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Review Article

Quest to Find an Herbal Treatment for Viral Hepatitis C Viral

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Received: August 13, 2019; **Published:** September 30, 2019

Abstract

This manuscript details the research made since the Mid 1990's, working on a Vibrational Herbal cure for Hep C Viral. At the time, Interferon injections were being used with very limited success; and the knowledge of the disease was minimal. There were millions of Egyptians who had been infected by this virus through the lack of good hygiene practices and due to the ignorance of the presence of such a disease. Discovery of the "Laws of Ancient Wisdom" and its application in healing and diagnosis of the virus gave us a means to try to find a cure. This details the search over close to twenty years of research with various and different Vibrational Herbal mixtures to try to understand the virus, its connection to its several genotypes, how it progressed and its effects on the patients and how to eliminate it. Simulation techniques were used to determine sizes of the different Genotypes and the effect of the many different treatments to different patients. Ultimately reaching a treatment that would eliminate all Genotypes in all male or female patients in a reasonably short time of sixty days.

Keywords: *Herbal Treatment; Hepatitis C Viral*

Introduction

Hepatitis C viral

In 1990, a colleague of mine was diagnosed with Hepatitis C viral. He was living in Bahrain, and had an excellent health plan; therefore he was well treated and was sent to London several times for treatment and follow up. He was treated according to the current protocols of treating HepC. There was no improvement in his condition.

His condition was not improving and there was no cure in sight for the Virus. In 1992, I convinced him to try alternative treatments, one of which was using Ancient Egyptian techniques, by using vibrations and colors of vibrations to treat various illnesses. He was treated for several months using these techniques, and for the lack of any cure, he readily took the treatments. There were no side effects but at the same time there were no improvements in his condition. He passed away in 1994 after a losing battle with a relentless foe.

In 1995, I discovered that all herbs and plants exhibited forms of energy that was varied and could be measured, using Ancient Egyptians methods.

In efforts to apply these findings, this was published in an article in Explore magazine in 2001, detailing my work up to that time.

In mid 1995, I tried to use these findings in treating illnesses. I started by studying some of the causes of high blood pressure and how its energies control the rise or fall of blood pressure in humans. This finally led to a clinical trial in the University of Tanta and revealed a definite correlation between fluctuation of energy controlling blood pressure and blood pressure.

Objective of the Study

Late in 1995, I was approached by a colleague who knew about my investigations in Blood pressure and its causes using the energy analogy. She informed me that she had been diagnosed with Hep C viral, and that her treatment with Interferon left her almost dead. She preferred to die than to take any more Interferon shots. She was willing to take any herbal mixtures I made to treat her Hep C and was willing to take any risks and endure any side effects, if any. This request started my twenty year long quest to find an herbal treatment and cure for Hep C. Viral. The discovery of herbs having specific vibrations, and energy patterns and there was evidence that these were used in Chinese Medicine. The Chinese used herbal concoctions in their treatments of all ailments. It appeared in the various books about Ancient Egyptian medicine that herbs and minerals were used in the treatment of many ailments. In my experimental work in treating ailments in the mid 1990 and until late 1990, it become clear that herbs can be used to cure and treat many ailments. The problem was what the technique to use and on what basis would that be. Appendix 25 The main objective however, was to find a cure for Hep. C using herbal mixtures.

Procedure

The basis of my treatment is that: In theory, an ailment or a disease may be described as an increase or a decrease in the energy of the body of the patient controlling the ailment or the organ involved, or the presence of a new energy in the body describing this new ailment. In theory, by eliminating this new energy, the condition of the body will improve or the ailment be cured, partially or totally in the body of the patient. This energy could be eliminated by using herbal mixtures that are designed using the Laws of Ancient Wisdom to eliminate the energy causing the ailment, part by part, until it is eliminated.

These followed the main Rules of the Laws of Ancient Wisdom: 1-Everything in the universe is alive and therefore has energy that can be measured. 2-Each Herb has an energy level that can be measured. 3-The healing qualities of herbs depend on their vibrational qualities and not only on their chemical or physical properties.

Treatment of First Patient with HepC using vibrational herbal medicine techniques

In the several months previous to the introduction of the first Hep C patient, we had been designing new mixtures to treat blood pressure in both male and female patients. This started by identifying the main energy groups controlling the blood pressure in all male and female patients. The preliminary results were encouraging and it set the course for future procedure to determine energies controlling an ailment and trials used to reach a compatible mixture to eliminate the energies of the ailment or disease.

Based on the procedure used in the experimental search for a treatment of Blood pressure, the condition of the first Hep C patient was examined. The earliest test of her condition is in Exihibit A (pp 31). This is a clear indication that the patient is infected by Hep C Viral. The date was 11th of September 1994. The patient took several Interferon shots which described as "almost killed her" and stopped taking the shots. Her medical condition did not improve at all and she felt quite unwell. The first treatment was started around the middle of 1996.

All energy groups relating to the condition of the patient were identified, after which an analysis of these energy groups and how they affect the patient and the virus, was conducted. This was a repetitive task and continued for many months. The results of each group of mixtures used with the patient were examined. Laboratory tests were made by the patient with every change of the mixtures of treatment. Analyzing the condition of the patient and determining the energy of the virus, plus the effect of the virus on the liver of the patient were some of the tasks undertaken. This treatment was in form of ground herbs, mixed in specific proportions and encapsulated in 900 mg gelatin capsules. The first dosage was one capsule per day of one mixture and another capsule of a second mixture, one after lunch and the second after dinner. The duration of the dose was 30 days. During the duration, the patient was monitored and the energy level of both the liver and the virus, were daily measured. There was a clear and distinct reduction of both groups of energy, over the period of the treatment.

However, a qualitative test {PCR} Appendix 2 Hep C patient 1 (pp32), was made and revealed no changes occurring on the virus, nor in the condition of the liver. With a great deal of frustration, as we had anticipated some change in the test results. In our analysis of the results, we tried to understand how the results were so far apart. We tried to explain why without actually knowing the base of the assumptions or the results.

We tried eight different times, over the next two years, with different mixtures and different assumptions to get any positive change in the condition of the patient that can be attributed to the herbal medicine, without avail. Finally, after about two years, one of the qualitative tests indicated a reduction in the vireamia. This is attached as appendix 3 Hep C patient 1(PP33). This is dated 5th January 1998.

It stated" that HCV-RNA by PCR in Serum is negative". The remark made on this test report was" due to the fluctuating nature of the virus, the test should be repeated after 2 - 4 weeks or HCV-RNA replication in peripheral leucocytes must be performed".

Another test was made on 14th February 1998 and indicated the following: This is referred to as Appendix 4 Hep C patient 1 (pp34).

- HCV-RNA in Serum ……. Positive [1].
- HCV RNA by PCR in peripheral Leucocytes …… Positive [2].
- HCV-RNA Replication in Peripheral Leucocytes……Negative [3].

The remarks on this test report were: Serum vireamia is strongly detected in this patient by PCR [1]. Only mature viral genome [2] is detected in peripheral mononuclear cell lysates. No replicating forms [3] of the virus were detected. If this patient is currently under antiviral treatment, the absence of replicating forms in extra hepatic tissue provides a good prognosis for response to this medication. If the patient is not receiving any medication, the above result means a limited reservoir within extra hepatic tissue with anticipated good response to treatment with most antiviral agents".

Since we have been administering the patient with herbal antiviral medication, the medication was actually getting some very good results. The medication was continued in an effort to eliminate the virus in all parts of the body. This, as before, was being used by trial and other trials. Another test made on 8th June 1998 this is indicated as Appendix 5 Hep C patient 1(pp35) indicates a progression in improvement of the tests. The remarks in the test were: "HCV.RNA is strongly detected in the serum sample provided. However, neither mature nor replicating forms are detectable in peripheral mononuclear cells, suggesting absence of extrahepatic replication. The overall conclusion suggests a good prognosis for antiviral therapy since extrahepatic viral reservoirs seem to be very limited".

The trial continued for another one month and two different herbal mixtures were used. The report following this last test indicated as follows Hep C patient 1 (pp36).

