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Curing Polio with Magnesium

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AUTHOR

Thomas E. Levy, MD, JD

(OMNS May 31, 2019) While magnesium remains greatly underutilized in the treatment of a wide range of medical conditions, it is gradually becoming a more common nonspecific positive "health tonic" added to an increasing number of intravenous infusions given around the world. Literally, greater than 99% of magnesium is contained inside the cells of the body, and getting as much magnesium to accumulate inside the cells over time is a highly desirable goal, as the vast majority of adults are depleted in their cells and particularly the mitochondria even when serum magnesium levels are in the normal range. Magnesium administration is only really potentially toxic in the context of renal failure, excessive and/or rapid intravenous infusion, and when magnesium cathartics stay in the bowels for days without being eliminated, such as is seen in many nursing home residents. It has also been found to be problematic in persons with myasthenia gravis and severe bradycardia.



Oxidative Stress

Diseases share the common denominator of increased intracellular oxidative stress in the affected cells and tissues. The degree to which this oxidative stress can be lessened and maintained in that state determines the efficacy of a treatment protocol. Toxins are pro-oxidants, and all disease-causing agents ultimately cause an increased pro-oxidant, or toxic, impact in order to inflict their damage. All infectious diseases do their damage by ramping up oxidative stress throughout the body, as virtually everything associated with or part of the infection progression increases the presence of pro-oxidant pathogen-related toxins. This includes exotoxins, endotoxins, cellular intrusion by viruses, and all of the pro-oxidant metabolites that result from an evolving infection, including a large amount of free iron as pathogens either frankly rupture or are gradually metabolized and processed. Really, except

Continued on page 2



Riordan Clinic is a not-for-profit 501(c)(3), nutrition-based health facility in Wichita, Kansas cofounded in 1975 by Olive W. Garvey and Hugh D. Riordan. We have integrated lifestyle and nutrition to help you find the underlying causes of your illness. Since our inception in 1975, the mission has been clear and unwavering to "...stimulate an epidemic of health."

for the possible space-occupying characteristics of some infections (like focused oxidation that eventually erodes into a blood vessel with hemorrhagic and even fatal consequences), an infection only incapacitates to the degree that it consumes the antioxidant capacity of the body and increases body-wide oxidative stress. To express it slightly differently but very precisely, disease IS increased oxidation. The more biomolecules are oxidized (and relatively or completely functionally inactivated as a result), the more manifest the disease.

Magnesium and Vitamin C

Especially in acute infectious diseases, typically viral, serum vitamin C levels can drop to extremely low levels, and they can even become immeasurable in the urine. Magnesium levels typically decline in concert with such a vitamin C decline. There appears to be a strong therapeutic synergy between vitamin C and magnesium in normalizing elevated intracellular oxidative stress and in resolving either an acute infection or lessening the pathology of a chronic disease. When such oxidative stress can be reduced to normal, physiological levels, intracellular physiology normalizes, and the cell can be essentially regarded as cured, whether it was an infection or another toxin source that elevated the intracellular oxidative stress in the first place.

THERE APPEARS TO BE A STRONG THERAPEUTIC SYNERGY BETWEEN VITAMIN C AND MAGNESIUM IN ... RESOLVING EITHER AN ACUTE INFECTION OR LESSENING THE PATHOLOGY OF A CHRONIC DISEASE.

Magnesium increases the phagocytic capacity of the scavenging white blood cells in combatting infections, and vitamin C can attack pathogens directly via up regulation of the Fenton reaction inside the cells, increasing their internal oxidative stress to the point of pathogen rupture (Vilch ze et al., 2013; Levy, 2013). These anti-pathogen mechanisms can be very synergistic in treating infectious diseases. Furthermore, vitamin C enhances the capacity of all of the scavenger immune cells by concentrating inside them and allowing them to supply a greater immediate antioxidant delivery when the natural immune response summons them to areas of focal infection and inflammation that are always acutely and severely depleted of antioxidant capacity. However, a review of some older literature reveals, somewhat surprisingly, that magnesium chloride alone, given orally several times daily, has cured acute polio, even when significant paralysis had already developed (Neveu, 1961; Rodale, 1968). Dr. Frederick Klenner had also reported that high doses of vitamin C completely cured all of the 60 cases of polio that he saw in his practice. This result is likely achieved because both magnesium and vitamin C, as independent agents, can promptly normalize the pathology of increased intracellular oxidative stress seen in toxin exposures of any origin.

