

HOPE FOR DEMENTIA WITH A NOVEL AGED-GARLIC FORMULA

With dementia numbers on the rise worldwide and with pharmaceutical drugs offering little help, it's shameful that a formula containing aged garlic extract, which anecdotally improves cognitive abilities in a few weeks, is not being taken seriously by the medical community.

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Dementia (from the Latin *de-*, "without", plus *-ment*, from *mens*, "mind", meaning "madness") is a serious loss of cognitive ability in a previously unimpaired individual beyond what might be expected through normal ageing. Although the condition is far more common in people over the age of 65, it can occur earlier.

Dementia is not a specific disease but, rather, a set of signs and symptoms that involve memory, attention, language and problem-solving which must be present for at least six months prior to diagnosis. Dementia involves not only a problem with memory but also a reduced ability to learn and reason and to retain or recall past experiences. It results in the loss of patterns of thoughts, feeling and activities. Depression affects 20–30 per cent of those with the illness, and about 20 per cent suffer from anxiety. Psychosis (such as delusions of persecution) as well as agitation or aggression often accompany dementia. As the dementia worsens, these additional behavioural problems may require the patient to be institutionalised.

There are many causes of dementia, as well as several types of dementia including fixed cognitive impairment, slowly progressive dementia, rapidly progressive dementia, and dementia as a feature of other conditions.

Various types of single-event brain injury may cause irreversible but fixed cognitive impairment. Traumatic injury to the brain may precipitate diffuse axonal injury. Interruption to the brain's blood supply or oxygen may lead to neuronal hypoxia and the death of nerve cells. Strokes caused by ischaemia (restriction in blood supply to tissue), intracerebral, subarachnoid, subdural or extradural haemorrhages or infections such as meningitis or encephalitis and prolonged epileptic seizures may also have long-term effects on cognition. Excessive, prolonged alcohol intake as well as the consumption of certain recreational drugs may cause persistent but not progressive dementia.

In slowly progressive dementia, the illness usually begins gradually and then progressively worsens over a period of years. It is caused by a neurodegenerative disease that primarily affects brain neurons. The majority of these cases are caused by Alzheimer's disease, vascular dementia or both. Another fairly common cause is Lewy bodies, which occur alongside the other two forms. Hypothyroidism sometimes causes slow, progressive, cognitive impairment as the main symptom but this may be fully reversible with treatment. The remaining cases in patients over 65 are accounted for by frontotemporal lobar degeneration and Huntington's disease.

A substantial proportion of patients who complain of memory difficulty or any other cognitive symptom at any given age may be suffering from depression. Contributing factors include deficiencies in vitamin B₁₂, folic acid or niacin as well as chronic infections such as cryptococcal meningitis, human immunodeficiency virus (HIV), Lyme disease, syphilis and Whipple's disease.

Rapidly progressive dementia occurs in conditions such as Creutzfeldt–Jakob disease (CJD), which typically causes the dementia to worsen over a period of weeks or months as a result of prion replication.

Other slowly progressive dementia types, such as Alzheimer's, dementia with Lewy bodies, frontotemporal lobar degeneration including corticobasal degeneration and progressive supranuclear palsy, may also accelerate to rapid progression without warning, leaving both clinicians and family members at a total loss.

Dementia may also occur late in other medical or neurological conditions. For example, a proportion of Parkinson's disease patients develop dementia, with the underlying cause being Lewy bodies or Alzheimer's disease or both. Chronic inflammatory conditions of the brain may affect cognition in the long term; Behçet's disease, multiple sclerosis, sarcoidosis, Sjögren's syndrome and systemic lupus erythematosus are examples.

Pharmaceutical Treatments

There are no pharmaceutical medications that have been clinically proven to be effective in preventing or curing dementia. Although there are some that have been approved for use, they treat the behavioural and cognitive symptoms of dementia but have no effect on the underlying pathophysiology.

Acetylcholinesterase inhibitors such as tacrine, donepezil, galantamine and rivastigmine have been approved by various regulatory authorities for use in the treatment of dementia induced by Alzheimer's disease. These chemical compounds act to increase the amount of the neurotransmitter acetylcholine which appears to be deficient in people with dementia. In a minority of patients, side effects such as bradycardia and syncope may occur.