- HCV by PCR in Serum……. Negative.
- HCV-RNA by PCR in Peripheral Leucocytosis…….. Negative.
- HCV-RNA Replication in Peripheral Leucocytosis …….. Negative.

These results that the antiviral medication has been able to eliminate the vireamia in the three main parts and that this medication may prove to be an effective treatment against Hep C viral.

This result indicated that we may have moved a long way towards reaching a viable treatment for Hep. C, that may be more effective than the current treatments such as some chemically based treatments as injections or orally taken.

After the favorable result with the female patient, we did not pursue the treatment with her for close to a year. During that time, we were approached by another patient to whom we had shown the results of the female patient. He had tried Interferon but had a very bad experience with it and wanted to try another safer method of treatment.

The second HepC patient

We started him with the last three courses administered to the first patient. After the three courses, over a period of three months, his condition, according to the chemical tests, had not changed. The PCR was slightly lower but the liver enzymes were slightly higher than before. He was not impressed with the results but agreed to take one more course and determine the outcome.

It is important to note that at that time circa 1998-99, the common belief, with no collected data or foundation, was that genotype 4 was the one most prevalent within Egyptian patients. I did not believe that assumption because none of the two patients of Hep C that I treated reacted in the same way, even with the same treatments. There was no screening for the genotype in patients, since there was no cure and not everyone was able to afford Interferon, even with its extreme side effects. The main treatments offered were palliative, some additives and vitamins. One of the conclusions of these two experiments was that the two genotypes were different.

At that time, on 20-8-1999, after about one year from the last results, which sort of indicated a remarkable progress in the pursuit of a treatment, the First patient, the female patient, informed me that her condition was quite serious and that a quantitative PCR indicated a PCR count of 2.5 million IU units in her blood. She was quite agitated and rightly so, but I calmed her, mentioning that we eliminated the virus before and we can do it again. She agreed and was prepared for a new round of treatment. Appendix 7 Hep C patient 1 (pp37).

At this point at which the virus reappeared, reinforced my belief that the virus is composed of pockets, or groups of virus collections that were either active or dormant. That once a group of active components was eliminated, the virus would order a new active group to start its activity. This may have been a method of explaining to me why the PCR values changed every now and then, without any apparent indication of a reduction in the effects of the virus. This may have led me to believe that each pocket or collection of virus groups had its own replication value and that was demonstrated in a change of the PCR count. This discovery led me to believe that the PCR count did not have any indication about the power of the virus or its destructive capabilities. Based on these assumptions, a new mixture was prepared for the female patient and the male patient who decided to take another treatment before deciding to continue or stop.

There was not any remarkable change in the results of the male patient, and he decided to stop the treatment as his attending Physician decided against his taking the herbal treatment as it was probably harmful to him, without any proof of that. The condition of the female patient improved slightly, in a reduction of the PCR count to less than a million IUs, in a matter of three weeks down from 2.5 million IUs. Since both patients were taking the same medicine, with varying degree of results, I surmised that I was probably treating two different genotypes and not just type 4 that was supposedly common in Egypt. This also indicated to me that it may be that, until now, we needed different mixtures to treat different genotypes of the virus.

It was our primary role to find one mixture that is able to react and treat all six genotypes. However, it deemed reasonable to find a link or links among the genotypes that would help in affecting all of them and hence prove effective in the treatment. We were trying to find a common denominator among the genotypes that would lead us to a common treatment. The treatments we had, up to that time, appeared to work, but not at the same rate with different genotypes, if there were any. We were trying to establish a reference point of any one genotype so that we might be able to compare the results of other patients and reach some kind of universal treatment. This goal was still a long way to reach. There were good indications that we were on the right track to obtain a treatment for Hep C, which may work with one or more of the genotypes. This was what we were trying to reach. One of the main results of our treatments was that it did not have any discernable side effects, nor strong reactions by patients, as was the case with Interferon, for example.

By early 1999, I started getting interested patients who wanted a treatment for Hep C, but did not want to suffer the consequences of extreme side effects with Interferon. The initial results of the various treatments were good, sometimes lowering of liver enzymes and large reduction of PCR counts, but there were no signs of elimination of the virus.

The results, in total, indicated that the treatment was actually improving the condition of Hep C patients. It was time to assess the treatment in a clinical trial. We had approached Dr. Alaa Ismail, Professor of Liver surgery and Head of the Tropical Medicine Research Institute

of Egypt, explained the methodology, theories and approach to the treatment of Hep C. He was amenable to try a clinical trial after being shown the results of the previous treatments and the improvement to the condition of various patients. We submitted a proposal to the board of the Institute and received their approval to conduct a clinical trial on an herbal treatment for Hep C.

The study was composed of twenty patients, four females and the rest males. These were the patients of the Tropical Medicine Research Institute and the clinical trial was conducted under their auspices. We had no control over the procedure except that the treatment protocol was followed. The trial lasted about six months, and there were four different mixtures administered to the patients in sequence and at the same rate. The duration of the batch was 20 days per batch. There were delays in continuing the pace of the treatment as the making of the treatment was not entrusted to anyone and had to be made by myself personally, for security and to maintain health protocols. The protocol indicated that all mixtures composing the treatment had to be completed first, before any tests were conducted. The reference per patient was the tests conducted prior to participating in the trial. The patients were reporting weekly to their attending physician at the Institute. Invariably, as in such trials, not all patients were totally satisfied, for various reasons. Regrettably, we did not get copies of such tests, for some reason or another.

During the first 3 months of the trial period, six members of the trial group dropped out, for one reason or another. Since joining the clinical trial was totally voluntary, dropping out was acceptable as long as the participant just opted out. It was maintained that all patients were in reasonably good health standing.

This clinical trial was a feat by itself. The concept of an Herbal mixture may be used as a treatment or cure for such a virulent virus as the Hep C, was a first. There was no funding for the trial, the Institute agreed to oversee the administration of the treatment and follow up the patients as part of its normal functions, and was gratis, and for that, we are grateful to the Dean and the rest of the staff.

The tests were funded by the patients as, again, there were no available funds, but patients were anxious to find out about their condition, they paid costs of the one or two tests that were required. Most of them had positive physical changes that had not been noticed when using the run of the mill prescriptions that were written at that time. Nor did they suffer from any ill effects that were associated with the prevailing antiviral drugs of that era. Herbal Medicine appeared to be a safe and viable alternative.

The Institute issued a formal report on the clinical trial and is attached as Exhibit B (pp 52) in the appendix. The main findings and recommendations were as follows:

1- The herbal medicine is very safe with nearly no side effects to the patients.

2- Patients have noticeably improved from fatigue, dyspepsia and they tolerate their normal activities better than before the treatment.

3- Their general condition, their Facia and the color of the skin turned normal.

4- The follow up laboratory tests does not show coincident changes as shown by the clinical features. Our recommendations and advice is to continue an extension of the clinical trials, for other time periods, as the clinical trials are encouraging, although we do not yet know exactly how to measure the results".

The trial was handicapped by the lack of funding, as most expenditures were paid by myself from my personal funds, nor were the doctors or attending staff were paid for their time and effort.

Until the end of the clinical trial, we had treated several patients, using several mixtures, even though we were not sure that they had the same genotype. Our basic objective was to find a treatment, herbal based, that is as viable as any chemically based treatment and with little or no adverse side effects. Our initial results at that time were quite promising comparing all the various treatments in the market

without any one treatment that could have been labelled as a cure. We were quite positive that certain results could be concluded from our limited trial and other treatments on out-patients.

1- The PCR count appeared not to have any bearing, contrary to certain beliefs at the time, to the power or intensity of the virus. Simply, the count was just an indication of the replications of the active group of the virus at that specific time. With any slight change of medication, this count could change, slightly or drastically, without any change in the condition of the patient.

2- We were not able to determine the effectiveness of any of the medication on any specific genotype, since genotype testing was not used.

3- There was no known method, at that time, to determine the change that may have occurred on the virus i.e. what percentage of the virus was eliminated; or what percentage of the virus was activated by this treatment? This is one of the objectives to try to discover in the next phase.

