION

The idea of being placed in a care home or assisted living facility, rather than aging in place, is a significant fear for many.

09

FINANCIAL CONCERNS

Long-term care and medical expenses can be overwhelming, and people fear running out of resources or leaving financial burdens behind.

10

INCREASED VULNERABILITY

Being at risk for exploitation, neglect, or harm due to cognitive decline is another common concern.

11

FACING THE UNKNOWN

Since dementia progresses differently in each person, the uncertainty of what lies ahead adds to the fear.

THE GREATEST FEAR OF ALL?

That would be the surrender of a loved one. Your spouse or loved one gone from you. What a terrifying thought for many. Of course it works both ways. YOU may lose your beloved or he/she may lose you, if the worst happens. It can seem on a par with death and bereavement!

Chapter 04

TYPES OF DEMENTIA

Alzheimer's disease is not the only form of dementia. There are several types of dementia, each with distinct causes, symptoms, and progression. Here are the main types of dementia:

1. Alzheimer's Disease

Most common type (60-80% of cases).

Said to be caused by abnormal protein deposits (amyloid plaques and tau tangles) that damage brain cells, though many now doubt that.

Early Symptoms: Memory loss, difficulty finding words, confusion about time and place.

Progression: Worsens over time, leading to severe memory loss, personality changes, and difficulty with basic tasks.

2. Vascular Dementia

Second most common type, caused by reduced blood flow to the brain due to strokes or small vessel disease interrupting the flow of oxygen and nutrients to the brain.

Symptoms:
Trouble with problem-solving, slowed thinking, difficulty concentrating, and memory issues.

Can occur alongside Alzheimer's (mixed dementia).

3. Lewy Body Dementia (LBD)

Caused by protein deposits in the brain that affect thinking, movement, and behavior. These are called **Lewy bodies**, named after the German neurologist Friederich Lewy, who was the first to describe the abnormal protein deposits in 1912.

Symptoms:
Fluctuating cognitive abilities, visual hallucinations, Parkinson's-like symptoms (tremors, stiffness), sleep disturbances.

4. Frontotemporal Dementia (FTD)

Affects the frontal and temporal lobes of the brain, leading to personality, behavior, and language changes.

Symptoms:
Personality shifts, inappropriate behavior, loss of empathy, trouble speaking or understanding language.

Often affects younger adults (40s–60s).

5. Mixed Dementia

Trouble can strike twice! A combination of two or more types of dementia (e.g., Alzheimer's + Vascular Dementia), we call mixed dementia.

Symptoms can vary depending on which brain areas are affected.

6. Parkinson's Disease Dementia

Affects the frontal and temporal lobes of the brain, leading to personality, behavior, and language changes.

Symptoms:
Personality shifts, inappropriate behavior, loss of empathy, trouble speaking or understanding language.

Often affects younger adults (40s–60s).

7. Huntington's Disease Dementia

A genetic disorder causing progress brain cell degeneration.

Symptoms:
Uncontrolled movement (chorea) personality changes, memory loss, and cognitive decline.

8. Creutzfeldt-Jakob Disease (CJD)

A rare, rapidly progressing form of dementia caused by prion proteins damaging the brain.

Symptoms:
Sudden cognitive decline, muscle twitching, vision problems, and personality changes.

9. Wernicke-Korsakoff Syndrome

Caused by severe thiamine (vitamin B1) deficiency, often linked to alcohol abuse but can also result from other causes like malnutrition or certain medical conditions.

Symptoms:
Memory gaps, difficulty learning new information, hallucinations, and lack of coordination.

10. Digital Dementia

Some wit suggested this is a secondary disease process!

A letter to the editor of Ochsner journal suggest this is valid:

The hypothesis behind the term digital dementia is that overindulgence on the internet and internet-enabled devices causes cognitive impairment such as reduced attention and decreased memory span and can even expedite early-onset dementia.

The use of smartphones stimulates the left side of the brain, while the right side, which is linked with concentration, remains untapped and eventually degenerates.

Forgetfulness has surged, as users rely heavily on their smartphones to remember even the slightest bit of information for them. Because search engines allow information to be easily accessed, users are more likely to remember where to find a fact instead of remembering the fact itself.

Additionally, information on the internet is presented in hypertexts that allow users to scan documents superficially, resulting in poor memory recall.

[Ochsner J. 2018 Spring;18(1):12]

If you or someone you know is experiencing cognitive changes and concerns about dementia, a proper diagnosis is crucial. Dementia diagnosis typically involves multiple steps, including medical history, cognitive tests, brain imaging, and laboratory tests.

Chapter 05

MANAGING FEARS

For the majority of us, dementia will never happen. Nevertheless, it remains a matter of concern and a cause of deep anxiety for others. It is good to have plans or strategies in place, especially as the years pass, to feel we are at least partially in control.

Managing fears about dementia involves a combination of education, preparation, emotional support, and practical strategies. Here's how individuals and their loved ones can cope with these concerns:

1. Addressing Fear of Memory Loss

Stay mentally active by engaging in puzzles, reading, learning new skills, or playing memory-enhancing games. (see Appendix)

Establish routines and use reminders (e.g., calendars, apps, sticky notes) to keep track of important information.

Practice mindfulness and stress management techniques to enhance focus and memory retention.

2. Maintaining Independence

Adapt the living environment with assistive technologies, labels, and easy-to-use devices to support independence.

Develop daily habits that encourage autonomy, such as meal prepping or using a checklist.

Stay physically active to promote overall well-being and mobility.

3. Preserving Sense of Self

Keep a journal or scrapbook with memories, personal reflections, and photographs.

Engage in activities that bring joy and purpose, such as hobbies, music, or creative expression.

Maintain social interactions with friends and family to reinforce identity and connection.

4. Reducing Burden on Loved Ones

Have open conversations about future care preferences and financial planning.

