

NOTE: Approximately 40% of patients achieve results documented in this case study. An empirical trial will take about four weeks of weekly medical food dosing adjustments. If after four weeks there is no response further attempts should be stopped.

ALZHEIMER'S DEMENTIA CASE study

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My most outstanding medical food result occurred in an 87-year-old person who was seen in my clinic. A very recent psychological evaluation for cognitive functioning included a mini-mental status examination (MMSE), clinical interview, and mental status evaluation. The person scored 15 out of a possible 30 on the MMSE. She could not interact or converse logically or coherently, and her responses were frequently illogical and inappropriate to the questions.

Her psychologist concluded that the patient was suffering from major cognitive dysfunction and senile dementia. An individual with this level of impairment would be unable to function independently. The family sought placement in an Alzheimer's facility for custodial care.

She started on medical food level 1. One week later there was not much change. We increased her to medical food level 2.

One week after starting the medical food level 2, she returned to the office alert, making sense. She was able to hold a conversation, knew her birthday, was smiling, talkative, and happy. Her family was amazed.

She had had an episode of several days of severely foul-smelling stools for what seemed to be no specific reason. This was probably her body discharging fat-soluble toxins such as petrochemicals and aromatic hydrocarbons that had been stored in her body and were making her toxic. The cysteine/selenium formula found in the medical food as developed by Dr. Hinz no doubt helped her liver clear these items through the intestinal tract.

The family elected to keep the person at home.

The person currently lives in her apartment with a companion. She likes to get dressed in bright-colored clothes and enjoys going out to the malls and visiting other people. She has returned to the world of cognizant, social people while continuing to take her level 2 medical foods. She is doing very well now in her 88th year and is very happy.

There is a follow-up to this case. The patient had other medical problems as would be expected for an 88-year-old person. She was hospitalized on various occasions to deal with these problems. The hospital refused to give her the medical food and within 2 days, the patient stopped talking or responding, reverting to the state she was in before we commenced the program. Upon discharge from the hospital, the patient was restarted on the medical food nutrients and within 2 days restored the communication ability she had gained while originally on the nutrients.

The episode was repeated on 2 other occasions during the rest of her life, with a similar loss of communication ability as her medical foods were stopped and a return to function when restored to the program. It proved to the family and those involved in the patient's care the value of addressing symptoms caused by hyposerotonergic™ (low serotonin) and hypodopaminergic™ (low dopamine) conditions as part of the differential diagnosis when a provisional diagnosis of Alzheimer's dementia is made.

Another aside was the presence of ulcerative colitis as one of the patient's clinical problems. The ulcerative colitis completely resolved as seen on colonoscopy while taking the medical foods, proving that symptoms which resolved to improve were caused by hyposerotonergic™ (low serotonin) and hypodopaminergic™ (low dopamine) conditions as part of the differential diagnosis when a provisional diagnosis of ulcerative colitis is made.

The patient passed on at age 92, actively part of her family in her final years as opposed to being confined to a nursing home facility without any communicative or cognitive skills remaining.

FINAL DISCUSSION: Symptoms caused by Alzheimer's dementia may have many causes. While only about 40% of patients demonstrate amazing results the symptoms that improved are from hyposerotonergic (low serotonin) and hypodopaminergic (low dopamine) conditions.

Contact NeuroResearch for protocols or medical food products

Hinz Medical Foods 1150 88th Ave W Duluth, MN 55808 +1-218-626-2220

Medical Foods target specific nutritional deficiencies associated with hyposerotonergic and hypodopaminergic conditions, often linked to certain diseases

They are not meant to cure disease but to address nutritional needs that an optimal normal diet may not fulfill.

A licensed healthcare provider must authorize these medical foods.