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Coconut Oil and Alzheimer's Disease

The most effective treatment for Alzheimer's may be sitting on your cupboard shelf. Doctor discovers effectiveness of coconut oil in fighting neurodegeneration.

From time to time I receive testimonials from people who attest that coconut oil helped them or a family member overcome neurological problems. These problems include Parkinson's disease, multiple sclerosis, autism, dementia, epilepsy, and various emotional disorders. Of these conditions, the effects of coconut oil or the fatty acids in coconut oil on epilepsy are the most thoroughly studied and documented. However, new research on Alzheimer's disease has shown that coconut oil may be the best alternative treatment for this otherwise untreatable condition.

Recently, I received a copy of a letter addressed to Supreme Court Justice Sandra Day O'Connor and other Members of the Alzheimer Study Group. I would like to share some of the contents of this letter with you.

The letter was written by Mary T. Newport, MD, Director of Neonatology at Spring Hill Regional Hospital in Florida. About five years ago Dr. Newport's husband, Steve, began to develop signs of Alzheimer's disease. At the time Steve was only 53 years old. The disease progressively worsened and according to Dr. Newport is now "moderately severe." Steve's latest MRI shows extensive atrophy in the amygdale and hippocampus, the areas affected by Alzheimer's. He lives at home where his health care is supervised by his wife.

During this time Dr. Newport searched endlessly for ways to curb the progression of the disease. She learned of some clinical trials recruiting Alzheimer's patients for studies to test the effectiveness of two experimental drugs. In researching the drugs

she discovered that one of them, Ketasyn, showed great promise. In preliminary studies persons with Alzheimer's disease demonstrated overall improvement in mental ability in as little as 45 days. Positive results were noticeable in some of the subject after just a single dose. She recognized that this drug had the potential to be the most effective treatment on the market for preventing and reversing symptoms associated with Alzheimer's disease.

During her research, she discovered that the active ingredient in Ketasyn was medium chain triglycerides (MCT)—which are derived from coconut oil. Since the drug is not yet approved for treatment of Alzheimer's by the FDA and is not commercially available, she went to the health food store and purchased a bottle of virgin coconut oil. The daily dosage of MCT oil used in preliminary studies was equivalent to about 2½ tablespoons of coconut oil.

“I started adding 2½ tablespoons to my husband's oatmeal at breakfast,” says Dr. Newport. “Within a few days there was noticeable improvement in his gait, his ability to converse, his sense of humor has returned; he remembers the month and the season immediately, which he could not remember if repeated over and over to him before. He is following through on things that he wants to accomplish during the course of the day... To see this much improvement in such a short time is very encouraging for both of us. He is well aware that he is suffering from this disease and fully supports and enjoys our dietary change.”

In the hospital where Dr. Newport works, some nurses are from the Philippines. “My nurse friends from the Philippines have advised me that in their country of origin (as well as other Asian countries), coconut and coconut oil are a staple, used on a daily basis, which may explain why there is a much lower incidence of Alzheimer's disease in that part of the world.”

How do the medium chain triglycerides in coconut oil fight Alzheimer's disease? During digestion, MCTs are broken down into medium chain fatty acids, some of which are converted into ketones. Nerve tissue, including the brain, relies on glucose for energy. Nerve cells can also convert ketones into energy. When food is restricted and adequate glucose is unavailable, the body converts fat into ketones, which supplies the brain with the energy it needs to function properly.

Certain conditions, such as chronic inflammation, can cause cells to become insulin resistant. Insulin is a hormone that takes glucose from the bloodstream and shuttles it into the cells. Glucose cannot enter cells without the aid of insulin. In insulin resistance, insulin receptors do not function properly and cannot adequately transport glucose into the cells. When inflammation affects nerve tissue, nerve cells become insulin resistant. Therefore, the brain is unable to get the glucose it needs and nerve cells degenerate and die, leading to neurological problems such as Alzheimer's disease, Parkinson's disease, Huntington's disease, and other neurological disorders.

Ketones do not require the aid of insulin to pass through cell membranes. Therefore, they can supply brain cells with needed energy regardless of insulin status. Diseased brains, which are starving for nourishment, get the energy they need from the ketones the body manufactures from the coconut oil. Other fats and oils will not convert to ketones unless a state of starvation exists, so they are of no benefit.

Dr. Newport discovered that the science behind the use of MCTs to treat neurological disorders has been around for a number of years, but little has been done to use this knowledge to development treatments for Alzheimer's and other neurological conditions. MCTs and coconut oil are natural products and as such, are not patentable, so drug manufacturers have little interest in researching their therapeutic potential. Likewise, the government and medical profession, which are greatly influenced by the pharmaceutical industry, have shown little interest.