4- Although many patients had been treated by interferon, the changes on the patient vis a vis the amount of virus affected by this treatment, were never determined unless a change in the PCR indicated a decrease in value. In my own assessment of some of these patients, we could measure a percentage of the virus that was affected, although this was not indicated as a decrease of the PCR count. This led us to conclude that some parts of the virus were eliminated but were not indicated in the results, possibly because these parts were not in the active parts measured by the PCR testing. This could have been due to the fact that these parts were not active, but probably part of the inactive part of the virus. The composition and the structure of the Hep C virus was still not quite determined.

5- Any decrease of the viral load, as a reduction in the PCR, was not, and could not be translated as a reduction of the number of active components of the virus.

6- Our efforts were concerned in deciding how much of the virus was eliminated by each batch of the herbal medicine or by each injection taken by the patient in his chemical treatment, so that some map of progress could be drawn for the treatment and the progress of the patient.

7- Our early attempts to come up with a reference of the amount of the virus, in that patient, and comparing it to what I believed would be the amount eradicated by each batch or treatment, was never quite accurate. This did not give any reliable value for the results.

8- We needed to have a reliable base of one of the genotypes of the virus in the form of a patient who was cured, determine the relationship among this genotype and other genotypes, if any, if they were connected in any way, and finally the base of the unit unifying all genotypes and whether or not it was one and the same for all genotypes.

The conclusions of the Institutes' report were that more tests were necessary to reach some clear indications on whether to continue to find a treatment using herbs or to stop the efforts. We were convinced of the effectiveness of the herbal method and theories, but it needed a great effort to resolve the questions that were being raised to reach a viable and effective cure for Hep C. We continued the trial, with some of the original members, and then with new members whose only objective was to be rid of this deadly virus. One of the main misconceptions in the treatment of HepC was the complete misunderstanding of patients (specifically in Egypt) concerning the severity and complexity of the virus, its complications and the duration of treatment. The idea was that it is similar to a flu virus and that after a few weeks or even days it would be cured. This affected the treatment and the determination of the patients and their continuity to taking the medicine.

As directed by the report of the study, we continued our clinical trials, but on a personal basis due to the complete lack of funding. Several patients were being treated simultaneously, using the same or slightly different mixtures based on their apparent condition and our understanding of what their genotype may be. Our usual approach was to determine, in our method, what we believed the condition of the patient was, and to determine which of several mixtures would react to the active parts of the virus and reduce the PCR count. This approach helped in close to 75% of the cases, while enzymes of several patients improved slightly, others started feeling much better; it was difficult to assess the PCR count due to its high cost of running the test.

Due to the positive feedback from the clinical trial, several patients approached us for treatments. Between the year 1999 - 2000 and until 2003, we had close to forty patients at any one time. The basic structure of the treatment was the same, but there were some variation in the proportions of the mixtures. Several drawbacks were noticed in this period. Mostly all of the patients could not afford healthcare or to have tests made. They had no insurance or the insurance would allow payment of one PCR test every six months, regardless of the condition of the patient. Enzyme tests for the liver were allowed more frequently as they were much cheaper to the health authorities. Hep C had been recognized by the health authorities in Egypt as a grave epidemic, but funds were not available nor were there any viable treatment alternatives that could have been spread over the patient population. Most patients who could afford Interferon or similar costly treatments did not continue the treatment because of the side effects encountered and the apparent lack of solid evidence that the costly injections were effective. Hence, patients chose the diversion to our herbal treatment as a viable alternative. It was painless, cost very little or no money at all, except test costs every few months and people felt better, had more energy better digestion and bowel movement. Although in many cases it was difficult to tie in all the results together for a concrete and positive decision.

Although we explained to each patient the seriousness of the Hep C illness and that it needed between six months to a year for a positive and effective results, patients were quickly discouraged after two or three batches, that is after two or three months. Some were candid that they did not feel a great deal better, or their enzyme levels did not improve that much, but the underlying cause was psychological: if this medicine was really good why would it be given for free? We could not explain enough that it cost us a great deal of money and it would take a long time to get better and people may not be able to afford it. We were being comforted, in the mean time, that some patients' results were getting better, whether liver enzyme rates or the PCR count would change drastically and remain low. However, we still could not determine, with certitude, what actual percentage of that particular genotype had been eliminated and which of these genotypes it was, nor were we able to determine which of the mixtures had the best effect. Several people were being referred to us, through word of mouth and other times by patients who started feeling better after one or two batches of medicine. We were becoming confident that we were on the right track to reach a viable cure for Hep C. It would be a long way ahead, but it would be coming.

In 2001 we published a paper on the "Laws of Ancient Wisdom" and how the Laws were used to formulate the treatments for Hep C and other viral diseases (appendix 25). We discussed what we believed was the structure of Hep C at that time, based on our limited understanding then. However, the foremost conclusion was that the PCR count could not be used to determine either the power or evolution of Hep C in any patient. It simply indicated the specific condition of the virus at that time in that patient. Neither did it indicate the type of the genotype in that patient. We could not ascertain the fact that a high PCR count indicated a more powerful genotype nor the opposite. Our conclusion was that the PCR count indicated the replication rate of the active group at that particular moment. The concept of the PCR count remaining semi-constant in one patient at which no medicine was taken, plus the fact that sometimes the PCR count did not change over time, for some patients, made us consider the concept of a steady state of a system. What flows in, is equal to what flows out, in the steady state. We determined that the virus was a living, conscious being, that it reacted to medicine that was introduced to eliminate it, so why would it not reach a steady state in times of relaxation and feeling safe? This would mean a constant number of units that have to be determined, at that time and for that genotype. This would, finally, determine the total count of the units of the virus for that genotype. This was not an easy task to accomplish; to be able to reach the base of the unit of the virus took us about fifteen years. With each new patient, our technique of measuring the percentage eliminated in the virus became a little more accurate than previous tries. Several patients approached us from the year 2000 to 2003, based on word of mouth and the improvement that occurred with our results of the herbal medicine. Some of these cases, although continued to take the medication prescribed, in a somewhat orderly fashion as could be, they felt better and even sometimes we had some Negative PCR results, we could not, for a fact proclaim that that particular mixture was the one to eliminate any specific genotype.

In 2003, a patient was introduced to us through two other patients who had been under treatment for about two months, taking the Vibrational Herbal Medicine (VHM) and had started to feel better without suffering from any of the side effects associated with Interferon injections treatment. This patient had only taken some antiviral tablets plus several other Liver vitamins and other herbal supplements,

as prescribed by his attending Physician, a well known Liver specialist and a Professor of Liver disease in one of the main universities of Egypt. We explained how we perceived the virus and our theories in combating it. We explained that a cure was a tough job, that there is no known cure, but we are working to reach that goal and based on his condition, we will be able to do so in between 6 to 9 months of treatment.

We agreed to the terms of the treatment and he started taking the Herbal Medicine. It was one mixture, two 900 mg per capsule, taken once daily after a meal. How would one assess the progression of the treatment? Based on previous treatments, tests such as Enzyme count and Viral Load, did not reveal any apparent changes in the condition of the patient in many cases. This might have been that the change was not large enough to register or that the medicine might not be effective in the right way? That is, the medicine was attacking some of the inactive parts of the virus. This conclusion was based on some of our observations in patients that had taken Interferon Injections and their test results did not indicate any changes while my observation indicated that some parts of the virus were actually eliminated, but that did not show in the PCR or enzyme tests. We wanted a method by which checking the energy pattern of the virus would indicate what parts of it that had been eliminated. We wanted a percentage to appear as to have been eliminated, a percentage of what? Of the active parts of the virus that contribute to the effects of the virus in the patient's body. To do so, we would have to have some indication of the total amount of the virus in a quantifiable manner that could be identified and measured.

Some years earlier, we struggled with trying to find a percentage of the virus eliminated as a percentage of the energy of that part of the virus eliminated by that batch of medicine taken by the patient. To our disappointment, we discovered that we were measuring only parts of the virus that was active, and not the whole virus per se. This led us to believe that the structure of the virus is composed of groups and clusters of units of the virus, probably having similar energy characteristics and a specific replication rate. We came to believe, at that time, that the structure of the virus was composed of two main parts, an inactive part, shielding the active and main part of the virus, and an active part that was supposed to attack the liver and destroy it. We started at that time to try to assign an arbitrary value to the size of the virus. We started by assuming that the body of the active component was composed of equal units of the groups of the virus. Each unit was composed of limited number of what we described as a major complex virus system (MCVS). The first assumption of the unit of the virus was a unit is composed of 10 to the power of 90.

