SHARP AGAIN

Preserving Memory | Restoring Minds

A 501(c)3 Nonprofit

How Exercise Can Save Your Brain

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February 12, 2026

Introduction – Part 1

Most of us believe that to treat cognitive loss, we have to wait for a breakthrough from a pharmaceutical factory.

But what if I told you that a splendid and brilliant pharmaceutical factory is already sitting right inside you?

And what if I told you that the 'keys' to that factory aren't in a bottle, but in your leg muscles and your liver, working together?

Today, I'm going to show you how to turn those keys.

Introduction – Part 2

I am an Integrative Physician who loves to look under the hood, so as to understand the mechanism of how things work.

Although I'm a psychiatrist, I treat a lot of "medical" problems as well – as a Consultant.

While I do write prescriptions when truly needed, for 50 years now I have been a quiet pioneer in using natural, drug-free approaches *whenever possible*.

Introduction – Part 3

In a moment I'm going to tell you about astounding scientific discoveries on specific exercises that can vastly improve brain function. This is a phenomenal opportunity for brain repair.

However, many opportunities also come with dangers. That truth applies here. So, you need to listen really closely, so that you'll know what the dangers are – so you can avoid them.

Introduction – Part 4

DISCLAIMER

The ideas on exercise and dietary supplements given herein are FOR INFORMATIONAL PURPOSES ONLY. They should not be construed as a recommendation for you or a loved one to follow.

Consult with your health professional before starting any exercise, and before starting any new supplement. Exercise can lead to injuries. And supplements can interact BADLY with some medications that you might be taking. So, you owe it to yourself to let your health professional know *ahead of time* what you are considering doing.

Introduction – Part 5

We all used to think of exercise as helping the brain because it "improves circulation". Now, after doing a deep dive into the multitude of ways in which exercise actually changes the brain, I now view exercise as a **brain-repair protocol** – and one that is **drug-free.**

Today, I want to show you exactly what happens to a brain that is shut down energetically, and "on fire" from inflammation, when you give it the blessing of just ten minutes of movement.

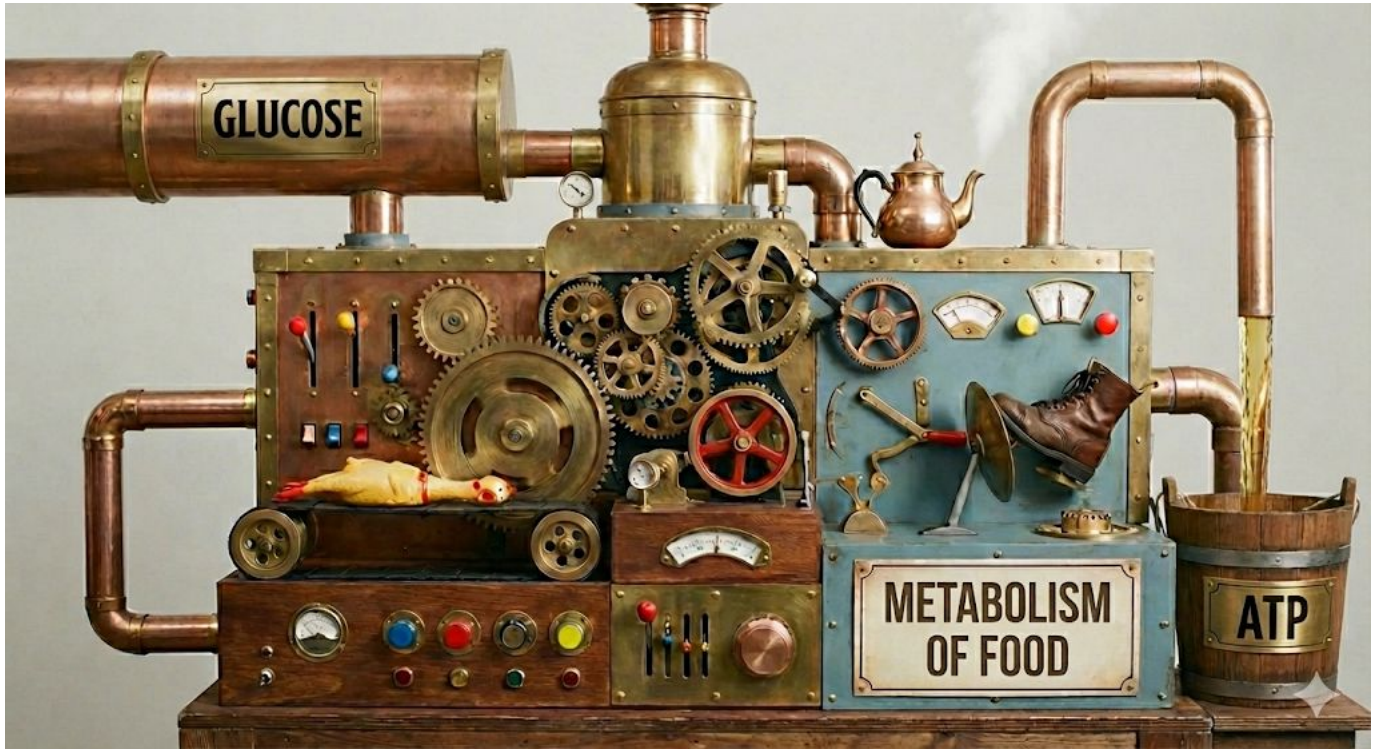
To understand what I'm about to tell you, first you need a simplified layman's overview of *how the brain extracts energy from foodstuffs*…

Energy Metabolism – Part 1

Each cell of the body has elaborate, metabolic "machines" inside (the mitochondria) that convert glucose (from food) to the finished product ATP (which is stored chemical energy, analogous to a "battery")

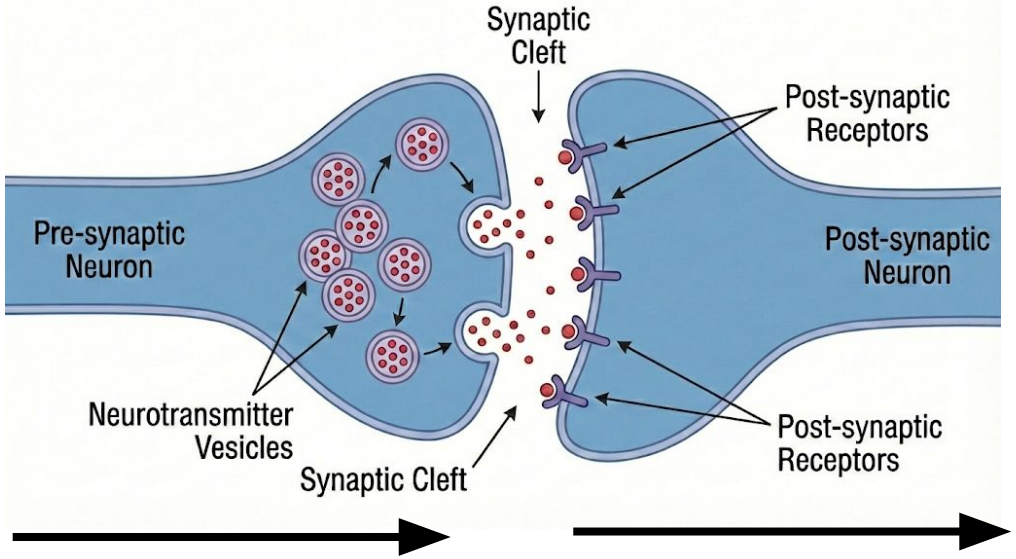
(Note: ATP = Adenosine TriPhosphate)

Energy Metabolism – Part 2: A Fun Analogy



Many thanks to Google's Gemini AI. All the more so because when I asked it to make a Rube Goldberg machine that is "silly" and "funny", it threw in the boot, the tea kettle, and the rubber chicken.

