Recap of my Visit with Dr. Alan Green, MD
Little Neck, NY on Nov 5th, 2021

As a 69 year old 4/4 female, I am not averse to thinking outside the box of conventional medicine and standards, as collectively, they have failed to halt (let alone slow down or reverse) the ever mounting burden of AD. Therefore, I made the trip to the office of Dr. Alan Green in New York to learn more about his AD prevention protocol with Rapamycin (an mTOR inhibitor) and Dasatinib (a senolytic).

Prior to my appointment with Dr. Green, I spent much time reading and educating myself about the pros and cons of mTOR inhibitor, Rapamycin (alternatively called Sirolimus) which was approved by the FDA in 1999 to prevent immune system rejection in organ transplant recipients. Also part of his program is senolytic therapy targeted at removing senescent cells.

There are many articles and discussions I came across, pointing to elevated mTor1 activity being the culprit in age related health conditions and cognitive decline. Rapamycin regulates cell proliferation, autophagy, and apoptosis by its involvement in multiple signaling pathways in the body and suppresses mTOR activation.

In lab studies, Rapamycin has been found to reverse amyloid and tau in APOE4/4 bred mice and restore brain vascular function, learning deficits and improve integrity of the blood brain barrier. Whether this translates to humans remains to be seen.

Prior to my visit, I was instructed to get the following labs:

561 Insulin
10231 Comprehensive Metabolic Panel
496 Hemoglobin A1C
7600 Lipid Panel
6399 CBC
83540 Ferritin

Dr. Green seems passionate about preventing dreaded disease outcomes related to aging. He is a 78 year old, slender built, personable MD (never mind that he also has a Juris Doctor!) who has based much of his protocol on the work of Dr. Mikhail Blagosklonny and Dr. Green uses rapamycin himself since 2016.

He has a small office in his modest house in Little Neck, NY (about 30 minutes from LaGuardia airport). He is genuinely convinced (and convincing) that his protocol can largely prevent age-related health and mental decline and that mainstream medicine and pharmacology is not interested in the health benefits of low dose rapamycin since it is off-patent and there is no money to be made with it. His fee was very reasonable ($350) so money is clearly not what motivates him.

Upon arrival, he gave me a folder with articles he recommended I read to better understand the basis of his protocol.

1) https://pubmed.ncbi.nlm.nih.gov/30126037/
   Tau protein aggregation is associated with cellular senescence in the brain.

2) https://news.uthscsa.edu/toxic-zombie-cells-seen-for-1st-time-in-alzheimers/
   Toxic "zombie" cells seen for the 1st time in Alzheimer's.

3) https://pubmed.ncbi.nlm.nih.gov/30674654/
   Rapamycin and Alzheimer's disease: Time for a clinical trial?

4) https://clinicaltrials.gov/ct2/show/NCT04685590
   This is a clinical trial beginning in December 2021 on the use of Dasatinib (another tool in his protocol) to clear senescent cells.

The protocol he recommends for me is 6mg Rapamycin / once a week for the next 6 months. After that, he would want me to change that to 12mg every other week, and in the off-week, he would add a single low dose of Dasatinib (a senolytic drug used to treat leukemia) to address senescent cells.

Myelination is improved and microvascular circulation breakdown is prevented with rapamycin. He mentioned and referred to the work of Dr. George Bartzokis, an interesting summary here.

He explained that the problems seen in Rapamycin studies suggesting a risk of insulin resistance or mTOR2 suppression are all related to regular, higher dose and daily use of rapamycin and not the intermittent low dose use which only impacts mTOR1.

One of two possible side effect: Patients can be susceptible to bacterial infections since Rapamycin suppresses the innate immune system (although it greatly enhances the adaptive immune system). He routinely prescribes an antibiotic (Z-pak) to have on hand if a fever with symptoms of bacterial infection occur (skin, throat, ears). Timing is a factor in this risk because the half-life of Rapamycin is 65 hours. The longer the time after the weekly dose, the more time the innate immune system has had to come back online. The other side effect is susceptibility to mouth sores in the first months of treatment. They usually subside thereafter.

Other interesting tidbits:
When asked if he would recommend the same thing for me if I were 20 years younger, he said that APOE4/4s should all be in prevention mode starting in their 40s after their child bearing age.

He strongly recommends supplementing curcumin if ferritin is not already low. It chelates iron. (brand he recommend is "Natural Factors Theracurmin") His target level for Ferritin is 50 ng/mL. as iron burden contributes to AD.

Anyone taking statins should make sure that the statin they are taking does not cross the BBB. Some of them do and he believes that is very detrimental to the brain's own cholesterol needs.

It was a very worthwhile trip and as I continue to digest the information and read and learn more, I now have a prescription in hand for 1mg tablets (6 a week) if/when I am ready to move forward!

Karin D.