Secret Seven

Pharmaceuticals

Introduction

To a large degree “reality” is whateve the people who are around at the time agree to.

Milton H. Miller

I am somewhat reluctant to normally prescribe most pharmaceuticals unless there is clear evidence for their need. Obviously some diabetics require insulin. Patients with cardiac failure require digitalis and lasix etc. This is “real” prescribing. Since brain health is so important to wellbeing and nootropic drugs have been proven to have many beneficial effects and few, if any, side effects these are some of the pharmaceuticals I will recommend for a persons longevity program. Certain other select pharmaceuticals can be found on our website Eternity Medicine.com.

(1) PIRACETAM

Piracetam is an intelligence booster, and CNS (central nervous system) stimulant with no known toxicity or addictive properties.

Piracetam has been described by many people as a drug that “wakes up your brain”. Piracetam’s effect and safety have been so impressive, that it created a new classification of drugs called Nootropics.

The term Nootropic is Greek and means “acting on the mind.” Since the creation of Piracetam by Dr. Giurgea in 1966, many pharmaceutical companies have been very busy developing analogues.

Even though Piracetam has been available in parts of Europe since the 1960’s there are currently no FDA approved Nootropic drugs in the United States.

Piracetam's actions

Piracetam has a very similar molecular structure to the amino-acid pyroglutamate, and they share the same base chemical structure.

Piracetam enhances cognition under conditions of hypoxia (too little oxygen) and improves memory and learning abilities in normal people. In Europe, piracetam is used to treat alcoholism, strokes, virtigo, senile dementia, dyslexia and numerous other health problems.

Another of piracetam's action is to promote the flow of information between the left and right hemispheres of the brain through the corpus callosum. It is known that communication between the two hemispheres is responsible for creativity, this may be the reason for piractam's usefulness in the treatment of Dyslexia.

Piractam's effectiveness can aslso be enhanced by using DMAE, Centrophenoxine, Choline, Hydergine and Vinpocetine, the synergistic effect causes a greater improvement in memory, than any one taken alone.

Senile Dementias

One study has suggested that piracetam increases the numbers of receptors in the brain. Aging causes a decline, but Alzheimer's disease causes a rapid decline in intellectual function, which is partly due to a decreased cholinergic system, caused by cell death and degeneration.

In a test on older mice, some were given piracetam for only 2 weeks and the density of cholinergic receptors in the frontal cortexes were

measured. The researchers found 30% to 40 % higher density of receptors than in the control group.

Piracetm unlike any other drug, appears to have a regenerative effect on the central nervous system.

Dosages and Side Effects

Piracetam can increase the effects of other drugs, such as amphetamines and psycotropics. Adverse effects are very rare, but include nausea, gastrointestinal distress and headaches. This is typical of the synergy present with piractam and its analogues, overall dosages of other nootropic and brain drugs may need to be reduced.

Piracetam has no known toxity.

Piractam is supplied in 400mg, 800mg,and 1200mg tablets, the total dose is usually 1600mg to 3600mg daily. Some literature recommends a high dosage for the first two days (up to 6000mg), then to resume a "normal" dosage level. Piracetam normally takes effect within 60 minutes. The "standard" dose is usually 2500mg twice a day for the first month, reducing to 1200 mg twice a day thereafter.

The Analogues

It is now nearly four decades since piracetam became commercially available.

In that time a number of analogues have been discovered and developed. These include Aniracetam, Modiracetam, Oxiracetam and Pramiracetam.

All of the anologues have been shown to be more potent than piracetam in clinical trials. In all cases the analogues have been shown to be twice as potent and some trials up to 7 times as potent.

Most physicians agree, the use of nootropics is both individually sensitive and bodyweight relative.

In nearly all cases, some experimentation with both the nootropic and its dosage is required to discover which one works best and at what level.

Thus, one can create a synergistic affect with others that have different actions, such as centrophenoxine or hydergine. However, when combinations of such “smart-drugs” are taken together it is necessary to reduce the dosage of each (compared to the dosage that would be taken if one product was taken alone).

