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MULTIPLE SCLEROSIS TREATMENT OF 50 PATIENTS

- PRESENTATION OF CLINICAL CASES TREATED WITH PRM

INTRODUCTION

Multiple sclerosis (MS) is an HLA-dependent autoimmune disease caused by specific attack of the myelin sheath (anti-myelin antibodies) of the oligodendrocytes of the CNS (white matter).
In the first stage, other cells (astrocytes and neurons) are not attacked, and the integrity of the axon is maintained.
The disease initially presents symptomatology of neuronal shunt and reduction of peripheral nerve conduction.
At first, during the massive attack on **Th1 immunity**, cellular damages are limited to the myelin sheath and appear as plaques on RMI. It was recently demonstrated that the persistence of immunodepression (caused by a pathology or induced by inadequate therapies such as copolymer therapy) provokes the spread of autoimmune disease in the surrounding structures of the CNS:

- neuritis caused by attack on the axon
- systemic neurodegeneration caused by attack on the close neuronal body
- reduction of immunological ability of the CNS caused by attack and blockage of the astrocytes
- other related autoimmune diseases such as autoimmune thyroiditis (Hashimoto's disease), celiac disease, and macrophagic myositis, to name just the main ones (MS).

From a symptomatological point of view, MS can have an uneventful clinical course characterized, for example, by a single episode of retrobulbar optic neuritis, or, it can develop into a complex, neurodegenerative, and even *criptic* clinical case.
At inclusion, all of the patients of the study conducted on Physiological Regulating Medicine (PRM) had already completed the diagnostic procedures revealing the presence of MS.
- The PRM therapy is used to improve the patient's quality of life and, above all, to alleviate side effects of traditionally administered allopathic medication (copolymers, immunosuppressive medication).
Multiple Sclerosis can not be cured: it is only possible to block its progression and limit the immunological attack in order to avoid other CNS structure involvement.
Only the onset of MS following a Hepatitis B vaccination (approximately 3% of cases) can be effectively prevented without particular treatments.
This vaccination unleashes the various HLA predispositions based on the classic mechanism of the expression of *loci* for deficit in the maturation of the Th3 immunity that develops completely by around 4 years of life.
The implicated *loci* are:

- A2
- A3
- A7 (Poliomyelitis vaccine)
- A11
- B7
- B8
- B12
- B15
- B22
- B40
- Dr2
- Dr4
- Dr6
- Dq2
- Dr15 and Dr17 which improve protection against MS if associated with the *locus* of group Dq.

The simple and precise identification of these *loci* is possible through the HLA exam (class 1 and 2) which can be completed even in the first months of extrauterine life.
In case of a positive result for one or more *loci* associated with specific family history of MS or autoimmune diseases, the Hepatitis B vaccine is not recommended , and as a preventive measure, the same advice applies for the Hepatitis A vaccine.
In this clinical study, **all 10 cases of MS** diagnosed in young patients under the age of 16 **were induced by Hepatitis B vaccination**.
The other vaccinations of the traditional therapeutic protocol must be integrated into a specific immunobiotherapic treatment:

• **Before** all vaccinations, it is necessary to take a single dose of Thuya 9C.

- If the patient has a family history of autoimmune diseases: 10 granules of **CITOMIX**.

- **After** all vaccinations:
  - 10 granules of **CITOMIX**;
  - 2 granules of **NK REG** morning and night for one week - 10 days.

In cases of episodes of fever: **Anti IL-1** 10 drops, to be repeated even at every hour.

This protocol represents the only way to avoid the expression of the disease or, at least, its partial expression.
Therefore, it is essential to identify any HLA predispositions and prevent the immune deficits related to mass vaccination.
The protocol described above is also suitable for children, enabling an active and efficient prevention.
- In our personal experience **over the course of a decade**, the number of cases of small patients treated in prophylaxis amount to approximately 200 per year. Till now, among all of the patients treated with active prevention, there was not a single case of disease triggering in spite of the marked predispositions (A2, A3, B8, Dr4, Dq2, among the most serious).
Such results have enabled to actively prevent other autoimmune diseases originating from vaccines including, for example:
- rheumatoid polyarthritis
- type I diabetes
- autoimmune hepatitis
- psoriasis
- atopic dermatitis.

MATERIALS AND METHODS

The study was conducted on **50 patients** over the course of **10 years**.
The patients were subdivided into two groups:
Group A: 10 pediatric patients less than 16 years of age (limit chosen to define the vaccination diagnosis hypothesis);
Group B: 40 adults, mean age = 35 years.