We assumed that the number of such units were 900,000 in this genotype, regardless of what this genotype was. During administering the daily dosage we would measure the changes in the value of the energy characteristics of the virus in each patient. We also tried, empirically, to assume a percentage that was eliminated of the virus daily, based on the units eliminated according to our assumptions. The changes' occurring in the energy characteristics of the virus, over the period of time of the dosage, was measured. An assumed percentage of the units was calculated based on the assumed number of units eliminated by the dose as a percentage of the total number assigned to the genotype under study. The results did not appear to be accurate, as there were several discrepancies which we tried to reduce or eliminate by each trial and with various patients. The results were encouraging as an indication of the direction we were going and could open the way for a determination of the actual percentage of the virus/genotype eliminated. It would also open the way for some relationship among the various genotypes and to establish a mathematical relationship among the six genotypes.

Our 2003 patient was progressing along according to our established parameters and we felt that he was doing quite well. After 4 months of treatment he was well and was quite regular in receiving and taking the medicine. Most of the patients were living in the rural districts of Egypt and it took some time before the new medicine batches were either sent by courier or mail to the patients. Sometimes there was a lapse of two to three weeks between batches. However, there did not appear to be any negative impact on the patients or on the results. Based on our rudimentary measuring techniques, the patient was at about 70% of the virus eliminated. We had established the set parameters to measure the percentage of the virus eliminated and compared it to what we perceived the number of units eliminated to give a percentage of parts eliminated. Whenever there was a discrepancy between the percentage and the number of units eliminated, we would rethink the logic by either expanding the limits of the virus or changing the unit size or numbers. All in all, this method appeared

to be working for that time and was giving us a reasonable assumption as to the percentage of the virus eliminated for each patient. It was by these discrepancies that we corrected our methods and changed the size of the body of the virus, the one indicating the genotype being treated. It was our assumption that there was a mathematical relationship among the various genotypes. Once this relationship was discovered and the size of the body of the virus determined, then the size of each one of the six genotypes would be determined. Many patients were being treated; however, one of the main disadvantages was that it was assumed that they all had genotype number 4 which was assumed to be the type prevailing in Egypt. All my patients at that time did not have any tests made to determine the type of genotype, probably under the assumption that since there was no cure, it was irrelevant to add more costs to make a test that would not add any relevant information to the treatment process. This was different in our case because with different patients using the same treatments, we were getting differing results. This meant that the speed of unit elimination in each patient was different. It could have been due to several factors, one of which would have been that different types of genotypes required different time to eliminate a unit of the virus. It could also have been due to age, sex or severity of the case.

Eight months after the start of treatment of the 2003 patient, this was in 2004, our results indicated a good progress in his condition, and we estimated that he was about 85% free of the virus. He was feeling normal. However, we were quite surprised to hear from him, through our common acquaintance, that he was not satisfied with this herbal treatment, he did not need the new batch of treatment and that he was returning to his former attending physician. We were totally surprised, as his condition was definitely improving, but we wanted what he thought was best for him. We restudied and analyzed his case repeatedly for a few days, and the results were the same. He was getting better and his condition was actually improving. Ten days later, his acquaintance called me up again, apologizing for the patient and informed me that he was returning to taking the herbal medicine again. He did not elaborate indicating that the patient himself would come to pick-up the new batch himself. A few days later we met at my study and he explained the situation. He was not feeling satisfied with the medicine, some of his colleagues berated the herbal medicine and that was some trick and did nothing for the patients. So, he decided to go back to his former physician and check with her, as she was a foremost authority in Hep C treatments. She asked for the required tests, which he made, and took them to her. She was surprised and asked if had followed her prescriptions for the last few months, to which he replied in the affirmative (although he had not). She asked him to repeat the tests again at a different laboratory and bring them back to her. After a few days, he went to see her with the tests and was surprised to hear her tell him that he was fine, the virus was very low and the liver functions were quite good. She asked if he was following her prescription and he should continue to do so.

He told me that he had not been taking any of her medicine since he started the herbal medicine and therefore he decided to come back to me. Four weeks later he called and said that his PCR tests were negative and the liver functions were very good. I was pleased and told him to have another test made six months later, and that for all intents and purposes, he was cured from Hep C viral. Fourteen years later he is still free of Hep C.

Several patients were recommended by patient 2, they all started the standard treatment, at that time. However, one of the disadvantages was that all of these patients lived far away, in the Northern delta of the Nile, and there was very little contact or communication between any of them and myself. They would not be readily available when the medicine was to be renewed. There was usually a lapse of several days, and sometimes weeks, before a new batch of medicine was taken. From the sparse tests that were made by these patients, over the periods of treatment, it became clear that there were several genotypes, and not just one main one, as a commonly misconceived opinion in the medical profession in Egypt. It became clear that two or three cases were not progressing as well as others and that the medicine was not as effective with some as with others. Some patients' tests, throughout the periods of treatment gave us some negative PCR results although our examination was not in agreement with these results. However, they were an encouraging sign to the patient and us. This helped us in reviewing both our techniques and our understanding of the virus and all its genotypes. We were getting more and more convinced that the genotypes were connected by some kind of mathematical relationship, and even the inner structure of the virus is mathematically bound. We should try to find any or all of these relationships.

In our opinion, the size of the unit used as a measure of the size of the genotype was not measuring up to the results obtained. This unit was enlarged to encompass a larger and more powerful design. The number of the units per genotype was also enlarged based on some of the test results received. Results were getting closer and more indicative of the "real" value of the size of any genotype or the true relationship among the type. However, a definitive relationship eluded us. We were treating a larger group of patients and were using different mixtures in order to enlarge the scope of the treatments and compare results. Several of the test results for several patients, in various stages of the treatment, gave a negative PCR result, but the results did not compare to what we had discovered using our methods of measuring the percentage eliminated of the virus. This result meant that the amount of the virus eliminated did not compare with the actual percentage eliminated. Thus, further studies and changes in the design and size of the unit were required. We continued the treatments with all willing patients. Changes were discovered by tests made on the patients, and we tried to correlate the results with the mixtures and the probable type of genotype of the virus.

Many changes were made to the unit size, the herbs used in the mixtures, and how compatible they were with the subject taking the treatment. In several instances, we were able to reduce the PCR count of some patients by working on identifying and eliminating the group of the virus that was active and creating the viral load. In trying to extend the experiment of reducing the viral load by identifying the active group and attacking it, not all trials were successful in duplicating the results of a large reduction in the viral load by eliminating and targeting some groups. Although the results were significant (Exhibit6), we still could not obtain the connection to ensure a high duplicating rate of the results in different patients. These treatments took place between 2004 and 2010. There were always some positive movements in the direction of a unified, or one main herbal mixture, but we were not yet confident that we could obtain the result required of one mixture to cure all genotypes of the Hep C virus. From the early cases, we have two main patients that remained under treatment for several years, on and off.

The first one was Sami, (file 1 pp) about 50 years old when he started, and wanted to try the cure. All results obtained from our trials were very encouraging that there will be a cure using the vibrational herbal medicine approach. The question was when? Several pharmaceutical companies were working on a cure for Hep.C, and the rewards appeared huge. However, we were not deterred. We were certain that vibrational herbal medicine had a part to play. The mixtures were safe, effective in many cases, and were not dangerous to the human body.

In 2009 - 2011, some patients were being treated whose results showed a great deal of promise and hope, that a clear cut cure was close at hand, started to seem possible.

However, the results were not very consistent with the different patients: 1- Patient Safa, exhibit 8, a, b, c & d (pp 48, 49, 50 and 51) was given several doses of different mixtures to continue and improve results. The results were as follows:

- PCR count 9,400,000 on 25/3/09
- PCR count 1,420,000 on 27/4/09
- PCR count 990,000 on 26/6/09
- PCR count 147,000 on 12/10/09.