2. DEPRENYL

Deprenyl (otherwise known as Selegiline) is currently the most promising therapy in the struggle against aging.

Recent studies have shown that Deprenyl has a variety of beneficial effects on brain aging, without producing toxic side effects.

There is much evidence to suggest that deprenyl is an anti-depressant, a sexual stimulant, an effective treatment for Parkinson's disease and a useful treatment for Alzheimer's disease, as well as an anti-aging therapy.

Preventing and Treating Parkinson's Disease

The most impressive clinical findings to date have been that Deprenyl slows the progression of Parkinson's disease, and extends the life span of Parkinson's disease patients.

In a test by Birkmayer in Austria, Parkinson's disease patients receiving Madopar (L-Dopa plus a decarboxylase inhibitor) and deprenyl lived on average 15 months longer than patients only receiving Madopar . When 800 Parkinson's disease patients received deprenyl in a United States and Canadian test in 1989, they were doing so much better than the control patients (who were receiving a placebo), that the scientists directing the program halted it

halfway, in order to provide the control patients with the benefits of Deprenyl. The study concluded that Deprenyl may help protect the dopamine producing neurons in the substania nigra region of the brain, from destruction. It is the loss of these neurons and the concurrent decline in the production of dopamine that causes Parkinson's disease. Several of the scientists experimenting with deprenyl are convinced that regular use of Deprenyl at the very early onset of Parkinson's disease could prevent the disease entirely.

Accordingly to neurologist J William Langston of the Institute for Medical Research in San Jose, California "the evidence that Deprenyl can prevent Parkinson's disease is strong and is getting stronger all the time". Doctor Langston points to three compelling findings;

(A) Deprenyl is a powerful selective inhibitor of Monomine Oxidase B (MAO-B), the specific form of the enzyme that breaks dopamine into other compounds, which are then excreted. There is a marked age related rise in MAO levels, which leads to an increasing incidence of depression with advancing age. Doctor Langston also thinks that the specific type of MAO inhibition caused by Deprenyl may also exert a protective effect on the neurons that produce dopamine.

(B) There is evidence that the dopamine producing neurons may be destroyed or made dysfunctional as a result of side effects caused by dopamine metabolism itself. Deprenyl inhibits the activity of one of the prime metabolites of dopamine called 6-OHDA, which generates oxidative free radical reactions that have been shown to have neurotoxic effects on brain neurons.

(c) Deprenyl protects dopaminergic neurons from environmental toxicity, caused by agents such as MPTP, a drug which caused severe Parkinson's symptoms in young people who took it as a street drug in the 1970's. It's been shown that the toxic chemicals produced during the oxidation of MPTP destroy dopamine producing neurons and that injections of Deprenyl completely block this destructive process.

The Unique MAO-B Inhibitor

Scientists have been exploring the use of Deprenyl as a treatment for Alzheimer's Disease, because of its ability to inhibit the activity of MAO-B. MAO-B has been shown to oxidize the neurotransmitters dopamine, norepinephrine and phenylethylamine.

These neurotransmitters are responsible for memory, movement, co-ordination and sex drive, and these are all functions that decline dramatically in Alzheimer patients as in Parkinson's disease patients.

Since Deprenyl at 10mg daily has been shown to reduce the MAO-B oxidation of these neurotransmitters by 90%, it is thought that treating Alzheimer patients with Deprenyl will improve their memory and behaviour by increasing the availability of these neurotransmitters, and perhaps slow down the brain degeneration.

The earliest studies in 1987, at the Ntional Institute of Mental Health, treated 17 moderately impaired Alzheimer patients with either a placebo, or 10mg of Deprenyl daily for 28 days, or 40mg of Deprenyl for 35 days. Two patients at 40 mg daily suffered from

hypertension, but there were no other serious side effects for the other patients.

The scientists concluded "significant changes for the better in behaviour, cognitive function, and neuroendocrine function compared to placebo when the patients received 10mg per day of Deprenyl, and lesser beneficial changes (with greater side effects), when the patients received 40mg per day of Deprenyl." There were decreases in anxiety, depression, physical tension, agitation and hostility and increases in verbal communication, positive feelings about life and greater participation in social activities.

