

# The Miraculous Vitamin

## (Second Edition)

---



By M.KHIRANI - Student in Naturopathy

---

January the 27<sup>th</sup> 2017

## DEDICATION



To any person who risks sudden disappearance<sup>1</sup>, without warning...

To the soul of the American Scientific Mr Robert P. Heaney<sup>2</sup>, dead on 08/06/2016, and who spent most of his life (more than half a century) seeking for the truth, only the whole truth concerning nutrition and vitamin D. May God bless him.

---

<sup>1</sup> Disappearance means here: death, coma, paralysis, invalidating disease...

<sup>2</sup> Listen to the video presented at Congress (the greatest American institution) in honor of this great man, acknowledgement to his scientific works and service for all humanity [Refv27].

# CONTENTS

## The whole story...(p.3)

- 1- Hospitalization and coma...(p.4)
- 2- First injection of D3 vitamin and coma placebo effect...(p.5)
- 3- An Overview on the placebo effect...(p.5)
- 4- Toxicity threshold of D3 vitamin...(p.7)
- 5- History of massive vitamin injections ( megadoses ) ...(p.9)
- 6- D3 injections Progression ...(p.9)
- 7- Comment on the results ...(p.9)
- 8- Scientific evidence on the effectiveness of D3 vitamin in such cases...(p.10)
- 9- Some eye-witnesses...(p.18)
- 10- The energy existing in the comatose body...(p.18)
- 11- Strategy and action of the immune system beefed up by D3 vitamin...(p.20)
- 12- In which case is D3 vitamin injection of crucial importance...(p.21)
- 13- Precautions and contraindications...(p.22)
- 14- Some scientific concepts to be reviewed...(p.22)
- 15- And what is the NDE exactly? (p.23)
- 16- Yusuf's awakening from a coma and his hemiplegia...(p.25)
- 17- Why are paralysees curable? (p.26)
- 18- Anti-paralysis appropriate diet...(p.26)
- 19- Important Remarks...(p.27)
- 20- Conduct of the anti-paralysis diet...(p.28)
- 21- Comment on the results...(p.28)
- 22- Exercises of rehabilitation...(p.28)
- 23- The table that any doctor should have in his office...(p.29)
- 24- Placebo effect in paralysis treatment...(p.32)
- 25- Sequels after Yusuf's recovery...(p.32)
- 26- The anti-paralysis diet applications...(p.32)
- 27- Causes of Yusuf's disease, and his sudden fall...(p.33)
- 28- What benefits does a state like Algeria gain with the introducing D3 vitamin in hospitals? (p.36)
- 29- The story that Yusuf told us soon after leaving hospital...(p.38)

Conclusion (p.39)

Acknowledgement (p.40)

References (p.42)

Annexes (Supporting documents, table model) (p.52)

## The whole story<sup>3</sup>...

The story of my son (Yusuf) began on June 27<sup>th</sup>, 2015. He got mouth ulcers, which later developed a tonsillitis (sore throat), followed by a continual throwing up. Few days after, he threw-up even water he drank.

I was away at work when my wife alarmingly informed me by phone of his sickness, after several examinations without hospitalization (regardless Yusuf's state, which was not so serious according to the caring doctors: at a private pediatrician's clinic and even in public emergencies clinic). I advised her to carry him to private emergencies clinic. On June 30<sup>th</sup>, she took him to a private physician who owns a clinic for emergency care. It was 11:00 p.m. sharp. The physician administered the weak child 02 local injections, (amoxicillin and Solumedrol) as initial treatment. The following day, Yusuf, our son, woke up with hemiplegia. And that was a shock that stroke all of us. I told my wife not to worry but to calm down, and be positive for the sake of Yusuf, and everything could better next.

He stayed one day under surveillance then we carried him to hospital, because his health grew worse. The caring process at hospital requires a whole procedure, among these radio scanning. I agreed for on the fact but without contrast injection. I wondered if two banal injections were the cause of this misery, a third injection could be surely catastrophic, especially for a child who was getting weaker and weaker, and who needed a lot of water to drink (hard swallowing because of paralysis), and still in need of glucose solution perfusion. Then I remembered Hippocrates' principle. He said: «First do no harm! » And I confirmed it later when I met a friend of mine who lost three of his epileptic children, only by injecting a contrast substance for MRI radio!

Radio scan proved a temporal atrophy, which means in neurology decreased brain size in this area, otherwise a sudden death of neurons [Refd0]. We could even notice that this decline was deeper and affected several underlying neurological structures that control different functions: motor skills, balance, bladder control...

The doctors diagnosed cute infectious encephalitis.

---

<sup>3</sup> All that was mentioned as **shortcomings and indirect critics in this story or study, made no reference to a particular person, or against a particular entity**, but it is in fact general remarks concerning almost all hospitals worldwide, without exception. Intended to attract the attention of decisions makers and doctors at the primary importance of nutrition and vitamins in the significant reduction of mortality and morbidity at hospitals, and also put at hand of the brave physicians (mainly emergency room physicians and resuscitators) an effective tool and a roadmap (derived from ancient Hippocratic medicine, orthomolecular medicine, naturopathy, and placebo effect) to keep their initial good results in first aid, resuscitation and / or overcome any impass (premature death, paralysis, prolonged coma ...) **according of course to scientific research**.

## 1- Hospitalization and coma ...

Later, physicians prescribed an IV antibiotic therapy. Two days after, Yusuf's state grew worse, to the point where he finally fell into coma. According to the doctors his state was serious and could not escape from death. On these terrible conditions I needed to intervene myself to save Yusuf's life. I decided not to leave anything to hazards... but how?

All along the first day of his unconsciousness (coma), I couldn't help thinking of the panacea to save him. Realizing that was my first misfortune in life, and:

- I would intervene for the first time within the ICU (Intensive Care Unit),
- I did not have **enough time**.
- Nor had I the right to error.

For all of these reasons, I implored God The Mighty in that holy month of Ramadan to help me get an exit.

Consulting scientific documents, I came across an article in the Friends section of French site "*masantenaturelle.com*", in which, Dr. Jean-Pierre Demets mentioned the work of a Danish researcher on D3 vitamin, revealing that it can protect lungs and heart from disproportionate response (inflammatory excess) of the immune system. And soon this idea jogged my mind of Yusuf's state, I said why not saving first the child's exhausted vital organs from complications, then we'll see what would happen next.

I discussed for a long time with doctors and most were in favor of injecting him this vitamin, which derives from the sun and proved not harmful. And they even claimed that they used to administer it to newborns.

Finally, the injection of D3 was administered to Yusuf after a 20 minute sun cure<sup>4</sup> following the first day of his coma. That day I got very relaxed and I could have a deep sleep in that night<sup>5</sup>.

### • Important Remark:

This sun cure can be applied, for example, when a window is widely open, the body of the comatose must be wholly or half-naked (slightly-dressed), the temperature in the ward must be low (using the air conditioner if necessary). Preferably sun rays must be vertical from: 10 am to 2 pm, without causing burning to patient's skin. Yet, don't fail covering the flasks of injected drugs so as not to interact with sunrays.

---

<sup>4</sup> This sun cure (**with eye opening of the comatose**, from time to time) is twofold beneficial, first, for the D3 vitamin subcutaneous synthesis by adjusting its serum level, second, for the patient's circadian rhythm regulation (**Reset**) [Refv16], mainly for his fast neuronal curing, hence his awakening.

<sup>5</sup> My mother-in-law asked my wife how could I sleep well, while my son was seriously ill!

## 2- First injection of D3 and coma placebo effect...

Under my request, the first injection was 50,000 IU, in order to be assured of the toxicity level of this vitamin in blood.

A short while after the injection, I whispered in exhausted Yusuf's ear this sentence; so to kindle and enhance the placebo effect (auto-curing psychic power [ Refd1,55,60, Refv13]): «Sandid (this nickname means in Arabic strong and brave man) , now we've injected a missile in your blood , stick tight yourself , you will recover and you'll wake up soon».

Physicians and parents should cooperate closely to boost this remedy because it is of great benefit for awakening a comatose. For instance, we can even begin a therapy from the very 1st day of the coma to stimulate this effect. Moreover, that was what we managed for Yusuf (starting from the 3rd day). However; we had to do this kindly and with great care, especially on organs linked to artificial reanimation equipment, under doctors' supervision. Yet we had to avoid practicing therapy on injured and traumatized organs (for more examples see the next paragraph).

## 3- An Overview on the placebo effect:

3.1. Notion: By definition, 'placebo' is an inert substance (starch, sugar...) which may have therapeutic virtues in individuals who believe receive a drug. This means a customized drug (endo-drug) produced by our brain which can cause real physiological effects [Refv13]!

For example, a placebo against pain naturally activates hormones of endorphins, which have the same physiological effect as the morphine medicine ... free side effects.

This effect can be so powerful that researchers have proved that some drugs, most of the effect which they produce is purely "placebo"!

This is particularly the case of anti-depressants<sup>6</sup> and painkillers...! For anti-depressants, several recent studies published in "JAMA and Lancet" showed that they generally have no more effect than a placebo. [Refd52]

As for painkillers, those recently tested in US clinical trials were only 9% efficient more than placebos [Refd53]. This means that you get about 90% of your relief by placebo effect, and 10% by the chemical pill!

And even in a simulated surgery, the placebo effect can go very far. It can trigger a placebo effect. Thus we can measure the effectiveness even of surgical procedures (usefulness)!

---

<sup>6</sup> Neurologists must take advantage of the scientific research and only prescribe placebos (with good verbal stimulation) as antidepressants to protect patients and their societies (especially in countries where the carrying of arms is legal) from untoward side effects especially of SSRI antidepressants [Refd54] that favor according to investigations and statistics: violence, suicidal spirit, mass crimes...! Or promote outright other effective and highly secure drugs or supplements such as vitamin D3 [Refd56], 5-HTP [Refd57], curcuma[Refd58], ...

3.2. Stimulation: The placebo effect is not only related to taking placebo. It is also related to the confidence that a practitioner can communicate to the patient. Therefore, physicians should not be satisfied merely with passive placebo effect (the effect of the white coat and the box of the drug) to stimulate this great remedy, more must be done especially for critical cases (coma, paralysis, EMI ...) [Refd55, 60].

This means that the stimulation of this effect (active effect) is of great importance in order to achieve good results!

Imagine that according scientific research, large placebo pills have better effect than smaller ones, and the colored placebo pills have greater therapeutic effect than white pills.

So the more the patient is given the impression that he takes a powerful remedy, more the effect is significant. A placebo surgery has better results than a placebo injection, which itself has a greater impact than simpler ingesting pills.

For example in coma<sup>7</sup>, stimulation of the placebo effect can be done according to three (03) Plans:

- ✓ Verbal Plan: physicians<sup>8</sup> should use words that strike the imagination of the patient, impress him and express the strength at the same time, for example make expressions with words such as: miracle, missile, nuclear, atomic bomb, lion, snake, million, Kenworth, TGV ... etc., according to the level of patient education. Say as an example to the patient with a serious tone:
  - Come on, we will inject this medicine (antibiotic, medicine against infection, ...) which is stronger than nuclear, stronger than an atomic bomb ...
  - We will inject this drug that caused millions (or billions) of healings in recovery rooms, there is no doubt that it can awaken and heal this comatose ...
- ✓ Environment plan: Doctor must involve people around the patient in stimulating this effect. For example, instruct nurses and parents to rehabilitation. As telling them (still in front of the patient):
  - Awakening comatose is imminent (very close), go and start rehabilitation for his members ...

Also encourage parents to write and post placards that will increase the patient's confidence on himself and on his treatment, and exhibit it well, for example stick them on the wall.

As in the example of my son, several placards were written by his friends and cousins, namely:

- Sandid, you're a **hero** who never succumbs to disease.
- Sandid, you're **strong** and you must return from far and fight your illness

---

<sup>7</sup> Some people may say: how to stimulate the placebo effect to a comatose while he is unconscious! We tell them that scientific research proves that more and more comatose remain conscious [Refd59]! But for other degrees of consciousness (vegetative state, minimal awareness, locked-in syndrome ...), more we multiply stimulus plans of this effect, more we will have good results!

<sup>8</sup> The stimulation should be made by the physician himself, because in one study, a drug was effective by 75% when given by the physician to patients. The same drug was effective only by 25% of cases, when it was given to patients by a nurse. I invite here readers to guess the effectiveness of this drug if it was given to patients by the door keeper of the clinic!



- Patience, patience Sandid you will be **victorious** soon ...
- ✓ Behavioral Plan: Parents must be optimistic and positive [Refd69], for example in the case of my comatose son, my wife asked me to buy a gandoura for him, I buy two (02)!
- Important Remark: for small Comatose children (infants or newborns), all that we have seen as stimulation should be done in the presence of their mothers, because children respond well to parental behavior according to Dr. André Schlemmer, who said: «the child is like a blotter that impregnates anxiety or confidence from his mother ... ».

#### 4- Toxicity Threshold of D3 Vitamin...

Prior to keeping on with D3 vitamin injections, I recalled that as soon as from the first injection was practiced, the effect got remarkably proven; a light blink was observed when I whispered some words in Yusuf's ear.

Now I faithfully recall what nutritionist Professor Thierry Souccar revealed about the toxicity of D3 vitamin:

«According to literature, it is possible to take up to 10,000 IU / a day over at least 5 months without toxicity. It would probably take between 30,000 and 50,000 IU / a day over a very long period to be intoxicated. Typical D vitamin intoxication due by unwilling intake of hundred thousand, see millions of units, over a longer period, hardly happens».

So, according to this information and some clinical trials [Refd73], we may say that a few hundred thousand or millions of units for few days willingly are bearable, especially for an exhausted being, with a heavy load medication (see paragraph 23).

Now if we set measurements of D vitamin serum daily, we would meet the standards of experts<sup>9</sup> that are:

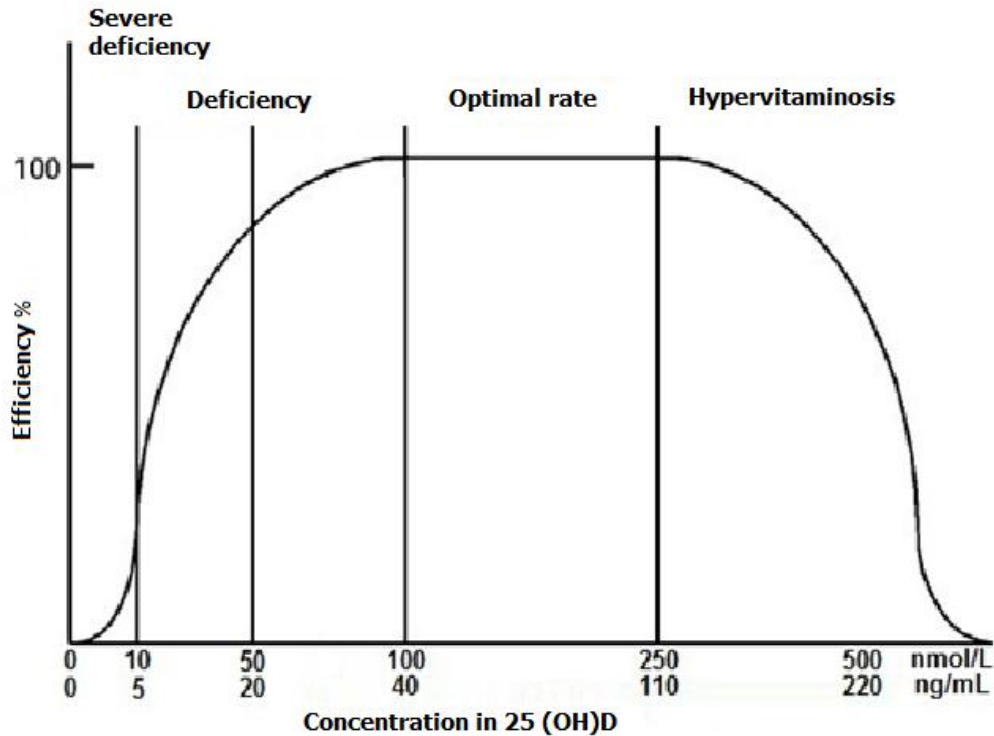
- The level should never be lower than 30 ng / ml ,
- The toxic level<sup>10</sup> is 200 ng / ml,
- The optimal rate for preventing against most diseases is between 40 and 60 ng / ml.
- The optimal rate for curing diseases is between 83 and 130 ng / ml.

---

<sup>9</sup> According to specialists and researchers of the American organization: D \* Action.

<sup>10</sup> The toxicity of this vitamin is difficult to attain, this threshold is hypothetical, since clinical experiments of toxicity are not ethical. I myself significantly exceeded this threshold of toxicity (1066 ng/ml) without the slightest sign of toxicity (vomiting, anorexia, hypercalcemia...)[Refd94]. Nevertheless, in this situation, one should always abstain from taking this vitamin, at least momentarily.





Of course hundreds of thousands or millions of units for a few days would be acceptable but beyond that we would have to score a break of one day and put right dose amounts to less or equal to 50.000 IU, if one hopes to continue with injections, without exceeding the optimal range for curing almost all diseases (83- 130 ng/ml). Also you need to control daily blood rate of D3 vitamin (its pumped form in the blood is calciol) to avoid intoxication.

For comatose pregnant women's case, try to proceed with care, yet we must check serum level of this vitamin daily to avoid exceeding toxic threshold.

- **Important Remark:** This vitamin is highly secure and wonderful. In the literature, it is reported The story of American child Peter [Refd38], who scored a serum level of 1200 ng / ml (6 times the toxicity threshold) during at least 03 weeks, due to an error in labeling and dosing of the vitamin D supplement (daily phenomenal dose of more than 1800,000 IU). He left hospital safely (without sequels) after 02 months of treatment of hypercalcemia. Probably, because this vitamin after all protects strategic organs (heart, brain, lungs, ..) and strengthens the filtration organs (liver, kidneys, ...), nevertheless, we still try to respect the safety standards (see also paragraph 7).

