

## Organ Rejection: Is it Possible to Eliminate?

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### Abstract

In our studies on causes and effects of some chemical and medication addictions, it became apparent to us, of the creation of an unseen, but extremely effective force, in the realms of the brain, that controls and feeds that addiction. In several instances, we were able to identify those energies, and make an “antidote”, that eliminated that addiction and prevented it from occurring. Why wouldn’t there be such an energy in organ transplants that has the same effect of requiring constant medication to avert rejection? It may be that each organ may need one anti-rejection cure, to be taken for a short period of time, say, 20 days, that eliminates such an energy while allowing the organ recipient a full and active life? It appears that once such energies are eliminated, the organ will obtain its full functional value comparable to its age of transplantation.

**Keywords:** *Organ Rejection; Transplantation; Organ Recipient; Avert Rejection; Vibrational Herbal Medicine*

### Introduction

Organ transplants have been discussed in medical science for many years.

Many of its aspects have been debated and several ideas have been introduced to resolve that particular problem. Kidney transplants have been on the discussion on the table, due to the increased incidence of kidney malfunction resulting in kidney failure.

At that time, probably, was the time that surgeons started to view options. Can a kidney be replaced? If so, what may the implications be?

“The extraordinary modern epic of transplantation began in 1949 when Sir Frank Macfarlane Burnet, whose research focused on bacteria and viruses, proposed a theory of distinguishability between one’s own and foreign tissue that is acquired, but not hereditary, during the fetal stage [1]. This theory raised the interest of Dr. Peter Medawar, who initially studied zoology and became interested in research in areas of biology related to medicine. His pivotal work in the field of transplant immunity started during the Second World War when the Medical Research Council asked him to find the reasons for failure of skin grafts between human donors and recipients. In 1947, in collaboration with Dr. Rupert Everett Billingham, Dr. Medawar used skin grafts to distinguish between monozygotic and dizygotic twins in cattle and concluded that “actively acquired tolerance” of homografts could be artificially reproduced. As such, Dr. Medawar defined immunological tolerance as “a state of indifference or non-reactivity towards a substance that would normally be expected to excite an immunological response”. National Library of Medicine, National Center for Biotechnology Information.

After publication of my theories on vibrational herbal medicine, and my work being spread, here and there, by word of mouth, one of the people I was helping in increasing the GFR of her kidneys; asked if I could help her son of 25 years, kick his habit of cocaine. This was something new that I had never worked with. Addiction, is a major problem all over the world. The most commonly used term was that of addiction to cigarettes. In that respect, I was helping a friend reduce the number of cigarettes he was smoking daily. My thoughts were towards some mixtures that tend to make it difficult to want to smoke, as it makes the mouth tastes awful, when one smokes, and may cause one to refrain from smoking, as long as possible. In a few days, that idea was not pursued further as it caused a great deal of bitter taste that did not disappear quickly, nor did it cause one to stop smoking.

Back to my new patient, to stop using cocaine, that was no easy matter. This was not stopping smoking, but probably worked along similar principles. We tried several approaches, they didn't seem to affect him. The most important component, is the addict's will to stop, and be willing to put the effort and the will power to do that.

After several trials with mixtures to be taken to change the total energy of the person, to help one stop taking the stuff. We tried for several trials, and none gave us any satisfactory outcome to continue or see any success anywhere on the Horizon. We stopped trying, as there seemed something we were missing.

A few years later, we were working in finding a cure for Parkinson's disease, one patient was diagnosed with the disease, and given the standard protocol of the treatment. He followed that protocol until my intervention in the matter. The medicine in the protocol had transformed the patient into an addict of the medicine with very little improvement in the original disease itself. PD is a terrible illness, which appears to have been mistreated, as it was misdiagnosed, in the first instance. PD is caused by a simple virus. Once that virus is identified, it may be eliminated. However, increasing the dosage of the chemical whichever was not being produced, due to the presence of PD, is not a cure. That medicine, with its very severe side effects, became addictive to the patients, and was basically a health hazard, and had to be stopped. But who would have the audacity to state that, and accuse a huge Pharma Company of doing that? Very few people with power and resources would be able to do so.