More recent studies conducted at the Perugia University Italy treated 20 Alzheimer patients with mild to moderate Alzheimers for a 3 month period. The scientists concluded:

"Statistically significant improvements when the patients were given Deprenyl in word fluency, digit span, long term spatial memory, letter cancellation, picture cancellation, copy drawing, verbal memory and concentration… Deprenyl represents an efficacious, well tolerated and therefore reliable treatment for Alzheimer's disease."

Further studies at the University of Milan in 1991 with 117 patients receiving 10mg of Deprenyl or a placebo, for a 3 month period concluded:

"Deprenyl treated patients improved their performance, while that of the placebo treated group worsened… Deprenyl seems to be an effective treatment for patients with Alzheimer's disease."

Conclusions for Use in Alzheimer's Disease

Although more research needs to be conducted to further explore the use of Deprenyl in the treatment of Alzheimer's disease, there are some good reasons why deprenyl should be seriously considered.

(A) The findings of three controlled placebo studies, show that Deprenyl at 10mg daily is effective in improving the memory and behaviour of Alzheimer patients.

(B) The safety Deprenyl at 10mg daily has been established, with thousands of Parkinson's disease patients who have been taking the drug for years.

(C) That Alzheimer patients are likely to benefit from the anti-Parkinson disease and anti-aging benefits of Deprenyl.

(D) That Deprenyl in combination with other drugs and supplements provides synergistic effects (improved benefits) and may be more effective in improving memory in Alzheimer patients than any other therapy currently available.

Slowing the Aging Process

Parkinson's disease seems to be a form of accelerated aging, caused by the action of 6-OHDA. All elderly people suffer from symptoms of Parkinson's disease, such as loss of co-ordination, shuffling and diminution of sex drive. This is because the exact same neurons that are destroyed in Parkinsons disease are also the same destroyed in normal aging, they just diminish at a slower rate. It is not until 80% of these neurons have diminished that the symptoms of Parkinson's disease are generally diagnosed.

The findings suggest that long term usage of deprenyl can slow down the aging process itself, a conclusion arrived at over 20 years ago by the Hungarian pharmacologist Joseph Knoll, who developed Deprenyl in 1965.

Figure above shows the age related decline of dopamine at 12% per decade past the age of 40, (Dean, Fowkes and Morgenthaler).

Doctor Knoll's study included 24 month old rats (65 years in human terms). They were given injections 3 times a week of a 0.25mg/ kg of Deprenyl, whilst the control animals received saline injections. The injections were continued until the animals died.

The degree of life span reported by Doctor Knoll is unprecedented for a clinically available therapy. The rats lived to an age equivalent in human terms of 150 years!

It appears that deprenyl therapy slows down aging in a dramatic fashion.

Such an increase in life span could be the most important break through in the history of medicine. Doctor Knoll's efforts could have been simply dismissed out of hand, were it not for further evidence.

More recent studies have been under taken by the Univeristy of Toronto

Scientists at the University of Toronto in 1989, tried to duplicate Doctor Knoll's efforts in another strain of rats. In the first experiment, 62 animals, 24 to 25 months of age were assigned to random groups, with the animals receiving 3 injections each week of a solution of 0.25% Deprenyl. The remainder of the animals received saline injections.

Results of the Study

The major findings of the study was that the Deprenyl group survived significantly longer than the control group. The average survival time of the Deprenyl group was 133.7 days and the average survival time of the control group was 114.7 days. The average maximum survival time of the Deprenyl group was 248.4 days compared to 212.1 days in the control group.

One animal in the deprenyl group survived 315 days and the longest span for the control group was 251 days. During autopsies no specific factors were attributable to death.

The conclusion of the study was that Deprenyl delayed the aging of organs and that the Deprenyl treated animals were healthier than the control animals.