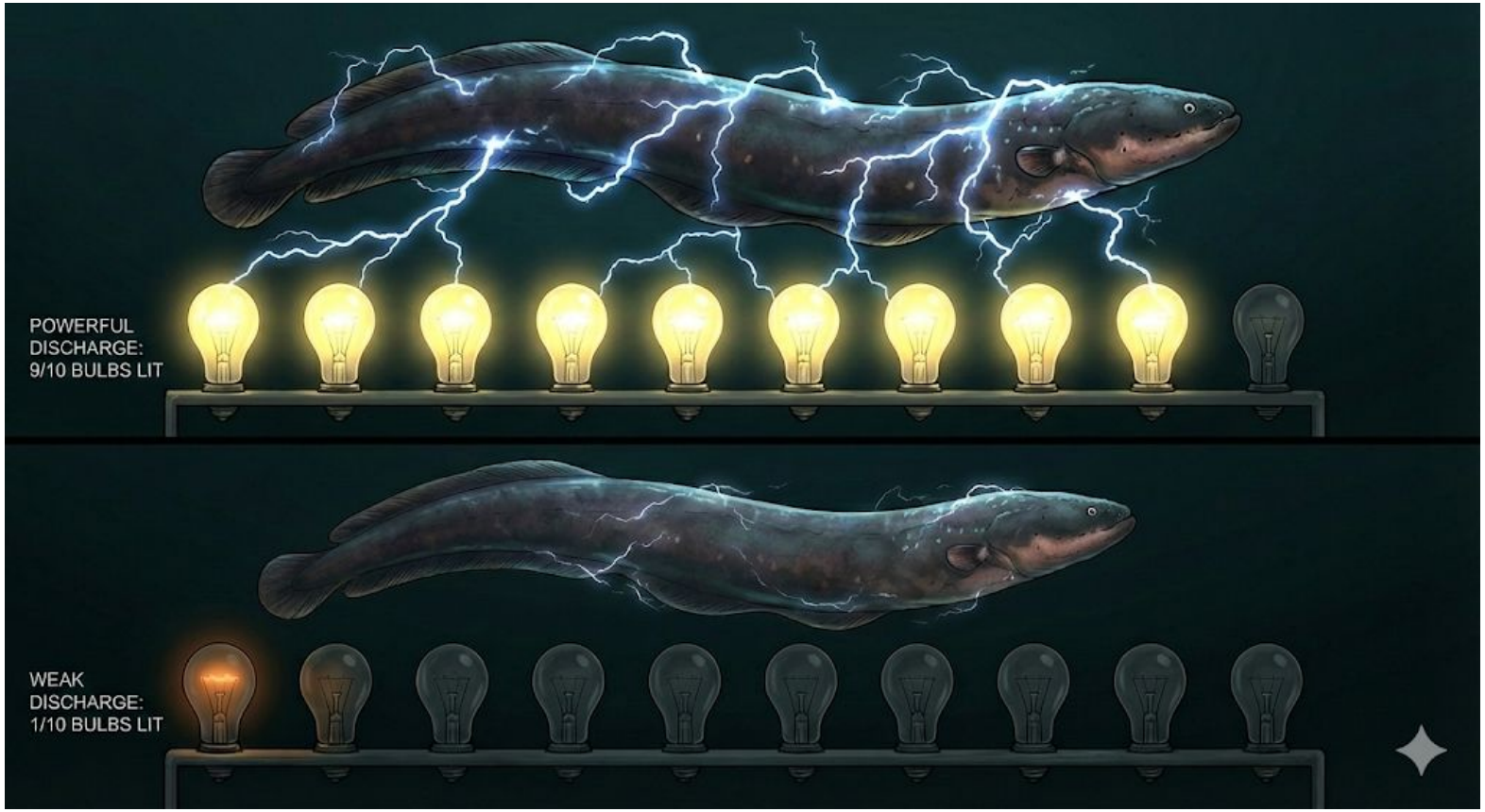
ATP is needed to get neurons to fire and connect ("neurotransmission")



- The electrical impulse flows to the right in this image, from the "pre-synaptic" neuron "upstream" on the left to the post-synaptic one "downstream" on the right.
- When the impulse reaches the cleft, it causes stored neurotransmitters (like serotonin) to be released.
- The neurotransmitter molecules cross the cleft and activate the post-synaptic neuron, which in turn fires (generates an impulse).
- **Neurons need a *huge* amount of energy (as ATP) to generate these electrical impulses**

If the neurons aren't able to make enough ATP, they power down.

To illustrate the fact that neurons need an energy "charge" in order to spark and fire, consider the analogy below of two electric eels. The one on the bottom is "powered down".



Brain Powered Down – Part 1

It requires a LOT of energy (as ATP) to get neurons to fire, and even lots more energy to get a whole *circuit* of them to fire at once (such as a memory circuit that encodes for your spouse's name).

However, in cognitive impairment, the "memory neurons" of the brain don't have enough ATP. As a result, they power down. It's like when your cell phone gets down to ~5% charge remaining, and the screen dims to *conserve energy*. It's like a rotating brown-out with an electrical utility.

The "memory neurons" we are talking about here are mostly in and around a brain structure called the hippocampus, whose job is to *retrieve* stored information (so we can remember things), and to *store* information (so that we can learn new things).

Brain Powered Down – Part 2

The "brown-out" energy crisis gets even worse: Nearby "GABA" interneurons sense this weak state of the memory neurons, and *further* inhibit them. They do this protectively, to prevent the memory neurons from becoming so active that they'll burn out and die. The way the interneurons protect is by pelting the memory neurons with lots of GABA (**G**amma-**A**mino **B**utyric **A**cid, an inhibitory neurotransmitter).

