

2008

# Energetic Stroke Rehabilitation

A basis for integrated energetic intervention in ischemic stroke pathology.

Ischemic stroke trauma creates reversible and irreversible symptoms resulting from brain tissue dormancy and necrosis. Integrated energetic protocols that include PEMF, detoxification, and oxygenation enable the body to reactivate dormant tissue producing clinically significant symptom stabilization and reversal. The parallel tendencies for near complete recovery with prompt treatment, and significant recovery in delayed treatment suggests that reversible ischemic dormancy is a dominant factor in stroke pathology.



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## Introduction

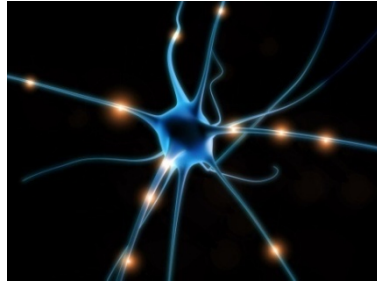
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Stroke

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](mailto:contact@wholehealthnetwork.com)

## Stroke Basics

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

Brain tissue 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.

## Incidence Observation Roundup

Diabetes cofactors

Heart disease cofactors

Insulin resistance cofactors

Aortic lesion cofactors.

## Therapeutic Observations

PEMF therapies often restore function

Causal discussion regarding time lag

Tendency for body to keep jeopardized tissue dormant

Dormant tissue resumes when conditions permit

Restoration of vascular integrity needed for durable results.

Sludge factor.

## Questions

### A battery of questions

Autism is a tough mystery. It defies both common sense and logic. In simple terms, these kids should be healthy, but they're not.

- Why are stroke victims who use HBOT tend to recover more?
- Why do stroke victims who use PEMF 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?

## Explanation of negative results

Medical science is nominally helpful. Here's why.

A traditional narrow definition of ischemia is immediately and permanently necrotic. Neural regeneration appears to be significantly underestimated.

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

Pharmaceutical agents tend to interfere with healing

Toxin aggregation creates shifting symptoms. When a toxic agent is introduced, the toxic sludge mix shifts. The new mix produces equally acute, but slightly different toxic host disruption. The resulting symptoms are different, but not better, and usually slightly worse.

## Vascular Restoration

### Enhanced blood fluidity

#### Punch line

Energetically support ischemic tissues and support 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

#### Misdirection & Misinterpretation

While the social interpretation of disease is outside our scope, it is 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.*

