The Mystery of Myasthenia Gravis

What are the symptoms of myasthenia gravis?

Although myasthenia gravis may affect any voluntary muscle, muscles that control eye and eyelid movement, facial expression, the swallowing are most frequently affected. The onset of the disorder may be sudden. Symptoms often are not immediately recognized as myasthenia gravis.

In most cases, the first noticeable symptom is weakness of the eye muscles. In others, difficulty in swallowing and slurred speech may be the first signs. The degree of muscle weakness involved in myasthenia gravis varies greatly among patients, ranging from a localized form, limited to eye muscles (ocular myasthenia), to a severe or generalized form in which many muscles - sometimes including those that control breathing - are affected. Symptoms, which vary in type and severity, may include a drooping of one or both eyelids (ptosis), blurred or double vision (diplopia) due to weakness of the muscles that control eye movements, unstable or waddling gait, weakness in arms, hands, fingers, legs, and neck, a change in facial expression, difficulty in swallowing and shortness of breath, and impaired speech (dysarthria).

It was stated that myasthenia gravis has manifested after exposure to crop sprays with chemicals which have an antagonistic effect on acetyl cholinesterase which is needed for the signal from the nerves to the muscle. A modern complication is the additional antagonistic action of fluoride on this enzyme. Fluoridated water may trigger a crisis or contribute to the long-term deterioration. This also applies to commercial liquids, such as soft drinks, soymilk or reconstituted 100% fruit juices in countries where water fluoridation is practised.

This is as far as the conventional medical understanding of myasthenia gravis goes. The cause of the main event, the blocking of the muscle receptors by
antibodies, is not known. There is also at present no attempt to overcome this disorder with nutritional therapy.

During World War 2 Myasthenia Gravis developed in prisoners of war in Singapore, which was attributed to malnutrition. A high-vitamin nutritious diet with plenty of yeast and liver soon restored these patients to normal. In Europe were reports of almost an epidemic of Myasthenia Gravis following the war. Also other Myasthenia Gravis cases have been reported with more or less permanent remissions as long as a highly nutritious diet was used. Several vitamins has shown to have a specific relationship with Myasthenia Gravis.

Vitamin B1, working together with manganese, is the key vitamin for the synthesis of acetylcholine in the nerve endings. A lack of this vitamin, therefore, can cause a reduced signal from nerves to muscles and, with this, muscle weakness and other neurological complications. Vitamin B1 also helps acetylcholine to bind to receptors. It also has a significant role in nerve excitation and enhances the effects of acetylcholine. Furthermore, with low vitamin B1 levels, lactic acid accumulates in the muscles and causes fatigue; deficiency can also lead to nerve degeneration.

Vitamin B2 is important for tissue respiration, for the storage of glycogen in muscles and liver as well as for the metabolism of glycine, an amino acid linked with myasthenia gravis. A deficiency lowers the resistance to stress. Vitamin B6 is essential for the synthesis of neurotransmitters and receptors. Pantothenic acid supplies the acetyl part in the synthesis of acetylcholine. It opposes the effects of substances that are known to block receptors. Pantothentic acid is the anti-stress vitamin, most important for healthy adrenal glands, which are especially weak with Myasthenia Gravis.

Vitamin C is another anti-stress vitamin. It is essential for collagen synthesis. Collagen is the connective tissue between muscle cells, cementing them together. Vitamin C is involved with the use of glycogen in muscles, with muscle contractions and exercise tolerance. It affects muscle metabolism and the functioning of muscle membranes. Together with folic acid it is involved with the synthesis of neurotransmitters and steroid hormones. Vitamin B12 and folic acid are required for the synthesis of choline before forming acetylcholine. Vitamin A is needed for the immune system, to produce steroid
hormones and to protect the thymus and adrenal glands from the effects of stress.

Vitamin E is important to protect cell membranes from damage through oxidation and peroxidation, while a deficiency causes changes in muscle protein with swelling and fragmentation of individual muscle fibres, leading to muscle weakness, dystrophy and paralysis. It is directly involved with the energy metabolism of muscles, deficiency causes increased amounts of muscle protein to break down and be expelled with the urine as it happens in Myasthenia Gravis.