CHARACTERISTICS OF GROUP A

The **patients of Group A** were less than 16 years of age and were treated for 10 consecutive years.
They were relatively quickly enrolled on the basis of the occurrence of the first symptoms of MS and on the relatively precise diagnosis made in specialized hospital facilities (Department of Neurology).
- The exclusive allopathic treatment received prior to the PRM consultation had a duration of 6 months – 1 year, according to the case. The principal reason for searching an alternative therapy is the **occurrence of side effects** caused by allopathic therapies and the parental concern for the **future of therapy** and the **quality of life** of their children.
In only one case, in Group A, an HLA exam was performed prior to the PRM consultation; the exam was conducted in hospital facilities (to the contrary of what occurs for type I diabetes or celiac disease).
The immunobiotherapic (PRM) and homeopathic treatment of drainage and detoxification was integrated with the allopathic treatments.
In no case was the allopathic therapy suspended while underway; nevertheless, in half of the cases, the parents had already halted the allopathic protocol or made a specific request to the attending physician for a period without the administration of traditional medicines due to the seriousness of the side effects which include:
- weight gain
- nervousness
- insomnia
- hirsutism
- eczema
- digestive problems
- slowing of the physiological growth
- problems in cognitive development
- repeated viral episodes in the winter, for which various antibiotic treatments became necessary.

For the first 5-6 months, the visits were conducted monthly - specifically every 28 days - in order to appropriately evaluate the clinical evolution of each patient.

ASPECIFIC PROTOCOL OF ANTIVIRAL PREVENTION

From October to April of each year:
- 10 granules of **CITOMIX**, once per week.

For the first 3 months of the protocol (in general: October, November, and December) combine with:
- 2 granules of **COMP REG**, morning and evening
- 1 dose of **Omeogriphi** every 10 days (3 doses per month).

In case of a viral invasion, from the very first symptoms, immediately take:
- 10 granules of **CITOMIX**, 5 times per day
- 2 granules of **NK REG**, 5 times per day
- 2 granules of **COMP REG**, 5 times per day, substituted from 2007 by **ANTI AGE STRESS**
- 1 dose of **Omeogriphi** per day for 3 days.

This PRM antiviral prevention protocol enabled the complete limitation of allopathic medicine (20% of cases) and, above all, the **blockage of MS expression in 90% of the cases**.
In the remaining 10%, the presumed episode of MS was blocked thanks to the use of a minimum dosage of allopathic corticosteroid medication for 4-6 days associated with Cortison 4CH granules and CITOMIX from 5 to 10 times a day as necessary.

There was no detection of side effects that could be correlated to the allopathic treatment (absence of weight gain and digestive problems, in particular).

INITIAL PROTOCOL OF IMMUNOBIOTHERAPY

Thanks to the initial protocol of immunobiotherapy, in the first 4 months, the detoxification of the body is carried out, as well as the unblocking of the fighting action of the Immune System (pathologic expression of type Th1 Yin negative blocked in deep *luetic diathesis*).
In the 10 patients included in Group A, the common pathologic origin of vaccination needed a treatment aimed at Mercury and Aluminium detoxification combined with a powerful hepatic drainage.
For this purpose, the homeopathic remedies used were:

- Silicea
- Alumina silicata
- Mercurius phosphoricus
- Mercurius sulfuricus
- Mercurius solubilis

The hepatic detoxification is achieved with:

- Nux vomica
- Lycopodium
- Phosphorus.

From a immunobiotherapic standpoint, the initial protocol is:

- **COMP REG** (hepatic immunity, anti-inflammatory base)
- **ANTI AGE STRESS** (basal and mild regulation of immunological functions)
- **LINF REG** (activation of lymphocytic growth).

The immunological stimulation must be mild for the first 3-4 months to enable testing of the reactive capacity of the patient when faced with the re-equilibrating message (searching for a Th1/Th2 *luetic* response of immune re-equilibration).
The monthly visit for the determination of the progress of the treatment allows for the evaluation of the correct progressive vicariation.
In cases in which the patient utilizes treatment with allopathic corticosteroid medication, it is necessary to prescribe 2 granules of **Cortison 4CH** or 10 drops of **ACTH D6**, both to be taken morning and evening.
The therapeutic and paraclinical allopathic *continuum* is completely respected and the relative positive evolution is utilized to carry out an accurate therapeutic regulation.
In the worst cases, the results obtained prior to the PRM consultation are maintained (40% of cases), while a clear improvement through the clinical course is reported in 60% of the cases.