She laments that had she known about MCTs, she could have begun treating her husband sooner. “Just three years ago my husband’s MRI was ‘normal’ and he could work as an accountant.” Now, it may be too late, “realistically speaking, I cannot expect him to fully recover.” If she could have started him on the coconut oil when the symptoms first arose, she believes his mind would not have deteriorated to the state it is in today. In fact, he may have retained all of his mental capabilities.

Disturbed by the lack of action taken by the government and medical profession, she wrote a letter to key individuals imploring them to “study the research and make the findings public knowledge so that everyone who suffers from this disease can potentially benefit.” In addition to Justice O’Conner and myself, letters were sent to Senator Hillary Clinton, Dr. Steven K. Galson, acting Surgeon General of the U.S., Dr. Mehmet Oz at NBC studios, the medical editors of the New York Times and Washington Post, and many other influential individuals. Will Dr. Newport’s campaign bring about greater awareness of the health benefits of coconut oil? Only time will tell. ■

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Sunday September 21, 2008

Forget me not

By LIM WEY WEN

It is World Alzheimer's Day today. This year, we revisit the disease and pay tribute to the caregiver, whose patience and perseverance makes Alzheimer's easier to bear for those who suffer from it.

GERMAN psychiatrist Aloysius "Alois" Alzheimer may have first described the manifestation of Alzheimer's disease (AD) in 1901, but it was US President Ronald Reagan's diagnosis in 1994 that propelled the degenerative condition into the spotlight, making the then relatively unknown illness a household name today.

A president with high approval ratings from the American people, Reagan's diagnosis of Alzheimer's disease (AD) was met with a sense of loss as America witnessed the progressive decline of the Great Communicator.



Mdm Ho Geok Eng (middle) celebrates her 84th birthday at the Alzheimer's Care Centre with her family.

In his article *Actor, Governor, President, Icon* published in Washington Post, biographer Lou Cannon noted the difference. "According to family accounts, Ronald Reagan began to read when he was five, enjoyed participating in family theatricals and possessed a remarkable memory that his brother described as photographic.

"While he found it difficult to read commercials in a conversational tone, Reagan learned that he could sound spontaneous if he memorised a script before he read it. He followed this practice with important radio and television speeches during much of his political career," Cannon wrote.

But Reagan's remarkable memory seemed to have eluded him during his two-term tenure at the White House at age 70. As Cannon put it, he "sometimes exhibited lapses that undermined his Great Communicator image. Factual errors were commonplace at his infrequent White House news conferences.

“He seemed often to have a sketchy command of military matters and once left the impression that submarine-based nuclear missiles could be recalled in flight. He forgot the names of Cabinet officers, trusted aides and visiting dignitaries. In Brazil, he toasted the people of Bolivia.”

It was only years after his retirement to California in 1993 when his wife and friends noticed his increasingly failing memory, leading to the diagnosis of Alzheimer’s disease by his doctors during his next annual visit to Mayo Clinic.

State of decline

While the question of whether President Reagan was experiencing early stages of Alzheimer’s disease in office still remains a puzzle, the loss of memory is usually the first perceptible sign of the disease, says consultant geriatrician Dr Philip Poi Jun Hua.

Then again, frequently losing your car keys is not something you should worry about, yet. It is when you find your car keys, and don’t know what the keys are for, or when you ask questions over and over again without realising that you are repeating yourself, you should start worrying about it, says Dr Poi.



Engaging in socially and intellectually stimulating activities helps to keep the brain active and slow down degeneration. In this picture, Mdm Ho Geok Eng is concentrating on her favourite game, Solitaire.

The problem is, in Malaysia, memory loss in the elder is often thought of as a “nyanyuk” (Malay for normal forgetfulness) condition that comes with age, he adds.

“Losing your memory is not a normal thing when you get older,” he cautions.

However, a person experiencing AD may not be able to notice the changes in his declining mental function. And so, the beginning of a caregiver’s role often starts with identifying symptoms of dementia.

As the world’s population age, people who will be afflicted with this disease is likely to increase in great numbers. “The numbers of new cases of dementia in the Asian region is quite worrying, because we hold two countries that

are extremely populous €‘ China and India,” says Dr Poi.

“We’re talking about cases (in Asia) increasing from 4.3 million new cases in 2005 to about 20 million new cases a year by 2050.

“In Malaysia, over 60,000 people have AD in 2005, and about 20,000 people are developing (AD) every year,” he elaborates.

Although dementia and AD are often considered synonymous, they are essentially different. In AD, the brain starts to lose neurons - nerve cells that connect different parts of our brain. As less neurons result in less chemicals that is crucial for memory, thinking and behaviour in the brain, these functions start to deteriorate in people with AD. The formation of “rubbish” - plaques and tangles - within the brain also adds to the problem, explains Dr Poi.

