

ALERT

LEAKY BRAIN SYNDROME/CEREBRAL ALLERGIES

Breaking new research by David A. Jernigan, D.C.

Although many people have heard of Leaky Bowel Syndrome, few have heard of Leaky Brain Syndrome. I coined this term when I became aware of the damaging effects on the blood-brain barrier (BBB) from the accumulation of ammonia in the brain. Ammonia in the brain is a primary cause of neurological and psychological hypersensitivity. Ammonia alters the permeability of the BBB, enabling larger molecules to cross, such as common amino-acids, causing cerebral allergies. Ammonia-induced Leaky Brain Syndrome is one of the primary causes of Multiple Chemical Sensitivities, Cognitive dysfunction, Chronic Fatigue Syndrome, and a myriad of other chronic conditions.

There are only a few ways ammonia can become a problem in the brain. Severe liver disease is a well-recognized producer of global ammonia. However, I first became aware of brain-ammonia problems while treating a gentleman from England who came to me after being diagnosed with Lyme disease (Neuroborreliosis). Quite surprisingly, my testing revealed *Trypanosoma gambiense* as his primary microbial challenge. *T. gambiense* causes African Sleeping Sickness (ASS). Only after subsequent study did I find that the symptoms of ASS are caused by the neurotoxic effects of ammonia produced in the brain by the microbe. Interestingly, the man said that for years he had told doctors that it felt like someone was pouring ammonia over his brain. The severe debilitation this man was experiencing reminded me of some of the symptoms of many of my Chronic Fatigue, MS, ALS, and Lyme patients. Subsequent testing revealed that all of these people had localized ammonia accumulations, primarily in the brain, heart, and liver, caused by the bacteria *Borrelia burgdorferi* (Bb), the causative agent in Lyme disease. It would seem that Bb releases ammonia, which is converted to glutamine, by way of the glutamine synthetase pathways, which lead to **localized** swelling of astrocytes. This ammonia-induced glutamine accumulation may cause dysfunction of astrocytes, leading to impairment of vascular reactivity of the BBB (Toshiki 2000). Depending upon the severity of infection and tissue environmental issues – including pH, temperature, oxygen levels, emotional state – the amount of ammonia could cause variable and cyclical worsening of symptoms. (It has already been reported that neurological problems are caused by either congenital or acquired hyperammonemia (Albrecht 1998)).

All of the ammonia-related pathological changes predispose these individuals to cerebral allergies, due to alterations in the blood brain barrier, subsequently allowing larger molecules, such as common dietary amino acids, to pass through to the brain. Neurotransmitter receptors and function are impaired, and possibly the most common symptom surfaces – altered brain energy metabolism, leading to cognitive brain dysfunctions, the total fatigue of the mind when forced to read, talk, or think for extended periods.

Ammonia is very alkaline. Many doctors have been taught that most people have acidic bodies. It is not that simple. People may be predominantly acidic but may also be extremely alkaline in the areas of ammonia accumulation. This is why many people worsen when they are given dietary recommendations such as fresh fruits and vegetables, which work to alkalinize the body. It appears that alkalinizing these people is only aggravating the already over-alkaline ammonia regions of their body: the brain, heart, and liver. The ammonia conditions must be cleared before addressing the more acidic regions of their body!

Direct Resonance Testing (DRT) was used to test for the presence of ammonia in the brain, heart, and liver of over 100 chronically ill patients; all patients were positive for ammonia over these areas. Several other doctors have confirmed this finding using the Direct Resonance Testing. A Direct Resonance Test functions based upon the fact that every bend, rotation, or atomic bond of a given molecular structure, such as NH₃, has a certain resonant frequency (Oschman 2000). When two substances of similar molecular frequency come in close proximity to each other, they will tend to vibrate "sympathetically" through harmonic resonance (Allen and Cross 1963, Sauer 1995).

Rapid-Testing for Ammonia: DRT for ammonia is a simple test that a lay person or healthcare practitioner can perform in one minute for less than 20 cents. It is recommended that anyone with any chronic condition be tested in this way. To perform a direct resonance test you will need a vial or small bottle of pure ammonia. A muscle strength challenge should be performed to identify a strong muscle, preferably using the deltoid muscle with the

patient's thumb pointing towards the feet. The muscle should "lock" and be strong immediately when challenged, without being spongy. Once a good strong muscle has been identified, hold the vial of ammonia over various areas of the brain, heart, liver, and teeth, testing to see if the previously strong muscle goes weak when the ammonia is held over any of these areas (Andreev et al 1994). Due to the temporary neuromuscular interference caused by the harmonic resonance of ammonia in the vial with the ammonia present in the tissues, the strong muscle will go weak (Adolf 1979, Frohlich 1978). The best effective treatment can be identified by adding the corrective substance, be it the liquid botanical supplement Silphitrin™, Pale-Spike Lobelia™ extract, or the NeuroAntitox Formulas™. To determine the best corrective substance, hold the vial of ammonia and the remedy over the same spot where the strong muscle went weak. If you have found the proper corrective substance, the former weak muscle test now will go strong. (You will likely find that general liver and intestinal detoxification supplements will do nothing to clear out ammonia.)

Jernigan Nutraceuticals has worked to develop the best ammonia-clearing products that appear to be effective in clearing even the stubborn neurotoxins in the brain. The botanicals in these formulas are Silphium laciniatum and the Pale Spike Lobelia. Silphium extract is known to contain alpha and beta pinene, camphene, most importantly sesquiterpenes. Sesquiterpenes are natural molecules that are known to cross the blood brain barrier, oxygenating and healing the neurological tissues (Young 2003). It is vital for any anti-neurotoxin substance to be able to reach the toxins! The newly developed line of products called NeuroAntitox Formulas are highly energized, liquid dietary supplements with synergistic botanicals of Silphium laciniatum and Pale Spike Lobelia. The NeuroAntitox Formulas™ have been formulated to drive or direct the energy of the formula to the specific areas of the body being most affected by neurotoxins (ammonia, heavy metals...) by the addition of Sarcobioenergetic Potencies™.

Remarkable changes have been seen in patients using these products with before and after FACT testing (Functional Acuity Contrast Test), sometimes called a Visual Contrast Sensitivity Test. The FACT test is admissible in a court of law to verify the level of neurotoxin interference in brain tissue. It takes only 5-10 minutes and can be performed by the lay person or healthcare practitioner. With the NeuroAntitox Formulas™ we have been able to demonstrate consistent improvement of FACT scores within a week of oral supplementation. Improvement continues almost universally on repeat weekly testing. Symptomatic relief follows the detoxification of neurotoxins, such as ammonia and heavy metals.

The products Borrelogen™ or Microbojen™ are recommended to assist the body in resolving the cause of the ammonia while taking the NeuroAntitox Formulas™, as well as a strong systemic proteolytic enzyme supplement, such as Wobenzym-N™ or Vitalzym™. More on the Lyme toxin issue can be found in our new book *Beating Lyme Disease; Using Alternative Medicine*. This is a hardback book with 410 pages, and it can be ordered by calling 316-651-5739.

Reference:

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