This patient, who became my responsibility to help, could be saved. The anti viral that would eliminate the virus was working, and we could detect the percentage of the virus being eliminated, but we did not see the effects on the patient. He continued to take parts of the treatment protocol. His condition worsened with hallucinations, insomnia, and death-wish thoughts roaming his brain. Then, we discovered a negative energy emanating in the brain. This energy was caused by the other medicine in the protocol of treatment. It was not there originally, but started with the medicine in the protocol.

This new energy reminded us of the negative energies that became apparent in cigarette addiction, heroin addiction and opioid addiction. The most important element is to sever the ties with the addictive energy, to be able to affect any kind of change on the ailment being treated. This was a hypothesis, it sounded applicable, but was it doable?

Using vibrational medicine and the knowledge of the ancient Egyptians, we started to measure this new energy appearing, and hindering the improvement of the patient. The very fascinating aspect of vibrational medicine, is that if you identify the energy objective, in any place, it may be identified and quantified by the practitioner as if it were present in front of him/her. This statement is not a fantasy, but based on almost thirty years of practical and successful application.

### Kidney transplants

The first thing to ascertain is whether this rejection energy really exists?

By assuming that we have a virtual kidney to be transplanted, what would its virtual rejection energy be? By placing a photo of a kidney on the Yin/Yang biometer, which is the measurement tool that is used by practitioners to obtain the energies required. The kidney photo

is placed on the Yin/Yang biometer, and requesting what would the rejection energies be, were this kidney be replaced? The following were the energies that were obtained:

- $Q = -45$
- $Y_n = -44$
- $Y_g = -44$
- $\Omega = -25$ .

These are the energies that appear, in the brain, and can only be detected by someone who practices vibrational herbal medicine.

Based on our previous experience with such virtual energies obtained in the same way, it is quite accurate. It usually depicts the value of the rejection energy in real life. However, the question becomes what are the actual rejection powers that may cause rejection? Are they a continuous power that is not diminished? Does it have to be held in check by medication? As is currently being done? Or is it an energy that may be eliminated to allow the organ to continue in the new body, without rejection and be acceptable to the new body? Does its presence help or hinder the function of the new organ? It appears that we may get an answer using virtual reality measurements, but the real test is in real live situations.

How would the rejection energy readings of an actual transplanted kidney be? It so happened that a relative of mine had one of his kidneys transplanted, several years previously. I would be checking a transplanted kidney, after about six years, of the surgery, and after taking the anti rejection medication for that long. To my knowledge, the man, (patient), is around 75 years of age, is in reasonably good health with the minor problems of his age.

The actual rejection energy readings of the patient are:

- $Q = -45$
- $Y_n = -40$
- $Y_g = -30$
- $\Omega = -18$ .

These are actual (virtual) values of the rejection energies of any kidney transplant according to our hypothesis, and are of this actual person with a transplanted kidney.

It seems that the immune therapy medication and the anti rejection medicine, did not affect the rejection energy by much. It seems that the medication over time, did not affect the rejection energy, that much. As a continuation of the study, we measured the energy levels of both kidneys, with the left one being the replaced organ.

Energy levels of both kidneys together:

- $Q = 59$
- $Y_n = 36$
- $Y_g = 60$
- $\Omega = 20$ .

Now, to take each one separately:

The right kidney:

- $Q = 70$
- $Y_n = 72$
- $Y_g = 69$
- $\Omega = 35$ .

The left kidney (transplanted):

- $Q = 16$
- $Y_n = 22$
- $Y_g = 22$
- $\Omega = 8$ .

This clearly indicates that the medication taken over the years, did not help in the function of the transplanted kidney, and it did not allow it to reach normal functioning condition. It has not been rejected.

The real test, is to obtain the mixture that will eliminate such rejection energies, and to find out how effective is it in real situation, such as this person who had already experienced, both the transplant, and the protocol rejection medication, over the last six years.

