

# Natural Science Therapy for ALS

by Steve Spiegel

## Contents

	Introduction	2
<a href="#"><u>Section One</u></a>	Assessing Documented ALS Reversals	5
<a href="#"><u>Section Two</u></a>	Assessing Conventional ALS Research Science	9
<a href="#"><u>Section Three</u></a>	Reversing ALS Muscle Tension Problems	12
<a href="#"><u>Section Four</u></a>	Reversing ALS Muscle Weakness Problems	13
<a href="#"><u>Section Five</u></a>	Reversing ALS Muscle Coordination and Movement Problems Including Problems with Facial Expressions, Speech and Swallowing	16
<a href="#"><u>Conclusion</u></a>		18
<a href="#"><u>References</u></a>		19

**Disclaimer:** the material contained herein is intended for educational purposes only and should not substitute for professional medical advice.

## Introduction

Theoretical science focuses on anomalies like ALS Reversals because investigating them promotes most major science breakthroughs. It is simple logic: if some ALS sufferers have reversed symptoms, researchers should investigate what differentiates them and seek to duplicate the difference in others. Eminent biologist William Bateson is famous for this classic science adage directing scientists to “treasure your exceptions because they teach the *general* rule.” Unfortunately, ALS researchers predominately ignore Reversals or challenge their credibility because Reversals are confusing: they are attributed to a wide array of unconventional therapies including theological intervention. Moreover, the theoretical science adage has evolved to become confusing after dropping the reference to the “general” rule. The adage has evolved to “It’s the exception that proves the rule!” which seems to imply that science theory is so complex that “rules” can have rare exceptions, but this is absurd: exceptions *disprove* rules. Basic science theory implores investigating documented Reversals — ALS anomalies lighting the path forward. Consistently, NINDS ALS program director Director Dr. Gubitza supports theoretical science protocols and expanded investigations of ALS Reversals.<sup>1</sup> Science theory implores a focus on Dr. Bedlack’s investigation of ALS Reversals and especially on his critically important albeit mystifying assertion that reduced stress (“a positive attitude”) is causing them.<sup>2</sup>

The “mental health” of reduced stress (negative emotions including fear) promoting the *physical health* of ALS Reversals is a paradox for western medicine that investigates them separately. Unfortunately, Dr. Bedlack’s critically important ALS Reversal research is under attack from numerous researchers in defense of their own investigations. Reversals being rare seems to confuse researchers rather than being expected. Dr. Bedlack seems defensive in response and undersells his Reversal research as consistent with the AIDS vaccine rather than science protocol exemplified by the AIDS vaccine. Moreover, Dr. Bedlack accepts the common (erroneous) assumption that ALS is heterogeneous with varying disease mechanisms so he has difficulty considering stress as more than a contributing factor. Although eastern medicine correctly understands stress as central to most health problems, it includes physical stressors as well as emotional stressors. Consistent with holistic medicine, emotional stressors can cause a multitude of health problems; the impact of stress on health is little understood. Integrating binary science (the science of computers that model the brain, dialectical science and the eastern natural philosophy of Yin and yang) into accepted physiology theory produces broader (true) natural science theory.

*Based on pure natural science theory, Natural Science Therapy explains the power of emotional stress (and fear) to naturally cause ALS and how stress relief reverses the symptoms; there is no underlying biological malfunctioning. Our natural science*

*perspective advocates that emotional stress is associated with experiences that threaten species survival and have therefore evolved as aversive. Stress can become indescribably painful and thereby command attention; it can also cause numerous medical maladies including three different types of natural muscle problems that define ALS. Natural Science Therapy explains ALS as three different types of “somaticized stress,” and documented ALS Reversals as reversing symptoms from reduced stress (“a positive attitude”). Specifically, our program defines ALS as natural muscle tension problems with cramping and twitching, natural muscle weakness problems expressing stress (“limb onset” type symptoms), and natural muscle problems caused by stress impacting subconscious thinking (“bulbar onset” type symptoms). ALS symptoms are currently understood as horrifically pathological (a terrifying, insidious fatal biological malfunction); understanding symptoms as natural expressions of stress will reduce the stress driving symptoms and can thereby reverse symptoms.*

Natural Science Therapy is real natural science: consistently, it aspires to simplicity — to a simpler understanding of ourselves. In contrast, western neuroscience research embraces the complexity inherent to neuroscience research, and investigates obscure neuroscience details without seeking a framework to unify them. It assumes that a massive amount of details will eventually paint its own picture, but without a framework, that is wishful thinking. Elemental science theory seeks simplicity and implores a focus on commonality of symptoms rather than a focus on differentiating between them; seeking commonality is reductionist — the goal of science. Scientific reductionism implores consideration of whether ALS is part of a multitude of medical maladies widely considered *somaticized stress* — caused by stress and reversed with reduced stress. Our program is supported by a short thesis of pure natural science theory integrating the binary science of computers that model the brain into physiology theory (the biological science that investigates organ functions). Instead of western natural philosophy that challenges eastern natural philosophy, our program unifies the two natural philosophies into broader, pure natural science theory.

Natural Science Therapy (as well as eastern medicine) contrasts western medicine by challenging the implication that life is not substantially stressful for most people most of the time. The *somaticized stress* of ALS is an increasingly accepted health problem of emotional stress and fear expressed as a personal physical health problem. Natural Science Therapy advocates that ALS is part of a multitude of medical maladies increasingly considered somaticized stress — caused by stress and relieved with reduced stress. Natural Science Therapy explains the power of stress based on true natural science (real neurophysiology), and differently for different diseases. Stress is a major health problem for most body systems; it causes high blood pressure and heart diseases, strokes, seizures, brain aneurysms, digestion problems, chronic pain (including fibromyalgia), tinnitus, aphasia, primary visual agnosia, vertigo, stress skin rashes, Telogen effluvium (hair loss), dysuria (frequent urinating), stuttering, diaphoresis

(excessive sweating), Crohn's disease, and asthma (to name a few). “Mental health” addresses problems with stress especially problems with anxiety from predominately distressful experiences and depression from predominately depressing experiences. Stress causes most health problems; this list is abbreviated. Our natural science program explains ALS as somaticized stress consistent with a wide variety of physical maladies expressing the power of stress to impact health. While ALS is critically important for having explainable documented reversals, NST is part of an entire world view that can explain other neurodegenerative diseases and medical maladies.

Section One of Natural Science Therapy for ALS identifies and explains the common element of the therapies attributed to ALS symptom reversals including thirty individuals referenced. This initial section affirms and explains Dr. Bedlack’s mystifying assessment that reduced stress (a positive mental attitude) reverses ALS symptoms. Natural Science Therapy is a true natural science perspective of emotional stress (distress, fear) and ALS;<sup>3</sup> it explains what initially may seem absurd — ALS Reversals based on reduced stress. Section Two moves from explaining ALS as somaticized stress to explaining the misdirection of conventional research science. ALS research science has constructed an entire world upon a faulty premise of a biological malfunction; this section deconstructs the western medical understanding of ALS. Thereafter, Section Three through Section Five explain ALS symptoms in terms of three different types of natural, stress-induced muscle problems, and suggests methods for reversing each. Section Three explains ALS muscle tension problems with cramping and twitching as a natural expression of emotional tension (stress), and proposes methods for reversing them. Section Four explains how stress promotes ALS feelings of weakness (in contrast to confidence that promotes feelings of strength), and proposes methods for reversing them (“limb onset ALS” type symptoms). And Section Five explains how stress distracts from subconscious thinking and thereby causes ALS muscle coordination and movement problems (including problems with facial expressions, speech and swallowing), and proposes methods for reversing them (“bulbar onset ALS” type symptoms). The Conclusion to Natural Science Therapy for ALS reviews this free, complementary Reversal treatment.