Comparisons

Although the Toronto study produced a smaller increase in the life span of Deprenyl treated animals, than doctor Knoll's, there were a number of other factors, which included the types, ages and weights

of rats that were different between the two studies. The Toronto scientists accepted the validity of Doctor Knoll's findings.

Doctor Knoll is now 75 years old and he takes Deprenyl regularly and recommends that anyone over the age of 45 take it. As he points out, the brains output of dopamine declines 13% per decade after the age of 45 and Deprenyl is needed to protect the brains dopamine producing brain cells from destruction.

Dosages and Side Effects

Doctor Knoll recommends taking 1 (5mg) tablet of Deprenyl three times a week. Some life extensionists recommend taking 5mg of Deprenyl daily, with an occasional break. It should be noted that no one except those suffering from Parkinson's disease should exceed these dosage levels.

For treatment of Parkinson's disease and Alzheimer's disease, the dosage of 10mg daily appears to be not only the most effective level, but also the most side effect free level. There is evidence that Deprenyl is less effective and can produce undesirable eside effects at higher dosages. But Deprenyl is remarkably safe and effective at lower dosages. Trade names include Eldepryl , Selegiline and Jumex .

Update

The very latest evidence about Deprenyl use as a longevity/ anti-aging product, is to maintain "recommended" dosages for a few

months and then to reduce those dosages to approximately one third to one half.

Animal experiments show us that it is those who take low regular dosages of Deprenyl that are likely to live longer than those who take higher dosages of Deprenyl over the same period.

As a result an easy to use low dosage is favourable in such circumstances.

3. Hydergine-the Most Popular Ergot

Now we move onto one of the most popular and widely used smart-drugs that has been in use for over 40-years- Hydergine (pronounced hi-der-gene).

Hydergine has received only "mild" reviews whilst being used to treat senile dementias, (although it is widely regarded to have been used in dosages that were far too small for those purposes). However, hydergine presents itself as a remarkable anti-aging medicine and an adjunct for the treatment of age-related mental decline.

Hydergine is known to have all the following effects:

1. Increase blood supply to the brain.
2. Increase oxygen delivered to the brain.
3. Enhance metabolism of brain cells.
4. Protect the brain from insufficient oxygen supply.
5. Slow the deposit of the age pigment lipofuscin in the brain.
6. Prevent free radical damage to brain cells.
7. Increase intelligence, memory, learning and recall.

Oxygen is unique in that it is both a free radical generator and a free radical scavenger. At optimum concentrations, oxygen

neutralizes more free radicals than it produces. Either too much or too little can upset the balance and generate the production of free radicals, which in turn can lead to aging. One of the major ways in which oxygen generates free radicals is its reaction with unsaturated fats, a process called peroxidation.

Unfortunately, our brain cells contain more unsaturated fats than any other part of the body, therefore it is our brains that are most susceptible to peroxidation. Here are some conditions that can cause major peroxidation and the formation of massive amounts of potent free radicals:

A. Heart attack
B. Stroke
C. Pollution (Carbon monoxide greatly reduces the oxygen carrying ability of the blood).
D. Smoking cigarettes (Nicotine constricts blood vessels and decreases oxygen supply to the brain. It is estimated that those who smoke more than 20 cigarettes a day lose at least 7% of the normal blood flow to the brain).

Some European countries use hydergine for emergencies and accidents that involve shock, haemorrhage, strokes, heart attacks, drowning, electrocution and drug over-dose. Hospitals give hydergine to patients before an operation in order to gain time in case of any ensuing crises. This is because hydergine helps to stabilize brain oxygen levels, if they are too high hydergine lowers them, if they are too low then hydergine improves them. This was graphically illustrated in a cat experiment.

Two groups of cats were anaestheized and their brains electronically monitored. The scientists reduced the brain's blood supply (and therefore oxygen supply). The cats in the control group

(i.e. no hydergine) had brain damage within 5-minutes and died within 15-minutes. However, the cats in the prehydergine treated group had strong brain wave patterns up to 45-minutes later. This experiment proved two things, firstly that a decrease in the normal oxygen balance results in tremendous free radical damage and secondly that hydergine protects against this free radical damage when the oxygen level is upset.