MAINTENANCE PROTOCOL

The maintenance of the results is achieved by stabilizing *psoro-tuberculinic diathesis* and preventing viral attacks.
In the 10 pediatric patients, no true and proper relapses of the pathology were observed, but only sporadic clinical or subclinical episodes during the period of the seasonal viral invasion with annual peak in the month of February (12th cycle of the moon and of the evolutive change of the tide of the Meridians of Traditional Chinese Medicine).

CHARACTERISTICS OF GROUP B

Group B is composed of **40 adult patients** of a mean age of 35 years, with the majority of the patients being women (35 F; 5 M), confirming the clear predisposition of women to autoimmune diseases.
The patients of this Group were recruited after an allopathic course of therapy with an 80% failure rate, inducing the alternative offer of PRM. In most of the cases (60%), the PRM therapy was performed with consent of the neurologist that continued to follow his own patients: in no case was the allopathic treatment suspended considering the particular instability of the clinical situation.
The integration of the PRM treatment has, therefore, the objective of improving the future evolution of MS and the quality of life of the patients for which 4 to 6 months of continued PRM therapy became necessary.
In this clinical study, patients who have not correctly followed the PRM treatment for 4 consecutive months were not included because of the inability to process the logical course of the therapy. The main cause of defection is the inability to tolerate the initial subcutaneous (wrist eczema) or nervous vicariation (temporary worsening of the sensitive symptomatology such as tingling and strong sensations of fatigue) that occurs in the first two months of treatment.
- The appearance of such symptoms forces the immediate suspension of the PRM treatment for at least 10 days beyond the otherwise scheduled next administration of treatment.
It is essential to show the patient, during his/her first visit, the outlook of such clinical manifestations.
This symptomatology indicates a rapid and perfect therapeutic action of the current therapy since the Immune System immediately unlocks the chronicity, provoking a violent and bothersome evolutive vicariation.
Of course, the neurologist quickly interprets such symptoms as clear proof of the danger of non conventional treatments and advises the patient to withdraw the therapy instead of investigating the nature of the clinical phenomena. In this specific case, in fact, an interdisciplinary collaboration was never able to be achieved.
To avoid these types of symptomatological reactions, the treatment must be started in a mild manner and it must never include among the first prescriptions homeopathic stocks at a high dilution nor medications containing the Sulphur stock. Therefore, the treatment usually begins with single doses of Silicea or Arnica 9C that enable the testing of the reactive sensitivity of the patient during the first month of treatment.

INITIAL PROTOCOL (FIRST 4-6 MONTHS)

The treatment provides for prescription of the following remedies:

- Silicea
- Arnica
- Staphysagria (rarely).

The clinical response to the first month of treatment affects the therapeutic *tuberculinic*, and *psoric* evolution in cases in which the patient has a clear reaction; on the contrary, a deep *fluoro-sicotic* detoxification would be necessary.

Such a situation is mainly caused by chronicity of the pathology and by numerous allopathic medications taken for what the prescription of *antisicotic* remedies would be natural, and, among these, Thuya plays a prominent role.
The pathology of 5 patients of Group B was triggered following Hepatitis B vaccination administered for professional reasons (for example, in order to work as a nurse) or for traveling in exotic countries. For these 5 patients, as with Group A, the treatment was started with an important metal detoxification (Mercury and Aluminium), notwithstanding the chronicity of clinical problems, a treatment that has increased the efficiency of allopathic treatments, likely through desaturation and unblocking of receptors of lymphocytic membranes.
In 90% of patients included in Group B, the first symptom reported by the recipient of the integrated treatments is the disappearance of the general fatigue in 20 days and a relevant decrease in depressive symptoms thanks to the holistic (physiological and psychological) consideration of the problem: PRM does not treat only the terrifying entity called Multiple Sclerosis.
From an immunobiotherapic (PRM) standpoint, the therapy protocol for adult patients is as follows:

- **NK REG** (deep chronicity)
- **COMP REG** (hepatic immunity intoxication)
- **MACRO REG** (reactive hypersensitivity).

These medications must be associated with Cortison 4C or remedies made from a Nux vomica base.

▶ MAINTENANCE PROTOCOL

The maintenance therapy is identical to that administered to the 10 pediatric patients of Group A.
In over 50% of the cases, **the long-term allopathic treatment** (interferons, copolymer) **was abandoned** in accordance with the attending neurologist following a careful clinical and paraclinical evaluation, magnetic resonance, blood tests, and immunological analyses.
In effect, **magnetic resonance has highlighted an equilibrium in demyelinizating lesions of the CNS accompanied by a reduction of the impregnation of these lesions (20% of cases)**.
For the remaining patients (approximately 40% of the sample), the family neurologist reported an arrest of the pathological evolution, a more efficient therapeutic action, and a reduction of attacks and relapses in a year.
- Sensory problems are also clearly improved.