N-methyl-D-aspartate (NMDA) receptor blockers such as memantine, marketed under the trade name Ebixa®, act by blocking NMDA receptors overstimulated by glutamate which is understood to create neurotransmission problems and consequently cognitive difficulties and also may lead to neuronal damage through excitotoxicity. Memantine is believed to achieve its results by improving the "signal-to-noise" ratio, thus preventing excitotoxic damage.

Many other available medications are also used in an "off-label" fashion; the antibiotics minocycline and clioquinoline may help to reduce amyloid deposits. As depression is frequently associated with dementia and tends to worsen both cognition and behaviour, antidepressants are useful in Alzheimer's but not in other forms of dementia.

Anxiety is also frequently experienced in patients with dementia, but the benzodiazepines are to be avoided as they often increase agitation, worsen cognition and are too sedating.

Selegiline, primarily used in the treatment of Parkinson's disease, appears to act as an antioxidant, preventing free radical damage and thus slowing down the development of dementia; however, it also acts as a central nervous system stimulant, making it difficult to determine its proper mode of action.

Typical antipsychotics such as haloperidol and atypical antipsychotics such as risperidone increase the risk of death in dementia-associated psychosis. In the UK alone, according to a 2009 study, 188,000 dementia sufferers were unnecessarily prescribed antipsychotic drugs and about 1,800 patients died as a result.¹

The Alarming Rise in Deaths from Dementia

What is further disturbing is that it appears that brain diseases are affecting more people and starting earlier than ever before. The latest research of Professor Colin Pritchard *et al.*, published in the journal *Public Health*², has found that the sharp rise in deaths from dementia and other neurological disorders in people under 74 cannot be put down to the fact that we are living longer. The rise is because a higher proportion of elderly people is being affected by such

conditions; and what is really alarming is that these conditions are starting earlier and affecting people under 55 years. Of the 10 major developed countries, the USA had the worst increase in all neurological deaths, with men up 66 per cent and women 92 per cent between 1979 and 2010; the UK was the fourth highest, with men up 32 per cent and women 48 per cent. In terms of the number of deaths, in the USA the figure was 14,500 and is now more than 28,500, while in the UK it was 4,500 and is now 6,500. We can only speculate as to what has caused these increases, but there is no doubt that there is an "epidemic" which clearly is influenced by environmental and societal changes.

Recent Research into Diet and Metabolism

The Mediterranean diet appears to be linked to preserving memory. In the largest study yet done on this diet³, dietary information from 17,478 African-Americans and Caucasians, with an average age of 64, was reviewed as to how closely the participants adhered to the Mediterranean diet. Study subjects also underwent tests that measured memory and thinking abilities over an average of four years. Seventeen per cent of the participants had diabetes. The study found that in

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healthy people, those who more closely followed the Mediterranean diet were 19 per cent less likely to develop problems with their thinking and memory skills. There was not a significant difference in declines between African-Americans and Caucasians. However, the Mediterranean diet was not associated with a lower risk of thinking and memory problems in diabetes sufferers.

This last finding is very important, as new light has been shed on early-stage Alzheimer's disease. According to these findings, the disrupted metabolism of sugar, fat and calcium is part of the process that causes the death of neurons in Alzheimer's disease. Researchers from the Karolinska Institutet⁴ in Sweden examined the MAM region, a specialised region of the endoplasmic reticulum that is in contact with the mitochondria of nerve cells in early-stage Alzheimer's disease; and although at this point beta-amyloid peptide plaques had not formed, symptoms still appeared, the implication being that the peptide itself is toxic to neurons. When nerve cells were exposed to low levels of the peptide, this led to an increase in the number of contact points between the mitochondria and the endoplasmic reticulum, causing more calcium to be transferred from the endoplasmic reticulum to the mitochondria. This resulting overaccumulation of calcium proved to be toxic to the mitochondria and affected their ability to supply energy to the nerve cells.

An Ancient Tibetan Garlic Cure

I once read that every person you meet in your life has some sort of message for you which might involve a task that you perform voluntarily or reluctantly or not at all if you so choose. In one such instance, this happened when my elderly friend Leanne Hois came to me for "assistance". Lenni had been suffering for 12 months with a hospital-acquired golden staph infection following hip surgery and was constantly being prescribed oral antibiotics, to no avail. On hearing of her predicament, an acquaintance of Lenni provided her with a copy of a recipe written in German, entitled "Ancient Tibetan Garlic: the cure for the 21st century".