Consider professional caregiving support or respite care to ease family stress.

Encourage family members to join support groups to share experiences and coping strategies.

5. Combating Social Isolation

Stay connected through WhatsApp, Zoom or Messenger video calls, in-person visits, or community activities.

Join dementia-friendly programs or local support groups to interact with others facing similar challenges.

Encourage loved ones to be patient and understanding in conversations.

6. Managing Behavioral and Personality Changes

Educate family and caregivers on how to respond calmly to mood swings or agitation.

Identify and avoid triggers that may cause distress, such as loud noises or unfamiliar places.

Consider therapy or medication if recommended by a healthcare professional.

7. Overcoming Communication Barriers

This can become a tough one, leading to loss of connection. Work on this one from day one... Use simple sentences, visual aids, and non-verbal cues to facilitate understanding.

Practice active listening and patience in conversations.
Speech therapy may help in early stages to develop coping techniques.

8. Planning for Long-Term Care

Research assisted living or memory care facilities in advance, so choices are made proactively rather than in crisis. Nobody wants to see a parent or spouse go into a home. But let's be realistic: it can be a great burden to be the sole carer for a relative and that itself can lead to ill health in the carer. Too many people force themselves to be carers, out of a sense of duty, when it would be wiser to share the load and have some normality to retreat to.

Explore in-home care options that allow for aging in place as long as possible.
Have legal and financial discussions early, including power of attorney and living wills.

9. Managing Financial Concerns

Plan ahead by discussing finances with a financial advisor who specializes in elder care. Be very careful to eliminate those who may prey on the elderly, vulnerable and incapacitated. There are sharks about!
Look into government assistance programs, insurance options, and long-term care policies.

Simplify money management with automatic bill payments and financial safeguards.

10. Protecting Against Vulnerability

Set up safeguards like trusted family members overseeing finances.
Be aware of common scams that target vulnerable individuals and educate loved ones about them.

Ensure medical and legal documents are in order, including advanced directives, DNRs, etc.

11. Coping with the Unknown

Accept that not everything is within control and focus on present well-being.
Seek professional counseling or join dementia support groups to process fears and emotions.

Find comfort in small moments of joy, gratitude, and connection.

By addressing these fears proactively, people affected by dementia can have a better quality of life while preparing for the future in a way that feels empowering rather than overwhelming. Would you like help finding specific resources for any of these areas?

Special Recommendation

A wonderful "end of life" album of musical tracks by compose*r Gary Malkin* exists, which may be appropriate. It's for those close to life's end but need not be limited to those who are right at death's door. Comfort may be found by those who feel themselves sliding into age and senility. Don't wait till too late! It would be best to have them share and enjoy the music and wonderful words while still able to appreciate them.

Remember, music itself is wonderfully healing and puts a person into a calm, relaxed parasympathetic state. Certainly Gary's compositions will!

You can find the album here (this is not an affiliate link):
https://www.wisdomoftheworld.com/product/graceful-passages-a-companion-for-living-and-dying/

Chapter 06

HOW DO WE DIAGNOSE DEMENTIA?

You might think it's very easy to diagnose dementia; someone has gone a bit **"potty"** and appears to have gradually "lost it."

THAT'S LEAVING THINGS FAR TOO LATE! We want to know, as early as possible, if warning signs of dementia begin to develop. Some people joke they would rather not know. But that's poor rationale. There are PLENTY of steps to take to prevent dementia or slow it down considerably, as you will learn later in this manual!

DIAGNOSTIC STEPS FOR DEMENTIA:

1

MEDICAL HISTORY & SYMPTOM REVIEW

Review of symptoms: Memory loss, confusion, behavior changes, speech difficulties, etc.

Family history of dementia or neurological disorders. This could be crucial.

Medications, lifestyle, and existing health conditions.

2

COGNITIVE & NEUROPSYCHOLOGICAL TESTS

Mini-Mental State Exam (MMSE) or Montreal Cognitive Assessment (MoCA): Evaluates memory, attention, problem-solving, and language skills.

Clock-drawing test or verbal fluency tests to assess executive function. The person draws a clock face, showing the accurate time. (See below)

3

NEUROLOGICAL EXAMINATION

Reflexes, balance, movement, and coordination to check for underlying neurological issues.

Testing for Parkinsonism (e.g., tremors, rigidity) if suspected.

4

BRAIN IMAGING (IF NEEDED)

MRI or CT Scan: Detects strokes, tumors, brain shrinkage, or structural abnormalities.

PET Scan: Can identify amyloid plaques (for Alzheimer's) or other disease-related changes.

5

BLOOD & LAB TESTS

Rule out vitamin deficiencies (e.g., B12), thyroid problems, infections, or other conditions that can mimic dementia.

Genetic testing (if hereditary dementia is suspected).

6

SPINAL TAP (RARE CASES)

Only very rarely to we resort to this: analysis of cerebrospinal fluid to detect markers of Alzheimer's or other neurological conditions.

Chapter 07

ASSESSING YOURSELF OR A LOVED ONE

It's great to keep an eye on things, without resorting to doctor visits. Surprisingly, it's not difficult. This section will show you your options.

If you're concerned about dementia, self-assessment tools can help identify early cognitive issues before seeking a formal medical evaluation. While these tests do not provide a diagnosis, they can indicate whether further testing by a doctor is needed.

POPULAR SELF-ASSESSMENT TOOLS FOR DEMENTIA SCREENING:

01 SAGE (Self-Administered Gerocognitive Exam)

Purpose: Screens for mild cognitive impairment (MCI) and early dementia.

Format: A written test (can be taken at home).

What it Evaluates: Memory, reasoning, problem-solving, language, and visuospatial abilities.

Access: Free to download from The Ohio State University Wexner Medical Center.