So now the memory neurons are in a doubled-down state of energy crisis:

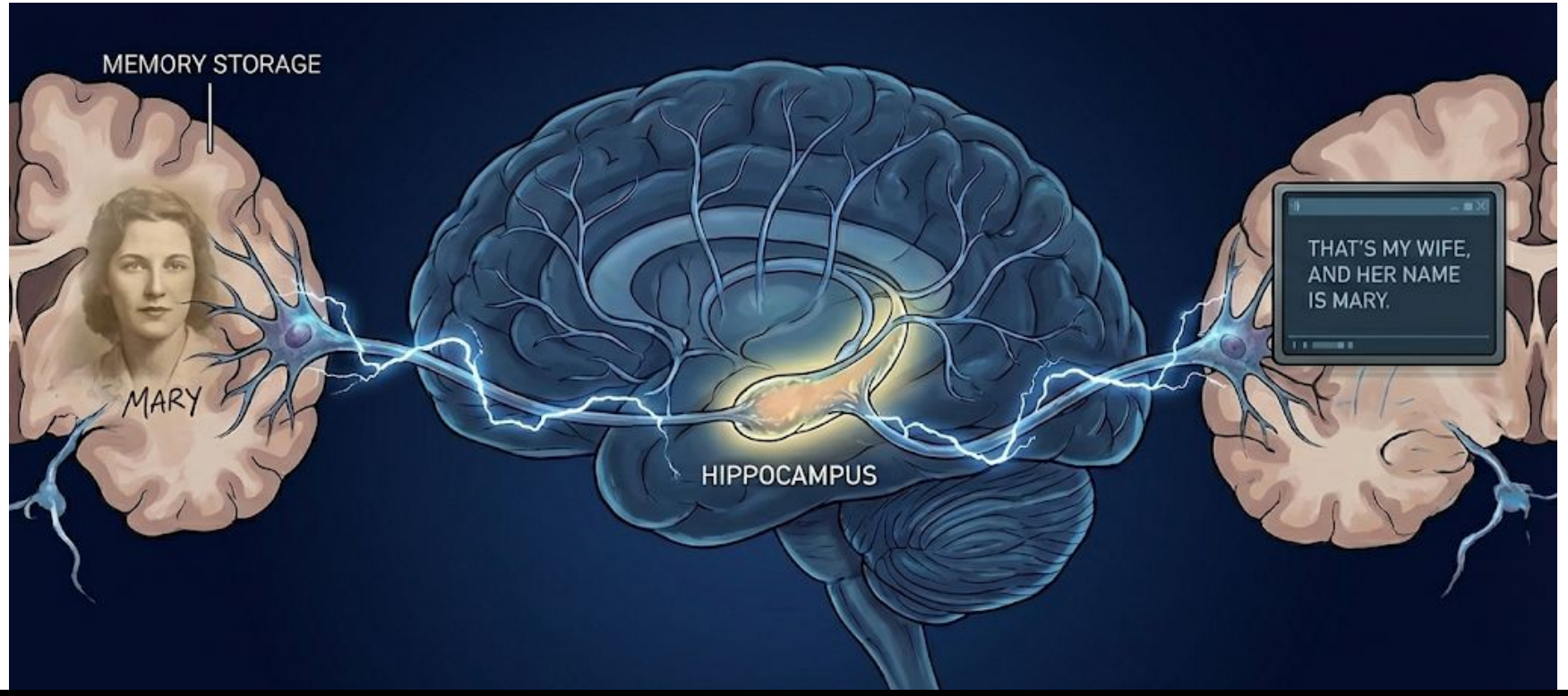
- They can't make enough energy, and so have become feeble
- The GABA interneurons have made them even more feeble

Query to brain: "Brain, activate the circuit that would help me retrieve: (1) What is my wife's name? And (2) What time did she say (three times already) that we are going to leave for the doctor's office today?"

Response from brain: "So sorry, power is dimmed."

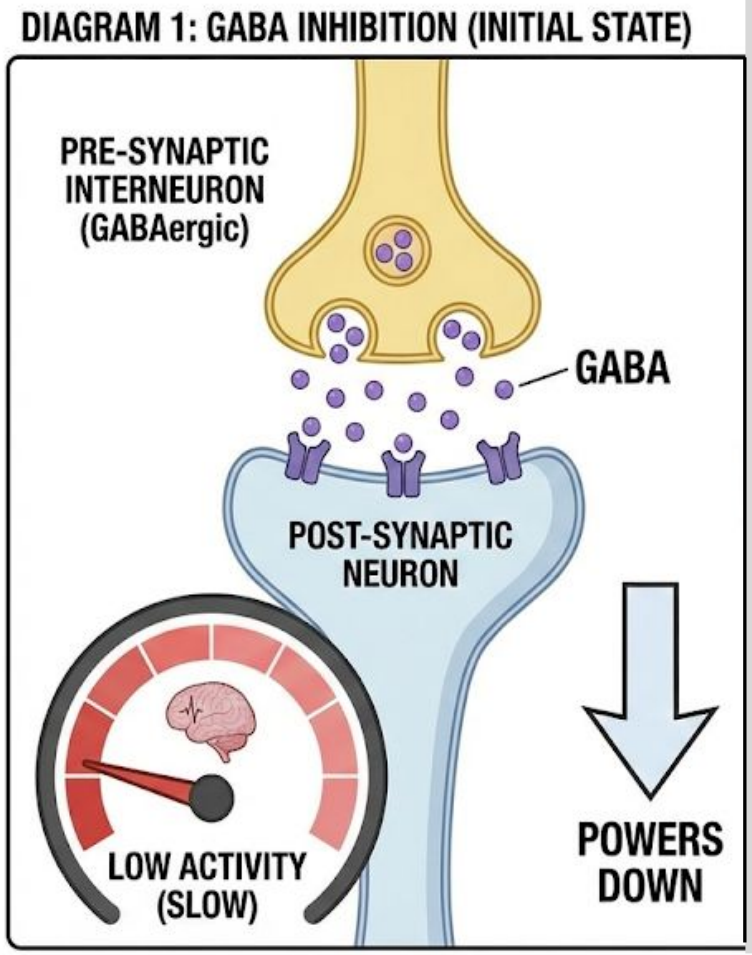
What if there were some natural fixes?

This cartoon depicts that *many* neurons are needed to ***locate*** the stored memory (image) of the wife's face, and her name as well, and to then ***retrieve*** that information so as to bring it through the hippocampus, where it can then be "registered" on a "screen", so to speak.



You can well imagine that if the thousands of neurons involved in this particular circuit are powered down, it is going to be very difficult for the man to remember his wife's name. And If the neurons are even *more* powered down, he might not even be able to recognize her face.