Hydergine has also been shown to increase the level of neurotransmitters in the brain, whilst this may not be significant enough for the treatment of senile dementia, such action has implications and benefits for the treatment and prevention of age-related mental decline.

There is also evidence that hydergine stimulates the growth of dendrite nerve fibres. Dendrites can normally be expected to decline with aging and some scientists have associated the number and density of dendrites with intelligence (see figure below).

The figure above shows the age related decline in dendrites, from left to right the dendrite becomes less efficient.

This decrease in brain cell connection has been hypothesized to be due to an impairment in the energy supply at synaptic regions. Because of hydergine's known ability to improve nerve cell metabolism, a group of Italian scientists studied the ultra-cellular features of synaptic mitochondria to see if long-term hydergine treatment could delay or prevent the loss of synaptic connections.

The mitochondria are the "intracellular powerhouses" where the universal energy molecule-ATP (adenosine triphosphate) is produced (see figure below)

The scientists found that the number of mitochondria are greatest at about 12-months of age in rats (equivilant to a 25-year old in human terms) and then progressively decreases. However, the size of the mitochondria increased progressively after 12 months. Thus in young adult rats, the energy required at synaptic regions is provided by a large number of small, highly efficient mitochondria, whereas in old rats, energy is produced by a smaller number of larger, less efficient mitochondria.

But, astonishingly after treatment with hydergine, it can be seen that the total mitochondrial volume of old rats was nearly the same as

the young rats. Furthermore, the mitochondrial size was altered to a more youthful direction

Like its ergot relatives, hydergrine has also shown itself to be a mild vasodilator (it enhances brain blood flow) and improves the uptake of the brain energy molecule – glucose. Hydergrine also reduces the accumulation of age-related toxin, lipofuscin.

Time and again, clinical trials indicate that hydergrine can improve cognitive functions, mental alertness, clarity and mood.

Dosages, Side effects and Contraindications

With literally thousands of published clinical research papers and hydergrine's decades of use around the world, it has proven itself to be non-toxic and relatively safe. Its potential side effects include mild nausea, gastric disturbances and bradycardia. It should be avoided by people who suffer from psychosis, or those with low blood pressure or abnormally slow heartbeat. Seek a health professional's advice if combining hydergine (at dosages in excess of 9mg per day) with other ergot derivatives or vasodilators.

Most people do well at dosages of around 2.25 mg to 4.5mg per day with occasional breaks. The most common side effect of stomach upset can be avoided with the use of specially coated tablets (known as FAS) or sublingual liquid versions.

With its beneficial affects, mild side effects and few contraindications, hydergine is ranked as one of the most important anti-aging medicines available today.

Conclusion

Fungi's from rye were used by our ancestors for many different reasons, some of them as rites of passage into adulthood, most were considered to be "mind-expanding." Now we know many of the pharmacological actions and roles they play in mental and memory enhancement and in the slowing of age-related brain disorders.

Today, we understand that brain protection and enhancement is a most important factor- if not the most important factor for anti-aging medicine and successful longevity.

4. CENTROPHENOXINE

Centrophenoxine is an anti-aging drug widely used in Europe to increase brain energy. Centrophenoxine stimulates chemical activity of the brain, in particular the uptake of glucose is increased. Glucose is essential for energy production; oxygen consumption and carbon dioxide production also increase significantly when centrophenoxine is taken regularly.

Centrophenoxine has also been found to be very effective in the treatment of various human disorders, such as brain damage due to old age, stroke, brain injury caused by chemicals or drugs including excessive alcohol consumption. Centrophenoxine has the ability to protect against the damage caused by modern toxic environmental chemicals.

Protection Against Aging

Prolonged administration of Centrophenoxine has been given to healthy old animals, and caused a large reduction in the lipofuscin

present in heart and brain cells. Lipofuscin is a waste product that builds up in older cells. The life span of Centrophenoxine treated animals is much longer than that of animals that did not receive the drug.

