

A Vibrational Herbal Approach to the Treatment and Curing of Diabetes

Almoez LeDin Ellah MS Eltouny*

The National Center for Research, Egypt

***Corresponding Author:** Almoez LeDin Ellah MS Eltouny, The National Center for Research, Egypt.

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Abstract

In the early part of the year 2000, my studies on diabetes indicated that there is a large probability that it is of viral origin. However, the shadow energy characteristics of this alleged virus did not conform to the characteristics of viruses revealed by the known characteristics exhibited by viruses according to the rules and laws of ancient wisdom. Throughout the trials, we were not able to either, eliminate the virus or sustain a reduction of sugar level in the patients.

Another revelation appeared. A “normal” virus should have all shadow energies as negative. The other property discovered that whatever type of Mixture was designed to eliminate this virus, in so many different patients over the period of ten years, failed to maintain a steady stream of results.

When studying the shadow energies of HIV, they indicated that there are two positive and two negative shadow energies. This is similar to the results with diabetes, except the specific energies in both ailments were not the same. We tried to use one HIV mixture with diabetes and one of diabetes with HIV, there was no meaningful results obtained. This proved that HIV and diabetes are in a category of their own. HIV was declared to be an auto-immune disease. Our conclusion was that diabetes could also be an auto-immune disease. This led to our study of the components of HIV as an auto immune disease. We use the rules and laws of the ancients and their methodology to reach our conclusions. Our work on HIV, indicated that the composite CVS of the shadow energies of HIV, actually contained three different complex virus systems (CVS). This resulted in the specific characteristics of positive and negative shadow energies for auto-immune diseases as compared to viral diseases with a simple virus with four negative shadow energies.

We started looking at diabetes as an auto-immune disease which may contain several CVS'S. Over the following ten years of research in diabetes and diabetic patients, it became evidently clear that the composite CVS of diabetes contained eighteen different CVS'S, seventeen of which had to be eliminated to stop the progression of the disease. This also revealed that, according to which of the seventeen CVS'S that became active, determined the type of diabetes to befall the patient. It also revealed that there may be six different types of diabetes and not two only. It also revealed that the deterioration over time of the status of diabetic patients may be attributed to newer CVS'S out of the eighteen available going active. Why this happens, could be for various reasons, one of which maybe that the composite virus is programmed as such, and to be triggered at a specific age or event. Another revealing feature, is that patients in what is called a pre-diabetic condition, already have one or two or more of the CVS'S active, but not in such a manner to invoke an intervention and medicine prescription. However, it is of great importance to start treating diabetes as soon as it is detected as a pre-diabetic condition in order to prevent the condition from escalating and cause more CVS'S to become active. However, this damage maybe reduced totally by the elimination of all seventeen active CVS'S before they become active, i.e. start the treatment as soon as this pre diabetic condition start, and start eliminating the composite virus as soon as diabetes is detected. We have designed “two cures”, one for the known type I, and the other for the other types of diabetes. Beware of the damage done by diabetes in any stage.

Keywords: *Vibrational Herbal Approach; Curing of Diabetes; HIV; Complex Virus Systems (CVS)*

Introduction

Diabetes has plagued humanity ever since creation. Each civilization, throughout history, tackled the disease as whatever was proclaimed to be its cause. Demons were accused, possession was another of the causes, but it was seldom understood. The ancient Egyptians and the ancient Chinese recognized the symptoms and tried cures. Both civilizations were able to diagnose and categorize diabetes, without a great deal of success. Ancient Chinese medicine recognized the ailment and had many prescriptions over the years for cures, but never really had a viable recognizable cure. The ancient Egyptians may have gone further than their Chinese counterparts, they categorized several types of diabetes and used diet as a measure to control the disease. Even with their superior knowledge in medicine, we cannot find an indication that any cure may have been discovered. It may have been treated and contained, but not cured.

Giant strides have been made over the last 120 years in the study of diabetes and its effects, with many new drugs to reduce and alleviate the diabetic condition, but no clear indication of a cure has been discovered.

Procedure

Following the treatment of several diabetic patients, in the early 2000's, we reached a conclusion that diabetes is of viral origin. We copyrighted this conclusion, except we were not able to reconcile the fact that, although the main shadow energy characteristics of the disease indicated a viral origin, the shadow energy characteristics of the disease were slightly different. Its shadow energy characteristics were similar in many ways to that of HIV, but not the same.