Unfortunately, it is difficult to suspend belief in the conventional wisdom of a massive quantity of complex, disjointed ALS research science to consider a pure natural science perspective of Reversals. Understanding ALS as somaticized stress may be especially difficult for ALS sufferers after a diagnosis affirms well-established fears (stress) about muscle problems that doctors are slow to affirm. Humans are socialized into developing instincts about health that typically serve them well but can mislead about stress. Socialization misleads ALS sufferers into believing that stress cannot possibly have sufficient power to cause their symptoms and thus their symptoms must be biological failings. To contrast this socialization, Natural Science Therapy champions human rationality — our ability to understand ALS and Reversals from a pure natural science

perspective. Humans seek relief from stressful environmental experiences to promote species survival; ALS expresses stress (fear) and ALS Reversals express stress relief. Reversals are extremely rare because it is extremely rare that anyone with an ALS diagnosis and prognosis can truly experience stress reduction (or a sustained positive mental attitude). The predominance of ALS sufferers facing the dreaded disease with “a positive attitude” are concealing their real fears to relieve the fears of others. One must totally “live in the present” to not feel depressed by an ALS prognosis.

Natural Science Therapy for ALS is consistent with the basic science protocol of focusing on anomalies like ALS Reversals for most science breakthroughs: “Treasure your exceptions!” It advocates that ALS is somaticized stress and that ALS symptoms can be reversed through the reduced stress of understanding them as natural rather than symptomatic of a horrifying fatal disease. Our holistic program implores the suspension of belief in conventional, complex and disjointed ALS research science, and instead consider a treatment based on true natural science theory. Natural science theory seeks reductionism and our natural science explanation of ALS is simple and comprehensive. Dr. Bedlack (Duke Neurology) investigates genetic correlates between documented ALS Reversals but cannot imagine what to investigate beyond genetics. This treatment is based on real natural science and rational thinking; healthy skepticism about this unconventional treatment is addressed through a homepage link. Treating ALS with a holistic therapy may initially seem absurd (or like a confusing con) but the science is real, and considering the unequalled misery of ALS, it will always remain absolutely free. Consistent with NINDS ALS program director Dr. Gubitza’s advocacy, Reversal research deserves far more consideration and resources.<sup>1</sup> ALS symptoms are somaticized stress that can be reversed with the stress relief of understanding the real natural science of stress, the misdirection of conventional ALS research science, and a comprehensive explanation of Reversals.

### Section One: Assessing Documented ALS Reversals

After documenting (64) ALS Reversals, Dr. Bedlack has the astonishingly correct impression that reduced stress (“a positive attitude”) reverses ALS symptoms.<sup>2</sup> A few people with the terrifying ALS prognosis have thereafter experienced emotional relief for a wide variety of unusual reasons and subsequently reversed their symptoms; most Reversals appear to be full recoveries. While there were at least ten documented cases of ALS Reversals prior to Dr. Bedlack’s investigation, Dr. Bedlack is the first to follow conventional science protocol that focuses on them.<sup>4</sup> Dr. Bedlack speculates about whether the positive attitude is prior to diagnosis or following symptom reversal but fails to consider the rare instances of stress relief after an ALS diagnosis and before symptom reversal.<sup>2</sup> Reversals are as rare as the ability to feel genuine sustained stress reduction (or real happiness) with an ALS prognosis in contrast to faking a positive attitude to comfort loved ones. Dr. Bedlack advocates that reduced stress is the

common element of ALS Reversals but cannot understand this attribution because western medicine generally investigates stress as a “mental health” issue separate from physical health.

Dr. Bedlack began studying ALS Reversals after confronting a paradox: a quadriplegic ALS sufferer (Nelda Buss) fully documented her disease and complete recovery she attributed to “healing energy” (reduced stress).<sup>5</sup> Regular sessions with a handsome, charming “energy healer” (including some hands on physical therapy) reduced stress for Ms. Buss and thereby reversed her ALS symptoms. Consistently, the predominance of the other sixty-one documented ALS Reversals similarly credit a positive attitude (stress relief) for promoting symptom reversal. Most Reversals further credit their reduced stress to some form of unconventional therapy with only a few attributing the reduced stress to a conventional treatment that subsequently failed trials.<sup>6,7,8,9</sup> While all ALS Reversals attribute their success to a “positive mental attitude” (reduced stress), most attribute their stress relief to personalized medicine,<sup>10,11,12,13,14,15,16,17,18,19-A,19-B,19-C,19-D</sup> philosophical spirituality,<sup>20,21,22,23,24,25,26,27-A,27-B,</sup> or mainstream theological spirituality.<sup>28,29,30,31,32,33,34,35,36,37,38,39-A,39-B,39-C,39-D</sup> The stories of ALS sufferers who have reversed their symptoms document unusual personal experiences of reduced stress initiating symptom reversal. (A note of appreciation for Healing ALS that video documents ALS Reversals and make their work freely available to the community. It should also be noted that Duke Neurology has only publicly identified a few Reversals beyond Nelda Buss and McFinn Lovere [working through EverythingALS.org] so references are included based on their apparent credibility. Please contact us through the homepage link if you believe that any of our references lack credibility or that we have omitted a valuable reference.)

Although all ALS Reversals are based on atypical experiences of reduced stress, Evy McDonald’s story of reversing her symptoms best proves this common denominator.<sup>40</sup> Ms. McDonald was dying from ALS when she decided to shed bitterness about her past and her prognosis, and embrace a love for humanity at the end of her life. During her “final days” as a quadriplegic ALS patient, Evy happily embraced community service over the phone, but to her surprise, her symptoms slowly began reversing... until full recovery. Ms. McDonald’s story proves that the common element of the therapies attributed to ALS Reversals is experiencing stress relief in the face of the ghastly prognosis.<sup>40</sup> ALS Reversals are rare instances of ALS sufferers experiencing sustained reduced stress for a wide variety of unusual reasons.

The stories of ALS Reversals describe stress relief reversing symptoms, but they also describe emotional stress initiating the symptoms. ALS sufferers leading numerous ALS organizations describe unusual stress preceding initial symptom onset: McFinn Lovere (EverythingALS.org) was experiencing financial ruin; Brian Wallach (IAMALS.org), Ed Rapp (AnswerALS.org) and Gwen Petersen (HerALSstory.org) were transitioning to new, high-pressure jobs; and Eric Stevens (AxeALS.org) was transitioning to married

life. Consistently, the somaticized stress of initial ALS symptoms are often directly related to problems with habitual methods of stress relief. Initial ALS symptoms are often understandable as directly blocking stress relief: McFinn Lovere's ALS symptoms started with hand muscle problems inhibiting his work to avoid financial ruin, Brian Wallach's symptoms started in hand muscles central to typing for new employment, Ed Rapp's symptoms started in leg muscles that previously provided stress relief through jogging, and Eric Stevens' symptoms started in upper body muscles central to financially supporting his new family as a firefighter. ALS sufferers have regularly identified stress from emotional trauma as "triggering" their ALS, although these reports are generally ignored by doctors because they contradict the established disease narrative.<sup>42</sup> ALS symptoms are somaticized stress unique to individuals and reversible with reduced stress.

Understanding ALS as somaticized stress explains two important areas of ALS research: the widely varying rate of ALS symptom progression (from under six months to well over a decade) and trends in ALS diagnoses. Natural Science Therapy explains ALS as a natural expression of stress; consistently, the rate of ALS symptom progression is a direct function of the intensity of personal stress. Since ALS is a function of environmental stress, more stressful geographic environments promote a greater prevalence of ALS.<sup>69</sup> The intensity of stress experienced from an ALS diagnosis differs widely with personal perspectives about issues like the circumstances of care and quality of life, the value of living with increasing disabilities, the acceptance of personal hygiene care managed by others, and the financial impact of ALS health care on family. Thus my athletic friend (Ron Adams) who was the kind of person tormented by the thought of bankrupting his family with his ALS (AKA "the "bankruptcy disease") died within six months of his ALS diagnosis. If the stress is extreme from trauma, ALS kills "rapidly."<sup>42,43-A</sup> Conversely and consistent with reduced stress reversing ALS symptoms, lower levels of stress slow or stop the progression of symptoms.<sup>68</sup> Since actively addressing the horrific disease generally promotes more positive experiences, ALS generally progresses slower for ALS activists. And if a person becomes the most beloved scientist in the world while an ALS quadriplegic (think Stephen Hawking), the related positive attitude can stop disease progression for decades. ALS Reversals reduced their stress through a wide variety of rare unique experiences; none attributed their improved health to hope about mainstream research science or an upbeat mainstream physician. While the intensity of stress affects the rate of symptom progression, trends of ALS diagnoses reflect the social (environmental) nature of stress. ALS disproportionately affects the military<sup>51,52,53</sup> and athletes<sup>54,55,56</sup> because physical ailments are generally more stressful for those who disproportionately identify with their physical skills (and rely more upon them). Natural Science Therapy explains the rate of ALS symptom progression as a function of personal stress and trends in diagnoses as functions of environmental stress.

