



Multiple Sclerosis as a Cause of Disturbances in the Activity of the Heart and Brain; the Role of Glycine and N-Acetylcysteine in the Treatment and Prevention of these Conditions in the Elderly Using Resonance Therapy

Victor P*

Resonant Medicine, Omer, Israel

*Corresponding author: Victor P, Resonant Medicine, Omer, Israel; E-mail: Praznikov@yandex.ru

Abstract

This paper considers the process of occurrence of disorders in the activity of the heart and brain in the elderly as a manifestation of multiple sclerosis. Treatment and cure of multiple sclerosis with potentized drugs - Glycine and Cysteine leads to the fact that patients do not register disturbances in the activity of the heart and brain. We also understand that the treatment of multiple sclerosis can be carried out not only with Glycine and Cysteine, but also, as shown in our previous published article, with the potent drug "multiple sclerosis" [1].

Keywords: *Glycine; N-Acetylcysteine; Cysteine; Multiple sclerosis; Brain; Heart; Vagus nerve; Elderly patients; Resonance therapy*

Introduction

Multiple sclerosis (MS) is a chronic disease in which the myelin sheath of the nerve fibers of the brain, spinal cord and peripheral nerves is affected) [1]. A feature of the disease is the simultaneous defeat of several different parts of the nervous system, which leads to the appearance of a variety of neurological symptoms in patients. The morphological basis of the disease is the formation of the so-called plaques of multiple sclerosis - foci of myelin destruction (demyelination) of the white matter of the brain and spinal cord.

Etiology

The cause of multiple sclerosis is not exactly known.

Mechanisms of disease progression

Recent studies have confirmed the mandatory participation of the immune system - primary or secondary - in the pathogenesis of multiple sclerosis. Disturbances in the immune system, as already

mentioned, are associated with the peculiarities of the set of genes that control the immune response. The most widespread is the autoimmune theory of multiple sclerosis to date, multiple sclerosis cannot yet be considered a completely primary autoimmune disease. The occurrence of multiple sclerosis is associated with a random individual combination of adverse endogenous and exogenous risk factors. First of all, endogenous factors include a complex of HLA class II gene loci and, possibly, genes encoding TNF- α , which determine the genetic failure of immunoregulation. Among the external factors may be important: the area of residence in childhood, nutritional habits, the frequency of viral and bacterial infections, etc. In an organism that has a genetically determined failure of the regulatory systems of immunity, the activation of the immune system occurs - by trauma, a stressful situation. In this case, the antigen of nonspecific provoking factors, for example, a viral infection - stimulated macrophages and activated T-helpers are fixed on the endothelial cells of the blood-brain barrier (BBB). Cytokines secreted by fixed cells express on the surface of the BBB the

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major histocompatibility complex class I and II antigens (for antigen presentation), as well as cell adhesion molecules.

Clinical manifestations of multiple sclerosis

Clinical manifestations of multiple sclerosis are associated with focal lesions of the heart, several different parts of the brain and spinal cord, and other organs. Frequent symptoms of multiple sclerosis are violations of the functions of the pelvic organs: imperative urges, increased frequency, retention of urine and stool, in later stages - incontinence. Incomplete emptying of the bladder is possible, which is often the cause of a urological infection. Some patients may experience problems associated with sexual function, which may coincide with dysfunction of the pelvic organs or be an independent symptom. According to H.Livins et al. (1976), changes in sexual life occur in 91% of men with multiple sclerosis and 72% of women. In 70% of patients, symptoms of visual impairment are detected: a decrease in visual acuity of one or both eyes, a change in visual fields, the appearance of scotomas, blurred images of objects, loss of vision brightness, color distortion, contrast disturbance. In the process of aging, degeneration of various organs occurs. Exceptionally often, such degeneration is associated with the process of demyelination of the nerves that control this function. Such neurological degeneration can be local - in one nerve, or it can be multiple - in two or more nerves, up to a very significant number of nerve formations. Thus, cardiac arrhythmia in the elderly is often associated with the process of degeneration of the vagus nerve due to demyelination.

