

2008

Ischemic Rehabilitation

A basis for integrated energetic intervention in ischemic pathology

Ischemic trauma creates reversible and irreversible symptoms resulting in both tissue dormancy and necrosis. PEMF protocols often evidence immediate durable neurological responses. Immediate PEMF responses suggest non-necrotic damage reversal happens almost immediately. The parallel tendencies for near complete recovery with prompt treatment, and significant recovery in much delayed intervention evidences reversible ischemic dormancy is a dominant factor in stroke pathology.



Contents

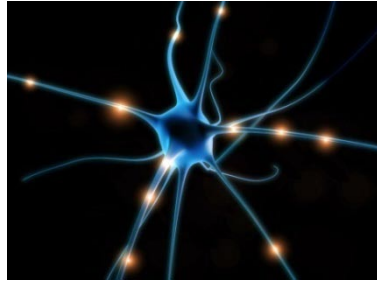
Introduction.....	3
Language	3
Resources & Support.....	3
Ischemia Basics.....	4
Clumps and Clogs	4
Blowouts/Aneurysms	5
Disease Cofactors	5
Vascular Lesions	5
Vascular De/Regeneration	6
Downhill Journey.....	6
Explanation of weak results	7
More Toxins Hurt.....	7
Punch line	8
Misdirection & Misinterpretation	9
Cure (noun) versus Cure (verb)	9
Intervention Model	10
Intervention Design	11
Sample Protocol	13
Neural Support Protocol.....	14
Vascular Integrity Protocol.....	15
Occlusion Support Protocol.....	16
Support Recap	16

Introduction

Ischemia occurs when blood flow is blocked. Flow blockage suffocates and starves cells downstream.

Sludge, usually resulting from energetic and chemical reductions [zeta potential](#) trigger clumps which clog blood flow.

Even though stroke is the most commonly recognized condition – ischemia happens everywhere. Any time a tiny vessel clogs, damage happens.



Ischemic damage is common, and usually recoverable.

Damage becomes permanent when either:

- Clumps clog bloods supplies the healing systems that enable recovery;
- Healing is disabled by other factors, toxicity, etc.

Goal of Paper.

Nature of symptoms

Ischemia caused by vascular weakness.

Language

We use relatively simple language. There are three major factors in in cerebral ischemia:

1. Weakness in blood vessels;
2. Blood sludge enables occlusion;
3. Vascular stress trigger.



Resources & Support

If you feel that the disease model present here may be applicable, we invite you to contact us through one of our websites:

- <http://www.dshedu.com>
- <http://www.wholehealthnetwork.com>
- <http://www.rejuvicell.com>
- Call 970 372 4274
- Email contact@wholehealthnetwork.com

Ischemia Basics

Ischemic symptoms are substantially reversible with early intervention and encouragingly reversible with delayed intervention. an integrated approach.

Brain tissue from stroke dormancy appears to be the prevailing cause of debilitating stroke symptoms. As the condition matures dormant tissues die, and reversible damage becomes permanent.

The surprising success of hybrid interventions delayed up to ten years suggests cerebro-ischemic protective dormancy mechanism is durable significantly beyond documentation in previous medical literature.

The delay between ischemic event and therapy strongly affect both the response degree and rate, likely due to progressive cerebral necrosis. The transition from reversible to irreversible symptoms is much slower.

Ischemic dormancy is a survival response which enables long-term preservation brain tissue after a trauma event.

Stroke symptoms are the combined of dysfunction caused by ischemic dormancy and irreversible ischemic necrosis.

This paper explores the tendency for the body to preserve life-essential tissue, and the surprising reversibility of stroke symptoms even with late intervention using a combination of nutritional and energetic methods.

Clumps and Clogs

Zeta potential is the primary factor in ischemic event risk. Allopathic interpretation blames errant blood clotting for ischemic disorders. Colloidal stability is not considered a factor.

Zeta potential is a dominant factor because it reflects the dynamic balance that becomes fragile under stress and toxic load.

Surprise occlusion events, reflect a alignments in a matrix of cofactors that determine zeta potential or clumping in a fluid.

If the fluid is blood, then a clump is a clot. Clumps which clog vessels stop flow and trigger cellular damage. When too many clumps clog too many vessels, unrecoverable damage happens.

Clumping incidence is driven by low energetic potential which reflects the same factors in other diseases.

Blowouts/Aneurysms

Ballooned arteries, [aneurysms](#), happen because the tiny vessels that feed arteries and bigger vessels clog and starve them.

Starvation weakens the tissue in the vessel. Starvation eventually weakens the collagen and muscle that give the artery strength. Finally, artery fails by creating a balloon or bursting.