5- History of massive vitamin injections (megadoses) ...

Mr Lunis Paulling, a friend of Mr A. Einstein<sup>11</sup> is the pioneer in mass vitamin injections. He won two Nobel prizes (in biochemistry and for peace). In the 1970s, he daily managed to inject up to 250 gr of C vitamin (a quarter (¼) kg of C vitamin) to desperate cancer patients and succeeded to save 50 % of these misfortunate.

As for Dr. Abraham Hoffer, among other eminent therapists of ortho-molecular medicine, cured depression, schizophrenia and alcohol addicted patients very successfully with massive B3 vitamin prescribed at a rate of 3000 mg / day...

In this way, these types of experience will not stop. Recently, Professor Oncologist Henri Joyeux reported in one of his health bulletins that a doctor could wake up a comatose girl after several days by injecting a massive dose of omega 3... .

6- D3 injections progression...

<u>Day of coma</u>	<u>injected dose in IU</u>	<u>Type of injection</u>	<u>observed movement</u>
Day 1	-	-	deep coma
Day 2	50,000 + 7,000	IM	Light Blink
Day 3	200,000	IM	Random movement of the right arm
Day 4	100,000	IM	Random movement of the right foot
Day 5	200,000	IM	Abrupt movement of the arm and right foot <sup>12</sup>
Day 6 <sup>13</sup>	200,000	IM	Movement of the head
Day 7	200,000	IM	Shaking of the head , arm and foot Rights
Day 8	200,000	IM	Total Awakening with perfect consciousness
<u>total injected</u>			<b>1,157,000 IU</b>

7- Comment on the results ...

D3 Vitamin is a good means for waking up a patient from coma and it is a good breaker to neuronal destruction caused by a cerebral lesion.

Indeed, cerebral lesions differ from others in the human body. When a neuron dies, it can kill other neurons in connection with it by axon or dendrite [Refd2]. Notice, for instance, only in case of stroke (cerebral accident) 2,000,000 neurons die every minute<sup>14</sup>. Therefore curing with antibiotics proves inappropriate for brain-damage; because this therapy can in best cases neutralize the antigen, but still unable to stop the neuronal destruction phenomenon. The only therapy or strategy is to strengthen the immune system capable of stopping this disastrous phenomenon, mainly with a good natural and animal vitamin such as D3 vitamin (see the scientific evidence below). In addition, it removes any

<sup>11</sup> This famous scientist qualified Linus Pauling genius!

<sup>12</sup> And tying them to bed avoiding any unplugged appliances of resuscitation. We note here that the force of the movement, usually indicates **correct healing of the brain** according to neurologists, and **the outstanding (huge) energy** found in the comatose body which doctors are called upon well exploiting to save his life (see paragraph 10 and 11).

<sup>13</sup> That day was of MRI radio with contrast injection , Yusuf's condition got favorable (well hydrated, and well vitaminized)

<sup>14</sup> We can estimate neuronal destruction extent (loss) in Yusuf's brain before D3 vitamin injections, which was approximately 9.96 billion of dead neurons, so about 10 % of damaged brain (calculated according to the length of 03 days and 11 hours)!

antigen (chemical or organic) and cleanses soon the damaged lesions in the brain (phagocytosis of dead neurons and their debris). And, consequently, it stops the neuronal destruction. It immediately transmits signals to neurons or stem cells for treating the damaged tissues (neuronal division or migration of stem cells for proliferation and specialization in adult neurons [Refv1], [Refd2]).

After only few days of D3 injection, CSF (Cerebrospinal fluid) analysis shows a total absence of any antigen.

Now if the immune system remains stand-still or enfeebled by the lack of D3 vitamin (see the scientific evidence below), and with side effects of corticosteroids injection [Refd3], neuronal destruction continues. Then luck would turn away and there would happen a premature death, or a prolonged coma, with a very large damaged area in the brain (considerable paralysis, epilepsy, etc. ...), and that of course for the best cases!

#### 8- Scientific evidence on the effectiveness of D3 vitamin in such cases...

The studies and experiments with D3 vitamin are always tied-up with good effects, even surprising, sometimes!

- The first study: The study comes from America, it is quoted in the journal " *Alternatif Bien Etre* N ° 82" of Doctor Jean- Marc Dupuis [ Refd4 ], according to which a D vitamin deficiency was linked to a growing death risk after hospitalization. The study involved 23,000 patients hospitalized between 1993 and 2010 and concluded that a low level of D vitamin was being associated with a high death rate for 30 days after their admission to hospital, all causes included. Patients who received a very low rate (less than 15 ng / ml) were compared to those of usual levels ( 30 ng / ml) had a higher death risk, rising up to 45 %.

D3 Vitamin is thus a guarantee of health and life insurance , we assert it for sure now <sup>15</sup>.

- The 2nd study : according to the study achieved by three D vitamin specialists - WB Grant, CF Garland and MF Holick - , if only Britain could receive as much sun<sup>16</sup> as Florida , there would be 22,000 saved cancerous patients from real death [ Refd6 ] .

In Algeria and in the other temperate mediterranean countries, comprised in case-calculation, one would reach ultimately millions of lives saved each year only with sunrays.

Indeed , good intakes of D vitamin reduce mortality nearly at most levels.

---

<sup>15</sup> Since 1966, studies on mortality and vitamin D3 have been continuing (more than 30 exhaustive studies), a frequency of about one study for each two years, indicating that this vitamin reduces significantly mortality in hospitals [Refd5].

<sup>16</sup> Muslims, during the pilgrimage term (in the holy places of Islam, Saudi Arabia), when more than two (02) million people gather every year and coming with multiple diseases, they leave safely for home countries without any health alert. The mere reason and according to the above study, these pilgrims perform their rituals with sacred dress (ihram) that uncovers a part of the body exposed to the rays of the sun. Though some people may say it results from the vaccines effect they took prior to the pilgrimage. The answer is simple: vaccines protect in the best case against a limited number of diseases!

According to many scientific researches<sup>17</sup> [Refd71] , we will only name a few below , D vitamin not only plays a major role in bone health as antirachitic (the old belief), but also protects from many diseases including: diabetes, cancer, cold, flu, tuberculosis, cardiovascular diseases , breath diseases, neurological diseases etc ...

For instance, if you go from low deficiency level (less than 10 ng of D vitamin per mL of blood) to optimum level (between 40 and 60 ng / ml) , you get the following effects<sup>18</sup> [Refd7, 83]:

The risks below mentioned would probably decrease as follows:

- heart attack (infarction): 50%
- MS (multiple sclerosis): 80 %
- Hypertension: 78%
- flu : 83%
- fractures and osteoporosis: 50 %
- diabetes type1: 71%
- breast cancer: 83%
- colon cancer: 80%
- leukemia: 50%
- pancreatic cancer, bladder and kidney cancer: from 65 to 75 %
- ovarian cancer: 17 %
- Asthma: 63 %...

All this breakthrough was the result of a simple vitamin , which costs only little money a day!

Now let's examine the subject in more details :

### 8.1. D Vitamin and heart health..

Recent data from the Framingham Heart Study, a long-term study shows that a person whose D vitamin level in blood is below 15 ng / ml is twice more likely to experience heart attack , a stroke or other cardiovascular trouble over the next two years than someone showing recommended levels of 20 ng/ml [Refd30, 89] . This deficiency is associated with major risk factors, such as hypertension, diabetes and stiffening of the left ventricle of the heart and blood vessels. Inflammation is a major factor for heart disease; and it evolves among people with D vitamin deficiency [Refd90].

D Vitamin is not just a vitamin, but a hormone precursor and pre-hormone that plays an important role in regulating heart treatment.

---

<sup>17</sup> There were 48,000 studies related to D vitamin, according to the national library of the United States of Medicine in September 2013. The fact, consequently, allowed the D vitamin to stand among the best known vitamins so far.

<sup>18</sup> The incidence of disease (morbidity) in general decreases from 17 % to 83 %.

## 8.2. D Vitamin and the immune system ...

Some studies on the very D3 vitamin benefit on immunity have been undertaken, here are some of these:

### • Against Tuberculosis:

The study confirms the great success that witnessed Dr. A. Rolliers in 1909 in curing tuberculosis by heliotherapy (therapy by means of sunlight [Refd8]). In the study [Refd26], researcher Robert Modlin and his colleagues reported that D vitamin makes the two aspects of the immune system (the innate and the acquired one) respond and coordinate effectively against tuberculosis bacillus.

The cells of the innate immune response are the front lines of defense against pathogens, these pieces already in place take action at the first sign of infection. The cells of the acquired immune response, on the contrary, develop a specific reaction against aggressor, and the body needs more time to implement it (generating antibodies). Researchers discovered that D vitamin could exhort instantly the T cells of acquired response to release a molecule called *gamma interferon (IFN- $\gamma$ )*, which in turn activates the cells of the innate response (*macrophages*) to attack the bacteria causing the sickness. The macrophages then produce an antimicrobial peptide called cathelicidin. So D vitamin stimulates both aspects of the immune system efficiently and promptly. It means the innate is characterized by inflammation and the acquired one (the specific one) by antibodies. The case we observed with my son Yusuf: the second radio (IRM), after a few days of D3 vitamin injection, shows a plain inflammation whereas the first radio scan did not. The first two results of CRP (a marker of inflammation) clearly approved it too (see attachments). Recognizing that antibiotic therapy Modules enfeeble or even paralyzes (thwarts) the immune system, especially with the corticosteroid (a powerful anti-inflammatory) which it contains.

### • Against cold and flu:

A different study in 2009 confirmed previous results too. That D vitamin plays a major role in immunity stimulus and prevents both cold and flu. Likewise, it increases macrophages activity (white blood cells which digest the antigen) and promotes antimicrobial peptides production and anti-inflammatory cytokines [Refd9].

### • Against all infectious diseases:

Some researchers from the University of Copenhagen (Denmark), also, proved that D Vitamin plays a significant role in exciting the immune defense. Their work was published in "Nature Immunology" [Refd25].

Professor Carsten Geisler and his team showed that the killing cells need D vitamin to take action, and when there is deficiency of the latter in blood they remain latent and inactive. Pr Geisler explained that when a T cell is exposed to a foreign pathogen (antigen), it develops a signaling device or an antenna, as a D vitamin receptor, to seek for this vitamin. This means that the T cells must have D vitamin, otherwise the fact of stimulating the cells will stop. And if there is not enough D vitamin in blood, they will not even begin to mobilize.

The human body defends itself against infectious agents by means of producing a family of substances called AMP with antibiotic properties. More D vitamin in blood means more production of these natural antibiotics.

For instance, to reach the mucous membranes, the influenza virus must penetrate the mucosal barrier (mucus), where the AMPs work by using several mechanisms to defeat the virus. Some AMPs are tackling the membranes of the virus, inflicting them irremediable damages. Some other AMPs are bound to virus protein "H" to prevent it from colonizing the human body healthy cells. Still other AMPs form a second line of defense if the first line was corrupted. Finally AMPs also transmit warning signals to attract white blood cells responsible for destroying and digesting the virus. All these deeds can take place only with adequate blood levels of D3 vitamin.

So the best vaccine<sup>19</sup> to protect our body against all infectious diseases (flu, cold ...) is produced in the body, only by means of providing the raw produce, which is the D3 Vitamin!

And it's not all .....

- Against AIDS and cancer (recent and breakthrough studies!):

- A simple supplementation could cure some prostate cancers and increase the chance of surviving from women's ovarian cancer [Refd10]. In an earlier study, men with low-grade prostate tumors used to take a supplementation of 4000 IU per day: in a period of less than two months, the tumor stopped growing in some cases, whereas in other cases it decreased, or totally disappeared after a year of treatment. Regarding the risks of surgery in this cancer treatment (erectile failure), this supplementation seems essential.

A second study, this time conducted on women's ovarian cancer, showed that more the blood levels of D vitamin were up, more chance had these women for surviving.

- In Cape Town, South Africa<sup>20</sup>, the infection rate of HIV is one of the highest in the world. Hastened to find out the phenomenon causes, researchers tried an intervention on HIV patients [Refd31], some of whom received D vitamin supplementation in winter at a dose of 50,000 IU per week (equivalent to 7000 IU), while some others did not (placebo group). At the end of the experiment, the conclusion was that in the people supplemented, the spread of the virus decreased significantly in comparison with those who received placebo. They also observed a significant increase immune cells in blood<sup>21</sup>. If D vitamin was so effective in Cape Town, it is probably because the latitude of the country does not keep good levels of D vitamin in blood throughout the year, as in France for example.

---

<sup>19</sup> Free from any risks or side effects that may be unfortunate (grave) of conventional vaccines from time to time, according to specialists [Refv2]. And even if health authorities maintain vaccine policy as it is. The adoption of this precious vitamin in hospitals (resuscitation rooms) is vital and represents a safety measure in case of complication due to these vaccines (see paragraph 12)!

<sup>20</sup> The son of Nelson Mandela died because of AIDS.

<sup>21</sup> I invite readers to guess the fate of AIDS patients if researchers continue to administer D3 vitamin for them, knowing that non-spread of virus again means non-contagious disease within time, is an important phase in healing from any contagious disease.

### 8.3. Against inflammatory excess:

D Vitamin plays a defensive role in the cell against an overreaction of the immune system, showed researchers at the University of Copenhagen, their work was published in *Nature Immunology* (see also the American study [Refd11]).

The study, from a new angle of genetics, showed that D vitamin stimulates innate immunity, activating an antimicrobial protein, which among other effects prevents an overreaction of the immune system, and it sometimes happens in case of flu complications or pneumonia.

In these cases specifically, it sometimes arises a disproportionate response of the immune system that will cause inflammatory liquids in the lungs, so it will decrease the ability to receive oxygen and hence, serious respiratory trouble are likely to happen.

Not only D vitamin protects patient from initial infection, but also protects the body from any overreaction, an inflammation that leads to suffocation or bacterial lung infection (the death).

D3 Vitamin can supplant and play perfectly an anti-inflammatory drug role (corticosteroids or some of its kind), which are not for free for the human body, especially in case of a comatose (see below paragraph 23).

### 8.4. D3 Vitamin and coma...

The only interesting study I could find out concerning the coma<sup>22</sup> is a study conducted in the Islamic Republic of Iran [Refd32], consisting of relatively low daily doses of D3 Vitamin (200 IU /Kg body weight) during 5 days only (by example for 100 kg person, this would be 20,000 IU/ day, so a total dose of 100,000 IU). But despite the fact of this small dose, results in the group of patients who received D3 Vitamin revealed remarkable!

Indeed, the study participants were divided in 03 groups, each one comprised 20 comatose patients, with GCS (Glasgow Coma Scale) for all was at an average of about 6.

- One group took progesterone.
- A second took progesterone and D3 vitamin.
- A third group took placebo medication.

---

<sup>22</sup> Researchers and scientists tried about one hundred and thirty (130) drugs to improve the lives of comatose patients, but vainly [Refd32]. Perhaps because the causes of coma prove multiple and complex, whereas the human brain remains a mystery, still inaccessible to science (for lack of mathematical model until now according to researchers). It's so much mysterious that, sometimes, someone receiving a blow on the head (partial dysfunction in brain) can become a genius [Refv14, 15]. And this is clearly shown by the high degree of intelligence of some people with autism or disability, such as: the famous physicist **Stephen Hawking**...!



After a 03 month-period, results were as follows:

	placebo Group <sup>23</sup>	progestérone Group	(Progestérone + Vitamin D3) Group
Recovery rate (%)	25	45	60
Mortality rate (%)	40	20	10
Number of dead	8	4	2

The results are obviously in favor of this vitamin. The only fault in this study is the relatively low total dose of vitamin D3 (about 100,000 IU maximum), which means a barely dose of prevention and not at all a dose of treatment of diseases, so we must absolutely raise this total dose to at least (10x 100,000 IU) to reach quickly the ideal range of disease curing (83-130 ng / ml).

To better understand the beneficial effects of such enhancement, using the example of our study, we will acquire the following results:

- By means of this so-called positive dose, it will shorten enormously and certainly the duration of the study (hospitalization) from 03 months to only a fortnight for almost all comatose patients (one week<sup>24</sup> maximum for the awakening from coma, and about another week maximum as a period of convalescence)!
- We will also minimize further casualties, so we will greatly decrease death rate<sup>25</sup>, firstly because the body of a comatose generally holds a phenomenal energy (see paragraph 10) and secondly Glasgow Coma score (GCS) is 6 (not too alarming), unlike 3 or 4, and even for an enormously damaged brain, this ubiquitous vitamin is a brain repairer (see paragraph 11), and can even transfer brain injury into benign injury, without neuronal destruction phenomenon (glutamate-induced cell death)!
- As for recovery rate, it will be more important and higher as for the same reasons above-mentioned.
- Death rate in the placebo group is very high compared to the group of D3 vitamin, which shows the effectiveness of this vitamin whatever the cause of the coma!

Starting from this last point, I seize the opportunity to make an emergency call to researchers, decision makers and physicians:

<sup>23</sup> The recovery rate in the placebo group (without stimulation) is important (12 saved lives all causes combined), so doctors in collaboration with parents must imperatively well stimulate this forgotten great remedy in hospitals in order to save more lives (see paragraph 3)!

<sup>24</sup> The theoretical calculated duration, equal to 90/10 = 9 days (Awakening + convalescence).

<sup>25</sup> There is a significant low rate in mortality of about 75 %, compared to placebo group. But what result could we get, in the case of good doses of vitamin D3? Certainly, it will be unbelievable!

