Alzheimer's Disease, Natural and Energetic Medicine

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What is Alzheimer's disease?
Alzheimer's disease is a progressive disease in which healthy brain tissue degenerates, resulting in problems with memory, behavior, and other mental abilities. It is the most common cause of dementia (the loss of memory and other intellectual abilities serious enough to interfere with daily life) and the seventh-leading cause of death in the United States. Alzheimer's disease currently affects an estimated four million older Americans, a number that is expected to triple by the year 2050.

What are the symptoms?
The symptoms of Alzheimer's disease are more serious than the mild memory changes that typically accompany aging. Symptoms may start gradually but eventually become severe enough to interfere with activities of daily living. They include:

- Increasingly worse memory loss, especially forgetting recently learned information
- Difficulty performing familiar tasks, such as cooking or making a phone call
- Difficulty finding the right words
- Problems with abstract thinking, such as trouble balancing a checkbook
- Poor judgment, such as dressing inappropriately for the weather or overspending money
- Misplacing things or putting them in unusual places, like putting car keys in the freezer
- Disorientation, such as getting lost in familiar surroundings
- Loss of initiative
- Changes in mood, behavior, and personality.

Although the course of Alzheimer's disease is individual and highly variable, most people with the condition will survive about eight to ten years after being diagnosed.

What are the causes?
The exact cause of Alzheimer's disease isn't yet clear. However, scientists know that the brains of people with the condition contain abnormal clumps and knots of brain cells, called plaques and tangles. These plaques and tangles are made up of proteins that may be involved in the neuron (nerve cell) death that occurs in Alzheimer's disease. Researchers also believe that the inflammation observed in the brains of some people with the disease may play a central role.

Who is likely to develop Alzheimer's disease?
Alzheimer's appears be influenced by a combination of genetic, environmental, and other factors. Some major factors that appear to increase the risk of Alzheimer's disease include:
• **Age.** Alzheimer's disease is most common in people older than age 65.
• **Family history.** Having a parent or sibling with the disease slightly increases risk.
• **Genetic mutations.** Three genetic mutations are known to cause early-onset Alzheimer's, while a form of the APOE gene increases risk of late-onset disease.
• **Gender.** Women are more likely than men to develop Alzheimer's disease.
• **Other conditions.** The same factors that raise the risk of heart disease, such as high blood pressure, high cholesterol, and diabetes, also increase Alzheimer's risk.
• **Education.** Research shows a link between lower education levels and higher risk of Alzheimer's disease.
• **Head injury.** Some studies show a link between traumatic head injuries and Alzheimer's risk.

How is Alzheimer's disease diagnosed?
Alzheimer's disease is typically diagnosed after doctors rule out other conditions. There is no specific test used to diagnose or confirm the diagnosis of Alzheimer's disease. General tests that can help doctors determine whether a patient has Alzheimer's disease include:

- Physical exam
- Blood tests
- Mental and memory tests
- Brain scans

What is the conventional treatment?
Although there is no cure for Alzheimer's disease at this time, medications can help treat symptoms of the condition. Conventional doctors may recommend one of five synthetic prescription drugs currently approved to treat Alzheimer's, depending on the severity of the illness. These medications are:

- Razayne (galantamine)
- Exelon (rivastigmine)
- Aricept (donepezil)
- Cognex (tacrine)
- Namenda (memantine)

These drugs affect brain chemicals and may help improve symptoms of Alzheimer's and allow patients to perform daily activities longer than they otherwise would be able to. But the side effects are horrendous.

What therapies do we recommend for preventing and slowing the progression of Alzheimer's disease?

**Dietary changes:** A 2002 study published in the *New England Journal of Medicine* indicated that people who have high blood levels of a toxic amino acid known as homocysteine have twice the usual risk of developing Alzheimer's disease. Homocysteine levels tend to be higher in people whose diets are high in animal protein; conversely, fruits and leafy green vegetables provide folic acid and other B vitamins to help the body reduce homocysteine levels. It's difficult to establish cause and effect, but reducing animal protein and eating more plant foods is a good idea for general health, and may help to prevent or alleviate symptoms of Alzheimer's. An anti-inflammatory diet is generally protective against a wide range of diseases, and Alzheimer's disease is believed to have an inflammatory component.

One particularly promising spice is turmeric; one of its components, curcumin is strongly anti-inflammatory. Elderly villagers in India have one of the world's lowest rates of Alzheimer's; the reason may be the turmeric that they consume in their daily curries.

**Exercise:** Research indicates that regular physical exercise can lower the risk of developing Alzheimer's by up to 50 percent. A Japanese study found that among 265 people with both normal mental function and mild cognitive impairment due to Alzheimer's, after one year of moderate exercise intervention, 70 percent of participants showed significant improvement in memory function. And the more the participants exercised, the greater the improvement. Aim for at least 30 minutes of aerobic activity such as walking, cycling or swimming on most days of the week.

**Mind/Body:** People who participate in mentally stimulating activities such as reading and playing cards are at lower risk for developing Alzheimer's disease. Other research shows that the more years of formal education you have, the
less likely you are to develop the condition. The theory is that challenging intellectual activity builds up rich neural connections that function as insurance against later brain-tissue losses, just as well-developed muscles maintain their integrity longer during periods of inactivity than atrophied muscles.

**Traditional Chinese Medicine (TCM):** In Chinese medicine, Alzheimer's disease is not yet recognized as a separate disease entity. Instead, it falls under the broader category of senile dementia. Practitioners of TCM often recommend herbal preparations for senile dementia, more research is needed to determine effectiveness.

**Supplements:** Some studies suggest that vitamins C and E, either in foods or supplements, are protective against Alzheimer's. In a January, 2004 study published in the Archives of Neurology, researchers reported that older people who took daily supplements containing at least 400 IU of vitamin E and 500 mg of vitamin C were 64 percent less likely to develop the condition.

In May of 2008, the journal *Neurology* published a study from Boston University School of Medicine showing that people who took ibuprofen for more than five years had a 44 percent lower than normal risk of developing Alzheimer's and that other NSAIDs reduced the risk by 25 percent. This study included more than 49,000 U.S. veterans aged 55 and older who developed Alzheimer's and nearly 200,000 who didn't. Ibuprofen is the active ingredient in Advil, Motrin and other pain medications. While this suggests that NSAIDs have a protective effect, it is not clear which ones work best or that people should start taking any of them to ward off Alzheimer's. First of all, taking NSAIDs long-term isn't risk-free. These drugs can cause serious gastrointestinal problems including stomach ulcers and bleeding, and even fatal GI bleeds, and it is not known yet know if the benefits outweigh these risks. More research is needed to look at that and to determine which NSAIDs are most effective. If one (or all) of the drugs prove to work as well as studies so far indicate, the next step will be to determine when to take them - and for how long - for maximum protection.

Ginkgo (*Ginkgo biloba*), a traditional herbal preparation made from the leaves of the ginkgo tree can increase blood flow to the brain. Some clinical evidence suggests that ginkgo can be useful in slowing the progression of early Alzheimer's disease and age-related dementia. If you want to try ginkgo for memory enhancement, take 40 mg of a standardized extract with a ratio of 24% ginkgo flavone glycosides and 6% terpene lactones three times a day with meals. Give it a two-month trial.

