

# HEALTHY AT EVERY AGE

An authority in the emerging field of complementary medicine, Dr. Dale Guyer shares his clinically successful strategies to help seniors cope with such health issues as Alzheimer's, memory loss, and hormone replacement therapy.

## An Interview With Dale Guyer, M.D. by Joan Durham

**Q:** We're witnessing greater incidences of chronic diseases in our aging population than in previous generations. How can innovative medicine help fight the trend of these diseases?

**A:** Let me draw a comparison. In a conventional sense, if someone has a diagnosis of essential hypertension, a doctor will measure it and select an appropriate blood pressure medication. We don't know what is causing the elevation, but we provide a medicine that will bring it down. It could be a diuretic that increases urine output or a medication that will relax the vascular tone of the circulatory system.

The problem with this approach is that no one is addressing the cause of the high blood pressure. And very often patients do not get encouragement from their physicians to pursue common-sense interventions to help lower blood pressure—better diet, exercise.

Time and time again, I've seen patients who join a gym or walk their dog every day (and follow a good diet) lose the excess weight so that they no longer need blood pressure medications.

Not all patients will respond to simple therapies and will need some type of pharmaceutical management. However, for many the use of complementary therapies will prove very useful. Supplements such as flax oil, borage oil, magnesium, and coenzyme Q<sub>10</sub>, for example, can often be very effective at lowering blood pressure.

**Q:** Can complementary medicine help patients with Alzheimer's?

**A:** It really can. I have seen interventions dramatically improve a patient's clinical situation. I'll mention some of those, but first I would like to focus on prevention.

We need to identify people at risk



**To prevent unnecessary aluminum exposure, Dr. Guyer recommends avoiding underarm deodorants with aluminum in the ingredients, as well as aluminum cookware.**

for Alzheimer's disease and make an effort to address risk factors early in life and empower people to act preventively rather than through crisis management.

In Alzheimer's, for example, aluminum toxicity is a big concern. Aluminum is the one of the most abundant elements on earth. It is present in cookware, underarm deodorants, and baked goods, to name a few. There is some evidence that accumulation of aluminum in the brain, for example, can contribute to the development of Alzheimer's. Therefore, it would be prudent to minimize aluminum expo-

sure until there is a greater understanding and clarity regarding this potential risk factor.

Another risk factor is deficiency of the hormone estrogen in both men and women. Women not on estrogen replacement therapy tend to be at higher risk for development of Alzheimer's because estrogen plays a supportive role in cognitive function and maintenance of normal nervous system function. This might be hard for men to swallow, but our capacity to think and process data clearly is partially dependent on the level of estrogen in the brain and central nervous system. (Aromatase is an enzyme that converts testosterone to estrogen and, in men, is the primary source of this hormone.)

**Q:** As one ages, does the conversion process change?

**A:** As men age, testosterone levels tend to go down and estrogen levels tend to go up. In the process, testosterone metabolism tends to take a different pathway, becoming converted to dihydrotestosterone, which is thought to contribute to prostate enlargement. It is a vicious cycle. This is where the hormone replacement therapy comes in.

For men and women, testosterone replacement therapy is a consideration. It is important that our endocrine (hormonal) system stay in balance, and therefore it is important to evaluate the entire system—including DHEA, testosterone, melatonin, progesterone, and growth hormone. These hormones tend to diminish with normal aging, and deficiency states probably play a role in the development of chronic illness, including neurodegenerative states such as Alzheimer's.

**Q:** The issue of hormone replacement therapy is confusing for women. Some

experts advise, "Don't do hormone replacement. You're going to get cancer. But if you don't, you're probably going to have heart disease." What is your view on this issue?

**A:** For the medical consumer and physician, it's a difficult question to answer. Each case is individual, especially for women considering hormone replacement therapy. While we assume that estrogen helps stabilize heart function, there's clinical data to support the conclusion that there's not much difference in cardiac outcome for women taking hormone replacement therapy and for those who do not. On the other hand, other data support the finding that hormone replacement therapy does indeed play a significant role in treatment. The range of increased risk from hormone replacement therapy of developing breast or uterine cancer in various studies ranges from one to 30 percent. To complicate the issue even further, most people are not aware of natural hormones. (For those wanting to learn about natural hormones, there is a wonderful book available at bookstores called *Natural Hormone Replacement for Women Over 45* by Jonathan V. Wright and John Morgenthaler.)