**The emergency call to researchers, officials and physicians**  
**to save more lives**

Because D3 vitamin is for sure now a guarantee for health and life insurance (see the above study); and in order to deprive comatose patients of this so-called life insurance, researchers are requested – during their studies and clinical experiments on this vitamin in coma case - to proceed as follows :

- Cancell the placebo group.
- Test with good amounts of D3 vitamin and predict a complement for the metabolism of the medication, (if medication is heavy).
- Inject preferably massive doses (50,000 IU or more) and periodically (every 6 or 8 hours) during the first day to reach quickly the ideal range of disease curing (83-130 ng / ml) and, therefore, to shorten greatly the awakening duration.
- Give good stimulation of the placebo effect, especially for comatose whose GCS  $\leq 8$ .
- Compare results only with earlier statistics (Previous months, previous year ...), and draw conclusions towards the end!

I also call for solidarity, unity and cooperation of all: officials, conventional doctors, natural doctors, owners and managers of pharmaceutical firms, researchers, journalists, ... to spreading out this study unto all hospitals, for a work headed by **a senior official, such as a minister or even of higher rank in the country,** to give a big impetus to this study against death and time!

It is with this approach that I strongly hope to see the progress of this scientific study going forward!

And thanks a lot to everybody.

• **Important remarks about this clinical study or trial:**

- This unique experiment in these conditions is not to ponder whether D3 vitamin is effective or not, since this efficiency has now become obvious [Refd71] but merely to assure how many patients can be saved or woken out of one hundred (100) real dead at hospitals? Do these represent only 50, or more? i.e.: 60, 70, 80 or 90 patients...
- And it is quite true and logic yet, as in the first study [Refd4], serum level of D3 vitamin was unintentionally little (limited to 30 ng / ml). Now if we intentionally increase it by injecting (ex. 4x30 ng / ml) for all comatose, easily we get a large percentage of reduction in mortality.
- The first results of the study should only appear after a 03 month period at minimum, because researchers discovered that D3 vitamin proved effective in 19/30 causes of death, which is huge! The remaining cases (11/30) are currently under review. So the more we expand the duration and the number of patients the more we will get good results!
- The D3 vitamin rate targeted in this experiment is not only to complete the nutritional deficiency<sup>26</sup> of this vitamin, if it exists (i.e. to reach 40-60 ng / ml), as most people consider, but also to reach the ideal range, for the treatment of almost all diseases (83-130 ng / ml), so whatever the case is, it is required to plan injecting this vitamin to the comatose patient. Given that supplementation (addition) with this vitamin is always favorable (beneficial) with or without preliminary dosage (Checking the serum level before injection) [Refd68].
- Shots for the first day are periodic and must accumulated at least<sup>27</sup> a value of 600,000 IU, because the effect of D3 vitamin is slow<sup>28</sup>, according to scientific research [Refd61, 62, 63]. Except non-deficient patients who have a preliminary dosage in the range (40-60 ng / ml), for them we opt for one injection per day.
- By precaution a preliminary and daily dosage must be provided for all comatose patients, to monitor closely the rate in blood of D3 vitamin and not exceed the toxicity threshold. In the case of peaks that exceed this toxicity threshold (200 ng/ml), vitamin D3 is highly secure, especially in comatose patients (little or no feeding through enteral route, therefore no risk of hypercalcemia or hypocalciuria from ingested calcium<sup>29</sup>) [Refd73,74].
- In the range (83-130 ng / ml), the healing (recovery) of the comatose is only a matter of a short time, maybe a few minutes (see also paragraph 10)!
- Shots should be continued until the total awakening of the patient<sup>30</sup>. If GOS (Glasgow Outcome Scale) = 2 or 3 or 4, reduce medication to the minimum (maintain only the bare minimum and urgent) and go to anti-paralysis diet (see paragraph 18).
- In the case of deficiency of patients in the intestines or liver or kidney, physicians can inject directly the active form of vitamin D3 (calcitriol).

---

<sup>26</sup> The D3 vitamin deficiency epidemic, yet known as the century epidemic, affects almost everybody without exclusion (About 80% of the world's population), including heads of states [Refd49].

<sup>27</sup> For obese patients and pregnant women, it is necessary to accumulate at least 800.000 IU [Refd75].

<sup>28</sup> It is for this reason that it took more than one week to awake my child Youcef who was very deficient in vitamin D: recurrent vomiting, prostration, stay at home in the shade far from the sun ... (see paragraph 6) .

<sup>29</sup> We can make a dosage of calcium time to time if necessary [Refd94] .

<sup>30</sup> Or of course until the death of the patient. Maintaining an optimal value of vitamin D3 in the body of the comatose is strategic, however it is possible to take breaks if its value exceeds the optimal range (83-130 ng / ml).

- Sample table to be completed by doctors while injecting D3 vitamin:

Bearing in mind old and recent data (undebatable evidence) on D3 vitamin, it is the physicians' professional and ethical sense of duty, and according to Hippocrates' oath<sup>31</sup>, without the least delay, to proceed injecting this vitamin to comatose patients. They can save a greater number of them in the recovery rooms. Fulfill the corresponding table (see appendices at the end of the study) to help researchers in their vital studies and scientific experiments.

9- Some eye-witnesses:

Furthermore, some other witnesses did not miss the scene, such as intensive care doctors<sup>32</sup> who declared that they couldn't realize that our son Yusuf would survive, and among them one doctor who informed us that a similar case happened in Constantine (431 km east of Algiers) where the patient died after few days at hospital...

So the D3 vitamin can effectively stimulate immunity according to scientific researches!

But I would like to say that for a comatose, it can rather beef up immunity!

Why "beef up" is the right word? (See the answer below).

10- The energy existing in the comatose body...

The energy in human body, usually called nervous energy [Refd12], is measured by the difference between the gain and the loss of this energy.

The gain is generally the amount of energy recovered from blood glucose, for example for a comatose it is the sum of the energy received from all possible sources of glucose such as: serum glucose perfusion, subcutaneous fat, glycogen, ... etc. Now for the loss, in general, is the amount of the exhausted energy (consumed) in the functioning of the human body such as: the muscles movement that gives off a lot of heat (great consumer of energy), the functioning of all systems and especially the digestive one (great consumer of energy: excretion of gastric juices, food movement,...etc.), immune system, ... etc. For a comatose, the loss is minor: no movement, no digestion (or minimal digestion only for liquid substances), a significant reduction in brain function (especially in case of induced coma), small body function (cell metabolism)... The only one which remains important is the metabolism and elimination of drugs through the liver and kidneys... So if we calculate the nervous energy in the comatose body, which is the difference between the gain and the loss, we will be amazed by the great energy recovering!

The loss is to minimum when the gain is huge!

---

<sup>31</sup> Or, in accordance with current medical regulation in all countries of the world, whatever the cultures and religions they share. Otherwise, it is urgent to reconsider and reformulate these laws in favour of the patients, human life remains primordial and sacred for ever: Immediate launching of an extraordinary meeting of medical consensus if necessary...!

<sup>32</sup> These doctors were not aware of injections of D3 vitamin, because our child was moved from one service to another.

But why this phenomenal energy is not enough to wake up a comatose?

The answer is simple, another important thing is missing!

To wake up a comatose, we must provide micronutrients biocatalysts or coenzymes to carry out all biochemical reactions in human cells, and these micronutrients are but vitamins<sup>33</sup> [Refd2]. Otherwise, almost all of these biochemical reactions (elimination of antigens, healing, awakening ...) become so slow that they will stop practically!

So no vitamins means no coenzymes or no biocatalysts, which implies directly the lack of biochemical reactions<sup>34</sup>.

Chemical drugs regardless of their effects and types cannot play the role of these micronutrients. Therefore, doctors should envisage imperatively injecting (or ingesting<sup>35</sup>) micronutrients to the maximum [Refd78, 93] such as:

- D3 Vitamin first;
- K Vitamin ;
- Omega-3 ;
- C and B<sub>12</sub> Vitamins ...

And you can even add proteins or amino-acids (trophysan infusion, aminomix 500...) to complete any remained protein deficiencies.

So do not rely only on the physiological glucose solution<sup>36</sup> (empty calories) as main and unique nutrition for comatose, we must also, as mentioned above, plan injection of extra micronutrients (vitamins).

Now let's consider again our question: Why can D3 vitamin beef up the comatose immunity?

The answer becomes easy and simple now, because the immune system, with the presence of D3 vitamin, will be provided with a phenomenal energy! So as a result, we can even do without antibiotic treatment!

---

<sup>33</sup> The term vitamin originates from the word vita, which means life in Latin, **which is vital for human life**. It is for this reason that any deficiency of these vitamins **even of a single vitamin**, if nothing is done, can **cause irrevocably death!**

<sup>34</sup> The human body, with its intelligence, reserves a tiny amount of vitamins to its vital and important physiological functioning (heart beating, breathing, ...)

<sup>35</sup> By nasogastric tube, for example.

<sup>36</sup> Even for energy (heartbeat, breathing, movement ...) or **ATP release** from blood glucose, **it requires a coenzyme, so whatever the situation, you have to provide however more vitamins.**

11- Strategy and action of the immune system<sup>37</sup> beefed up by D3 vitamin:

As we can read on the table below of the inflammatory marker CRP, the immune system after few days of D3 vitamin injection took full control of Yusuf's body. And this is obvious in increasing the value of inflammation barrier which was formed by this system against irritation of any kind of antigen (Viruses, bacteria, toxics, cytotoxic chemical neurotransmitter<sup>38</sup>,...), and then to work quietly in the proper way:

- Removing and neutralizing antigens (toxic, virus...) by phagocytosis and / or lysis.
- Cleansing the area of lesion by phagocytosis of died neurons with their debris.
- Stimulating stem cells for healing damaged brain tissues.

So as a result, we may say that with a beefed up immune system, we can even restore (repair) the human brain!

That is why only after a few days Yusuf woke up; which means that vital areas in brain, such as those of awakening, of consciousness... grew well-repaired<sup>39</sup>, and equally from the results of CSF (Cerebrospinal fluid) analysis, which revealed free from any antigen.

<u>Date</u>	<u>Day</u>	<u>Rate of CRP</u>	<u>State of immune system</u>	<u>Observations</u>
07/02/2015	day one of hospitalization	< 6	Frozen and weakened	Because of lack of water, and the injected corticosteroids.
06/07/2015	few days after D3 injection	32.17	Active and strong	Recovery of control in the brain by the immune system <sup>40</sup> .
20/07/2015	A week before leaving hospital	12	Active and strong	Start of Phagocytosis of inflammation barrier by the immune system to mark the end of its work

Now to better understand what we observed, supposing the opposite case: the immune system remains blocked, frozen and weakened, the human body will develop a security measure after the unsuccessful operation of inflammation, which is a hardening of the nervous tissues (formation of a scar and sclerotic<sup>41</sup> stopper) to replace the destroyed nerve tissues, and always to thwart (not yet neutralized) irritating agents [Refd12]. Of course, this induration layer (stopper) provokes much loss of lot of functions in the affected nerve tissues (paralysis, epilepsy, aphasia...).

<sup>37</sup> Actually, the immune system belongs to a subsystem of glial cells. The latter composes almost half of the brain. It provides its support, maintenance and protection. And D3 vitamin strengthens all glial cells without exception.

<sup>38</sup> Like the effect of excessive glutamate released when a neuron dies, or what we call commonly glutamate-induced cell death.

<sup>39</sup> It is important to note here that we were able to communicate with Yusuf our son, since he woke up from coma using an array of Arabic alphabets (GCS = 15). This proved that the vitamin is a great repairer of the human brain, because, according to neuroscientists, areas of awakening and good consciousness are many and not one, the fact that was unbelievable previously!

<sup>40</sup> Despite the periodic injection of a potent anti-inflammatory drug (corticosteroids).

<sup>41</sup> It is why there are some diseases which called like this, such as: MS, ALS,...

If, despite all efforts, this operation fails, it will unfortunately, by experience, lead to premature death, because the strategic areas of the brain (the most important) will be affected one after the other.

So doctors must absolutely trust in the natural immune system, the one and only good connoisseur of the human body, and especially of the brain which is still a mystery to science. This natural system that saves life from inevitable death can certainly heal all incurable diseases nowadays, such as: AIDS, Ebola, cancer, NCoV...

Hence, Dr. Alexis Carrel was right in the 1930s when he declared<sup>42</sup>:

«...And it is toward researching natural immunity factors that medicine ought to be oriented to from now on...»

To sum-up, we are now in front of **a miraculous vitamin**<sup>43</sup> that can effectively activate or even **beef up immunity** according scientific researches!

#### 12- In which case is D3 vitamin injection of crucial importance...

- Coma at all stages and levels<sup>44</sup>: irreversible coma, vegetative state, Awakening problems, half-awakening...etc.
- Complication of any injection: antibiotic, anti-inflammatory, vaccine, total anesthesia, contrast agent...etc.
- Cerebral lesions: stroke (hemorrhagic or ischemic), traumatic brain injury, cerebral anoxia, encephalitis, meningitis...etc.
- Complication of infectious diseases: influenza, rabies, hepatitis C, Ebola<sup>45</sup>, Aids, Fournier gangrene...etc.
- Complication of a surgical operation: Caesarean<sup>46</sup>, separation of Siamese, high-risk intervention [Refd80]...etc.
- Complication of intoxication: chemical, scorpion envenomation...etc.
- Complication of electrifications: 3<sup>rd</sup> degree burns<sup>46</sup>
- Complication of respiratory and allergic diseases: asthma, pneumonia, bronchitis, pulmonary tuberculosis... etc.
- Complication of an injury: with gunshot, with bladed weapon, gangrene, bed sore<sup>46</sup>...etc.
- All types of cancer (final stage)<sup>47</sup>.
- Just after the official declaration of death: NDE, cardiac arrest, electrocution...etc.

---

<sup>42</sup> According to his famous book: Man the unknown.

<sup>43</sup> This appellation was inspired from a physician who qualified the story of Yusuf as a miracle.

<sup>44</sup> Including cerebral death, vitamin D3 can easily boost brain stem cells, so it can restore (repair) the connection between the brain and the rest of the body. We can even inject omega 3 that can also restore nerve fibers (axons) [Refd36, 37].

<sup>45</sup> Occasionally inject vitamin K to minimize hemorrhages.

<sup>46</sup> If there is a burn or open wound healed poorly, apply (locally) a pure honey bandage on it. Preferably use a dermatological organic (bio) honey ointment (see the work of Professor Bernard Descottes CHU / Limoges [Refd13]).

<sup>47</sup> Minimize medication except antalgics, if the pain is unbearable, and minimize also glucose either from physiological glucose solution or from food, because cancer cells cannot resist to hunger, according to the American searcher Valter Longo [Refv3], [Refd28]. Also plan injection (or ingestion) of vitamin K [Refd14] and magnesium to overcome the problem of hypercalcemia in the case of certain cancers such as: myeloma... (see also paragraph 13).



We noticed that D3 vitamin intervenes in practically all complications, so we can inject this vitamin even at home before getting the patient on the ambulance in all cases!

### 13- Precautions and contraindications...

In Practice, there are no contraindication for D vitamin, since all human cells have a special host (receiver) of such vitamin; that is what researchers proved<sup>48</sup>. So the body really needs this precious vitamin, especially for an exhausted patient in case of coma or at final stage of a serious disease. However, there remain exceptional cases as hypercalcemia and deterioration of renal function (risk of calcification), in these cases we must not deprive the patient from this precious vitamin, try to lower the dose and / or try to solve the problem by injecting more vitamins, for example, inject K vitamin<sup>49</sup>, which is non-toxic and decalcifier, according to scientific research [Refd14], or/and do the extracorporeal dialysis...

- Important Remark: In case of comatose patient allergy to a component of D3 vitamin phial, doctors can use other brand names (other components). Nevertheless, it happens that some people in rare cases develop mild allergic reactions to vitamin D3 itself because of the increased deficiency of magnesium [Refd92]. In this case it is necessary to supply the deficiency of this mineral (by injection or ingestion) and continue injection of this valuable vitamin.

### 14- Some scientific concepts to be reviewed...

In the light of all these new data and information, we can even offer a logical and scientific explanation to the difference between an ischemic stroke (cerebral attack) and a TIA (transient ischemic attack). Why the TIA is always benign, with minor and temporary after-effects, while the real ischemic stroke is always risky, with heavy and serious sequels, despite both cases have the same cause (blood clot)?

The sound difference is that stroke becomes a TIA when it strikes the person in a time when his immune system is strongly activated, which means that there will be no neuronal destruction (dead neurons and its debris phagocytized quickly by immunity, and stem cells can simultaneously and quickly heal and repair the tiny brain injury, see paragraph 7). The stroke becomes real or risky as it hits the person in a time when his immune system is disabled or enfeebled (real phenomenon of neuronal destruction with serious and dramatic consequences), for one reason or another<sup>50</sup>.

Therefore, to protect a patient's heart with high risk of stroke<sup>51</sup>, simply prescribe him daily D3 vitamin [Refd81] (see paragraph 8).

---

<sup>48</sup> It is the work of a french team from the Institute of Genetics - Molecular and Cellular Biology (IGBMC de Strasbourg) [Refd64].

<sup>49</sup> If it is a question of vitamin K1 that has a very short half-life, the injection will be performed every 2 hours, while for the other form of vitamin K (K2: The most effective) that has a half-life which can reach 3 days, we only need a single injection per day.

<sup>50</sup> To be confirmed with more experimental researches: statistics (period of occurrence), analyzes and tests in laboratory (CBC, CRP...).

<sup>51</sup> Including hemorrhagic stroke, because D3 vitamin also protects from hypertension (its 2<sup>nd</sup> cause) [Refd65].