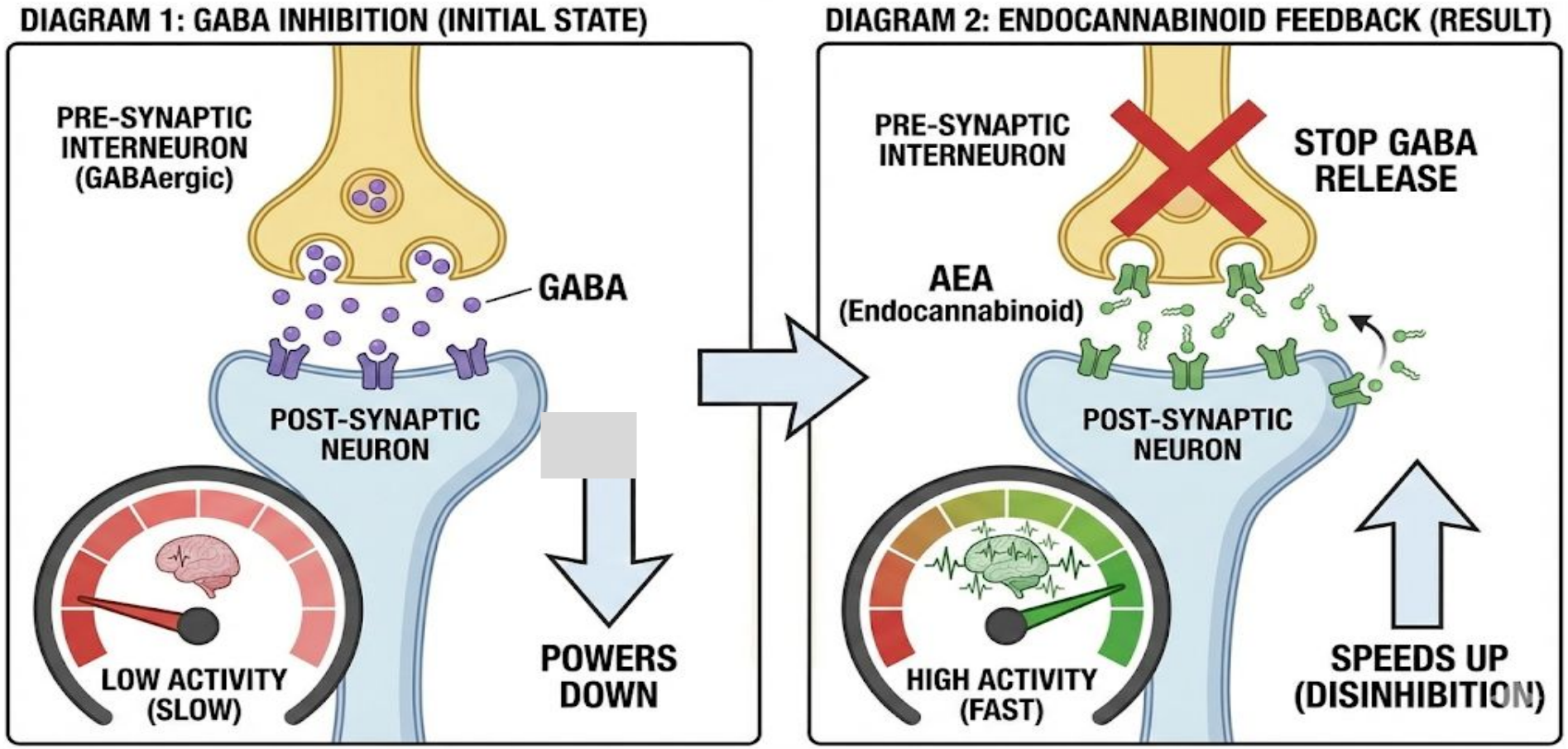
One of the ways in which the memory neurons power way down is, as said, by a pre-synaptic GABA-type neuron releasing GABA to inhibit them



What if there were a “fix”?

1st of the "FIXES": EXERCISE causes those powered-down Memory Neurons to release **ANANDAMIDE (AEA)**, which in turn powers down the Gaba Neuron

Note: Anandamide (AEA) is an endocannabinoid. It turns the tables on the GABA neurons, powering *them* down.



OK, but **WHY** do the Memory Neurons lose Power in the First Place?

One of the reasons the brain loses power is that, in some brain conditions, glucose (the brain's main fuel) is barricaded from getting into the brain through the glucose transporter.

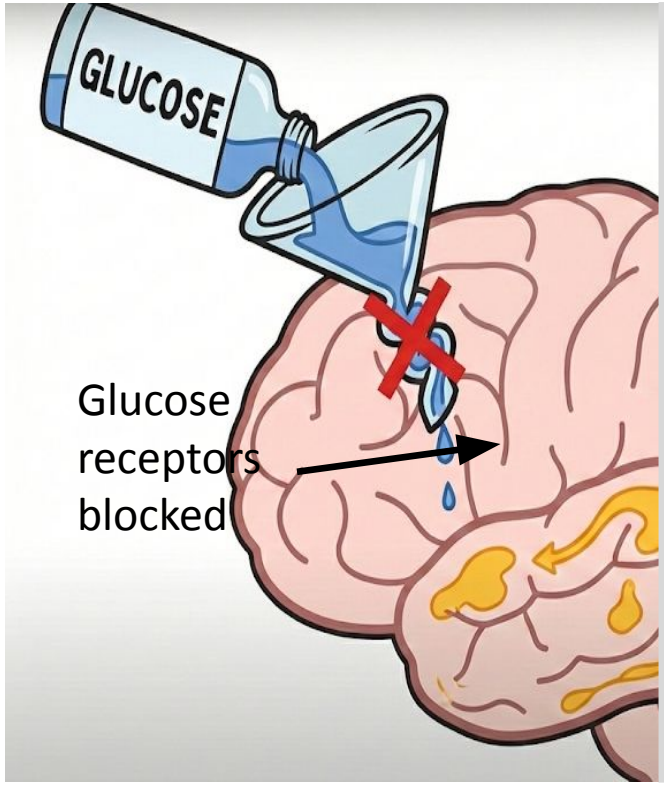
This is because of INSULIN RESISTANCE, which is a glitch at the INSULIN RECEPTOR: Insulin tries to get the "gate" of that glucose transporter to open and allow glucose in, but the "gate" won't open. It's like a subway turnstile that is jammed.

Without adequate glucose, the brain powers down, and massively so.

Cartoon showing an analogy: Glucose blocked from getting into brain

The “funnel” is crimped, and this prevents glucose from entering.

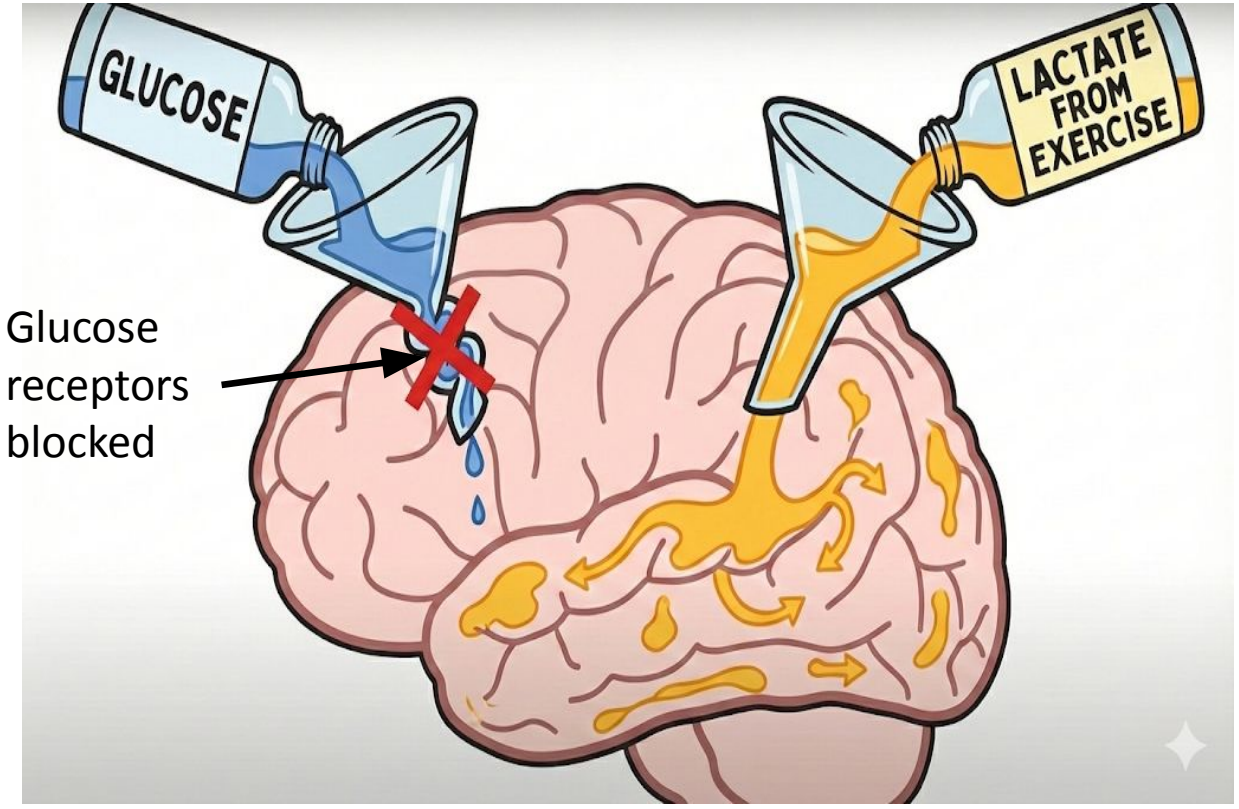
In reality there is a blockade at the insulin receptor to individual neurons. But this cartoon will help get the idea across.