CONSIDERATIONS AND CONCLUSIONS

Six months of PRM therapy enable to improve the quality of life of the patients affected by MS as well as the maintenance of the equilibrium of the disease without allopathic interventions.
Nevertheless, the most extraordinary effect of the PRM is the active preventive action achieved from the protocol of the 10 patients of Group A (< 16 years). And here, PRM ensures a treatment that traditional medicine is not able to guarantee.
The integration of PRM represents the trump card in the therapy of patients with MS.

More exhaustive clinical studies should be conducted to precisely define the role of immunological basic compounds in patients affected by MS, and, in particular, the compounds that enable a positive recovery of immunological response:

- **Interferon gamma 4C**
- **Interleukin 4 4C**
- **Interleukin 6 4C**
- **Interleukin 10 4C**
- **Interleukin 12 4C**
- **TNF 4C**.

Clinically, the effect of stocks is largely demonstrated in this clinical study over a period of 10 years.

Nevertheless, it would be appropriate to have a theoretical confirmation such as that conducted in the University of Milan - Department of Anatomy and Morphology on laboratory animals made asthmatic through the indisputable therapeutic effect of interferon-gamma 4C (Guna Laboratories, Milan - Italy) (*in press*).
- PRM does not propose a sole and exclusive therapeutic solution, but a new vision of integrated medicine in which the patient is the "fixed idea" of the therapist who has to continually balance the proper therapeutic solutions in response to the patient's clinical evolution.

This study demonstrates the efficiency of the PRM approach to a chronic autoimmune disease such as MS just because PRM, also supplemented with allopathic medicine, is suitable to all clinical conditions for the clinical inhibition required by certain cases.

In effect, from the therapeutic evolution personally observed for 10 years, it is possible to state that the clinical potential for MS worsening was blocked. This block, however, requires a long-term base treatment necessary to maintain the function of the lymphocyte memory. There is no curing therapy for MS, but only a therapy that does not provoke damage beyond that provoked at the beginning of the attack (onset in the living body) as seen in the evaluated patients (80%).
Three patients, after an average continuous treatment of 3 years, decided to suspend the administration of allopathic and homeopathic remedies.
Seven years after the suspension, they had not suffered any attacks and the pathology did not represent itself.

- Had the PRM treatment, in this case, corrected the lymphocytic cellular memory and thus resolved the initial conflict?

In addition, one of these 3 patients has brought to term three pregnancies in the last years without any problems and without suffering from postpartum reactivation of the disease.
Five other patients – who had regular visits every two to three months – had to resume allopathic treatment because the only PRM was not sufficient to guarantee a dignified quality of life due to profound personal conflicts or traumatic incidents (cars, sports, etc.) that were completely unforeseeable.
In cases in which the patient presents a difficult evolution of

the disease and undergoes several years of rather potent allopathic treatments, the PRM treatment will have notably limited effects and would, therefore, have to be coupled with traditional treatments.
The toxinic drainage achieved with basic remedies ensures a clear reduction in obstructive side effects of allopathic medication, however making them,efficient at lower dosages (reduction of the threshold of therapeutic efficiency).
Three other patients of the Group withdrew the base treatment before the end of the first year. Among these, one patient wanted to verify whether she would be able to live normally without treatments, and in two years she has not asked for another visit. The other two patients, forced in a wheelchair, withdrew the therapy due to physical obstacles (stairs, difficult access to toilets, etc.), and, therefore, the difficulty in reaching the medical offices.
Therefore , one should never underestimate details when the treatment concerns patients in difficult conditions.
The necessary allopatic inhibition, associated with the reequilibrium of the Th1/Th2 immune balance and with the metabolic and toxinic drainage, opens the path for maintenance of the organic system thanks to the principles of classic as well as unicistic Homeopathy.
The patient's body is then able to logically and physiologically respond, interpret, and integrate an information signal externally sourced.
In this way, another chapter of treatment is opened, until the next conflict the body will be called to face.

In the field of essential treatments for chronic illnesses, the management of adaptive stress and, above all, the change or improvement of the conditions of life represent an important element in such preventive ecology.

Each therapeutic element has a precise placement in the infinite fractalian mosaic of the clinical expression of problems associated with MS. Therefore, it is indispensable to have complementary therapeutic techniques and, above all, a huge and accurate collaboration between patient and physician.

The results are convincing, so why not give these patients the opportunity to improve their quality of daily life by including PRM among the therapeutic options for MS? ■

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