The stress that initiates and sustains ALS is substantially environmental; this confuses ALS research science because western medicine does not consider stress an environmental “toxin.” *Nevertheless, consistent with environmental toxins and only consistent with environmental toxins, environmental stress has caused numerous epidemics of ALS.* Most notably, an epidemic of ALS raged for a couple decades after WWII on Guam; until recently, “Guamanian ALS” lingered as a basic classification of ALS together with “Familial ALS” and “Sporadic ALS.” Newer epidemics of ALS have been documented among Vietnam veterans,<sup>45</sup> in rural Maine,<sup>46</sup> among agricultural workers,<sup>47</sup> near European croplands,<sup>48</sup> near Mascoma Lake in New Hampshire,<sup>49</sup> in the French Alps,<sup>50</sup> at Kelly Air Force Base<sup>51</sup> more generally in the military,<sup>52,53</sup> among Italian soccer players,<sup>54</sup> among the New York Yankees,<sup>55</sup> and among NFL players.<sup>56</sup> More importantly, an epidemic of *conjugal* ALS in southeastern France narrows toxins to a multitude of different specific households and therefore clearly implies environmental stress as causation.<sup>57</sup> While accepted science theory advocates that epidemics imply environmental etiology, the widely differing environments of ALS epidemics have been thoroughly investigated and frustrate researchers with no previously understandable common culprits. Nevertheless, ALS researchers should not discount epidemics and label them clusters to reduce their impact; instead, researchers should follow science protocol and consider stress a common environmental “toxin.”

Emotional stress causing ALS may seem absurd to western medicine that considers stress a separate “mental health” issue but less so to eastern medicine that considers stress central to most health problems. Consistently, eastern doctors often ethically delay fatal prognoses assuming that the related stress will hasten negative outcomes. Western medicine lags far behind eastern medicine in understanding the impact of conscious and subconscious emotional stress on health, but it is evolving. Western medicine is increasingly accepting the concept of somaticized stress. Consistently, the percentage of US doctors of osteopathic medicine has increased radically in recent years; D.O.’s address stress far more than traditional medical doctors. Nevertheless, western medicine is slow to understand the impact of stress on health; the short, linked thesis Unified Natural Science provides real science support for our program.

Western ALS researchers seem more comfortable with complexity and complex science than with seeking the simplicity inherent in natural science theory and the philosophy of science. Researchers are now considering ALS as an umbrella term for an array of related diseases with over (40) genetic subtypes and over (100) environmental subtypes. ALS research remains focused on genetic etiology with an embrace of complexity consistent with the western science paradigm. But Dr. Bedlack’s singular focus on mimicking the AIDS vaccine model has promoted little progress and he is now embracing greater complexity. In contrast to seeking reductionism and simpler explanations of nature, the lack of progress in understanding the mechanics of ALS is

driving his focus on genetics to ever increasing complexity. Dr. Bedlack is now turning to Australian scientists for more abstract science to investigate Reversals.<sup>41</sup> Dr. Bedlack is not thinking “outside the box” of complexity to follow true natural science theory that seeks reductionism, parsimony (Occam’s razor, simplicity) — the most basic principle of science. Unfortunately, seeking simpler explanations of the environment is made difficult when the drive for unique doctoral theses pushes research towards obscure details. Consistently, research grants are given to specific projects rather than to theoretical endeavors. Following accepted (theoretical) science protocol with a unified natural science perspective explains ALS Reversals as somaticized stress rather than a terrifying disease, and explains Reversals as expressing reduced stress.

Natural Science Therapy for ALS advocates that current medical science theory does not understand the power of emotional stress (broadly construed) to cause physical health problems. Unfortunately, *assuming* ALS muscle problems express a terrifying biological malfunction increases the stress driving symptoms and thereby increases symptoms. Natural Science Therapy contends that ALS is somaticized stress: stress causes ALS muscle problems and stress relief reverses the symptoms. Consistently, the Mayo Clinic defines “somatic symptom disorder” similar to ALS except for how the community understands ALS symptoms as pathological.<sup>44</sup> Instead of ignoring or disparaging Reversals because they are confusing, ALS researchers should follow standard science protocol that focus on anomalies like ALS Reversals for breakthroughs. This natural science thesis contends that it is the stress of a horrific ALS prognosis of slow paralysis to suffocation that kills most sufferers within five years. A “glass coffin” describes the terror of living with ALS but hardly addresses the typically constant emotional pain and suffering that withers; stress kills far beyond heart attacks. Natural Science Therapy is a comprehensive explanation of ALS symptoms as natural somaticized stress that can be reversed through the reduced stress of understanding them as natural rather than ghastly pathological.

## Section Two: Assessing Conventional ALS Research Science

Standard science protocol implores an investigative focus on exceptions like ALS Reversals but ALS researchers find Reversals incoherent/confusing (like all anomalies until understood) so they ignore or disparage them. Unlike the HIV anomalies of “elite controllers” that evidenced the genetics based treatment of the AIDS vaccine, therapies attributed to ALS Reversals do not evidence genetic etiology. While Dr. Bedlack (the principal investigator of Reversals) correctly identifies stress relief as the common element of ALS Reversals, he has been unable to find any common genetic defect. ALS Reversals confuse western medical science because researchers do not understand the science of stress and generally consider stress a “mental health” problem ambiguously related to physical health. Consistently, ALS researchers are predominately comfortable ignoring Reversals, doubting their legitimacy, or considering

them mimics. Although other diseases may have some common symptoms with ALS, disparaging Reversals as mimics is disingenuous since the referenced similar diseases are identifiable and thereby rejected. It is unfortunate that while theoretical science implores a focus on ALS Reversals, investigating them is far more difficult than applied science research that investigates ALS based on accepted science (established tools). The funding of medical science research also supports applied science over theoretical science through specific research grants rather than grants for brainstorming hypotheses about rare Reversals. Reversals are ALS anomalies that implore more research: “Treasure your exceptions”; exceptions appearing incoherent should be the assumption rather than a criticism. ALS research science has documented Reversals and the principal investigator’s assertion about what is causing them; scientists should follow science protocol by investigating.

Without understanding the power of stress to cause medical maladies, ALS research is “heading down the wrong path.” Researchers have proven that healthy muscle tissue is dying from natural disuse atrophy and thereby falsely assume a biological malfunction of nervous tissue messaging. While this may seem like a logical assumption, assumptions can be especially problematic in research science. ALS is assumed to be a biological failing so although it presents as natural (disuse) atrophy, researchers can only imagine a malfunctioning of this natural process. ALS research science pathologizes natural expressions of stress and natural reactions to pathologized symptoms of stress based solely on symptoms and eliminating certifiable diseases.<sup>58-A,58-B</sup> Consistent with the assumption of ALS as a biological failing, researchers also identify weight loss as somehow accelerating disease progression rather than an expression of intense stress that accelerates disease progression. Conventional wisdom supports cultural expectations with a massive quantity of complex, disjointed information about ALS, but true natural science theory explains ALS and ALS Reversals.