**Also:** Avoid smoking; smokers have twice the risk of developing Alzheimer's as nonsmokers.

Protect yourself from head trauma, which has also been linked to increased Alzheimer's risk, perhaps due to low-grade inflammation as the brain attempts to heal itself. Wear a helmet when on a motorcycle, bicycle, skates or skis, and high-traction footwear when surfaces are icy. Maintain a normal weight; a study in *Neurology* online in March, 2008, revealed a potential link between excessive belly fat among people in their 40s and the onset of Alzheimer's about 35 years later. Of the 6,583 people studied, those in the highest 20 percent in terms of belly size were three times more likely to develop dementia than were those in the lowest 20
HOW TO Detect + Treat Alzheimer’s disease

According to a news release from the University of Florida, scientists have revealed that THE SMELL of peanut butter may help spot Alzheimer’s disease.
Jennifer Stamps, a graduate student in the University of Florida McKnight Brain Institute Center for Smell and Taste, recognized while working with Dr. Kenneth Mailman, a professor of neurology and health psychology in the University of Florida College of Medicine’s department of neurology, that patients should be tested for their sense of smell.

The ability to smell is connected with the first cranial nerve and is typically one of the first things to be lost in cognitive decline in Alzheimer’s. “Dr. Heilman said, ‘If you can come up with something quick and inexpensive, we can do it,’” Stamps recalled. She chose peanut since it is a “pure odorant” that is only recognized by the olfactory nerve.

To measure a person’s sense of smell with peanut butter, a therapist will hold a ruler next to a tablespoon of peanut butter and move the spoon up the ruler until the patient could recognize the odor with only one nostril. The same technique was then performed on the other nostril.

The scientists discovered that patients in the early stages of Alzheimer’s disease had a noteworthy difference in recognizing smell between the left and right nostril – the left nostril was unable to identify the smell until it was an average of 10 centimeters closer to the nose than the right nostril had made the identification in patients with Alzheimer’s disease.

Of the 24 patients observed who had mild cognitive impairment, only 10 patients confirmed a left nostril impairment and 14 patients did not. “At the moment, we can use this test to confirm diagnosis,” Stamps posited. “But we plan to study patients with mild cognitive impairment to see if this test might be used to predict which patients are going to get Alzheimer’s disease.”

The scientists note that this test could be used by clinicians who don’t have the staff or equipment to conduct more expensive tests. The first parts in the brain to be affected in people with Alzheimer’s disease is the front part of the temporal lobe that has developed from the smell system, and this part of the brain is related with generating new memories.

“We see people with all kinds of memory disorders,” Heilman added. “This can become an important part of the evaluation process.” The research’s findings are defined in better detail in the “Journal of the Neurological Sciences”

About 5.2 million Americans have Alzheimer’s or another form of dementia, according to the Alzheimer’s Association, with about 13.8 million cases expected by 2050. The disease is marked by declines in cognitive function and memory skills, and people aren’t typically diagnosed until they take mental status exams or doctors rule out other diseases that cause dementia-like symptoms. Alzheimer's disease is difficult to diagnose before symptoms start showing up, because there is no single test that can definitively determine whether a person has the degenerative brain disease. Could a scoop of peanut butter and a ruler become that elusive early detection test?

A Mental test can be done by listing 7 common words not visible in the room at the time of the test. Ask the client to use each word in a sentence. Do not tell them this is a memory test. An item might be an umbrella, the client might say “I hit the dog with my umbrella”. If the use of a word inappropriately in the test is not Alzh positive but it is concerning. Then surprise the client and ask them to remember the 7 words. If 0 words are remembered the test is Alzh positive. If the last word is remembered then still possibly Alzh positive. 2 words remembered the client is not fully Alzh positive, but possibly senile.
Early Warning Signs: When to Call the Doctor About Alzheimer’s

Are you worried about an older loved one’s memory or behavior? Has your mom been getting lost while running errands? Has your dad started to ask the same questions, over and over? Signs of the early stages of Alzheimer’s disease aren’t always clear-cut -- after all, it can be hard to distinguish them from age-related memory changes.

To help guide you, here are the Alzheimer’s warning signs to watch for, along with advice about seeing a doctor and getting a diagnosis.

Alzheimer Disease Warning Signs

Many people confuse Alzheimer’s disease with dementia. What’s the difference? Alzheimer’s is a disease; dementia is a group of symptoms that include loss of memory, thinking, and reasoning skills. However, dementia isn’t always caused by Alzheimer’s disease; it can be result from other conditions as well.

Although some memory changes may be age-related, memory problems that interfere with daily life are not. According to experts, common early signs of Alzheimer’s disease or other dementias include:

- Memory loss. Although older memories might seem unaffected, people with dementia might forget recent experiences or important dates or events that interferes with daily life. Anyone can forget some details from a recent event or conversation or recall them later. People with dementia might forget the entire thing.
- Repetition. People with dementia may repeat stories, sometimes word for word. They may keep asking the same questions, no matter how many times they’re answered.
- Language problems. We all struggle to remember a word occasionally. People with dementia can have profound problems remembering even basic words. Their way of speaking may become contorted and hard to follow.
- Personality changes. People with dementia may have sudden mood swings. They might become emotional - upset or angry - for no particular reason. They might become withdrawn or stop doing things they usually enjoy. They could become uncharacteristically suspicious of family members -- or trusting of telemarketers.
- Disorientation and confusion. People with dementia may get lost in places they know very well, like their own neighborhoods. They may have trouble completing basic and familiar tasks, like cooking dinner or shaving.
- Lack of hygiene. Sometimes this is the most obvious sign of Alzheimer’s disease. People who have dressed smartly every day of their lives might start wearing stained clothing or stop bathing.
- Odd behavior. We all misplace our keys from time to time. People with Alzheimer’s disease and other dementias are prone to placing objects in odd and wholly inappropriate places. They might put a toothbrush in the fridge or milk in the cabinet under the sink.

If your loved one is exhibiting any of these Alzheimer’s warning signs, don’t panic. Having these symptoms doesn’t mean that your loved one necessarily has Alzheimer’s disease. But you need to schedule an appointment with the doctor for an evaluation.
10 warning signs of Alzheimer's:

1. **Memory loss that disrupts daily life**

   One of the most common signs of Alzheimer's is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

   **What's a typical age-related change?**
   Sometimes forgetting names or appointments, but remembering them later.

2. **Challenges in planning or solving problems**

   Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

   **What's a typical age-related change?**
   Making occasional errors when balancing a checkbook.
Difficulty completing familiar tasks at home, at work or at leisure

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What's a typical age-related change?
Occasionally needing help to use the settings on a microwave or to record a television show.

Confusion with time or place

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change?
Getting confused about the day of the week but figuring it out later.
**5 Trouble understanding visual images and spatial relationships**

For some people, having vision problems is a sign of Alzheimer’s. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving.

*What’s a typical age-related change?*
Vision changes related to cataracts.

**6 New problems with words in speaking or writing**

People with Alzheimer’s may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a “watch” a “hand-clock”).

*What’s a typical age-related change?*
Sometimes having trouble finding the right word.
7 Misplacing things and losing the ability to retrace steps

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

What's a typical age-related change?
Misplacing things from time to time and retracing steps to find them.

8 Decreased or poor judgment

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

What's a typical age-related change?
Making a bad decision once in a while.
Withdrawal from work or social activities

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's a typical age-related change?
Sometimes feeling weary of work, family and social obligations.

Changes in mood and personality

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What's a typical age-related change?
Developing very specific ways of doing things and becoming irritable when a routine is disrupted.
Alzheimer’s Diagnostic Tests

Diagnosing Alzheimer's will likely involve several types of evaluations and may take more than one day. In many cases, specialists may be seen, such as a neurologist, psychologist or psychiatrist, in addition to your primary care doctor, as they may have the knowledge and training needed to evaluate symptoms correctly, accurately, and efficiently.

Evaluations commonly performed include:

**Medical history:** an interview or questionnaire to identify past medical problems, difficulties in daily activities and any medications (prescriptions, vitamins, supplements and over-the-counter medications), among other things. It is important to inform the doctor of any family history of Alzheimer’s or other related medical issues. The doctor may wish to speak to a close family member to supplement information, as it is important to get a thorough picture of a person’s medical history.