Lenni approached me, as I am a pharmacist, to obtain laboratory-grade ethanol so that she could prepare the tincture according to the directions. Within six weeks, she had "cured" herself of her affliction. Lenni then handed over the formula and quite emphatically said, "Do something with this!" I initially resisted, as I felt that there were enough garlic products on the market; but after three months of being exposed to Lenni's constant nagging, I started experimenting with the formula as I intuitively felt that there was something not quite right with it.

The ancient garlic recipe was discovered by a UNESCO team in 1972 in a Buddhist monastery in the mountains of Tibet. It is thought to be at least 5,000 years old and it was written by a local pharmacist on clay tablets.

The recipe calls for 350 grams of crushed garlic to be placed in a glass jar and for 220–250 grams of 40–42%

alcohol, rum or other spirits to be poured over it. The jar is then hermetically sealed and placed in a cool, dark place for 10 days. On the 11th day, its contents are filtered through a very fine strainer or gauze. The resulting liquid is poured back into the same jar and placed back into a cool, dark place, away from sunlight, for two further days. After this period, the remedy is ready for use as follows (the drops may be taken with some milk or water before you start to eat):

GARLIC EXTRACT DOSAGE (NUMBER OF DROPS)

DAY	BREAKFAST	LUNCH	DINNER
1	1	2	3
2	4	5	6
3	7	8	9
4	10	11	12
5	13	14	15
6	16	17	18
7	12	11	10
8	9	8	7
9	6	5	4
10	3	2	1
11	15	25	25
12	25	25	25

Continue with 25 drops, 3 times per day, until you finish the entire quantity.

It is claimed that by carefully observing this regime, the following conditions will respond: appetite loss; arteriosclerosis; arthritis and rheumatism; gastritis, stomach ulcers and haemorrhoids; hearing disorders; hypertension; impotence; lung disease; myocardial diaphragm sickness; sinusitis; and vision disorders. The treatment is also said to clear the body of fats and stones (kidney, gall), improve the metabolism and thus cause all blood vessels to (re)become elastic, melt blood clots, regulate body weight, and absorb any internal and external tumours! (This last one is possibly the most important!)

I initially experimented with different forms of garlic and different strengths of ethanol to achieve that "better product"; but it wasn't until I read Culpeper's *Complete Herbal* that I realised that even though all the garlic extracts available commercially or via folklore were good, they all relied on conducting the extraction process in a dark, cool place—contrary to the beliefs of mystics who always relied upon the Sun, the giver of life.

From then on, I put all of my variants into clear glass bottles and placed them in the sunlight for varying lengths of time, ranging from weeks to months depending upon the season. I watched in amazement as the solutions changed colour over time from clear to cognac. The viscosity of the final product was also of interest, as it had become quite syrupy in nature. The final product of choice was substantially different to that which Lenni had prepared.

I decided to sell the product in 50 mL and 100 mL bottles from my pharmacy while I was still there. Instead of providing the original dosage regime, I simply put on the label "Take half to one teaspoonful in a glass of water as required" so as to concentrate on the extract's anti-infective qualities.

It became apparent that the garlic extract was beneficial to the health of its consumers, substantially reducing recovery time from infectious illness. More importantly, it was the messages I received from individuals that made the difference when they reported obtaining additional synergistic benefits by taking a B multivitamin preparation with the garlic extract. The synergy was not restricted to recovering from an infection, as individuals soon realised that they felt better and were more cognitively aware when taking the B multivitamin and garlic extract combination. Consequently it became part of their daily intake of natural supplements.

During 1997–2000, I became aware of the scope of this particular garlic extract: it is both antibacterial and antiviral, and can also be used topically. In its external application on infected wounds such as abscesses and boils, the technique is to wet the dressing with the extract and apply it directly to the wound; usually one application is sufficient. The argument that the ethanol content is responsible and should be credited for this result is only partially true.

Taken daily, the garlic extract is useful as a preventive treatment—which, after all, is the best medicine. Those individuals who repeatedly succumbed to debilitating chest infections every winter were spared. Success was also seen in people with chronic fatigue syndrome.

There is no doubt in my mind that everything is provided for us on planet Earth by Nature to keep us healthy and to help us should we become ill. Of course, rest is paramount in the recovery phase. However, Nature has provided us with a host of herbs, vegetables and fruits to use, but the trick with some of them is to know how to obtain the best from these treasures.