There are no diagnostic neural biomarkers during initial symptom onset beyond those identifying stress because there is no underlying biological malfunction. ALS “diagnostic” biomarkers document expressions of stress and natural disuse atrophy from the atypical ALS disease pathology of multiple neuronal pathways (mechanisms) failing simultaneously.<sup>59</sup> The failure of multiple neural pathways simultaneously describes natural neuronal death; it is not a typical pattern of biological malfunctioning. Most diseases like diabetes have a single initiating lesion whereas neurodegenerative diseases are increasingly considered “cascade diseases” initiated by multiple contributing “initiating lesions.” ALS is especially increasingly understood as a cascade disease. But with a cascade disease, the critical question is how the different initial lesions interrelate.<sup>60-A</sup>

The *disease mechanics* of emotional stress causing ALS symptoms explains stress reduction as the *mechanism of action* for Natural Science Therapy. Extreme emotional

stress especially about a nightmarish ALS prognosis can overload stress relief mechanisms and initiates pathogenic mechanisms. Stress-related ALS disease pathways include: 1) neuromuscular junction degeneration, 2) cortical motor neuron hyperexcitability, 3) protein misfolding and aggregation, 4) impaired RNA metabolism, and 5) mitochondrial dysfunction. Initial ALS “diagnostic biomarkers” document symptoms of emotional stress promoting physical (cellular) stress that begin a system-wide neural degeneration with ALS disease pathways varying in failing sequence and intensity. Severe stress initiates ALS disease pathway failures with disuse atrophy continuing to degrade disease pathways at varying rates while additionally promoting neuroinflammation. Most mainstream ALS researchers cannot imagine stress so intense it can overwhelm stress response mechanisms. It is problematic that ALS researchers have little understanding of somaticized stress, and of the general level of stress in the community. Moreover, most researchers are focused on better understanding assumed disease mechanisms and fail to consider the basic principles of functional medicine addressing muscle activity and disuse atrophy. While ALS physicians assume muscle weakness is pathogenic, they generally ignore the natural impact of extended muscle inactivity: “use it or lose it!” The neuropathology of ALS expresses stress and disuse atrophy with neuronal pathways failing at varying rates in a cascading toxicity causing ALS motor neuron degeneration and death.

Although only 10% of ALS is attributed to genetic etiology, the conventional wisdom of ALS research focuses on genetics and correlating specific mutated genes with ALS. But as a classic science adage attests, “correlation does not imply (prove) causation”: mutated genes are correlated with ALS but do not cause ALS. While mutated genes can cause similar problems as chronic stress, researchers cannot find common mutated genes while they have found reduced stress common among Reversals. Twin studies that falsely support a genetic ALS hypothesis fail to consider how identical twins naturally experience similar somaticized stress compared to fraternal twins. Researchers *assume* that ALS is a biological failing and thereby *assume* that mutated genes affecting the function of one or more of the multiple failing neural pathways is causing the failure. Based on the false assumption of biological malfunctioning, researchers began locating families with histories of unusually high incidences of ALS and scanning their DNA looking for problematic gene mutations. In the 1990’s, ALS researchers began identifying familial patterns of mutated genes affecting one of the failing neural pathways and assumed the mutated genes were etiology. During the years since DNA sequencing, researchers have identified nearly one hundred and forty mutated genes associated with a failing neural pathway from the most common genes to progressively less common ones. Unfortunately, correlating mutated genes with ALS symptoms often promotes them in family members through a “self-fulfilling prophecy” based on a natural fear (stress) of the horrific disease. While drugs addressing mutated genes in a failing neural pathway may temporarily strengthen the related pathway and extend life a few months, current drug therapies are not addressing ALS etiology. With

a research focus on genetics, “familial ALS” has become “genetic ALS.”

ALS neural biomarkers can document stress and motor neuron degeneration and death (including bio-fluids documenting neurofilament degradation) but do not identify etiology. ALS genetic research is based on an erroneous assumption of biological failing while unified natural science theory explains ALS symptoms as natural somaticized stress. Natural science theory seeks reductionism: our program explains the unusual simultaneous failure of multiple neural pathways as natural disuse atrophy while conventional research does not address this significant confusion. The six FDA approved ALS drug therapies may assist different neural pathways for an extra month of ALS misery but they do not address etiology. The long history of failures of broadly heralded ALS trials frustrates many researchers with some contending that the bar for successful ALS trials has been lowered in response.<sup>61,62,63</sup> Consistently, EU standards are higher than American standards for the acceptance of ALS drug therapies. Drugs that are considered unusually promising may promote short-term success in promoting hope for a cure especially during initial trials but it is difficult to maintain enthusiasm. Stem cell therapy seemed poised to revolutionize health care, and consistent with our program, initial stem cell therapy for ALS promoted some ALS Reversals.<sup>6,7,8,9</sup> Consistently, mainstream ALS research is now investigating the first treatment targeting a specific mutated gene and there is initial excitement for the treatment. Dr. Bedlack described initial trial results for the SOD1 gene mutation drug Tofersen as “the future of ALS research:” 25% of initial trial participants experienced some symptom reversal.<sup>43-B</sup> Although drug therapies targeting specific genes are now a research focus, there have been few successes and enthusiasm for Tofersen is beginning to wane. “Diagnostic ALS biomarkers” document ALS symptoms but do not identify an underlying biological malfunction.

ALS researchers have created an entire world of complex, disjointed western cultural science upon the false premise of ALS as a biological failing. Without understanding the relationship between the failure of multiple neural pathways, ALS researchers are beginning to advocate that ALS is a multitude of different related diseases.<sup>60-B</sup> In contrast, Natural Science Therapy is comprehensive theory based on broader, pure natural science linked through the homepage. Our program challenges the complexity of ALS research science with a simpler and more reductionist theory — elegant science theory. Our therapy contends that ALS symptoms are somaticized stress reversible through the reduced stress of understanding them as natural rather than ghastly pathological. It Natural Science Therapy explains three categories of ALS muscle problems as natural expressions of stress: muscle tension problems with cramping and twitching, muscle weakness problems (“limb onset” type symptoms), and muscle coordination and movement problems (“bulbar onset” type symptoms). More importantly, our program proposes methods for reversing the symptoms of the three types of ALS muscle problems. Natural Science Therapy advocates that ALS sufferers

should challenge conventional western medical wisdom about ALS with rational thinking and logical deductions about documented ALS Reversals.

### Section Three: Reversing ALS Muscle Tension Problems

ALS research science should follow conventional science protocols with ALS muscle tension problems and investigate Dr. Bedlack's assertion that reduced emotional stress somehow reverses ALS symptoms. Our program advocates that conscious and subconscious stress naturally cause physical muscle fatigue that naturally causes cramping, twitching (fasciculation), and a short range of motion. Medical science understands cramping and twitching as a natural expression of "isotonic muscle fatigue" but "isometric muscle fatigue" from static muscle tension is far less appreciated. Muscles fatigue far more easily from isometric muscle fatigue because of a faster buildup of metabolites (like lactic acid) due to a restricted blood flow. Consistent with a medical science understanding that natural isometric muscle tension following muscle strains hinders recovery, isometric muscle tension from continual stress perpetuates ALS muscle cramping and twitching. Unusually frequent, intense and uncomfortable muscle cramping and twitching express the somaticized stress of natural muscle tension — not malfunctioning biology.

Miserable ALS cramping and twitching muscles express natural muscle fatigue; while heating pads and muscle relaxants may assist, stress reduction should be the primary medical recommendation. Regular hydrating and stretching and full range of motion activity should be additional medical recommendations. Muscles activate upon prompting and relax upon cessation of prompting; consciously judging the condition of a muscle can cause the muscle tension and thereby exasperates muscle tension problems. *Stress naturally causes muscle tension that naturally causes ALS muscle cramping and twitching; they are reversed with stress relief especially from understanding them as natural rather than terrifyingly pathological.*

Among ALS muscle tension problems, hand cramps and tripping are often common and easy to explain as natural from natural muscle tension. Working with hands (including writing, typing and woodworking) while stressed or intensely focused can obscure awareness of the stress-related muscle tension that causes muscle fatigue and related cramping and twitching. Consistent with hand cramps, tripping is another common movement problem that is often easy to explain with naturally tense/tight muscles. As people age and their leg muscles get tighter without stretching and weaker without exercise, the habitual effort to clear obstacles needs readjustment. Instead of identifying tripping from tight and/or aging muscles as symptomatic of a biological disease, it should instead serve as a reminder to "pick up your feet," and stretch and exercise regularly. Natural muscle tension from stress naturally causes hand cramping and tripping.

Eastern medicine better understands the medicinal value of stress reduction (and stretching), and frequently prescribes related treatments. Eastern medicine has advocated *relaxation therapy* in the form of hot baths, meditation and stretching for well over two millenniums. Relaxation therapy includes meditation, yoga, hot baths and spas, sweat lodges and saunas, massages, progressive muscle relaxation and deep breathing techniques, Tai Chi, Qigong, acupuncture and hypnosis. Consistent with eastern medical tradition, relaxation therapy and stretching are therapeutic for muscle tension problems (and general health).