**Physical examination:** should include evaluations of hearing and sight, heart and lungs, as well as temperature, blood pressure and pulse readings. The doctor might also ask about diet and nutrition and use of alcohol and tobacco products.

**Standard laboratory tests:** might include blood and urine tests designed to help eliminate other possible conditions. These will measure things like blood count, thyroid and liver function, and levels of glucose and other blood-based indicators of illness. A depression screening should also be conducted. In some cases, a small sample of spinal fluid may be collected for testing.

**Neuropsychological testing:** Doctors use a variety of tools to assess memory, problem-solving, attention, vision–motor coordination and abstract thinking, such as performing simple calculations in your head. The goal is to better characterize the types of cognitive symptoms present, which might provide clues to the underlying cause. The most commonly used test is called a mini–mental state exam, or MMSE. During the MMSE, the doctor or health professional will ask a number of questions which test a variety of common mental skills. Some examples of questions on the MMSE will ask about the date or the person’s location and also ask the person to count backward or copy a drawn figure.

**Brain–imaging scan:** *MRI* and *CT* scans look at the structure of the brain and are used to rule out brain tumors or blood clots in the brain as the reason for symptoms. *PET* scans can look at how certain parts of the brain are working or how active they are. Many scientists are trying to determine if other brain–imaging techniques might be able to identify telltale signs of early Alzheimer’s reliably enough to be used as diagnostic tools.

While we have yet to find a cure for Alzheimer’s, or a common medicine that can reverse its effects, a number of natural Alzheimer’s treatments have shown promise in terms of slowing down disease progression and enhancing quality of life Alzheimer’s patients:
Natural Alzheimer’s Treatment #1: Omega-3 fatty acids

Found primarily in fish oil, this ingredient on the list of natural Alzheimer’s treatments has been shown to slow down cognitive degeneration. University of California researchers experimented with mice bred to develop Alzheimer’s symptoms. They found that a DHA diet decreased the presence of specific proteins responsible for neural damage in the brains of these test subjects. The study indicates that DHA supplementation may be helpful in suspending the progression of Alzheimer’s symptoms. DHA is a type of omega -3 fatty acid found in eggs, fish, organ meats and algae.

Natural Alzheimer’s Treatment #2: Vitamin E supplements

A 2009 study presented at the American Geriatrics Society Annual Scientific Meeting showed that a therapy combining high vitamin E doses with a cholinesterase inhibitors slowed down the declining ability of Alzheimer’s patients to perform routine functions. Vitamin E is a viable alternative to other Alzheimer’s treatments but medical providers caution that large doses can be risky. This natural Alzheimer’s treatment should be pursued only under strict supervision by a health care provider. Food sources of vitamin E include nuts, seeds, broccoli and other greens as well as fruit like mangoes.

Natural Alzheimer’s Treatment #3: Lifestyle changes involving diet and exercise

A Mediterranean diet based on whole grains, fish, nuts, fruits, vegetables and healthy oils has been proven to benefit both heart and brain function. In conjunction with regular physical activity, this diet has been shown to reduce cognitive decline and to prevent its early onset. Proper nutrition and staying physically and mentally fit shows promise in slowing the progression of Alzheimer’s symptoms, along with a host of other benefits outside of memory function.

Natural Alzheimer’s Treatment #4: Sensory therapy

With declining cognitive abilities, Alzheimer’s patients can find new ways to communicate with caregivers through various sensory activities. Drama and music are often provided in long –term care facilities as a means of encouraging communication and relaxing the patient. Dance is a low impact physical activity that gives patients a sensory experience. Art activities such as pottery, done in a group setting or as an individual project is another sensory skill that that helps stimulate the mind and work to slow the progression of this disease when used in combination with other Alzheimer’s treatments.

Natural Alzheimer’s Treatment #5: Electro - Acupuncture

The National Institutes of Health and the World Health Organization recognize the efficacy of acupuncture in treating a variety of medical conditions. Limited studies conducted by Wellesley College researchers found that patients affected by mild to moderate Alzheimer’s symptoms reacted positively to acupuncture treatment. Depression and anxiety scores and thinking skills showed a marked improvement. A separate study performed by Hong Kong researchers found enhanced cognitive abilities in Alzheimer’s patients after a series of acupuncture treatments.
Natural Alzheimer's Treatment #5: Alternative Brain Fuel Coconut Oil

In this case, insulin problems prevent brain cells from accepting glucose, their primary fuel. Without it, they eventually die. But there is an alternative fuel -- ketones, which cells easily accept. Ketones are metabolized in the liver after you eat medium chain triglycerides, found in coconut oil. Dr. Newport added coconut oil to her husband Steve's diet. Just two weeks later, he took the clock test again and demonstrated stunning improvement.

"I thought at the time, was it just good luck? Was it a lot of prayer? Was it the coconut oil?" she said. "And I thought, well, we're going to keep the coconut oil going." Three weeks later, Steve took the clock test a third time and continued to perform better on it.

And it wasn't just intellectually, he also improved emotionally and physically. "He was not able to run. He was able to run again," she recalled. "He could not read for about a year and a half, but after two or three months he was able to read."

"Instead of being very sluggish, not talking very much in the morning, he would come out in the morning with energy, talkative, and joking, and he could find his water and his utensils." Dr. Newport said. She documented Steve's success in a book titled, Alzheimer's Disease: What If There Was A Cure?
The benefits of coconut water

- Minerals
- Vitamins
- Electrolytes
- Alkalizes system
- AIDS digestion
- Helps with diabetes
- Antibacterial
- Antifungal

DID YOU KNOW?

Coconut water was used in the 2nd World War as a blood substitute when blood plasma was low.
Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 100,000 patients with over 300,000 patient visits reported their
diseases. Many of them reported this disease. And the results of their therapy are reported in this study. 219 were treated 71% improvement was seen.

Introduction:

Over View:

This large scale research was designed to produce an extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is an evoked potential Universal Electro-Physiological Medical apparatus that gauges how an individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

A European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 101,201 patients. 69% had more than one visit. 43% had over two visits. There were over 300,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapist’s personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.

Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

Part 3. Proving the efficacy of the SCIO on the Avant Garde therapies of Complementary Med

Part 4. QQC standardization

Methods and Materials:

SCIO Device:

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures
how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarco
des, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-
diagnostic work and or therapy.

The QXCI software will allow the unconscious of the patient to guide to repair electrical and 
vibrational aberrations in your body. For complete functional details and pictures, see appendix.

**Subspace Software :**

The QXCI software is designed for electro-physiological connection to the patient to allow 
reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not 
available a subspace or distance healing link has been designed for subspace therapeutics. Many reports 
of the success of the subspace have been reported and thus the effectiveness and the safety of the 
subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and 
their counterfeit attempts have ended in failure.

**SOC Index :**

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. 
Named after the work of Samuel Hahnemann the father of homeopathy, he said that the body heals 
itself with its innate knowledge. But the patient can suppress or obstruct the healing process with some 
behavior. Hahnemann said that the worst way to interfere with the healing natural process was 
Allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and 
regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, 
stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the 
scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the 
SOC index questions appear in the appendix.