Resonance therapy

Resonance was discovered by GaleleoGalelei in 1604 [2]. The resonance can be most clearly described as follows. A platoon of soldiers approaches a wooden bridge and the officer gives the command to go out of step because if a platoon of soldiers crosses the wooden bridge in step, the bridge may collapse from resonance. The vibrations of the bridge will coincide with the vibrations of the marching soldiers, a resonance will arise, from which the bridge will collapse. In this review, the role of the bridge is "played" by the disease, and the role of marching soldiers is "performed" by the therapeutic effect. The commander of the soldiers did not want the bridge to collapse due to possible resonance. The doctor, by contrast, absolutely needs a resonance to destroy the disease. Resonance methods for studying matter have found wide application in physics, chemistry, biology, and medicine. For example, Nuclear Magnetic Resonance (NMR). At the end of the 20th century, magnetic resonance imaging (MRI) was developed on the basis of NMR. It is used to obtain images of the human brain, heart, and digestive tract organs. For the development of MRI in 2003, the American biophysicist Paul Lauterbur and his English colleague Peter Mansfield were

awarded the Nobel Prize in Physiology or Medicine. In 1975, the German physician Frank Morell came to the quite logical conclusion that if a disease of the organs of the human body is inevitably accompanied by disturbances in their frequency rhythm, then the essence of treatment should be to suppress the "unhealthy" fluctuations that have arisen and restore normal ones. Vegetative resonance test - ART, originally proposed in 1991 by the German scientist G. Schimmel, allows one-point examination [3]. Testing only one biologically active point by him makes it possible to assess the state of not only all organs and systems, but also their interconnections. A device for bioresonance therapy based on a computer was created, which included both diagnostic and therapeutic parts. In a modern device for bioresonance therapy there is a large selector with diagnostic (they are also therapeutic) markers, information copies of diseases, which are called "nosodes" when it comes to the disease and "organ preparations" - information copies of healthy organs when the doctor deals with normal, not pathological organs or their parts. "Nosodes" are needed for the identification and treatment of diseases, and "organ preparations" for testing perfectly healthy organs or parts of them. Nosodes are electronic markers about a disease and "organ preparations" - information markers about a healthy organ or its part, recorded on a specific medium. Each test drug exerts a wave effect on the patient. It is necessary to restore the spectral (frequency) harmony in the patient. Original test preparations (unlike their informational copies) are material objects, i.e. specific substances with their own atomic and molecular structure.

Resonance of destruction

Diagnosis using destruction resonance

In the activity of a doctor applying bioresonance therapy, a process takes place using modern technologies. First, a diagnosis is made. To do this, the nosode of the alleged disease is displayed on the computer screen connected to the device for bioresonance therapy and it is tested in the patient. If the nosode is "not tested", then there is no resonance and the arrow on the computer screen does not fall down in the middle of the screen. Therefore, the patient does not have the disease that is displayed by the nosode. In the same case, if the nosode is being tested, there is a resonance between the patient and the test drug - the arrow on the computer screen falls and indicates that the patient has the disease, the name of which is the nosode. This is a diagnostic resonance, but not a therapeutic one. This is how resonance diagnostics is carried out in bioresonance therapy.

Treatment using the destruction resonance

To treat a detected disease, the doctor must destroy either the tumor or the infectious process with the help of



resonance, and for this it is necessary to potentiate the nosode detected in the patient, i.e. to find that potency of the nosode that will cause resonance with the pathological process in the patient and destroy the disease, in other words, therapeutic resonance is needed. To do this, find that potency of the nosode (usually high), which leads to the fact that when testing this nosode in a patient, the fall of the arrow stops. Such a potency of the nosode leads to a resonant destruction of the structures of the disease. In other words, the informational content of the nosode in a certain potency is used for the resonant destruction of the structure of the disease, namely the treatment of the disease found. The doctor writes the informational content of the potentiated nosode on a sugar grain and the patient takes this sugar grain and is thus treated, i.e. there is a resonant destruction of the structure of the disease. The use of only extremely low potencies for the treatment of various diseases of bioresonance therapy did not allow and does not allow to effectively treat many diseases, including oncological diseases, many infectious diseases, etc. In other words, for many years there has been a crisis in bioresonance therapy, but, thus, and in general in resonant medicine. When it is said that drugs that exceed the LM potency of drugs are used in the works, they mean those potencies that are prepared electronically [4-15]. Since 2016, materials have been published on the use of high potency drugs for treatment [4-15]. It was found that drugs of high and ultra-high potencies do not cause any side effects, including toxic effects on sick and healthy people. But high potency preparations proved to be extremely effective in the treatment of severe and extremely severe diseases such as cancer, infectious diseases, including HIV, stones and cysts in organs [4-15]. In particular, metastatic forms of oncology are effectively treated. It has been established that all those forms of oncological diseases that are in the selector of the device for bioresonance therapy are effectively treated with drugs of high and ultra-high potencies. Treatment of patients with drugs of nosodes exceeding the LM potency (hereinafter - in the F-potency) was not an end in itself. This method was found in medical practice. So, resonance medicine includes resonance diagnostics and resonance therapy. The treatment of patients in which the destruction of the structure of the disease occurs, for example, oncology, is called "destruction resonance".

