Journal of Alzheimer's Parkinsonism & Dementia

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Short Communication

Cortisol and Folate and their Roles in Alzheimer's Disease, Diabetes

This article was published in the following Scient Open Access Journal:
Journal of Alzheimer's Parkinsonism & Dementia
Received August 23, 2017; **Accepted** August 25, 2017; **Published** August 30, 2017

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In previous articles [1-4], I studied the role of Cortisol, the "stress hormone", produced to promote transfusion of sugar to the bloodstream in stressful situations, as the cause for Alzheimer's disease, based on the deteriorating effect it has on alpha, beta and gamma secretase, enzymes in charge of the peptide of amyloid beta [1].

I hypothesized that one way to downplay Cortisol secretion is to elevate blood glucose levels by nutrition [1], but this was challenged by Alzheimer's occurrence in Type2 Diabetic Patients [2].

In this 2nd article I hypothesized that maybe Insulin treatment could be the reason for this malice. This is because the body could be responding to Insulin infusion, the hormone in charge of sugar transfusion from the bloodstream to the body, with elevated Cortisol secretion, because it has impact similar to glucagon, the hormone opposite to Insulin. This proved to likely be true [3].

I also brought evidence that Glucagon, which has Cortisol like effect possibly making it redundant, shows positive results against AD and that noninsulin diabetes medications were proven as having lower AD occurrence [2].

In the following paper [4] I argued that Diabetes type 2 should not be treated with Insulin or at all, but that Diabetes' hallmark of sugar in the urine, is the body's natural way of treating the disease. I concluded that medical intervention should only be by Sports or Diet [4].

I later pondered a conclusion that diabetes could be in some ways a behavioral reaction to high Cortisol levels, for the same logic of answering Cortisol secretion with Glucosic nutrition [1] which also proved likely [5]. And when I tried to think what could cure high Cortisol Levels, not by duplication of its role, but by itself, I thought of Folic Acid, for the soothing effect of leaves [6].

Turns out I was right, several previous studies showed folate as being a possible Alzheimer cure or at least low folate levels as correlated with Alzheimer's [6-9].

This, by the way, could also be true for Cushing Syndrome [10] and Schizophrenia [11], where high cortisol levels and low folate levels are evidenced. And could also be true for Diabetics if high Cortisol levels are indeed related to the development of Diabetes [5,12,13].

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