Maybe there’s a fix to this, too?

2nd of the "FIXES": **EXERCISE** causes the muscles to produce **LACTATE** – which is a superb fuel for the brain!

We thought that lactate (lactic acid) released from muscles was just a "waste product". Turns out that when it gets into the bloodstream and diffuses into the brain (no receptor needed) – it's an even better fuel than glucose!!



So, lactate is one example of an "Alt-Fuel". There is another one, called "ketones"

Ketones can fuel the brain. They can get there from *endogenous* sources (when we are fasting and break fats down to ketones), and/or from *exogenous* sources.

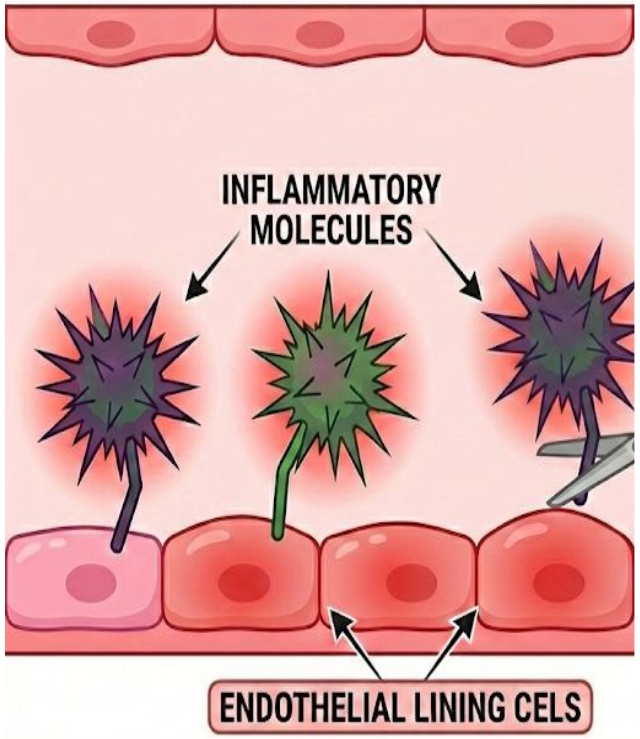
The main exogenous products that people use for ketones are (1) **coconut oil**, (2) unique components of coconut oil, like **Caprylic Acid ("C8")**, and a related compound called **BHB (beta-hydroxy butyrate)**:

- Many of us Integrative Psychiatrists and Integrative Neurologists will have our patients **start with ½ tsp per day of coconut oil**, and work their way up ***slowly* to 1-2 tbsp per day**, watching out for the urgent diarrhea it often causes (due to the osmotic effect of pulling water into the intestines). Later we'll talk about how to prevent the diarrhea.
- The improvements in cognition from coconut oil, C8, and/or BHB are **spectacular.**

Ask Sharp Again to send you the link to **my presentation on nutraceuticals** that have helped dementia patients return from oblivion.

Yet another problem: when we are **SEDENTARY**, "BAD" molecules bind to the lining of the blood vessels and cause **NEURO-INFLAMMATION**

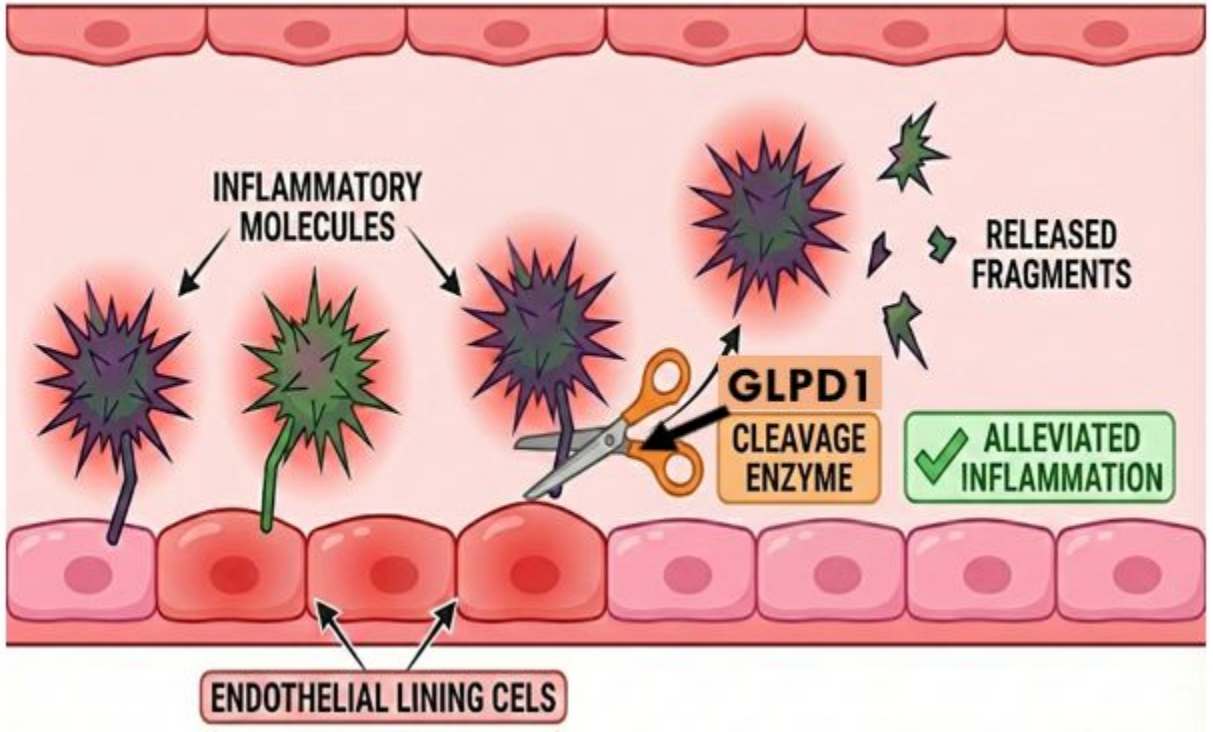
The inflammation starts inside the blood vessel, but can extend into nearby neurons and provoke *neuro*-inflammation. This is terribly damaging to neurons. And it sets up a vicious cycle, where damaged neurons stimulate certain brain cells called glial cells to get even more inflamed, which in turn damages even more neurons. The brain is on "fire".
Neuro-inflammation is a *major* contributory factor in the dementias, Parkinson's, ALS, traumatic brain injury, stroke, and epilepsy.