ALS muscle tension problems with cramping and twitching are natural somaticized stress reversible with reduced stress especially from understanding the symptoms as natural. Unfortunately, understanding ALS cramping and twitching as somaticized stress is difficult in a culture that addresses stress as a “mental health” problem separate from physical health. But scientific truth is empowering: our science therapy advocates embracing human rationality to understand ALS as natural and thereby relieve the stress driving symptoms. ALS muscle tension problems with cramping and twitching are natural expressions of stress from isometric muscle fatigue reversed with reduced stress; regular stretching, hydration and relaxation therapy are helpful.

#### Section Four: Reversing ALS Muscle Weakness Problems

Besides pathologizing natural, stress-induced muscle tension problems, ALS diagnoses also pathologize the somaticized stress of ALS muscle weakness problems (consistent with “limb onset ALS”). *Sensing muscle exertion while feeling stressed naturally promotes related/associated feelings of aversion and weakness. Emotional Stress causes negative feelings that are naturally understood (interpreted) as weakness when associated with efforts to activate muscles (and can compound over time).* Emotions affect personal perspectives of the world: stress negatively impacts a world view. Consistent with how moods differ after an unusually exhausting workday compared to following a good night’s sleep, stress colors our perception of our experiences. *Stress is a negative neural distraction during muscular exertion that detracts from the exertion. In contrast to confidence that promotes associated feelings of strength, stress promotes associated feelings of weakness.* The power of stress to affect perception is directly related to the intensity of the stress, and few experiences are as stressful as an ALS diagnosis and related prognosis.

Stress initially causes muscles to produce less power rather than have less capability; unfortunately, it is human nature to “favor” or decrease use of muscles considered diseased. *ALS muscle weakness initially expresses stress but thereafter also expresses the natural weakness of inactive muscles from reduced activity.* All body tissues atrophy from disuse; when ALS sufferers reduce use/activity of muscles considered pathologically weak from ALS, they naturally promote atrophy in muscle

tissue and related messaging motor neurons. ALS research identifies both muscle tissue atrophy and nervous tissue atrophy, and since muscle tissue is otherwise proven healthy, conventional wisdom *assumes* that malfunctioning motor neurons are causing both symptoms. In contrast, Natural Science Therapy contends that ALS is natural somaticized stress and that “ALS neural diagnostic biomarkers” identify expressions of stress and natural nervous tissue atrophy from disuse. Resting ALS weak muscles might have short-term logic to conserve body energy if ALS was a disease like cancer but inactive muscles naturally weaken and atrophy. It is unfortunate that ALS researchers focus on ALS symptoms as pathological while ignoring basic, accepted health care protocols addressing physical inactivity. ALS muscle weakness expresses stress and human nature that reduces activity of muscles considered diseased until the muscles and their related messaging neurons naturally atrophy.

ALS muscle weakness is reversed with reduced stress; it may be assisted by consciously resisting the tendency to rest muscles erroneously considered biologically diseased. It is unfortunate that the fear of pathological ALS muscle weakness naturally promotes decreased muscle usage/activity; creating a counter-response of physical activity is therapeutic. Human rationality should override the natural response of resting muscles considered diseased with a response of physical activity. The main prescription for ALS muscle weakness should be stress reduction but an exercise program may also be helpful. Unfortunately, ALS muscle weakness can cause activity and exercise to feel overwhelmingly difficult because the feelings of weakness or muscle resistance are real regardless of the lack of underlying biological malfunctioning. If it is not increasingly stressful, pushing through with exercise can be valuable consistent with the basic principles of mainstream medicine. Physical therapists generally focus on health problems caused by inactivity and disuse atrophy so they can be valuable assets in establishing support from ALS physicians for habitual exercise programs. ALS doctors generally value exercise for health but worry that exhaustion harms the body’s ability to fight ALS symptoms because they consider ALS a disease like cancer. Physical therapists can be especially valuable in promoting physical activity and safe exercise programs without setbacks while alleviating physician concerns about exhaustion.<sup>64,65,66-A,66-B</sup>

While general health is often “heart health,” symptoms of ALS muscle weakness may be directly addressed with targeted exercises unless they cause additional stress. Conventional ALS research science generally advocates that strengthening exercises are either beneficial for ALS sufferers or not harmful as long as the exercise is not extreme or exhausting (or tears muscles).<sup>64,65,66</sup> Strengthening exercises can be valuable in rebuilding strength in muscles considered pathologically weak, and thereby promote confidence in our program through symptom reversal. Objective evidence of ALS weak muscles becoming stronger should support a therapeutic lack of underlying biological failure regardless of lingering sensations of weakness. If it is not increasingly

stressful, Natural Science Therapy generally advocates strengthening exercises of short exercise “spurts” to rehabilitate weakening ALS muscle groups (starting gradually). An “exercise spurt” is herein defined as exercise lasting only a few seconds after stretching for a few seconds; intensity is less important than frequency. Unless it causes additional stress, our therapy advocates countering frequent thoughts of resting ALS weak muscles with frequent *exercise spurts* to reverse symptoms — to rebuild strength. Physical therapists can alleviate physician concerns about habitual programs of frequent strengthening exercise spurts straining muscles or harming “core body energy.” The principal investigator may also have suggestions that trial participants may consider while promoting physical activity and designing habitual exercise programs supported by their physical therapists.

ALS muscle weakness initially expresses somaticized stress but thereafter also expresses the natural weakness of inactive muscles. When addressing the scourge of ALS, doctors forget the medical science mantra of “use it or lose it.” ALS neuronal biomarkers document stress and disuse atrophy. Unfortunately, associating stress with an area of the body strengthens related neural pathways and thereby naturally reinforces negative perceptions. In our social world, it is difficult to challenge conventional western medical science wisdom and accept the real brain science of stress especially when feeling stressed, but scientific truth is empowering. Natural Science Therapy advocates embracing human rationality to reverse ALS muscle weakness through understanding symptoms as natural somaticized stress rather than terrifyingly pathological. The resulting stress relief will reverse symptoms consistent with documented ALS Reversals experiencing a wide variety of rare, unusual experiences of stress relief and thereby reversing their symptoms. ALS muscle weakness is somaticized stress reservable with reduced stress; being active and exercising (unless it increases stress), relaxation therapy and stretching are helpful.

#### Section Five: Reversing ALS Muscle Coordination and Movement Problems Including Problems with Facial Expressions, Speech and Swallowing

Besides pathologizing natural, stress-induced muscle tension and muscle weakness problems, conventional ALS theory also pathologizes the somaticized stress of ALS muscle problems with movement coordination, facial expressions, speech and swallowing. Some “bulbar onset ALS” symptoms directly express emotional stress with fearful facial expressions considered pathological based on a lack of understanding of stress and its power. Most other bulbar onset ALS symptoms express the power of stress to distract from “normal” speech and swallowing. Stress naturally causes swallowing problems by distracting from the subconscious thinking that produces most swallowing. Swallowing is a predominately subconscious behavior learned during infancy; it is produced with “subconscious intent” or “mindless intent.” Stress distracts

from subconscious thinking that directs coordinated throat muscle movements and thereby causes swallowing problems; people cannot swallow normally with mindfulness. Speech is another behavior that is mostly directed by subconscious thinking through *subconscious intent*; stress is a distraction that causes strained, garbled, slurred, and/or measured speech. Word selection, formation, articulation, and volume all function “normally” through subconscious thinking and function poorly when distracted by stress. Swallowing and most speech are subconscious behaviors; mindfulness cannot promote “normal” swallowing nor fluid speech. Unfortunately, the somaticized stress of ALS facial expression, speech and swallowing problems worsen with the additional stress of being considered terrifyingly pathological. Western medicine does not understand the power of stress to command attention and distract from normal thinking and well-coordinated movement.