In vibrational herbal medicine, the shadow energy characteristics of a virus, i.e. the four shadow energies, are all negative. The shadow energies of the diabetes disease indicated two positive and two negative shadow energies, similar in the direction of the analysis, but not having the same positive and negative values of CVS'S as that of HIV. This to us, indicated maybe a different kind of category of diseases?

During the early part of the twenty first century, from 2001 till 2010, our main treatment for diabetes was focused to be that it is of viral origin. This virus affected many different organs of the body, and we tried to manipulate the energies of each of the affected organs, on the belief that they may improve the condition of the diabetic patient. It became so frustrating that none of the treatments which improved one patient, repeated the results in another patient, even though they are of the same diabetes type.

Several times, accidentally, the amount of insulin taken, by a type I patient, was reduced as the treatment slightly reduced the need for insulin, but that could not be replicated in other patients deliberately.

There appeared to be an unforeseen hurdle that prevented us from gaining momentum in our research or, at least, catch the first part of the line.

Our attention was always on the treatment of Hep C viral, and we always had several patients who were responding well to the various treatments, and we were getting some very positive results with those treatments.

HIV was a mystery that beckoned for a solution. There were rumors that one patient, with HIV, was cured after treatment from leukemia. This patient was labelled as the Berlin patient (BP). I had been trying many herbal cures for HIV, but with a small degree of success. I wanted to compare my results with what I could determine from the study of the Berlin patient. Some of my patients responded well to the treatments, but some could not continue treatments because most were living overseas and not in Egypt. It was impossible to obtain any HIV patients from Egypt, due to the stigma placed on any HIV patient, plus the humiliation and being forced to be isolated in an isolation ward, in a hospital, with no outside contacts and very limited access or freedom for the patient.

However, luck helps in uncertain terms. Some newspapers wrote on the plight of some of these HIV patients, being held "captive" in some of the Egyptian Hospitals. In some instances, they printed photographs of these patients, sometimes sideways, or not really showing a recognizable likeness to be used as a specimen of the patient. This helped tremendously to study various HIV patients from around the world, and to check on the progress made with treatments and cures by the many research centers involved in this research.

The new photo specimens opened the way for an extensive probe into HIV, its causes, varieties, and possible genotypes, if any.

The basic study of any patient in our system of research is to determine the shadow energy characteristics (SEC), of the ailment. This will help us determine the direction to take.

Invariably, the (SEC) of all the new patient specimens indicated that there were two positive and two negative SECs for all patients. These were not in the same order as those of diabetes, but indicated that the viruses of both ailments had something in common; two positive and two negative SECs. These are virally based ailments, but how are they thus described?

Having many different treatments for both HIV and diabetes, it was worthwhile to try if the HIV treatments had any effect on diabetic patients. It was easier to find diabetic patients than to find actual HIV patients. We found one HIV treatment that reacted with one diabetic patient, that patient was not HIV positive, and did not complain of HIV. The treatment was inconclusive, it did not cause any appreciable change in the level of SEC of the diabetic patient, thus it had no effect. There was no risk to the patient, the herbs used were normal herbs that are commonly used.

We could not try the diabetic treatments on actual HIV patients, as we had none available, but using the photo specimens as a trial case, again was inconclusive. This was a clear sign that both HIV and diabetes did not share any common base or similar virus structures. However, they exhibited similar (SEC) characteristics. At the same time, we tried the reverse of this experiment. We chose one diabetic patient who reacted well to one of the HIV treatments, and prescribed three weeks of daily dosage of 1800 mg per day. The patient tolerated the medicine quite well but there was no appreciable change in the (SEC) of diabetes or the person. This did not appear to work. This proved, conclusively, that the two virus segments of diabetes and HIV are not similar, and they needed different treatments.

We had reached a conclusion, even though the two ailments: Diabetes and HIV, are somehow similar, they did not have the same (SEC) characteristics. The discovery that the (BP), the Berlin patient, in our analysis, exhibited three different types of CVS within the composite CVS causing HIV was the start of the line. Could it be that having more than one CVS within an ailment, causing what we call a composite CVS, exhibits the two positive, two negative (SEC) values? That is what we have discovered to be known as an "auto immune disease" for the lack of a better description. Hence, what modern medicine labels as an "auto-immune disease", is nothing more than a viral disease containing more than one CVS, making it a composite CVS. This will explain the difference between a viral ailment and one which is labelled "An auto-immune disease".