(Note they are inflamed)

3RD "FIX": **EXERCISE** causes the liver to release a Phospholipid called "**GLPD1**"

GLPD1 is a cleavage enzyme (acts like a "molecular scissors") that trims off the "gunk". When the fragments of the gunk are released into the bloodstream, they become harmless, and inflammation is *greatly* reduced! GLPD1 is one of the "**exerkines**" that have recently been discovered.



In addition to exercise, there are foods and supplements you can take to reduce some of the neuro-inflammation

FOODS:

1. Rich sources of **proanthocyanins**:
Purple and blue fruits (blueberries, blackberries, plums, etc.) The skins of these fruits are rich in proanthocyanins, pigments that do a great job of quenching neuro-inflammation.

2. Rich sources of **luteolin** (a bioflavanoid). [Note: not lutein.]
One of the best food sources is celery stalks!
Also: radicchio, broccoli, artichokes, carrots, navel oranges, and chamomile tea.
And from herbs: thyme, parsley, rosemary, peppermint, and sage.

SUPPLEMENTS are the easiest way to get a superabundant supply of luteolin. I recommend:
Bio-Luteolin, by Life Extension Foundation (available on Amazon)

Two more crown jewel "Exerkines" that are released when we exercise

Vigorous skeletal muscle contraction releases **Irisin** and **Cathepsin B**.

1. Cathepsin B, which leaks from aerobically-stressed muscles and reaches the brain, causes the hippocampus (our memory center) to make NEW neurons. This is NEUROGENESIS, the holy grail of brain science!!!
2. Cathepsin B and irisin both increase hippocampal levels of **BDNF** (Brain-Derived Neurotrophic Factor). This protein is the "miracle-gro" for the brain, essential for the survival and maturation of new neurons.
3. Cathepsin B also helps to clear beta-amyloid.

In a long trial in humans, subjects who showed the highest increases in plasma Cathepsin B after a treadmill program also showed the greatest improvements in complex memory tasks (like the Ray Complex Figure Test, which assesses visual-spatial memory).

All of this is SPECTACULAR news!!! **But there's also some bad news as well....**

There are ***three*** types of **damage** that can occur in people who start an exercise program for cognitive repair

The three types of potential damage:

1. The *usual* types of physical damage: overtaxing muscles and joints; getting dizzy and then falling down and breaking a bone or getting a concussion; provoking angina, or even getting a heart attack

2. Damage to the memory neurons that we are trying to salvage and repair in the first place! But wait – we've been saying all along that exercise can *improve* cognition. Now we're saying it can also damage it? Yes, if done in the wrong sequence of events. What's going on? How could this happen? We'll see in a moment.

3. **There is a third type of risk: When patients are very deep in cognitive decline and/or immobility, and we engage them in something that produces big, unexpected improvements, YOU HAVE TO PROACTIVELY PREPARE FOR SUDDEN IMPROVEMENTS THAT (INADVERTENTLY) PUT THEM AT RISK. Specifically, you have to "baby-proof" the house. Here are two clinical examples....**

WARNINGS AND DISCLAIMERS

WARNING & DISCLAIMER: If you or the patient is deconditioned, or frail, LET's DO THIS THE RIGHT WAY:

1. Before starting, ask your physician:
   (a) Is it safe for you to do aerobic exercises?
   - Episodes of Angina?
   - A history of heart attacks, low blood pressure spells, severe bradycardia (slow heart), strokes or mini-strokes (TIAs)?
   - Episodes of low blood sugar, that could be initiated (or worsened) by exercise?

   (b) If exercise is deemed safe, is it OK for you to do them *standing up*?
   - If you tend to faint, or get episodes of low blood sugar (e.g. from insulin or Wegovy), then you should be in a chair to prevent falling
   - If it *is* OK to do them standing, should you nevertheless be advised to do them right behind a sturdy chair, or next to a counter-top that you can hold onto?

   (c) Do you have any physical problems that would preclude or limit certain *types* of exercise? Examples would include: knee pain, foot wounds, bone spurs in the vertebrae, sacro-iliac pain. All of these could be aggravated by the stress of physical exertion. Are you limber enough to get on/off any equipment?

2. And before starting, get a physical therapist to guide you hands-on in these exercises, to make sure you are using good form; that you are doing them safely (not at risk of falling); and that you learn how to pace yourself (starting slow and minimal, and increasing intensity only as your body is ready to accept it). Medicare covers!

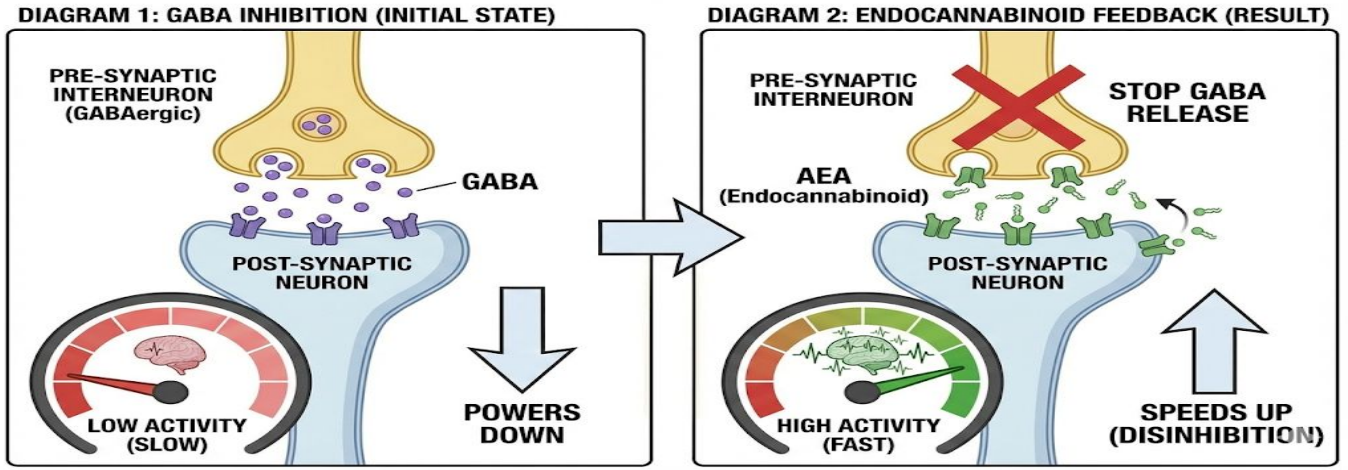
3. If the physician or the PT thinks you are not ready to take this program on, ask them to point you to Chair Yoga or Chair Tai-Chi, both of which you can find on YouTube, and can still give you a great workout!