### 15- And what is the NDE exactly...

The NDE or the near-death experience is a temporary death experience, i.e. a patient is declared clinically dead but he can wake up. The first contemporary and courageous scientist who spoke of this strange phenomenon is Dr. Raymond Moody in 1975 [Refv10], despite the medical and scientific sphere objection. And almost thirty years after, researchers and physicians gradually started to realize and confirmed the accuracy of the information evoked by this scientist [Refv11]. Statistics depict that the phenomenon concerns about 4% of the world's population, about 294 million people. Consequently, we must consider it seriously as it could happen anywhere in the world. Nevertheless, before suggesting any solution for these people, let's try a bit to explain this situation scientifically (scientists remain speechless) and in the way of Islamic religion, which admits and interprets the matter since the dawn of time.

For this fact, I refer to the example of the Holy Quran, because firstly this book confirms and attests monotheist religions and their books such as: the Torah, the Gospel, the Bible... and then, Quran contains a phenomenal sum of scientific miracles<sup>52</sup> (see the work of Dr Adnan Oktar [Refd27]).

For example, the Holy Quran states about the spirit or soul: « And they ask you (O Muhammad), about the soul. Say: the Soul is one of the affair of my Lord, and mankind have not been given of science, except a little» 85/17. And that's quite right, despite the accessibility of the body and the technological means, Man still remains unable to unveil all the secrets of the body. The soul is a wonderful creation, even more complex than the body, and its mysteries are very challenging to reveal, and may be inaccessible to human mind.

And a different verse in the Holy Quran says: « GOD takes the souls at the time of their death, and those that do not die (He takes) during their sleep. Then He keeps those for which He has decreed death, and releases the others for a specified term. Indeed in that are signs for people who give thought.» (42/39).

So, according to Islamic religion and even to a scientific research [Refv11], the disembodiment (when the soul is leaving the body) happens in the following cases:

- Sleep: dreams, sleepwalking...
- Some cases of diseases such as epilepsy ...
- Some types of coma.
- Meditation.
- Temporary death (NDE)....

Yet according to recent researches [Refv11], it seems that it is the human body, and specially the brain is nothing, but the soul which actuates the host of our consciousness.

Now there is an urgent question, people who die definitely are among them, NDE experiencer that underwent premature death unintentionally?

---

<sup>52</sup> The scientific miracle that really surprised me concerning Jesus' birth which was in June instead of December according to recent scientific research: The Holy Quran says in one verse: «Then (a voice) called out onto her from beneath her: grieve not! Verily Your Lord has made a stream to flow beneath you, and shake the trunk towards yourself. It will drop first ripe dates. »24-25/19. Bearing in mind that picking up first ripe dates happens only at the start of the summer season (June)in that area of the world. The fact was confirmed by astronomer researchers [Refd29].

Unfortunately the answer is certainly yes!

Simply because as there is no good interpretation for death, right now! And because of our ignorance we can easily cause their definitive death as an example to understand, citing the case of autopsy operations (especially at urgent character) that can damage the noble human organs, the case of organ donation, the morgue (extreme cooling)...etc.

Regarding these facts and some recent researches, any person has to be involved as an NDE experiencer when being declared legally dead, i.e. as alive at least temporarily, and it will be absolutely the minimum we owe to a human being!

Therefore, we must (for example):

- Make autopsy operation at least after 24 hours (not less) in the operating room with the entire arsenal of disinfection, and by skilled personnel (surgeons and forensic doctors ...).
- Postpone and delay organ donation to maximum possible time ...
- Use a temporary cooled room (see below) to preserve the body for hours at least. Bearing in mind that researchers must from now on look for different ways to preserve the human body out of morgue without causing it any damage (extreme cooling).

Now if we assume that the receiver of the soul is the brain or the body in general, we must prepare it for a possible return of this soul. Therefore, there is a great interest to injecting the precious D3 vitamin in the body to mend the injured (damaged) tissues, especially with the continuation of brain activity after death according to research<sup>53</sup> [Refv11], and not forgetting the well stimulation of the placebo effect at the same time.

#### 15.1- But how injecting D3 vitamin for a dead body while everything is at standstill?

And this is a delicate matter because the heart is at rest, blood cannot carry this vitamin, so what to do?

Doctors (cardiologists, neurologists, intensivists,..) must not give up a patient found dead, they must consider direct injection of this valuable vitamin especially in the first place<sup>54</sup> to the heart muscle, like the famous intra-cardiac injection of adrenaline, then if the heart revives, we shall immediately do periodic injections (IM) of D3 vitamin<sup>55</sup> again, and blood will dispatch it to other damaged organs (Brain damage ...) to protect the body from relapses [Refd91] (recurrence of cardiac arrest). If not, keep on directing injections of the vitamin to damaged organs such as at the level of the liver, kidneys, ... Since it exists according to scientific research [Refd64], a specialized receptor of this vitamin in any human cell, which means bringing relief directly to organs without transition via blood circulation, and of course without damaging the body. And finally, we leave the patient to his fate for a good period of 24 hours!

---

<sup>53</sup> Until two weeks according to neuroscientists!

<sup>54</sup> The injection of vitamin D3 must go with any emergency care and resuscitation (cardiac defibrillation, adrenaline injection, CPR, ...) to support the heart muscle against recurrences (cardiac arrest).

<sup>55</sup> Bear in mind that the injection of other valuable vitamins, such as: K vitamin, L-carnitine is also required [Refd14,35,50,51], especially in case of a heart attack, stroke, ... etc.

### 15.2- the placebo effect to a dead body:

This great remedy must be stimulated in one way or another because all of NDE experiencers say they smelled, heard and saw everything:

- Arrange for a special room for NDEs that is well air-conditioned<sup>56</sup>, that we can call for example the room of life, or the room of Dr. Moody (Let us hope him a long living).
- This room must be free from human presence to minimize the nocebo effect [Refd87], which is the opposite of the placebo effect, and equip it for example with high precision security cameras of movement detection<sup>57</sup>.
- During the injection of D3 vitamin, doctors must say for example that they will inject this vitamin to give strength and easily awaken the sick man, as if he is only a bit weak, devitalized or fainted (here there must be a psychic preparation for the physicians outside the room!).
- During the visit of relatives, we should prepare them in advance, and they must bring with them gifts for their patients, such as: favorite meals, lap tops, mobile phones ..., concerning children: balloons, bicycles, dolls...

Of course with these new approaches and procedures while patient in coma, and in case of temporary death, we can easily exceed the bar of 80 % in reducing the mortality rate!

That is to say, in 100 real dead at hospital, we can save up to 80 patients.

### 16- Yusuf Awakening from coma and his hemiplegia...

The awakening of my child from coma was spontaneous. But coincidentally this awakening was marked by the presence of his cousin Sadeddinne whom he likes very much [Refd66], so as a general rule in the awakening of a comatose, use something which he likes much, such as: music<sup>58</sup>, voice of a close friend, spiritual chant.... However this operation should not be violent or furious, for example: don't use painful stimulations because most of comatose hear and probably feel well (see paragraph 29).

How happy we felt for the awakening of Yusuf, but our joy was not complete because he woke up half-paralyzed, that is to say left hemiplegic. But immediately I told my wife, thanks to God, our child is alive and what remains is a matter of time.

Our son is now half-paralyzed with a nasogastric tube for his feeding. A doctor told us that he must be fed through probe only with vegetable stock. I grasped this sentence with great suspicion and told my wife vegetable stock! It's like you are asked to build a skyscraper with cardboard!

In cases of paralysis we must select food rightly. In addition to, we have to bomb the brain lesion with a lot of good nutrients and preferably animal proteins [Refd2].

Hippocrates said: «First, don't harm, and let food be thy medicine and medicine be thy food...»

---

<sup>56</sup> Temperature should be optimal that it preserves the body and at the same time it does not damage it!

<sup>57</sup> I let here doctors and researchers such as German researcher of immortality Klaus Sames, to propose more ideas and the necessary equipment for this famous room, eg. : mechanical apparatus for heart massage, artificial respiration apparatus...

<sup>58</sup> As did the Muslim doctor Avicenna with his patients in the 9<sup>th</sup> century.

Unlikely in what a lot of people believe, the healing of the nervous system is possible and paralyses are simply curable but not through chemical drugs or poor nutrition. Indeed it is for this reason that the paralysis persists, even with great personalities (presidents, Kings, rich...), yet we should not also blame aging<sup>59</sup>! Certainly these great personalities, to whom we always wish prompt recovery, are not in want of neurologists or great professors of Medicine; they only need appropriate nutrition!

#### 17- Why are paralyses curable?

What you should know is that at the time of brain damage, the mature neurons try to divide and heal damaged tissues but their cell division is so slow, even difficult in most of time [Refd2]. Furthermore, according to recent research on stem cells (primary cells), these cells are omnipresent [Refd2, Refv1], this means they are all over in the human body<sup>60</sup>, and can move to the spot of injury and turn into mature neurons, on one condition...

The only condition is to provide these primary cells with right nutrients and essential proteins for multiplication and specialization in adult cells<sup>61</sup> (adult neurons).

#### 18- Anti-paralysis<sup>62</sup> appropriate diet...

After a long search in my scientific document library, especially in Professor Jean-Marc Dupuis' works, I found out the richest and complete liquid food that can heal the nerve tissue, and it is crude Bio egg yolk. This food which allows a single animal cell to become a full chick can surely satisfy our need because through comparison and analogy, this single cell is only like a primary cell stem. On the other hand the bio yolk is rich in nutrients which constitute especially the brain, namely: cholesterol, lecithin, choline, omega3 [Refd88]...etc.

Nevertheless, we must add a good multivitamin and some magnesium and calcium to the diet to make up the loss of vitamins due to medication (see paragraph 23).

---

<sup>59</sup> The paralysis affects all age groups and it is easier to cure an adult than a child according to specialists in medicine!

<sup>60</sup> we have to trust in the human body regarding **in situ culture** of stem cells, because it is **wonderful and extraordinary**. It can even transform one mineral to another under some conditions according to Dr. Louis C. Kervran (1901-1983)!

<sup>61</sup> Normally the big work is done only with D3 vitamin (neuronal healing or healing of the grey matter of the brain), what remains now is the good healing of the white matter (more axonal or interneuronal connections) and this can be easily and efficiently done with good diet and rehabilitation (exercise).

<sup>62</sup> This diet is against paralysis or any handicap of nervous origin: amnesia, aphasia...

<u>Aliment/Nutrimet/ plant</u>	<u>brand/ characteristics</u>	<u>Posology (Dose/day)</u>	<u>Role in neuronal healing and observations</u>
Yolk <sup>63</sup>	Bio	Up to 4 units	Main food for cell growth.
Multivitamin	Solvityl	Up to 2 ts	As Coenzyme and biocatalyst in all biochemical reactions in the body.
Calcium <sup>64</sup>	Calcial	Up to 4 ts	For maintenance of all body and especially the bones, the large reservoir of stem cells [Refv1].
Magnesium	Actimag	Up to 4 ts	For maintenance of all body and especially the bones, the large reservoir of stem cells.
Green tea (with or without mint)	Infusion	1 to 2 cups	After eating at least one hour, to stimulate the brain and cerebral stem cells <sup>65</sup> , and disinfect the digestive tube from any nosocomial bacteria [Refd67].

- ts: table spoon, 1 unit = 1 yolk

#### 19- Important remarks:

- Concerning the egg yolk, it must be fresh and organic (bio), preferably enriched in omega 3.
- Concerning the choice of a good multivitamin<sup>66</sup> [Refd17],[Refv9]:
  - ✓ Avoid vitamin D2 and synthetic E (dl-alpha tocopherol), according to recent research, they are parasitical, otherwise they reduce their corresponding natural levels in the body, namely D3 and natural E (d-alpha tocopherol).
  - ✓ Choose a multivitamin which contains a good intake of D3 vitamin, this precious vitamin<sup>67</sup> must go with patient till complete recovery.
  - ✓ In foreign countries the best multivitamin is the Daily 3®; it contains all the right nutrients (even calcium and magnesium) and ranked first in the world in a comparative study [Refd18].
  - ✓ Avoid multivitamins containing minerals, because the majority of these are inorganic. And according to scientific research these forms are useless (little absorbable in human body) and can even be dangerous.
  - ✓ For Calcium and Magnesium minerals, choose organic minerals [Refd17]. In Algeria all syrups of both minerals are organic, and can be taken safely.
- The Table of the diet is the main dish, you can now add another food: bone stock, goat milk, natural juices...etc.
- Avoid maximum candies: industrial juice, industrial milk ... etc.
- The dosage prescribed is for a child, and it is doubled or trebled to make up for the metabolism and elimination of medication (antibiotic therapy). For an adult we must still increase the dosage, but fractionate it to avoid vomiting.
- 10 minutes before each meal, give a little glass of water to the patient to facilitate intestinal transit and, therefore, avoid patient's constipation.

<sup>63</sup> Even for other diseases such as cardiovascular diseases, egg yolk like all natural and organic fat is beneficial [Refd15, 16].

<sup>64</sup> In case of hypercalcemia or hypercalciuria, cancel this mineral or replace it with K vitamin [Refd35].

<sup>65</sup> Green tea and vitamin D3 are great stimulants of stem cells [Refd34].

<sup>66</sup> Always in the case of multivitamin syrup, shake the bottle before use.

<sup>67</sup> We can even add it separately to achieve a daily dose of 8000 IU, in order to optimize the anti-paralysis diet.

20- Conduct of the anti paralysis diet<sup>68</sup>:

<u>Day of hospitalization</u>	<u>Observations</u>
Day 9 to day 17	No noticeable improvement
Day 18	Removal of the urinary catheter following the request of my son Yusuf.
Day 19	Easy head movement
Day 20	Beginning of language recovery (1st word)
Day 21	left arm movement
Day 22	Left leg movement
Day 23 to day 24	Complete recovery of language, rehabilitation to sit and stand, and removal of the nasogastric tube (positive test of swallowing )
Day 25	Walk rehabilitation
Day 26	Day of leave

21- Comment on the results:

- We must show much patience in order to achieve good results and because of billion damaged cells.
- From the 18<sup>th</sup> day, we noticed a significant improvement, and it coincides with the reduction of the dose of antibiotic therapy<sup>69</sup>, and it is quite normal because these medicaments engulf many vitamins in its metabolism and elimination from the body [Refd2] (see paragraph 23).

22- Exercises of Rehabilitation...

Rehabilitation [Refd19] is still necessary to excite paralyzed organs. For a child who always supposed to be active, simply direct him to action games to join the useful to the pleasure. For instance, in the case of Yusuf, I firstly bought him a walking frame and we went to the beach to training him on balance, also we rented a house on the 2nd floor to training him on the up and downstairs. You can use likewise a good book on rehabilitation, physical therapy or physiotherapy. Personally I chose the book of: Fitness Therapy, of Kate Sheehy. It is a simple practical handbook. It needs no special equipment for rehabilitation, only simple things, such as: a pillow, a mattress, a chair...

<sup>68</sup> If there is an infant or newborn, this anti-paralysis diet should be taken by his mother and he only gets her milk through the nasogastric tube.

<sup>69</sup> This antibiotic treatment started about 03 days before the coma.



### 23- The table that any doctor should have in his office ...

This table is very important, especially in the case of comatose and paralyzed patient, which I decided to quote completely with some additions. It is extracted from the medical encyclopedia "Drug-Induced Nutrient Depletion Handbook", Pelton and LaValle dating 2001.

As it can be seen in this table (see below), chemical drugs can greatly make the human body deficient, especially in critical cases, such as coma (a frontier between life and death), and paralysis which needs a lot of vitamins.

So we draw doctors' attention to the big effect of antibiotic therapy on the human body vitamin reserves. It has really a heavy charge (this therapy can go up to several IV injections every 6 or 8 hours, including corticosteroids for at least 21 days)!

Now, if taking this heavy medication continues, without injecting vitamins, **it can compromise the comatose's life**<sup>70</sup>, because the basic metabolism (heart beat, respiration,...) will stop functioning within time due to **possible exhaustion** of all vitamins of the human body in the metabolism and elimination of these drugs (see also paragraph 10)!

**So doctors must always keep in the body of a comatose a safety stock of these precious vitamins (essential to human life)!**

Let's have another example for good comprehension of this important table, heart medications, such as antihypertensives (beta-blockers, diuretics...) and cholesterol-lowering<sup>71</sup> drugs (statins) overall reduce blood pressure and cholesterol at short-term, but also reduce the rate of coenzyme Q10 in the body. The latter is responsible, among other functions, for the maintenance of the arteries in the body. In case of deficiency of this coenzyme, arteries get clogged easily and cause serious heart problems: hypertension, heart attack, stroke, heart arrest...

So these heart drugs, without adding this Q10 coenzyme, indirectly, do not reduce the pressure and do not protect night heart attacks, and it is for this reason that many heart patients die, with drugs bags at hand, which are normally supposed to prevent these attacks!

Therefore, cardiologists must be prudent and proceed as follows:

- At least prescribing these drugs together with Q10 coenzyme<sup>72</sup>.
- Or prescribe these drugs temporarily and complete the treatment with only a good diet such as the Mediterranean<sup>73</sup> diet [Refd48] and a moderate sport practice (sport that slightly increases heart beating: 5 to 10 minutes, 1 Day / 2).
- Or rather return entirely and only to vitamins or supplements<sup>74</sup> that can maintain the entire cardiovascular system, such as garlic [Refd47], Omega 3, Q10 coenzyme, C vitamin [Refd86], D3 vitamin, the magnesium, sunlight...

---

<sup>70</sup> Or any patient who cannot eat

<sup>71</sup> For high cholesterol, you can take sun bath to transform subcutaneous cholesterol into vitamin D, or just take one apple every day [Refd41]!

<sup>72</sup> Many American doctors militate for over 10 years for the fact that taking CoQ10 becomes compulsory with statins [Refd42]!