02 Mini-Mental State Examination (MMSE) - Short Cognitive Test

Purpose: Assesses cognitive decline over time.
Format: A quick verbal test (10-15 minutes).

What it Evaluates: Orientation (date, location), attention, recall, and problem-solving.

Limitations: Not sensitive to early-stage dementia.

03 Montreal Cognitive Assessment (MoCA)

Purpose: Assesses various cognitive domains to detect mild cognitive impairment and early Alzheimer's disease.

Format: A short paper-based or online test (takes about 10 minutes). Traditionally administered by healthcare professionals, but self-assessment tools are available.

What it Evaluates: Memory, visuospatial skills, executive function, and attention.

Access: Try **XpressO** by MoCA: A digital self-assessment tool available for smartphones, tablets, and web browsers. It provides a quick evaluation of cognitive function.

04 Clock Drawing Test

Purpose: Detects early dementia signs related to executive function and spatial skills.

Format: The person is asked to draw a clock showing a specific time (e.g., 10:10).

What it Evaluates: Planning, spatial awareness, and problem-solving.

05 AD8 Dementia Screening Interview

Purpose: A simple yes/no questionnaire used to detect early dementia signs.

Format: A caregiver or close family member answers questions about changes in memory, problem-solving, and daily activities.

Access: Available online (Washington University in St. Louis provides it for free).

06 30-Question GPCOG (General Practitioner Assessment of Cognition)

Purpose: A screening tool used by doctors but also available for self-assessment.

Format: Quick verbal and written test (takes 5-10 minutes).

What it Evaluates: Short-term memory, orientation, and recall.

Interpreting Self-Assessment Tests for Dementia

Once you've completed a self-assessment test like **SAGE**, **MoCA**, or **MMSE**, it's important to understand the results and what to do next.

1. Understanding Your Results
Each test has a scoring system to help identify cognitive impairment.

Here's a general guide:

SAGE Test (Self-Administered Gerocognitive Exam)

- 22-26 points: Normal cognition.
- 15-21 points: Mild cognitive impairment (MCI) may be present.
- 14 or lower: Possible signs of dementia.

Next Steps: If you score 21 or below, follow up with a doctor.

MoCA Test (Montreal Cognitive Assessment)

- 26-30 points: Normal cognition.
- 18-25 points: Mild cognitive impairment (MCI).
- Below 18 points: Possible dementia.

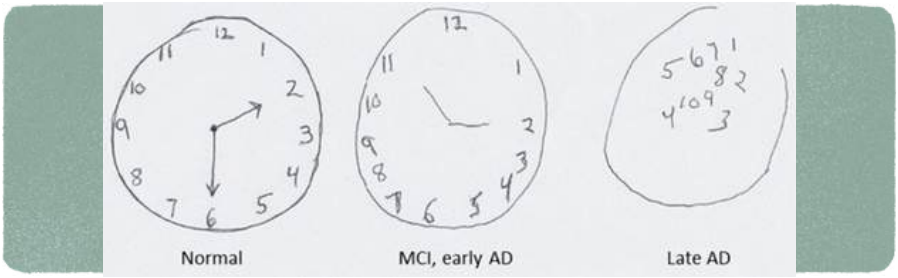
Next Steps: If you score below 25, further evaluation by a doctor is recommended.

MMSE (Mini-Mental State Exam)

- 24-30 points: Normal cognition.
- 18-23 points: Mild cognitive impairment.
- Below 18 points: Possible moderate-to-severe dementia.

Next Steps: If you score 23 or lower, discuss with a doctor.

Clock Drawing Test



Accurate clock with correct time: Likely normal cognition.

Distorted or incorrect clock: Could indicate cognitive decline.

Next Steps: A poorly drawn clock should be evaluated by a professional.

Limitations of Self-Assessment Tools

These self-assessment tools are screening instruments and do not provide a definitive diagnosis. They only indicate possible cognitive impairment.

Subject to bias – A person might score better or worse depending on their emotional state or effort.

Should be followed up with a doctor if results suggest cognitive decline.

Regardless of your results, it's essential to consult with a healthcare professional for a comprehensive evaluation and interpretation.

If your score is normal but you still feel concerned:

- Monitor symptoms over time and retake the test in 6–12 months.
- Engage in brain-healthy activities (exercise, puzzles, socializing)

If your score suggests mild cognitive impairment (MCI):

- Schedule an appointment with a doctor or neurologist.
- Request a full cognitive evaluation and brain imaging if necessary.

Consider lifestyle changes to slow progression (healthy diet, physical activity, cognitive training, as described later in this manual).

If your score suggests possible dementia:

- Seek medical advice as soon as possible.
- Prepare for additional diagnostic tests, including neurological exams and imaging.

Discuss long-term care planning with family members.

SYMPTOMS ALERT

IF YOU OR A LOVED ONE ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS, SEEK MEDICAL EVALUATION PROMPTLY:

- **Rapid decline in memory, problem-solving, or communication.**
- **Getting lost in familiar places or trouble recognizing loved ones.**
- **Frequent confusion about time, place, or events.**
- **Difficulty performing daily activities, like managing money, dressing, or cooking.**
- **Uncharacteristic behavior changes, mood swings, aggression, or apathy.**

You might think it's very easy to diagnose dementia; someone has gone a bit "potty" and appears to have gradually "lost it."

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Chapter 08

CONVENTIONAL MEDICATIONS (ORTHODOX PHARMACY)

It must be said that the current state of pharmacology for any dementia is very dismal. They do not “cure” dementia but claims are often made that they may slow progress of the disease.

Most don’t work and the objective “testing” is little more than a marketing ploy, not science.

Nevertheless, for the sake of completeness, we include mention of those different classes of drugs here.

1. Cholinesterase Inhibitors

Used for Alzheimer’s, Lewy Body Dementia, and some other dementias.