In a world running out of antibiotics, this unique garlic extract offers much hope in its direct and indirect mode of actions, meaning its direct nullifying effect on microbes and its ability to hone the immune system. But do you think for one minute that I can raise any interest? Absolutely not! This is possibly for one

reason: I do not have the tie, meaning that I am not a doctor, PhD or microbiologist. What would a pharmacist know? Apart from a few letters from more-than-satisfied individuals praising the virtues of the extract, most of the data I obtained was observational and anecdotal—but then, isn't everything when you logically think about it?

You would think that once I sold my pharmacy in Manning, Perth, this would signal the end of the SLAGE story. ("SLAGE" stands for Specialised Light-Activated Garlic Extract.) But the story didn't end there. Another messenger entered my life and a new chapter opened.

As I did the rounds and scraped together a meagre living working as a locum pharmacist, in 2002 I ended up doing a stint in Kalamunda, Perth. The pharmacy at which I worked serviced the Sisters of St Joseph of the Apparition; and because I'm a Catholic it wasn't long before I was befriended by Sister Damien Warner, who had a very interesting goodbye expression, "May you live long and die happy". During one of our many conversations, Sister Damien asked if I could recommend anything for Sister Ena who suffered from memory lapses. My reply was "Nothing is impossible", knowing that the solution would be based upon the SLAGE discovery.

It is here that we need to deviate to present the science behind the regime that Sister Damien helped with. The point to remember is that SLAGE must be properly described as an *aged garlic extract*.

Statistics and Aetiology

Alzheimer's disease is a progressive neurodegenerative disease which is characterised by a progressive cognitive deterioration associated with declining activities, seen in both everyday living and behavioural changes. It is the most common type of pre-senile and senile dementia in the world today. According to World Health Organization statistics, five per cent of men and six per cent of women above the age of 60 years were afflicted with the disease worldwide in 1999, which represented almost 18 million cases.⁵ According to Alzheimer's Disease International, as at 2013 an estimated 44.4 million people worldwide suffer from dementia, and the figure is expected to rise to 75.6 million in 2030 and 135.5 million in 2050, with much of the increase in developing countries.⁶ In Australia in 2015, nearly 343,000 people are living with dementia, a number that is expected to increase to 400,000 in less than 10 years.⁷

The neuropathological process comprises neuronal

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loss and atrophy principally in the temporoparietal and frontal cortex, with an inflammatory response linked to the deposition of amyloid plaques and abnormal clusters of protein fragments and tangled bundles of fibres. These neurotic plaques are relatively insoluble dense cores of amyloid fibrils of 5–10 nm thickness with a pallor-staining "halo" surrounded by dystrophic neuritis, reactive astrocytes and activated microglia. There is an increased presence of monocytes and macrophages in the cerebral vessel wall and reactive microglial cells in the adjacent parenchyma.^{8,9}

In 2012, the Pharmaceutical Research and Manufacturers of America reported that only three out of 104 possible treatments that have tackled the disease from a number of different approaches have been approved for marketing in the past 13 years.¹⁰ These approaches included slowing down the process of cell death, the inhibition of cholinesterase (an enzyme believed to break down a key neurotransmitter) and the development of humanised monoclonal antibodies that attack the beta-amyloid plaques.

The continual clinical failures lead one to question the aetiology of Alzheimer's disease and the validity of the amyloid hypothesis that has been promoted for more than two decades and has created a roadblock in the search for urgently needed therapeutics. As a consequence, researchers have broadened their approach and are looking at other targets

such as tau/NFT phosphorylation, tau protein aggregation-beta-sheet breakers/inhibitors of aggregation, microtubule stabilisation, tau immunotherapy, mitochondrial dysfunction and diabetes.¹¹

Herbal Solutions for Prevention and Treatment

Naturally based alternative therapies are also being investigated as possible sources of cures or prevention. The Chinese herb *Ginkgo biloba*, promoted as a drug that boosts mental dexterity and sharpens the memory, has been found after a number of studies to do nothing to prevent the onset of Alzheimer's disease.¹² And yet a marketed dietary supplement, Memo[®], which combines 750 mg of lyophilised (freeze-dried) royal jelly with standardised extracts of 120 mg *Ginkgo biloba* and 150 mg *Panax ginseng*, when taken by patients with mild cognitive impairment, produced an improvement within four weeks.¹³ Therefore it would seem that complex mixtures of substances may yield better results than singular items.