This patient stopped calling and could not be reached. We could not determine why she stopped taking the medicine when she was improving beyond the limits of medicine at that time. Another patient improved with the medicine but the results were not systematic nor as dramatic. This indicated that the effect of the treatment depended on some other factors, probably the genotype, or the physical condition of the patient, or other factors.

Another patient: Appendix I exhibit 9 "a" and "b". He started several years earlier, living far away and medicine and test results took several weeks before being evaluated. He continued faithfully, to take the medicine as he felt there was hope and caring and there was no payment for the services. His test results from 2011 were as follows:

- PCR count 425,000 on 18/3/2011
- PCR count 178,000 on 21/5/2011.

This was after a 15 day treatment made at that time. He continued to take some treatments, but every aspect of life in Egypt was disrupted for several months, between January and November 2011; due to the uncertain condition of the mail, the railroads and transportation as a whole. His intake of the treatments was disrupted and so was the continuity. He retired but we continued to communicate until lately. He recently communicated with me that he was free of Hep C finally and thanked me for my efforts over the years.

Another patient, the wife of one of my patients was diagnosed with Hep C in 2009 and started taking my treatments. Appendix I exhibit 9 "a", "b", "c" and "d" (PP 57, 58 and 59):

- PCR count 1,100,000 on29/5/2010
- PCR count 188,000 on 7/10/2011
- PCR count 464,000 on 1/12/2011
- PCR count 291,000 on 27/1/2012

Analyzing the results, it is difficult to come up with a positive conclusion, rather than there is an effect of the medicine on the viral load of the virus, but it is not always sustainable. This conclusion, although disappointing, did not deter us from our determination to continue. Until now, none of the patients had any knowledge of the genotype they had of the virus, neither could we determine that, lacking the knowledge of any one genotype and how many major groups it contained.

A new patient introduced himself and needed my help. We were confident that we would be able to show some positive progress. These are attached in Appendix I exhibits 11, a, b, c and d pp. 55,56:

- PCR count 99,090 on 16/11/2011
- PCR count 2,614 on 4/12/2011
- PCR count 15,262 on 12/01/2012
- PCR count 5,810 on 5/2/2012

Although the results after the first treatment appeared quite promising, consequent treatments, did not show a decrease in the PCR value, but rather a slight increase, not by a large margin, but rather small changes. The results did not show a decrease in the PCR value plus the fact that the patient was not fully committed and delayed to have the PCR tests done, and finally, he just stopped taking the medicine. We did not communicate together due to his personal issues.

Another patient came forward and wanted to try the herbal medicine that I had. This was in 28/3/2010. As most patients, they did not have any health insurance other than the one either through the Ministry of Health, or through their own medical insurance. Many private medical insurance companies did not allow the Hep C patients the run of the mill to do PCR tests, but limited it to Medical advice and a minimum of six months between tests. This patient took three 3 week dosages in the following nine months subsequently had a PCR test made.

- His PCR on 28/3/2010 was 1,181,000 IU/ml
- His PCR on 13/1/2011 was 50,000 IU/ml (Exhibit 13 pp 63 and 64).

This was considered a breakthrough and the patient was ecstatic. These results were not obtainable at that time. The patient continued to take the dosage as prescribed for three months. Due the turmoil in Cairo at that time, communications were disrupted. However, a common friend indicated to me that the patient had informed him that his latest test showed that his PCR levels were undetected. He believed that he was finally free of the virus.

Several patients were being treated at that period, but the uncertainty of the political situation was not amenable for people to move around safely. It became difficult to set appointments and meet patients interested to try the Herbal Treatments.

Now and then someone would come seeking treatment. In early 2013, a couple whose relatives I was treating and appeared to be doing well, wanted to try my treatments. These were a man of about 55 years old, and his wife, slightly younger, around 50 years of age. They told me that they could not afford any of the antiviral drugs available, such as Ribavarin, Interferon and other; their MD was giving them SelaMarin and other liver vitamins that were in vogue then.

To prove that they had Hep C, they showed the only PCR test that was made about a year earlier.

- For the man, the PCR was 1,500,000 IU/ML and made on 18/2/2013
- For the woman the PCR was 5,268,943 IU/ML and was made on 20/5/2012. (Exhibit 14 PP, 65 and PP66).

I took these two tests as my reference before administering any of my medicine. At that point in time, I was able to choose one mixture that would eliminate the viral load, for both patients, in a matter of two weeks. This was tried previously and resulted in a huge reduction of the viral load of the patient in two weeks. The results were looking quite promising, and we felt that a breakthrough was close at hand. We prepared two, fourteen days dosages, one for each patient, and gave to them to start taking either after lunch or dinner for the duration. The preliminary check indicated that they probably had Genotype 1, as remote as that idea may have been. They would contact me if the felt any reaction or ill feeling, as a precaution. The medication did not have any side effects that would warrant any precaution or alarm. However, these were simple folks who believed their cure is via the herbal treatment.

In the previous months to these two patients, we were still trying to determine the genotype of patients and how would relate to our work and if it would lead to one treatment for all genotypes, the only difference would be the duration of the treatment. We were also trying to establish that there is a mathematical link among the genotypes, i.e.; being able to determine the type from the number of units of the virus that was eliminated. With that in mind, we assumed that these two patients were probably infected by type I or with a smaller percentage, type II. Having the most powerful is type I and the least is type VI. However, until that time, we had no solid ground, as genotype testing in Egypt was a lost cause as everybody seemed to assume that type IV, was the most prevalent in Egypt, and since there were no cures, why test for a genotype? This was not my belief and that we were missing a part of the curative process by not testing. I tried in all cases to assume the type after some investigation, and it became clear that many of my patients were not type IV, but probably types I, II and III.

The two patients, the man and his wife, meticulously followed the treatment protocol and were contacted several times during the process to make sure that all is well and that they were taking the medicine as indicated. In my follow up daily test, to determine their condition and changes in the PCR levels, although not totally accurate, but were quite indicative of the condition. After the end of the treatment we took an appointment to have their PCR tests taken. My indications were that the PCR levels were close to zero and that we were close to having a controlled cure for a type of Hep C.

The results were amazing as indicated above in both exhibits 13 and 14, pp65. We decided that we would continue the experiment and finish off this virus sooner than later. We prepared a 4 day treatment course to eliminate what was remaining of the virus, and asked them to take the treatment immediately. They had never seen or heard of any of their many acquaintances reduction of the PCR in such a short time. They quite happily took the new treatment and waited for the 4 days then asked them to come and take another PCR test. We did not get the results we had anticipated; once again Hep C had proven to be quite elusive. The PCR went up slightly, actually a very small change, but did not totally disappear. This meant that another group or cluster of the virus became activated. This conclusion was based an assumption made years before, after the clinical trial made with the Institute of Tropical Medicines Diseases, that parts of the virus eliminated remain eliminated, what appears active, are other parts of the virus clusters; that have a slightly different replication rate. This replaces the previous belief that the virus somehow resurrects itself and reappears again. We also discovered that patients that had taken

antiviral medication, although some of the virus was eliminated, it did not reflect on some PCR tests that were made and did not indicate that some parts of the virus had been eliminated. These parts were probably not in the main cluster that was affecting the replication rate, and thus did not appear to have been eliminated, as the result of the PCR was not greatly affected. We decided to continue with another dosage for two week, on the assumption that we were close to eliminating the virus from the patients. However, the results after two weeks of treatment did not alleviate our fears but exacerbated them; that we were not yet close to the end of this genotype of the virus. We were confident of one thing, that these patients probably had the type I or type II varieties of the virus.