Common Drugs:

Donepezil (Aricept) – all dementia stages

Rivastigmine (Exelon) – mild to moderate dementia

Galantamine (Razadyne) – mild to moderate dementia

✅ **Pros:**

✓ Helps improve memory, thinking, and communication by increasing acetylcholine, a brain chemical needed for learning.

✓ May delay worsening of symptoms for months to years.

✓ Can reduce agitation and confusion in some cases.

❌ **Cons:**

✗ Gastrointestinal issues (nausea, vomiting, diarrhea).

✗ Possible bradycardia (slow heart rate), dizziness, or fainting.

✗ Effectiveness declines as the disease progresses.

2. NMDA Receptor Antagonists

Used for moderate to severe Alzheimer's.

NMDA stands for N-methyl-D-aspartate, a type of glutamate receptor that plays a crucial role in brain function, particularly in learning, memory, and synaptic plasticity, and is implicated in various neurological and psychiatric disorders.

Common Drug:
Memantine (Namenda)

✅ **Pros:**

✓ Protects brain cells from excess glutamate, which can cause damage.

✓ Helps with cognitive function, daily tasks, and behavior.

✓ Fewer side effects than cholinesterase inhibitors.

❌ **Cons:**

✗ Dizziness, confusion, and headaches.

✗ May not work well in early-stage dementia.

✗ Limited effectiveness in slowing disease progression.

3. Combination Therapy

Used for moderate to severe dementia.

Common Drug:
Memantine + Donepezil (Namzaric)

✅ Pros:

✓ May provide better symptom control than using one drug alone.

✓ Convenient single pill instead of taking multiple medications.

❌ Cons:

✗ Side effects from both drugs (e.g., nausea, dizziness, headaches).

✗ Not effective for all patients.

4. NMDA Receptor Antagonists

Used for early-stage Alzheimer's.

Common Drugs:
Lecanemab (Leqembi) – Approved in 2023
Aducanumab (Aduhelm) – Limited approval

✅ Pros:

✓ May provide better symptom control than using one drug alone.

✓ Convenient single pill instead of taking multiple medications.

❌ Cons:

✗ Side effects from both drugs (e.g., nausea, dizziness, headaches).

✗ Not effective for all patients.

Chapter 09

DEMYSTIFYING AMYLOID AND TAU PROTEINS

You don't need to read this section, if science baffles you. Or rather, skip to the last 2 paragraphs of this segment (in bold) and read just them. The conclusions will shock you!

I use the term science here but really, here's a brief history of what has emerged largely as a belief system, not science, in the causation of AD.

You will have read about amyloid and tau proteins. Chances are you've swallowed the whole story and believe these are important causative agents of dementia. They are not!

Amyloid was the first and obvious substance encountered in AD. Researchers rapidly (and foolishly) jumped to the conclusion that it was the cause of the disease.

Then in **1985, tau protein was discovered.** Surely, that was the REAL cause? Nope. But the same old faulty logic went on. Drugs were developed to remove amyloid and tau proteins and—guess what? None of them really worked.

Then, around 1987, attention switched to genes and the possibility of gene therapy (very new and big at the time)! About 5–10% of cases of Alzheimer's disease are genetically inherited.

An Alzheimer's "gene" mutation was found, which disrupted the formation of amyloid precursor protein (APP). Mutations in this gene are found to underpin some cases of familial Alzheimer's disease.

Interestingly, APP is located on chromosome 21. People with Down's syndrome have an extra copy of this chromosome, and as a result they often develop amyloid-β plaques similar to those seen in Alzheimer's.

Then in 1993 a "biggie" was discovered, the famous APOE gene (apolipoprotein E). This codes for a fat-binding protein in the brain and is identified as a strong risk factor for the most common form of AD (late-onset).

In time it has emerged that the most significant form of the apolipoprotein E is a gene called APOE4. About 25% of people carry one copy of APOE4, and up to 3% carry two copies (one from father and one from mother). So far, APOE4 is the strongest genetic risk factor gene for Alzheimer's disease, although inheriting APOE4 does not mean a person will definitely develop the disease.

The reason not everyone develops the disease—and why AD can often be headed off—is a phenomenon called epigenetics, which you will read about in the next section. It can turn off an adverse gene and stop it causing trouble.

Starting in 1999, there emerged hopes for a vaccine. Immunizing mice against amyloid-β was shown not only to prevent plaques forming, but also to clear away existing deposits.

Only in 2008 did scientists begin looking at the phenomenon of inflammation and immunity in Alzheimer's. A bit slow but this was a GOOD shift. AD is so obviously an inflammatory process which affects the brain.

Finally, researchers provided evidence suggesting that the immune system also plays a part. The team identified mutations in two receptors found on the surface of immune cells in the brain, known as microglia, that increase the risk of late-onset disease by as much as 200%.

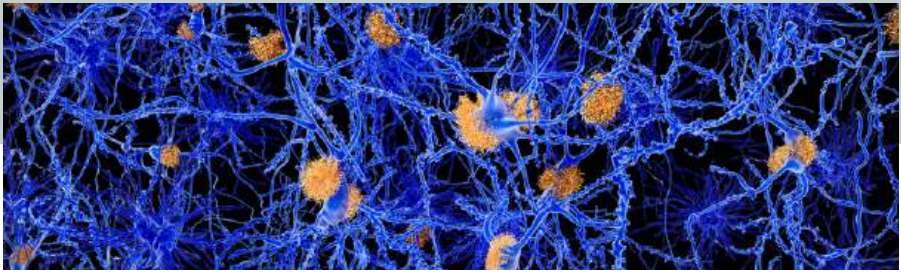
Genetic research continued apace. But finally anti-amyloid antibodies were in view. This approach was not immediately welcomed. The Big Pharma interests were still heavily committed to "treating" the old, outdated model of AD. In other words knowingly treating the non-existent problem, just because that's where they had invested money and made the most profit.