Burst/aneurysm failure is caused by starvation of oxygen and food which prevent the cells in the artery from healing.

Tiny clumps that block the blood supply to the arteries are the cause of the arterial failure. So... Clogging the blood supply to the blood supply causes a different kind of failure, or aneurysm.

When these balloons burst, blood leaks out and the downstream tissue starves. Both effects can cause considerable, often lethal damage.

The hidden majority cause of aneurysm is that tiny clots that block the blood flow to the artery itself. When arterial structure fails, disaster happens.

These tiny clots reflect unresolved sludge which lasts long enough to undermine vascular integrity. Vascular degeneration happens everywhere.

Usually the burst event is triggered by a stress event, normally a downstream plug causes pressure to build up and the weak spot to burst.

Disease Cofactors

Vascular disease is chronic zeta potential deficiency. It is an energetic disease.

Heart disease is an energetic disorder – the blood lacks sufficient energetic and ionic potential to maintain fluidity and prevent clumps which cause a continuous process of micro-damage throughout the body.

Clumps that clog tiny vessels contributing to virtually every symptom associated with vascular disease.

Macular degeneration – is when the tiny vessels that feed the retina clog and try to heal without oxygen;

Vascular weakening – occurs when blood supply to the blood supply chokes;

Vascular Occlusion happens when clumps are so big they shut down a major blood supply;

Stroke – is when a rupture or occlusion happens in the brain;

And so on.

Vascular Lesions

We conveniently omitted atherosclerotic lesions which cause vascular narrowing.

Consider that even a narrowed artery requires a plug – without the plug to clog the narrowed channel disaster merely waits.

The issue of course, is why doesn't the lesion heal? Is it partly because the blood supply required to heal the lesion could be itself plugged?

Swelling and plaque accumulation which narrow the arteries, are injuries which cannot heal.

It seems annoying to point out that if the vascular system is so sludged up that the big pipes are about to clog -- that the small ones clogged long ago.

Micro-vessel clogs make it impossible to heal the lesions which are shutting down the big ones.

Persistent lesions evidence an absence of healing likely due to an absence of resources to do the healing.

As a result, plugged micro-vessels are guaranteed to be a factor in vascular degeneration.

The alert reader will recognize that if big arterial lesions heal normally and completely, then plaque would not accumulate – setting the stage for major occlusion later.

Vascular De/Regeneration

Vascular regeneration is a survival response – without it, life would be very short. Many miles of capillary, vessels and arteries are damaged every day as part of wear and tear of life.

Vascular systems regenerate.

- So the question becomes when and why do they stop regenerating?
- Why do certain symptom sets, called diseases always seem to come together?
- What do all these processes seem to have in common? Why are they different at all?
- Why do certain substances seem to help?
- Why do energetic therapies like PEMF always seem to produce such rapid improvements?
- Why are stroke victims who use Hyperbaric Therapy tend to recover more?
- Why is there such a strong correlation between heart disease risk and stroke risk?
- What is the relationship of toxins?
- What is the relationship of infectious agents?

Downhill Journey

A degenerate mess happens after the body loses the ability to keep up with the repair load.

When body can keep up with the damage, there's no real problem.

The critical balance is healing rate versus damage rate. When damage exceeds healing, downhill happens.

Common downhill triggers are:

- building material deficiency;
- bug bloom;
- sludge slam from toxins;
- stress.

When downhill happens, it lasts forever or until it's fixed, whichever comes first.

Explanation of weak results

Medical science is nominally able to prevent and support recovery in ischemic syndromes.

Here are some principles:

- Clumping and clotting are very different ;
- Only clotting is managed, clumping is not;
- Dormancy preserves life challenged tissue;
- Dormancy and Necrosis, death, look alike;
- Tissues survive dormant for a long time.

Better results are possible and often rapid:

- Integrated energetic nutrient care seems to quickly restore dormant tissue;
- Toxin and nutrient flow are unmanaged;
- Event avoidance totally misses the major risk factor – clumping, which is effectively and safely managed with nutrients and energetics.

More Toxins Hurt

Causal factors resulting in ischemia tend to be lipo-suppressive and do not address toxin and pathogenic aspects of vascular degeneration.

Most drugs don't touch the pathogenic foundation or interfere with the mechanisms that pathogens use to damage the host.

Most pharmaceutical agents tend to interfere with healing by adding toxins to an already toxic metabolism. This additional damage means that most interventions make the problems worse.

Punch line

PEMF is an excellent tool in ischemic conditions for several reasons:

1. It immediately improves zeta potential which helps restore blood flow;
2. It opens the vascular system so more blood can flow;
3. It provides usable energy to dormant cells often restoring functions in dormant tissue.