**Study Technicians :**

The study technicians were educated and supervised by medical officers. The study technicians 
were to execute the SCIO therapy and analysis. All were trained to the standards of the International 
Medical University of Natural Education. Therapists from all over the world including N. America, 
Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according 
to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are 
not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on 
any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were 
given placebo SCIO devices that were totally outwardly the same but were not functional. These two 
blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double
blind factor of the placebo effect as compared to the device. Thus the studied groups were
A. placebo group,  B. subspace group,  and  C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

**Important Questions** : these are the key questions of the study

1. **Define Diseases or Patient Concerns**

2. **Percentage of Improvement in Symptoms**

3. **Percentage of Improvement in Feeling Better**

4. **Percentage of Improvement Measured**

5. **Percentage of Improvement in Stress Reduction**

6. **Percentage of Improvement in SOC Behavior**

7. **What Measured + How (relevant measures to the patient’s health situation)**

8. **If Patient worsened please describe in detail involving SOC_**

   After the patient visit is was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

**MEDICAL DETAILS**

Pre-senile dementia with hyaline degeneration of the smaller blood vessels of the brain. Similar to senility.

- Progressive mental deterioration (personality changes, progressive dementia, amnesia, decreased attention span, faulty concentration, loss of abstract thinking, hyperactivity, irritability, difficulty comprehending written and verbal speech)
- Motor disturbances (expressive and receptive aphasia, echolalia, apraxia, spatial disorientation, repetitive movements, slow reflexes, shuffling gait, incontinence)

Mental test can be done by listing 10 common words ask the client to use each word in a sentence. If the use of two or more words are inappropriate then the test is positive.

Then ask the client to remember the 10 words. If 6 or less words are rembered the test is positive.

In most cases personal appearance is fine and their room is also well kept without help, although they are disorientated.
ALZHEIMER'S DISEASE

This groups significant SOC cut off was 90.

The Large scale study had over 98,000 patients and 275,000 patient visits we have direct evidence of the safety and efficacy. A placebo group was used for the large scale test to help validate the results.

This disease group total number of patients was 219

Subspace Treatment 58 patients, 161 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 78 patient visits

There were 2 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

2 cases reporting no improvement of Symptoms, .025% of Subgroup
3 cases reporting no improvement in feeling better, .032% of Subgroup
5 cases reporting no improvement in stress reduction .047% of Subgroup

10%--- Percentage of Improvement in Symptoms
4 %--- Percentage of Improvement in Feeling Better
12%--- Percentage of Improvement Measured
21%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 310 patient visits

There were 1 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were
3 cases reporting no improvement of Symptoms, .014 % of Subgroup
1 cases reporting no improvement in feeling better, .006 % of Subgroup
3 cases reporting no improvement in stress reduction .013 % of Subgroup

44%--- Percentage of Improvement in Symptoms
65%--- Percentage of Improvement in Feeling Better
71%----Percentage of Improvement Measured
58%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior

CASE STUDY REPORT CONDENSATION:

“1999 2 Budapest Hu.

A 48 year old man presents with Alzheimer’s. After one session the Alzheimer’s starts to abate. After just three sessions the Alzheimer’s is gone.”

“My client is a female 54 years old. She has been diagnosed with Alzheimer’s. When she first came for a biofeedback session she had blank look in her eyes and was very quiet. She was not able to tell me her birthday and other input information. After 5 sessions on the EPFX she is like a different person. She is alert and her eyes are shining. She is remembering and communication with others a lot better. Her family informed me that her whole outlook on life is better.

Mississippi, U.S.A.”

“I have been in practice with the EPFX device since May 2007. My first client outside of myself and family members is an elderly gentleman. He is 75 years old, and was in fairly poor health when I began working with him. He had to walk with a cane because of the pain in his back and hips. His doctors had diagnosed him with Alzheimer’s disease 10 years ago when his memory started to fail. Around the same time frame, give or take a few years, he was having difficulty with Trigeminal neuralgia. When I started working with him, he was taking Trileptal 600 mg 2x daily, along with four other prescription medications for various aliments. He commented before we began the sessions that he did not think he had Alzheimer’s disease, he knew there was something wrong, but that was an incorrect diagnosis in his mind. This is his personal testimonial after only 3 months of sessions on the EPFX device.

"Quantum Healing has really helped me. After 3 months of weekly Biofeedback session and minor alterations in my diet I have got to where I hardly use a cane to get around,
also I'm relieved of most of my pain, and my thought process has improved. I highly recommend it!"

Shortly after he wrote that testimony, he went to a new Neurologist that told him the prescription drugs he was taking causes symptoms of Alzheimer's disease. He also offered an alternative to taking the drug. It was slightly invasive because it involved blocking the Trigeminal nerve to stop the pain, rather than taking the drug. He agreed to do the procedure, and within 2 months was off the drug.

Utah, U.S.A."

**USUAL or CUSTOMARY TREATMENT PLAN:**

Metex; Brain Liquescence; Phosphatydyl Choline; Fatty Acid Liquescence; Serotonin_Dopamine Liquescence, Curry, Mustard, Tumeric,

SCI Eductor Brain Balance therapy

Researchers find that acupuncture may help Alzheimer's disease patients. Laboratory findings show that acupuncture reduces plaques in the brain that cause dementia. The researchers note that their findings suggest that acupuncture improves memory and prevents degradation of brain tissue. They note “that EA (Eductor Magic Wand electro-acupuncture) may be a promising treatment for AD (Alzheimer’s disease)” and “may improve cognitive function.”

The findings are a result of a controlled laboratory experiment on cognitively impaired mice with AD. The researchers measured improved cognition, improved brain cell repair and a reduction of brain pathological morphology as a result of Eductor Magic Wand electro-acupuncture treatments. The results point to a possible treatment modality that may help Alzheimer’s disease patients.

Alzheimer’s disease is a common ailment manifesting in memory loss, dementia and other forms of cognitive impairment. Globally, dementia affects over 24 million individuals and about 70% is due to Alzheimer’s disease. Brain changes in AD patients involve excess “deposition of amyloid plaques, neurofibrillary tangles, and selective neuronal loss in the frontal and temporal cortices, as well as in the hippocampus of the brain.” The research on the effects of acupuncture on AD is hopeful. It was demonstrated that Eductor Magic Wand electro-acupuncture induces brain cell repair in the affected regions and can prevent the excess buildup of deleterious plaques.
Eductor Magic Wand electro-acupuncture reduces brain plaque proliferation associated with Alzheimer’s disease and concomitant dementia. The researchers identified the biochemical actions by which Eductor Magic Wand electro-acupuncture exerts this therapeutic effect. Eductor Magic Wand electro-acupuncture decreases the formation of Aβ-42 deposits. These plaque deposits lead to neuron loss, memory impairment and dementia. Aβ1-42 deposits are cytotoxic and are a biomarker of Alzheimer’s disease. The researchers discovered that Eductor Magic Wand electro-acupuncture “was a feasible and effective way for lowering Aβ1-42 deposits.” This is important because Aβ antagonists help to restore memory lost due to Aβ deposits in the brain.

Neurogenesis, the creation of neurons, is the process by which neurons are generated from neural stem cells and progenitor cells. Alzheimer’s disease is marked by a significant reduction in brain neurogenesis, especially in the hippocampus. The researchers discovered that repeated Eductor Magic Wand electro-acupuncture treatments successfully increased neurogenesis in the hippocampus and cortex.

Brain-derived neurotrophic factor (BDNF) assists in the growth and differentiation of new neurons and synapses. It is active in the hippocampus, cortex and other areas of the brain. BDNF is important in the retention of long-term memories and neurogenesis. AD patient’s have decreased levels of BDNF in the brain, especially in the hippocampus. The researchers note, “Our results showed that EA (Eductor Magic Wand electro-acupuncture) treatment significantly increased the expression of BDNF in both the hippocampus and cortex; this suggests that the increase in BDNF may be involved in the therapeutic effect of EA for AD.” The researchers added, “Our result might suggest that Eductor Magic Wand electro-acupuncture could induce the protective effect for the central nervous system of aging and Alzheimer’s disease. ”Scalp acupuncture uses DU20.