After decades of work, **aducanumab (Aduhelm)** became the first disease-modifying therapy for Alzheimer's approved by the US Food and Drug Administration, in 2021. But the approval of this anti-amyloid antibody proved controversial, with many researchers questioning the therapy's ability to slow cognitive decline.

In fact, aducanumab was discontinued in 2024, and we are told it was superseded by lecanemab and donanemab. This is typical Big Pharma chicanery: something doesn't work, so they whip up an alternative, with a different name, which is not subject to the same negative criticisms.

But really it's all nonsense because amyloid plaque does NOT cause Alzheimer's but is merely part of the picture. Therapies aimed at reducing plaque have achieved little to nothing.

To make the point, the latest research from the University of Cincinnati, published in the journal Alzheimer's Disease, tells us that the real cause may be DECREASED proteins (amyloid-beta), not accumulations of plaque!



We all get plaque in our brains in our lives! “The paradox is that so many of us accrue plaques in our brains as we age, and yet so few of us with plaques go on to develop dementia,” said Espay, professor of neurology in the UC College of Medicine, director and endowed chair of the James J. and Joan A. Gardner Family Center for Parkinson’s Disease and Movement Disorders at the UC Gardner Neuroscience Institute and a UC Health physician.

Amyloid-beta is NORMAL in the human brain. It is in a form that is soluble, meaning dissolvable in water, but it sometimes hardens into clumps, which are the infamous plaques. These plaques are simply a consequence of the levels of soluble amyloid-beta in the brain decreasing. Levels decrease because the normal protein, under situations of biological, metabolic or infectious stress, transforms into the abnormal amyloid plaques [my emphasis].

In fact “...Reducing the level of the soluble form of the [amyloid] protein can be toxic,” said Sturchio, first author of the report and adjunct research instructor at UC’s College of Medicine. “When done, patients have gotten worse.”

In other word, orthodox scientists have got it all wrong, and making people WORE. That’s why treatment doesn’t work. And in this report too is a BIG CLUE how to minimize the risk and consequences of AD: beat biological, metabolic and infectious stress!

And that’s easy! Now, read on...

Chapter 10

HOLISTICS

Since AD and other dementias are finally admitted to be diseases GREATLY influenced by epigenetic factors, lifestyle adjustments and natural therapies come to the fore.... Not “add-ons”, the BEST treatments available. (exercise, cognitive therapy, diet adjustments, energetic therapies).

It is important to understand that, while there may be very strong genetic forces at play in the development of dementia, genes can be effectively switched off! This is called epigenetics and is an emerging science.

Orthodox science, while admitting there is such a thing, has a great deal of trouble incorporating epigenetics into their thinking. That’s because there are MASSIVE grants ($billions!) to be had for researching genetic diseases. You simply can’t trust “science” that ignores factors like diet and nutrition, just because there is no profit to be made from them.

Vitamin D, for example, is a critical factor in the expression of over 800 genes (expression means whether or not the gene gives rise to the problem or remains quiescent).

NUTRITION & DIET FOR BRAIN HEALTH

A healthy diet can support cognitive function and possibly slow decline. The best diets for dementia prevention & management include"

Mediterranean Diet – Rich in fruits, vegetables, whole grains, fish, olive oil, nuts, and low in processed foods.

MIND Diet – A mix of the Mediterranean & DASH diet, focusing on leafy greens, berries, nuts, whole grains, fish, and olive oil.

Ketogenic Diet – Some studies suggest that a low-carb, high-fat diet (with ketones as an energy source) may help brain function.

But in section 11c I'll introduce you to the absolute number #1 diet adjustment that will preserve your mental faculties till the last possible moment.

KEY NUTRIENTS & SUPPLEMENTS

Omega-3 Fatty Acids (Fish Oil, Flaxseeds, Chia Seeds) all support brain cell function.

MCTs (medium chain fatty acids) have their proponents. Chiefly these are coconut oil, caprylic acid, lauric acid and palm.

Phosphatidylserine is a lipid that is the primary component of the membranes that surround nerve cells.

Taking phosphatidylserine therefore makes sense. It may shore up the cell membrane and possibly protect cells from degenerating.

The original source was bovine but concerns over BSE (Mad Cow Disease) mean that, today, supplements containing phosphatidylserine are now derived from soy extracts.

HERBAL & ALTERNATIVE THERAPIES

Some herbs and plant-based treatments are traditionally used for cognitive health:

Ginkgo Biloba. Thought to improve blood flow to the brain and so help memory against aging (mixed scientific evidence).

Vinpocetine. The absolute number one plant-based enhancer of memory and cognitive function!

Lion's Mane Mushroom (Hericium erinaceus). Current research suggests the it may support nerve growth and memory.

See segment 11a.

Bacopa Monnieri. An Ayurvedic herb believed to enhance memory and focus.

Ashwagandha. May reduce stress-related brain inflammation.

Rhodiola. Thought to support brain function and reduce fatigue.

Sage & Rosemary. Taste delicious and may have neuroprotective effects.

Caution: Herbal remedies can interact with medications, so consult a doctor before use.

LIFESTYLE & HOLISTIC PRACTICES

Engaging in mentally stimulating activities and stress-reducing practices can help support cognitive function.

Brain-Stimulating Activities:

- Reading, puzzles, learning new skills (languages, music)
- Social interaction (reduces dementia risk!)
- Memory training & cognitive exercises

Stress Reduction & Mindfulness

- Meditation & Yoga → May reduce inflammation and improve focus
- Tai Chi & Qigong → Combines movement with mental calmness.
- Aromatherapy (Lavender, Peppermint, Lemon Balm) → Can help with relaxation and mood.

Exercise for Brain Health

- Regular aerobic exercise (walking, swimming, dancing) improves blood flow to the brain.
- Strength training may support cognitive function.