We started looking for more than one CVS in the diabetes composite complex virus system. We discovered, at the beginning, two different CVS, each with its own SEC levels. On further investigations, more different CVS's, were found. We finally reached nine different CVS's, then we started relating those active systems, determined whether, for example, with whatever labelling we had for the different types of diabetes. That is, what are the active CVS's that will favor a type I over individual with a type II patient? Our reasoning is that some combinations of these nine CVS's, determined what type of diabetes the individual will be exposed to.

This identification process became a tedious job. As we progressed into the analysis, it became obvious that there may be more in the composite diabetes virus than nine different CVS's. This try at classification revealed six different types of diabetes as opposed to the known classification of type I and type II.

We will indicate what we reached at that stage. The assumption is based on the changing nature of diabetes among different patients, men or women; those conditions of patients differed, over time, for patients, and not necessarily in the same way. This to us, indicated that there may be more than two types of diabetes. Our preliminary investigations, indicated about six different types, with varying differences in symptoms and levels of blood sugar. Over the following two years, we were able to identify the six different types of diabetes by the different CVS's that are active in the composite CVS causing diabetes. At that time, we were able to identify a total of nine different CVS's in every type of diabetes. Each type had four different CVS's active, and those defined the type of reaction of the body with diabetes. Our initial list was as follows:

- a. Type I CVS's active are CVS's 4 6 7 8 9
- b. Type II CVS's active are CVS's 3 4 7 8 9
- c. Type III CVS's active are CVS's 5 6 7 8 9
- d. Type IV CVS's active are CVS's 4 5 6 8 9
- e. Type V CVS's active are CVS's 3 5 7 8 9
- f. Type VI CVS's active are CVS's 2 4 6 8 9.

This finding was published in a manuscript defining the difference between a virus and an auto-immune disease.

At that time, we surmised that each type needs a cure by itself. This understanding was due to the fact that what we knew about diabetes indicated two types I and II. We had not been able, until then, to obtain one cure for both types. However, on further studies, on different patients, over the next two years, we were able to discover several more different CVS's in the composite CVS of diabetes. We suspected that there were three additional different CVS's in the composite CVS, making a total of twelve different CVS's in each type of diabetes. This preliminary finding was published as an interpretation of auto-immune diseases as (Almoez Le Din Ellah MS Eltouny, "Autoimmune Diseases as Characterized by Vibrational Herbal Medicine") *EC CLINICAL AND Medical Case Reports* [3].

The above categories, indicated in section 11, may not be applicable any more. It was revealed that the type of active CVS's, in combination, indicated a different type of diabetes. By type, we mean the reaction of the patient to the diabetes medication and the reaction of the patient were different for each type. It started to explain why some medicines worked and others did not, once we lifted off the two-type rule. We had to discover which of the CVS's that are active and determine the type of diabetes which afflicts the patient. This was not an easy task. Each new patient had to be tested to find out which of the different CVS's that were active. As the number of patients tested increased, the more different CVS's were discovered. The trick is to find which of these new CVS's were active and which were not active. The combinations of active components in each new composite diabetes CVS in each new patient, came to determine the new type of diabetes discovered.

This process lasted for several months, and with many recurring results, that it was quite difficult to isolate the different types. It was discovered, especially with patients with a long history of diabetes, and when they had switched from oral medicine to an addition of insulin shots and the oral medicine, the difficulty in determining the type and which of the CVS's became active first and which ones were deactivated before which ones.

After reaching a number of five active CVS'S per each type, we started seeing more active components appearing in each group. Type II was the one mostly available to study as it is my type. So, I discovered two more active CVS's and tried to eliminate them. Once that was done we tried the same thing for other types of which we had patient samples. However, eliminating additional active components did not come as simple as mentioned. Particularly in my case, as it is the easiest to study, I noticed that the level of sugar in the blood in the morning started to rise, without any apparent change in my diet, or exercise pattern. My average blood sugar in the morning was around 120 mg per litre. Suddenly, it went up to about 147 mg, without any apparent cause for that. My first reaction, after studying my food intake, and finding that no change is recognized, I increased my evening diabetes medicine from half a mg of Amaryl, before my evening meal to one mg. However, after a few days, there was no improvement in the sugar level, it was still high (145 mg).