The researchers made some interesting observations, “In the present study, we observed that EMWEA stimulation significantly improved the neurological behavior performance of AD mice, and reduced the deposition of Aβ in the hippocampus and cortex. At the same time, a noticeable increase in neurogenesis and BDNF expression in the hippocampus and cortex was also detected. Thus, our preliminary presumption was that EMWEA stimulation improved neurobehavioral performance through promoting neurogenesis and BDNF expression in the brain.” They added, “In summary, the
The present study demonstrated that EMWEA stimulation in Baihui (GV 20) acupoint ameliorated learning and memory deficits and reduced Aβ42 deposit in APP/PS1 mice. We propose that the underlying mechanism of EMWEA may be related to the promotion of neurogenesis and the up-regulation of BDNF expression in the hippocampus and cortex.”
Scalar Electro-Magnetic Caduceus Wand

This MagicNetic Wand takes the Eductor or Cybermagnetic Outputs and makes a Non-Hertz Scalar Field to treat other dimensional Dys-Ease.

A remarkable technological advancement from QX Ltd
**FRONT VIEW OF STIMULATION AREAS**

- Liver and gall bladder area
- Head area
- Thoracic cavity area
- Stomach area
- Intestines area
- Reproductive area

**APPLICATIONS**

LEFT: A frontal view of stimulation areas used in scalp acupuncture. Scalp acupuncture areas are frequently used in the rehabilitation of paralysis due to stroke, multiple sclerosis, automobile accidents and diseases such as Parkinson's and Alzheimer's.

ILLUSTRATION FROM
CHINESE SCALP ACUPUNCTURE

**OTHER TREATABLE CONDITIONS**

Jason and Linda Hao say that scalp acupuncture can be used to treat the following conditions:

- Paralysis
- Traumatic brain injury
- Coma
- Multiple sclerosis
- Concussion
- Fibromyalgia — chronic pain in muscles, surrounding ligaments and tendons
- Shingles
- Gout
- Aphasia — inability to speak
- Difficulty swallowing
- Phantom limb pain after amputation
- Bell's palsy — weakness of muscles controlling facial expressions
- Plantar fasciitis — pain in the sole of the foot
- Meniere's disease — dizziness and vertigo

IMUNE e-training
anywhere, anytime
SCIO TREATMENT SUGGESTED

**Color** - set patient's favorite if desired, or choose color by chakra that is deficient

**Cosmic**: set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6 for other

**Magnetic Method** - 1+10 is universal, 7 for detox, 8 for regrowth of new tissue, 3 for injury, 2 for metabolic correction, 5 for inflammation, 6 for infection, 9 for psych stress, 2 for energy stimulation

**Frequency** - 1k, 555hz, 33hz, 1111hz, 55-1200hz, Auto Trivector for 30 min once a month in early stages once a week in later stage.
Discussion:

The results show significant improvement in symptoms and feeling better. The Collective results show a dramatic benefit to the SCIO therapist visit.

--- BIBLIOGRAPHY ---

**BOOKS**

ARTICLES AND STUDIES


The SCIO will improve the body electric VARHOPE by five% as an average after just one session. The AutoFocusing Harmonic therapies of the Cybernetic Loop of measuring, stimulating, re-measuring, all guided at maximizing the body electric potential will improve your body electric by an average of five%. Improvements of Voltage, Amperage and thus power. Improvements of Resistance and Hydration that means improved enzyme and osmosis transfer of nutrients and detoxification. Improvements in Oxidation meaning more endurance. And improvement in Ph meaning more health. No wonder there are a mile long list of testimonials. Now we can understand why the sport athletes get such great results. A five% improvement is a great edge for a professional sportsman. The patented and proprietary process of the SCIO and QDC have been proven on the world scientific stage to work wonders of improving and stabilizing the body electric.

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Activating the brain with GSRtDCs stimulus

Normal Controls  ADHD

After 5 sessions on the Eductor

Stem Cell Therapy For Alzheimer's Disease
Healthy Brain  Alzheimer's Disease

IMUNE
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Evidence Based Natural Energetic Medicine Education
CURRY POWDER
Stimulates the mind and prevents Alzheimers while cleaning the kidney

HEALTH BENEFITS of WALKING

- 20 minutes/day will burn 7 POUNDS of BODY FAT/YEAR
- 45 minutes/day will save 0.5 POUNDS of CATCHING A COLD
- 1 minute can extend life by 1.2-4 MINUTES
- 20 minutes/week can extend life by SEVERAL YEARS

DEMENTIA
Seniors who walk 6-9 miles/week are less likely to suffer from mental decline as they age, including dementia.

DIABETES
Walking 30 minutes/day, 5 days/week, along with moderate diet changes, can halve the risk of Type 2 Diabetes.

HEART DISEASE
Walking 30 minutes/day, 5 days/week, can halve the risk of heart disease and reduce stress, cholesterol, and blood pressure.

ARTHRITIS
Walking can reduce pain and improve function, mobility, mood, and quality of life, without worsening symptoms.

DEPRESSION
Walking triggers endorphins, promotes relaxation, and prevents anxiety and depression.

WALKING 5-5 HOURS/WEEK REDUCES MORTALITY BY 50% IN WOMEN WITH BREAST CANCER
WOMEN WHO WALK FOR 1 HOURS A DAY, 5 DAYS A WEEK AND CONSUME 1,500 CALORIES/DAY CAN LOSE AND KEEP OFF 25 LBS
WALKING 30 MIN A DAY: 4 DAYS A WEEK CAN REDUCE THE RISK OF DIABETES BY NEARLY 60%
PROSTATE CANCER PATIENTS WHO WALK 90 MIN/WEEK HAVE NEARLY 50% LOWER MORTALITY RISK
WOMEN WHO WALK REGULARLY ARE 25% LESS LIKELY TO DEVELOP COLORECTAL CANCER THAN THOSE WHO EXERCISE LESS THAN ONE HOUR/ WEEK
Alzheimer's study to test natural treatment

By Barbara Peters Smith, Herald-Tribune

/ Thursday, July 26, 2012

The Roskamp Institute — a Sarasota research center specializing in neurological disorders — is ready to embark on its first large-scale human trial of a proposed Alzheimer's treatment that uses a natural substance in tobacco leaves and eggplants.

Called Anatabine, the formulation being tested has reduced inflammation and boosted memory in mice bred to have the degenerative brain disease. Now the institute will study its effects on about 200 local subjects with mild to moderate dementia.

"We've done safety studies" on the compound in humans, said Michael Mullan, president of the nonprofit center founded by Sarasota philanthropist Bob Roskamp in 2003.

It is too early to make claims that Anatabine will improve patients' cognitive function, Mullan said, "but what you can do is see whether it lowers inflammation markers. And we will also monitor cognitive changes in our subjects. That's exciting."

Meanwhile, a major study unveiled this month has implications about the cause of Alzheimer's that raises the stakes for a large European trial of another treatment developed in Sarasota. This discovery of a rare "protective gene" that prevents the disease went a long way toward resolving a debate over
whether beta amyloid — a naturally occurring protein that builds up in the brains of Alzheimer's patients as a sticky plaque — is a cause or an effect of the affliction.

"I was excited by that for a number of reasons," Mullan said. "It really gives a lot of independent credence to the idea that lowering the amount of amyloid production can protect against Alzheimer's disease."

The terminal brain disorder, which robs sufferers of their memories and their very personalities, affects some 5.4 million people in the United States, including more than 450,000 in Florida. With the aging of the baby boomer generation, the national number is projected to climb to 16 million by 2050 — unless progress is made in the search for preventions and cures.

Over a frustrating nine-year period, Alzheimer's research seemed to wallow in a slump marked by failed therapies and questioned assumptions. But this year has brought promising clues that can help scientists understand the complicated interplay between a person's genetic makeup and susceptibility to the disease.