The learning ability of the treated animals was also much greater than the untreated animals. Centrophenoxine is able to reverse the age dependent accumulation of the mineral potassium in brain cells, and a number of other damaging changes that occur as the brain ages. Centrophenoxine increases the production of chemicals that are essential for the proper functioning of the brain, such as RNA and protein. Glucose uptake into the brain is also increased, in spite of the evidence of the effects of Centrophenoxine, its workings are not quite clear.

Centrophenoxine has played a central role in many anti aging experiments, and there is strong evidence supporting the observation that vital membranes are protected during continuous treatment with Centrophenoxine.

It provides protection against free radical damage caused by aging and improves the body's defense against free radical attacks. Centrophenoxine has been revealed in many scientific experiments to reverse the decrease in RNA. RNA is essential for the body to produce protein and decreases with increasing age, as Centrophenoxine increases RNA supplies this leads to an increase in protein turnover, this is beneficial in anti-aging.

Memory Loss and Senile Dementia

Centrophenoxine has been found to be most useful in the treatment of senile dementia. Regular use of Centrophenoxine offers a chance to prevent mental deterioration because mental performance is improved in both the healthy individual and those with senile dementia

Experimental studies have shown that Centrophenoxine reduces the amount of lipofuscin in nerve cells.

This suggests that mental function is enhanced by the removal of lipofuscin from the nerve cells.

Senile dementia is related to changes in the part of the brain responsible for memories; the hippocampus. The nerve cells of the hippocampus are damaged as part of the aging process, however in senile dementia the damage is far greater.

Similar changes also occur in other parts of the central nervous system. A very important effect of Centrophenoxine is the stimulation of uptake of glucose by the brain, this can make up for the damage caused to the hippocampus by aging and senile dementia.

The beneficial effects on mental performance seen in people following regular use of Centrophenoxine are due to a real improvement in the efficiency of the workings of the vital cells. Nerve cells work much better under the influence of Centrophenoxine.

The exact way that Centrophenoxine works is not clear, but a theory has been elaborated by Professor Imre Zs.-Nagy and titled the "membrane hypothesis of aging". This theory attributes a primary

role in aging to a decrease in the ability of the mineral potassium to get into and out of cells.

This causes the level of potassium in the cell to rise leading to a reduction in essential protein production. The increased potassium levels are due to free radical induced crossed linking in the cell membrane. The cells of the body gradually lose their ability to eliminate damaged components, i.e. lipofuscin slowly builds up in the cells.

Centrophenoxine slows down the rate of accumulation of age deposits and is incorporated into the membranes of the brain cells, where it protects against the cross linking effects of free radicals.

Centrophenoxine is able to increase the storage of new information in long term memory and increase mental alertness.

Dosages and Side Effects

There has been no toxicity associated with Centrophenoxine in therapeutic dosages.

Normal dosages are one or two 250mg tablets a day, unless suffering from senile dementia then 4x 250mg tablets are taken throughout the day.

However, it is advisable to take occasional breaks, the appearance of muscle aches and pains may be a sign of over-dosage and thus a reduction in dose is required.

Persons who suffer from severe high blood pressure, convulsive disorders such as epilepsy as well as children, pregnant or lactating women should not use Centrophenoxine, it is most popularly known as the trade name Lucidril .

5. VINPOCETINE

Vinpocetine is a new addition to the class of “smart drugs,” a class which have a specific effect on the chemical reactions that go on inside cells, to invigorate the brain and make it work normally. Vinpocetine, when taken regularly allows the brain to make better use of oxygen and energy.

The brain accounts for only 2% of total body weight, however it receives between 15% to 20% of the blood, in order to enable it to receive energy from the sugar glucose.

The brain only has small reserves of energy, and they can be expended within a minute, if they have to be used.

This means that proper brain function depends upon good blood flow, oxygen and glucose supply.

Vinpocetine’s Effects

Vinpocetine is able to intensively increase blood supply to the brain.

Vinpocetine improves the use of oxygen by the brain, and therefore its abilities to resist damage due to a lack of oxygen.

Vinpocetine has the following features;

(A) Is effective when taken orally.

