

Whitepaper

It's Time to

# COUNTERATTACK

Mild Cognitive Impairment

*"Sauve Qui Peut"*

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MCI911.com

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### **Medical Disclaimer**

This item presents only general information. It is not intended to prevent, diagnose, treat, or cure medical problems in any particular patient, and no person should begin or discontinue any treatment, use of a substance, or activity without first consulting one's own physician for advice.

### **Further information about Alzheimer's disease**

Alzheimer's Association: [www.alz.org](http://www.alz.org)

National Institute on Aging (NIH): [www.nia.nih.gov/health/alzheimers](http://www.nia.nih.gov/health/alzheimers)

The pioneering website for Mild Cognitive Impairment: [www.GoCogno.com](http://www.GoCogno.com)

## **It's Time to Counterattack Mild Cognitive Impairment**

How much longer must the millions afflicted with mild cognitive impairment (MCI), remain defenseless, passive victims? It's time to counterattack.

Their cognition is noticeably slipping, but not yet so much that it interferes with their activities of daily living. Can this degenerative process be stopped, perhaps even reversed, before it progresses, as it often does, to Alzheimer's disease (AD), which is currently 100 percent fatal?

### **No current medical ammunition**

About all conventional physicians can offer MCI patients today is sympathy and advice to "get your affairs in order," education in caretaking skills for the family, a list of support groups, and a list of companies that supply within-home care and/or a list of assisted living or Alzheimer's care facilities.

### **Wait for a miracle?**

Some MCI patients would like to wait for a "miracle," so they don't have to do much themselves. But have there ever been any miraculous cures of Alzheimer's disease? The world's foremost authority on examining and authenticating miracles is the Catholic Church. So, we queried the Congregation for the Causes of Saints, in the Roman Curia, in Rome, which oversees such investigations. They reported they have no record of there ever being a miraculous cure of Alzheimer's disease.

Those seniors with MCI who are passive, who accept the "conventional wisdom" that it's fruitless to even try anything, will do nothing. And if their MCI progresses to AD, they will die.

### **Diversions offers from experts**

Alzheimer's advocacy groups and government programs offer these substitutes to your personal counteroffensive now:

- a. They tell you what lifestyle behaviors and actions you *should have* started 20 to 50 years ago, to hopefully forestall your current predicament. But

though these measures seem mostly common sense and cause no harm, they have never been rigorously proven to prevent future development of AD in any particular individual, especially for people of varied genetics, ethnicities, diets, and living circumstances. Anyway, you may be decades too late in starting.

- b. They provide advice on caretaking of those who have progressed into AD. This is the modern-day version of Florence Nightingale's providing bandages and succor to the wounded soldiers of the Crimean War. The enemy force causing the damage was not halted, but the men were made comfortable until their gangrenous limbs could be amputated, or they died.
- c. They bless, even dictate, the current pace of research, and conduct no disruptive agitation for a faster cure. Instead, they urge donating time or money, or influencing government funders, so that at some future time—which is continually pushed forward—a remedy will be found. This is foretold in the Bible, Matthew 10:8, as the sick will be healed, and the dead brought back to life.

### **The scariest sign**

The scariest sign for patients currently coping with MCI, and its threat of progression into AD, is this recent announcement of Alzheimer's funding offered to scientists by the National Institutes of Health, the biggest funder of AD research: RFA-AG-19-003 "...The program seeks (i) to facilitate *the next generation* of researchers in the United States...." [Emphasis added].

It appears research administrators do not have much confidence a solution to MCI and AD will be found before the current generation of heavily funded investigators retires or dies off. Why is there not instead insistence on saving *this generation* of MCI and AD patients?

### **Where to turn?**

Until now, there have been few places to turn for such MCI information as might be of at least some assistance. That's the reason for this White Paper and the affiliated information clearinghouse, **MCI 911**. The "MCI" indicates "mild cognitive

impairment.” The “911” signifies “help” and urgency” inspired by the number of the emergency phone system in the U.S.