Resonance of creation

Since 2016, materials have been published on the use of the second direction of therapeutic resonance - the "resonance of creation" [4-15]. Resonance can not only destroy, for example, diseases, but also create lost biological structures. This made it possible to treat degenerative diseases. We have not been able to find in the scientific literature an idea that resonance can be not only a "resonance of destruction", but also a "resonance of creation". This is obviously due to the fact that it is not easy to imagine how the coincidence of frequencies leads to a response that is not destructive, but creative. In this review, we have presented illustrations of how resonance can be not only destructive, but also constructive, in particular for the treatment of degenerative diseases. In the treatment with the resonance of destruction, the nosodes of diseases were used, from which preparations were prepared in the F potency. This principle has not been effective for the treatment of degenerative diseases. The creation and formation of the principle of "resonance of creation" became possible only as a result of the fact that not nosodes were used for treatment, but organopreparations exceeding the LM potency. Without organ preparations in F potency, it is impossible to imagine the use of this principle. This review presents materials related to the treatment of degenerative diseases and, in particular, multiple sclerosis. This means that treatment is nothing but the process of restoring organs or organ systems that have undergone changes as a result of diseases or as a result of the senile degenerative process. Degenerative diseases can also be congenital. It is clear that a significant part of congenital diseases is the result of underdevelopment of an organ or organ system. In practice, most often after a disease, for example, inflammation or as a result of the senile process, the level of health of the organ drops until it is destroyed. Such an organ requires restoration (rehabilitation). The resonance of creation makes it possible to restore an organ or part of it. Organ preparations are wave preparations (wave copies) of healthy organs or their parts. Nosodes are wave preparations of the disease. There are various organ preparations in the selectors of hardware and software complexes for bioresonance therapy. For the restoration and rehabilitation of organs, we used organ preparations, mainly of high potencies. They were made in exactly the same way as high potency nosodes.

Treatment of multiple sclerosis (MS) by the resonance of creation

After testing, resonance diagnostics, nosode and organ preparations, treatment is carried out using the resonance of destruction and resonance of creation of RS. Corresponding preparations are prepared from the tested nosode and organ preparations. They are recorded on sugar grains in the potency

that is necessary for treatment and resonant treatment of patients is carried out. It is now known that in multiple sclerosis, not only the myelin sheath of the nerves, but also the axial cylinder of the nerves itself can suffer. That is why testing is carried out in patients not only for the state of the myelin sheath, but also for the axial cylinder. And in the event that degeneration of the axial cylinder of the nerves is detected, its restoration is also carried out by the method of resonance of creation (Figures 1-2).

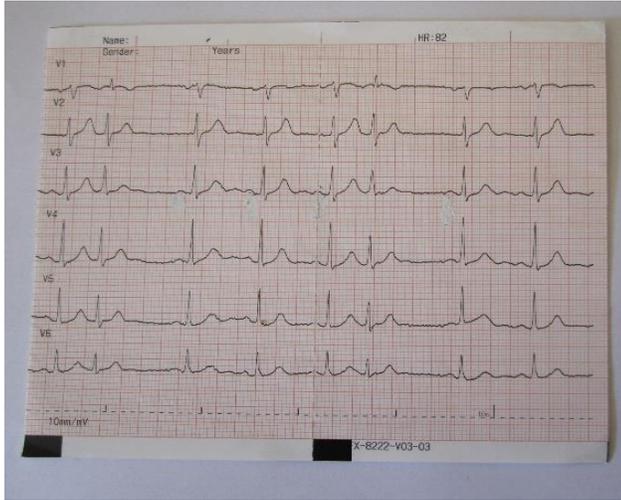


Figure 1: An electrocardiogram of an elderly patient, Mr., 80 years old, suffering from multiple sclerosis, who has an arrhythmia in the activity of the heart.