"Alzheimer's research is moving at a rapid pace these days," said Sam Gandy, director of the Center for Cognitive Health at the Mount Sinai School of Medicine in New York — "although not nearly rapidly enough, mostly because of the low priority given to Alzheimer's at the NIH," the National Institute of Health. "Over the past 25 years, amyloid has emerged as a key target."

Much of the new research — highlighted at a major conference in Vancouver, British Columbia, this month — points to a conclusion that no single treatment will help in all cases. As with cancer research, genetics may determine what works best for which populations.

The Alzheimer's Genome Project has identified some 70 genes that provide protection or increase risk for the disease, and this knowledge is helping to focus the current development of more than 40 compounds that could prove beneficial.

Among the latest studies:

nDeCode Genetics, an Icelandic company, led the discovery of the protective gene mutation that only occurs in one of about 10,000 people. Since those with the mutation produce markedly less beta amyloid than those without it, this finding bolsters the "amyloid hypothesis" behind most drugs now in development — including those being studied at Roskamp. It also, says Mullan, raises "the possibility that we could design drugs that specifically capitalize on the effects of that mutation."

nA very small study found that a drug called Gammagard halted the progress of cognitive decline in four Alzheimer's patients. Results from a larger study with 400 patients are expected within a year.
Another drug called bapineuzumab failed to help patients who carry a gene variant that puts them at risk for Alzheimer’s. This result makes it increasingly clear that how well any drug works will depend to some extent on a patient’s genetic makeup. Other tests of the drug are ongoing for dementia patients who do not have that gene — one of them at Roskamp Institute.

A Tufts University study using mice and human brain samples found that just one event of a moderate-to-severe head trauma can disrupt proteins that regulate an enzyme associated with Alzheimer’s. Such a link between the enzyme that fosters amyloid production and inflammation that results from a blow to the head is key to solving the puzzle of Alzheimer’s, Mullan said — and likely many other disorders as well.

"The thing that makes amyloid go up is inflammation," he said. "Alzheimer’s just perpetuates that process. The institute’s made a real focus of that — what we like to call 'inflammaging.' Arthritis, bowel disorders — these all have to do with this chronic inflammatory process."

Anatabine, the tobacco-leaf "nutraceutical" being tested at Roskamp, appears to lower inflammation by a different process than steroids and nonsteroidal therapies found to have dangerous side effects — including heart attacks and strokes. Because it can be formulated from food products, it qualifies as a dietary supplement and does not need government approval as a drug.

Recruitment for the Anatabine study, which involves people with mild-to-moderate dementia over the age of 65, will take about a year, he said.

The Roskamp Institute, not affiliated with any hospital or university, became a charitable foundation in 2010 and has expanded its mission from curing Alzheimer’s to exploring a variety of neurological disorders, including the effects of brain trauma.

Roskamp has a lot riding on a large Alzheimer’s clinical trial now getting under way in Europe. A blood pressure drug called Nilvadipine, which the institute’s researchers initially tested in animals, has been studied since 1996 for its ability to increase blood flow in the brain, clearing away amyloid plaques. Nine countries are involved in the 500-patient study.

"The rationale behind that treatment is that it’s an amyloid-lowering drug," Mullan said. The latest Alzheimer’s research, he said, "very much strengthens the idea that stopping amyloid accumulation is what we need to do." Gandy of Mount Sinai agrees, but said he believes research should ultimately focus on preventing the disease, instead of trying to halt or reverse its effects.

"We have learned that amyloid buildup begins 25 years or more before onset of clinical symptoms," he said. "For this reason, there is a good chance that no amyloid-lowering strategy will succeed in symptomatic people."
**Cauliflower & Eggplant Curry**

**Best Dish For Alzheimers**

**Solanaceae, commonly known as nightshade,**

Popular edible genera and species:
- *Solanum*: potato (*S. tuberosum*), tomato (*S. lycopersicum*), eggplant (*S. melongena*)
- *Capsicum*: bell pepper and chili pepper (*C. annuum*)
- *Physalis*: tomatillo (*P. philadelphica*)

Lesser edible species:
- ground cherry/cape gooseberry (*Physalis peruviana*), goji berry (*Lycium barbarum*),
- tomatillo (*Solanum betaceum*), pepino melon (*Solanum muricatum*), naranjilla (*Solanum quitoense*), wonderberry/sunberry (*Solanum retroflexum*), Morelle de Balbis (*Solanum stenambrifolium*).

Be careful with the Nightshades as they can be poisonous, but they have anti-Inflammation effects good for many diseases like Alzheimers.
Health benefits of Apples

Neurological
- Prevention of dementia

Cardiovascular
- Decreased cholesterol level

Lungs
- Decreased cancer risk

Colon
- Decreased cancer risk

Systemic
- Prevention of overweight

Prostate
- Decreased cancer risk
Health Benefits of Pomegranates

- Keeps blood platelets from sticking together
- Increases oxygen levels to heart
- Anti-inflammatory properties
- May help combat erectile dysfunction
- Helps lower blood pressure
- Shown to inhibit breast cancer, prostate cancer, colon cancer, and leukemia
- Prevents vascular changes that promote tumor growth in lab animals
- Helps with depression
- Powerful nutrient-dense food high in anti-oxidants
- Potent immune support
- May protect against osteoporosis
- May prevent & slow Alzheimer's disease
- May reduce PSA levels
- Raises HDL levels
- Enhances oral health

Antioxidant Pomegranate Smoothie | Serves: 2

- 8 C organic baby spinach
- 1 C pomegranate juice
- 1 C blueberries, frozen
- 1 C strawberries, frozen
- 8 dates, cut in half
- 2 tbs flaxseeds, ground
- 1/2 avocado, optional

Instructions:
Use organic ingredients.
Blend all ingredients together. Delish!

11 Health Benefits of Pomegranate Juice

1. Fights Breast Cancer
2. Lung Cancer Prevention
3. Slows Prostate Cancer
4. Keeps PSA Levels Stable
5. Protects the Neonatal Brain
6. Prevention of Osteoarthritis
7. Protects the Arteries
8. Alzheimer’s Disease Prevention
9. Lowers Cholesterol
10. Lowers Blood Pressure
11. Dental Protection

Shared By Xiann
Good Sugar and Oil

Eat at least Five servings of fruits and Vegetables a day, use Vegetables as the Center of the Meal. Remember: do not eat foods boiled in oil, get good cold processed vegetable oils and thus good Fatty acids, not trans or cooked or animal oils. Eat only Levulose (fructose fruit sugars) not Dextrose (Cane, Corn, Potatoe, Grape sugar). Wellness is your Reward. Remember to chew your food, Fruits alone, Fluids alone, and Melons alone. Make Vegetable and Fruit juice part of your daily Wellness Healthy Regime.
Essential oils containing sesquiterpenes have the ability to pass the blood-brain barrier, which may enable them to be effective in the treatment of Alzheimer’s disease, Lou Gehrig’s disease, Parkinson’s disease, and multiple sclerosis.


Oils that are high in sesquiterpenes include black pepper, frankincense, and ginger.
Bright colors, rich diet

Some of the most health-enhancing nutrients in fruits and vegetables are bright red, orange, yellow, and green.

A simple guide: Go for color
Dark and intensely-colored plant foods usually contain more chemically active antioxidant pigments than pale ones.

