Early Alzheimer’s Disease Care and Preventative Treatment

By Albert Mensah, M.D.

When a loved one is diagnosed with Alzheimer’s disease, it’s a diagnosis for the entire family.

Alzheimer’s disease is the most common form of dementia that causes brain plaque and tangle build up inside the brain tissue.

One in nine Americans ages 65 and over is diagnosed with Alzheimer’s disease, and by the age of 85 one in three Americans are diagnosed with Alzheimer’s disease.

What are the Warning Signs?

- According the the Alzheimer’s Association, there are several common signs of early Alzheimer’s disease, which is a degenerative disease that shrinks brain matter over time.
- Memory changes that disrupt daily life (forgetting words, misplacing things, finding them in odd places)
- Problem solving challenges, poor judgement (problem retracing your steps, not dressing appropriately, susceptibility to fraud)
- Difficulty completing familiar tasks (driving to a familiar place, remembering how to play game)
- Confusion over time and place on a daily basis
- Trouble understanding depth perception and color contrast
- Withdrawal from social activities
- Changes in mood and personality

What’s going on:
Alzheimer’s disease is a condition of oxidative stress in which inflammation constricts the vessels in the internal capsule of the brain and cooks the surrounding nerve tissues, causing progressive memory loss. This disorder is caused by both genetics and epigenetics. Life long environmental stress can trigger the onset of this genetic expression. Think of it as nurture affecting nature.

Preventative Care for Alzheimer’s Disease Patients

The earlier you investigate the signs of Alzheimer's the better. If you suspect Alzheimer’s disease, dementia, or memory loss, don’t delay getting early treatment. There is no cure for Alzheimer’s, although there are many drug therapies on the market for moderate to advanced Alzheimer’s disease. Our customized advanced nutrient therapy may prevent the progression of memory loss, as shown in our early outcome studies, where our therapies prevented progression of Alzheimer’s symptoms in up to 85% of our study participants. In addition to medical care, regular exercise, social and mental stimulation, and good nutrition have all been shown to improve outcomes for prolonged quality of life.

Underlying Biochemical Imbalance in Alzheimer’s Disease

Mensah Medical provides an additional treatment option for early onset Alzheimer’s disease patients based on very promising preliminary research done at the former Pfeiffer Treatment Center with Dr. Mensah and William J. Walsh, Ph.D., president of the non-profit Walsh Research Institute. In general, degenerative brain diseases like Alzheimer’s disease are associated with oxidative stress or “free radicals” in the brain, and low levels of metallothionein and glutathione, which are binding agents and important protectors in the blood/brain barrier. Autopsy studies show that metallothionein levels in Alzheimer’s patients are less than 33% of the normal level found in other elderly persons. This means they are significantly lower than average. This deficiency creates chronic inflammation that underlies the brain cell destruction caused by Alzheimer’s disease. Without adequate levels of metallothionein, the Alzheimer’s disease patient has no protection in the brain from metal free radicals.

Using Nutrient Therapy for Mild to Moderate Alzheimer’s Disease Patients
At Mensah Medical we treat early onset and mild to moderate patients with Alzheimer’s disease through individualized biochemical nutrient therapy. Our advanced protocol includes the formulation of 22 nutrients that promote the body’s ability to absorb and utilize metallothionein. Since 2006, Mensah Medical physicians Drs Albert Mensah and Judith Bowman, have provided a specialized antioxidant treatment program for patients with Alzheimer’s disease and other forms of dementia to counteract oxidative stress. This program involves “Metallothionein-Enhancement Therapy” which is aimed at slowing or halting the progression of the disease. In our initial study we found that one quarter of those that reported the progression of their symptoms had stopped also had recovery of lost memories followed by stabilization of mental functioning that has continued for more than five years. These reports have been verified by improved scores using psychometric testing, the Mini-Mental Test and computerized CANTAB testing. These early results are promising, bolstering Mensah Medical’s desire to evaluate the program for clinical efficacy.

Contact our office for additional information about our protocol.