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I.Z. PALINSKYY

MULTIPLE SCLEROSIS

Розсіяний склероз піддається повному виліковуванню шляхом застосування регенеративного лікування за методикою Палінського Ігоря Зеноновича, захищеною авторським правом. Шляхом проведення ранньої діагностики та профілактики можна не допускати нових випадків захворювання. При лікуванні розсіяного склерозу після вживання гормональних препаратів лікування збільшується на три – п'ять років та сильно ускладнюється сам процес лікування. Зусилля, затрачені на лікування розсіяного склерозу, набагато менші від зусиль, затрачених на лікування побічних явищ й наслідків гормональних препаратів. Лікуванням захворювання повинні займатись виключно фахівці з вегетативної неврології, які володіють регенеративним лікуванням. Треба категорично заборонити гормональні препарати (стероїдні, нестероїдні), білкові препарати, препарати крові, їх синтетичні аналоги при лікуванні розсіяного склерозу та взагалі в лікарській практиці, засобах гігієни, косметиці, продуктах харчування.

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INTRODUCTION AND OBJECTIVE

The description of the disease named "multiple sclerosis" could be found in the medical literature from different countries of the world over centuries. However, only with the development of the science of neurology the humanity has come closest to the explanation of the etiology of the disease. Still until now, none of the laboratory or instrumental methods has proved to be reliable in supporting the diagnosis of multiple sclerosis. That is why modern diagnostics is based on two clinical peculiarities:

- wavelike course of the disease;
- multiple – foci lesion of the white substance in the central nervous system (D.Higher "Demijelinizing Diseases").

In recent medical practice, nuclear magnetic resonance has been most frequently used (the method of choice) to diagnose multiple sclerosis.

Worldwide, this disease is thought to be incurable and no method of treatment is considered to be effective.

The incidence of multiple sclerosis

According to general statistics, the farther from the eguator and the closer to the industrialized countries, the higher the incidence of multiple sclerosis. In industrialized countries of the northern hemisphere the incidence is 60 cases per one hundred thousand population, which makes 0.06%, while the incidence of new cases with multiple sclerosis is 3:100,000 people per year (the data for 1997). During the last 40 years the incidence of multiple sclerosis has increased. The cause of the disease is still unknown. ("Manual of Neurologic Therapeutics" Edited by Martin A. Samuels). Hence, there is no effective treatment of multiple sclerosis and it is considered to be incurable.

The situation is complicated by the fact that since there is no effective diagnostics, multiple sclerosis is diagnosed at the advanced stage. As a rule, the patient receives symptomatic treatment for other disease or is refused to be given any treatment for he or she allegedly simulates the disease. And then after 5 or 10 gears (no wadazn it is after 3 or 5 years), when a person has developed difficulties in walking or getting out of bed in the morning, i.e. when the symptoms are severe, multiple sclerosis is finally diagnosed at the 3 – 4 stage.

In August 2003 a conference of neurologists from the outstanding clinics of the world held in Vienna. It was dedicated to the problems of multiple sclerosis. They arrived at conclusion that multiple sclerosis is an incurable disease whick is transmitted by budgies???

Practical statistic studies performed by Private Enterprise Treatment & Health Improvement Training Centre "Victoria" show that about 25% of the population of Ukraine are affected with multiple sclerosis at present, considering all stages of its development and age groups. Lately, multiple sclerosis is most frequently diagnosed in young people aged 25 to 30, women and young women after delivery of a baby

being affected more often. The incidence of multiple sclerosis in children is also growing. In 2000 the incidence was 20%, while in 1994 it was 2% only. In Poland the incidence is the following: 1992 – 2%, 1998 – 20%, 2000 – 25%. Such statistical data can be observed actually in all developed countries of Western Europe but each country has its own starting point for the intensive growth of the number of people with multiple sclerosis. However, the speed of yearly growth of multiple sclerosis cases is practically the same in each country. The only difference is that in some countries the growth of multiple sclerosis incidence started sooner and in others later. If we build up a graph of yearly multiple sclerosis morbidity for each separate country the curves will actually be the but shifted in time only. Similar statistic studies in the USA are impossible to carry out, since US population is getting enlarged due to a great number of emigrants every year.

The situation looks like the following: the more developed and civilized the country, the higher the incidence of multiple sclerosis, which grows in geometrical progression.

Chornobyl accident doesn't seem to have induced the outbreak of multiple sclerosis or have increased the growth rate of the disease in Ukraine.

In 1991 – 1997 a tendency to a decreasing growth rate of multiple sclerosis was no bed in Ukraine but after 1997 the incidence and the speed of the development of the disease started to grow rapidly. Before 1997 classical forms (about 70 – 80%) were more frequently observed, while after 1997 classical forms haven't in fact been noticed – only mixed and complicated ones. The most frequent complication of multiple sclerosis is muscular dystrophy though the latter has no relation to or connection with multiple sclerosis.