Plants such as sage, *Ginkgo biloba*, lemon balm, lavender, St John's wort and other ethnobotanicals have

been reviewed for their promising contribution in the management of behavioural, psychological and cognitive symptoms in people with dementia.¹⁴ Curcumin (a major component of turmeric) has been investigated for its effects upon macrophages, its anti-inflammatory, anti-oxidant effects, its influence upon the haemoxygenase pathway and its neuroprotective ability.¹⁵

The herb that offers the most promise in dealing with neurological problems, as determined by animal studies, is garlic.¹⁶ The most researched variant of it is aged garlic extract; but as garlic contains a complex mixture of different chemical entities, the make-up of the final solution depends upon the method of preparation.

Aged garlic extract is prepared by soaking sliced raw garlic in 15–20% aqueous ethanol for up to 20 months at room temperature in dark, sealed containers. This extract is then filtered and concentrated under reduced pressure at low temperatures and is marketed in both dry and liquid forms, e.g., Kyolic[®]. The process causes

considerable loss of allicin and increases the concentration of other compounds, many of which are sulphur based and water soluble. The major sulphur compound, S-allylcysteine, is used to standardise aged garlic extract. Other constituents include alliin, cycloalliin, S-allyl-L-cysteine, S-methylcysteine, S-ethylcysteine, S-1-propenyl-L-cysteine, S-allylmercaptocysteine, fructosyl arginine and

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beta-chlorogenin.

It is thought that the numerous constituents of aged garlic extract act in a synergistic manner and exert multiple effects on many biochemical pathways.¹⁷ It is also thought that various chemical constituents in garlic, such as saponins, may contribute to garlic's essential biological activities.¹⁸

The reasoning behind the SLAGE regime is based upon the available scientific and popular literature surrounding the choice of each component, with the realisation that, as Dr Alice Lichtenstein, Director of the Cardiovascular Nutrition Laboratory at Tufts University in Boston, states, "What we have learned over the years is you can't think about individual nutrients in isolation"¹⁹—a comment made in reference to the questionable usefulness of fish oil supplements in the prophylaxis of heart attacks.²⁰

With respect to garlic's beneficial influence upon the neurological system, the bulk of the research has been conducted with aged garlic extract given to genetically engineered senescent mice which are prone to learning and memory problems, brain atrophy and early death, giving an accelerated process of ageing.^{21, 22} The extract

significantly improved the animals' survival, learning behaviours and memory ability as well as the immune system²³—which is important, as this, together with cognitive function, declines with age. The same researchers found that high-dose administration of aged garlic extract normalised noradrenaline, 3,4-dihydroxyphenylacetic acid, homovanillic acid and choline acetyltransferase in the hypothalamus, leading to a significant potentiated lymphocyte proliferation and thus ensuring a more competent immune system. In cell cultures, aged garlic extract has been shown to prolong the survival of cultured neurons and enhance the axonal branching of nerve endings.^{24, 25}

The manner in which garlic achieves these results is complex. A number of theories have been put forward, which include garlic's ability to influence serotonin release in numerous ways, thus leading to an overall improvement in the patient's physiology.²⁶ Another is that garlic when taken in combination with L-arginine, L-lysine, additional S-allylcysteine and an antioxidant, the production of growth hormone is significantly increased, resulting in improved overall health and better mental clarity.²⁷

Garlic has been investigated extensively for health benefits, resulting in more than 1,000 publications over the last decade alone. It is considered to be one of the best disease-prevention foods. In humans, mid-life risk factors such as high serum total cholesterol, raised LDL (low-density lipoprotein), increased LDL oxidation, increased platelet aggregation, impaired fibrinolysis, hypertension and homocystinaemia are important risk factors for dementia in later years.²⁸ High cholesterol is also associated with elevated beta-amyloid, the hallmark of Alzheimer's disease.²⁹ Aged garlic extract may help prevent cognitive decline by protecting neurons from beta-amyloid neurotoxicity and apoptosis, thereby preventing ischaemia- or reperfusion-related neuronal death and improving learning and memory retention.³⁰ Aged garlic extract scavenges oxidants, increases superoxide dismutase, catalase, glutathione peroxidase and glutathione levels, and inhibits lipid peroxidation and inflammatory prostaglandins.^{31, 32} It also decreases homocysteine, lowers blood pressure and increases microcirculation, which is important in diabetes where microvascular changes increase heart disease and dementia risks.³³ It may well be that garlic contains the necessary substances needed for the brain to repair itself.