GUT HEALTH & DEMENTIA CONNECTION

New research links gut bacteria to brain function (gut-brain axis). Improving gut health might help:

- Fermented foods (yogurt, kefir, sauerkraut, kimchi, miso)
- Prebiotic fiber (bananas, onions, garlic, leeks, asparagus)
- Probiotics (supplements or fermented foods)

ALTERNATIVE THERAPIES (EXPERIMENTAL)

Hyperbaric Oxygen Therapy (HBOT): Early studies suggest it may increase oxygen to the brain and slow dementia progression. Makes sense.

Acupuncture: Again, some research suggests it may improve cognitive function and reduce agitation.

Light Therapy (Red & Near-Infrared Light): Thought to help brain energy production and reduce inflammation.

[see the BIG THREE segment 10]

FINAL THOUGHTS

While these holistic and nutritional approaches aren't a cure, they may support brain health, slow progression, and improve quality of life. Combining them with medical care, cognitive therapy, and social engagement may offer the best outcomes.

Chapter 11

SAVING THE BEST TILL LAST!

Herbal & Alternative Therapies

The big three! These 3 approaches I honestly believe will give you the best possible chance of beating, or at least holding back, dementia:

11a. Hericium erinaceus (Lion's Mane Mushroom)

This is very helpful and has brought people right out of AD and back to normal social-connectedness. There's no guarantee, of course. But this mushroom contains significant substances known to enhance nerve growth factor and brain-derived nerve growth factor (BDNF). These hormone-like substances increase replication of nerve cells (neurons). More neurons is what we all need!

It's easy to take: just eat it raw. The taste is not at all unpleasant; a flavor that many describe as similar to seafood. They can also be eaten dried, or cooked. Cooking risks spoiling some of its chemical benefits. Hericium is readily available in most supermarkets and is valued by gourmands.

As a supplement, Hericium comes in powders, liquids, and capsules. Dosage: 250 mgs, three daily. You can push that to 2 grams daily if you are worried.
Try growing your own! Buy Lion's Mane liquid culture syringes from "Innoculate the World"

[https://inoculatetheworld.com/product/hericium-erinaceus-lions-mane-liquid-culture-syringe/]

They have a strain of Hericium erinaceus that is well-adapted to a broad range of climates and wood types, and is an ideal candidate for both indoor and outdoor cultivation. Lion's Mane fruits readily within 3-4 weeks of inoculation into pasteurized or sterilized growth medium, and is a relatively easy mushroom to grow at home, as it prefers lower relative humidity and greater airflow than many other widely cultivated gourmet species.

It's easy to see how Hericium got it's nickname: the lion's mane mushroom!

11b. Photobiomodulation (PMB for short)

The Vielight Neuro (usually pronounced veelight; but we say tie and die, don't we? So for me it is the Vy-Light Neuro). It's a wonderful and inspiring story, with backing from around the world and scientific studies from the Boston School of Medicine.

Let's start with the word photobiomodulation: what does that mean? Using light to produce favorable biological changes. Easy really. It's a way of using light in the red and infra-red range (610 nm to about 1100 nm) to create healing, growth or transformation.

In our case we are particularly interested in a device that is specifically designed to project these wavelengths into the brain, focused on key areas we call the default mode network, to create re-growth of nerve tissue.

You may not have heard of the default mode network in our brains. This is what kicks in when we are not actively using our brains; the resting state.

A number of diseases, like Parkinson's and Alzheimer's, autism, MS, schizophrenia and depression, are associated with a dysfunctional default mode. It's absolutely fascinating to report that the characteristic amyloid lesions of Alzheimer's are found at the same locations as the hubs or nodes of the default mode network!

Thing is, what we are finding is that it is possible to dramatically reverse some of these conditions. Brain tissue can recover a lot. Years ago there was a great deal of nonsense talked about losing your brain cells. "When they are gone, they are gone forever," we were told. But brain cells are just cells, like any other in the body. They know what to do; they know how to heal and replace themselves. We just have to help them!

There is independent proof (in fact a very inspiring video, from the University of California San Francisco) showing neurons dividing and multiplying under the influence of 810 nm "light" (not actually visible). Eventually the neurons coalesced to create recognizable brain tissue!

Some years ago, Vielight—the company which makes the Neuro device—began carrying out clinical trials, in company with professor Margaret Naeser of Boston University Medical school.

Together they showed that light at 810 nm (that's near infra-red) is especially helpful in restoring brain function in dementia and stroke patients. It also helped veterans with traumatic brain injury (TBI). Improvement in movement and function was found in about 66% of stroke patients.

Most of professor Naeser's dementia patients did very well and, at the end of the clinical trial, they didn't want to give their neuro devices back!

Patients wear a helmet rig (see image), the "sessions" last about 25 minutes and the device is put to use 6 days a week, typically.

The Vielight Neuro model 4. Easy to use. Great results.

It turns out that red and near infra-red light are very stimulating. It accelerates biological processes, including healing. In fact there is a LOT of science to this effect.

How so?

Mitochondria! These are out energy powerhouses. They are found in the thousands in our cells, creating and releasing energy.

Our mitochondria are built to absorb light. They have a special enzyme complex called cytochrome oxidase which absorbs red light and near infra red light, especially around the 810 nm wavelength.

This enables them to create ATP, our **"power molecule".** ATP is like the gasoline for a human body. We burn it in our engines! It's food for the brain...

Anything which "feeds" mitochondria, enhances brain function. Period.

You can find out more about the Vielight Neuro and the science behind it (including the video of brain cells dividing and multiplying) **on this page.**

11c. Dr. Keith's "Bandit Foods: Program

Bandit foods are those which literally rob you of health, happiness and vitality. This is a personal thing. *IT HAS NOTHING* ***TO DO WITH ANTI-INFLAMMATORY FOOD LISTS, KETO, LOW-CARB, PALEO, VEGETARIAN OR ANY OTHER FIXED PROGRAM OF EATING.*** We are all different and such standardized approaches will not yield the information you need.