<sup>73</sup> Or adopting a DASH diet characterized by the principle: eat more fruit and vegetables (raw and preferably fresh), more blood pressure lowers down [Refd43].

In all cases, doctors demand to their patients to maintain the table of their blood pressure to concretely check the effectiveness of each of the selection above!

All that we have seen, is also valid for the famous Glucophage or Metformin, diabetologists should prescribe this drug together with Q10 coenzyme to protect their patients from serious long-term heart trouble<sup>75</sup>. And so on for the other drugs, you must always remember to fill nutritional deficiencies for better safety and efficiency of these drugs<sup>76</sup>.

---

<sup>74</sup> Garlic, C vitamin [Refd44], D3 vitamin [Refd65], magnesium [Refd45], coenzyme Q10 [Refd46], sunlight[Refd70], are good antihypertensives together or separately according to scientific research. Also provide a diet rich in fruit and vegetables (raw), with no salt and practice moderate sport.

<sup>75</sup> And from equally other serious health problems (cardiovascular or other) that may lead to amputation of limbs, blindness and kidney failure ... because this valuable vitamin (Q10) also helps control blood glucose (double protection) [Refd76].

<sup>76</sup> Pharmaceutical firms can easily keep up with scientific research on vitamins: they can manufacture directly multivitamin drugs (active substance + reduced nutrients) and therefore avoid all trouble either for consumers or even economic for them (for these firms) within time...

Drug Category	Reduced Nutrients
ACE inhibitors (cardiovascular diseases): Lopirin®, Sanef®	Zinc, sodium
Antibiotics: Penicillin, erythromycin	Calcium, magnesium, potassium, vitamin K, intestinal flora
Benzodiazépines (against anxiety) : Valium, Xanax	Melatonin
Beta-blockers: (for heart disease)	Coenzyme Q10, melatonin
Birth control pill	Folic acid, vitamins B1, B2, B3, B6, B12, C, zinc, selenium and trace minerals
Bronchodilators (for asthma and respiratory problems): Ventolin, Serevent	Potassium
Calcium inhibitors (for heart disease)	Potassium
Drugs against diabetes: Glucophage, Stagid® and its generics	Vitamins B12 and B6, folic acid, coenzyme Q10, zinc, magnesium, potassium
Oestrogens: Premarin, Prempro	Vitamin B6
Nonsteroidal anti-inflammatory drugs: ibuprofen, naproxen,	Folic acid, iron, vitamin C, B6
Nonsteroidal anti-inflammatory drugs: aspirin <sup>77</sup>	Folic acid, iron, vitamin C, potassium, sodium
Analgesic and antipyretic: paracetamol <sup>77</sup>	glutathione
Potassium-sparing diuretics: Aldactone, Soludactone	Folic acid, iron, vitamin C, zinc
SSRI antidepressant drugs: Prozac, paroxetine	Folic acid, Melatonin
Statins (cholesterol lowering): Zocor, Lipitor	Coenzyme Q10
Thiazide diuretics: hydrochlorothiazide (Esidrex)	Magnesium, coenzyme Q10, potassium, sodium, zinc, vitamin B6 and vitamin C.
Anti-ulcer drugs (H2 blocker)	Vitamin B12, vitamin D, calcium, iron, zinc, folic acid.
Steroidal anti-inflammatory <sup>77</sup> (or corticosteroids): Solumedrol, prednisone....	calcium, magnesium, folic acid (vitamin B9), potassium, selenium, vitamin C and vitamin D.

<sup>77</sup> These hint lines are supplementary according to scientific research, so imperatively physicians should always keep up to date the table above, because it is incomplete and obsolete (2001).

#### 24- placebo effect in paralysis treatment...

In the case of Yusuf, I boosted this effect [Refd1] by offering him a soccer ball (SELECT), and told him: "Sandid, you'll play with the ball very soon". Since Yusuf is a football passionate, and automatically I noticed a big smile on his lips!

So doctors and parents together will choose an active passion or recreation that makes the paralyzed organs restarting (moving on), for example buying a bicycle for him is another choice...

#### 25- Sequels after Yusuf's recovery...

When he left hospital, the only sequels with our child were insignificant<sup>78</sup>: a slight squint on the left eye and a slight limping on left foot. The fact is quite usual because the left side missing exercise (tonicity) and rehabilitation to arrive in terms of right side. But almost a month later, these sequels were resorbed and the recovery got perfect.

#### 26- The anti-paralysis diet applications ...

##### 26.1. Neurological diseases:

The diet is prescribed for all nerve lesions (brain, spinal cord...), so it can be very useful for most neurological diseases namely:

- ✓ paralysis of nervous origin
- ✓ Parkinson<sup>79</sup>
- ✓ Alzheimer<sup>79</sup>
- ✓ Myasthenia
- ✓ Autism<sup>79</sup>
- ✓ Depression
- ✓ Epilepsy
- ✓ Multiple sclerosis (MS)
- ✓ Amyotrophic lateral sclerosis (ALS)
- ✓ Poliomyelitis...

##### 26.2. Neurosurgery :

Without missing its capital usefulness, after any surgical operation on the nervous system, the diet can simply minimize or even avoid handicaps (sequels), as in the case, for example, of:

- ✓ Spina bifida
- ✓ Brain tumor...

---

<sup>78</sup> After a cure of vitamin D3, always we expect little sequels that will be resorbed easily later, because as we saw before this vitamin can properly restore the nervous system.

<sup>79</sup> In these diseases we must add to the cure an Ultrabiotic, for healing bowels (the second brain), according to researchers [Refv6, 7]. Notice again that I witnessed with my proper eyes a healing of an autistic child and a parkinsonian (at 80%) with this anti-paralysis diet within only few weeks.

26.3. A word to the brain damaged and brain injured patients...

To these patients, do not worry about this behavior disorder, which is usually provisional and temporal, the human brain is still plastic [Refv4] and waiting for good nutrients to recover. So, we immediately resume anti-paralysis diet<sup>80</sup>, based on the yolk and a good multivitamin. For the latter we can choose the best, which is the Daily 3<sup>®</sup> and we add an ultrabiotic to treat bowels lesions <sup>81</sup>[Refv6, 7] caused by antibiotic treatment (in hospital or during the entire patient’s life). But for sure with condition that there will be re-education at the same time.

To these patients we repeat the table below with simplification, like this:

<u>Aliment/Nutrient</u>	<u>brand/ caractéristiques</u>	<u>Posology (Dose/day)</u>	<u>Observations</u>
yolk	Bio	Up to 4	
Multivitamin	Daily 3 <sup>®</sup>	-	Follow the manufacturer's recommendations
Ultrabiotic	Nutrisante	-	Choose a supplement capsule which contains at least 4 billion bacteria and follow the manufacturer's recommendations

Also, to complete this cure, we must add music as brain stimulus, especially Mozart’s one (see professor Alfred Tomatis’ and Dr. Jean-Pierre Demets’ works [Refv5, Refd20 and 21]).

27- Causes of Yusuf’s disease and his sudden fall ...

The fact that urged me to finding the real causes of this tragic experience is John Greeve’s documentary, the brilliant detective at Scotland Yard about the cause of Alexander the Great’s death. The presumed prophet Dhu Alquarnain<sup>82</sup>, according to Islamic Religion and to some German historians [Refv8]. I wonder how this detective (officer) from Scotland Yard could reveal all the truth of this great historical personality’s death who lived about 300 years BC. when I still ignore Yusuf’s sickness causes, who was bedridden in front of me; that proved unbearable!

So I started a thorough research...

After a meticulous analysis of the chain of Yusuf’s diseases (ulcer, sorethroat and tonsillitis and may be gastritis), I discovered that he did not overcome his disease because of the air conditioner in his bedroom, he used to sit in front of it during the night as he likes coolness, and scientifically stated, mucous membranes of the mouth and throat dry out, and inflammation is easily installed accordingly, simply because the mucus on the mucous membranes is a defensive layer of the body against viruses and harmful bacteria [Refd2]. So, sorethroat and tonsillitis (that can cause vomiting with effect of

<sup>80</sup> To optimize this meal, we can even enhance D vitamin separately, to achieve a good amount of it, for example: 8000 IU.

<sup>81</sup> We can even in the worst cases, transplant the intestinal flora (faecal microbiota) from a healthy person to the patient, see the work of Professor Thomas Borody [Refd23]. Always remember that the french psychiatrist Philippe Pinel (1745-1828), father of modern psychiatry, concluded in 1807 that: «The seat of madness is commonly found in the stomach and intestines...»

<sup>82</sup> There are scholars who believe that Dhu Alkamayn is not Alexander the Great, it may probably be another Persian king, according to the Torah, because erudite Jews of the time, in fact, knew well the story of that great man and requested his story to the prophet of Islam Muhammad (peace be upon Him).

bulging like a finger in the mouth for some sensitive individuals, the case for my son Yusuf), with dried mucous that could no longer heal, and over time caused the weakening of the body and rapid dehydration, especially in the summer season.

Now for his sudden fall (paralysis)<sup>83</sup>, I checked before if there was any hematoma or injury on his head, fortunately there was not. Consequently, brain damage due to head injury was excluded. For the hypothesis of a stroke, it rarely affects children and radio scan did not show that, so it was ruled out too.

The probability of injections which he took remains now, aware of the fact that Yusuf, a short while after these injections, felt according to what he said to his mother, as if a vessel burst in his head. And the human body that Mighty God offered us never lies!

Antibiotics rarely cause problems for the patient (unless he is allergic to penicillin, which is not in the case of Yusuf). Now the only remaining injection to examine is corticosteroids (Solumedrol), cortisone - a synthetic hormone.

The hypothesis of corticosteroids or rather injections was absolutely rejected by doctors, saying that they prescribe these 02 injections in many cases to patients without any discomfort. And that is right to a large extent, but there is one thing which I could not tell them about it in the stream of events. That is Yusuf's conditions were not ordinary and not favorable at all. A weak child, forceless, thirsty and dehydrated like Yusuf cannot put up with such injections.

Furthermore, most synthetic hormones namely: corticosteroids, EPO, progesterone, anabolic steroids ..., are harmful to human beings, especially to sportsmen (heart arrest, brain damage, hepatic lesions, paralysis, sudden death, serious mental disorders...), and sport doctors know well the fact. Worse still, disorder can move to person's progeniture, not only coming from woman but also from man!

We can even quote the famous testimony of the doctor of the Tour de France from 1970 to 1981 Dr MISEREZ Philippe, who said: "All people are aware of the physiological disasters that may cause doping and especially the abuse<sup>84</sup> of corticosteroids. This fact does not affect them. A bedridden future or peopled by crutches and wheelchairs does not frighten them. "Le Figaro, July 23<sup>rd</sup> 1979. Nevertheless, Yusuf was not a professional sportsman, so what is the link between him... and sportsmen?

If there is a link between my child and sportsmen in full competition<sup>85</sup>, it can only be the enormous lack of water. This lack can first hinder all body organs functioning; especially the liver (the large human body filter) and the blood-brain barrier (BBB), which is a protective filter for the brain. Moreover, the lack of water can affect even blood and increase drug products concentration (exceeding the toxicity threshold) and also the value of viral load in blood considerably, which means allowing them to cross easily the blood-brain barrier (BBB), and therefore irritating the brain:

---

<sup>83</sup> Some doctors evoked a meningo-encephalitis resulting from an oral infection of Herpes virus, this probability does not stand because Yusuf did not show severe symptoms before drug injections but important weakness and vomiting. Moreover, the caring physicians denied even his admission to hospital at first (these were a private pediatrician and public emergency services)!

<sup>84</sup> The abuse here scientifically means exceeding the threshold of toxicity in the human body.

<sup>85</sup> The enormous lack of water for sportsmen is due to excessive sweating in full competition!

- Cerebral atrophy in left temporal, which means sudden death of neurons in this area [Refd95, 96].

Notice that first the immune system did not respond in Yusuf's body (no inflammation on the radio scanning), it remained frozen, paralyzed or weakened by both lack of water and cortisone injection (Solumedrol). This fact was confirmed with the analysis of the first inflammation marker CRP (see attachments). Then, a few days after, atrophy regained more area on the brain and steadily Yusuf fell in a deep coma.

However, with vitamin D3 injections that crossed the blood-brain barrier (BBB) easily for it is a fat-soluble substance and with the disposal of water (physiological glucose solution), the immune system regained activity with strength, and neutralized all antigens either organic or toxic: phagocytosis of toxic (drugs or other), eliminations and lysis of virus... etc., and caused:

- Brain stem inflammation (encephalitis), which is a healthy and natural physiological phenomenon caused by the immune system for brain protection against aggression (viral or toxic one) and in order to working quietly in the best way<sup>86</sup> [Refd2].

Notice also that brain atrophy did not appear on the 2<sup>nd</sup> radio (MRI) for the same reason mentioned previously (full control of the situation by the immune system).

Now, if these injections (Amoxicillin and Solumedrol) were performed in the usual way, which respects the order and the safety precautions, namely: the physiological serum glucose solution first, and after some time injecting the different drugs, the problem would not have occurred and we would not have endured all this suffering!

So for physicians and especially private physicians who establish private emergency clinics, they must always keep in mind that drug is a poison<sup>87</sup>, it must be prescribed with a lot of caution and care!

Same thing for radiologists, before injecting contrast products they make sure that the patient is not lacking water (visual examination of the patient, paralysis or not of swallowing muscles, presence of weakness or not, rejection of water or not, dehydration or not ...), of course such cases are extremely rare but they are likely to happen!

Now for scientific research, may corticosteroids irritate the brain and cause inflammation? In some circumstances the answer is unfortunately affirmative, according to an experiment on rats! Though it is expected to cause a reverse effect<sup>88</sup> (anti-inflammatory effect) [Refd22]!

---

<sup>86</sup> Notice that this inflammation barrier has been cleared (phagocytosed) after by the immune system itself to mark the beginning of the end of its work (the full healing), see attachments for the final analysis of CRP.

<sup>87</sup> And it is the dose that makes the poison as they say in pharmacology (see page 14 in [Refd24]).

<sup>88</sup> To reduce the risk or why not having **zero risk**, pharmaceutical firms must work closely with researchers on vitamins, especially on the valuable vitamin D3, to make safer and more effective their drugs (see paragraph 23).



28- What benefits does a state like Algeria gain<sup>89</sup> with the introducing of D3 vitamin in hospitals?

I faithfully report what Professor Bernard Salle, member of the French Academy of Medicine, stated about D vitamin:

"A sufficient quantity of D vitamin would reduce by 30 % the cost of a fracture of the femoral neck: 7,683€ for an average hospital stay of 15 days, exempted the time for rehabilitation and inherent comorbidity with this pathology, multiplied by the 80,000 cases reported on average each year in France. In aged patients cases, it would also avoid costly complications of winter flu. Similarly, from 2.4 to 6 billion euros due to 50,000 cases of nosocomial infections, including 4,200 direct casualties could be spared.

Finally, in prevention of the long and costly affections and to hold back chronic diseases endemic to happen [Refd82], social insurance should think now of D vitamin as a substantial source of savings. D Vitamin is already paid off, and even at higher doses, so it is not this vitamin with low price which digs the hole of the social Security...»

Consequently, according to the related literature and with a policy to introduce D3 vitamin in hospital care (Preventive or curative), a country like Algeria will save lives and money, namely:

- A significant reduction in mortality in hospitals and reduction of all expenses that follow: death benefits, long hospitalization stays...
- A significant reduction in complications: release of emergency rooms, fewer hospital expenses...
- A significant reduction in length of hospital stay [Refd79] especially for chronic diseases: fewer burdens...
- A significant reduction in medication especially for chronic diseases: saving money for the National Health Insurance Fund.
- A significant reduction in vaccines: one low cost vitamin would be sufficient for almost all diseases (preventive side)<sup>90</sup>.
- Reduction of medical imaging and early detection of diseases because of the large prevention<sup>91</sup> imposed by this precious vitamin.
- A significant reduction in costs due to sequel of brain lesion: less specialized centers and social aid to disabled....
- Less neurosurgical operations<sup>92</sup> because with D3 vitamin, nerve lesion can turn into one common lesion (without neuronal destruction) which will be easy to cure: less expenses, availability of operating rooms...
- A significant reduction in lawsuits [Refd77] due to derailing of the medication, further to medical errors [Refd85] or untoward side effects (easy correction and recovery of

---

<sup>89</sup> Till now, we mentioned here only the direct consequences of this vitamin, we promulgate the indirect ones on another occasion, and these are several such as: longevity with good health, significant reduction of health alerts, less criminality, more political stability, less pollution, less natural disasters...etc.

<sup>90</sup> We can even train and encourage people through the media to take reasonable sun cures, especially for schoolchildren (see paragraph 8)!

<sup>91</sup> see the emergency call launched by 48 scientists and researchers worldwide [Refd33], for the adoption of D3 vitamin in public health, and enhancing its daily amount

<sup>92</sup> At what point, there is still a work between the neurosurgeons and researchers.

the patient's health condition with this magic vitamin): less indemnity and financial indemnification....

- Limiting the spread of contagious and transmissible diseases<sup>93</sup>, especially during a natural disaster and reduction of all expenses that follow.
- Less economic damage due to avoidance to traveling in countries affected by dangerous and contagious diseases such as: AIDS, Ebola, Zika ...
- Less specific products for disinfecting hospitals.
- Less material and special equipment for medical staff in case of dangerous epidemics such as Ebola, SARS....
- Less highly sophisticated and expensive equipment<sup>94</sup>, such as specialized ambulances and helicopters ...
- Less transfer of patients between hospitals: less hospitalization expenses and congestion in specialized hospitals ...
- Shortening of the training time of doctors (because of less drugs and treatments): saving time and money, whether for the state or for the future doctor.
- Less medical staff<sup>95</sup> especially for a full growing population.
- Improving citizens' living conditions: less queuing<sup>96</sup>, less work vacation, more productive work, more economic gain, less unemployment [Refd84]...