For many infections, it seems likely that either vitamin C or magnesium can be highly effective as monotherapies, since they both accomplish the desired goal of decreasing increased intracellular oxidative stress, but by different mechanisms. Vitamin C, as the premier antioxidant in the body, directly lowers intracellular oxidative stress the more it can be effectively concentrated inside the toxin-damaged cells. Magnesium, even though it is not a directly-acting antioxidant like vitamin C, promptly brings down elevated cytoplasmic calcium levels inside sick cells, which in turn promptly lowers intracellular oxidative stress as well. The following brief case reports demonstrate the incredible impact of magnesium chloride on 15 different cases of poliomyelitis, some extremely acute, and some seen several months after the onset of the infection.



Magnesium-Polio Case Reports from Dr. Auguste Pierre Neveu

1. The first case of polio treated by Dr. Neveu was a four-year-old boy in September of 1943. Fairly rapid onset. The child was crying, would not eat, and he was unable to stand on his left leg. Dr. Neveu mixed 5 grams of magnesium chloride in 250 cc of water. 80 cc doses were given orally at 1 pm and again at 4 pm. At the time of the second dose, the state of leg paralysis was considered to be “complete.” Another dose was given 3 hours later. The next morning both the paralysis and the fever that had been present were resolved. There was no return of symptoms. **This represented a complete cure with less than 24 hours of receiving magnesium chloride treatment.**
2. Dr. Auguste Pierre Neveu treated his second case of polio two years later. He saw an 11-year-old boy with headache, discomfort in the neck and the back, and an inflamed throat with difficulty in swallowing his saliva. He reported that his legs had no feeling, and seemed as if they were made of wool, with a complete inability to stand up. He had upper arm pain, and his eyes were very sensitive to light. Rectal temperature was 102 degrees F.

For this child, Dr. Neveu prepared a solution of magnesium chloride with 20 grams dissolved in a liter of water. The child

had been stricken suddenly that morning and was receiving his first dose of magnesium chloride, 125 cc orally, early that afternoon, with follow-up doses every six hours. Evening temperature had increased to 103 degrees F.



The next day morning temperature was 100.1 degrees F and evening temperature was 101 degrees F. The child had slept well the first night, all symptoms had generally lessened, and he was able to stand up when he awoke. He asked for food the second night.

The following day (48 hours after onset of symptoms) morning temperature was 99.3 degrees F and evening temperature was 99.8 degrees F. Overall condition was clearly improved, and the magnesium dosing frequency was decreased to 125 cc every eight hours.

The next day the child appeared to have been cured of his condition, although it was noted that he was still slightly sensitive to light. Dosing was continued at 125 cc every eight hours.

On the next day (four days after being stricken) recovery was deemed complete, and magnesium therapy was discontinued. The following day showed a morning temperature of 98.6 degrees F and an evening temperature of 99.4 degrees F.

3. The third case reported on by Dr. Neveu was a 47-year-old woman who presented with complete paralysis in the right lower leg and in the lower back. A complete cure was observed on the magnesium therapy, but it required 12 days of treatment.

4. A 13-year-old boy had an abrupt onset of chills with shivering and headache. Temperature was 40 degrees C (104 degrees F). The next day the temperature was 38.8 degrees C, and there was severe pain in the head, neck, and back. His eyes could not tolerate light. The temperature went back up to 40.4 degrees C. The physician (not Dr. Neveu) told the boy's mother that he suspected the child contracted polio, and that he would check back in two days. The following morning the mother said all symptoms were even more severe. She had seen an article about Dr. Neveu and his magnesium therapy and convinced him to see her son at home. Dr. Neveu termed the child's condition a "swiftly progressing poliomyelitis," and he gave the child his first

dose of 125 cc of the magnesium chloride solution (20 grams in one liter of water), to be repeated every six hours. Temperature was still 39.6 degrees C at that time. The following morning the head, neck, and back pain had subsided. Morning temperature was 37.1 degrees C and evening temperature was 37.8 degrees C. The child began to engage in normal activities. On the following day only two doses of the magnesium were taken, and slight head discomfort returned with a temperature back up to 38.2 degrees C. Three doses were taken the next day, and the following day the magnesium was discontinued with morning temperature of 37.2 degrees C and evening temperature of 37 degrees C. A complete cure had been achieved.