#### Results over time

In limited experiments

Week 1

Week 2

Week 3

Week 5

Month three

Month six

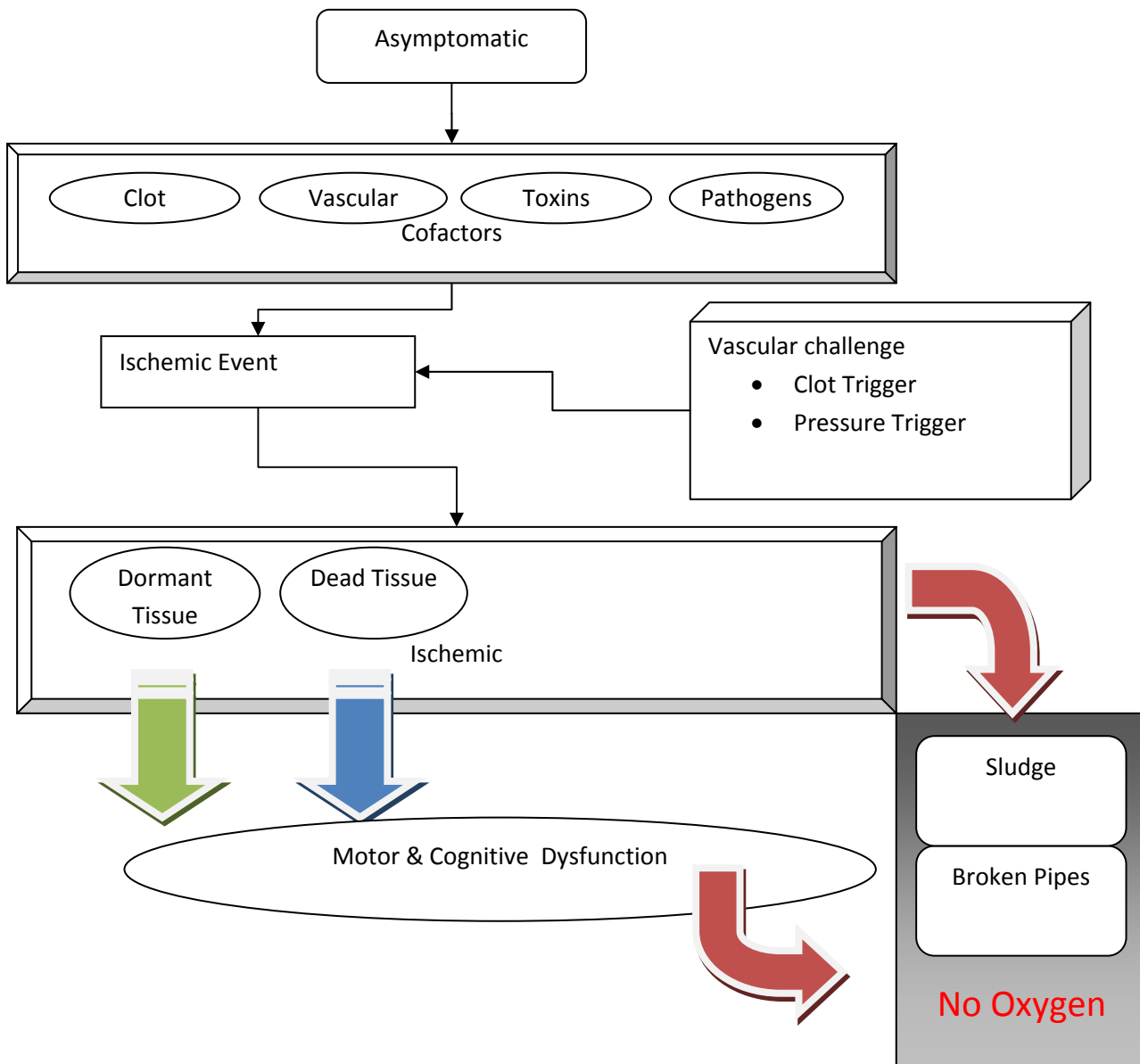
Month 12



## 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
<b>Anti-Inflammatory</b>			
<b>Hormetic Cap</b>	8	Hours	Reduces the tendency for cerebral inflammation.
<b>Detoxification</b>			
<b>Ecomer</b>	2	Grams daily	Facilitate detoxification for a wide range of toxins
<b>Phosphatylserine</b>			Lipid substrate for neural regeneration
<b>Phospholipids - EPL</b>	1	Tbsp at Breakfast	Support acetylcholine production and drive active lipid detoxification and protect from neurological damage. Provides choline, a neurotransmitter substrate
<b>NeuroMed</b>	1	Tsp/day	Methylation cofactors for neuro support. <a href="#">Can be applied nasally,</a>
<b>Neural Support</b>			
<b>Mental Clarity Formula</b>	3	Grams/day	With Auriculum
<b>Himalayan Mind Care</b>			Neural Performance Cofactors
<b>Stem Enhance</b>		As Directed	Facilitate neural regrowth
<b>Diet</b>			
<a href="#">Detox Diet</a>			Minimize sugar based food supply that feeds bacteria. Eating program

			minimizes: insulin, Glucose, mannose. Avoid Chitobiose, N-Acetylglucosamine
<b>Energetics</b>			
<b>Hyperbaric</b>			Helps restore deep tissue oxygen availability
<b>PEMF</b>	30+	Minutes/day	Helps restore cellular energetic & supports mitochondrial performance
<b>Hormesis Sleeping Pad</b>	1	Sleeping Mat in Bed	<ul style="list-style-type: none"> <li>• Disrupts organism life cycle;</li> <li>• Stimulates immune system</li> <li>• Inhibits opportunistic fungus and yeast overgrowths</li> <li>• Active within blood/brain barrier</li> <li>• Long-term support</li> <li>• Ease of use.</li> </ul>

## Vascular Integrity Protocol

	Qty	Dosage	Role & Notes
<b>Vascular Integrity</b>			
<b>Vitamin C</b>	10	Grams	Reduces the tendency for cerebral inflammation.
<b>Lysine</b>	2	Grams daily	Facilitate detoxification for a wide range of toxins
<b>Niacinamide</b>			Lipid substrate for neural regeneration
<b>Proline</b>	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
<b>Flow Support</b>			
<b>NeuroZyme</b>			Fibrin clearing support
<b>Vascuzyme</b>	10	Grams	Reduces the tendency for cerebral inflammation.
<b>MinCol</b>	2	Grams daily	Facilitate detoxification for a wide range of toxins

## Support Recap

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