Some of the best:
- Grapes, blueberries
- Fresh corn
- Kale, spinach, dark greens
- Sweet potato, yams
- Sweet peppers, all colors
- Plums, prunes
- Mango and papaya
- Oranges, other citrus
- Watermelon, other melons
- Strawberries
- Tomatoes
- Carrots

Magic chemicals
The most important chemically active nutrients
- Anthocyanidins
- Apigenin
- Hesperetin
- Luteolin
- Proanthocyanidin
- Myricetin
- Quercetin
- Lycopene
- Beta carotene

What do antioxidants do?
“Free radicals” are small, cell-damaging molecules produced by the body as waste products; antioxidants neutralize them.

© 2007 MCT
Source: Produce for Better Health Foundation, Dole Food Company, Florida Department of Agriculture and Consumer Services, Oregon State University, Understanding Free Radicals and Antioxidants, Graphic: Cindy Jones-Hullachoi, Sun Sentinel
FOOD is your Best Medicine

Healthy Eating starts on your shopping trip and Health makes the next step at the kitchen. The dinner table is the next step of Healthy Eating.

Food made with anger, fear or hate is Poison. Food made with love is nutrition. If made with extra love, the food is Medicine. Desire's work on Medicine and Wellness has made her the World's most famous medical naturopath alive.
IN 1982 DR. NELSON WROTE THE FIRST EVER TREATISE ON QUANTUM BIOLOGY AND HE LAID THE GROUND WORK FOR THE SCIENCE OF THE QUANTUM XROID INTERFACE SYSTEM.

FIRST DEVELOPED IN 1985 AND REGISTERED WITH THE FDA IN 1989 THE ELECTRO-PHYSIOLOGICAL FEEDBACK XROID ENTERED THE MARKET PLACE. DAY TO DAY IMPROVEMENTS HAVE SHARPEN ITS OPERATION. THERE HAVE BEEN OVER A HUNDRED MEDICAL ARTICLES AND STUDIES PUBLISHED IN PEER REVIEWED MEDICAL JOURNALS ON THE TECHNOLOGY.

NOW REGISTERED IN MOST OF THE COUNTRIES OF THE WORLD THE EPFX TECHNOLOGY IS ADVANCING FAST. OVER 31,000 DEVICES HAVE BEEN SOLD WITH TREMENDOUS RESULTS WORLDWIDE. THE TESTIMONIALS FILE IS ASTOUNDING.

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7 Tips to Boost Brain Health

Eat plant-based foods

- Take 2.4 mcg of vitamin B12 per day
- Consume 15 mg of vitamin E each day

Guidelines for Alzheimer's prevention

Choose Aluminum-Free

Choose vitamins without iron or copper

Cut back on saturated and trans fats

Get 120 minutes of aerobic exercise each week

Supplement Facts

Physicians Committee for Responsible Medicine

PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE • WWW.PCRM.ORG

for most of us there is a piece missing

One good thing about Alzheimer's is you meet new people every day

manydesign.com
one of the world’s oldest spices dating back to 5000 BC may prevent cardiovascular damage
anti-diabetic activity
strong antioxidant benefits digestive system
anti-inflammatory benefits
rich in phytonutrients
good source of dietary fiber
good source of calcium
lowers levels of LDL ("bad" cholesterol)
increases levels of HDL ("good" cholesterol)
reduces feeling of nausea
heavy metal cleanser
improves quality of sleep
may lower blood sugar

Cilantro Pesto

1–2 garlic cloves
raw pine nuts or raw sunflower seeds
1 cup packed fresh cilantro leaves
some fresh parsley (optional)
1 jalapeno pepper or chili pepper/powder
2 tablespoons lemon or lime juice
6 tablespoons olive oil
(cold press, extra virgin)
¼ tsp cumin
Himalayan salt & ground pepper to taste
Put the cilantro & olive oil in blender & process until cilantro is chopped. Add the rest of the ingredients & process to a luminy paste. (You may need to

The Fight Against Alzheimer’s Disease Using Turmeric

This ancient spice is so much more than simple flavor!

Alzheimer’s is the most common form of dementia and experts estimate that more than 25 million people are currently suffering with this life-altering disease.
**SCHIZOPHRENIA:** Wave of Gray Matter Loss

**EARLY DEFICIT**

**5 YEARS LATER (SAME SUBJECTS)**

STG  DLPFC

**ALZHEIMER'S DISEASE:** Wave of Gray Matter Loss

**EARLY DEFICIT**

1.5 **YEARS LATER (SAME SUBJECTS)**

-10%  -15%

**AVERAGE DEFICIT**

**REGIONS WITH SIGNIFICANCE < 0.05**
Ashwaganda: Ancient Herb Proven to be a Potential Cure for Alzheimer's

April 07, 2012 |  

By Dr. Mercola
Ashwagandha is a small evergreen perennial herb that grows up to nearly 5 feet tall.

Common names used for ashwagandha include: Winter Cherry, Withania somnifera (Latin botanical name), and Indian Ginseng to name a few.

Regardless of the name you use to describe this adaptogenic herb, ashwaganda has been a part of India’s Ayurvedic medical system for thousands of years.

There it's regarded as a wonder herb.
While often regarded as an herb for stress reduction and improved energy and vitality, there is a robust body of scientific research confirming ashwaganda's potential therapeutic value in several dozen health conditions.¹ Now, new research has revealed this herb may also fight off the devastating effects of Alzheimer's disease.

**Could Ashwaganda Cure Alzheimer's?**

Alzheimer's disease is currently at epidemic proportions, with 5.4 million Americans -- including one in eight people aged 65 and over -- living with Alzheimer's disease, according to the *Alzheimer's Association's 2011 Alzheimer's Disease Facts and Figures*.² With no known cure and a terminal prognosis, Alzheimer's disease is associated with degeneration and death in brain cells, leading to a steady loss of both intellectual and social skills, and, ultimately, premature death.

Researchers at the National Brain Research Centre (NBRC), however, have conducted studies on mice that suggest ashwaganda extract may reverse memory loss and improve cognitive abilities in those with the disease. Initially, mice with Alzheimer's were unable to learn or retain what they learned, but after receiving ashwaganda for 20 days, this improved significantly. After 30 days, the behavior of the mice returned to normal. Researchers reported:

- A reduction in amyloid plaques (amyloid plaques, along with tangles of nerve fibers, contribute to the degradation of the wiring in brain cells)
- Improved cognitive abilities

Rather than impacting the brain directly, researchers found that the herb worked by boosting a protein in the liver, which enters the bloodstream and helps clear amyloid from the brain. Researchers concluded:

"The remarkable therapeutic effect of *W. somnifera* [ashwaganda]... reverses the behavioral deficits and pathology seen in Alzheimer's disease models."

**More Promising Research on Ashwaganda and Alzheimer's**

The featured study is not the first time this humble herb has been implicated in improved brain health among Alzheimer's disease patients. In 2005, researchers found that withanolide derivatives (withanolide A, withanoside IV, and withanoside VI) isolated from ashwagandha improved neurite extension in both normal and damaged brain cells in Alzheimer's disease-model mice.³ This is a key component of treating the disease, as researchers pointed out:
"The reconstruction of neuronal networks in the damaged brain is necessary for the therapeutic treatment of neurodegenerative diseases."

Separate research in Phytotherapy Research, published in 2010, revealed ashwaganda may help manage cell damage in the brain, offering even more potent antioxidant activity than vitamins A, C, and E.4 They noted:

"Several studies have revealed that natural antioxidants, such as vitamin E, vitamin C and beta-carotene, may help in scavenging free radicals generated during the initiation and progression of this [Alzheimer's] disease. Therefore, there has been considerable interest in plant phytochemicals with antioxidant property as potential agents to prevent the progression of AD. Our earlier investigations of the Withania somnifera fruit afforded lipid peroxidation inhibitory withanamides that are more potent than the commercial antioxidants.

In this study, we have tested two major withanamides A (WA) and C (WC) for their ability to protect... rat neuronal cells, from beta-amyloid induced cell damage. The cell death caused by beta-amyloid was negated by withanamide treatment."