5. 9-year-old boy with right lower leg paralysis. Completely cured by Dr. Neveu with one week of magnesium therapy.
6. 13-year-old girl with stiffness in the back and lower limb nervous trembling. Magnesium therapy resulted in a rapid clinical response. The parents discontinued the magnesium, and Dr. Neveu later restarted it, but the child ended up keeping a paralysis of the extensor muscle of her left big toe, probably because of the interruption in the treatment.
7. 20-year-old woman with a persistent headache that progressed to vomiting and a stiff neck and back. The family physician suspected polio. The pain became so severe that the patient threatened to commit suicide. After the first dose of magnesium given by Dr. Neveu, the woman had enough pain relief to allow her to sleep. A complete cure was realized with 12 days of magnesium therapy.
8. 3-year-old girl who had been hospitalized for polio and was discharged to home with paralysis in both legs. Magnesium therapy was started a full 25 days after the polio was contracted. After two weeks of treatment, a great deal of leg mobility had returned. Following physical rehabilitation, she remained with a slight limp.

THE NEXT DAY THE CHILD APPEARED TO HAVE BEEN CURED OF HIS CONDITION, ALTHOUGH IT WAS NOTED THAT HE WAS STILL SLIGHTLY SENSITIVE TO LIGHT.

9. 20-year-old male farmer who was already paralyzed in both legs and the right arm. Magnesium was started 32 days after the initial polio attack. He responded well, and he was able to walk with crutches after four months of treatment. Two years later he could walk with just the assistance of a cane.

10. 19-year-old woman who first saw Dr. Neveu four months after the initial polio attack. Her left leg was not only paralyzed, it had also begun to atrophy. She was treated for 15 days with the magnesium and demonstrated marked improvement of the leg. She was eventually able to ride a bicycle and walk with a limp.

11. 2-year-old girl who received magnesium treatment 17 days after the initial polio attack. When first seen she was unable to stand and

KNOW YOUR OILS:

Frankincense



Source

- Steam distilled from gum and resin
- Grown in Somalia, Oman, and Yemen

History

- 52 references from the Bible (incense)
- Holy oil in the Middle East

Benefits

- Analgesic, antibacterial, antiseptic, digestive, sedative, and uplifting for mood
- Supports the digestive system, emotional balance, and radiant skin
- Aromatic influence: relieves anxiety, stress, and tension.
- Opens heart chakra.

Uses

- Topical application to desired location
- Diffuse

Avoid during pregnancy. Not for people with epilepsy or high blood pressure.



Jocelyn Pickard is a dedicated volunteer at the Riordan Clinic. Her health journey led her to essential oils 17 years ago. She is an avid learner and has extensive knowledge and training in how to incorporate essential oils into your daily life.

✉ jospickard@gmail.com 📷 @jospickard

could not move her right arm. While her legs regained completely normal function, her right shoulder remained paralyzed.

12. 4-year-old girl with right arm and right leg paralysis who received magnesium treatment 10 days after the initial polio attack. She eventually had a dramatic return of arm and leg function, but with only roughly 60% of normal strength.
13. 2 and 1/2-year-old boy started on magnesium therapy 10 days after diagnosis. The abdominal paralysis improved significantly after two days, and a complete recovery was seen after 21/2 months.



14. 20-month-old male infant with polio diagnosed by spinal tap 12 days after onset of the clinical syndrome. His left foot was completely paralyzed, but he responded to magnesium well and was nearly normal after five months, but requiring the support of orthopedic shoes.
15. 12-year-old girl who saw Dr. Neveu immediately after the onset of sore throat and stiff neck. Magnesium was started, but the stiffness increased and went down the spine initially. However, with continuation of the magnesium, the stiffness had resolved by the next morning. The sore throat was gone the following morning.
16. It is not clear at this time if all forms of magnesium would have the same level of clinical impact on polio as magnesium chloride. There is some evidence that the chloride plays a critical role along with the magnesium in the rapid resolution of the acute infection. This could be easily clarified by straightforward clinical studies. Nevertheless, this extremely simple magnesium chloride-water solution approach to polio would indicate a similarly positive response might well be seen in many or all of the acute viral afflictions (as has already been seen with vitamin C as a monotherapy). This could make an incredibly potent and cheap therapy available literally world-wide. Vitamin C is wonderful, but even it is expensive compared to magnesium chloride.