Dementia, however, is a general term that refers to the loss of brain function associated with a few conditions such as stroke and accumulation of certain proteins in nerve cells. AD is the most common cause of dementia.

Living with AD

As a primary caregiver of her 86-year-old mother, Ho Geok Eng, who was diagnosed with AD about eight years ago, Madam Kwan Saw Hah, 55, is quite familiar with a number of signs and symptoms Dr Poi rattles off at a recent press conference.

“My mother was a very independent lady before the onset of AD. After my dad passed away, she had to handle everything on her own, including her own finances,” says Kwan, who is a single parent.

“It was only in the 2000, after reading an article on AD in a local newspaper, I suspected my mom may be affected by the disease because of her forgetfulness when handling household chores.”

Simple things that used to be taken for granted, like remembering to turn off the gas after cooking a meal, and bring groceries back from the market, slowly became an uphill task for Ho. “At that time, she also blamed my learning-disabled daughter for taking her things while she put hot coffee into freezers and ice cubes in bowls of hot noodles,” Kwan recalls.

Not about to give up, Kwan contacted the Alzheimer’s Disease Foundation Malaysia (ADFM) and subsequently participated in their support group sessions to learn more about AD. After a few months, she finally decided to consult a neurosurgeon about her mother’s condition after getting to know a little bit more about Alzheimer’s disease.

“I wanted to learn more about the disease so that I could observe my mother for signs and symptoms. Unlike other diseases, AD requires (family members) to tell the doctors what is going on rather than the other way around,” says Kwan.

“After the diagnosis I continued going for the ADFM support group sessions to learn and share with other



Kwan Saw Hah ... I wanted to learn more about the disease so that I could observe my mother for signs and symptoms. Unlike other diseases, Alzheimer’s disease requires (family members) to tell the doctors what is going on rather than the other way around.

caregivers the challenges in caring for AD patients,” says Kwan who benefited immensely from the workshops and seminars she attended.

To make her house safer and still allow for the opportunity for her mother to do some household chores, Kwan switched to an electric kettle and made it a point to accompany her mother to the market every time her mother feels up to it.



Dr Philip Poi...

Alzheimer’s disease can now be diagnosed in specialised memory clinics up to an accuracy of 90%. They can also rule out other conditions that may cause dementia or other related conditions that cause memory loss besides dementia.

“To keep her occupied, I also taught her Solitaire because she liked playing with cards,” Kwan says with a smile.

Patients who have mild AD usually experience memory loss, anxiety and the inability to organise themselves, handle money or make judgements, says Dr Poi.

Moderate AD patients may be more confused and easily agitated. They may have difficulty in finding their way even in familiar places, start wandering and ask questions repeatedly as they experience increased memory loss.

In severe AD, a patient’s inability to recall affects all functions, says Dr Poi. “At this point, their logic is lost and sometimes they don’t know how to control themselves. This is very stressful for the caregivers.”

To slow down the progression of AD, an early diagnosis is important.

AD is often diagnosed late because patients are brought to the doctors not when they lose their memory, but when their behaviour becomes difficult - for instance, when they start to wander or insist on going home when they are already at home, says Dr Poi.

“AD can now be diagnosed in specialised memory clinics up to an accuracy of 90%. They can also rule out other conditions that may cause dementia or other related conditions that cause memory loss besides dementia,” says Dr Poi.

“If it is AD, (doctors) can help families plan their future, and they can start treatment earlier, which studies have shown will slow down the progression of the disease,” Dr Poi adds.

As there is no single medical or laboratory test that can diagnose AD, doctors have to rely on a detailed patient’s medical history, information from friends and family, and physical and neurological tests that evaluates mental functioning.

The cost of caring

As an AD patient becomes increasingly dependent on their loved ones, an emotional and financial toll is inevitable.

In order to provide the most conducive environment for her mother, Kwan had to sacrifice and forgo a full-time job for a freelance position to avoid further stress.

Because of my mom’s tendency to wander at night I was also compelled to be a light sleeper, because she will

open and close windows, drawers and doors repeatedly throughout the night if she doesn't sleep, says Kwan.

After sending her daughter off to her daily workshop, Kwan used to find her front door ajar while her mother wandered out for her morning walk. "I had to go around the neighbourhood to look for her. After a few episodes, I had to add an additional padlock to the main gate. I could not take away her keys, because without them, she will get agitated."

Having little support from her siblings, Kwan's experience with caregiving is peppered with trials and errors.

Once, after Kwan promised to bring her mother to the temple for a Chinese Nine-Emperor God's festival, her mother was found in front of her main door with a knife in her hand. "She wanted to get some pomelo leaves from our neighbour's tree to prepare for the event," says Kwan.