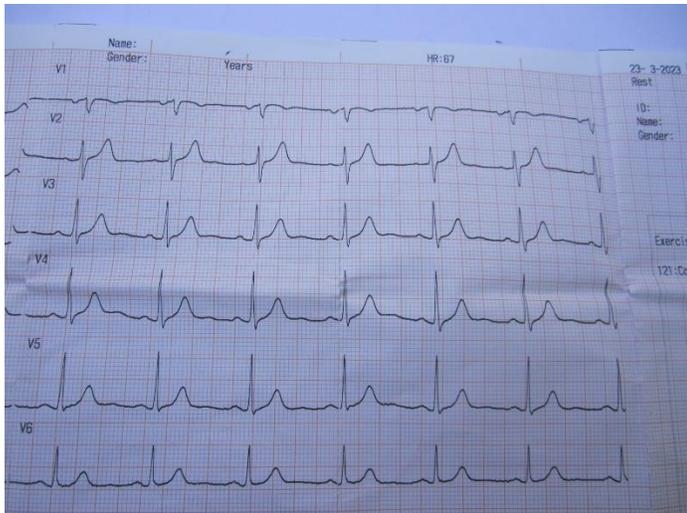


Figure 2: An electrocardiogram of an elderly patient, Mr., 80 years old, after undergoing treatment for multiple sclerosis, resulting in restoration of the myelin sheath of the vagus nerve and restoration of sympathetic nerve function. There is no cardiac arrhythmia.

The results of the treatment of multiple sclerosis

The beginning of work with patients suffering from multiple sclerosis was due to the fact that the diagnosis of MS is confirmed. Patients addressed to doctors mainly in the elderly and

senile age with a relapsing remitting variant of the course of the disease and its most diverse clinical manifestations. The most frequent general complaint of patients was dissatisfaction with sleep, which did not allow them to restore their strength, despite the fact that their nightly sleep was 9-10 hours. In addition to night sleep, these patients also needed daytime sleep, both before 11-12 pm and after 2-3 pm. After 10-20 days of treatment (in some cases more), patients report that they have reduced nighttime sleep, and the need for daytime sleep has gradually decreased. An equally important report from the patients was that they reported improved walking. Those patients who used sticks as a tool that allowed them to walk more confidently and insure them against falling began to gradually abandon the use of sticks when walking. These changes do not happen quickly. In other words, their walking became more confident. This was especially true for those patients who had dizziness (ataxia) in varying degrees of severity before the start of treatment. Patients who used wheelchairs (special wheelchairs for walking the elderly) to walk held on to their

Use of Glycine and N-Acetylcysteine in bio resonance therapy

Treatment of dysfunction of the heart and brain is carried out by the method of resonance therapy [4-15]. In this paper, we report another effective method for treating heart and brain dysfunction with Glycine and N-Acetylcysteine (more precisely, Glycine and Cysteine). Glycine and N-Acetylcysteine are amino acids. Glycine and cysteine produce Glutathione, an exceptionally strong antioxidant system that reverses aging and oxidative stress. With age, the amount of Glutathione decreases. This is why Glycine and Acetylcysteine are used instead of Glutathione in various studies [16,17]. As a result of taking these drugs in old animals, the stock of Glutathione increased by 259%. At the same time, mitochondria that process fats reduce fat processing with age, and in those middle-aged patients who received Glycine and Acetylcysteine, mitochondria processed fats in mitochondria better by 78%. In young people who were given Glycine and Cysteine, no changes occurred [16,17]. The number of mitochondria. The process of renewal of mitochondria is called Metaphagy. It turned out that in elderly patients who took Glycine and Acetylcysteine, the rate of metaphagy increased and approached how it is carried out in young cells. Further. Markers of chronic inflammation are interleukins - signal molecules that create immune cells. They send signals to each other in order to cause inflammation or vice versa to reduce inflammation. There are pro-inflammatory cytokines, such as interleukin 6 or C - reactive protein. But there are also anti-inflammatory cytokines - interleukin 10. When old patients took Glycine and Acetylcysteine for 16 weeks, inflammation decreased by 78

