Treatment of Alzheimer Disease Using Herbal Medicine

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Abstract

This is a new approach to the treatment of Alzheimer Disease which has destroyed the lives of millions all over the world. This approach depends on discovering the changes in the vibrational energy of the brain and how these changes are affected by the onslaught of this disease. Our second step is to try to define the limits at which this disease can be stopped, treated and possibly reversed some of its symptoms. We discovered that these energy changes are due to the presence of a virus which causes the other physical changes in the brain of the patient. It appears that once the functions of the brain are affected by around 10%, until today, these changes are not reversible. However, if it is less than 5%, the virus can be eliminated and many lost functions are reversible. The values between 5% and 10%, are the grey values where improvement may be noticed in some cases while not so in other cases. A larger sample has to be studied to reach better classification and treatment. The energy values of the brain will give an indication of the level of progression of the disease.

Keywords: Alzheimer Disease; Herbal Medicine; Brain

Introduction

“Alzheimer’s disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks. In most people with Alzheimer’s, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5.5 million Americans, most of them age 65 or older, may have dementia caused by Alzheimer’s” [1].

Treatment history

In 2005, I had been working in a new herbal medicine approach, that of Vibrational Herbal Medicine, which indicates that herbal mixtures depend on the vibrational qualities of the herbs on their healing qualities and not on their chemical or physical properties. We started ten years earlier working on a new approach to control blood pressure, for men and women, using this new approach. This method was quite successful, as indicated by the results obtained from our clinical trial in the University of Tanta, Egypt. However, the sheer number of blood pressure medicines in the market indicated a very difficult task of market penetration, or even just to establish a foothold. At the same time, we shifted our emphasis, on trying to unravel the mysteries of Hepatitis C Viral.

Procedure

I was approached by a friend who was interested to find out whether we have any treatment for an ailment called Alzheimer disease. His sister, who was at that time in her late forties, had been stricken by the disease, and her condition was deteriorating slowly, he did not have any hopes for a medical turnaround any time soon. This first patient was in the year 2005.
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A specimen of the patient was delivered in order to study her condition and see if any help could be administered. This was designated patient [1].

As has been customary for new patients, we would start by measuring the energy characteristics of the part of the body that is affected. In this case, we would examine the energy characteristics of the brain, and we would also check if this ailment would be detected with an energy signature of its own.

The treatment of patients

**Patient (1):** Fatten. Female, married and at @49 years old.

The energy characteristics of the brain of this patient were:

- \( Q = -46 \)
- \( \text{Yn} = -45 \)
- \( \text{Yg} = -48 \)
- \( \Omega = -15 \)

Fatten had been diagnosed with Alzheimer; several years before, as she was living in the US. She returned to Egypt and continued her treatments there. The above characteristics of her brain were at the time her treatment was starting. The results indicated that her condition was not improving. The time was in early 2006. That is the treatment protocols were those in force at that time. Our preliminary tests tended to lean towards a viral cause, due to the systematic deterioration of the condition of the patient. We were probably influenced by our work with Hep. C Viral. We designed several vibrational herbal mixtures, which are herbal mixtures but depend on a new theory that the effective healing powers of the mixtures depended on the vibrational qualities of the mixtures and not on their chemical or physical properties [2-5]. We chose one of the mixtures that reacted well with the energy characteristics of the patient and had the effect of reducing the values of the energies in our simulation trials. Our aim was to reduce the energies of the ailment (virus) and possibly obtain an improvement in the condition of the patient. The first treatment was one capsule of 900 mg of the mixture to be taken once daily, after lunch or dinner, for 21 days. After the duration of the treatment, the result of the energies was as follows:

- \( Q = -40 \)
- \( \text{Yn} = -42 \)
- \( \text{Yg} = -45 \)
- \( \Omega = -13 \)

These values indicated a small change in the values but did not correspond to an appreciable change in the patient. The only noticeable change was that the patient was more rested and did not fidget as much as previously. An important result was a reduction in the energy values, indicating that the medication made a difference, even though it was slightly noticeable. Checking my notes, she took several treatments between 5/3/06 and 17/5/06. The mixtures prescribed were:

1. **AZD 8** for 5 days, 900 mg/day, after a meal.

