Praxis2Practice Consulting

Carolyn L. Winsor, BMus, BEd

Biological Healing Consultant

P.O. Box 100
Penticton
British Columbia
V2A 6J9 CANADA

Website: www.praxis2practice.com
E-Mail: carolyn@praxis2practice.com

Representing all previous OIRF publications.

*An exclusive translated **article for Praxis2Practice Supporters**, published April 2020 by Praxis2Practice Consulting . . .*

Professional Forum

Infections as a cause of Alzheimer Dementia

By Dr. rer. pol. Gerhard Honeck, Heilpraktiker

From an article in Naturheilpraxis, Volume 72, June 2019
Machine Translation by SYSTRAN, Lernout & Hauspie, LogoMedia & Promt
Translation & redaction by: Carolyn L. Winsor, P2P Consulting

For Readers in a Hurry
Some patients with light to moderate Alzheimer Dementia were examined for possible disease triggers with the BioResonance [*assessment*] test. An infection with Epstein Barr Virus was identified in the hippocampus in all patients and the severity of the infection correlated with the dementia impairment.

Until today, the cause of Alzheimer illness has not been completely clarified. Some possible influencing factors that contribute to the genesis of the disease are known, but even in this no consensus prevails among researchers. Among other things, viral infections are discussed as possible triggers of the disease – and with that we are possibly on the right track.

Morbus Alzheimer is a neuro-degenerative illness that leads to a progressive dementia syndrome. Approximately 60% of all dementias are of the Alzheimer type. The nervous degradation process that leads to the clinical picture is primarily (1-5):

- Deficiency of the brain neurotransmitter acetylcholine and surplus of the neurotransmitter glutamate.
- Depositions of detrimental proteins in the brain, especially Beta-amyloid, Tau-protein and Alpha-synuclein.
- Degeneration of the brain areas, above all the hippocampus, the nucleus basalis and the parietotemporal structures.

In the first stage, the brain damages generally lead to non-age appropriate memory disturbances and behavioral problems, e.g. with the operation of electrical devices. In the further [*clinical*] progression it brings:

- Anxiety and depressive irritation,
- Orientation and word finding disturbances,
- Psychological instability and listlessness, as well as
- Impairment of perceptive faculty, slowed thinking and in severe cases confusion and delusional ideas.

The initial memory capacity disturbances increase more and more in the progression of the illness and are valid as leading symptoms (6).

It is unknown what the reasons are for the damages to the brain and the cerebral capacity disorders. A dominant-autosomal heredity is proven in only a minority of cases (0.5-5%). In most cases only a genetic disposition exists (7, 8). However, the hereditary predisposition produced through the genes needs some additional factors in order to bring the illness into outbreak. Discussed (7, 9, 10) as such triggering causes were:

- Copper deficiency
- Aluminum intoxication and environmental poisons
- Nutrition rich in carbohydrates
- Viral infections (slow viral infection)

For this report, a dozen practice cases with light to moderate Alzheimer Dementia (patients over 70 years old, in physician care) were to be examined for the following: if one of the mentioned causes was present and a genetic predisposition existed. This was examined with a Bioresonance [*assessment*] test that along with the disorders also indicates their magnitude (11).

1. Genetics

In all cases the cell nucleus showed a disturbance, its magnitude correlated with the severity level of the dementia. This can be an indication for a genetically conditioned disease susceptibility which was inherited, or which was acquired epigenetically during their life.

In all cases the cell nucleus showed a disturbance which correlated with the severity level of the dementia.

2. Copper Deficiency, Aluminum Intoxication and Environmental Poisons

In no case, could a copper deficiency, an increased aluminum level or a stress by environmental poisons be identified in the hippocampus which has a central importance for memory and orientation (6, 12).

3. Over Supply of Carbohydrates

According to this theory, the increased insulin distribution after a carbohydrate-rich meal leads to an increase of stress hormones. This happens in order to prevent a low blood sugar level in the body, which would threaten after the quick high level of the insulin, especially after the slightly digested carbohydrates. Therefore, a continuously excessive carbohydrate-rich nutrition can result in a permanently increased stress hormone level. According to this theory, the stress hormone noradrenalin in particular triggers fatal reactions in the brain. To be exact, it controls the blood circulation mainly in the areas of the brain essential for survival. The brain segments which can be neglected without threatening existence, receive less blood and therefore suffer from energy deficiency, so that nerve cells die. In particular the limbic system and the hippocampus belonging to it have to be included in the neglected areas. Thus among other things, the memory loss from Alzheimer dementia can be explained (10).

If this theory applies, a raised noradrenalin level would have to be present with Alzheimer patients. A corresponding Bioresonance [*assessment*] test in the above-mentioned random patient sample produced a negative result; i.e. the values lay in the normal range.

The energy production of the nerve cells is restricted by the infection.

4. The Virus Hypothesis

If a viral infection was responsible for the degenerative processes, the nerves of the limbic system and in particular the hippocampus which plays a central role for memory, would have to be affected. The above-mentioned dementia patients were examined for this also with the help of Bioresonance tests. The results were astonishing:

- All patients had an infection with Epstein Barr Virus in the hippocampus and in fact in the mitochondria.
- The severity of the infection correlated with the dementia impairments and the damage of the hippocampus. In each case, the Bioresonance disturbance measured in proportion.
- The immune system was clearly weakened, or even seriously affected, due to age and illness. Thus, you can explain why the body could not fight the infection quickly and successfully, and on the contrary why it changed into a chronic stage.