### **Low awareness of possibly helpful tactics**

Why aren't these possible actions for resisting MCI *already* known to every person suffering early loss of cognition?

- a. Although MCI and subsequent AD are considered chronic diseases, there has never been a push to suggest an array of tactics that may or may not be helpful in slowing mental deterioration in any one patient. In other words, because there is not yet a single “silver bullet” to cure MCI, no other weapons are offered.
- b. Contrast this with two other chronic diseases, diabetes and heart failure. Even in the absence of prescription drugs, there are many actions afflicted patients can elect to slow or reverse their downward spiral (e.g., tailored diets, more exercise, weight loss, stress reduction, etc).

### ***“Sauve qui peut”***

Unfortunately, you are mostly on your own. The French army describes such a desperate situation as “*Sauve qui peut.*” Loosely translated, this means “Every man for himself.”

Put plainly, you're going to have to consider the reported list of substances and actions as possible helps for MCI and design your own menu of those you're willing to try. The two main criteria should be (a) that they are reported in reputable medical and science journals to help cognition in at least a few people and (b) they pose little risk to most people (remember, consult your own doctor about their suitability for you). Promising results in laboratory animals can sometimes also be considered.

### **No deluxe evidence**

Our research in medical journals and other media revealed that there are a number of substances and tactics which have been reported to assist cognition maintenance, or even improvement, in at least some cognition-challenged patients.

However, there is usually not available deluxe, “gold-plated” evidence, such as placebo-controlled, “blind” clinical trials with large numbers of participants. Why not? Probably because the substances being tested are usually non-patentable and not very expensive, so no drug company can justify the major effort and expense of a full-scale clinical trial.

### **Affordable possibilities**

On the other hand, these substances are not costly, do not usually require a prescription, and are commonly offered “OTC” (over-the-counter), in drugstores, natural food departments, and online. So, it is usually easy to try one or more of these substances and/or actions.

But, please note that the labels and literature for the commercially available products are careful to make no specific claims of preventing, diagnosing, treating, or curing any disease, including MCI, lest they run afoul of the FDA and its “drug” regulations. So, you have to ferret out from journal articles, or informational websites like this one, the possibility that they might be of help.

### **Upside-down approach to statistics of possible benefits**

Let me explain the unusual way we look at “possible benefits.” We must turn conventional concepts of therapeutic statistics on their head. For example, the FDA would laugh at a proposed antibiotic that helped only 10 percent of the patients infected with the targeted microbe. For approval, they likely would wish to see 80-100 percent effectiveness against the infecting agent.

But if we can spotlight a substance or activity that might help 10 percent of MCI patients slow or avoid further mental deterioration, and it does little or no harm to the other 90 percent who try it, we are thrilled! Reason? Nobody has anything better to offer that 10 percent right now. And that achievement in even 10 percent may provide clues for ways to help the other 90 percent.

So, please understand few if any of the substances or activities we spotlight for MCI are “proven” to help according to the most exacting academic and statistical standards. But if your physician clears you to try one or more, and these agree with you, you have little to lose. By these self-motivated explorations you’ve at least got a chance, even if only a slim one, that you might be one of the lucky

people whose genetics and metabolism happen to match up perfectly with the items you elect to try.

### **No cure promised**

An important thing to remember is that we all differ from each other in many important ways. Genetics is likely the most important (except for identical twins, who have identical genes). And we were all brought up in, and today live in, differing environments. Even twins are occasionally raised separately. Our ages, food consumption, sex, and other characteristics also differ. So, what “works” in one MCI patient may not “work” in another.