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2. AZD 9 for 25 days, at 900mg/day, after a meal.

3. AZD 13 for 16 days, at 900 mg/day, after a meal.

The energy characteristics indicated after the three treatments were:

- $Q = -4$
- $Y_n = -5$
- $Y_g = -4$
- $\Omega = -4$

These results meant a considerable reduction in the values for the virus in the patient; however, this reduction was only visible through minor behavioral modifications in the patient. She felt more rested, less fidgety, slightly more response to the care giver, but nothing more. Although the energy characteristics of the patient were reduced; the change in the patient behavior was not comparable. The medicine was affecting the patient but maybe the damage was more than can be repaired. We were trying to understand the limits of the treatments and their responses. It was understood that any changes in the brain may not be readily repairable, but what were the limits?

We took on several other patients, trying to help and understand this very dangerous ailment.

**Patient (2):** Accepted as a patient on 21/4/06.

Saadia: Female, about 84 years old, totally immobile, and totally nonresponsive. Would any of the medicines even slightly improve the condition? The energy characteristics were:

- $Q = -85$
- $Y_n = -78$
- $Y_g = -70$
- $\Omega = -28$

She was prescribed AZD 13, which made some good results with Fatten, for a period of 28 days and started right away.

On 2/6/06, after completing the treatment course, her energy characteristics became:

- $Q = -56$
- $Y_n = -54$
- $Y_g = -49$
- $\Omega = -21$

Although the changes were minor; the patient was somewhat responsive. The nursing staff indicated that the patient became more responsive and would try to sit in bed. She also started to move slightly in her bed and looking around her.
These results encouraged one to take more patients to try to understand this disease: Alzheimer.

**Patient (3):** Youssef, a 60 year old male. He was diagnosed with Alzheimer and his family wanted him well.

The energy characteristics of patient (3) was:

- \( Q = -70 \)
- \( Y_n = -77 \)
- \( Y_g = -76 \)
- \( \Omega = -26 \)

The most appropriate medicine was that AZD13, an herbal mixture designed to eliminate the virus which we believed, was the cause for Alzheimer Disease. This mixture was tried and tested with reasonably good results. The treatment was for 30 days, one capsule of 900 mg/day. The treatment started on 21/6/06.

After the completion of the treatment the new energy characteristics of the patient indicated the following values:

- \( Q = -60 \)
- \( Y_n = -60 \)
- \( Y_g = -60 \)
- \( \Omega = -22 \)

Although the changes were noticeable, it was not reflected on the patient. He was aware and responsive, but there was no noticeable change. Looking at the results of the three patients and the responses perceived; were there any relationships among the absolute values of the energies and the improvements of the patients? Were the improvements dependent on the level of energy manifested or was this energy an indication of the level of condition of the patient. The real question is what will the real improvement be and will that be appreciable to the extent that we can say that this medicine actually reversed some of the symptoms of the disease, and possibly stopped the deterioration of patients; or even stabilized their condition for a period of time? These legitimate queries could not be answered at that time. One other main question was the characteristics of the virus, its power and if there were other genotypes of that virus? These were questions that were answered over the next several years.

Beginning of May 2006, I began experiencing some minor heart problems that culminated in a triple by-pass heart surgery on the 23rd of July, 2006. My work load was minimized so was my movement. My work was basically suspended for a couple of months. During that period I concentrated on my Hep. C viral patients, who were many, and needed constant attention. The Alzheimer patients were not pressing to continue treatments, so they were out of the lime-light for some time. The results reached with Alzheimer patients were encouraging but did not reach the level of confidence to declare a step towards a cure for the disease. We continued research on the disease using some willing subjects, but we directed our attention to Hep.C Viral and other related subjects.