(B) Selectively improves blood supply to the brain.

(C) Does not cause slowed heart rate or low blood pressure.

(D) Increases the use of oxygen by the brain.

(E) Increases the tolerance of the brain to a lack of oxygen.

(F) Increases vasodilatation due to a lack of oxygen.

(G) Enhances the use of glucose by brain cells.

(H) Increases ATP levels in the brain.

(I) Stops blood from becoming thick.

(J) Raises the amount of serotonin, which has an activating effect on the brain.

(K) Is non toxic, even when dosages are several times higher than those normally used.

(L) Is not harmful to the central nervous system.

Medical Trials

It has been proven by using a variety of methods, in a large number of medical studies and with thousands of people, that Vinpocetine improves blood circulation, oxygen uptake and glucose utilization by the brain.

The degree to which the chemical reactions of the brain are improved depends upon the level of oxygen in the brain. Vinpocetine has its first effect on damaged areas of the brain and has been proven to produce positive effects for at least 70% of its users.

The main areas in which Vinpocetine have been used are brain disorders, treatment of the signs of aging, defects of the eye, ear, nose and throat problems.

Healthy Individuals

A study of 12 healthy female volunteers who took Vinpocetine in dosages of 10mg, 20mg and 40mg daily was crossed referenced to a group on placebos.

On the third day of treatment a number of tests were undertaken, in order to determine the levels of memory. In all of the Vinpocetine treated group, memory was found to have been significantly improved especially so for those taking 40mg daily.

It was expected that even better results would be seen if treatment was continued for longer periods.

Brain Disorders

Studies have reported that patients using Vinpocetine have shown improvement in 60% to 70% of cases after at least one month of therapy. Regular use of Vinpocetine can perform improvements in all of the following symptoms:

Dizziness	Numbness
Poor co-ordination	Tinnitus
Unstable blood pressure	Mild paralysis
Speech disturbances	Vertigo
Poor concentration	Bad memory
Headaches	Poor hearing
Shoulder stiffness	Neck stiffness
Poor sleeping	Anxiety
Mood instability	Insomnia
Depression	Irritability

In the healthy older person with no mental decline, Vinpocetine can give very good results.

Eyes and Ears

In the course of treating a group of over 800 patients for eye problems, a 71% improvement rate was obtained. The eye problems treated included macular degeneration, diabetic retinopathy and glaucoma. Vinpocetine improves the blood flow to the retina of the eye, eye sight is often improved, studies showed that 88% of those taking Vinpocetine, noticed an improvement in their vision.

Vinpocetine has also been used to treat ear problems such as presbyacusis (hearing loss due to old age), and cochleovestibular neuritis (inflamed nerves in the ear). The beneficial effects of Vinpocetine are due to an increased blood supply to the inner ear, the nerve and to the cortex of the brain.

Conclusion

Vinpocetine is a truly unique product in having so many brain enhancing effects. None of the other brain enhancers available have so many multiple effects. It is Vinpocetine's blood flow improvements and its abilities to improve oxygen supply to the brain, which enables the brain to make better use of its energy and nutritional supplies.

The brain protecting and activating effects of Vinpocetine explain how the drug protects and enhances memory and thought processes. Vinpocetine can be used to treat the signs of senile dementia or mental decay. It can be used to treat poor blood circulation in the brain and progressive strokes. Vinpocetine can treat some symptoms of menopause, eye problems, ear and hearing difficulties and dizziness.

Dosages and Side Effects

The Japanese have carried out extensive studies into the best dosages for Vinpocetine. The study concluded that dosages of 15mg to 30mg per day was the ideal standard, taken as either 1 or 2 tablets (5mg each) three times daily.

The maintenance dosage for longer periods for healthy individuals is 1 or 2 tablets (5mg each) daily.

I have only presented five pharmaceuticals each of which has a definit role in enhancing brain health – the key to healthy aging. These pharmaceuticals should be taken under the care of a physician. If you need a physician in your area knowledgeable in these medications, contact us at Eternity Medicine.com.

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