Statistics studies of the dependence of multiple sclerosis incidence on the wide – spread use of hormonal preparations have shown alarming results.

Beginning with 1997 there has been a massive marketing of the means of hygiene containing hormonal preparations (steroid, non-steroid and synthetic analogues) in the form of softeners, hydrators, special effects etc., no matter whether the product was intended for children or adults. Since 2001 it been impossible to find any cosmetics or any means of personal hygiene containing no hormonal components in the market of Ukraine. Hence the result – a dramatically progressive growth, complication of forms, a sharp increase of mixed and complicated forms and decrease of classical forms of the disease.

The above – mentioned induced us to compare statistical data in other European countries and the findings were similar. As soon as hormone – containing means of hygiene appeared on the market of any country, a dramatically progressive growth, complication of forms, increased number of mixed and complicated forms and decreased number of classical forms of multiple sclerosis were observed.

In Poland, for example, the year 1994 saw the outbreak of morbidity. Afterwards the yearly incidence grows in proportion with that in Ukraine beginning from 1997. At present, Poland leaves Ukraine 3 years behind in respect of multiple sclerosis morbidity, which makes about 5%. The statistics is similar in other countries of Europe.

We were induced to carry out such investigation by the fact that the treatment of multiple sclerosis after the use of hormonal preparations was more difficult to conduct, the forms were mixed and complicated, the period of treatment became three to five years longer.

A similar unfarourable picture can be observed in the treatment of multiple sclerosis. In early 80ies people with multiple sclerosis were able to walk for 15 – 20 years since the start of the disease, in 1993 – 1999 this period was 3 – 5 years. In 2000 – 2004 people with multiple sclerosis lost the ability to walk after 2 – 3 years and they will be confined to bed for the rest of their lives.

In other words, the rate of progress of the disease was previously very slow, while now it is very fast. It takes more severe forms shorter to develop and mortality rate grows. In comparison with the 30ies – 50ies morbidity caused by m.s. was stable in Ukraine i.e., the progress and morbidity rate remained on the same level. During the last twenty six years we have been studying the causes of multiple sclerosis. The result of these investigations has been a profound study and scientific proof of the etiology and pathogenesis of the disease as well as the possibility to cure it completely with no further recurrence. So, let us give the definition of multiple sclerosis.

Definition:

Multiple sclerosis is the disease of the central vegetative nervous system, the brain and the spinal cord with the formation of trophic ulcers (foci) in the brain and, in the advanced stages, in the spinal cord, whick causes systemic trophic changes in the organism (peripheral vegetative nervous system lesions), ascending systemic paralysis & visceral lesions.

In other words, it is not just a disease of the central nervous system, but of the **central vegetative nervous system,** including trunks simpatico.

To understand the above definition better one must possess the knowledge of the anatomy and physiology of the vegetative nervous system. Until now there have been no schools, research institutions, specialities or specialist in this branch and this part of the human organism has not been studied. Howoever, we have been studying the vegetative nervous system for 26 years and this knowledge is copyright.

1. **The causes of disseminated sclerosis.**

The causes of disseminated sclerosis are:

- injury,
- induced congenital pathology,
- virus,
- food poisoning,
- X – ray or ultra high frequency irradiation
- hormonal preparations.

One of the causes of disseminated sclerosis is injury. This may be head injury, spinal injury, fractures and fissures of the skull, spine or sacrum. A severe injury of the head may cause brain frauma. Since the brain is contained in a closed space, the areas of dystrophy are formed at the site of the frauma and on the apposite side. Some smaller hematomas and even ulcers can appear in the cerebral tissue. After such kind of trauma a brain oedema (either local or total) can be formed and within three weeks acute encephalitis may develop which can later become chronic. Such brain oedema may have different size and persist for several week or years. It is usually accompanied by high intracranial pressure, upset liquorodynamics, impaired vision. All these phenomena cause the impaired trophism of cerebral tissue and afterwards ulcers which develop gradually and slowly (sometimes rapidly). A single cranial trauma may cause up to 10 ulcers (foci) in the brain and in the spinal cord and impair the regeneration process. It is quite obvious that peryphery responds to it. When the sacral bone is broken, similar phenomena are observed. Let us go back to anatomy. The spinal cord of an adult person reackes approximately the level L_2 after which it goes to the terminal of the spinal canal attached to the sacral bone at the level S_5. When the sacred bone has been injured (landing on the coccyx or a sidevays blow to the sacred bone) a fracture or a fissure may appear at the site of the injury. As a rule, the sacred bone breaks in regular places – these are the points of vertebral adhesion, most commonly S_4 and S_5, though sometimes the fracture can be higher, e.g. between $S_2 – S_3$ and very seldom between $S_1 – S_2$. The line of the fracture always passes through the holes in the sacred bone which are also the entrance for the nerves. Hence, such fracture can cause narve strangulation at the site of fracture. These kinds of fractures are not diagnosed and the doctors do'not usually pay attention to the condition of the sacred bone. So these fractures or lesions remain unattendet. If a person is not given proper treatment (stabilization of the bone), the fracture will not consolidate for years. False joint or something similar it is formed at the site of the fracture. Correspondingly, the lower part of the sacred bone remains permanently movable, particularly on benging, sitting down and standing up. What does that movability lead to? When a person sits down the lower end of the sacred bone bends towards the inside. Since the spinal canal terminal is attached below the fracture it gets stretched and pulls the spinal cord; the spinal canal becomes squeezed, which causes the injury of the medulla oblongata, the latter wedging into the spinal canal; liquorodynamics becoms upset; intracranial and spinal fluid pressure increases; hudrocephalus may develop. Simultaneously, all the narves from the spinal cord of each segment stretch and this causes the injury of spinal neurons and medulla oblongata. The futher process may take an acute or chronic course (as is decribed in the head injury).When a person falls on his/her broken sacred bone all the above phenomena have a more acute course and more severe after effects. The time that passes from the moment of injury until the first symptoms appear may vary from 2 – 3 weeks to 10 – 15 years depending on the strength of the impact. It the injury is mild, thistime will be longer and, if it is severe, the time will be shorter. Not every kind of injury may cause disseminated sclerosis, but only a specific one.