Many developments were made on the understanding of viruses in general, and that lead to studies in Autoimmune diseases and how different they are from other viral diseases [6]. Our studies lead us to be able to determine the volume of a virus, using arbitrary figures and assumptions about a unit of the virus, that helped in making comparisons, also helped in determining the power of the virus and...
determine how many genotypes or strains it may have. We came up with a universal formula to classify different virus systems and then a means of determining a cure for such viruses. This needed an enormous amount of time and energy to understand and verify these findings, some of which needed a great deal of changes and experimentation. That took several years to accomplish. The results of these experiments and research were published in several publications including the "Treatment of HepC Viral", the Treatment of HIV using Herbal Medicine, Breast Cancer, MS, Fibromyalgia, Autoimmune diseases, the Ebola Virus and the cure for the New Corona Virus. The results helped in understanding other ailments like Alzheimer which we have improved the diagnosis of patients and the probability of improving the quality of life of some of its patients.

Recapping some of the discoveries we made, in 2006, we started treating the first Alzheimer patient, based on the energy characteristics of the brain. We designed several of these mixtures, which actually worked and had an effect on the patients.

As an example, we designed the Mix AZD 13, which we believed to be quite effective and had an effect on the patients that took it, but we were not able to assess its effects on an absolute scale. With our knowledge today, of what the Alzheimer virus is like, mixture AZD 13 used to eliminate 0.2% of the virus per day, by taking one 900mg capsule daily. This meant that in the best scenario, we were able to eliminate about 10 to 15% of the virus for any one patient then. The maximum limit of elimination of AZD13, to eliminate the virus, was a maximum of 80% of the virus, of the smallest type of Alzheimer, over the whole duration of treatment. Today, with the AZD76 mixture, it eliminates about 2.5 to 3% of the "type three" virus daily, and with a dosage of two 900 mg capsules per day. This type “Three” is the largest of the three types of the virus.

There are limitations to the effectiveness of any mixture made. It was discovered that there is a limit at which the medicine would not be effective. If the patient’s brain is affected by 10% or more, the treatment will not improve the condition in any way. If the person is affected between 5 to 10%, the onslaught of the virus will be stopped, no deterioration will occur, but no improvement may be seen. If the patient is affected by less than 5%, the medicine will eliminate the virus and some of the symptoms will disappear. The patient may start to regain some of their brain functions and may lead a normal life. We do not have ample samples to be able to generalize the findings. However, the first samples are quite encouraging.

Currently, a patient (5), a female @75 years of age, complained of memory loss, anxiety, reduction of concentration in her life. Upon examination: using the new approach, she was diagnosed at 2.2% of the brain being affected, in the safe margin of the disease. For this person, the energy characteristics before she started the treatment were as follows:

- $Q = -47$
- $Y_n = -50$
- $Y_g = -49$
- $\Omega = -23$

She was prescribed the mixture AZD 76 for 50 days, two 900 mg capsules per day, after a meal once daily. We monitored her situation, every few days, and found that the energy characteristics were becoming less. After about 35 days, the reduction of the energy characteristics was pronounced, to the extent that some changes should have happened. The affected part has been diminished to 0.08% reading. Contacting the patient, a remarkable change had happened. She shed the feeling of fear and anxiety that she had, is much less forgetful and in her own words, normal like anybody else. Her social reactions have tended towards normal. From our calculations the virus has been eliminated by 90%.
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We chose to give her AZD 76 over AZD 75, which is slightly more effective than AZD 75, as it is effective with any of the three virus types identified. The above patient was identified with type two, which is slightly larger in volume than type one and less than type three. The energy characteristics after about 35 days of treatment were as follows:

- \( Q = -1 \) \( Q = -.03 \)
- \( Y_n = -1 \) \( Y_n = -.03 \)
- \( Y_g = -2 \) \( Y_g = -.03 \)
- \( \Omega = -2 \) \( \Omega = -.02 \)

After another 15 days, the change in the energy and in the patient is remarkable as shown in the above values. The effectiveness became 0.04%, and the virus is eliminated at @99%. These values are an excellent indication regarding treatment and cure of Alzheimer in newly infected patients.