At that time, in mid 2014, a new patient was introduced to me who had a good record. She had been diagnosed as having Type 1 and tested in the USA, so we had the exact type of the virus and a program of treatment. In it was described the new upcoming drug, manufactured by Gilead Pharmaceuticals in the USA, which was proclaimed as the eliminator of Hep C with all its genotypes, once it received approval of the FDA. Its only drawback was its price. The course of treatment was to take between six to 12 months and would cost about 80,000 to 90,000 US Dollars for the whole course. This was the first time I believed that this was a challenge to my work; that this would be a great competition as they were bent on curing all of the genotypes with one medicine. We continued treating the couple trying to reduce the PCR count and started with the new patient, a married female, aged 30 years of age and were desperate to become well for her three children. Her PCR count was 10,700,000 IU/ML. This was quite scary for her, based on the then current understanding of PCR count for many MD's. This PCR count was a good position for us, since we had reduced a similar count in a few short days. We examined the patient and identified the similarities between this patient and the couple we were treating. It became clear that the three probably had type I. We decided, as the tests indicated that she would need four weeks to eliminate the 30% of the virus that we believed were active and causing the high PCR count. We monitored her progress daily and were certain that the PCR count would drop tremendously after the first batch. After the first batch was completed, she was tested and, although it reduced the PCR count to 7,807,234 IU/Ml, Exhibit 15, (pp 60) the result was not as dramatic as was expected.

This was a step in the right direction, but fell short of our expectations. Our examination indicated that she needed to take another week to reduce the PCR count furthermore and closer to what we expected. The new mixture was made, for the duration of one week treatment, with minor changes in the proportions, to increase effectiveness of the mixture. She took the prescribed dosage for one week and took a blood sample to measure the PCR count. Exhibit 16 (pp 61). The result indicated: 4,797,548 IU/ML. This is better than the previous count, but still did not meet with our design objectives of the mixture.

This result, which was based on a new design of the mixture, did not appear to be as effective as we had planned. This raised the question that this genotype, type I, was definitely different than other genotypes that we treated. Until that time we believed that we were close to obtain a mixture to eliminate all genotypes. Other patients treated previous to those three, with the exception of one or two patients, reacted in a similar manner to these three patients. It was time to realize that type I and probably II, needed a slightly different design mixture to eliminate the virus. We had become certain that the key to this cure was in finding the cure for type I, and from there, adapt the treatment to all other genotypes.

Although some reduction appeared on the PCR count with this patient, the response was not as anticipated. We went back to check the essentials and designed a new herbal treatment, not dissimilar to the previous, but we thought more effective, as indicated in our theoretical tests on the three patients. The responses were positive but varied. They were effective, but we had to try it to find the degree of effectiveness. These three different mixtures worked well, better than with these three patients, but still did not fully cure any single individual. Three of the other patients being treated indicated that they were free of the virus. None were suspected of having either type I or Type II. I presumed that they were anyone of the other four genotypes, probably IV or V or VI.

We analyzed the results and checked and rechecked the reaction of the mixtures against other patients. The results of the analysis were indicative of a reaction between the mixture and the virus; that it was eliminating some parts of the virus. We decided to change the

mixture, to make more adaptive, and prepared a 15 day treatment for the female patient on the hope that this mixture would affect the type I genotype that she had. The results were not as expected. The new PCR count went up to about 9,000,000 IU/ML which totally disheartened the patient and she was beginning to lose hope in this herbal treatment. However, she took another course of treatment for ten days on the hope of reversing this upward trend of the PCR count. The other couple suspected of having type I experienced some increase in the PCR count but not as wide as the female patient.

We began to re-evaluate the tests, the mixtures and our concept of the structure and relationship among the various genotypes. Our conclusion was that our concept was reasonably correct, evidence suggested that there was some structural relationship among the genotypes, but it seemed that Type I was specifically more powerful and complex than we had anticipated and needed a much closer look in the mixtures to fight it with. It was also apparent that the size of the type I would be probably much larger than originally thought, or maybe it was slightly outside the normal relationship among the five lower genotypes.

The female patient PCR count was high, reaching 19,000,000 IU/ML, and she was totally upset. Her family decided to stop the treatment fearing that it was activating the virus in an adverse manner. We could not convince them of the cluster theory anymore, and it was futile to press on. However, the patient was confident that she would be better if she continued, but she had to leave the country with her husband and was scheduled to take the new miracle drug "Souvaldi" in a few weeks, outside Egypt. This drug was not available in Egypt and had not been tested by the Health Authorities in Egypt and not yet approved. It was also far beyond the means of any individual patient. We kept in close contact and we monitored her progress several months after she left and started taking the new medicine.

This experience helped in formulating new mixtures, a new understanding of the relationship among the genotypes and an assurance that we are on the right track. During that period, several of my patients informed me that they were cured and there was no value of replications in their tests. Unfortunately, even with repeated requests, they did not feel obligated to give me a copy of their PCR tests. However, my testing showed that they were actually free. All of these patients were patients with genotypes other than I and II. We were not sure of the size of the Type III as we could not be certain in connecting it to the value of type II. However, we were able to formulate a general value of the volumes of type IV, V and VI, and speculated as to the values of type III, II and I.

The couple, mentioned earlier, as having probably Type I genotype, and whose PCR count were fluctuating, were improving in the general health condition. We were able to assume, based on our assumptions of the size of the virus that they were at 75% elimination and 70% for the wife. They were regularly taking the treatments that I made, and we were confident that we would reach the right mixture combination for a complete cure.

A new patient requested the treatment, early in 2013 and we were sure that we would be able to help her in a shorter time than other patients, with our new and improved formulae. The PCR count before taking the treatment was 1,500,000 IU/ML. She had not taken any anti- retroviral treatments as she was very health conscious and did not want to experience some of the horrific experiences of some of the antiretroviral users. We prescribed an old mixture which reacted well with her assumed genotype {we believed to be either type I or type II) and showed that the PCR count would drop in a matter of four weeks. The treatment was prepared and given to the patient with the how to instructions. She took the medicine as prescribed and we monitored her progress by the energy change in the virus. She felt well and had no side effects at all. She continued the treatment for the four weeks. Our initial indications showed that her PCR count was down to about 50,000 IU/ML. This was reassuring. However, what percentage of the virus would this measure? Our measurements showed that a large percent of the virus was eliminated, about 45%. After 4 weeks she had the PCR taken and was as expected and had been reduced considerably to 50,000 IU/ML, which meant that the virus may be under control. We wanted to continue the treatment and finish the virus and for that we gave the patient a new mixture designed to complete the elimination of the virus, based on the size of the virus we had envisioned. The duration of the treatment was to be three weeks. The patient started the treatment and finished it. The resulting PCR count was higher than the previous one. After considerable research, we decided on a new and improved mixture, by increasing the base of the treatment and assuming a higher unit value of the virus so as to improve the power of the treatment. In the theoretical testing, the

treatment was effective and eliminated an additional 20% of the virus in addition to the results previously obtained. However, the PCR count kept fluctuating sometimes higher and sometimes lower than previous counts. This process continued for several months, causing undue frustration as new mixtures were not as effective or not effective at all with this patient with apparently type I genotype. It became clear that type (I) has some different characteristics than other genotypes and that more study is needed to reach a universal treatment. This was not the case with several other patients who did not appear to have type I but probably types IV, V and VI. They reacted well with the treatments and the time of treatment to reach non-detectable viral PCR count was between six to nine months.

This was not an isolated incidence. Three other patients who started in 2013 and 2014 had similar experiences. One of which was the female patient who was diagnosed in the USA. All of them shared similar experiences with fluctuating PCR counts, and difficulty in assigning a percentage of the amount of virus eliminated. We treated this female patient with several different treatments which theoretically reduced the PCR count but actually did not (pp 60 and 61). Although the treatments eliminated some of the virus, this did not appear in the results of the PCR count; not only that but the results of the count was sometimes much higher, i.e. up to 19,000,000 IU/ML. It went down after the following treatment to 9,000,000 IU/ML, but the patient's family did not believe that the treatment was being effective. She had been under treatment for over a year, she then had to leave the country to join her husband overseas where she eventually started on the new Souvaldi cure for nine months supposedly. The reason for this statement was that we were sure that we had eliminated at least 45% of the active components of the type I genotype. Over the period of her treatment and the others we made close to twenty five different treatments to eliminate the virus. We changed the parameters of the measurements and the design of the treatments so that the effectiveness of treatments became much more powerful especially with types other than type I. We were still looking for the right formula.