These three performance aspects make PEMF a huge tool in the entire spectrum of ischemic conditions.

**PEMF supports ischemic tissues and vascular recovery
*at the same time.***

Primary hypothesis PEMF provides a life support for ischemic cells. It also aids collateral healing which reduces the tendency for long-term ischemia.

The tendency to produce immediate partial recovery from cognitive limits which accompany “stroke” suggests that PEMF has core value with all ischemic pathology.

Misdirection & Misinterpretation

While the social interpretation of disease is outside our scope, it may be useful to articulate reasons why this seemingly simple model has failed to emerge earlier.

Tendency not to recognize that PEMF exposure provides a backup cellular energetics which limit terminal ischemia.

Also a tendency to overlook oxygenation enhancement therapy:

- This protocol uses exploits Plasma oxygen transport in addition to improve cell oxygenation instead of RBC;
- Uses PEMF as a life support energy supply to curb final necrosis;
- Uses PEMF as a tool to catalyze vascular healing;
- Integrates functional detoxification which tends to limit the degree and rate of vascular recovery;
- Exploits the body's ability to cause ischemic cells enter a dormant state as an opportunity to restore blood flow.-

Cure (noun) versus Cure (verb)

A major challenge is medical tendency to interpret the word "cure" as a noun implying single cause, and hence a single act to restore health.

To cure (verb) is an act or process of health restoration, involving as many or as much intervention needed to get the job done.

The difference the noun and verb forms of the same word in different ears, inhibits the ability to see relationships, and coordinate intervention accordingly.

In other words, the notion that each disease has one cause and one cure is terribly misleading.

Conditions with multiple causes tend to defy cure (verb), because products that **cure (noun)** don't do enough to resolve conditions caused by a set of interrelated problems.

Intervention Model

Moreover earlier, debugging is a big challenge because of the Polypathogenic, or multiple symbioses of pathogens.

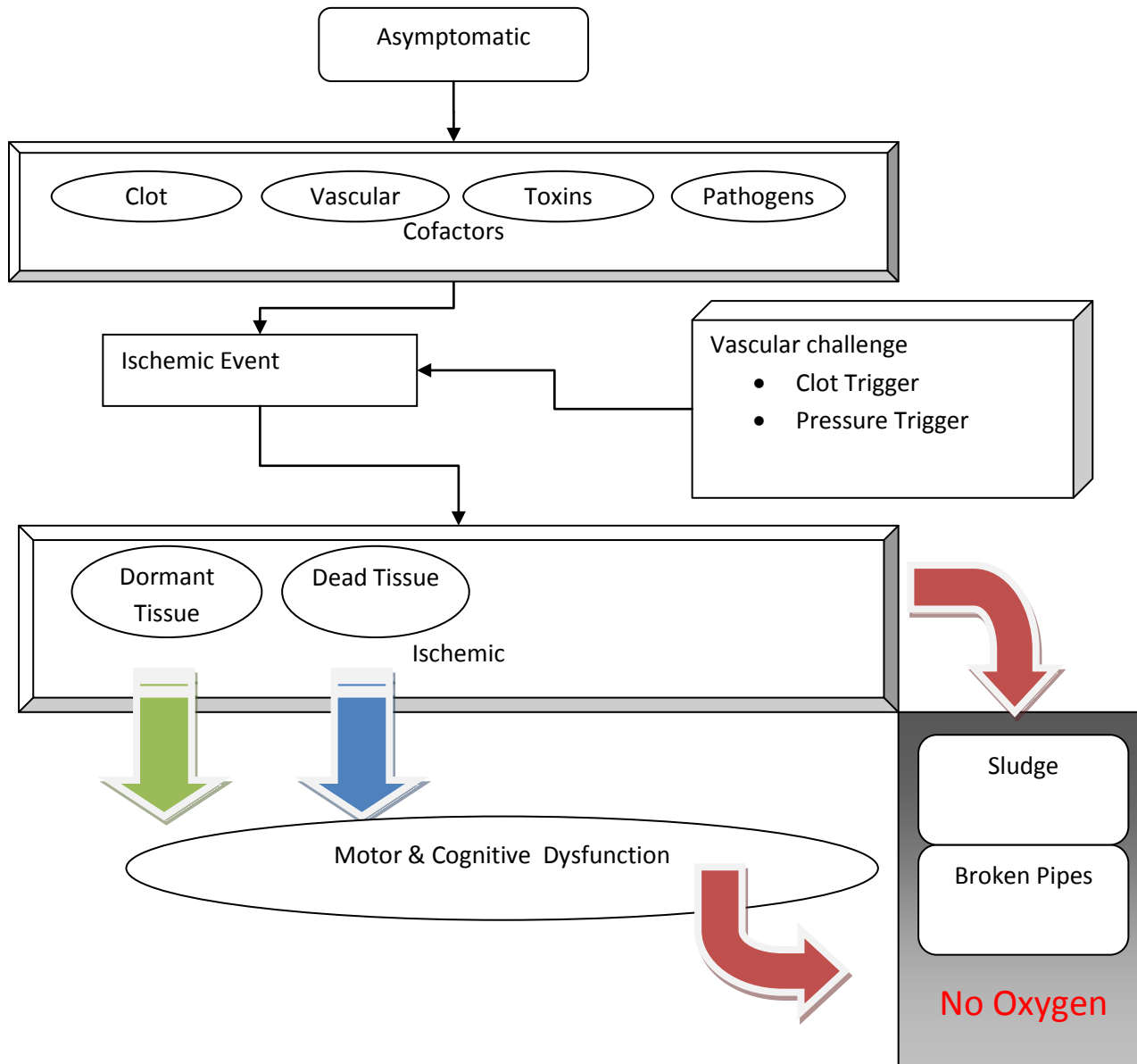
In other words there are three tough goals:

1. *Keep as many cells alive as possible.*
2. *Spectral detoxification.* To reduce rate limiting factors in vascular healing.
3. *Use plasma oxygen saturation ability to improve oxygen delivery.*

Intervention Design

The diagram below pictorially represents the environment which set the stage for stroke.

1. Vascular degeneration driven by vascular disease risk factors
2. Blood sludge
3. Clot causes rupture or pressure spike causes rupture.
4. Clot shuts off blood flow to brain tissue.



Sample Protocol

These protocols are designed to restore oxygen, and enhance the available resources to support neural function.

This protocol combines both chemical and energetic interventions to optimize recovery and mental function. Strokes usually follow either blockage, resulting from vascular blockage, or rupture resulting from vascular degeneration. Both

Protocol goals are:

- Restore oxygen to deep tissues, including brain
- Decrease possible inflammation in head
- Facilitate detoxification of lipid tissues
- Suppress parasitic organisms
- Improve vascular integrity

Neural Support Protocol

	Qty	Dosage	Role & Notes
Anti-Inflammatory			
Hormetic Cap	8	Hours	Reduces the tendency for cerebral inflammation.
Detoxification			
Ecomer	2	Grams daily	Facilitate detoxification for a wide range of toxins
Phosphatylserine			Lipid substrate for neural regeneration
Phospholipids - EPL	1	Tbsp at Breakfast	Support acetylcholine production and drive active lipid detoxification and protect from neurological damage. Provides choline, a neurotransmitter substrate
NeuroMed	1	Tsp/day	Methylation cofactors for neuro support. Can be applied nasally,
Neural Support			
Mental Clarity Formula	3	Grams/day	With Auriculum
Himalayan Mind Care			Neural Performance Cofactors
Stem Enhance		As Directed	Facilitate neural regrowth
Diet			
Detox Diet			Minimize sugar based food supply that feeds bacteria. Eating program minimizes: insulin, Glucose, mannose. Avoid Chitobiose, N-Acetylglucosamine
Energetics			
Hyperbaric			Helps restore deep tissue oxygen availability
PEMF	30+	Minutes/day	Helps restore cellular energetic & supports mitochondrial performance
Hormesis Sleeping Pad	1	Sleeping Mat in Bed	<ul style="list-style-type: none"> • Disrupts organism life cycle; • Stimulates immune system • Inhibits opportunistic fungus and yeast overgrowths • Active within blood/brain barrier • Long-term support • Ease of use.

Vascular Integrity Protocol

	Qty	Dosage	Role & Notes
Vascular Integrity			
Vitamin C	10	Grams	Reduces the tendency for cerebral inflammation.
Lysine	2	Grams daily	Facilitate detoxification for a wide range of toxins
Niacinamide			Lipid substrate for neural regeneration
Proline	1	Tbsp at Breakfast	Support acetylcholine production and drive active lipid detoxification and protect from neurological damage. Provides choline, a neurotransmitter substrate

Occlusion Support Protocol

	Qty	Dosage	Role & Notes
Flow Support			
NeuroZyme			Fibrin clearing support
Vascuzyme	10	Grams	Reduces the tendency for cerebral inflammation.
MinCol	2	Grams daily	Facilitate detoxification for a wide range of toxins

Support Recap

If you feel that the disease model present here may be applicable, we invite you to contact us through one of our websites:

- <http://www.dshedu.com>
- <http://www.wholehealthnetwork.com>
- <http://www.rejuvicell.com>
- Or dial 970 372 4274 (Jim)
- [Find Support Product Packages.](#)