Of all of the ginsengs that exist, Siberian ginseng has been reported to have the greatest restorative powers.³⁴

A series of landmark Russian studies in the 1960s determined that Siberian ginseng, when given to healthy adults aged between 19 and 72 years of age, increased their ability to perform physical work and withstand motion sickness; it improved mental alertness and enabled adaptation to excessive heat as well as high altitudes and low-oxygen environments.³⁵ Patients with chronic fatigue syndrome also benefited.³⁶ Siberian ginseng is considered to be an adaptogen possessing anticholesteremic (cholesterol-lowering), anti-inflammatory, antioxidant, nervine and immune tonic properties. It contains eleutherosides and triterpenoid saponins. It works best when taken with a combination of trace elements and vitamins, a conclusion drawn in 1973 when 145 geriatric patients were given a ginseng vitamin–mineral cocktail that produced a substantial improvement in mental clarity within one week and considerably sharpened memory within two months.³⁷

Ginger is related to the spice turmeric. Two of ginger's most important antioxidants are curcumin and gingerol, both of which have been shown to inhibit and reverse the deposition of amyloid plaques associated with Alzheimer's disease. Moreover, gingerone, another of ginger's antioxidants, neutralises the powerful oxidant peroxynitrite which has been implicated as an aggravating factor in the disease.³⁸

Garlic, ginseng and ginger have been taken for thousands of years without major side effects. However, garlic can cause transient and mild adverse effects such as nausea, heartburn, flatulence, abdominal discomfort and diarrhoea. High doses, greater than four grams per day, should be avoided in patients receiving anticoagulant therapy as there is an increased risk of bruising and bleeding. Garlic supplements, when taken with pharmaceutical antihypertensive and lipid-lowering drugs, may potentiate the effects of these drugs. The anti-anxiety and mood-elevating properties may influence the doses of antidepressant medications. Patients on oral diabetic medications need to be monitored, as garlic reduces blood sugar levels.

All of this is very-high-powered information. The end result was that over a period of time I combined SLAGE with Siberian ginseng and ginger in a formula called "Triple G". This final liquid extract was to be taken with a B multivitamin preparation and 10 mg of folic acid.

Success Stories with SLAGE and Triple G

Sister Ena's anecdotal record is the first of several that validate the importance of the SLAGE discovery and subsequent Triple G development.

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In a letter written by Sister Damien, dated 25 January 2004, the following factual observations were made: Sister Ena commenced the Triple G extract by itself on 16 November 2002 until 22 January 2003 at a dosage of 5 mL daily. Within three weeks she had brightened up, and as the weeks passed she participated with enthusiasm in community prayers and fun discussions at the dinner table. Her memory improved vastly. From February 2003, at the suggestion of Sister Damien, she was given 5 mg folic acid plus a commercial vitamin B complex which I recommended. Sister Ena's condition steadily improved but sadly, as a result of a fall in July 2003, she became a nursing home resident and the regime was ceased. Sister Ena regressed from that point onwards.

Dr P., who liked alternative medicines and was suitably impressed with Sister Ena's results, recommended in December 2002 that an 80-year-old male patient diagnosed with moderate dementia undergo a trial of the Triple G extract together with vitamin B and folic acid. The patient took the Triple G formula at a dosage of 5 mL per day for approximately 11 months, and although his clinical picture did not improve he did not deteriorate further, according to Dr P.'s letter of 10 February 2004.

Two further volunteers "presented" themselves in 2010 and 2014.

The first was a 62-year-old man with short-term memory loss as a result of a stroke that he suffered in 1994 and subsequent craniotomy surgery that he underwent as part of his therapy. In a letter that Mr B. wrote in December 2010, he claims that the Triple G regime overcame his short-term memory problems. However, he found that a dose of 5 mL was too much for him and he reduced it by half.

In July 2014, I was approached by the daughter of Mr T., aged 78, in an effort to help resolve his clinically diagnosed dementia. His medical condition was confirmed by the mini-mental state examination (MMSE) which he failed, and various brain scans which indicated atrophy of the brain. Mr T. had previously suffered a stroke.

Mr T.'s increasing lapses of memory had prompted medical intervention. One of these lapses had a tragic consequence: Mr T. had forgotten where he'd left his pet dog. A thorough search by relatives revealed that Mr T. had locked his pet dog in his car. This was during the hot summer of 2013, and the dog perished due to heat exhaustion.