Since this procedure occurred a couple of times previously, and indicated finally that one or more new CVS started to become active in the composite CVS causing diabetes. The task became one of identifying and eliminating that particular CVS. We actually identified two different CVS'S that had become active. We worked on the design of a cure for each one and started taking them together. The procedure indicated that we take the medicine for twelve days to eliminate both CVS'S. We monitored the progress of the medicine daily, and it appeared to be taking effect. After twelve days, the results confirmed that about 85% of the CVS'S were eliminated and we needed to continue the medicine for another five days. After the extra time taken, the level of sugar in my blood appeared to become lower and reach the previous average level that I had.

The presence of two additional CVS'S was established in my case, which was identified as type II, one had to find if the case was repeated in all other cases. We initiated a process to study and examine each type of diabetes we had identified previously, to check on these additional CVS'S we discovered. The study period took much longer due to various factors. The non-availability of all required types of diabetes to be studied, the different stages that some of the patients were in, were not the same, and did not exhibit the same required CVS'S that were active.

This period extended for close to eighteen months, with checking and rechecking and identifying which are the active CVS'S that are active and had to be eliminated in each type. After an exhaustive review, it appeared that all other identified types of diabetes exhibited the additional two types. The total number of identified CVS'S for each type reached seven types, which again opened the question are these the last CVS'S to discover or there were more?

It became sort of a ritual, after several months of average constant levels of morning level diabetic sugar in the blood, the level would fluctuate slightly, an investigation would follow to discover any new, additional CVS'S that have appeared. It is never an easy process to determine new additional CVS'S in each case, as they may usually not be the same in each type, and their reaction may not be the same, however it became customary to find one additional CVS'S in each type when it was found in one type.

This continues until we reached seventeen different types of CVS'S per type of diabetes. All these seventeen types had to be eliminated to reach a stable blood sugar level. One CVS'S did not disappear, but is always there, not active, but present, and would not be eliminated. It did not seem to affect the results but it was always there.

Eliminating all seventeen XCVS'S does not mean that one is cured. IT means, until now, that the virus may not increase any more if constantly under control by medication. It has become evident that diabetes affects many parts and organs of the body, in varying degrees of severity. This depends on the type of diabetes, the length of infection, the control exerted to maintain the level of diabetes under control and the continuation of medication to maintain the status quo. It may be that some of the functions of the body affected or would be affected could be prevented by eliminating the remaining number of CVS'S as soon as diabetes is identified in a person. The detection of diabetes, when to start treating it at its totality may have to be given considerable study. It may be that the normal range that a person is considered to be non-diabetic but in a prediabetic phase, has to be scrutinized, as it is clear from our study that at that point the patient already has one two or three of the CVS'S active without being aware of it.

The concept of having more CVS'S in the composite diabetes CVS became quite evident. We started to research the identify how many more different CVS'S still exist in the composite virus. My search was concentrated on my case. I have counted 10 different CVS'S, all of which have been eliminated. I started making cures for all of these ten CVS'S together, they all worked except for diabetes Type I, which appears to need a special kind of treatment.

In the course of the next few months, the number of different CVS'S increased to 15 different types. This translated to six different types of diabetes, i.e. not just the well-known two types, but became six types. These depend on the different combinations and the sequence at which the CVS'S activated together and how did the patient react with the change. This usually entailed a change in the daily sugar level of the patient and the apparent need of the practicing MD to change medicine taken to reflect the new change in the sugar level of the patient. In our case, we identified the new CVS that has become active and eliminated it. We also changed the cure for the 15 different CVS'S. This means that once the patient is identified as having another Diabetes type other than type I, this treatment may be used. In general, most Diabetes specialists tended to believe that the current medication of the patient needed an adjustment as diabetes grow worse. In actuality, it indicated that some more CVS'S became active and impacted on the sugar levels of the patient. Not aware of that, changes in medication were tried to control the new level of sugar in the blood.

This process continued for several more months, while the sugar level remained at the same level. One day, the sugar level increased slightly, and it was not due to an increase of food intake, but the regular increase which we suspected to be due to another emergence of a new CVS. Upon further investigation, it appeared that two new CVS'S appeared and the number of CVS'S increased to 17. Upon further investigations, we discovered a new different CVS, in addition to the previous two. This made the total number of CVS'S to be eighteen (18).

Reaching eighteen CVS'S in the composite CVS causing diabetes meant that a new approach for the treatment of diabetes had to be adopted. However, this concept of an auto-immune disease having more than one CVS, has not yet been universally adopted, and it is extremely difficult to convince medical doctors of such a concept if not propagated by some of the large pharmaceutical companies who are reaping immense amounts of profit selling palliatives to diabetic patients.