This is a personalized way of eating, based in discovering which foods YOUR body doesn't like. If you ask it nicely (in the right way), it will tell you loud and clear which foods are not tolerated and will cause inflammation. It doesn't matter is the mechanism is food allergy, food intolerance, metabolically-incompatible foods, or any other mechanism.

We don't want to know how, or why. Just WHICH foods are a problem. And by the way, I'm not talking about junk foods. Even good quality organic foods can have this effect!

It can be anything! I've had people sick almost unto death with plain, everyday foods: wheat, tomatoes, cabbage, lettuce, almonds, onions... even carrots, which caused one boy life-threatening convulsions, till we found the culprit.

Let me illustrate this with a few paragraphs from my book BANDIT FOODS:

It concerns an Italian nobleman, name of Luigi Cornaro living in Renaissance times. He was a contemporary of Michelangelo and Leonardo da Vinci. Being a nobleman, he ate and drank too much and was probably very debauched on the quiet.

Anyway, by the age of forty he was nearly dead. But Luigi was lucky and met a good doctor who told him to do what I would have told him to do: **"Pull yourself together or you are going to die! You need to eat better. Figure out what your body likes and stick to that!"**

We don't have the whole list; for example he just said "salads" were not good for him. That fits with what I know, which is that lettuce is a common bandit food (it's in the composite or mustard, family). But whatever else he ate as "salad" we just don't know.

Cornaro also found that he did not tolerate **fish, pork, melons** and other **fruits**, rough **wines** and **pastry**. Surprisingly, the foods he could tolerate included meats and certain choice wines. He liked an egg, bread and soup.

Eat less and eat right was his basic formula. He soon found out what foods suited him best and stuck to those.

What actually happened is that he went on to live an exceptionally long and healthy life. At the amazing age of eighty-three he published his first treatise, entitled The Sure and Certain Method of Attaining a Long and Healthful Life. He wrote three more pamphlets on the same subject, composed at the ages of eighty-six, ninety-one and ninety-five respectively.

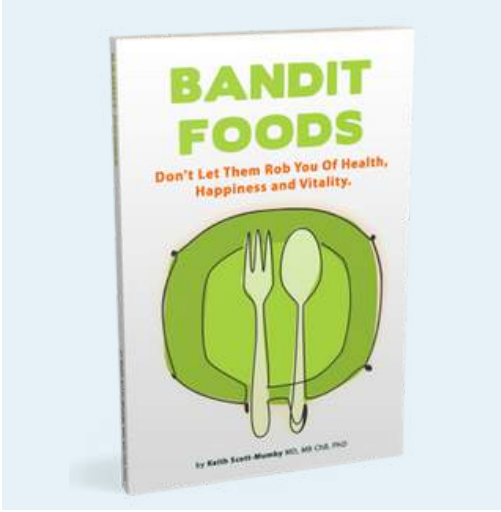
Luigi Cornaro finally died, serene and dignified, at the age of ninety-eight (best estimate). In fact Cornaro was the first person on record to work out his own personal "**detox diet"**. He was pretty smart and realized that the foods he liked or craved were not necessarily the best for him.

PAINTING BY TINTORETTO OF A VENETIAN SENATOR, WIDELY HELD TO BE LUIGI CORNARO

What was remarkable about Cornaro's achievement was that he lived in an age when the average life expectancy was under forty years! To live beyond the Biblical three score years and ten was almost unheard of, never mind reaching two years short of one hundred. Cornaro had clearly made a major discovery in the field of disease and health; you would think the medicos of the day would be won over and want to pass on the good news.

Instead they ignored Cornaro's remarkable diet experiments. I don't want you to make the same silly mistake...

Threatened with dementia, or a worrying family history, **get this book and follow the program.** Inflammation, remember, is one of the strongest switch-on mechanisms of adverse genes, such as the APOE4. You cannot afford to eat bandit foods, if you have that risk factor! Find 'em and stamp them out!



APPENDIX ONLINE GAMES

Engaging in online games and activities can be a valuable way to stimulate cognitive functions for individuals with dementia. Here are some recommended online interactive platforms and games:

Lumosity

Offers a variety of games designed to improve memory, attention, flexibility, speed, and problem-solving skills. The platform adapts to the user's performance, providing personalized training programs.

lumosity.com

MentalUP

Provides math, memory, logic, and focus games suitable for dementia patients. The platform offers a wide range of game alternatives and brain exercises tailored to different interests and levels.

mentalup.co

Jigsaw Planet

An online platform offering a variety of jigsaw puzzles that can help improve visual perception and recognition abilities. Users can choose puzzles of varying difficulty levels or create custom puzzles from personal photos.

considracare.com

alzheimers.org.uk

Colorfy

An online coloring platform that offers a variety of designs, from simple patterns to complex images, providing a relaxing and creative activity for individuals with dementia.

alzheimers.org.uk

YouTube

A vast resource where individuals can watch videos related to their interests, such as music playlists, old TV shows, or nature documentaries, which can stimulate memory and provide enjoyment.

alzheimers.org.uk

Additional Strategies to Enhance Cognitive Function:

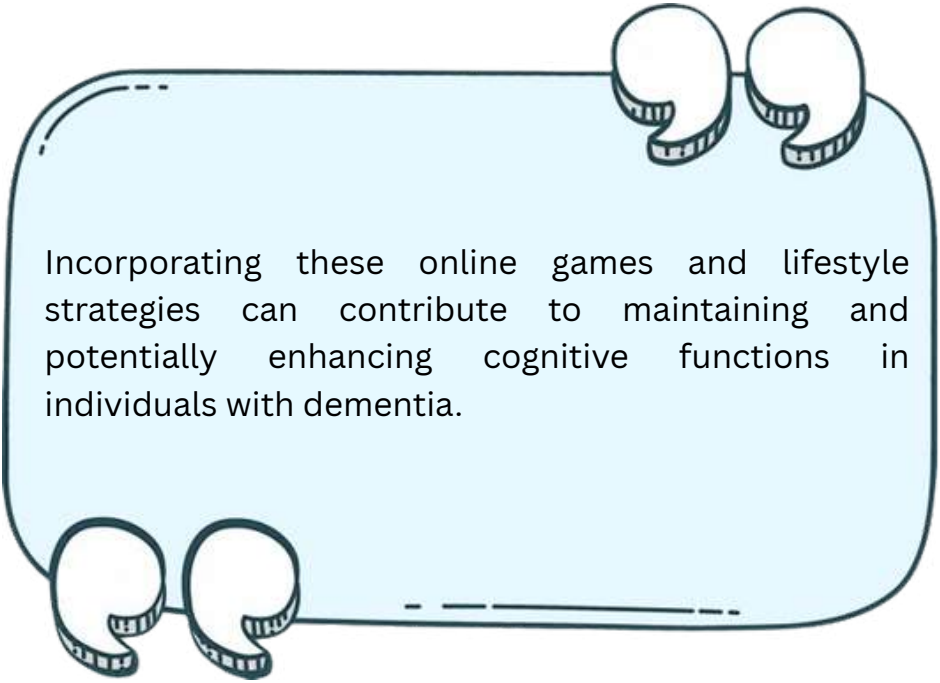
Just to repeat:

Physical Activity: Engage in regular exercise, such as walking or dancing, to improve blood flow to the brain and overall cognitive health.

Social Interaction: Participate in group activities or maintain regular communication with friends and family to enhance mental stimulation and emotional well-being.

Balanced Diet: Consume a diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats to support brain health.

Mental Challenges: Engage in activities like reading, puzzles, or learning new skills to keep the mind active and potentially slow cognitive decline.



Discover the VieLight Neuro Now

STORIES

While complete recovery from dementia is rare, there are inspiring stories where individuals have experienced significant improvements or have found new ways to thrive despite their diagnosis. Here are some notable examples:

Paul Harvey: The Composer with Dementia
An 80-year-old former music teacher diagnosed with Alzheimer's disease, Paul Harvey gained international attention when a video of him improvising a composition using just four notes went viral. This led to a charity single and over £1 million raised for dementia causes, showcasing how music can unlock memories and talents even in advanced stages of the disease.

en.wikipedia.org

Ted McDermott: The Songaminute Man

A former singer diagnosed with Alzheimer's, Ted McDermott reconnected with his passion for music through carpool karaoke sessions with his son. Their videos went viral, leading to a record deal and significant funds raised for the Alzheimer's Society, highlighting the therapeutic power of music.

en.wikipedia.org

Dylan Sullivan: From Judge to Artist

After being diagnosed with primary progressive aphasia, a form of dementia affecting language skills, Judge Dylan Sullivan discovered an unexpected talent for visual art. Her intricate drawings have provided a new avenue for expression and purpose, illustrating how dementia can sometimes unlock latent abilities.

sfchronicle.com thetimes.co.uk

STORIES

'Alive Inside': The Transformative Power of Music

This documentary showcases multiple cases where personalized music playlists have reignited memories and improved engagement in dementia patients, emphasizing the profound impact of music therapy on cognitive function and quality of life.

en.wikipedia.org

Pauline's Story: Misdiagnosis and Recovery

At 70, Pauline experienced symptoms resembling dementia, including balance issues and a shuffling gait. Further investigation revealed a treatable condition, leading to significant recovery once properly addressed, underscoring the importance of accurate diagnosis.

nzherald.co.nz

These stories highlight the potential for meaningful improvements and adaptations in the lives of those affected by dementia, offering hope and insight into the diverse experiences of individuals and their families.

STORIES

Jim Rogers: Advocating After Diagnosis

Jim Rogers, a property coach and developer, initially attributed his memory issues to stress. After being diagnosed with younger-onset Alzheimer's disease in 2022, he became actively involved with Dementia Australia and co-hosts the podcast 'Hold the Moment,' sharing real-life experiences and expert advice to raise awareness and offer comfort to those living with dementia.

heraldsun.com.au

Graeme Sutherland: Raising Awareness Through Social Media

Graeme Sutherland, known online as @graemefs, gained attention for sharing heartfelt videos documenting his mother Linda's battle with Alzheimer's disease. His content sheds light on the realities of living with dementia and aims to challenge stereotypes surrounding the condition.

en.wikipedia.org

Hilda Gorenstein (Hilgos): Rediscovering Art Amidst Alzheimer's

Hilda Gorenstein, known as Hilgos, was an accomplished artist who, despite her Alzheimer's diagnosis, continued to create art with the assistance of art students. This engagement not only enriched her life but also led to the establishment of the Hilgos Foundation, supporting artistic creation for individuals with memory impairments.

en.wikipedia.org

STORIES

MOVIE: 'Alive Inside': The Transformative Power of Music

The documentary 'Alive Inside' showcases multiple cases where personalized music playlists have reignited memories and improved engagement in dementia patients, emphasizing the profound impact of music therapy on cognitive function and quality of life.

Brenda's Story: Navigating Lewy Body Dementia

After her mother was diagnosed with progressive Lewy body dementia, Brenda faced the challenges of caregiving. Her journey highlights the emotional complexities and the importance of support systems in managing the disease.

lbda.org

These stories highlight the potential for meaningful improvements and adaptations in the lives of those affected by dementia, offering hope and insight into the diverse experiences of individuals and their families.