Mr T.'s GP referred him to take part in a double-blind clinical trial conducted by a neurologist at a teaching hospital. The trial involved the medication Aricept® (donepezil), commenced at a dosage of 5 mg per day. Mr T. commenced the treatment in November 2013 and voluntarily ceased it in late January 2014 due to its adverse gastrointestinal tract side effects. Mr T. experienced diarrhoea, which he believed caused him to lose 10 kilograms in body weight, but the diarrhoea ceased when he stopped the Aricept.

Mr T.'s daughter, Caroline, contacted me in mid-January 2014 and requested that Mr T. be allowed to test the Triple G regime, as she was very concerned about her father's health. Mr T. at that stage did not know what day of the week it was and could not remember the previous day's events. He was withdrawn and could not hold a conversation of any length. Within six weeks of commencing the Triple G regime, Mr T. started to reverse his declining cognitive condition. Caroline made certain that she visited him at least every second day and that he took the Triple G regime on a daily basis. When he improved, she purchased him a laptop computer as a source of mental stimulation. Mr T. started to attend senior citizens' activities twice a week and tries to be active.

According to Caroline, Mr T. passed his last MMSE and is now considered to be normal. Mr T. still takes the Triple G regime but does not have it every day; he averages four to five doses per week.

Despair and Hope

You would think that armed with these cases it would not be difficult to raise some interest in this discovery, but alas, no, not even armed with my professor friend. The Alzheimer's

Association was not interested; nor was its medical director. I found that trying to do research on the discovery for a master's research degree at a university proved to be completely demoralising. Even the international community proved to be a great disappointment.

There is no doubt in my mind that all answers to whatever problem we may have lie out in the open. Perhaps it is our blind arrogance that prevents us from seeing them. One thing is certain: when the gods devised garlic, they did so with a sense of humour. Can you imagine their saying, "This precious herb will treat many diseases with a magic that is both fleeting and obnoxious to its beholder"? What do we call garlic

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today? "The stinking rose"!

Luckily, my short enrolment at the university yielded some good results. HPLC (high-performance liquid chromatography) of SLAGE was demonstrated to be more complex in nature compared with Kyolic and to possess compounds not seen before, which you would expect from the Sun's influence. The most important questions are: how and why does it work so well?

It appears that even though structural changes are occurring in the brain in individuals afflicted with Alzheimer's, certain individuals recruit extra nerve power to help maintain their ability to think.³⁹ Therefore, the body compensates; it wants to maintain its health and integrity above all things. Perhaps memory does not reside in the brain or specific portions of it, and the brain is nothing more than a biological computer which knows where to access the information that is stored elsewhere, outside of it. Perhaps the Triple G regime helps to support this process of reorganisation; time will tell.

Since Alzheimer's is a multicomponent system failure and can be thought of as a house with 30 to 40 holes in its roof that are leaking, every measure should be taken to plug as many leaks as possible. At the University of California⁴⁰, such a multiple-systems approach has achieved reversal of cognitive decline in nine out of 10 individuals after six months of commencing the individualised program that used a combination of the following: elimination of all simple carbohydrates, leading to weight loss; elimination of gluten from the diet; increased consumption of fruits and vegetables; yoga and meditation; increased sleep duration with the help of melatonin, vitamin B₁₂ and vitamin D₃ supplements; fish oil daily; CoQ₁₀ daily; fasting between meals; and increased exercise. The Triple G regime shows results within *six weeks*, which suggests that it is plugging a significant number of leaking holes.

Where to from here? I shall continue to knock on doors, or perhaps someone will contact me out of the blue. Whoever it might be will probably have the eyesight to recognise that I am already wearing the tie. ∞

About the Author:

West Australian Maurice Czarniak, BSc, BPharm, FPS, is a qualified pharmacist who initially studied medicine for three years before obtaining a science degree in pharmacology and histology, during which time he was inspired by anatomy professor Dr David Allbrook to investigate and understand the phenomenon of regeneration as it occurs in the human body and how it can be influenced by natural means. In 1982, he commenced private research into the science of food in relationship to regeneration and how it applied to skin health and general wellbeing and its ability to overcome disease. From there he ventured forth into the realm of herbs and essential oils in an effort to bring out the very best that Nature has to offer. Coupled with his compounding skills, his creative mind carefully spawned a series of unique formulations that can be seen at his website

<http://www.naturalsecrets.com> (also see his article "Food for the Skin" in NEXUS 6/03). He is a novelist, photographer and artist in his spare time, and draws further inspiration from all forms of music.

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Endnotes

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