References for this article can be found at <https://riordanclinic.org/health-hunters-news/>

(Dr. Thomas E. Levy is board certified in internal medicine and cardiology. He is the author of several books, including his most recent volume: *The Magnesium Cure*. To order a copy of his new book, you can contact the publisher, MedFox, at (866) 359-5589.)

Case Presentation: Micronutrient Testing: The Key to Optimization

Harold presented to the office with complaints of pain and numbness in his legs and feet. This had been increasing over the last few years to the point he was beginning to have difficulty walking.

He had tried different medications in an attempt to address these symptoms but did not find adequate relief. He was concerned that the cause had not been identified and that his symptoms were getting worse.



AUTHOR

Gael Wheeler, DO

He had his Real Health Discovery lab panel done and, upon reviewing his results, it was noted his vitamin B6 level was close to 400% sat., with the optimal range being 42-89% sat. Vitamin B6 is a water soluble vitamin, so you can't get too much, right? How could this be related to his symptoms?

Vitamin B6 (Pyridoxine) cannot be synthesized in the body and so must be obtained from either foods or supplements. Adverse effects have only been documented from supplement

sources, never from food, as supplements can provide a much higher dose. Although vitamin B6 is a water soluble vitamin and is excreted in the urine, the long term use of high dose supplementation may result in a painful sensory neuropathy. Symptoms can include pain and numbness of the extremities and even difficulty walking. While doses as high as 1000 mg/day have been associated with the development of neuropathy, occasionally this may develop while taking doses of 500 mg/day over a period of months. None of the studies have shown sensory nerve damage at doses below 200 mg/day. The level of tolerance may be related to the individual's renal function and ability to clear excess vitamin B6.

Vitamin B6 is an essential cofactor to over 100 enzymes that catalyze important chemical reactions in the human body. In the nervous system, vitamin B6 is responsible for the production of the neurotransmitters serotonin and dopamine. Vitamin B6 functions as a coenzyme in the production of heme, the iron containing component of hemoglobin, carrying oxygen in the red blood cells. Vitamin B6 plays a role in immune function, cardiovascular health, preservation of cognitive function and mood, and other roles too numerous to name here.

The important takeaway I learned from Harold's situation is that we may be missing something important if we supplement based on assumptions. Each person is unique in how they metabolize and use different nutrients. Micronutrient testing gives us a clear picture of exactly where an individual stands regarding nutritional sufficiency. In his case, we were able to identify an imbalance that contributed to, or possibly even caused, his debilitating symptoms.

If you've not had nutrient testing in a few years, or are working to therapeutically adjust your nutrient dosing, I recommend having testing done. Our nutrient needs change as we move through life, and testing is an essential tool for optimizing our micronutrients to best address our requirements.



Contact the Editor

Please send any comments or suggestions to newseditor@riordanclinic.org. Thank you for reading.



Dr. Anne Zauderer
Editor

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LEAH CHISCHILLY, MSAC., L.AC

Leah's Story: "Part Two: My First Appointment"



The following post was written by a co-learner, and shared with her permission, on her blog at leahchischilly.com.

In my first post, I shared some of the reasons I decided to become a patient at the Riordan Clinic. I didn't get into the details about the program I'm doing, so I want to dive into that a little bit before I talk about my first appointment.

In order to establish yourself as a new patient and have access to all the different therapies provided at the clinic, you must start with one of their new patient programs. You can select a program based on your specific needs.

I opted for the Essential Program, which is best for people that want to maintain health, prevent illness, and treat everyday concerns (like my own fatigue, stress, etc...). They do have another program called the Living Well program which would also be good for this demographic, but the Essential program includes hormone testing which I have not had done before, so I wanted to include it.

Before you go to the page and get sticker shock (No, it's not cheap, but it's also not outrageous considering what you get) I want to

share some insights with you.

First of all, labs are expensive...period. If you are getting multiple panels done (which you should if you want a true picture of what is going on inside) it's going to cost you no matter where you go. Insurance may or may not cover it based on your plan. I've looked into ordering my own labs and would not be able to do it for any less than what I

was charged at the Riordan Clinic.