That is the case for a country like Algeria, what will the case be for big countries like America<sup>97</sup> and France? Certainly they can save huge amounts of money [Refd72]!

And even the World Health Organization (WHO) can use this powerful and universal weapon in its fight against diseases in poor countries and especially in Africa, and therefore can save a lot of expenses on the fight against bad nutrition<sup>98</sup> and lack of hygiene, the main sources of diseases in this continent.

---

<sup>93</sup> Double protection with no eviction: one to the sick person and the other to the healthy one (see clinical trial on AIDS patients paragraph 8).

<sup>94</sup> With vitamin D3, we don't worry too much about the time of evacuation and also about early medical imaging, everything is retrievable, so we did not need for example a specialized ambulance (MSU) which costs about one million euros (see paragraph 7).

<sup>95</sup> One specialist doctor can cover several medical establishments.

<sup>96</sup> A simple example to understand, the incidence of dental and oral diseases (tooth decay, tooth loss, gingivitis ...) decreases of at least 50% (see the work of Drs Edward and his wife May Mellanby [Refd39, 40 ]), so half queue reduction at the dentist's. And everyone will be satisfied including dentists, because they are overwhelmed by the enormous workload (too much appointments...).

<sup>97</sup> For example The United States will easily save \$ 130 billion annually, according to the researcher William B. Grant [Refv12].

<sup>98</sup> Hippocrates is always right, the man is standing by food, and in reality Africa still exports diseases to the world such as AIDS, Ebola, Zika,.. etc, because it is **hungry** And because also genetically, black skin limit the subcutaneous synthesis of D3 vitamin from sunlight (**melanin filter**)!

29- The story that Yusuf told us soon after leaving hospital<sup>99</sup>...

« One day, Samir went out to buy wood, he met his friend Redha on his way, who also needed wood.

Redha said: These are the last pieces, there is none, go to the forest to woodcutters, maybe you'll get some.

Samir responded: Have you gone mad? There lives a fierce wolf in the forest.

Redha then replied: Let's go together.

Samir agreed. The wolf heard them and said: yummy, delicious meal.

On the way to the forest, the two boys heard the howl of the wolf, and they began to shake with fear. Samir continued his way and left his friend behind him, and after buying wood from the woodcutter, he realized that his friend was not behind him. He therefore asked all the woodcutters to go and look for him.

They discovered on their way the torn clothes of Redha.

Samir shouted: Go immediately to the habitat of the wolf.

Once there, they discovered the wolf sleeping, with its swollen belly, so they brought out Redha.

Redha said: Oh! My God! Thank you for saving me.

The two boys claimed: if we had not been to the forest, we would not have endured all that!

Woodcutters reacted: That can be a lesson for both of you, boys! ».

---

<sup>99</sup> A copy in Arabic of this story written by my left-handed child has been attached to the file.

## Conclusion

D3 Vitamin is a good means of waking up from coma<sup>100</sup> and good mender of the human brain after a cerebral injury.

The Bio egg yolk is the key food in anti-paralysis diet.

Now for:

- Decision makers: it is high time to introduce D3 vitamin in hospitals among the common and general care for better public health and a significant reduction in costs and expenses<sup>100</sup>.
- Researchers and scientists: it is a must to explore the forgotten way of nutrition, way of Hippocrates, the father of medicine, and immediately undertake researches and more advanced clinical trials to discover the other nutrients (vitamins) and other foods, which excel in a coma and paralysis such as respectively: D3 vitamin and organic egg yolk, for expanding this wonderful experience.

The world is waiting impatiently for you!

- Doctors, emergency doctors and intensive care doctors: before your hands there are people between life and death, you must inject the first dose of D3 vitamin even before lifting the patient on the ambulance, while taking him to hospital in all cases<sup>101</sup>.

In coma case, injections of this vitamin are of paramount importance and must be continued until the total awakening of the patient. Afterwards, and in case of paralysis, minimize medication (antibiotics or other) and maintain only the bare minimum and urgent<sup>102</sup> to give a strong boost to the nerve healing by anti-paralysis diet (extreme mobilization of stem cells to the place of injury) and, therefore, greatly shorten the patient's hospital sojourn.

But in case of temporary susceptible death, envisage just after its official statement, the injection of at least one (01) intra-cardiac dose of this precious vitamin, to help patient to wake up if possible, according to the findings of Dr. Raymond Moody in 1975.

- Parents: do not despair, the human body is miraculous, and it is not vulnerable as many people believe it, only if you come to stimulate well the placebo effect (the great remedy forgotten in hospitals) in collaboration with doctors, you do a great service to your comatose and / or paralyzed patient.

And good luck to everybody!

M.KHIRANI

Follower and student of Naturopathy

<sup>100</sup> See the emergency call to researchers and officials to save more lives, in paragraph 8, page 16.

<sup>101</sup> For precautions and contraindications, see paragraph 13 page 22.

<sup>102</sup> Before the formation of a stopper, perhaps definitive with grave consequences! see paragraph 11 page 20.

# Acknowledgement

- I should like to thank first my teacher Mr Guy Bohémier who taught me the wisdom and gentleness in the treatment of the human body...

- I also should thank the following researchers and professors:

- ✓ Mr William B. Grant
- ✓ Mr Carsten Geisler
- ✓ Mr Cedric F. Garland
- ✓ Mr Robert P. Heaney
- ✓ Mr Michael F. Holick
- ✓ Mr Thomas M. Campbell
- ✓ Mr Colin Tidy
- ✓ Mr John J. Cannell
- ✓ Mr Robert Modlin
- ✓ Mr Reinhold Vieth
- ✓ Mr Jean-Claude Souberbielle
- ✓ Mr Jean-Pierre Demets
- ✓ Mr Thierry Souccar
- ✓ Mr Jean-Marc Dupuis
- ✓ Mr Henri Joyeux
- ✓ Mr Jean Paul Curtay
- ✓ Mr Didier Le Bail
- ✓ Mr Julien Venesson
- ✓ Mrs. Carole A Baggerly
- ✓ Mrs. Candace Leenheer
- ✓ Mr Henry Lahore
- ✓ Mrs. Susan Siljander...

All members of the following organizations:

- ✓ GrassrootsHealth



Without the virtues of their researches, publications and writings, I cannot imagine the fate of my child.

- and I must thank warmly all doctors, emergency doctors, intensivists doctors and all the medical staff of the hospital and EHS establishment, for mother and child of Touggourt (Algeria), for their valuable emergency and intensive care, especially:

- ✓ Mr Kasmi Mohamed Ismail
- ✓ Mrs Bennouar Yasmina
- ✓ Mr M. E. Benyahia
- ✓ Mr Daamech Tayeb

- ✓ Mr Seddiki Med Faouzi
- ✓ Mrs Hadji Chahinez
- ✓ Mr Bourrenane Abdelkader

• I thank all people who assisted me from near or far, for the development of this study and wonderful experience, especially:

- ✓ Mr Touati-Tliba Nouredinne
- ✓ Mrs. Khirani Fatima.

• Without forgetting to thank for the English version of this study, Professors:

- ✓ Mr Benmechernane Tadj
- ✓ Mrs. Khirani Nadia

Thanks to everybody!

Thanks to everybody!

Thanks to everybody!

# References

## 1- Scientific Documents :

Refd0. Cerebral Atrophy Information Page: National Institute of Neurological Disorders and Stroke (NINDS)

[http://www.ninds.nih.gov/disorders/cerebral\\_atrophy/cerebral\\_atrophy.htm](http://www.ninds.nih.gov/disorders/cerebral_atrophy/cerebral_atrophy.htm)

Refd1. Lessons of Naturopathy HYGIONOMISTE® approach: placebo and placebo effect

Refd2. Human Anatomy and Physiology (Sixth Edition) Elaine N. Marieb.

Refd3. Corticosteroids - NHS Choices

[http://www.nhs.uk/conditions/Corticosteroid-\(drugs\)/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Corticosteroid-(drugs)/Pages/Introduction.aspx)

Refd4. Nancy Lange, Augusto A. Litonjua, Fiona K. Gibbons, Edward Giovannucci, Kenneth B.Christopher. Pre-hospital Vitamin D Concentration, Mortality, and Bloodstream Infection in a Hospitalized Patient Population.The American Journal of Medicine. July 2013 (Vol. 126 Issue 7, Pages 640.e19-640.e27).

Refd5. [www.grassrootshealth.net/media/download/garland2014\\_ajph\\_mortality.pdf](http://www.grassrootshealth.net/media/download/garland2014_ajph_mortality.pdf)

Refd6. Grant WB, Garland CF, Holick MF. Comparisons of estimated economic burdens due to insufficient solar ultraviolet irradiance and vitamin D and excess solar UV irradiance for the United States. PhotochemPhotobiol205 ; 81 : 1276-86

Refd7. According to data gathered by D\* Action, American organization uniting specialists of vitamin D, and whose ambition is to eradicate the global epidemic of vitamin D deficiency currently observed.

[http://www.grassrootshealth.net/media/download/dip\\_with\\_numbers\\_8-24-12.pdf](http://www.grassrootshealth.net/media/download/dip_with_numbers_8-24-12.pdf)

Refd8. Lessons of Naturopathy HYGIONOMISTE® approach: Heliotherapy.

Refd 9. AditGinde and coll. U.S (Journal of Geriatric Society 2009)

Refd 10. Source :Dudenkov DV, Yawn BP, Oberhelman SS and al. Changing Incidence of Serum 25-Hydroxy vitamin D Values Above 50 ng/mL: A 10-Year Population-Based Study. Mayo Clin Proc. 2015 May;90(5):577-86.

Marshall DT, Savage SJ, Garrett-Mayer E, and al. Vitamin D3 supplementation at 4000 international units per day for one year results in a decrease of positive cores at repeat biopsy in subjects with low-risk prostate cancer under active surveillance.JClinEndocrinolMetab. 2012 Jul;97(7):2315-24.

Penelope M Webb, Anna de Fazio, Melinda M Protani, and al. Circulating 25-hydroxyvitamin D and survival in women with ovarian cancer.Am J ClinNutr May 2015 ajcn102681.

Refd 11. Yong Zhang, Donald Y. M. Leung, Brittany N. Richers, Yusen Liu, Linda K. Remigio, David W. Riches, And Elena Goleva. Vitamin D Inhibits Monocyte/Macrophage Proinflammatory Cytokine Production by Targeting MAPK Phosphatase-1. The Journal of Immunology, March 1, 2012.

Refd12. Lessons of Naturopathy HYGIONOMISTE® approach: basic principle of health.

Refd13. AFA : Apitherapie - Professeur Descottes (use Google translator)

<http://apitherapiefrancophone.com/a-propos/185-descottes>

Refd14. M Kyla Shea, Sarah L Booth, Michael E Miller, Gregory L Burke, Haiying Chen, Mary Cushman, Russell P Tracy, Stephen B Kritchevsky. Association between circulating vitamin K1 and coronary calcium progression in community-dwelling adults: the Multi-Ethnic Study of Atherosclerosis. Am J Clin Nutr 2013 ajcn.056101.

Refd15. High-density lipoprotein cholesterol as an independent risk factor in cardiovascular disease:... - Abstract - Europe PubMed Central

<http://europepmc.org/abstract/MED/11374850>

Refd16. Whole egg consumption improves lipoprotein profiles and insulin sensitivity to a greater extent than yolk-free egg substitute in individuals with m... - PubMed - NCBI

<http://www.ncbi.nlm.nih.gov/pubmed/23021013>

Refd17. Lessons of Naturopathy HYGIONOMISTE® approach: dietary supplements

Refd18. Daily 3 - Multivitamins - SuperSmart

<http://www.supersmart.com/en--Multivitamins--Daily-3--0578>

Refd19. Lessons of Naturopathy HYGIONOMISTE® approach: kinesitherapy

Refd20. The Mozart effect

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1281386/>

Refd21. Relaxation psychosomatique et Son Primordial Sychrone (use Google translator please)

[http://www.masantenaturelle.com/psycho-center/telechargements/commande\\_telechargement\\_Miracle\\_Mozart.php](http://www.masantenaturelle.com/psycho-center/telechargements/commande_telechargement_Miracle_Mozart.php)

Refd22. unexpected effect

[http://revistapesquisa.fapesp.br/wp-content/uploads/2011/04/22-25-Pesquisa\\_ing\\_julho\\_2011\\_Effect.pdf](http://revistapesquisa.fapesp.br/wp-content/uploads/2011/04/22-25-Pesquisa_ing_julho_2011_Effect.pdf)

Refd23. Doctor Tom Borody claims faecal transplants curing incurable diseases like Crohn's - ABC News (Australian Broadcasting Corporation)

<http://www.abc.net.au/news/2014-03-18/sydney-doctor-claims-poo-transplants-curing-diseases/5329836>



Refd24. General Principles of Pharmacology and Toxicology, Parisa Gazerani, Pharm D, PhD

<http://person.hst.aau.dk/gazerani/Introduction%20to%20Toxicology.pdf>

Refd25. Vitamin D crucial to activating immune defenses – University of Copenhagen

[http://news.ku.dk/all\\_news/2010/2010.3/d\\_vitamin/](http://news.ku.dk/all_news/2010/2010.3/d_vitamin/)

Refd26. Vitamin D Is Required for IFN- $\gamma$ -Mediated Antimicrobial Activity of Human Macrophages | Science Translational Medicine

<http://stm.sciencemag.org/content/3/104/104ra102>

Refd27. Miracles of the Qur'an - Modern Science Reveals New Miracles of the Qur'an

[http://www.miraclesofthequran.com/scientific\\_index.html](http://www.miraclesofthequran.com/scientific_index.html)

Refd28. IGF-1 & Intermittent Fasting: Discussion with Valter Longo

<http://michelsonmedical.org/2014/12/26/igf-1-fasting-discussion-valter-longo/>

Refd29. 'Jesus was born in June', astronomers claim - Telegraph

<http://www.telegraph.co.uk/topics/christmas/3687843/Jesus-was-born-in-June-astronomers-claim.html>

Refd30. Vitamin D Deficiency and Risk for Cardiovascular Disease

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2726624/>

Refd31. Sources : Anna K. Coussens, Celeste E. Naude, Rene Goliath, George Chaplin, Robert J. Wilkinson, and Nina G. Jablonski. High-dose vitamin D3 reduces deficiency caused by low UVB exposure and limits HIV-1 replication in urban Southern Africans. Proc Natl Acad Sci U S A. 2015 Jun 30;112(26):8052-7.

Refd32. Comparison of the administration of progesterone versus progesterone and vitamin D in improvement of outcomes in patients with traumatic brain injury: A randomized clinical trial with placebo group

<http://www.advbiores.net/article.asp?issn=2277-9175;year=2012;volume=1;issue=1;spage=58;epage=58;aulast=Aminmansour>

Refd33. Scientists' Call to D\*action. The Vitamin D Deficiency Epidemic

[http://www.grassrootshealth.net/media/download/scientists\\_call\\_to\\_daction\\_020113.pdf](http://www.grassrootshealth.net/media/download/scientists_call_to_daction_020113.pdf)

Refd34. Vitamin-Boosted Stem Cells Show Promise in Curing Baldness

<http://stemcellstm.alphamedpress.org/site/misc/PressRelease002.xhtml>

Refd35. Vitamin K – Keeping Calcium in Your Bones and Out of Your Blood Vessels « Integrative Medicine and Wellness

<http://blogs.webmd.com/integrative-medicine-wellness/2007/11/vitamin-k-keeping-calcium-in-your-bones-and-out-of-your-blood-vessels.html>

Refd36. Chabas JF, Stephan D, Marqueste T, Garcia S, Lavaut MN, Nguyen C, Legre R, Khrestchatsky M, Decherchi P, Feron F. Cholecalciferol (vitamin d3) improves myelination and recovery after nerve injury. *PLoS One*. 2013 May 31;8(5):e65034. doi: 10.1371/journal.pone.0065034. Print 2013.

Refd37. Lopez L.B. et al.: High Dietary and Plasma Levels of the Omega-3 Fatty Acid Docosa-hexaenoic Acid Are Associated with Decreased Dementia Risk: THE RANCHO BERNARDO STUDY; *The Journal of Nutrition, Health & Aging* 2011; 15(1):25–3.

Refd38. Araki T, Holick MF, Alfonso BD, Charlap E, Romero CM, Rizk D, Newman LG. Vitamin D intoxication with severe hypercalcemia due to manufacturing and labeling errors of two dietary supplements made in the United States. *J Clin Endocrinol Metab*. 2011 Dec;96(12):3603-8.

Refd39. [www.ncbi.nlm.nih.gov/pmc/articles/PMC2520490/pdf/brmedj07379-0001.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2520490/pdf/brmedj07379-0001.pdf)

Refd40. Whole Health Source: Dr. Mellanby's Tooth Decay Reversal Diet

<http://wholehealthsource.blogspot.com/2010/12/dr-mellanbys-tooth-decay-reversal-diet.html>

Refd41. Briggs ADM, Mizdrak A, Scarborough P. A statin a day keeps the doctor away: comparative probability assessment modelling study. *BMJ* 2013;347:f7267.

Refd42. <http://www.fda.gov/ohrms/dockets/dailys/02/May02/052902/02p-0244-cp00001-01-vol1.pdf>

Refd43. Vollmer WM, Sacks FM, Ard J, et al. Effects of diet and sodium intake on blood pressure: subgroup analysis of the DASH-sodium trial. *Annals of Internal Medicine*, Dec. 18, 2001;135:1019-1028.