Immediately understandable is that the energy production in the affected nerve cells is more or less restricted by the infection, or even comes to a standstill and the cells die. The main reason might be that the functional restrictions due to the infection of the mitochondria disturb their constantly necessary regeneration with a long-lasting effect. With the mitochondrial decline due to infection, the more cells that are affected, the less the weakened immune system is able to command the infection to stop.

In Alzheimer research it is suspected that the Beta-amyloid accumulations bring regeneration of the mitochondria to a standstill. This however could not be proven until now (13). Moreover, there is the theory that long-running mitochondrial damage could develop senescent cells, and again these could lead to various illnesses – also to dementia – without a detailed explanation of what the cause of the insidious damage process is (14).

Indeed, the examined patient number is not sufficient to generalize the virus theory into a detected substantiation. However, you also cannot readily evaluate the findings as an accidental result.

Therapy

For therapy the initial starting point results directly from the findings: Removal of the viral infection. Unfortunately, orthodox medicine offers no management. According to the textbook, an infection with Epstein-Barr Virus is treatable only symptomatically (15).

Cause-Oriented Homeopathy
Whereas Classical Homeopathy starts out with a search for the suitable remedy from the disease symptoms and their modalities, Cause-Oriented Homeopathy begins with the triggering causes of illness and treats with causally-acting remedies. They are particularly effective with infections, autoimmune illnesses and allergies.

However, with Cause-Oriented Homeopathy (see the box) there are remedies that work against all four pathogen groups, also against viruses. For example, Passiflora or Antimonium crudum (16). It is recommended to work with very high (C 1,000 and higher) high-potencies, because they are effective independent of the severity level of the infection and the resistance level of the pathogens. Homeopathy also offers the possibility of relief from Alzheimer symptoms and can be used in addition to orthodox medicine treatment (17, 18). Worth considering are for example the homeopathic remedies Althaea and Angelica, in each case in high-potency C 1,000 and higher. Under the adjuvant therapy the condition of the patients improved. Apparently, a part of the attacked nerve tissue was still capable of regeneration.

Conclusion

Provided that a triggering cause of Alzheimer Dementia is an infection of the mitochondria, homeopathy can make an important contribution to Alzheimer treatment by eliminating the cause and thus slowing down or stopping the progression of the illness. In addition, it can contribute to the alleviation of the Alzheimer symptoms.

We should not generalize the infection theory as the explanation of the cause in view of the relatively small random [*patient*] sample. However, an accidental result is also unlikely. Additional patient cases will bring more clarity.

Author

Dr. rer. pol. Gerhard Honeck [PhD Political Science]

Dr. Honeck is a Heilpraktiker [naturopath] and operates a naturopathic practice in Schaumburger for Bioresonance and homeopathy with a focus on infectious and autoimmune illnesses as well as allergies.

Literature

1. C. Gleixner. M. Müller, S. Wirth: Neurologie und Psychiatrie, 11. Aufl. 2017, S. 356 ff
2. Pschyrembel: Klinisches Wörterbuch, 267. Aufl. 2017, Stichwort: .Alzheirner-Krankheit"
3. Spektrum der Wissenschaften Spezial 3/12: Alzheimer, S. 6 ff
4. H. Mattle, M. Mummenthaler: Kurzlehrbuch Neurologie, 4. Aufl. 2015, S. 224 f
5. R. Rohkamm: Taschenatlas Neurologie, 3. Aufl. 2009, S. 364 ff
6. M. Trepel: Neuroanatomie. Struktur und Funktion, 6. Aufl. 2015, S. 217
7. C. Gleixner, M. Müller, S. Wirth: Neurologie und Psychiatrie, a. a. O. S. 357
8. H. Mattle, M. Mummenthaler: Kurzlehrbuch Neurologie, a. a. 0. S. 225
9. Kracke: Demenz und Morbus Alzheimer - wirklich nur Alterserkrankungen?, Sanum-Post, Zeitschrift für Isopathie und Regulationsmedizin, Nr. 123/2018, S. 3 f.
10. J. Broja: Alzheimer-Demenz. Überlegungen zur Entstehung und Therapie, CO.med März 2017, S. 49 ff
11. V Schmiedei, M. Augustin: Leitfaden Naturheilkunde, 7. Aufl. 2017, Abschn. 2.13
12. M. Opalka: Hippocampus. Zentrale Schaltstation, Deutsche Heilpraktiker Zeitschrift, Februar 2012, S. 25
13. M. Schneider: Alzheimer-Demenz. Leben im "Land des Vergessens": Naturheilpraxis, Heft 12/2017, S. 18
14. P. Rohsmann: Sind die Mitochondrien schuld? Naturheilpraxis, Heft 02/2018, S. 28 ff
15. G. Herold et al.: Innere Medizin, Ausgabe 2017, S. 852/3
16. G. Honeck: Klassische und ursachenorientierte Homöopathie. Eine kurzgefasste Gegenüberstellung; Naturheilpraxis, Heft 01 /2019, S. 64 ff
17. Gleixner, M. Müller, S. Wirth: Neurologie und Psychiatrie, a. a. 0., S. 359
18. Th. Karow, R. Lang-Roth: Allgemeine und Spezielle Pharmakologie und Toxikologie, 25. Aufl. 2017, S. 1009 ff