Second, the program also includes two extensive visits with the doctor, a Vitamin C infusion, a treatment plan, an online portal where you can communicate with the doctor and view your lab results and then access to all of the therapies available at the clinic. Trust me when I say this is not your normal doctor's visit and I feel like it has already been 110% worth the cost. Note: I am submitting some of the bills to our HSA to see if it can be reimbursed.

AFTER MY TIME THERE I FEEL LIKE THIS IS THE WAY THAT MEDICINE SHOULD BE PRACTICED.

Upcoming Events

For more information or to register for any of these events, please visit RiordanClinic.org/events or call 316.682.3100

Holiday Open House

Overland Park: Tues, Dec 10th • 4-7 pm

Wichita: Tues, Jan 28th • 4-7 pm

Hays: Wed, Feb 19th • 5-7 pm

Join us for a Holiday Open House to mix-and-mingle with our staff and doctors, chat with other co-learners, enjoy the season of gratitude, and celebrate the successes of Real Health that you have had this past year. All three events are free and open to the public.

Alternative Therapies for Chronic Pain Management

Wednesday, January 22nd

Noon – 1:00 pm @ Wichita Campus

Sara Cummins

Cost: FREE

Can self-care be as effective as pills? Pain education is quickly becoming a common intervention for those living in chronic pain. In this Lunch and Learn, you will be educated about yoga therapy and how yoga therapy is used to course-correct unhelpful behaviors and longheld beliefs surrounding pain in order to decrease your pain. Sarah will help you understand pain in a fun and interactive way. She will also help you learn more about how the process of fear, the threat of pain, and catastrophic thinking can result in a vicious cycle of chronic pain. Start the process of healing today!

My First Appointment

Before I even set foot on the Riordan Clinic campus, I was sent my new patient paperwork via FedEx and the new patient coordinator was in contact with me via email. He provided a visit itinerary and checked in to make sure I had everything I needed. To say the forms were extensive would be an understatement, but after my visit, I can understand why. They covered everything including my main health concerns, health history, family health history, daily diet, exercise habits, sleep habits and supplements I'm taking. I was even asked to bring all the supplements and medications I am currently taking with me.

Interestingly enough, on the day of my appointment, I wasn't feeling great. I had a raging headache, my back hurt and I just didn't feel good. This happens to me on occasion inexplicably. I'm actually really glad that it did that day because it reminded me that some of the things that have become my "normal" may not be normal at all. It reminded me that maybe I really don't feel as good as I could and it's something that needs to be addressed.

I arrived at 9:00 AM for my appointment and checked in at Dome 1. I was taken back to another dome (8, I think) shortly after for all of my lab draws. I was so grateful they did the labs first because I was borderline hangry at this point and definitely ready for some coffee! Amanda, the phlebotomist took me back to the lab and we got to work. I provided a urine sample, a saliva sample and like 8 vials of blood (I didn't count, but it was a bunch!). After the blood draw, she gave me a bottle of juice and a small bag of roasted almonds that at that point in time was worth the cost of the visit, Ha!

After my lab work was completed I was taken yet another dome that housed the office of Dr. Anne Zauderer whom I would be seeing that

day. I checked in with TaNeisha, a medical assistant, who took my vitals and a few notes before I saw Dr. Anne.

One thing I really want to note is that the staff members are so helpful and friendly and I had the chance to speak with them quite a bit. Everyone I spoke with had been there for quite some time (which can say a lot about any company) and they all said how much they loved working there. They were truly passionate about their jobs.

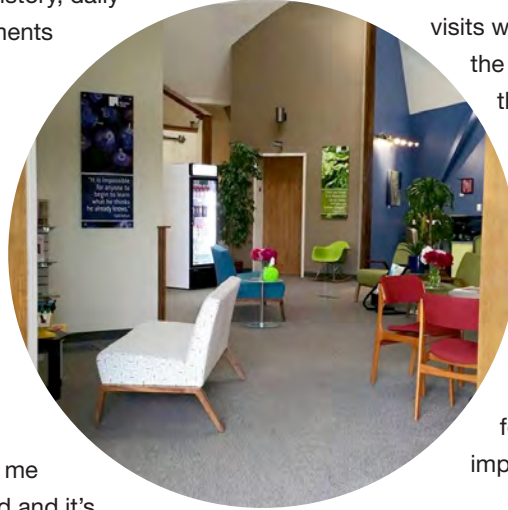
This was such a big switch from some of my usual doctor visits where I was lucky if I even got acknowledged by the staff and it felt like they were just going through the motions.