It was noted that on a high-quality diet, that only a moderate amount of vitamin-mineral supplements was required for permanent remission. A patient who recovered on a raw food diet with only minimal supplementation initially persisted with double vision but overcame this with a hot castor oil pack over the forehead and eyes. Use a woollen cloth moistened with castor oil and keep it warm for 1 - 2 hours with a hot water bottle. Repeat as often as required.

While magnesium is an essential mineral and activates many enzymes, a large dose of a magnesium supplement acts as a muscle relaxant and causes Myasthenia Gravis patients to deteriorate.

**Manganese and the Thymus Gland**

Manganese and the thymus gland are the keys to the development and treatment of myasthenia gravis. It is essential for the development and functioning of nerves and muscles, specifically it is involved with muscular contraction. When muscles are damaged, manganese leaches into the bloodstream and causes its level to rise. Manganese deficiency causes defective growth, muscular weakness, lack of coordination and balance, reproductive abnormalities and disorders of the central nervous system. Manganese is required for a healthy immune system and it is also involved in the synthesis of acetylcholine.
While the thymus gland is best known for its importance in the development and functioning of the immune system, it has also other, less known functions which to some degree are similar to those of manganese.

In MG, the thymus is generally abnormal, usually much enlarged (hyperplasia) and not infrequently containing tumours (thymomas). Administration of high doses of manganese reportedly causes the thymus to shrink to its normal size in a very short time and thymomas and symptoms of MG to disappear.

The report of his first MG case with this new method is quite instructive. A 43-year-old female developed the symptoms of MG in 1932. She had X-ray treatments for thymoma over many years. Drug treatment was started later but gave only a slight improvement and after some months she failed to respond completely. Nutritional therapy was started in 1937 with high doses of vitamins A, B, and C, along with a high salt intake because of severe adrenal weakness, and glycine, an amino acid important for the muscles. Within three weeks the patient was much improved. The later substitution of part of the salt with potassium chloride caused acute glaucoma and had to be stopped.

After a year the therapy started to become ineffective and the condition deteriorated again. Now vitamin E was added in the form of wheat germ oil. In 1942 manganese sulphate was added to the therapy. Within one week her muscle strength was better than at any time during previous treatments and all symptoms of MG disappeared. In another case, a young woman developed rapidly progressing MG after her thyroid had been removed because of hyperthyroidism. Within 2 days of starting manganese therapy she showed marked improvement. However, in this case it took two to three years until she was completely well.

Furthermore, a lack of gastric acid leads to reduced mineral absorption, while inorganic (ferric) iron makes manganese unavailable and destroys vitamin E. Also prolonged use of antibiotics can cause manganese deficiency.

**THE DIET**
Raw-food diets have generally been shown to improve and possibly cure MG. Another excellent food is sprouted seeds. They are high in enzymes and their minerals can easily be absorbed. As salad dressing use lemon juice, extra-virgin olive oil, herbs, spices and possibly the yolk of a free-range egg. As cooked food use mainly fresh vegetables, arrowroot, sago, tapioca, rice and lentils. Buckwheat flour may be used for binding instead of gluten flour. Instead of cows' milk use rice milk or almond milk; also yogurt, cheese or cottage cheese from goats' milk. Tea leaves and walnuts are high in manganese (15 mg/100 g). Use fruits cautiously before or between meals.

Initially avoid the following foods:

- Cows' milk products, except butter;
- Processed foods with added chemicals, such as colours, flavours, and aspartame;
- Alcohol, tobacco, chlorinated or fluoridated water or toothpaste;
- Meat or chicken from feedlots or factory farming;
- Soy, corn and other genetically modified or microwave-heated food;
- Wheat products, initially also other gluten grains (oats, rye, barley);
- Sweeteners and sweetened food; commercial fruit drinks and soft drinks;
- Fried food, polyunsaturated oils, margarine and other hydrogenated oil or fat;
- Solvents and household cleaners and exposure to their fumes;
- Contact with chemicals; pesticides or aerosol sprays around the house.

**Conclusion**
It seems that MG has a tendency to reappear in stressful situations, especially in combination with an unbalanced or unsuitable diet and chemical exposure, which may include medical drugs. Therefore, if your recovery is slow or difficult and also to minimize the possibility of a relapse, make sure that you have corrected all conditions that might weaken your immune system and your adrenal glands.

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