Depending on its intensity, radioactive irradiation of the brain and the spinal cord can kill cerebral and medullar cells (radioactive burn). Burns and swellings (local and total) of the cerebral and medullar tissues are formed; they hater turn into ulcers. That leads to a further distruction of the neurons' myelin membrane and cerebral and medullar cells. Cerebral and spinal trophicity is impaired. In future this process develops slowly. Even when the irradiation has been punctuate, trophicity, cerebral and spinal liquorodynamics become impaired and ulcers are formed at other sites. Ultrahigh frequency electromagnetic irradiation of the brain and the spinal cord (cm or mm range of certain power) can cause burns and boiling of cerebral cells which also leads to the impairment of cerebral and medullar trophicity and subsequent ulceration.

When the patient is poisoned with certain chemicals and certain pharmacological agents (heary metals), electrolytic balance is upset and the neurons activity is supressed. In more severe cases, cerebral neurons die and this causes the disturbance of cerebral and medullar trophicity with ulcers being formed next.

Another cause of multiple sclerosis may be an encephalitis virus which recurs every four years. Under its influence, the foci of inlammation arise in the brain. The intensity of inflammation depends on the body and immune system resistance. If the immune system is weakened and the body resistance is low, the scope of lesion will be greater. The result of infammation and inadequate treatment is the upset cerebral and medullar trophicity, intracraneal pressure faibure. As a result liquorodynamics is upset, which in its turn causes the formation of ulcers, commissures and adhesions in the brain and the spinal cord.

Let us dwell on the development of disseminated sclerosis as a result of asing hormonal preparation has been used once, it can cause the appearance of multiple sclerosis. As we put it, “bad luck” – the hormonal preparation entered the body on the wrong day, in the wrong time, place or way. For example, a person has had a local vascular spasm in a certain area of the brain, a certain number of trophic ulcers and foci develop in the brain and the spinal cord within two weeks, after the introduction of hormonal preparation or its component in any possible way, that is, multiple sclerosis begins to develop. If a hormonal component is introduced. When multiple sclerosis is present, the foci quickly increase and deepen and the disease grows progressively worse.

The period of progressive development varies from three weeks to six monts. Besides, all side effects and complications develop rapidli while hormonal preparations and the products of their dissimilation accumulate in the intercellular space at every site of the body in the form of an exudate or residue. Later, these accumulations are periodically ejected by the lymphatic system into the blood, which in its turn causes the impairment of general health and progressive development of the primari disease – disseminated sclerosis.

According to statisfical data, approximately 25% of Ukrainian population at present saffer from the initial stage of disseminated sclerosis. 20-22 % have the first stage, 15% - the second stage, 10% - the third stage, 5% -the fourth and 0.5% - the fifth stage. These figures are approximate lecause they constantly change for the wors. A major part of patiens with disseminated sclerosis lives in big industrial cities while a smaller proportion lives in the countryside.

The areas where pharmacological products are more easily available (e.g. in the city than in the countryside) are more inflicated with multiple sclerosis and the forms of the disease are more severe. Several statistical group of people suffering from multiple sclerosis were studied. The first group were the people who had never used any pharmacological preparations. The people of the second group had used non – hormonal pharmacological preparations only and the third group of people had used hormonal pharmacological preparations. The result of the investigation thow that the disease was developing very slowly in the group that had naver taken any pharmacological preparations. In the second group the disease was developing faster that in the first. In the third group the disease developed rapidly and was accompanied by all the side affects caused by hormonal preparations.