"That's how I learnt I should not inform her of any prior outing beforehand. Otherwise, she will start preparing for it and ask repeatedly when we are going," she adds.

During an argument with her siblings, her mother, who overheard the commotion, went on her knees as she cried and pleaded with them to stop. "As an AD patient, (my mother) still has feelings. So, (I learnt that) we shouldn't show anger or frustration in front of AD patients because otherwise they will be very upset," says Kwan.

"Since then, we have to keep on a smiling face in front of her and provide her with tender loving care," she adds.

Now, Kwan sends her mother to the Alzheimer's Care Centre four times a week so she can rest and run her errands without worry.

Unfortunately, AD is an irreversible and progressive neurodegenerative disease that has no cure at the moment. But medications like cholinesterase inhibitors and a NMDA-receptor antagonist are available to help improve a patient's mental function to its best possible performance and manage symptoms of dementia, says Dr Poi.

The problem with some of these medications is that there are some patients who cannot tolerate these drugs, and it can be costly. About five to 10% of patients could not tolerate it because of the side-effects, says Dr Poi.

"Some of the side-effects are due to the overstimulation of parts of the brain that hasn't lost all those nerves yet," he explains. For instance, if the vomit centre is involved, a patient will feel like throwing up when he/she takes the medicine.

However, there are also patients who show marked worsening of their behaviour and ability to function after stopping medication, he adds.

Kwan decided to stop her mother's medication as concerns about cost and side-effects loom ahead. "Compared to other caregivers who have to deal with various characters and difficult behaviours of their loved ones with AD, I consider my mom's condition as mild to moderate and under control, that is why I decided to stop her medication," she says.

"After eight years, her case of AD is still mild to moderate but we have to manage it very well.

"I don't have to go out of the way to care for her. The only challenge is that I can't work full time, and my focus is

always on her €“ I have to make sure that she doesn’t fall and carries on with her daily routine,” Kwan explains.

“Sometimes, the caregivers may find themselves asking: What is the meaning of life? What is this all about?” says Dr Poi, who is also a medical advisor of the Alzheimer’s Disease Foundation Malaysia (ADFM).

“That is why support from friends, family and a support group is very important,” he adds.

Am I going to be next?

As having a close family member with AD may increase a person’s chances of developing the disease [1], caregivers might worry that he/she will develop the disease later in life.

Even so, age remains the biggest risk factor. “For those who are less than 65 years of age, only about one in 1,000 will get memory problems (dementia),” says Dr Poi.

The odds, however, will increase with age. Over 80, about one in five has some form of memory problems, Dr Poi adds. “Genetic predisposition only means you may have the risk of developing the disease when you age. Rather than worry about the future, why don’t we take steps to prevent the disease?” says Dr Poi.

Reducing your cholesterol levels, lowering your blood pressure, controlling your diabetes and exercising regularly can go a long way to keep Alzheimer’s at bay, he says.

“Engaging in socially and intellectually stimulating activities also helps. Playing mahjong, for instance, is socially engaging and it trains the brain to recognise patterns and calculate totals,” he adds. Sudoku, crossword puzzles and Solitaire can also do the trick.

For Kwan and her mother, Solitaire has been their loyal companion in their journey with Alzheimer’s. “Solitaire is my mother’s favourite game and she is still good with numbers. As for me, I play Solitaire for leisure, especially when I want to relax,” said Kwan.

If you are living with a loved one who suffers from Alzheimer’s, it helps to know that you are not alone, and regardless of the circumstances, there is always something you can do. As the theme of World Alzheimer’s Day this year proclaims, there’s “No Time to Lose!”

Join a support group, help each other arrange some “down-time” from care giving and find out more about the disease, says Kwan enthusiastically.

Her positive state of mind shines through when she says, “I don’t know what the future would be like, but I am taking it one day at a time. The most important issue is to ensure that you are there for your loved ones. Shower them with tender loving care.”

For more information about Alzheimer’s Disease, log on to the Alzheimer’s Disease Foundation Malaysia website, www.adfm.org.my. You may also contact them at adfmsec@streamyx.com or 03-22603158.

References:

1. Alexander, Michael; Larson, Eric. Patient information: Alzheimer’s disease. Uptodate. 4 May 2007.

[http://www.uptodate.com/patients/content/topic.do?
topicKey=~eWpcYl7lC9LRwe&selectedTitle=1~125&source=search_result](http://www.uptodate.com/patients/content/topic.do?topicKey=~eWpcYl7lC9LRwe&selectedTitle=1~125&source=search_result)

2. Cannon, Lou. Actor, Governor, President, Icon. *Washington Post*. 6 June 2004.
www.washingtonpost.com/ac2/wp-dyn/A18329-2004Jun5?language=printer

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