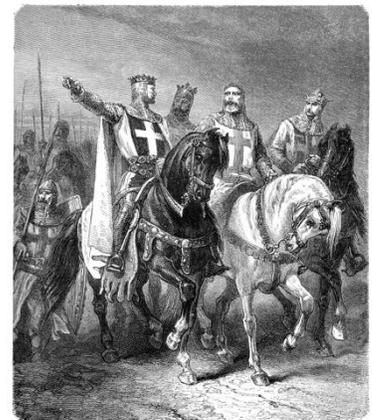
And we cannot know your individual medical history, situation, and possible bodily peculiarities. Thus, we insist that before you take any substance or action you check with your doctor or other healthcare provider. Also, you must read and accept our DISCLAIMER on page two.

So, can we promise a “cure” for lost cognition? Or even a “halt” in deterioration? Or reversal? Absolutely not. The best we can offer is a definite “maybe.” But right now, where else is even that possibility available?

### **Military analogies helpful**

Military analogies are often used to explain urgent or large medical efforts to understand and cure afflictions. For example, the War on Consumption, the War on Cancer, the War on Breast Cancer, the War on Drugs, etc. Such military terminology is distasteful to pacifists and even some in the healing professions.<sup>1</sup>

But there are few other words that summon up the idea of a large, united, aggressive effort—perhaps “crusade,” as in Dwight D. Eisenhower’s World War II “*Crusade in Europe*,” the title of which recalled the religious motivations of the Crusades in the Middle Ages.



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<sup>1</sup> Heather PL, McLachlan S, Philip J. The war against dementia: are we battle weary yet? *Age Ageing*. 2013;42:281-283. doi:10.1093/ageing/aft011.

Other recent attempts to sidestep “war” in labeling lofty medical goals include “moonshot” and “warp speed.” But these do not fit the present MCI situation because they conjure up only reaching a distant destination, not resisting an enemy in the process of landing on your beach.

### **Can one die “battling” Alzheimer’s?**

Another use of martial terms is found in obituaries describing a person’s demise from disease (e.g., “a valiant battle against cancer” or “a long battle against lung disease”). One can picture the deceased undergoing various painful procedures or suffering drastic side effects or demoralizing setbacks.

But tragically, the word “battle” can rarely if ever be accurately employed to characterize an AD patient’s long, fatal decline of cognition and function. In the usual case there were no noxious drugs, difficult surgeries, or other tactics of resistance. Rather, it is more of a slow unchallenged descent to the grave.

### **Switch to counterattack**

The dictionary defines counterattack as “an attack made in response to one by an enemy.” The patient is being attacked by the early forces of the MCI degenerative process in the brain. Therefore, the necessary reaction required now is a call to arms, i.e., a counterattack.

Why would we dare urge fighting back against MCI instead of surrendering to it? Isn’t this a futile battle? Absolutely not. There are many indications success is possible, though not guaranteed.

If you search carefully in the credible scientific journals for several years, as we have done, you will find numerous peer-reviewed reports that certain substances and tactics produced promising results in fending off, delaying, or even pushing back deteriorating cognition. Thus, many people with MCI could—and should—fight back, or as we prefer to say, counterattack.

## Immediate resistance best



Billions of dollars have been spent on research and clinical trials attempting to dislodge amyloid and tau from the brains of established AD patients, on the theory that these proteins are the villains causing further degeneration of cognition that can follow MCI.

But military history shows that removing an entrenched enemy can be extremely difficult. For example, “Marines attacked straight into the teeth of the prepared Japanese defensive positions, suffering heavy losses in men and equipment.”<sup>2</sup>

On the other hand, counterattacking invaders at the very time they are trying to get a toehold is wise counsel. As Winston Churchill advised the British people, “We shall fight them on the beaches, we shall fight them on the landing grounds...” Thus, the optimal time to fend off MCI is before or during its initial “landing” in the brain. The most difficult time to reverse subsequent AD is after it is well established.



## Waiting for an A-bomb

The present Alzheimer’s Defense Department is organized to bide time until an “atomic bomb” can be developed. It is hoped this will be a pill or injection that can rout out and destroy whatever degenerative factor or process is causing and continuing the destruction of cognition.