Our trial gave us the following mixture, as the mixture to eliminate rejection energy in around twenty days, with a dosage of two 900 mg capsules, after lunch, for the duration.

Mixture of curing rejection of kidney transplant:

1.  $Q_{y_n-Y_g}$
2.  $-Q$
3.  $Q-Y_n Y_g$
4.  $Q-Y_n Y_g$
5.  $Q_{y_n-Y_g}$
6.  $Q-Y_n Y_g$
7.  $-Q$ .

To test whether our hypothesis is correct or not, we checked to see what the effect of this mixture on the functions of the kidneys is? How did this mixture affect the energies of both kidneys together and separately!

The right kidney:

- $Q = 76$  it was 59
- $Y_n = 70$  it was 36
- $Y_g = 75$  it was 60
- $\Omega = 35$  it was 18.

The differences are clear, after taking the rejection mixture cure for 20 days, at two capsules daily.

What about the changes, if any in the transplanted Kidney?

The left kidney (transplanted):

- $Q = 73$  and it was 16
- $Y_n = 80$  and it was 22
- $Y_g = 79$  and it was 22
- $\Omega = 35$  and it was 8.

The results are remarkable! Not only did the total energies increase with the elimination of the rejection energies, but the kidney started to function in the normal manner, it should have, had it been treated with the rejection cure before.

These results indicate that the transplanted kidney, will function, after taking the rejection cure, eventhough, several years had passed.

These results certainly merit looking into this method of treatment, and be given much thought. It may well be that it may be applied into other transplants.

### Heart transplants

Another very famous organ replacement is heart transplants. The resolution of organ rejection in this case would have a momentus effect on health of human beings, as a whole. Repeating the same procedure to obtain the virtual energies of rejection in any heart, man or woman, we find that the energies are as follows:

- $Q = -45$
- $Y_n = -44$
- $Y_g = -44$
- $\Omega = -25$ .

They are very similar, if not identical, to those of the kidney rejection energies. Could it be the same energies of rejection in both cases? If that were the case, this may give an indication that any rejection energies may be eliminated over an extended period, with no need for an extended immunity enhancement treatment. It may also mean that if they are the same, for each transplant, could one group of energies eliminate all transplant energies for all type of transplants. To that theory, we have to find another energy rejection of any other organ.

It stands to reason, that a main source of controversy is over heart transplants. From the time of Dr. Christian Barnard, and his extraordinary exploit in heart replacements, it has been a matter of extreme importance to transplant donors, Drs, and recipients.

We do not have an available patient who had performed heart transplants, and are alive; thank God for search engines! Our search, via Google search engine, gave up several photos of heart transplant recipients. We picked up which is supposed to be the longest living heart recipient, to day. The second, another recipient who's photo was there. It appeared to be a new one. However, the case both would be invaluable to our study.

We have obtained the specimens of two transplant patients (photos), whom we are going to measure, whether or not they still take all the required medication to suppress rejection of the organ, and how much, if any, that rejection energy still exists, or how much has it been diminished by?

The longest surviving heart transplant recipient: Rejection energy indicators:

- $Q = -45$
- $Y_n = -42$
- $Y_g = -44$
- $\Omega = -18$ .

The second specimen of heart transplant patient: Rejection energy indicators.

She looks younger, and may give some different results:

- $Q = -42$
- $Y_n = -42$
- $Y_g = -36$
- $\Omega = -18$ , the results look similar, even though the period of time after the transplant is not the same.

As our procedure dictates, we wanted to study how these hearts are functioning under the normal operating conditions, i.e. now, and after all the medication taken until now. It is of interest, whether the heart is functioning, using all its new efficiency due to the transplanted organ, or is it functioning barely (This shows in the shadow energies of the heart) [19]. Some of these instances would be the presence of anti-rejection medication, for instance.

Once we measured the virtual reality of heart transplant rejection, we endeavoured to design the rejection of the heart transplant cure. Using the same procedure we have been using for the past 30 years, we came up with an anti heart rejection cure, mentioned below.