Besides problems described as “bulbar onset ALS,” Natural Science Therapy also addresses other ALS coordination and movement problems caused by stress impacting subconscious thinking. *Stress affects behavior by distracting from a subconscious “train of thought” and thereby causing problems with any well-coordinated movement.* Well-coordinated behaviors are directed by subconscious thinking through *mindless intent* without mindfulness about how specific muscles flex to produce specific behaviors.<sup>67</sup> Basic coordinated behaviors including balancing, walking, buttoning clothes, hand writing, and grasping objects are all habitual behaviors produced by subconscious trains of thought that can be distracted and/or interrupted by stress. Balance is an especially subconscious behavior since most neural information about balance is channeled through the limbic system rather than directly into the cerebral cortex. Thus, while falls can cause injuries, they can also cause a fear of falling that causes balance problems from stressful distractions that mindfulness cannot remedy. Moreover, tripping can be a movement problem as well as a tight muscle problem; clearing objects requires coordinated movements that can easily be distracted by stress. Stress also distracts from a normal walking or jogging gait and can distract from completing a stride causing “foot dragging.” Here again, tripping can promote a fear of tripping that distracts from subconscious thinking that produces a normal walking and jogging gait. Consistently, a normal subconscious grip on objects can easily be distracted by stress and cause problems maintaining a grasp. Again consistently, stress about difficulty with common fine hand motor skills (including buttoning clothes) can distract from subconscious thinking and initiate ALS muscle coordination problems. Conversely, great athletic performances of fine motor skills are often described as “unconscious” or based on “muscle memory” referencing subconscious thinking *uninterrupted* by mindfulness. ALS movement and coordination problems are somaticized stress; they express stressful distractions from subconscious thinking that mindfulness cannot remedy.

Well-coordinated movement is relegated to subconscious thinking (intent without mindfulness); mindfulness distracts from well-coordinated movement. ALS sufferers

should promote fluid behavior based on trying to return to *subconscious thinking* — *subconscious intent* rather than mindfulness. Stressful distractions are problematic and should be ignored if possible. ALS sufferers might consider promoting subconscious intent with (safe) “active play”; entertainment can “distract from stressful distractions” for better movement coordination at any activity level. Combining music with movement consistent with abstract dance may also promote *distracting from stressful distractions*. A virtual reality headset may further be valuable in distracting from stress especially the substantial stress of witnessing one’s own pathologized movements. The principal investigator may have helpful suggestions about promoting subconscious intent as well as general ideas about avoiding mindfulness to reduce ALS coordination and movement problems.

Stress commands attention and thereby distracts from normal thinking and well-coordinated behaviors. In a social world that *assumes* stress is a separate “mental health” issue, it can be difficult to understand the hard science (pure natural science) of somaticized stress, but scientific truth is empowering. Our natural science program advocates embracing human rationality and reversing ALS muscle coordination and movement problems with the reduced stress of understanding them as natural rather than ghastly pathological. Understanding ALS coordination and movement problems as natural rather than ghastly pathological will decrease the stress that is distracting thinking and driving symptoms. As stress abates and symptoms lose their connection to the fear of a dreadful fatal disease, more fluid movement will slowly reestablish. Our therapy is consistent with documented ALS Reversals who reestablished normal movement and muscle coordination with stress relief based on a wide variety of unusual personal experiences of reduced stress. ALS coordination and movement problems are somaticized stress reversed with reduced stress; seeking movement through “subconscious intent” and “distracting from stressful distractions” are helpful (as well as relaxation therapy and stretching).

## Conclusion

Natural Science Therapy for ALS explains documented Reversals and methods for duplicating their success by following accepted science theory that focuses on them: “Treasure your exceptions!” Our holistic ALS Reversal program is based on a broader foundation of pure natural science theory. In contrast to western cultural science, our program is based on Unified Natural Science — pure hard science. Unified natural science theory explains ALS symptoms as somaticized stress (and often fear) and documented Reversals as reversing symptoms with reduced stress or fear (“a positive attitude”). Consistent with most health care advice and the advice of most ALS Reversals, Natural Science Therapy advocates a healthy diet regardless of weight loss

(unless some comfort food reduces stress). Stress causes weight loss; the rate of disease progression is a function of the degree of stress from the nightmarish prognosis. ALS research science pathologizes natural expressions of conscious and subconscious stress and natural reactions to pathologized symptoms of stress based solely on symptoms and eliminating *certifiable* diseases.<sup>58-A,58-B</sup> Current “diagnostic ALS biomarkers” are correlated with ALS symptoms but do not prove causation consistent with the old science adage that correlation does not prove causation. In contrast, ALS epidemics prove environmental stress causes symptoms and investigations of documented Reversals evidence reduced stress reversing symptoms. Natural science explains ALS as somaticized stress and Reversals as expressing reduced stress consistent with Dr. Bedlack’s assessment of documented Reversals.

Natural Science Therapy for ALS proposes methods for reversing the three types of stress-induced ALS muscle symptoms: 1) muscle tension problems with cramping and twitching, 2) muscle weakness problems (consistent with limb onset ALS), and 3) muscle coordination and movement problems (consistent with bulbar onset ALS). First, ALS muscle tension problems are reversed with stress relief especially from understanding the symptoms as natural somaticized stress rather than symptoms of a ghastly biological failing; applying pressure to tense muscles, stretching and relaxation therapy are helpful. Second, ALS muscle weakness problems are reversed with stress relief especially from understanding the symptoms as natural somaticized stress; exercising unless it increases stress, relaxation therapy, and stretching are helpful. Third, ALS muscle coordination and movement problems including problems with speech and swallowing are reversed with stress relief especially from understanding them as natural somaticized stress; seeking movement through “subconscious intent” and “distracting from stressful distractions” are helpful (as well as relaxation therapy and stretching). ALS describes the power of stress to fatigue muscles, to make humans feel weak, and to distract from normal thinking and well-coordinated movements. While the neural pathways that associate stress with specific ALS symptoms may become well-established and cause symptoms to linger, symptoms will slowly abate without stress driving them. The three different types of ALS symptoms are somaticized stress affecting muscles; they can be reversed with the reduced stress of understanding them as natural.

Natural Science Therapy for ALS may initially be difficult to understand from within the prevailing western medical science paradigm but accepted science theory implores a focus on Reversals and true natural science theory explains them. Our free, complementary treatment is a comprehensive explanation of ALS and ALS Reversals with suggestions for duplicating Reversals. Considering the unequal misery of ALS, our program will always remain absolutely free. This treatment is based on real science and deserves testing; consistently, this website seeks volunteers who value science, logic, and rational thinking to coach through trials. Since this treatment is solely based on

understanding the science of ALS and ALS Reversals, it is FDA approved by definition. This no-risk treatment is complementary to all other treatments as explained in the protocols link and supports *healthy scientific skepticism* about unconventional therapies through the skepticism link. The principal investigator invites a discussion of this program with ALS sufferers and their physicians, their physical therapists, and their guests. If you are interested in more information about the real science of ALS, ALS Reversals, or this free ALS treatment, please let us know through the contact link.