In our search for a cure for diabetes, and having realized that there are six different types, not only two, we reached the conclusion that one may be able to stop the deterioration of the diabetic condition, once realized cannot be reversed. The reason being that, as mentioned above, the period of a prediabetic condition is actually the state in which one or two of the CVS'S causing diabetes are already active and the person is already diabetic.

After several months and many designed mixtures to eliminate all CVS'S composing all of the composite diabetes CVS, it became evident that type I diabetes, because of the combination of activity within the CVS'S, needed a mixture all of its own to eliminate the composite CVS and freeze the condition of the patient. Several mixtures made to eliminate the CVS'S causing all other 5 types, actually worked but not totally on type I. Therefore, we had to design other mixtures to eliminate type I, that is, to stop the progression of diabetes and deterioration of the patient's condition. However, the symptoms of diabetes will still remain, especially if it had been with the patient for a long time; or until some medication is able to cure the effects of diabetes on the body as a whole.

We will indicate one mixture, in symbols, and second one, also in symbols to cure, (eliminate all 17 CVS'S of type I and all CVS's of the other types.) In all our trials, the 18th CVS'S was always there, never eliminated and never active, and this did not change the status of the patient. This 18th CVS did not appear to have an effect on the outcome of the treatment. The composite CVS composing diabetes included eighteen CVS's, seventeen of which had to be eliminated to stop the progression of diabetes, while the 18th CVS did not appear to influence the results. However, more studies have to be conducted to identify this 18th CVS, early, whether it is active or not, as our initial studies were undertaken with diabetic patients long identified with diabetes. Neither cure eliminated this 18th CVS, nor were we able to assess whether it is a core being of the virus, and that with it the composite virus would not work or would work regardless.

Cure for types II, III, IV, V, V, VI of diabetes.

- a. QYnYG
- b. -Q
- c. Q-Yn Yg
- d. QYn-Yg
- e. -Q
- f. QYn-Yg
- g. Q-YnYg.

The second mixture to eliminate all 17 CVS's in type I diabetes:

- a. Q Yn Yg
- b. Q-YnYg
- c. -Q
- d. QYn-Yg
- e. Q-YnYG
- f. Q Yn -Yg
- g. Q-Yn Yg

The designed treatment for types II, III, IV, V and VI, was made and tried on several patients. Two of those patients were described by their attending physician as pre-diabetic. When we checked the first one, we will call her A, she had two active CVS'S, namely, no's 2 and 5. These were not strong enough to register the level of sugar in the blood beyond 140 mg/lit, but enough to be labelled as pre-diabetic.

The shadow energy of the pancreas over the period of the diabetes cure, for patient A.

Day	1	2	3	6	9	15	20	25	30	33	35	40
Q	-12	-10	-4	5	12	18	30	46	55	73	85	98
Yn	-17	-14	-11	-6	0	12	26	36	55	75	88	98
Yg	-18	-12	-10	-4	0	9	26	50	66	79	86	98
Ω	-8	-7	-6	-5	-2	0	5	10	18	24	28	35

Patient A was recorded as having type IV diabetes, by our standard, as she had CVS'S #4 and #6 active in the pre-diabetic condition.

The shadow energy of the pancreas of the second patient or patient B: This patient had CVS'S #3 and #4 active in the pre-diabetic condition.

Day	1	2	3	6	9	15	20	25	30	33	35	40
Q	-13	-10	-3	4	12	20	35	45	59	74	80	94
Yn	-12	-10	-4	6	10	22	35	42	58	73	88	94
Yg	-15	-11	-6	0	10	18	30	40	55	72	85	94
Ω	-9	-8	-6	-1	6	12	20	24	25	28	29	35

The patient A and patient B, both were treated with the mix UDD 590, which is the mixture that will eliminate 17 of the 18 CVS'S in the composite CVS causing diabetes.

While the efficiency of insulin production by the pancreas of patient A, was 27%, as we measured it. The course of treatment of patient A, was 40 days of the treatment mixture X, two 900 mg capsules after lunch daily. She was checked over the period, usually, to determine the progression of the treatment. The efficiency of the pancreas after the course of treatment for both cases went up to 98% for A and 94% for patient B. This does not mean that insulin is produced at that rate, but it is that percentage of the actual production due to the real deterioration of the efficiency of the pancreas. It also means that diabetic medication has to be adjusted but not removed.