Its ingredients are as follows:

1.  $Q-Y_n Y_g$
2.  $Q Y_n - Y_g$
3.  $-Q$
4.  $Q - Y_n Y_g$
5.  $Q Y_n - Y_g$
6.  $-Q$
7.  $Q Y_n - Y_g$

How does the first patient (longest living survivor), react to the rejection cure energies? The reaction is quite satisfactory! The rejection energies of the transplanted heart were eliminated in 20 days, using a dosage of 1800 mg, or two 900 mg capsules daily, after one meal, daily! These are virtual reality tests. From previous experience, the results are usually quite accurate and very close to the virtual results. The energy of the heart in real time improved to a noticeable extent. This result actually daunts us to conduct a clinical trial, whether on kidney transplants or heart transplants. The benefits of such trials will be momentous, to say the least, and add a tremendous boost to the improvement of people's health.

The same procedure was undertaken with the second (younger) patient, and the rejection energy was eliminated in 15 days of the medication, two capsules, after one meal daily. The length of medication is slightly different for each one of the patients, although the values of the rejection energies are close.

One of the results that appeared, on the two patients, was the changes happening to the energies of both hearts, they both increased by a noticeable margin. This was discussed in a previous manuscript [22].

Due to numerable reasons, one of which may be the ingestion of normal chemical medication, the energies of some organs are affected to a degree, and may not be able to function normally. By designing some enhancement energy mixtures, for such organs, we are able to increase their functioning abilities, and correct some of the malfunction that may have occurred. We have done this procedure on various organs of the body, and more noticeably, on the heart (my Heart). After several years of a CABG surgery, an additional boost was needed, as the heart energies were decreasing. There are various elements to look into before such a trial.

The heart energies of patient (1), the longest survivor:

1.  $Q = 31$ ;  $Q = 59$
2.  $Y_n = 36$  after taking the heart enhancer;  $Y_n = 48$
3.  $Y_g = 34$ ;  $Y_g = 43$
4.  $\Omega = 20$ ;  $\Omega = 26$ .

As we can discern, there are some marked improvements, but it may have been several years since this transplant was performed, and we do not underestimate the various medication that they may have been taken.

The second patient, who is much younger, indicated the following set of results:

The Heart energies of patient (2):

1.  $Q = 50$ ;  $Q = 65$
2.  $Y_n = 45$  after taking the heart enhancer;  $Y_n = 70$
3.  $Y_g = 45$ ;  $Y_g = 70$
4.  $\Omega = 22$ ;  $\Omega = 26$ .

As we can discern from these values, they are higher, due to the length of time from the transplant.

However, these results are a good indication that such enhancements may be of great help in transplant cases. It may give hope to some patients who may have lost such hope. It may also have an effect on the choice for transplant recipients or patients, if the same may be performed on both before the surgery, to ensure a better outcome to the operation.

## Results

1. The presence of a rejection energy for organ transplants has been proven.
2. Such energy appears in the brain of the patient.
3. The energy values for the four energies;  $Q$ ,  $Y_n$ ,  $Y_g$  and  $\Omega$  of the transplant rejection energies, appear similar for different organs.
4. The cure energies obtained in the cure mixtures, are quite different, and are not interchangeable.
5. Each cure mixture of a specific organ, does not react to cure a different organ.
6. Mixture cures for the same type of organ appear to work on the same Type of organ of different patients.
7. The results appear to be outstanding and paves the way for an ambitious, but bold, initiative to make clinical trials on any transplanted organs.
8. That may help in eliminating one of the main headaches in organ transplants.

### Conclusion

1. Rejection energies of transplanted organs can be measured for various organs.
2. The identification of rejection energies has made it possible to design cures for such rejection energies.
3. The values of the rejection energies appear similar for different organs, but the cures are not interchangeable.
4. We have studied the rejection energies of heart transplants and kidney transplants, the result lead us to assume that the same procedure may be applied for other organs, when the need arises.
5. There is an urgent need for clinical trials on such cures, as they may open a way for better health for mankind [2-21].

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