After my vitals were taken, I had a few minutes before my appointment so I sat in the waiting area on a small couch. It was weird, but I started to feel really emotional. Being there for my own health made me realize just how long it had been since I really asked for or sought out professional support for anything. It also made me realize just how important it was.

Dr. Anne came out to get me in a matter of minutes and took me back to her office. Dr. Anne is a true gem. She is extremely knowledgeable, instantly makes you feel at ease, and explains things in a way that makes it so easy to understand. I spent over an hour with her going over all of the information that I filled out on my intake forms. She asked a lot of questions and provided a lot of insights as to why I might be experiencing various symptoms.

I've been to so many doctor visits where it's a 10 minute (if that) conversation (and by conversation I mean the doctor talking at me the whole time), a quick diagnosis based only on boxes checked on my paperwork, and a prescription for something to make my

Continued on page 8



Upcoming Events

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Class Series: Overcome Pain Gentle Yoga

Fridays: January 31st, February 7th, 14th, 21st, and 28th

Noon – 1:00 pm @ Wichita Campus

Sara Cummins

Cost: \$80 per participant (for all 5 classes)

Pain is not always an accurate indication of what is happening in the body. Luckily we have the capacity to rewire the brain and change our pain. This class will teach yogic practices for pain management incorporating breathwork, meditation, mantra, mudra, and gentle movement. These techniques will help people living with persistent pain to move with more ease, experience less pain, and improve quality of life. No prior yoga is experience required. Chairs will be provided for comfort and safety.

RIORDAN CLINIC CLOSED

December 25th

Christmas Holiday

(closes at noon on December 24th)

January 1st

New Year's Day

symptoms go away. My experience with Dr. Anne was the exact opposite of that and was so refreshing in so many ways.

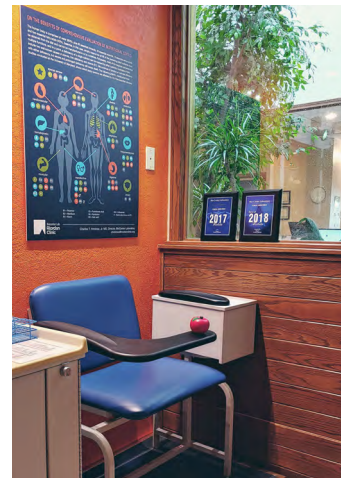
After my appointment, Dr. Anne provided me with some lifestyle hacks to help with my hydration and a prescription for an adrenal support formula. She said that she doesn't like to do any nutrient supplement recommendations without the lab results so we will go over a full treatment plan during my next appointment in a few weeks.

A Vitamin C IV was included with my appointment and Magnesium and B vitamins were added to it for extra support. I headed back to Dome 8 where I spent about 30 minutes hooked up to an IV and then I was good to go.

After my time there I feel like this is the way that medicine should be practiced. There is a time and a place for the conventional model, but for true healing (not just symptom suppression) it takes time, individual attention and a customized plan. Every person is different and therefore requires different therapies and interventions.

My next appointment is in three weeks and I am so anxious to see what my lab results show and how I feel after incorporating my recommended protocols.

Leah Chischilly, MSAc., L.Ac. is a Licensed Acupuncturist and Manager of Clinical Operations at Modern Acupuncture. She helps busy women go from stressed out, in pain and on edge to blissed out, pain-free and on their way to better health. Leah earned her Master's degree in Acupuncture from the Phoenix Institute of Herbal Medicine and Acupuncture and has extensive training in acupuncture for pain and stress management as well as aesthetic acupuncture. You can find her at: leahchischilly.com | [@lmchischilly](https://www.instagram.com/lmchischilly) on Instagram | [Facebook.com/leahchischilly](https://www.facebook.com/leahchischilly)



Holiday OPEN HOUSE

OVERLAND PARK

**Tuesday,
December 10th**
4-7pm

6300 W 143rd Street, #205
Overland Park, KS 66223

WICHITA

**Tuesday,
January 28th**
4-7pm

3100 N Hillside Street
Wichita, KS 67219

HAYS

**Wednesday,
February 19th**
5-7pm

1010 E 17th Street
Hays, KS 67601

RSVP AT RIORDANCLINIC.ORG/RSVP