*Let's pull together and Beat ALS... Now!*

#### References

- 1) Gubitz, A. (January 11, 2023) NIH Investment in ALS Research, *EverythingALS.org*, [https://www.youtube.com/watch?v=zbg6\\_nb094](https://www.youtube.com/watch?v=zbg6_nb094) (A copy of Dr. Gubitz's written response to my Q & A question about ALS Reversals is available upon request)
- 2) Bedlack, Richard (November, 2022). *ALS Reversals: An Update for 2022* (EverythingALS.org lecture), <https://www.youtube.com/watch?v=TKBkx3gJ41Q> (1:22:17 > 1:24:00 Referenced).
- 3) NIH staff (August, 2015). Positive Emotions and Your Health, NIH News in Health, <https://newsinhealth.nih.gov/2015/08/positive-emotions-your-health#:~:text=Research%20has%20found%20a%20link,sugar%20levels%2C%20and%20longer%20life>
- 4) Bedlack, R. (February, 2024). 2024 ALS Reversals Update, EverythingALS.org lecture, <https://www.youtube.com/watch?v=vz44vdFEV-Q> (18:18 > 18:48 Referenced)
- 5) Morgan, Debra (November, 2019). ALS Research Offers Hope for Those Diagnosed with Deadly Disease (Nelda Buss reversal), *WRAL*, <https://www.wral.com/als-research-offers-hope-for-those-diagnosed-with-deadly-disease/18783766/>
- 6) Thiessen, Marc (January, 2017) The Man Who Beat Lou Gehrig's Disease (Ted Harada reversal), *Washington Post*, [https://www.washingtonpost.com/opinions/the-man-who-beat-lou-gehrigs-disease/2017/01/03/5cf898e4-d1b4-11e6-945a-76f69a399dd5\\_story.html](https://www.washingtonpost.com/opinions/the-man-who-beat-lou-gehrigs-disease/2017/01/03/5cf898e4-d1b4-11e6-945a-76f69a399dd5_story.html)
- 7) Gelbfish, Ezriel (July, 2012). Orthodox Rabbi May be First ALS Patient Cured by Israeli Drug (Refoel Shmulevitz reversal), *The Algemeiner*, <https://www.algemeiner.com/2012/07/05/orthodox-rabbi-may-be-first-als-patient-d-by-israeli-drug/>
- 8) Staff article, (August, 2019). Fort Smith Man in ALS Clinical Trial, Symptoms Dramatically Improved, *KARK News*, (Mark Bedwell Reversal), <https://www.kark.com/news/local-news/fort-smith-man-in-als-clinical-trial-symptoms-dramatically-improved/>
- 9) Kapetaneas, John (August 8, 2019). Great Strides in ALS Research 5 years after Ice Bucket Challenge Broke the Internet, *ABC News*, (Thurman Maynard reversal), <https://abcnews.go.com/US/great-strides-als-research-years-ice-bucket-challenge/story?id=64842018>
- 10) Mangelsdorf, Inge (June, 2017). Healing of Amyotrophic Lateral Sclerosis: A Case Report, *NIH*, <https://www.ncbi.nlm.nih.gov/pubmed/28641283>
- 11) Tedone, Vincent, et al. (September, 2015). *The Deanna Protocol: Hope For ALS and other Neurological Conditions* (Deanna Tedone-Gage reversal), Paradis Publishing.
- 12) Manchester, Mark & Healing ALS (2025). Manchester ALS Reversal, *HealingALS.org*. <https://healingals.org/alsreversals/mark-manchester/>
- 13) Shackel, Steven & Healing ALS (2025). Shackel ALS Reversal, *HealingALS.org*. <https://healingals.org/alsreversals/steve-shackel/>
- 14) Sherry, Stephen & Healing ALS (2025). Sherry ALS Reversal, *HealingALS.org*. <https://healingals.org/alsreversals/stephen-sherry/>
- 15) Cherry, Kim & Healing ALS (2025). Cherry ALS Reversal, *HealingALS.org*. <https://healingals.org/alsreversals/kim-cherry-2/>
- 16) Swinnard, Derek & Healing ALS (2025). Derek ALS Reversal, *HealingALS.org*. <https://healingals.org/alsreversals/derek-swinnard/>
- 17) Edney, Eric (May, 2008). *Eric is Winning*, (Eric Edney Reversal), Xlibris Press.
- 18) Smith, R.A. (2024). David Atkinson Story and ALS (David Atkinson reversal), *Barr Products*,

- <http://www.baar.com/atkinson.htm>
- 19-A) Cummins, Cathy & Healing ALS (2025). Cummins ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/cathy-cummins/>
- 19-B) Meehan, M. (July 7, 2024). "I Smoked It, and I Felt the Disease Stop," *Benzinga*,  
<https://www.benzinga.com/markets/cannabis/24/07/39657333/i-smoked-it-and-i-felt-the-disease-stop-floridas-patron-saint-of-medical-marijuana-cathy-jordan->
- 19-C) Brinkerhoff, Ryan & Healing ALS staff (2025) Mitchel ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/ryan-brinkerhoff/>
- 19-D) Unterreiner, Ron & Healing ALS staff (2025) Unterreiner ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/ron-unterreiner/>
- 20) Loyd, Alexander & Ben Johnson, (September 10, 2013). *The Healing Code: 6 Minutes to Heal the Source of Your Health, Success, or Relationship Issue*, Balance. (Ben Johnson reversal)
- 21) Bishop, Steven (February, 2014). Lucky 13!, *ALS Living- the Bishops Perspective* (Steven Bishop reversal), [https://www.youtube.com/watch?v=b\\_GeJFXvX8](https://www.youtube.com/watch?v=b_GeJFXvX8)
- 22) Brown, Joyce & Healing ALS (2025). Brown ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/joyce-brown/>
- 23) Ember, Lazarus & Healing ALS (2025). Ember ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/lazarus-ember/>
- 24) McGowan, Kelli & Healing ALS (2025). McGowan ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/kelli-mcgowan/>
- 25) McCrea, Dawn (2024). *Energy Healing Strategies*, (Dawn McCrea reversal)  
<https://energyhealingstrategies.com/my-healing-journey-through-als-and-back-again/>
- 26) Unterreiner, Ron & Healing ALS (2025). Unterreiner ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/ron-unterreiner/>
- 27-A) McGowan, Kelly & Healing ALS (2025). McGowan ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/kelli-mcgowan/>
- 27-B) Petsu, Lisa & Healing ALS staff (2025) Mitchel ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/lisa-petsu/>
- 28) Blevins, Allison (March, 2018). Obedience Leads to Healing (Richard Daddona reversal), *Assemblies of God*, <https://news.ag.org/News/Obedience-Leads-to-Healing>
- 29) Lovere, McFinn (2019). ALS Reversal McFinn, (with Healing Advocates), (McFinn Lovere reversal),  
[https://www.youtube.com/watch?v=jZKfoFTnx\\_w](https://www.youtube.com/watch?v=jZKfoFTnx_w)
- 30) LaCarter, J.J. (August, 2014). I was Healed from ALS (J.J. LaCarter reversal), *Houston's First Baptist Church*, <https://houstonfirst.org/news-stories/i-was-healed-from-als>
- 31) Yu, He (August, 2014). The Story of an ALS (Lou Gehrig's Disease) Survivor [Wang Zhiyuan reversal], *Minghui*, <http://en.minghui.org/html/articles/2014/8/31/2776p.html>
- 32) White, Ron (June, 2003). Army Major Healed of ALS! (Ron White reversal), *Archive.com*,  
<https://web.archive.org/web/20150302062207/http://www.choicesforliving.com/spirit/part4/alshealing.htm>
- 33) Jetter, Judy (2024). I Was Healed Of ALS (Judy Jetter reversal), *Vineyard USA*,  
<https://vineyardusa.org/library/vineyard-stories-i-was-healed-of-als/>
- 34) Williams, Monique (May, 2017). EXCLUSIVE: Local Pastor Opens Up about ALS Battle (Monique Williams reversal), *WRDW*,  
<http://www.wrdw.com/content/news/The-Real-ALS-Challenge-423728894.html>
- 35) Bustetter, Pete (October, 2022). Wendy Moore: Wrestling Lou Gehrig (Wendy Moore reversal), *CBN*  
<https://www1.cbn.com/700club/wendy-moore-wling-lou-gehrig>
- 36) Mitchel, Todd & Healing ALS (2025) Mitchel ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/todd-mitchell/>
- 37) Jaeger, Donald & Healing ALS (2025). Jaeger ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/donald-jaeger/>
- 38) Vandermyden, Kevin & Healing ALS (2025) Vandermyden ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/kevin-vandermyden/>
- 39-A) Daddona, Richard & Healing ALS (2025). Daddona ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/richard-daddona/>
- 39-B) Myers, Tony & Healing ALS (2025). Myers ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/tony-myers/>
- 39-C) Jaeger, Donald & Healing ALS (2025) Jaeger ALS Reversal, *HealingALS.org*.