We continued with other patients, armed with our new knowledge of the power of the virus and our detection of percentage of the virus eliminated, improved tremendously, showing that we were getting closer to understanding the relationship among the genotypes. The results of our tests become more accurate, at the end of 2015, when we decided that a unit of the virus was 10 to the power of 900. This result helped in formulating some new treatments with a larger base and a larger assumed unit, bringing the actual close to the assumed. We started assuming a new size for each of the types VI, V, IV, III, II and I.

There remained the three patients whom we assumed were type I patients. One patient that came to be treated back in 2014, was pleased with the results, continued to take the upgraded treatments and felt well. Her Liver enzyme rates were close to normal while PCR count went down, but was not yet cured. However, she continued taking the medication until early in 2016, when she had reached, by our count, a percentage of about 85% of the virus eliminated, we made new treatment she was quite promising and the unit of the virus used was 10 to the power of 1080. Theoretically, this would eliminate the remaining active virus in an additional 5 days. So, we prepared a10 day treatment and sent to her to take. She took the new treatment and our tests showed a 100% elimination of the virus. Unbeknownst to us, she had been offered to take part in an ongoing campaign by the Health Authority to treat some Hep C patients for free, under their supervision, for six months divided into monthly periods. The subjects were tested for a HEP C viral load and given the medication for one month. We are not sure which type this patient was given, but other patients were given "Ribavarin" and" Souvaldi". When she decided to take the chemical treatment, I felt obliged to support her decision, and explained that in my opinion, she was actually free of the virus. However, she mentioned that her viral load was positive when she tested it. My response was that we had given her the treatment after that test and she was free by the time she started the new chemical treatment.

She took the first course, had some severe headaches and nausea, with an imbalance in motion, but she tested negative after one month, although the Doctors thought that the chemical medicine worked very well and effectively with this patient. No testing of the genotype was undertaken which would have helped in treating other patients. After the first treatment her PCR tests were undetected, but the doctors had no way of knowing why this result was obtained so quickly. They decided to follow whatever protocol was being followed and prescribed another month of treatment. Her results were undetected for all tests done after that. She was free of Hep C, type I by my count, but Hep C any way, by the health authority's count.

The number of patients trickled to a few as we had been travelling overseas for several months in 2014, 2015 and small parts of 2016. However, we were in touch with old patients and some new ones that were waiting for us to return. There was a strong campaign by the Health authorities to find and treat Hep C patients in some major parts of Egypt. However, not everyone was chosen as they had very strict and confining parameters as to age, level of infection, general condition of patient etc.

We had several patients in rural areas whom we sent the treatments by parcel post and who followed the instructions closely. Most were in very good condition as many of their complaints of effects of Hep C were finished and some became free of the virus. Some mentioned that in their phone calls and others just did not need any more free medicine.

Two cases mentioned previously, a man and his wife whom I treated for close to two years, and whose condition indicated a type I genotype. The man was slightly ahead in our tests with a better elimination rate than his wife. We surmised that either she was not taking the medicine properly or her type one was slightly stronger than his. However, they both were progressing well. By my calculation, the man was close to 85% elimination while his wife was at about 69%. During one of their visits to pick up a 15 day treatment to improve their condition, the man mentioned that he had taken tests and enrolled in a government plan to eradicate HepC for free, and that he would be starting the treatment next week and he thought it right to let me know. He had been prescribed two well known antiviral drugs used in treating Hep C, to be taken daily. My analysis was that the first drug would not help him as he was beyond the level of its effectiveness while the second one was the newest and more powerful drug, would not totally eliminate the remaining 20% of the virus. My advice was to continue with his program, as it was making him feel assured of a good treatment with regular testing and it was closer to his place of residence. It was my understanding that these two medicines prescribed would not effectively cure him. We were also sure that his wife would closely follow in his footsteps, again if it were in her best interest; it would be acceptable to me. He continued his new chemical treatment for one month, he felt minor side effects such us dizziness, tiredness and fatigue. His first PCR test after the first dosage was a decrease in the viral load, and for me, the elimination rate went up to 86%. He continued with the program for another month and the second test the level of the virus was undetectable. Our reading was that 94% of the virus was eliminated; his PCR level was 10IUunits/ML, which was undetectable with the level of tests at that time. He informed me that they would still give him another month of treatment to make sure that he was totally free. His wife also enrolled in his program without any objections from me. However, our total results were not quite satisfactory and had to be looked into. We made some modification in the design and power of the treatment and in the size of the genotypes of the virus to align them with some of results we were getting. This was the summer of 2015 and we made two treatments using the unit as 10 to the power 900 and the size of the type (I) was assumed to be 81 x 1,000,000 x 10 to the power of 900. Even with this new adjustment, the results were not consistent or accurate. So, we continued to change and adjust the formulae to obtain some semblance of order in our results.

At about this time, around early November, 2015, we made two new formulae; HC 495 and HC 496, together they were supposed to eliminate any of the six genotypes in 35 days, taking two capsules of 900mg each per mixture and that would eliminate any of the genotypes of the Hep C. All theoretical testing indicated that the results were accurate, but since there were not available patients, we had to wait for an opportunity to avail itself.

Fortunately, one patient came to us through another patient whom we had cured several years earlier. This new patient was a female, about fifty, who had not taken any medication for fear of dying, because of all the horror stories she had heard about Hep C treatments and their very bad side effects. Our treatment did not have any bad side effects as attested to by her cured relative. Just towards the end of the summer, a new patient approached us through a friend who was knowledgeable about our work and recommended our method to her. She admitted that she had not taken any chemical treatments for Hep C and was willing to take the safe herbal treatment. At that time we had completed two new mixtures HC 493 and HC 494, both were available and reacted well with her. We prescribed 26 days of treatment for each mixture. The dosage was two 900 mg/capsule of each medicine once a day after a meal. This was prescribed on 22 of September 2015. On September 9th, she had a PCR test made and the result was 60,745 IU /ML (exhibit 17, pp 67). The Enzyme SGOT was 58/32

units/ml and SGPT was 76/31 units/ml (exhibit 18). After the first 10 days of treatment, her liver enzymes were SGOT 45/31 units/ml and SGPT was 46 out of 31 units/ml (Exhibit 19). These figures became SGOT was 30/40 units/ml and SGPT was 35/45 units /ml, after finishing the first 26 days of treatment (Exhibit 20). This was a clear improvement of her condition. On 11 of November she was given an additional 5day treatment from anew mixture HC 495. On 22 of November her liver enzymes registered as follows: SGOT 30/40units/ml and SGPT was 29/45 units/ml (Exhibit 21). On 30th of November 2015 a PCR test was conducted and the result was down to 15,000 IU/ML (Exhibit 22). These were on pp 73, 74, 75 and 76). A good result indicating an improvement in her condition, but Hep C was still present we prepared a new treatment of an existing mixture that we believed would help in reducing the level of infection. We prescribed 4 day treatment of HC 496, anew mixture, plus HC 450 which was effective in the theoretical tests. There was an indication in our count that she was at about 80% of the virus eliminated. This was followed by liver enzyme tests which were as follows: SGOT 34 units/ml out of 40 units/ml and SGPT was 35 units out of 45 units/ml (Exhibit 23 pp76). This was a slight change from a month earlier, but still in a safe area. There was no PCR test made at that time. A few days later, in the second part of November 2015, a clinical trial was agreed upon to try my latest mixtures. This was to be tried on six patients in various stages of the Hep C virus and without any knowledge of the genotype. By comparing the two new mixtures HC 495 and HC 496, to some older mixtures which appeared to give the same results, we decided to try the treatments on three patients with the new mixtures and three patients with two other older mixtures that were supposed to give similar results. The duration of the trial was 25 days after which we would assess the results, on condition that we would be given the photos of all participants, as a sample to be able to follow up on their condition and their progress. Throughout the previous years, patients were quite unhappy whenever a photograph of the patient was required, even to place in the file and have it on record. Therefore, it was not with any surprise that we only received 3 photos out of the six patients. Patients were supposed to have PCR viral load tests made after the completion of the first course of the treatment. The only patients we could give the treatments to, would be those with photographs available, others we would either wait for their photos or just continue without them. Therefore, it was not with any surprise that we only received 3 photos out of the six patients. Patients were supposed to have PCR viral load tests made after the completion of the first course of the treatment. The only patients we could give the treatments to, would be those with photographs available, others we would either wait for their photos or just continue without them. After the one month trial period, we requested that `the viral load test be made to assess how the treatments fared. We were very optimistic, as our testing results indicated some good results. It took two weeks before the first PCR result came back for the first patient and it was rather disappointing. However, the actual results of three PCR tests did not confirm our findings. They were quite different and worse than what we had imagined. This meant to us that some of the assumptions made were not correct and that the results were not certain. One other result also showed that our expectations were not achieved. Our discussion with the supervising MD was not satisfying to us, it spelled some suspicions that the supervisor of the trial was not very happy with the results as he expected much better results. My decision was to stop the trial and go back to check on my work and then go back and explain what the results meant. We were able to deduce from the limited results and my investigations that the power of the virus for these three patients were much higher than we had anticipated or planned, and that the mixtures, although effective, needed three times the time of treatment to reach high rate of virus elimination. The first action was to totally upgrade the size of type I genotype to several times its indicated size, and to work on another batch of treatments, much more powerful and more effective than we had made previously. After checking my work and all three patients, we discovered that the mixtures given as a treatment were not as we had planned and therefore, did not give the planned results. The three patients for whom we did not have any photographs, we had no knowledge of their condition. After making all modifications on the mixtures and the size of the genotypes, the results, started to fall in place and some order appeared in the configuration of genotypes. Regrettably, at that time, I chose not to continue in that specific trial, and actually lost a main opportunity to further my studies. Although several new and improved treatments were made, I did not feel the need to continue trials or treatments. There was a major campaign by the government of Egypt to treat as many of the Hep C patients as they could afford. I personally followed the results of that campaign and heard from some practitioners that there were several severe side effects to some of these medicines that were being distributed by Health officials. One other drawback that I discovered in several cases, that they did not test for the genotype, nor did they take into account the effects of previous medications and how that would probably affect the length and