Refd44. S. P. Juraschek, E. Guallar, L. J. Appel, E. R. Miller. Effects of vitamin C supplementation on blood pressure: a meta-analysis of randomized controlled trials. *American Journal of Clinical Nutrition*, 2012; DOI: 10.3945/ajcn.111.027995.

Refd45. Kass L, Weekes J, Carpenter L. Effect of magnesium supplementation on blood pressure: a meta-analysis. *Eur J Clin Nutr*. 2012 Apr;66(4):411-8.

Refd46. Rosenfeldt FL, Haas SJ, Krum H, Hadj A, Ng K, Leong JY, Watts GF. Coenzyme Q10 in the treatment of hypertension: a meta-analysis of the clinical trials - *J Hum Hypertens*. 2007 Apr;21(4):297-306. Epub 2007 Feb 8.

Refd47. Karin Ried, « Garlic Lowers Blood Pressure in Hypertensive Individuals, Regulates Serum Cholesterol, and Stimulates Immunity: An Updated Meta-Analysis and Review », *The Journal of Nutrition*, 13 janvier 2016.

Refd48. Mediterranean Diet, Traditional Risk Factors, and the Rate of Cardiovascular Complications After Myocardial Infarction  
<http://circ.ahajournals.org/content/99/6/779.long>

Refd49. President Obama's physical:

[https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/Physical\\_Exam\\_March\\_2016.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/Physical_Exam_March_2016.pdf)

Refd50. James J. DiNicolantonio et al., « L-Carnitine in the Secondary Prevention of Cardiovascular Disease: Systematic Review and Meta-Analysis », *Mayo Clinic Proceedings* 88, no 6 (juin 2013): 544-51,

Refd51. Bor-Jen Lee et al., « Antiinflammatory Effects of L-Carnitine Supplementation (1000 Mg/d) in Coronary Artery Disease Patients », *Nutrition (Burbank, Los Angeles County, Calif.)* 31, no 3 (mars 2015): 475-79,

Refd52. Antidepressant Drug Effects and Depression Severity, Jay C. Fournier et al., *JAMA*, January 2010.

Comparative efficacy and tolerability of antidepressants for major depressive disorder in children and adolescents: a network meta-analysis, Dr Andrea Cipriani, PhD et al., *The Lancet*, June 2016.

Refd53. Increasing placebo responses over time in U.S. clinical trials of neuropathic pain, Tuttle AH et al., *Pain*. 2015 Dec

Refd54. Moore TJ et al. Prescription Drugs Associated with Reports of Violence Towards Others. *PLoS One*, December 2010 5(12): e15337

Refd55. Response expectancies in placebo analgesia and their clinical relevance. - PubMed - NCBI <http://www.ncbi.nlm.nih.gov/pubmed/11406341>

Refd56. Researchers link vitamin D deficiency to seasonal affective disorder - Medical News Today <http://www.medicalnewstoday.com/articles/286496.php>

Refd57. A functional-dimensional approach to depression: serotonin deficiency as a target syndrome in a comparison of 5-hydroxytryptohan and fluvoxamine. Poeldinger W. et al., *Psychopathology*, 1991; 24: 53-81.

Refd58. Efficacy and safety of curcumin in major depressive disorder: a randomized controlled trial. - PubMed - NCBI <https://www.ncbi.nlm.nih.gov/pubmed/23832433>

Refd59. New Technique Helps Find Hidden Consciousness in Coma Patients

<http://www.livescience.com/48317-hidden-awareness-in-coma-vegetative-state.html>

Refd60. The Power of Drug Color - The Atlantic

<http://www.theatlantic.com/health/archive/2014/10/the-power-of-drug-color/381156/>

Refd61. Effect of different doses of parenteral vitamin D3 on serum 25(OH)D concentrations

<http://daru.tums.ac.ir/index.php/daru/article/viewFile/565/454>

Refd62. Oral or Intramuscular Vitamin D Replacement?

<http://garj.org/full-articles/oral-or-intramuscular-vitamin-d-replacement.pdf?view=download>

Refd63. Treatment of Hypovitaminosis D With Cholecalciferol

<http://www.medscape.com/viewarticle/777486>

Refd64. Recherche : le récepteur de la vitamine D enfin modéliser (use google translator please!)

[http://www.allodocteurs.fr/se-soigner/recherche/recherche-le-recepteur-de-la-vitamine-d-enfinmodelise\\_6451.html](http://www.allodocteurs.fr/se-soigner/recherche/recherche-le-recepteur-de-la-vitamine-d-enfinmodelise_6451.html)

Refd65. Larsen T, Mose FH, Bech JN, Hansen AB, Pedersen EB. Effect of cholecalciferol supplementation during winter months in patients with hypertension: a randomized, placebo-controlled trial. *Am J Hypertens*. 2012 Nov;25(11):1215-22. doi: 10.1038/ajh.2012.111.

Refd66. Effect of family members' voice on level of consciousness of comatose patients

[http://www.advbiores.net/temp/AdvBiomedRes41106-340443\\_092724.pdf](http://www.advbiores.net/temp/AdvBiomedRes41106-340443_092724.pdf)

Refd67. HAI Data and Statistics | HAI | CDC

<http://www.cdc.gov/HAI/surveillance/index.html>

Refd68. Erin S. LeBlanc, Bernadette Zakher, Monica Daeges, Miranda Pappas, and Roger Chou; Screening for Vitamin D Deficiency: A Systematic Review for the U.S. Preventive Services Task Force; *Ann Intern Med*. Published online 25 November 2014 doi:10.7326/M14-1659.

Refd69. How to stop worrying and start living -Dale Carnegie

Refd70. Sun Exposure Benefits May Outweigh Risks Say Scientists - Medical News Today

<http://www.medicalnewstoday.com/articles/260247.php>

Refd71. VitaminDWiki | Vitamin D Wiki

<http://www.vitamindwiki.com/VitaminDWiki>

Refd72. Increasing the vitamin D level of all Canadians to 40 ng would save 6 to 18 billion dollars a year  
Nov 2016

<http://www.vitamindwiki.com/Increasing+the+vitamin+D+level+of+all+Canadians+to+40+ng+would+save+6+to+18+billion+dollars+a+year+%E2%80%93+Nov+2016>

Refd73. Safety of vitamin D3 in adults with multiple sclerosis

<https://pdfs.semanticscholar.org/31ce/642b37021d7b9337c80dfa3d3f03f5397a67.pdf>

Refd74. A vitamin D level of 746 ng due to medication error was not toxic – April 2015 | Vitamin D Wiki

<http://www.vitamindwiki.com/A+vitamin+D+level+of+746+ng+due+to+medication+error+was+not+toxic+%E2%80%93+April+2015>

Refd75. EFFECT OF SINGLE INJECTION OF VITAMIN D (CHOLECALCIFEROL, 6 LAC IU) IN ADULTS: DOES BODY MASS INDEX DETERMINE DOSAGE FREQUENCY AND RISE IN SERUM 25(OH)D3 LEVEL? | Purohit | Asian Journal of Pharmaceutical and Clinical Research

<http://innovareacademics.in/journals/index.php/ajpcr/article/view/6344>

Refd76. Coenzyme Q10 improves blood pressure and glycaemic control: a controlled trial in subjects with type 2 diabetes. - PubMed - NCBI

<http://www.ncbi.nlm.nih.gov/pubmed/12428181?dopt=Abstract>

Refd77. Hospital ICU added high dose vitamin D - malpractice lawsuit costs dropped from 26 million dollars to ZERO - Oct 2016

<http://journals.ke-i.org/index.php/mra/article/view/868>

Refd78. Combination therapy with vitamin D3, progesterone, omega-3 fatty acids and glutamine reverses coma and improves clinical outcomes in patients with severe traumatic brain injuries: A case series

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=5513&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=5513&download=y)

Refd79. Shorter time in ICU if have higher level of vitamin D – April 2012 | Vitamin D Wiki

<http://www.vitamindwiki.com/Shorter+time+in+ICU+if+have+higher+level+of+vitamin+D+%E2%80%93+April+2012>

Refd80. Surgical outcomes are better for higher levels of Vitamin D – systematic review May 2015

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=5388&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=5388&download=y)

Refd81. Stroke mortality 3X worse among seniors with less than 26 ng of vitamin D – June 2014

Association between Serum Concentration of Vitamin D and 1-Year Mortality in Stroke Patients

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=4064&page=Stroke%20mortality%203X%20worse%20among%20seniors%20with%20less%20than%2026%20ng%20of%20vitamin%20D%20%E2%80%93%20June%202014&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=4064&page=Stroke%20mortality%203X%20worse%20among%20seniors%20with%20less%20than%2026%20ng%20of%20vitamin%20D%20%E2%80%93%20June%202014&download=y)

Refd82. UK would save as least 636 million dollars annually by giving 800 IU vitamin D free to all seniors – June 2014

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=5989&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=5989&download=y)

Refd83. Proof that Vitamin D Works

<http://www.vitamindwiki.com/Proof+that+Vitamin+D+Works>

Refd84. Impact of vitamin D deficiency on the productivity of a health care workforce.

<https://www.ncbi.nlm.nih.gov/pubmed/22269986>

Refd85. Medical errors are 3rd most likely cause of death - May 2016

Medical Errors May Cause Over 250,000 Deaths a Year - The New York Times

[http://well.blogs.nytimes.com/2016/05/03/medical-errors-may-cause-over-250000-deaths-a-year/?\\_r=1](http://well.blogs.nytimes.com/2016/05/03/medical-errors-may-cause-over-250000-deaths-a-year/?_r=1)

Refd86. Vitamin C is as good as exercise at reducing cardiovascular problems - Sept 2015

No Time For The Gym? Eat An Orange! | GreenMedInfo | Blog Entry

<http://www.greenmedinfo.com/blog/no-time-gym-eat-orange>

Refd87. Beware the Nocebo Effect

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=1532&page=Off%20topic%3A%20Review%20of%20the%20Nocebo%20Effect%20on%20Medical%20Trials%20%E2%80%93%20Aug%202012&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=1532&page=Off%20topic%3A%20Review%20of%20the%20Nocebo%20Effect%20on%20Medical%20Trials%20%E2%80%93%20Aug%202012&download=y)

Refd88. Omega-3 should be cost-effective to reduce days in ICU – simulation June 2015

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=5648&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=5648&download=y)

Refd89. Cardiovascular disease 50 % more likely if low vitamin D - meta-analysis Nov 2012

Circulating 25-hydroxy-vitamin D and risk of cardiovascular disease: a meta-analysis of prospective studies.

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=4054&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=4054&download=y)

Refd90. C-reactive protein (heart disease marker) reduced by vitamin D – meta-analysis June 2014

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=4956&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=4956&download=y)

Refd91. Daily, high dose vitamin D supplementation reduces the incidence of myocardial infarctions in surgical intensive care unit patients

[http://www.vitamindwiki.com/tiki-download\\_wiki\\_attachment.php?attId=4436&download=y](http://www.vitamindwiki.com/tiki-download_wiki_attachment.php?attId=4436&download=y)

Refd92. Response and adverse effects of 20,000 and 30,000 IU Vitamin D weekly - Feb 2015 | Vitamin D Wiki

<http://www.vitamindwiki.com/Response+and+adverse+effects+of+20%2C000+and+30%2C000+IU+Vitamin+D+weekly+-+Feb+2015>

Refd93. Dietary Intake of Vitamin K Is Inversely Associated with Mortality Risk

<http://jn.nutrition.org/content/early/2014/03/19/jn.113.187740.full.pdf>

Refd94. <https://www.sendspace.com/file/pkhmd0>

Refd95. Apparent Cerebral Atrophy in Patients on Treatment with Steroids - Gordon - 2008 - Developmental Medicine & Child Neurology - Wiley Online Library

<http://onlinelibrary.wiley.com/doi/10.1111/j.1469-8749.1980.tb04355.x/abstract>

Refd96. Cerebral Atrophy Related to Corticotherapy in Systemic Lupus Erythematosus (SLE) | SpringerLink

<https://link.springer.com/article/10.1007/s100670170037>

## 2- Scientific Documentaries/ videos (available on youtube) :

Refv1. A stem cells story

[https://www.youtube.com/watch?v=2-3J6JGN-\\_Y](https://www.youtube.com/watch?v=2-3J6JGN-_Y)

Refv2. Shots in the dark: Silence on vaccine

<https://www.youtube.com/watch?v=pnxAsrAK2hw>

Refv3. Dr. Valter Longo - Fasting Cycles Retard Growth of Tumors

<https://www.youtube.com/watch?v=LGafhm1cuSI>

Refv4. The Brain that Changes Itself –

[https://www.youtube.com/watch?v=bFCOm1P\\_cQQ](https://www.youtube.com/watch?v=bFCOm1P_cQQ)

Refv5. TOMATIS Method of Central Auditory Processing Therapy

<https://www.youtube.com/watch?v=WchSNW1VBI4>

Refv6. Gut bacteria and mind control: to fix your brain, fix your gut!

[https://www.youtube.com/watch?v=mioR\\_WrkRaU](https://www.youtube.com/watch?v=mioR_WrkRaU)

Refv7. UltraBiotics

<https://www.youtube.com/watch?v=VwCz5v9jEUg>

Refv8. ALEXANDER THE GREAT CONQUERED THE WORLD<sup>103</sup>

<https://www.youtube.com/watch?v=qSEnE1vI77o>

Refv9. Dr. Russell Blaylock - Nutrition & Behavior Dangers of Aspartame & MSG

<https://www.youtube.com/watch?v=Y0kvaulUIfc>

Refv10. Life After Life –Raymond Moody-

<https://www.youtube.com/watch?v=z56u4wMxNlg>

Refv11. Untimely departure (see Free videos - en.s17.tv)

<https://en.s17.tv/free-videos>

Refv12. Cost/Benefit of Optimal Health with Sunshine Vitamin D - YouTube

<https://www.youtube.com/watch?v=91eDzM0qiJM>

---

<sup>103</sup> History of a great personality, the Prophet Dhu al Qarnayn called Alexander the Great in the West, endowed with a supernatural ability, explored the world from the far east to the far west, always in a historical view (western one). Unless that he was a preacher king, monotheistic, just and correct according to the holy Quran.

Refv13. The Placebo Effect - Mind-Body Interactions - YouTube

[https://www.youtube.com/watch?v=Zv270-c\\_5e4](https://www.youtube.com/watch?v=Zv270-c_5e4)

Refv14. Top 10 SAVANTS With Real Super Powers - YouTube

<https://www.youtube.com/watch?v=WZsJ6BtOh60>

Refv15. Extraordinary People: The Savant Syndrome - Darold A. Treffert, M.D. - YouTube

<https://www.youtube.com/watch?v=Rr4ykm7n8w8>

Refv16. The Circadian Rhythm and Your Biological Clock in 3 Minutes - YouTube

[https://www.youtube.com/watch?v=AZUeKoD\\_3y0](https://www.youtube.com/watch?v=AZUeKoD_3y0)

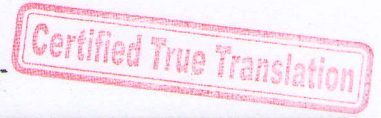
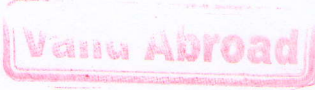


# Annexes

## 1. Supporting documents:

- ✓ Cerebral scanner
- ✓ MRI & Cerebral Angiography- MRI
- ✓ Medical Report
- ✓ Exit Clinical Summary
- ✓ Prescription of D3 vitamin
- ✓ Sheet analysis (CRP1)
- ✓ Sheet analysis (CRP2)
- ✓ Sheet analysis (CRP3)
- ✓ Prescription of the multivitamin (vitamins + minerals)
- ✓ The story that our child told us soon after leaving hospital (written by his left hand which was paralyzed before).

## 2. Table model: (To be fulfilled by doctors)



Medical Imaging Center 'El Amane', Touggourt

Dr. OTHMANI Omar  
Diagnostic radiology specialist

Dr. BASACI Mohammed Chems Eddine  
Diagnostic radiology specialist

Full Name: KHIRANI YUCEF SEDDIK

Age: 7 Years

Addressed by Dr: ARAR

Touggourt on: July 02<sup>nd</sup>, 2015

**CEREBRAL SCANNER**

Technique: Optimal spiral Scanner 520.16, manufactured block in September 2012, and started up in December 2013.

Craniocerebral TDM cut of 1,25 mm in thickness according to the OM plan marked on a digital-map profile, without DPC injection, interesting the supratentorial and subtentorial compartment.

**Result: Subtentorial compartment:**

- Brainstem in position and respected.
- Lack of parenchymal cerebellar lesion.
- 4<sup>th</sup> ventricle is in place, not dilated.
- subarachnoid spaces are free.

**Subtentorial compartment:**

- Absence of cerebral hemispheric parenchymal lesion.
- Not dilated and symmetrical ventricular system.
- Median structures in places.
- Central grey cores of usual aspect.
- Left temporal atrophy.

**Bone window:**

- Absence of osseous lesion.

**Conclusion:**

left temporal atrophy.

Besides; current examination without peculiarity.

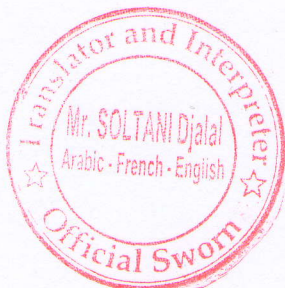
Best regards.

Dr. BASACI

Dr. OTHMANI

Seal print affixed bearing  
Signed: Dr. OTHMANI Omar  
Medical imaging  
Order number: 001969/30

True Certified Translation  
Touggourt on December 07<sup>th</sup>, 2015





TRANSLATION 2015

Registered Office for Public Translation

Honor: **Soltani Djatal**

Cité Elbdouat Tebesbest, Touggourt, Ouergla -Algeria -

☎ 0776.35.36.37

Certified True Translation

**ESSALAM RADIOLOGY CENTER**

**RMI 1.5t - multicut Scan - Ultrasound - conventional and specialized Radiology, Doppler - digital Mammography - dental panoramic view.**

The patient (s): **KHIRANI YUCEF SEDDIK.**

Age: 7 Years.