- <https://healingals.org/alsreversals/donald-jaeger/>
- 39-D) Mitchel, Todd & Healing ALS staff (2025) Mitchel ALS Reversal, *HealingALS.org*.  
<https://healingals.org/alsreversals/todd-mitchell/>
- 40) McDonald, Evy & Healing Advocates (September, 2017). Despite Evy McDonald's 1980 ALS Diagnosis, She Lives a Normal Life (McDonald ALS Reversal),  
<https://healingals.org/alsreversals/evy-mcdonald/>
- 41) Bedlack, R. (November, 2022). ALS Reversals: An Update for 2022,  
<https://www.youtube.com/watch?v=TKBkx3gJ41Q> (54:30 > 57:40 Referenced).
- 42) Rothstein, Jeff (June, 2020). Journey to Answer ALS with Ed Rapp & Jeff Rothstein, MD PhD, *Answer ALS*, <https://www.youtube.com/watch?v=IqUZQp6RpVk> (1:07:50 > 1:10:40 Referenced)
- 43-A) Gupta, Sneha (October, 2025). ALS Risk Peaks in First 2 Years After Traumatic Brain Injury, *Medscape*, <https://www.medscape.com/viewarticle/als-risk-peaks-first-2-years-after-traumatic-brain-injury-2025a1000rzi?form=fpf>
- 43-B) Bedlack, R. (February, 2024). 2024 ALS Reversals Update, EverythingALS.org lecture,  
<https://www.youtube.com/watch?v=vz44vdFEV-Q> (38:00 > 40:30 Referenced)
- 44) Mayo Clinic Staff, (2024). *Somatic Symptom Disorder*, <https://www.mayoclinic.org/diseases-conditions/somatic-symptom-disorder/symptoms-causes/syc-20377776>
- 45) Elliott, L. A., et al. (2008). "Risk of amyotrophic lateral sclerosis among Vietnam veterans exposed to Agent Orange." *Archives of Neurology*, 65(4), 444–450. DOI: 10.1001/archneuro.2008.25
- 46-A) Levenson, L. (April, 2026) Climbing ALS death rates seen in Finland, not due to aging alone: Study, *ALS News Today*, <https://alsnewstoday.com/news/als-death-rates-finland-nearly-double-past-3-decades-study-finds/>
- 46-B) Garshick, E., et al. (2008). "Amyotrophic lateral sclerosis and baseball: The Yankee Stadium cluster." *Journal of the Neurological Sciences*, 266(1–2), 63–67. DOI: 10.1016/j.jns.2007.08.012
- 47) Weisskopf, M. G., et al. (2009). "Pesticide exposure and risk of amyotrophic lateral sclerosis: A systematic review." *Environmental Health Perspectives*, 117(3), 498–502. DOI: 10.1289/ehp.0800159
- 48) Manera, Umberto (December, 2024). Croplands Proximity Is Associated with Amyotrophic Lateral Sclerosis Incidence and Age at Onset, *European Journal of Neurology*,  
<https://onlinelibrary.wiley.com/doi/10.1111/ene.16464>
- 49) Konkel, Lindsey (December, 2014). Are Algae Blooms Linked to Lou Gehrig's Disease? *Scientific American*, <https://www.scientificamerican.com/article/are-algae-blooms-linked-to-lou-gehrig-s-disease/>
- 50) Lagrange, L. et al. (August, 2021). An Amyotrophic Lateral Sclerosis Hot Spot in the French Alps Associated with Genotoxic Fungi, *NIH*, <https://pubmed.ncbi.nlm.nih.gov/34216974/>
- 51) CBS Staff (January, 2002). Are Toxins at Air Force Base to Blame for Lou Gehrig's Cases? *CBS News*, <https://www.cbsnews.com/news/are-toxins-at-air-force-base-to-blame-for-lou-gehrigs-cases/>
- 52) Tai, Hongfei (August, 2017). Military Service and the Risk of Amyotrophic Lateral Sclerosis: A Meta-Analysis, *NIH*, <https://pubmed.ncbi.nlm.nih.gov/28864407/>
- 53) Beard, John (October, 20). Military Service, Deployments, and Exposures in Relation to Amyotrophic Lateral Sclerosis Etiology and Survival, *NIH*,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4325667/>
- 54) Chio, Adriano (August, 2009). ALS in Italian Professional Soccer Players: The Risk Is Still Present and Could be Soccer-Specific, *NIH*, <https://pubmed.ncbi.nlm.nih.gov/19267274/>
- 55) Garshick, E., et al. (2008). "Amyotrophic lateral sclerosis and baseball: The Yankee Stadium cluster." *Journal of the Neurological Sciences*, 266(1–2), 63–67. DOI: 10.1016/j.jns.2007.08.012
- 56) Nordqvist, Christian (September, 2012). Professional Football Players Have Higher ALS and Alzheimer's Death Risks, *Medical News Today*, <https://www.medicalnewstoday.com/articles/249912>
- 57) Corcia, Philippe (April, 2003). "A Clustering of Conjugal Amyotrophic Lateral Sclerosis in Southeastern France," *NIH*, <https://pubmed.ncbi.nlm.nih.gov/12707069/>
- 58-A) Ajroud-Driss, Senda (March, 2020). Clinical Management for ALS: Diagnosis, Treatment and Clinical Trials, *Les Turner Foundation*,  
<https://www.youtube.com/watch?v=AHv7Mc2cQ-c> (4:05 > 4:52 Referenced)
- 58-B) Schaeffer, M. (April 14, 2025). Improving Timely ALS Diagnosis With the ThinkALS Toolkit, *NeurologyLive*, <https://www.neurologylive.com/view/improving-timely-als-diagnosis-thinkals-toolkit-melody-schaeffer> (0:18 > 1:40 Referenced)
- 59) Kalb, Robert (March, 2020). Overview of ALS: Pathophysiology, Mechanism & Science of Treatment,

- Les Turner ALS Foundation*, <https://www.youtube.com/watch?v=9RIHO6HyPIw> (5:52>6:08 ref.)
- 60-A) Katz, Jonathan (March, 2022). Thoughts on Clinical Trials from the Perspectives of an ALS Center Director, *EverythingALS.org videos*, <https://www.youtube.com/watch?v=FTct-0K80IU> (9:00 > 11:10 Referenced)
- 60-B) Boxe, Agata (October, 2025). Northwestern Researcher is Hoping to Change how ALS is treated, *ALS News Today*,
- 61) Bryson, Steve (August 7, 2023). Neurologists frustrated with ALS treatments now on market: Study, *ALS News Today*, <https://alsnewstoday.com/news/neurologists-frustrated-with-als-treatments-now-on-market-study/>
- 62) Rosenfold, Jeffrey (June 28,2023) Updates in ALS/MND 2023: Challenges and Opportunities, *EverythingALS.org video*, <https://www.youtube.com/watch?v=q2dwBEMaP60&t=1721s>, (24:25 > 28:40 Referenced).
- 63) Lowe, D. (March 8, 2024). An ALS Drug Fails. Again. *Science*, <https://www.science.org/content/blog-post/als-drug-fails-again>
- 64) Meng, L. (September, 2020) *Effects of Exercise in Patients With Amyotrophic Lateral Sclerosis: A Systematic Review and Meta-Analysis*, NIH. <https://pubmed.ncbi.nlm.nih.gov/32452880/>
- 65) Rogers, M. (November, 2019). *ALS and Exercise: What the Science Says*, National Federation of Professional Trainers, <https://www.nfpt.com/blog/als-and-exercise-what-the-science-says>
- 66-A) Greenwood, F. (September, 2020). Exercise and ALS: Some of the Latest Research, *ALS Therapy Development Institute*, <https://www.als.net/news/exercise-and-als-some-of-the-latest-research/>
- 66-B) Burke, K. (March, 2026). Exercises for People Living with ALS, *Mass General Brigham*, <https://www.als.net/news/exercise-and-als-some-of-the-latest-research/>
- 67) Burgoyne, A.P. & Hambrick, D.Z. (August, 2021). Sometimes Mindlessness Is Better Than Mindfulness, *Scientific American*, <https://www.scientificamerican.com/article/sometimes-mindlessness-is-better-than-mindfulness/>.
- 68) Bedlack, Richard (October 15, 2025) Signals from The Outer Limits (Min. 43:30), *EverythingALS.org*, <https://www.youtube.com/watch?v=-J7YghkGGT4>
- 69) Ralls, Eric (October 18, 2025). Study Links These Debilitating Diseases to Where a Person Lives, Upending CDC Research, *Earth.com*, <https://www.earth.com/news/scientists-believe-these-debilitating-diseases-als-ms-are-linked-to-geography/>
- 70) Truong, T. (November 27, 2025) "Grateful for another Thanksgiving, an ALS Patient Reflects on Living with Terminal Disease," *Fox News, New Orleans, LA*, <https://www.fox8live.com/2025/11/28/grateful-another-thanksgiving-an-als-patient-reflects-living-with-terminal-disease/>