Meanwhile, the hundreds of thousands of seniors dying each year from AD are considered civilian collateral damage that must be tolerated until basic research and clinical trials produce The Bomb. A parallel is the English civilian deaths from Nazi V-1 and V-2 rocket attacks before the source was found and abolished.

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<sup>2</sup> Nash DE Sr. *Battle of Okinawa: III MEF Staff Ride Battle Book*. Quantico, VA: History Division of the U.S. Marine Corps; 2015.

<https://www.usmcu.edu/Portals/218/Okinawa%20Staff%20Ride%20Pub%20Proof%205%20for%20Web.pdf?ver=2018-10-30-091114-553>

Though many consider this battle a “war to save minds,” there are few 12-hour days and little weekend work at funded research laboratories, government agencies, or advocacy groups. So, cognitive dissonance prevails; we are in a desperate battle to protect brains, but we are not on a war footing.

### **Available weapons must be used**

When the peasantry is mobilized in desperate defense of its country, all weapons at hand are used (e.g., pistols, pitchforks, clubs, sharpened sticks). These are considered primitive by the generals, but they are the only items available at that time. So, the citizens resist to the extent their strength and tools permit. Thus, they have a fighting chance of survival, instead of abject surrender and certain death.

The currently available “weapons” to counterattack MCI may be divided into two groups, substances and activities. Potentially helpful ones will be individually considered, in detail, over the coming months in the new information service and clearinghouse, [MCI911.COM](http://MCI911.COM).

### **Examples of “substances”**

The substance category includes any foods or chemicals that are ingested, or which interact with the patient’s body by some other means. Examples are: Mediterranean diet, ketones, vitamins, minerals, supplements, drugs, hormones, probiotics, CPAP sleep devices, blue light, etc.



## Examples of “activities”

Activities involve some degree of participation by the MCI patient. Examples include, aerobic exercise, strength training, brain games, new learning, dancing, listening to music, and participation in social life.



## Propaganda has been successful

Have you personally ever heard or read a message urging you to fight back *right now* against MCI? If you’re like most people, your answer is “never.” Thereby, you are acknowledging the triumph of Alzheimer’s propaganda.

There are many nuanced and expansive definitions of propaganda, but few would dispute this summary: “Propaganda is the systematic effort to manipulate other people’s beliefs, attitudes, or actions by means of symbols such as words.”

Estimates indicate there are about 5 million people in the U.S. presently afflicted with AD. All or most of them passed through, or are currently coping with, MCI. Despite these huge numbers, only platitudes are offered; there is an almost complete lack of agitation for faster progress on the MCI front.

## Realistic vocabulary forbidden

A major contributor to the lack of agitation for faster progress against MCI and Alzheimer’s is that there is an embargo on words that might stir the populace to make demands. The U.K. Alzheimer’s Society is the best practitioner of this, even producing a 60-page booklet to instruct the media in preferred language that won’t offend anybody. But this encourages complacency, disguises the true seriousness of the situation, and stimulates no activism.

For example, even though MCI that leads to AD is uniformly fatal, the word “death” is almost nonexistent in the document. On pages 18-20, tables present various words not to be used. These include: epidemic, hopeless, tragic, misery,

living death, demented, sufferer, afflicted, patient (if not in hospital or doctor's office), etc.<sup>3</sup>

In fact, the entire emphasis of the UK Society and other Alzheimer's advocacy and support groups, including those in the U.S., is "You're 'living with' Alzheimer's disease. You and we can cope." MCI, and the AD which it may evolve into, are made to seem almost as innocuous as rheumatism, or even dandruff. A bother, yes. But no big deal. Certainly nothing to stir anger or unrest.

### **Stall for time**

What could possibly underlie this failure to mention disturbing facts, or even hide them? Again, British history provides a plausible explanation. In 1938, the British Prime Minister, Neville Chamberlain, returned from a meeting with Hitler wherein the Fuhrer promised no more aggression. Chamberlain declared, "We have peace for our time." Chamberlain bought time for himself to stay in office (though not much).<sup>4</sup>

### **Veritas vos liberabit**

"The truth shall set you free" — the inspiring motto of Johns Hopkins University. So, what is the unspoken truth about MCI and Alzheimer's (that often follows)?