El-Oued On: July 06<sup>th</sup>,2015.

Indication: Change of the state of consciousness.

**MRI & CEREBRAL ANGIOGRAPHY-MRI**

**TECHNIQUE:**

FLAIR Axial and axial slices T1 without and after gadolinium injection.

**RESULTS:**

• **At the level of the posterior pit:**

The cerebral peduncles and the medulla oblongata present an abnormality signal, hyper intense in T2, T2 FLAIR and in sequences of distribution at b0, with restriction of CDA.

No significant contrast uptake.

No abnormality in the cerebellar hemispheres.

Normal aspect of the fourth ventricle.

No filling of cerebellopontine angles.

No anomaly of tanks on the base of Crane.

No anomaly of analyzed aeric cavities.

• **At the level of the subtentorial compartment:**

The structures of the median line are in place.

Normal aspect of the signal of the white matter.

No péricrébral or intracerebral cent bleeding.

No restriction of the ADC, being able to correspond to a recent ischemia.

• **On the sagittal views:**

There is no anomaly of the corpus callosum.

Normal position of olivary bodies in the occipital hole.

Integrity of the hypothalamic-pituitary region.

no anomaly of the sphenoid sinus.

**Conclusion:**

Evocative radiological aspect of an acute encephalitis of the brain stem.

To confront with the clinical and biological data with the aim of a better etiological approach.

Sincerely,

Dr. TERKI

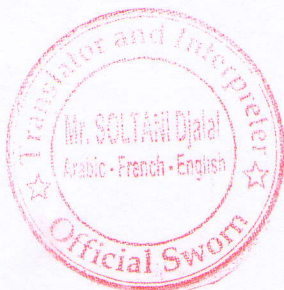
The Doctor

Seal print affixed bearing

Signed: Dr. TERKI Belgacem

Specialist doctor

Radiology & medical imaging



True Certified Translation  
Touggourt on December 07<sup>th</sup>, 2015





Valid Abroad

Certified True Translation

Public Hospital complex "Slimant Amirat", Touggourt  
Service: The emergency services  
Resuscitation unit

### MEDICAL REPORT

It is about the child: KHIRANI Youcef, 07 years old, without pathological histories, admitted in our service for **the encephalitis of the brainstem**.

The Story of the disease: seem to go back up approximately one week before his admission. Where the patient presented a notion of oral aphthosis, followed by disorder of the gulp of the state of consciousness with deep coma.

After intubation, ventilation (breakdown) in the service of pediatrics, the sick person is transferred at our service.

At his reception, the patient scored 04/15, according to GCS intubated ventilated in the monal, directly connected to the respirator.

The neurological examination: Score 04/15, with Inappropriate motor answer to the painful stimulation (answer to right with the left hemiplegia . A right facial paralysis. indifferent bilateral planter, as well as ROT. Reactive medium-sized pupils.

The cardiovascular examination: Without peculiarity, except a tachycardia at 140/min.

Pleural-pulmonary examination: Bronchial congestion rales.

Our conduit holding was:

- Admission .
  - Preparation.
  - stumble in respirator.
  - Placement of a nasogastric feeding tube through.
  - TDM as a matter of emergency: temporal atrophy.
  - MRI brain stem encephalitis.
  - PL: normal. Culture not made.
  - Based treatment: Amoxicillin, genta, aciclovir, Solumedrol with sedation by fentanyl. (Suspension of listeriosis).
  - Laboratory check up: returning normal (except GB 13,000 / ml at PN).
  - After improvement at the consciousness level, the patient was extubated in J4. However, the patient has persistent swallowing problems necessitating the maintenance of nasogastric tube.
- Today, the patientis conscious 15/15, hemiplegic to the always presenting disorders of deglutition with bronchial congestion still under ATB: Amoxicilline. Aciclovir. Solumedrol. With force-feeding by nasogastric tube and chest physiotherapy. (inefficient cough).

Touggourt on July 15<sup>th</sup>, 2015.

The Doctor

Seal print affixed bearing

Signed: Dr. KASMI Med Ismail

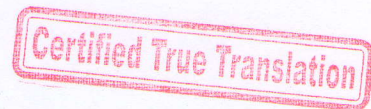
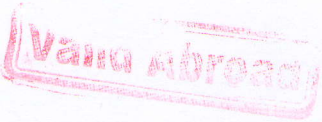
Anesthesia, resuscitation



True Certified Translation  
Touggourt on December 07<sup>th</sup>, 2015







Population Health Director of Ouargla.  
 Mother and child specialized Public institution

### Exit Clinical Summary

Establishment: Mother and child specialized Public Hospital, Touggourt.

File N°: 697

Full name: KHIRANI Youcef      Date of Birth: May 24<sup>th</sup>, 2008      Gender: M

Place of birth (City): Touggourt, State of: Ouargla

Hospitalization Date: July 02<sup>nd</sup>, 2015.      Admission mode: .....

Service: pediatrics      Date of entry: July 02<sup>nd</sup>, 2015.      Exit Date: July 27<sup>th</sup> 2015.

\*\*\*\*\*

**Reason for hospitalization:** left hemiplegia + deglutition disorder with bronchial congestion, ineffective cough on encephalitis.

**Radiological check up:** GB: 15.5    Hb: 11.1g/dl    PLT: 310    Gly: 0.68 g /l

Creat 08mg /l    CRP 12 mg/I calcemie 89 mg /l    gop B + positive

**Radiological check up:** Echo Abdo-Pelv: without particularity.

TDM: Temporal atrophy.

MRI: acute encephalitis of the brain stem.

Acts: force-feeding (nasogastric probe).

During his hospitalization (extraction of the probe 03 days before the exit) deglutition + emetic cough.

**Primary diagnosis of the exit:** acute encephalitis of the brain stem.

**The state at the exit:** a clinically marked improvement.

- good neurological examination.
- No hemiplegia. (the child can walk-alone) .
- Deglutition: proof of deglutition (+).
- The rest of the exam is without peculiarity.

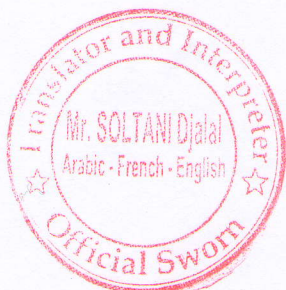
**Associated diagnosis:** the child had a deep coma at the hospital where was transferred to the intensive care department (EPH Touggourt). After 15 days, improvement at the consciousness level was noticed. He was readmitted to our service.

**Acts and treatments:** (O<sub>2</sub> therapy) nasogastric tube (force-feeding)  
 claforan (06 g/d) aciclovir (450 mg/08h) Solumedrol azantac (Physiotherapy)

Head of Service  
*Seal print affixed bearing*  
 Signed: **Dr. GHOULA. M**  
 General medicine

Mother and child specialized Public Hospital, Touggourt.

True Certified Translation  
 Touggourt on December 07<sup>th</sup>, 2015





Valid Abroad

TRANSLATION 2016  
Registered Office for Public Translation  
Honor: **Soltani Djatal**  
Cité Elbdouat Tebesbest, Touggourt, Ouargla -Algeria -  
☎ 0776.35.36.37

Certified True Translation

People's Democratic Republic of Algeria  
Ministry of Health & Population  
Population Health Director of Ouargla.  
Mother and child specialized Public Establishment

**PRESCRIPTION**  
**N° 159672**

Dr BENNOUAR Y

Touggourt on July 04<sup>th</sup>, 2015

Full name of the patient: **KHIRANI Youcef**  
Age: 7 years old.

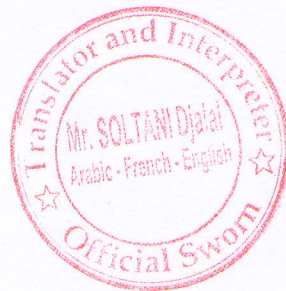
Vitamin D3 01 phial

1/4 fial intramuscular

*Seal print affixed bearing*  
Mother and child specialized Public Hospital, Touggourt.  
Pediatrics service  
*Signed: Dr. BENNOUAR. M*  
*General medicine*

- *Prevention is better than cure.*

**True Certified Translation**  
**Touggourt on January 21<sup>st</sup>, 2016**





# PHARMACIE CHETHOUNA

## Laboratoire d'analyse médicale



Rue 24 avril sidi Bouaziz – Touggourt

Tel/Fax : 029 67 45 24

<b>Demandeur :</b>	<b>Nom :</b>	<b>KHIRANI</b>
<b>Prélèvement fait : 02-07-2015</b>	<b>Prénom :</b>	<b>YOUCEF SEDDIK</b>
	<b>Référence :</b>	<b>037685</b>

### Feuille de Résultats

#### BIOCHIMIE :

	Résultats	Valeurs normales
<b><u>Ionogramme :</u></b>		
Na	141.3	135-155 meq/l
K	4.01	3.60-5.50 meq/l

#### SEROLOGIE :

	Résultats	Valeurs normales
CRP	<06 mg/l	<06 mg/l

Red circular stamp of the pharmacy with Arabic text: "PHARMACIE CHETHOUNA", "سيدى بوعزيز", "بوعزيز", "مختبر التحليلات". A blue ink signature is written over the stamp.



**LAM EL CHIFA****Dr: MEHDAOUI**

**مخبر التحاليل الطبية الشفاء**  
**LABORATOIRE D'ANALYSES MEDICALES**  
**EL CHIFA**

**Dr: MEHDAOUI.S**  
**Ep DAAMOUCHE**  
**MEDECIN BIOLOGISTE**

الحكيمة مهداوي .س  
 حرم دعموش  
 طبيبة مختصة في التحاليل الطبية

Prélèvement du Mardi 07/07/2015  
 ID Patient 2365  
 Médecin Traitant

Nom et Prénom **KHIRANI YUCEF**  
 N° Demande 2365  
 Age 7 Ans Sexe M

	Résultat	Normes	Antériorités
<b>SEROLOGIE</b>			
CRP (PROTEINE C-REACTIVE).....	32.17 mg/L	< 5,00	

LABORATOIRE D'ANALYSES MEDICALES  
 EL-CHIFA  
 Dr MEHDAOUI.S Ep DAAMOUCHE  
 MEDECIN BIOLOGISTE

Cité Eucalyptus N° 28 Touggourt à côté de l'hôpital Slimane Amirat N° d'agrément 111/14 DSPO.

Tel/ Fax : 029685250 Mob : 0674342828

E-mail : lam\_elchifa30@yahoo.fr



REPUBLIQUE ALGERIENNE DEMOCRATIQUE ET POPULAIRE  
 MINISTER DE LA SANTE DE LA POPULATION ET DE LA REFORME HOSPITALIER  
 DIRECTION DE LA SANTE ET LA POPULATION OUARGLA  
 L'ETABLISSEMENT HOSPITALIER SPECIALISE  
 HOPITALE MERE ET ENFANT DE TOUGGOURT

Service: Laboratoire  
 Tel: 029.67.30.09  
 Fax: 029.67.29.82

Reception: 08h-11h sauf urgence

Laboratoire de Biochimie

NOM : *Kheram*  
 Prénom : *Youssef*  
 Sexe/âge : *Fado*  
 Service : *urgenc*  
 Date de prélèvement : .....  
 N° : ..... *20* / ..... *2015*  
*03*

Sérum / plasma

	paramètres	Résultats	valeur normale
Bilan renal	GLYCÉMIE Jeun	<i>0,58</i>	0.70-1.10g/l
	Glycémie pp		
	Urée		0.15-0.45g/l
	créatinine	<i>08</i>	06-12mg/l
Bilan Hépatique	Acide urique		20-45mg/l
	TGO (ASAT)		05-40U/L
	TGP (ALAT)		05-35U/L
	Ph. ALCAINE		20-115U/L
	Ph. ACIDE		INF. à 09 U/L
	BRB totale		00-10mg/l
	BRB directe		00-01mg/l
	Protides		65-75g/l
	Albumine		35-50 g/l
	Cholestérol total		1.50-2.20 g/l
Lipidique	Cholestérol HDL		Sup à 0.350 g/l
	Cholestérol LDL		inf. à 1020g/l
	TrigLYcerides		0.70-1.50g/l
	AMYLASE		Inf à 57 U/L

	paramètres	Résultats	valeur normale
remostase	Tp		70-100%
	TCK		30-1.30
	Fibrinogene		2-4g/l
Inflammatoire	Vs		Inf/11/mm/h
	CRP	<i>12</i>	Inf/6mg/l
	ASLO		Inf/à 200u/l
	Latex waierose		Inf à 8u/l
	Gs H-glyquées	<i>B RAP</i>	4-8%

	paramètres	Résultats	valeur normale
B-phosphocalcique	Calcémie	<i>89</i>	90-105mg/l
	phosphoremie		40-56mg/l
	Magnesium		12-20mg/l
	Cuivre		65-165 /100ml
Ionogramme	Fer -SERI-que		0.50-1.75 mg/l
	Sodium Na <sup>+</sup>		135-145mEq/l
	Potassium k <sup>+</sup>		3.5-5.0mEq/l
	Chlore Cl		95-105mEq/l

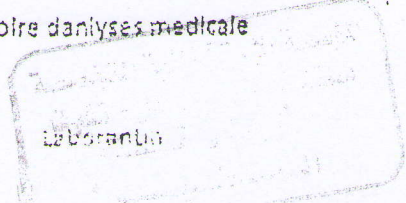
Urine

	Subst.	Résultats	valeur normale
Subst.	Uree Ur		26-43g/24h
	Créatinine Ur		11-20mg/Kg/24h
	Microalbuminurie		05-12U/L
	Protéines des 24h		Inf. à 50mg/24h
Ions	Sodium Ur		40-220mg/24h
	Potassium Ur		1800mg/24h
	Calcium Ur		180-300mg/24h

Chimie des urines

Sang	Résultats	Chimie des urines
Urobilinogene		Cétoniques
Bilirubines		Glucose
Protéines		Ph
Nitrites		Dansite
		Leucocytes

HP Touggourt / Laboratoire d'analyses médicale





**VALID ABROAD**

Translation

**PEOPLE'S & DEMOCRATIC REPUBLIC OF ALGERIA**

Health and Population Directorate.  
Public Hospital Sliman Amirat Touggourt.  
Tel: (029) 68.15.00.  
Fax :( 029)68.13.00.

**CONFORM TRANSLATION**

Touggourt in: **15<sup>th</sup>/7/2015**

DR: **L.KEDIDI- General doctor in medicine.**

N°:163768.

**Prescription**

Full name: **KHIRANI Youcef.**

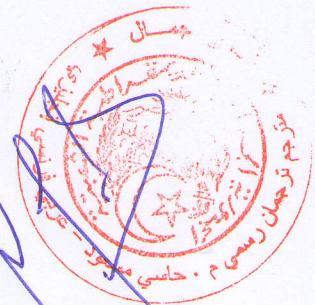
Age: **07 years.** Address:

Multivitamin syrup 1 measured spoon daily.

- *Prevention is better than cure.*

Signed by : DR.L.kedidi-General doctor in medicine.

**Mr. Djamel GOUI**  
Sworn Accredited  
Translator - Interpreter  
Arabic - French - English



Translated by Hon. Djamel GOUI, Hassi Messaoud, Ouargla.  
Email : [traduction.officielle.hme@hotmail.fr](mailto:traduction.officielle.hme@hotmail.fr) Tel: +213.29.74.44.32



خرج سمير ليشتري الخطيب فوجد رضا تشتري الخطيب الأخير.

قال رضا: هذا هو الخطيب الأخير ما بيننا ذهب البيت في الغاية

ليشتري الخطيب (ق) فقال له سمير: هل جئت إلى الغاية فيما ذهب شريك

قال له رضا: هي ذهب سويًا فوافق سمير والذئب سبهما فقال الذئب

أما ما وحبته شهية أو عندما ذهب إلى الغاية سمع رضا عواء الذئب فأرسل

من الخوف فأكمل طريقه سريًا وترك صدقة رضا وعندهما وصل سمير

إلى الدار اشتري الخطيب: وعندهما التقوا بعد صدقة رضا (ق) فأحضر كل

الذئب (ق) وعندهما وصلوا إلى نصف الطريق وجدوا ثقبان رضا مرقت

وقال سمير: هي ذهب إلى بيت الذئب فوجدوا الذئب انهما وبطنه

منشفية. فأخرجوا رضا من بطن الذئب. فقال: شكرًا لكم الآنكم انقذتموني

وقال سمير ورضا: لو لم نذهب إلى الغاية لكان أفضل الإقبال النجر انقذتمم ذري

### table model

Patient's name (or File Number)	Gender	Age	Date of admission in ICU	GSC	cause of coma	current medication	Injected quantity in IU of vitamin D3*				average blood level of D3 (ng / ml)	Date of awakening from coma	GOS	Observations
							N X 1000							
							X1	X50	X100	X200				

TABLE MODEL

GSC: the degree of coma according to Glasgow scale (3-15) / GOS: the degree of awakening and sequel after coma according to Glasgow Coma Scale (1 - 5)  
\* N: the number of times of injections of vitamin D3, for more information see the example of my son given to the link: <https://www.sendspace.com/file/hg5erm>  
If GOS = 2 or 3 or 4, reduce medication to the minimum and use the anti-paralysis diet.  
Blood level of vitamin D3 must be between 83 and 130 ng / ml.  
For the stimulation of the placebo effect: a training is required for physicians, see some examples in paragraph 3.  
This table is only for illustrative purposes, and contains the bare minimum of information, physicians can add any other information which they think necessary.

table model