Hence, multiple sclerosis is caused by the above mentioned factors. It can develop either slowly or rapidly. The factors which contribute the development of the disease are stresses, high intracraial pressure brain oedema, excesive use of painkillers, hormonal and other pharmacological preparations. The use of hormonal preparations significantly contributes to the development of the disease since ulcer appears at the site of hypotrophy after hormonal preparation have been started.

By the purpose of the given work is: to prove the possibility of complete recovery from multiple sclerosis, to formulate the definition of “multiple sclerosis”, to substantiate that multiple sclerosis is a disease of the central vegetative nervous system, to determine the harmful factors that are difficult or impossible to cure.

MATERIAL AND METHODS

The study included three statistical groups with 20 persons in each (60 people altogether) who had given an informed written consent for the treatment. System regenerative treatment by the method developed by I.Z.Palinskyy was applied, in which the main curing agent was a specific permanent magnetic field which influenced the vegetative nervous system neuroimpulses (according to the theory of vegetative neurology), neurology diagnostics and control, consideration and control of lymphology (lymphatic and liguor system). The treatment control was performed on the basis of neurology diagnostics, clinical manifestations and observations, magnetic resonance examination, computerized tomography.

The first statistical group included patients of different age and sex suffering from various stages of multiple sclerosis who had never used hormonal preparations. The second group included patients of different age and sex suffering from various stages of multiple sclerosis who had used hormonal preparations. The third control group included patients of different age and sex suffering from various stages of multiple sclerosis who both had and had not used hormonal preparations. The first and the second had been reseiving a course of regenerative treatment for 18 month while the third control group had received imitation regenerative treatmeat. The result are show in the Table 1 below.

THE RESULTS

None of the patients in the first group (tabl. 1) was noted to have multiple sclerosis or any residuct effect after 6 months.

Table 1

No	Gratistical group number	Number of patients cused from multiple sclerosis after				
		1 month	3 month	6 month	12 month	18 month
1	The first	3	5	12	-	-
2	The second	none	none	none	8	12
3	The third	none	none	none	none	none

After 18 months none of the patients in the second group was noted to have multiple sclerosis. Magnetic resonance and tomography examination showed that the foci of the disease had disappeared but residual calcinates were still present, especially in those who had takes big amounts of hormonal preparations. Besides, all patients in the second group had peripheral spasms, side effects and aftereffects, caused by hormonal preparations, and resideus in the intercellular space.

In the third group, the patients' condition worsened, the number of foci in the brain and in the spinal cord increased. But those patients who had not taken hormonal preparations demonstrated only slightly noticeable changes for the worse while those who had used hormonal preparations showed a severe deterioration of Health, hormone – indused side effects and an increased amount of residues in the intacellular space all over the body. Two people developed a disability to walk.

The efficiency of the achieved result of treatment of an multiple sclerosis without deterioration, without a relapse, without renewal of disease is kept during many years.

At those patients, which twenty years back have passed treatment by the given technique, till the present time the illness has not come back and has not appeared.

DISCUSSION

The efficacy of multiple sclerosis treatment does not depend either on the patient's immune system condition or on his accompanying, congenitale or acquired diseases. Neither do the previous operative interventions or any forms and methods of treatment. However it should be noted that the application of any hormonal (steroid or non-steroid), protein and blood preparations or their synthetic analogues in any amount, form or way may complicate the process of treatment significantly no matter whether the preparations have been used recently or a lapse of time, possibly long, has passed since it was used. All since the experiment was conducted keeping to demands, it can be stated that multiple sclerosis is a completely curable disease in 100% cases, with the curability being repeatedly effective in 100%.

The application of the given method of treatment of multiple sclerosis has no harmful side – effects or untoward after – effects.

Any person who has mastered a theoretical and practical course in vegetative neurology and lympfology can be engaged in the successful treatment of multiple sclerosis.

CONCLUSION

The disease termed "multiple sclerosis" is completely curable by applying regenerative treatment method according to Palinsky, which is copyright.

Early diagnosis and prophylactic procedures can prevent the development of new cases.

The period of treatment is three to five years longer and the management of the disease is more complicated if the patient has previously used hormonal preparations. It takes much fewer effarts and

much less time to treat multiple sclerosis that to treat/cure side effects and hormonal preparation – indused effects.

Only experts in vegetative neurology who are competent in regenerative treatment should be engaged in the treatment of the disease termed “multiple sclerosis”.

Hormonal preparations should be explicitly prohibited during the treatment of multiple sclerosis and in medical practice in general as well as in the means of hygiene, cosmetics and ford.

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Приватна наукова установа Лікувально–оздоровчо-навчальний центр “ВІКТОРІЯ”,
м. Трускавець.

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