effectiveness of the treatment. There was one patient who was a high government official, and supposedly, was afforded the best care and treatment possible, had a relapse of the virus after three months of totally free PCR tests. Knowing my experience with Hep C, he sought my opinion as to his condition. His diagnosis at that time was that he had type II genotype and his condition was at 80% elimination. He was readmitted into the program and was treated for a further three months. He became virus free after that and has been, a year and a half ago since. For several months after that, I was not eager to continue my research as I thought that since there were now several chemical alternatives for Hep C treatment, there would be no need for something cheaper and probably safer. It took me several months and several vacations to start rethinking my position. We had spent a long and arduous time working on the treatments for Hep C and other ailments, to totally stop and not continue and lose all the years of study and research. We had not totally abandoned our research, but continued on, by designing mixtures HC 596,597,598,599 and then HC 500.

The new treatments, that incorporated all the modification, were made and ready for use. There was one patient who had been with us, on and off, for the last couple of years, and whose PCR had gone down, considerably, but not totally out, wanted to continue with the latest treatment. We estimated her condition to be about 80% eliminated, based on the new assessment of the virus, and that she had genotype I. This was in mid 2016, and the news was that the Egyptian Government was testing all levels of Hep C patients to try the new medicines with them. This cut down tremendously anyone interested to try our new and improved herbal vibrational Hep C treatment. One of our previous patients was still willing to take the new treatment. We prescribed a two week treatment using HC 498 that would theoretically eliminate whatever was left of the virus. We estimated that she was at about 87% free and needed just a few days to complete the elimination. We watched her progress closely, with percentages and number of units coinciding together and inspired us that we were on the right track. As she reached 100% elimination in our count, she called that she was offered a spot in the government treatment program. We mentioned that she did not need to take it, as she was free and needed to have a PCR test done. Her reply was that she had made a PCR test, through the program, four weeks earlier, and was still positive. We reminded her that when she did that test we had informed her that she was at about 80% elimination, and that she needed a few more days to reach 100%. She had taken those few days and was now free of the virus. However, if she wanted to try the program that is fine with us, but if she felt any adverse side effects she should see her supervising doctor and stop the medicine. She was given one month supply of the treatment and asked to take a PCR test after the initial one month period. She was feeling dizzy and woozy most of the time, with very little energy, and always feeling tired with no stamina. Such symptoms were the classical symptoms of Hep C medication. Her PCR test results were undectable, but that did not seem to impress the supervising physician that she would respond so well to the medicine, which would usually need between six to nine months to achieve the same result. This however, reinforced our belief that we had reached a cure for HepC, but still had to make sure. We needed one patient at least, to try the treatment from the very beginning, and follow her through the treatment process. As we indicated previously, patients were not easy to come by. This new patient (Exhibit pp 71) made some of her test results several months prior, and as she was living in some rural area of Egypt, it was very difficult to communicate with her. The only source of communication was through a relative of hers. It took us a few months to prepare and send the medicine to her. We had been overseas for several weeks and had to keep everything on a slow burner. We prescribed a couple of weeks of treatment that had been available in our stock. This was the new medicine (HCV 501 CHL) that we had designed several months earlier. This was sent to the patient and we requested that when she finished the treatment, she should have a PCR test made to determine the exact condition she was in. Several months passed, with no news from that patient, until we finally tried to check up on her. She was well and had finished the treatment several months since and made some liver enzyme tests those were better than before, but were slightly above normal. She felt well, that was the reason that she did not press on having the rest of the treatment. We prescribed enough capsules to theoretically, eliminate the remaining virus and sent the batch with the relative. We monitored her condition a few weeks after the treatment batch should have reached her, but, as expected it actually took several weeks to reach her. We do not ask for an explanation, there is always one ready to absolve the carrier from any wrong doing or delay. To our surprise, she was actually showing no prove that she was free of the virus. Several weeks later, the PCR results indicated that the virus level was undetected, i.e., it was below 12 IU/ML (pp 76). This was the first test, but it was in accordance to our results. For us, this marked a first case under our control that exhibited a strong result and according to our expectations. In a few weeks after that test, we requested a

new PCR test to make sure that the results were accurate. It took her a while to make the test and send the results to me. The replication rate was undetectable after about four months from the previous test and without taking any other treatments, from us or from others

Results and Conclusion

1- After twenty two years of research to find a viable treatment for Hepatitis C Viral, we can state that a safe treatment does exist for the treatment and cure of that disease.

2- It is safe, with no known adverse side effects, and it is based on herbs that are safe and noncontroversial.

3- The treatment is designed to eliminate all six genotypes of the Hep C Virus, with whatever strains that they may have.

4- The mode of operation of the treatments depends on the vibrational properties, as dictated by Ancient Egyptian Laws of Vibrational herbal treatments, and not on their Physical and Chemical properties.

5- Each genotype of the Hep C virus is connected to other genotypes by a mathematical formula,

6- We have reached a conclusion that a unit of measurement of the virus is 10 to the power 1080 major complex virus systems (MCVS).

7- We have concluded that in the steady state of the virus, the Genotype 1, which is the most virulent of the genotypes, contains 900,000X 1million units of (10 to the power 1080) MCVS.

8- Type II Genotype is composed of 881,000 million units of (10to the power 1080).

9- Type III Genotype is composed of 90,000 million less units than type II.

10- Type VI Genotype is thus composed of 450,000 million multiplied by 10 to the power of 1080 units of MCVS.

11- All genotypes are designed to destroy the functions of the liver regardless of the apparent strength or weakness of the Genotype.

12- Genotype I was the most difficult to treat and eliminate, it may be that its inner structure is slightly different due to its size.

13- The current test for PCR does not indicate the relative strength or weakness of the Genotype, or the condition of the patient or the stage at which the patient is at.

14- It is vital that testing for Genotypes be introduced in any protocol for the treatment of Hep C viral, to be better equipped in the fight against Hep C and Cancer of the Liver, to improve statistical compilation, to be able to predict which patient and which Genotype may offer the highest risk of infection, and increase chances of a cure.

Appendices and Exhibits (Supplementary Files)

Appendix 1 (pp 31)

Exhibit 1, appendix I.

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Volume 2 Issue 7 October 2019