Unintended Consequences

I have come up with what I believe to be an original approach to protecting those powered-down memory neurons: Delaying any contralateral exercises *until* they have been sufficiently "fueled".

To grasp the importance of this strategy, let's start the process by recalling that:

- When those memory neurons are powered-down, nearby interneurons release GABA to power them down even further, down to a level of "suspended animation".
- When **cross-lateral exercises** are performed, then these memory neurons release anandamide (AEA), which turns the tables on the interneurons in such a way as to get them to *stop* releasing GABA. So then the memory neurons *can* start to fire. This is called "releasing the brakes". You can go back and review this diagram from earlier, the one that looks like this:



Unintended Consequences – Part 2

While it's great, that there's a specific type of exercise (contra-lateral) that can "release the brakes":

- Nevertheless, once the brakes have been released, there's no guarantee that these memory neurons will have enough of a fuel supply on board to fire *safely*. *And if they don't have enough, they can crash and burn*.
- **So, it makes good sense to assure that memory neurons will not be coaxed to release the brakes until they FIRST have time and opportunity to be adequately fueled (for ATP production).**

OK, what types of fuel?

How to *AVOID* the Unintended Consequences – Part 1

There are two types of fuel that we can arrange to provide the memory neurons. One is internal, and the other can be provided externally (as a food supplement):

1. The "internal" fuel is our friend lactate, which will be available to the neurons fairly soon after exercise starts – as long as the exercise is vigorous enough. How vigorous does it have to be? (a) when you start to feel the "burn" in the muscles, and (b) when you get at least a little winded. **But what if the patient is so unconditioned that he or she is not *able* to work the muscles hard enough to produce lactate?** If that happens, then the memory neurons ARE IN DANGER OF BURNING OUT, because they've already "released the brakes" but they are not (yet) being supplied with fuel. That could damage them, to the point of the neurons dying.

2. But you recall from earlier that there is another "alt fuel" that the brain can use: coconut oil, or its component Caprylic Acid ("C8"), which are sources of ketones. We could administer coconut oil (or even better C8) about half an hour before starting exercise, and then the ketones have a chance to get into the neurons and serve as a *superb* fuel for making ATP.

How to *AVOID* the Unintended Consequences – Part 2

So, what I am proposing is a pre-exercise load of fuel, in the form of a particular short-chain fatty acid derived from coconut oil called **caprylic acid**. This has a chain of 8 carbons, so it is called "**C8**". It is a very popular supplement for bodybuilders, readily available in health food stores and on Amazon.

And I propose that the vigorous, lactate-producing exercises should start first, followed by a brief rest period, and then followed by the contra-lateral exercises. Note: Most of the "exercise-to-help-the-brain" programs *start* with the contra-laterals. I think that's potentially dangerous, in a population of people with significant or severe cognitive impairment. Dangerous, because if we start with the contra-laterals, and the patient cannot exercise hard or fast enough to produce sufficient lactate, then the memory neurons *will* become unbraked and thus activated, but might not have enough lactate to remain viable – and then they can die off.

How to *AVOID* the Unintended Consequences – Part 3

For these reasons, we want to carry out the session with the following sequences:

(1) administer caprylic acid (C8) about a half *before* the exercise session starts, and

(2) when you start the exercise session, start with the vigorous movements that liberate lactate. That way, when the cross-lateral exercises are carried out later on (and the brakes have thus released by anandamide), sufficient time will have elapsed for the neurons to have received the two forms of fuel:

   (a) ketones from the Caprilyic Acid (C8), and

   (b) lactate from the vigorous exercises (if they can be done with *sufficient* vigor).

How to *AVOID* the Unintended Consequences – Part 4

For patients who have fairly severe cognitive impairment, there is a refinement of this approach that might be considered: At the same time as taking the "Pre-Launch" caprylic acid, also take at the same time a preparation of acetyl-L-carnitine (commonly called "ALCAR"). This molecule helps shuttle the ketones directly into the mitochondria for ATP production, thus further favoring our ability to activate the memory neurons while still protecting them.

How to *AVOID* the Unintended Consequences – Part 5

People who have only very mild cognitive impairment (maybe a little trouble finding words) might not require this "Pre-launch External Fueling".

So, logically, for which population might this pre-fueling be *strongly* recommended? My suggestion is it would be participants who:

- Have consistent difficulty remembering names (of spouse, children, grandchildren)
- No longer remember the name of the current or recent Presidents or VPs
- Keep asking endlessly, throughout the day, what time the various appointments are
- Have bathroom "accidents" or outright incontinence

High-Quality Brands of Caprylic Acid (C8)

Top-Tier Pure C8 Oils (Coconut Only & Solvent Free)

Brand Name	Manufacturer	Distillation / Process Detail
Brain Octane C8	Bulletproof 360, Inc.	Uses a **Triple-Steam Distillation** process; explicitly 100% coconut and hexane-free.
Organic Pure C8 MCT	Natural Force	Specifically markets its process as **Molecular Distillation** (steam-based) and is 100% hexane-free.
Organic MCT C8 Oil	Sports Research	Employs a **Proprietary Steam Distillation** process; Certified Organic and 100% coconut-derived.
Thrive Fuel® Pure C8	Hunter & Gather Foods	Uses **Triple Steam Distillation** with only water, heat, and pressure; strictly coconut (no palm).
Clean MCT Oil	LevelUp	Extracted via a **Steam-Based Physical** Process without any chemical solvents 100% C8.
Pure C8 MCT Oil	NoordCode	Uses **Physical Fractionation** (cooling and separation) to isolate C8 without chemical refining or hexanes.

How to Prepare the Caprylic Acid

Some of the component oils of coconut oil can irritate the gut lining a bit, and can also osmotically pull a lot of fluid into the intestines thus provoking diarrhea (which *can* be explosive).

This is much *less* of a problem for caprylic acid (C8) than it is for the longer carbon chains in coconut oil. But as a precaution, it would be prudent at the outset to emulsify the caprylic acid (C8) in a *warm* liquid, to turn the oil into small fatty droplets called "micelles".

This is very easy to do:

- Use a warm beverage, such as coffee or tea (because oils disperse better in warm liquids than in cold ones)
- Start with half a teaspoon of C8, pouring it into the warm beverage
- Use a "frother" for 30 seconds to get a very thorough dispersing
- Then drink

The previous page shows some brands of caprylic acid that have received good reviews.

Brand of Acetyl-L-Carnitine ("ALCAR")

My literature search suggests that the best choice for *our* purposes would be:

Pure Encapsulations Acetly-L-Carnitine 250 mg.

Don't take any form of ALCAR if you're on warfarin (Coumadin).