This is a very pronounced result from previous ones and may be an indication of the improvement noticed in the condition of the patient. We have not seen any patient yet who has started with energy values as the improved ones, nor could we assess the affected percentage.

It is important to note that the patient (5) was in a good margin, by our criteria, at 2.2% affected. However, another elderly patient who was measured at 10% affected would not react to the medicine AZD 76, or any other medicine. This actually helped us to determine the limit, at this time, at which we may accept any patient for treatment in the future. We declined to treat that patient, at 10%, as we were not certain that the medicine would improve the condition. It may be that sometime in the future the criteria would change and we may be able to affect a difference in the condition of the patient. One conclusion may be drawn and that is the brain may be damaged beyond repair of this herbal Medicine.

Another patient (6), presented himself just recently as he appeared to be noticeably much more forgetful in his daily life. He is a male, good physical condition for his age. He is 78 years old always active and active in sports. His examination revealed that he has the Alzheimer virus, just started, and his energy characteristics are as follows:

Energy Characteristics of patient (6)

- \( Q = -4 \)
- \( Y_n = -4 \)
- \( Y_g = -3 \)
- \( \Omega = -2 \)

The level of effectiveness of the virus was at 0.08% which is a good level to start with. Mixture AZD 76 reacted quite well with him and appeared to eliminate the total virus in about 30 days, at 1800 mg/day, once daily.

We started him about 12 days ago, and he is progressing well. The first indication, after seven days, is that about 28% of the virus is
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eliminated in the first week of treatment. After 9 days of treatment, his energy levels are as follows:

- \( Q = -0.2 \)
- \( Y_n = -0.2 \)
- \( Y_g = -0.1 \)
- \( \Omega = -0.2 \)

These results indicate a great reduction in the energy values and an improvement of the condition of the patient, as per his own admission. The effectiveness of the virus went down from 0.08 when we started, to 0.02 today. He feels quite well and appears to be in good spirits and feels that he is very much less forgetful. He still has another 15 days more to go to totally eliminate the virus, but we are confident that he will not be plagued by Alzheimer again [7,8].

Results and Conclusion

After considerable research on Alzheimer Disease, our conclusion is that it is a viral based disease. That it is curable up to limit and usually at an early detection.

It is a dangerous and deadly disease that creeps into the brain of the patient and slowly destroys the memories that make the human being.

We have discovered that there is a limit to the ability to heal/cure this disease, at this time, as it depends on a quick response to its attack. The measure of success in this fight is to start a treatment to eliminate the virus as soon as possible from the time it is detected. From the time of infection, the virus spreads slowly in the brain, destroying whatever part that it touches. In our studies, we have discovered, an arbitrary limit, up to 10% of the virus, after which, until now one cannot control the effects of the virus. That is, if the disease has not controlled beyond 5% of the brain and the virus is attacked, then there is a chance of stabilizing the patient and stopping the onslaught of the virus. The patient may regain some of their brain functions, but probably not all of it.

We have related the treatment of two patients who were within the 5% limit, and how they reacted to the treatment. Several of the patients who were beyond this 5% limit were not helped as much, as we realized later on that they would not be helped with this level of treatment. Those patients beyond 10%, would be helped by easing their suffering and making them as comfortable as possible until such a time as they may be cured. This arbitrary limit of 5% to 10% has been derived through various observations during our clinical studies. We have not been able to determine these limits by using different energy characteristics at various stages of the treatment. We are not sure if we can determine this limit by using energy characteristics. The sample is not large enough.

Bibliography

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