These above mixtures, one and two, are two of the few mixtures that will eliminate all 17 CVS'S either of type I diabetes or all other types. This does not mean that the person will be diabetes free, but depending on the length of the infection by diabetes, the patient will maintain his/her condition with the same amount of daily food intake, and supplemental diabetes medication. Since there are no additional CVS'S to be become active, then the condition would be stable. Whether or not the ailment of diabetes will be totally eradicated will depend on the speed at which the virus is neutralized before any appreciable damage is done to the organs and functions of the patient. This is the current status of the disease; sometime in the future, it may be diagnosed before becoming an active virus and eliminated without any anticipated future damage.

Results

1. Based on our studies over the past twenty years, diabetes is caused by a virus.
2. Our studies have shown that it is an autoimmune disease.

3. Our interpretation, based on the laws of wisdom and the basis of scientific advancement in the ancient world with the ancient Egyptians, an autoimmune disease is a viral based disease which contains more than one CVS, coalescing together to form the shadow energies of the composite virus.
4. The order of activation of the CVS'S within the composite virus determine the severity of the manifestations of the disease. With diabetes, the original classification was a type I, insulin dependent, and type II (later III, IV, V and VI). The severity of the diabetic manifestation was revealed, in patients, over the years, but the activation of additional CVS'S, which were not identified as such, but only in the change of the condition of the patient and the need to change medication to stabilize the condition.
5. It appears that diabetes appears much sooner than it is actually detected. The period called pre-diabetic condition, is actually the beginning of diabetes with one or two active CVS'S for types II, III, IV, V and VI.
6. Studies have shown that the case of type I, the Insulin dependent diabetes, the CVS'S No: 6, 7, 8 and 9 are active together affecting the functions of the pancreas and causing insulin deficiency, and thus type I diabetes. This is the only type which has The four CVS'S active at the same time.
7. Our trials on increasing the efficiency of the pancreas and the shadow energy of the pancreas by our mixture for type I and the other types, eliminated all of the seventeen active CVS'S in any type, and maintained the level of sugar in the blood without an increase in the food intake. Decrease of fatigue, more stamina and better sleep, were also observed. The main objective is not to increase food intake.
8. The permanent effects of diabetes over the years, until now cannot be rectified, we can only stop any further deterioration and maintain the health of the patient.

Conclusion

1. Diabetes is an auto-immune disease.
2. It has been proven that an auto-immune disease is a viral disease with several CVS'S forming a composite CVS.
3. Because of its formation, the interaction among the CVS'S in the composite CVS, determine the manifestation of the resultant CVS in the patient.
4. There are basically six different types of diabetes, and not only the well-known types I and II.
5. The changes occurring over time in a diabetic patient are usually the activation of more dormant CVS'S in the composite CVS.
6. The so called pre-diabetic condition, is basically an indication that the diabetes composite virus has already started in the patient.
7. If the manifestation in the patient is not type I, insulin dependent, it may be any of the other five types. These types depend on the activation sequence of the different CVS'S in the composite virus.
8. We have been able to design two treatment mixtures, one for type I diabetes, which will increase the utilization of insulin production in the patient. However, the percentage utilization of insulin, will depend the length of time diabetes has been active, and how much damage has already been inflicted upon the pancreas by the treatments of diabetes. In all cases it will limit further deterioration of the condition of the patient and prevent any additional diabetic side effects deterioration.
9. The second mixture will stop the deterioration of other diabetic patients and help them maintain a certain level of sugar in the blood commensurate with their activity and level of medicine intake to balance the damage already made on the patient.
10. These two mixtures are used once we determine that diabetes is present, the sooner that these mixtures are administered the better the patient will be.
11. The challenge is to identify the diabetes before it manifests itself and begins damaging the functions of the body.
12. The first rule is that any so called pre-diabetic condition is the beginning of diabetes, if not severe, it is probably any type from II to VI.
13. Whatever the type, the concentration is to eliminate all other CVS'S in the composite virus.
14. The sooner that is done, the better will the patient become and stop any side effects of diabetes.

15. This will mean the balancing of food intake and maintain a healthy regimen without reverting to medication to treat any effects of diabetes, that is in early detected cases.
16. The elimination of all different CVS'S from the composite virus does not mean a totally free diabetic person, at this time, but this will control further deterioration of the patient's condition [1,2,4-8].

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