The 10-Minute Metabolic Primer –
a way to recalibrate the brain's internal chemistry

Pre-Launch a half hour before exercise:
[1] External fueling: **[a]** Those who have moderate cognitive impairment and moderate loss of conditioning might consider a pre-load of **Caprylic Acid (C8)**, as a source of ketones. **[b]** Those who have more severe cognitive impairment, and/or are very frail (so as not likely to be able to exercise *vigorously*), in addition to taking the C8, might consider taking **acetyl-L-carnitine** ("ALCAR") as well, so as to be able to shuttle the ketones (from C8) into the mitochondria of the memory neurons – so as to improve the odds of neurons producing a lot more ATP.
[2] Baseline cognitive task, e.g. trying to recall examples of mammals (cat, dog, cow, lamb, etc).

Phase 1: Metabolic Priming (The "Internal Fueling"): 5–10 minutes of vigorous, large-muscle-group activity (e.g., fast walking, stationary cycling, stair climbing) to pump out the "Exerkines" (such as lactate, GPLD1, BDNF, Cathepsin-B, and prostacyclin) into the bloodstream to nourish the brain and clean out the inflammatory "gunk" in the blood vessels.

Phase 2: Metabolic Stabilization (The "Transition"): A 2-minute "rest" or slow movement phase to allow lactate to cross the blood brain barrier to provide the fuel directly into the neurons.

Phase 3: Neural Integration (The "Ignition"): 5-10 minutes of contra-lateral exercises. These are now **(and only now)** safe to do, given that "fuel" (as lactate) and other exerkines have had a chance to be delivered to those powered-down memory neurons, These contralateral movements engage **inter-hemispheric connectivity**, which releases anandamide, and thus takes the "emergency brake" off of the memory neurons. This gives them a chance to increase ATP production, **without being damaged**.

Phase 4: Follow-up cognitive task, e.g. try to recall all the states and/or all the cities that start with a vowel (Alaska, Edmonton, Ohio, etc.). Sense if it's become easier to recall, focus, organize information, be alert, feel energized, etc.

A note for your doctor

Coconut oil has a lot of different types of triglycerides, and if you have cardiac problems or metabolic syndrome, your doctor would (rightly) not want you to add any extra triglycerides. Using C8 will help avoid this issue. The note below should put the doctor at ease. You can copy the text from this slide, save it to Word, and print it up. Or take a photo.

Understanding Your C8 Medium Chain Triglyceride (MCT) Oil: Why It's Different from Other Fats
There are reasons that **C8 MCT Oil** (Caprylic Acid) might be considered as a neuroprotective agent in your exercise program geared for improved cognition. However, it is common for people—and even some healthcare providers—to worry that adding "oil" to your diet will raise your triglyceride levels or affect your heart health.
However, C8 MCT oil is a very special kind of fat that the body handles completely differently than the fats found in butter, olive oil, the longer-chain oils in coconut oil, or meat. Here is why C8 is in a league of its own:

1. It's "Fast-Tracked" for Energy
Most fats you eat have to go through a long, slow digestion process. They require "packaging" into particles called **chylomicrons** that travel through your lymphatic system and into your bloodstream. This is what usually causes a "spike" in blood fat levels (triglycerides) after a meal.
C8 is different: It takes a shortcut. It bypasses the slow packaging process and goes straight to your liver through a direct "expressway" called the portal vein.

2. It's Burned, Not Stored
Once it reaches the liver, your body treats C8 more like a fast-burning fuel (like a carbohydrate) than a storage fat.
The liver immediately converts C8 into **ketones**. These can help your powered-down "memory" neurons become *safely* activated so as to restore their ability to produce ATP. [Note to doctor: They enter the Krebs Cycle as oxaloacetate.] And because your body "burns" C8 for energy almost instantly, it doesn't stay in the blood long enough to raise your fasting triglyceride levels.

Summary Table for Caregivers

Phase	Duration	Action	What it does for the brain
Pre-Launch	½ hr before	[1] Take supplement(s) [2] Baseline cognitive task	"External fueling" so that when memory neurons fire in Phase 4, they'll have fuel
1	5-10 minutes	Vigorous Exercise	"Internal fueling": Muscles release lactate. Liver releases "exerkines"
2	2 minutes	Rest/stabilize	Gives time for lactate and exerkines to be taken up by the memory neurons
3	5-10 minutes	Contra-lateral movements	Allows memory neurons to safely fire, now that they are fueled and thus it's now OKAY that they release the "emergency brake" that had been holding them back from firing
4	5 minutes	Do a follow-up cognitive task	Check for improvements in recall, focus, alertness

Caregiver's Troubleshooting Guide:
Overcoming Resistance & Mobility Issues

When a loved one is resistant or frail, the word "exercise" can be a barrier.
Here is how to navigate those moments:

The Challenge	The "Workaround Strategy
"I don't want to exercise"	**Don't call it exercise.** Frame it as a "useful errand"(e.g., "Could you help me walk this mail to the corner?") or a "game" (throwing a soft balloon back and forth).
Mobility Issues/Frailty	**Seated Aerobics.** You can trigger the same exerkine release through "chair dancing" or seated leg lifts. The goal is the metabolic shift, not the distance covered.
Boredom/Confusion	**Music-Driven Movement.** Use songs from their early adulthood (ages 15-25). Music provides a rhythmic "template" that helps the brain bypass cognitive hurdles to movement.
Resistance to Change	**The "Shadow" Method.** Don't tell them what to do; just start doing it yourself. Humans have "mirror neurons" that often lead them to mimic the behavior of those they are with.

Conclusion

For a long time, we thought that the brain was a “closed vault”. Today we’ve seen that the “keys” to that vault are actually kept in our muscles and liver.

When you help your loved one move, you aren’t just “getting the blood circulating”. You are acting as a Biological Pharmacist:

- Fueling the memory neurons with lactate
- Safely releasing the brakes that had been restraining those memory neurons
- Pouring in “fertilizer” (BDNF, Cathepsin B, etc.) to rehabilitate the brains’ major energy circuits

Conclusion – Part 2

But don't jump in headfirst. There is no "emergency" that forces you to start *today*.

Remember: BIG OPPORTUNITIES can come with BIG DANGERS.

So, you need time to discuss with the physician, and to reflect yourself, on these issues:

- Is it safe to start these exercises? Should they be done sitting, or is standing OK?
- Is the person cognitively impaired enough (or frail enough) that *pre-fueling* (with Caprylic Acid and maybe acetyl-L-carnitine) should be done before starting any vigorous exercise?
- Do you need the help of a P.T., a kinesiology expert, or other type of trainer skilled in dealing with the senior population?

"IF IT'S GOOD ENOUGH TO DO, IT'S GOOD ENOUGH TO DO IT *RIGHT*!"

DON'T OVERDO THE EXERCISES

- Respect your age.
- Be kind to your body, don't inflict pain on it by overdoing.
- You are not 19 years old in the gym class. You don't need anybody's approving glances.
- If you hear in your head the "Internal Drill Sergeant" telling you to take on more than you're ready for, tell him to Buzz Off!
- If things start to hurt, STOP what you are doing. And try something else.
- If you go nice and slow, and in so doing you avoid excess wear and tear (and outright injury), you'll be able to keep this going for many years to come, and you will shine.
- But if you injure yourself, you'll risk a setback that can prevent you from exercising for months and even years, and your brain and body will sputter and decline. I have seen it firsthand, in some of my patients.

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Q&A

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Thank You!