percent, while C-reactive protein fell by 41 percent, i.e. decreased inflammation. The level of anti-inflammatory interleukin 10 increased by 59% [16,17]. In young people who were given Glycine and Cysteine did not lead to any changes. Insulin resistance and insulin levels. After 16 weeks of taking Glycine and Acetylcysteine by elderly patients, the Hom's index, i.e. Insulin resistance scores fell by 64 percent and insulin levels dropped by 65 percent. Endothelial dysfunction is an indicator of aging. Endothelium - cells that cover the vessels and the endothelium is important for the regulation of blood pressure, the supply of blood depends on these cells, whether atherosclerotic plaques will form or blood clots will form. It turned out that in those elderly patients who took Glycine and Acetylcysteine, the function of endothelial cells improved. In young people who were given Glycine and Cysteine, no changes occurred. The next factor is damage to the genetic material. In the group of elderly patients who took Glycine and Acetylcysteine, there were significantly fewer markers of damage to the genetic material. Stem cells. Stem cells are cells that do not differentiate. Stem cells begin to multiply when there is damage. In elderly patients who took Glycine and Acetylcysteine, the number of stem cells increased [16,17]. Young people who were given Glycine and Cysteine did not experience any changes. The number of senescent cells that do not die and poison the life of other cells. In elderly patients taking Acetylcysteine and Glycine, the number of senescent cells was significantly less. In young people who were given Glycine and Cysteine, no changes occurred. Elderly people taking Glycine and Acetylcysteine have increased working capacity, walking speed, increased muscle mass. In young people who were given Glycine and Acetylcysteine, no changes occurred. The number of free radicals in old people taking Glycine and Acetylcysteine has become less. High doses of drugs do not cause side effects and thus contraindications. Thus, Glycine and Acetylcysteine eliminate multiple defects of aging, restore muscle strength and cognitive abilities in the elderly. During the 20 years of studying Glycine and Acetylcysteine, the maintenance of mitochondrial health was evaluated. When mitochondria produce energy, they produce waste products called free radicals that can damage cells, membranes, lipids, proteins and DNA. The most common antioxidant used by cells to neutralize toxic free radicals is Glutathione. Older people have much lower Glutathione levels than younger people, and levels of oxidative stress and mitochondrial defects are correspondingly much higher. Glycine and Acetylcysteine eliminate Glutathione deficiency, reduce oxidative stress and fully restore mitochondrial function in the elderly [18].

Treatment of multiple sclerosis in violations of the activity of the heart

It is well known that physical education is of great importance for the improvement of the body. However, as the results of the studies in this article have shown, physical education, especially in the elderly, for example, running, intensive walking, can be dangerous for middle-aged, old people. In which cases? Multiple sclerosis is a companion of aging, the cause of diseases in old age. And in cases where the elderly have manifestations of degeneration associated with multiple sclerosis, as shown in this work, arrhythmia in the activity of the heart may occur, in other words, a condition close to pre-infarction. Of course, under these conditions, sports walking, running or other types of physical culture should be completely excluded. We know cases when elderly people who, under normal conditions, without physical activity, did not experience cardiac arrhythmia, but when these elderly people began to exercise physical activity - running or walking, they began to show arrhythmia in the activity of the heart. After the cessation of running or walking in calm conditions, after some time, the arrhythmia of the heart stopped. When examining these elderly people by the method of resonance diagnostics, it turned out that they have a manifestation of degeneration due to multiple sclerosis of both the vagus nerve and the sympathetic nerve. Treatment and cure of multiple sclerosis in them led to the fact that moderate physical activity no longer caused arrhythmia of the heart. It is well known that sympathetic nerves are not myelinated and cannot directly respond to demyelination (multiple sclerosis) treatment. However, in multiple sclerosis, the sympathetic nerves are also affected, as are the parasympathetic nerves, such as the vagus nerve. Testing by resonance diagnostics of the sympathetic nerve showed that it is also harmfully tested, like the vagus nerve, and when the manifestations of multiple sclerosis are cured, the function of sympathetic nerves is also restored - they cease to be harmfully tested under conditions of resonance diagnostics. We present an electrocardiogram recording of an 81-year-old elderly patient with multiple sclerosis who has degeneration of the vagus nerve and sympathetic nerve due to multiple sclerosis. The electrocardiogram shows cardiac arrhythmia in this patient (Figure 1). After the completion of the treatment of multiple sclerosis, the arrhythmia of the heart stopped (Figure 2). Resonance diagnosis indicates that the vagus nerve and sympathetic nerve are not tested, which indicates that the myelin sheath has been restored in the vagus nerve and the activity of the sympathetic nerve has been restored. We know of cases where even non-extreme physical activity in older people with multiple sclerosis has caused myocardial infarction and stroke. That is why it is extremely important as a preventive diagnosis of multiple sclerosis, especially in older people who intend to run or walk and, of course, the treatment of multiple sclerosis.

Rice. 2. An electrocardiogram of an elderly patient, Mr., 80 years old, after undergoing treatment for multiple sclerosis, resulting in



restoration of the myelin sheath of the vagus nerve and restoration of sympathetic nerve function. There is no cardiac arrhythmia.

Conclusion

This paper considers the occurrence of disorders in the activity of the heart and brain in the elderly as a manifestation of multiple sclerosis. Treatment and cure of multiple sclerosis with potentized drugs - Glycine and Cysteine leads to the fact that patients do not register those disorders in the activity of the heart and brain that were present before the start of treatment for multiple sclerosis. We also understand that the treatment of multiple sclerosis can be carried out not only with Glycine and Cysteine, but also, as shown in our previous published article, with the potent drug "multiple sclerosis".

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