Another Ancient Herb for Alzheimer's...

The compound curcumin, which is found in the spice turmeric, is another notable herb for brain health. Recently revealed as effective in helping to stop the protein clumping that is the first step in diseases such as Parkinson's disease,5 past research has shown that curcumin may help inhibit the accumulation of destructive beta amyloids in the brain of Alzheimer's patients, as well as break up existing plaques. Researchers determined:

- Curcumin is more effective in inhibiting the formation of the protein fragments than many other potential Alzheimer's treatments
- The low molecular weight and polar structure of curcumin allows it to penetrate the blood-brain barrier effectively and bind to beta amyloid
- Alzheimer's symptoms caused by inflammation and oxidation are eased by curcumin's powerful antioxidant and anti-inflammatory properties

People with Alzheimer's tend to have higher levels of inflammation in their brains, and curcumin is most known for its potent anti-inflammatory properties. The compound has been shown to influence the expression of more than 700 genes, and it can inhibit both the activity and the synthesis of cyclooxygenase-2 (COX2) and 5-lipoxygenase (5-LOX), as well as other enzymes that modulate inflammation.

Additional Strategies to Significantly Lower Your Alzheimer's Risk

What is interesting and important to understand about chronic disease is that it very rarely exists in a bubble. What I mean is, if you are developing changes in your brain
that are indicative of Alzheimer's, you're probably also experiencing signs of insulin resistance, such as diabetes or obesity.

And, meanwhile, you may also be showing signs of heart disease, such as high blood pressure, as, very often, chronic diseases are intricately intertwined; they're the product of imbalances in your body that are manifesting, likely after years spent festering just below the surface. This can actually be a good thing, however, as implementing a few simple techniques address the underlying causes of multiple chronic diseases, and Alzheimer's is no exception.

This includes:

- **Optimize vitamin D.** In 2007 researchers at the University of Wisconsin uncovered strong links between low levels of vitamin D in Alzheimer's patients and poor outcomes on cognitive tests. Scientists launched the study after family members of Alzheimer's patients who were treated with large doses of prescription vitamin D reported that they were acting and performing better than before. Researchers believe that optimal vitamin D levels may enhance the amount of important biomolecules in your brain and protect brain cells. Vitamin D receptors have been identified throughout the human body, and that includes in your brain. Metabolic pathways for vitamin D exist in the hippocampus and cerebellum of the brain, areas that are involved in planning, processing of information, and the formation of new memories.

  Sufficient vitamin D is also imperative for the proper functioning of your immune system to combat excessive inflammation, and, as mentioned earlier, other research has discovered that people with Alzheimer's tend to have higher levels of inflammation in their brains.

- **Fructose.** Ideally it is important to keep your level below 25 grams per day. This toxic influence is serving as an important regulator of brain toxicity. Since the average person is exceeding this recommendation by 300% this is a pervasive and serious issue. I view this as the MOST important step you can take. Additionally, when your liver is busy processing fructose (which your liver turns into fat), it severely hampers its ability to make cholesterol. This is yet another important facet that explains how and why excessive fructose consumption is so detrimental to your health.

- **Keep your fasting insulin levels below 3.** This is indirectly related to fructose, as it will clearly lead to insulin resistance. However other sugars, grains and lack of exercise are also factors here.

- **Vitamin B12:** According to a small Finnish study recently published in the journal *Neurology,* people who consume foods rich in B12 may reduce their risk of Alzheimer's in their later years. For each unit increase in the marker of vitamin B12 (holotranscobalamin) the risk of developing Alzheimer's was reduced by 2 percent. Very high doses of B vitamins have also been found to treat Alzheimer's disease and reduce memory loss.
• **Eat a nutritious diet, rich in folate**, such as the one described in my nutrition plan. Strict vegetarian diets have been shown to increase Alzheimer's risk, whereas diets high in omega-3’s lower your risk. However, vegetables, without question, are your best form of folate, and we should all eat plenty of fresh raw veggies every day.

• **High-quality animal based omega-3 fats**, such as krill oil. (I recommend avoiding most fish because although fish is naturally high in omega-3, most fish are now severely contaminated with mercury.) High intake of the omega-3 fatty acid DHA helps by preventing cell damage caused by Alzheimer's disease, thereby slowing down its progression, and lowering your risk of developing the disorder. Researchers have also said DHA "dramatically reduces the impact of the Alzheimer's gene."

• **Avoid and remove mercury from your body.** Dental amalgam fillings are one of the major sources of mercury, however you should be healthy prior to having them removed. Once you have adjusted to following the diet described in my optimized nutrition plan, you can follow the mercury detox protocol and then find a biological dentist to have your amalgams removed.

• **Avoid aluminum**, such as antiperspirants, non-stick cookware, vaccine adjuvants, etc.

• **Exercise regularly.** It's been suggested that exercise can trigger a change in the way the amyloid precursor protein is metabolized, thus, slowing down the onset and progression of Alzheimer's. Exercise also increases levels of the protein PGC-1alpha. New research has shown that people with Alzheimer's have less PGC-1alpha in their brains, and cells that contain more of the protein produce less of the toxic amyloid protein associated with Alzheimer's. I would strongly recommend reviewing the Peak Fitness Technique for my specific recommendations.

• **Avoid flu vaccinations** as most contain both mercury and aluminum, as well as egg proteins (e.g. myelin basic protein), which the body may produce antibodies against and that cross-react with the myelin coating your nerves, in effect causing your immune system to attack your nervous system!

• **Eat blueberries.** Wild blueberries, which have high anthocyanin and antioxidant content, are known to guard against Alzheimer's and other neurological diseases.

• **Challenge your mind daily.** Mental stimulation, especially learning something new, such as learning to play an instrument or a new language, is associated with a decreased risk of Alzheimer's. Researchers suspect that mental challenge helps to build up your brain, making it less susceptible to the lesions associated with Alzheimer's disease.

• **Avoid anticholinergic and statin drugs.** Drugs that block acetylcholine, a nervous system neurotransmitter, have been shown to increase your risk of dementia. These drugs include certain night-time pain relievers, antihistamines, sleep aids, certain antidepressants, medications to control incontinence, and certain narcotic pain relievers.

A study found that those who took drugs classified as 'definite anticholinergics' had a four times higher incidence of cognitive impairment. Regularly taking two of these drugs further increased the risk of cognitive impairment. Statin drugs are particularly
problematic because they suppress the synthesis of cholesterol, which is one of the primary building blocks of your brain. As Dr. Stephanie Seneff reports:

"Statin drugs interfere with cholesterol synthesis in the liver, but the lipophilic statin drugs (like lovastatin and simvastatin) also interfere with the synthesis of cholesterol in the brain. This would then directly impact the neurons' ability to maintain adequate cholesterol in their membranes. Indeed, a population-based study showed that people who had ever taken statins had an increased risk of Alzheimer's disease, a hazard ratio of 1.21. More alarmingly, people who used to take statins had a hazard ratio of 2.54 (over two and a half times the risk to Alzheimer's) compared to people who never took statins."
Desire is the Professor Emeritus of IMUNE. IMUNE is an accredited and legally registered medical university in Europe.

Since 1995 IMUNE has been offering medical education in a variety of subjects to defend and perpetuate Natural Medicine. There are many small minded people being driven by the SINthetic chemical companies to destroy Natural Medicine as a viable choice in Medicine. IMUNE has offices in Switzerland, Mexico, Dubai, Budapest, England, and the British Virgin Islands. The small petty minded picayune minions of the chemical companies constantly attack with their anal retentive biased short sided views. We must fight for freedom of choice and especially freedom of choice on medicine.