A Case of Alzheimers Treated with Nutrients and Aspirin.

A. Hoffer, M.D., Ph.D.[1]

Mrs. S, born in 1913, was brought in by her husband in September 1989. He was very worried about her failing memory and poor balance which he had noted for about six months. The year before that she had lost 20 pounds. This he ascribed to poor dentures so that she could not chew even though she had a good appetite and was hungry. She was able to run her household and to do crossword puzzles. Because of her poor balance she had fallen several times.

She had noted any perceptual experiences. Her memory was very poor especially for recent events, she was confused and her concentration was greatly diminished. She was not depressed but she was tired and slept four hours more each day.

I started her on niacin 500 mg tid, vitamin C 500 mg tid, folic acid 5 mg daily. Her serum copper was 130 milligrams percent (20.4 umol/ L) and her zinc was 92 (14.0). Two months later the only change was a slight gain in weight. After another six months her memory was worse. She had been started on an antidepressant by her family physician and this was discontinued at this visit. Instead I started her on aspirin 300 mg daily. Ten months after I first saw her she was better, perhaps ten percent. She was more alert. That morning she had made toast for her husband, something she had not done for a long time. By now he had been providing total care. She had gained four pounds and her balance was better. In addition she was more sociable.

One year from her first visit she was brighter, needed less sleep, and had again started to do crossword puzzles. I then added thiamin 500 mg tid to her program. After 11/2 years her weight had gone up to 103 from the low of 82 pounds. She had continued to improve mentally but was physically weaker and walked with a cane. She was able to partially dress herself. Her son, a physician, agreed that she had improved.

1. 3A - 2727 Quadra Street, Victoria, British Columbia, Canada V8T 4E5.

At 21 months improvement was sustained but she had become even weaker physically. I added the herb Gingko Biloba 40 mg tid. After two years she was significantly better. She was able to help her husband with crossword puzzles, participated more in conversation . For the first time since I had seen her I was able to talk to her and she was able to respond without turning to her husband for his response. She even caught me in an error having to do with her next appointment to see me.

It is likely she had Alzheimers disease but one can never be certain until there has been an autopsy or until an x-ray of the head reveals shrinkage of the brain and air spaces in the frontal area. Her clinical picture was typical of the deterioration of Alzheimers, i.e. until she was placed into the present treatment program about ten months after she first began to use vitamins. It might be argued that the vitamins alone would have been as effective. This has not been my experience with nutrient therapy alone. I have tried to treat up to a dozen cases with the entire nutritional and nutrient approach and have not seen a single favorable response in the sense that they began to improve. I think I have seen a slow down in the rate of deterioration but this is very difficult to measure.

I believe that the entire program is responsible but that it did not begin to operate until the aspirin had been added. My use of aspirin was based upon a finding reported by Dr. P. McGeer, University of British Columbia, as far as I know not yet published in the medical press. He had observed that the incidence of Alzheimers in patients suffering from arthritis was much less than one would expect from its incidence in general. He reasoned that since most arthritic patients have taken or are taking aspirin that this might account for the decrease in the incidence. This response by my patients tends to support his conclusion. I have more recently started another patient on a similar program and have seen some improvement in this one as well. However it is much too early to conclude that as a general

rule Alzheimers cases will generally respond.

Research reported by A. C. Walsh provides more evidence that blood thinners are beneficial in treating various forms of senility (Walsh and Walsh, 1974; Walsh 1989). Walsh has been reporting surprisingly good results with many different forms of senility including Alzheimers. I recently listened to a tape he had prepared in which patients and their families described how very sick, hopelessly ill patients had shown striking responses to the administration of Coumadin, the commonly used blood thinner. I think Walsh's observations are valid and they must be corroborated.

Another approach would be to study the prevalence of Alzheimers disease and other forms of senility among a population of patients who for other reasons have been taking Coumadin. I would expect that there would be a significantly decreased prevalence of Alzheimers among the Coumadin users.

There are probably a large number of factors which combine to cause this disease, including genetic, nutritional and perhaps long term stress. There is not much we can do about the genetic factors but nutrition can be altered and improved. Special consideration should be given to people who have suffered long periods of malnutrition especially if combined with stress. This may induce a vitamin B_3 dependency. I first became aware of this in my work with ex-POW's brought back from the far east after the last world war. These ex-soldiers have remained a very sick crowd except for those few who were started on large doses of niacin (Hoffer, 1974). I have also seen patients who had survived the European concentration camps or who had lived through several years of severe starvation and malnutrition during the war years of 1942 to 1946. They too suffered from severe anxiety and depression which cleared when they were placed upon large doses of niacin. One month ago a new patient came to see me with a similar history. She became very depressed about four years earlier. Between 1941 and 1946 she had been in Europe living on limited rations consisting of bread and a few vegetables, lost a lot of weight and developed jaundice. She had started to take a multivitamin preparation and had noted a slight degree of improvement. On starting to take the vitamins I recommended which included niacin 500 mg tid she was well in one month.

It is unlikely Alzheimers disease is caused by a single factor. Aluminum is undoubtedly a main factor (McLachlan, Kruck, Lukiw & Krishnan, 1991). Root and Longenecker (1988) discuss nutrition in general. They concluded as follows, "It is apparent that subclinical dietary levels of certain nutrients do cause ultrastructural damage to brain cells. It is very possible that a minor deficiency of one or more essential dietary nutrients over a long period of time (20-40 years for man) could be a critical environmental factor which may trigger the onset of the disease ... If the cause is indeed dietary nothing but nutritional treatment will arrest or prevent it.

One or two responses to a treatment program does not establish that this treatment will be effective for other patients with similar disease. But these cases are like signals pointing in a new direction which indicate that there is something worth exploring. Unless someone is willing to undertake these explorations it will never be known how useful such a treatment can be. It is possible that this patient is the only patient in the world who would have responded but the odds that this is the case and that I would happen to run across her by chance is so remote there is no point even considering it. It is much more likely that there are other patients who could respond the same way. What we have to find out is how many and what kinds of senile syndromes will improve when treated with a combination of blood thinners and a good Orthomolecular treatment regime.

References

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