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Dementia Therapy: A New Electrophysiological Treatment – Case Report

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Abstract

Dementia remains an unexplored area, both in terms of its causes and its treatment. However, as it is undoubtedly becoming more common, there is a need for a simple and effective treatment. We have developed such a treatment. It involves a combination of acupuncture needle insertion and several clicks with an electron-producing pen. Both are performed daily on the highest point of the head, the meridian point Governor Vessel 20. The improvements in dementia symptoms proved to be very good. Obviously, the brain can recover in this way.

Keywords: Dementia, Dementia Therapy, Electrophysiology Treatment, Acupuncture

Introduction

In recent years, the number of brain diseases has been increasing. This applies to tumors as well as degenerative diseases and autoaggressions. From a nowadays perspective, it can be assumed that the Covid-19 era plays a role in this, including vaccinations that introduced mRNA into the ribosomes and spike proteins into the intima of the blood vessels and onto the ACE-2 receptors. The incidence of dementia is on the rise. In addition to the previously predominant cerebrovascular causes of atherosclerosis and vascular plaques, other causes have come to the fore. Tau proteins in brain tissue play a role, but are not solely responsible. The author has raised the issue of silent inflammation of the glia, which may initially be caused by pathogens but then develops into autoaggression [1-3].

Akupuncture

However, there is a lack of successful treatment strategies. The author recalls an earlier acupuncturist, Felix Mann (1931-2014) in London [4]. Mann distanced himself from traditional ideas about acupuncture points and meridians. One of his methods is periosteal acupuncture. This involves inserting needles almost to the bone, namely into the periosteum of the skull. This method appears to be more intense than conventional acupuncture. He also proposed microacupuncture, in which only a single point is stimulated, preferably the highest point of the head.

Combining both results in acupuncture of only this one point, with a quick and deep insertion into the periosteum and immediate withdrawal (before the patient feels any pain). The point Gov 20 is called "baihui" in Chinese (English: hundredfold meeting). According to classical acupuncture theory, it is treated for apoplexy, cephalgia, dizziness, and lightheadedness, i.e., symptoms typical of the brain.

It connects all Yang meridians and thus stimulates the body's energy (Figure 1). It is not crucial to hit the point exactly, as acupuncture points are actually areas with a diameter of approx. 2 cm. A skin resistance meter can also be used to find the point: skin resistance is significantly reduced at the point.

Figure 1: How to find the Acupuncture Point Gov 20

Therapy with Electrons

In England, a small device called the "Pain Gone" TENS pen was developed. As the name suggests, it is primarily used to treat pain. The Pain Gone TENS pen is an transcutaneous electrical nerve stimulation (TENS) technology. At the same time, the pen activates the production of endorphins, the body's natural painkillers. These are released in the brain. The pen is also known as the "Paingone Plus Automatic TENS Pen for Pain Relief" [5].

The pen is placed on the skin, then clicked, and uses the piezo effect (or a battery) to transfer a large number of electrons into the skin and deeper layers [6]. Since pain and many other problems are associated with a deficit of activated electrons, this compensates for the deficiency and the pain subsides (after approx. 20 clicks) See Figure 2.

Figure 2: A Sample of the Pain Gone Pens

We have varied this method and used it for the above-mentioned point Gov 20: shortly after the needle prick, 20 clicks are made with the pen. This takes advantage of the fact that the point is activated and receptive at its depth, allowing the electrons to easily penetrate the scalp, the network of meridians, and even deeper into the brain. There, endorphins are released.

Applying the two methods presented here in combination takes only about 3 minutes. Once the patient and a family member have been instructed, this can be carried out by a second person - even at home. We recommend applying it twice a day (not before bedtime). We have had good experiences with this combination method for a number of brain diseases. In particular, however, we use it for dementia, regardless of the stage. The method can also be used for early symptoms and for prophylaxis.

Experience

As we do not have the necessary resources for a classic clinical study, we report our experience here. After an average treatment duration of 3.4 months, 78% of dementia patients showed significant improvements. We used the Reisberg classification of stages (Global Deterioration Scale = GDS, with 7 stages) and the Clinical Dementia Rating (CDR, with 5 stages).

According to the GDS, the average stages decreased from 5.6 to 4.2. According to the CDR, the average stages decreased from 2.7 to 1.9. Patients in the early stages showed consistent normalization of their findings. Pleased with this, most continue the therapy at home - without an endpoint.

Discussion

The cause of dementia is still not clearly understood. However, it is evident that metabolic waste products accumulate in the brain, particularly in the glia. The glymphatic system of the CNS is no longer able to adequately remove pathological proteins and other toxins (see: [7]). It can be assumed that this situation is accompanied by an accumulation of free radicals, i.e., "positively charged" ions with an electron deficiency. They extract electrons from other molecules, which in turn become free radicals. The most important hypotheses regarding the causes of dementia are listed here:

1. Amyloid Cascade Hypothesis

The accumulation of amyloid-β plaques initiates a cascade that leads to tau pathology, inflammation, and neuron loss [8,9].

2. Tau Hypothesis and Neurofibrils

Hyperphosphorylated tau forms neurofibrillary tangles that damage synapses and neurons and cause cognitive deficits [10,11].

3. Neuroinflammation Hypothesis

Chronic microglia activation and cytokine release promote neurodegeneration through inflammation and Aβ accumulation [12,13].

4. Infection Hypothesis (e.g. herpes viruses, Porphyromonas gingivalis)

Pathogens such as HSV-1 or P. gingivalis trigger Aβ production as a defense mechanism, leading to chronic inflammation and AD pathology [14,15].

5. Metabolic/Insulin Resistance Hypothesis ("type 3 diabetes")

Brain-specific insulin resistance leads to impaired glucose metabolism, tau hyperphosphorylation, and cognitive decline [16,17].

6.Vascular Hypothesis

Vascular damage (e.g., microinfarcts, amyloid angiopathy) exacerbates AD pathology through vascular damage (e.g., microinfarcts, amyloid angiopathy) exacerbates AD pathology through hypoperfusion and BBB disruption [18,19].

7. Prevention Hypothesis

Lifestyle and multifactorial models (modifiable risk factors): Up to 40% of dementia cases can be prevented through lifestyle changes (e.g., exercise, diet, risk factor management) [20,21]. This implies that the modern, unnatural lifestyle associated with civilization carries a fundamental risk of dementia. This also includes protection against technical electrosmog (5G, etc.), as the brain (especially the pineal gland) contains magnetites and other receiving antennas.

8. Autoaggression Hypothesis

The immune system recognizes brain structures and molecules as strange and attacks them. This process can occur at the end of other pathophysiological processes [22,23].

The electrophysiological therapy presented here does not focus on any of the hypotheses mentioned, but assumes that they are all valid and can not only occur in parallel, but also multiply each other's effects.

Conclusion

Our therapy involves acupuncture in a more modern and brain-optimized form on the one hand, and an electrophysiological method using electrical currents or an "electron shower" around and inside the brain on the other. This apparently allows the brain to regenerate. The combination method is easy to learn, has no side effects in our experience, and can be performed within 3 minutes. Acupuncture needles are inexpensive (disposable needles or needles that can be sterilized), as is the pen. A person accompanying a dementia patient can easily perform the treatment at home after receiving instruction. This makes the method suitable for countries all over the world.

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