Natural hormones, made from yams and soybeans, are chemically identical to what our body makes. The body uses these natural hormones much more effectively to potentially reduce the likelihood of developing certain cancers, as well as derive the benefits to bone, heart, and overall health. These natural hormones are alternatives to prescribed, synthetic, pharmaceutical versions that are chemically unlike anything made by our body.

**Q:** *Would natural hormone therapy make a difference in a cancer outcome, or does the synthetic nature of a pharmaceutical increase the risk of cancer?*

**A:** There are two concerns. One concern with the synthetic version is that the hormones are chemically unlike anything that your body makes. Premarin, for example, is derived from mare's urine, so it's natural if you are a horse.

In my own clinical experience, my female patients say they feel tremendously better using these natural preparations—not to say they are the best choice for everyone. Discuss the issue with your physician. If your doctor is unaware of the natural hormone option, bring in a copy of the book that

I mentioned earlier. That information will help with the decision. In general, however, I've had very good luck with those natural preparations.

With regard to cancer risk, in research studies in the 1970s that investigated the types of estrogen that males and females make—estradiol, estrone, estriol—women who had higher levels of estriol had lower instance of breast cancer. Natural hormones actually have high levels of estriol, which is a weaker active hormone.

So to answer your question about risk of breast cancer and synthetic hormones, there may be a problem with synthetics in that tolerance is difficult for some people, and synthetics are based on estradiol, which we know is a very potent hormone that possibly stimulates the growth of breast cancer cells.

### Smart Drugs

**Q:** *What are smart drugs?*

**A:** I wish I had known about smart drugs when I went through medical school. They would have made gross anatomy much easier.

Smart drugs are compounds that have what we call a nootropic effect, meaning that they support the normal function of the nervous system primarily by increasing cognitive clarity, mental acuity, verbal skill, and so forth. One of the first smart drugs available in this country was hydergine, an extract of rye grain—more specifically a mold that grows on rye grain. It seems to improve cognitive quickness and clarity, especially in normal, healthy individuals. It is also thought to be an anti-aging medicine that works by slowing down brain aging.

In this country, it's usually used for people with senile dementia. While it is helpful for that condition, it is actually more helpful for younger, healthier people who can benefit from greater cognitive clarity and thought. I take it myself, and it works wonderfully. The usual dose in this country is one milligram, three times a day. In European countries, the dose is five milligrams twice a day, so we're clearly not using an effective dose in general.

Other compounds are also useful. DMAE (dimethylaminoethanol) used to be a prescription medication. Today, you can buy DMAE over the counter. You can get the original prescription version (which, from what I've seen, seems to be more effective) through some pharmacies and physicians' offices that offer the BioTech line of

supplements. Piracetam is also another commonly used smart drug.

Hydergine, DMAE, and Piracetam are just three of the available medicines that may significantly improve your IQ and memory.

People wanting a good reference book on this topic should read the two-volume set *Smart Drugs II: The Next Generation* by Ward Dean, M.D., John Morgenthaler, and Steven William Fowkes. The authors go into great detail on smart drugs like deprenyl, acetylcarnitine, hydergine, and SAME (S-adenosylmethione), and their use as specific treatments for diseases such as Alzheimer's. I have had wonderful clinical results with combinations of these preparations.

Another valuable resource on the topic is the newsletter *Smart Life News*, published by the Cognition Enhancement Research Institute. Editor Steven Fowkes is one of the world's experts on smart drugs and their clinical use. The newsletter addresses in great detail a wide range of health topics—Down's syndrome, Alzheimer's, Parkinson's disease, smart drugs, and depression, just to mention a few.

**Q:** *Do physicians take classes in complementary medicine and its therapeutic application during medical school?*

**A:** Unfortunately, no, but that's changing. There are at least 17 or 18 medical schools in the country now teaching courses on the use of alternative medicine or complementary medicine and how the discipline impacts the practice of normal medicine. In my own training at Indiana University, I wasn't presented information on alternative medicine. On the other hand, I did get a very good education in the clinical aspects of conventional medicine, which is very important. Complementary medicine is not about excluding one division of knowledge in favor of another; it is holistic, for lack of a better term. In other words, use all the information that's out there. The more tools you have, the better job you can do—which applies to life in general, as well as medicine. ♣

---

*The Cognitive Enhancement Research Institute,*  
P. O. Box 4029, Menlo Park, CA 94026, 650-321-2374.

*American Academy of Anti-Aging Medicine,* 1341 West Fullerton Ave., Suite 111, Chicago, IL 60614, 773-528-1000.