News

ALS causes & treatments

Abbreviations: ALS, amyotrophic lateral sclerosis; MSG, monosodium glutamate; FDA, food and drug administration

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News

Amyotrophic lateral sclerosis (ALS), sometimes called Lou Gehrigs disease, is a rapidly progressive, invariably fatal neurological disease that attacks the nerve cells (neurons) responsible for controlling voluntary muscles (muscle action we are able to control, such as those in the arms, legs and face). The disease belongs to a group of disorders known as motor neuron diseases, which are characterized by the gradual degeneration and death of motor neurons.

Motor neurons are nerve cells located in the brain, brain stem and spinal cord that serve as controlling units and vital communication links between the nervous system and the voluntary muscles of the body. Messages from motor neurons in the brain (called upper motor neurons) are transmitted to motor neurons in the spinal cord (called lower motor neurons) and from them to particular muscles. In ALS, both the upper motor neurons and the lower motor neurons degenerate or die and stop sending messages to muscles. Unable to function, the muscles gradually weaken, waste away (Atrophy) and have very fine twitches (called fasciculation's). Eventually, the ability of the brain to start and control voluntary movement is lost.

ALS causes weakness with a wide range of disabilities. Eventually, all muscles under voluntary control are affected and individuals lose their strength and the ability to move their arms, legs and body. When muscles in the diaphragm and chest wall fail, people lose the ability to breathe without ventilatory support. Most people with ALS die from respiratory failure, usually within 3 to 5years from the onset of symptoms. However, about 10percent of those with ALS survive for 10 or more years.

Some of the actual ALS causes

lead: 4 studies on the lead-ALS link indicate that lead exposure can contribute to the etiology of ALS. If that the case or if we even consider it a potential cause-reduce and/or eliminate exposure and then detoxify the body from it. This is so obvious that apparently the ALS Association and the conventional medical establishment, chooses to ignore it.

Pesticides: Should we be surprised that highly brain and body toxic chemicals could contribute to a neuro degenerative condition? If you read the ALS Association about ALS page, you would be left with the impression that we have no idea what causes this terrible disease. Here are 3 studies showing a link between ALS and pesticide exposure.

Statin drugs: Yes, we should not be surprised. With 300+ adverse health effects linked to statin drugs in the biomedical literature and neurotoxicity #1 on the list, ALS has also been found to be a possible side effect of this highly toxic class of cholesterol lowering drugs. Remember, the dry weight of the brain is largely compromised of lipids (including cholesterol) any drug that suppresses the ability to produce this brain-essential compound, could contribute to a wide range of neurological conditions. And here is proof that statin drugs are one of them: statin-ALS link.

Cigarette smoking: No mystery here. Tobacco kills and it is not just the nicotine and the thousands of chemicals naturally occurring or added afterwards to 'enhance' the effect. It's the radioactive polonium 210 within them the subject of a decades old cover up that is the primary cause of tobacco associated morbidity and mortality. No wonder this highly toxic plant smoke has been linked to ALS. How does the ALS Association overlook this obvious risk factor.

Monosodium Glutamate (MSG): MSG is an omin present contaminant-classified as an FDA approved additive in tens of thousands of foods in the world's food supply today. Here is a 2010 study linking MSG to the pathogenesis of ALS.

How is ALS treated?

No cure has yet been found for ALS. However, the Food and Drug Administration (FDA) approved the first drug treatment for the disease riluzole (Rilutek) in 1995. Riluzole is believed to reduce damage to motor neurons by decreasing the release of glutamate. Clinical trials with ALS patients showed that riluzole prolongs survival by several months, mainly in those with difficulty swallowing. The drug also extends the time before an individual needs ventilation support. Riluzole does not reverse the damage already done to motor neurons and persons taking the drug must be monitored for liver damage and other possible side effects. However, this first disease specific therapy offers hope that the progression of ALS may one day be slowed by new medications or combinations of drugs.

Other treatments for ALS are designed to relieve symptoms and improve the quality of life for individuals with the disorder. This supportive care is best provided by multidisciplinary teams of health care professionals such as physicians; pharmacists; physical, occupational and speech therapists; nutritionists; and social workers and home care and hospice nurses. Working with patients and caregivers, these teams can design an individualized plan of medical and physical therapy and provide special equipment aimed at keeping patients as mobile and comfortable as possible.

Physicians can prescribe medications to help reduce fatigue, ease muscle cramps, control spasticity and reduce excess saliva and phlegm. Drugs also are available to help patients with pain, depression, sleep disturbances and constipation. Pharmacists can give advice on the proper use of medications and monitor patient prescriptions to avoid risks of drug interactions.

i. Physical therapy can keep the muscles strong.

ii. Speech therapy can help retain the ability to talk.

iii. Joining a support group or seeking counseling can help deal with this disease emotionally.

iv. Supplements that may be beneficial when treating ALS are:

v. Vitamin C, which supports many bodily functions. Besides strengthening the immune system, it also strengthens deteriorating connective tissue. Vitamin C is also instrumental in detoxifying the body.

vi. It is essential to supplement with calcium and magnesium. Calcium and magnesium help stabilize aluminum and mercury, excessive amounts of which have been found in people with ALS. Additionally, ALS sufferers have been found to have low levels of these important minerals. When taking calcium and magnesium it should be done at a ratio of 1:2 or 1:3.

vii. B-Complex Vitamins and Vitamin E play an important role in muscle and nerve function.

viii. Creatine has shown to be effective in increasing strength in those suffering from neuromuscular disorders.

ix. Acupuncture is thought to benefit nervous system function.

x. Herbs that counteract sclerosis are: Cayenne, Ginger, Cinnamon, Periwinkle, Butcher 's Broom, Manjistha, Chaparral, Goldenseal Root and Comfrey Root.

xi. Herbs that repair the nerves are: Lady's Slipper, Kava Kava, Valerian Root, Cinnamon, Chamomile, Blue Vervain and Passionflower.

xii. Herbs instrumental in detoxing the liver include milk thistle, turmeric root and dandelion root.

xiii. Spirulina and chlorella help repair damaged cells, nerves and muscle tissue.

xiv. Colloidal Gold is also effective, due to its effects on the brain and nervous system.

xv. Lastly, it is thought that people with ALS have too much acid in their system, often due to a poor diet. It is, therefore, recommended that they follow an alkaline diet. This would necessitate eating a mostly raw diet consisting of fruits and vegetables, preferably organic. All meats, dairy products, refined grains, starches and unhealthy oils should be eliminated, along with processed foods, junk foods and fast foods.

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Conflict of interest

The author declares no conflict of interest.