MCI that leads to AD is a death sentence. At this time no commutation or pardon is possible. But first you'll serve years in progressively deteriorating conditions on **the** world's largest Death Row. Then you'll die. So, patients are not "living with" AD. They are "dying with" AD. Every day a little more brain degeneration is occurring, visible or not.

### **The painful truth will inspire personal counterattack**

Many actions are taken only when danger is evident, and some harm has occurred. The presence of MCI is a signal that something is amiss. Of course, the

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<sup>3</sup> Bould E. Dementia-Friendly Media and Broadcast Guide. UK Alzheimer's Society website. <https://www.alzheimers.org.uk/sites/default/files/2018-09/Dementia%20Friendly%20Media%20and%20Broadcast%20Guide.pdf>. 2018.

<sup>4</sup> Peace for our time. Wikipedia website. [https://en.wikipedia.org/wiki/Peace\\_for\\_our\\_time](https://en.wikipedia.org/wiki/Peace_for_our_time).

first thing to do is to determine if a treatable or correctable cause is operative; if so, compensatory action should be taken, with the guidance of a healthcare professional.

But if after all those explorations, the verdict is you have “plain old simple run-of-the-mill MCI,” what’s to be done? The message of this White Paper is to not sit back feeling you must be passive and wait a couple of years to see if it progresses into AD. Rather, it is a call to arms and action in your own self-defense.

On your own initiative, perhaps aided by family and friends, you can search and find various non-harmful substances and activities that *right now* may well give you a fighting chance of delaying or preventing MCI’s deterioration. (Many of those will be spotlighted at [MCI911.COM](http://MCI911.COM).) Also, if possible find a physician who is at least open to considering evidence not yet “gold-plated.”

But can you also help other victims?

### **COVID and AIDS activism offer models for societal acceleration**

Contrast the quiet acceptance of MCI decline, and the AD deaths which often follow, with the present uproar for a cure or preventive for the COVID-19 virus, which affects, and has killed, far fewer people than MCI that has progressed to Alzheimer’s.

Another provocative comparison is with the AIDS/HIV epidemic in the 1980s. It was a previously unknown disease, with no preventive or curative drug. How did a group of gay activists, previously ignored or shunned by many in society, bring about faster development of diagnostic tests and mitigating or curative treatment?

Their successful but disruptive tactics can be found in the book by David France, *How to Survive a Plague*.<sup>5</sup>

NPR reports that France felt the two prongs of AIDS Coalition to Unleash Power (ACT UP)’s strategy were equally important. The aggressive protests got them a

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<sup>5</sup> France D. *How to Survive a Plague: The Story of how Activists and Scientists Tamed AIDS*. New York, NY: Vintage Press; 2017.

foot in the door, but it wouldn't have made a difference if they hadn't done the homework needed to offer insightful and viable proposals once they did get a meeting. "What made this work was not just the anger. But the anger coupled with the intelligence," (the latter referring to knowledge about the government, especially Congress and the FDA, and the pharmaceutical industry).<sup>6</sup>

### **Conclusion: What have you and society got to lose?**

Would it help to “upset the apple cart?” Could AIDS and COVID-type activism speed up victories over MCI and AD? This can be said with certainty: it’s never been tried. So, which group of patients, and which organizations, will strike the spark to begin the counterattack? Meanwhile, you must begin the fight on your own.

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<sup>6</sup> Aizenman N. How to demand a medical breakthrough: lessons from the AIDS fight. NPR website. <https://www.npr.org/sections/health-shots/2019/02/09/689924838/how-to-demand-a-medical-breakthrough-lessons-from-the-aids-fight>. Published February 9, 2019. Accessed September 16, 2020.

