Miraculous Healing of Parkinson’s Disease Without the Use of Pharmaceuticals, Antibiotics or Surgery

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Abstract

While “miraculous healings” or spontaneous remissions of various disease states have been scientifically reported previously, the exact mechanism, which allows for these seeming miracles or spontaneous remissions is poorly understood. In fact, even the diagnosis of Parkinson’s disease as a discrete entity versus a spectrum of related disease states is still somewhat in question, highlighting our limited certainty when the true root cause and mechanism of action for a given disease state remains obscure [1-8]. By contrast, I recently published a case study series, which included the “miraculous healings” of Sarcoidosis, Chronic Lyme Disease and Fibromyalgia without the use of pharmaceuticals or antibiotics where the mechanism of action used to initiate the “miraculous healing” appears to have a cause and effect relationship [9].

This case report now adds Parkinson’s disease (case study #4) to the previous three case studies, which I have observed and now report to be successfully treated by a process, which Master John Douglas refers to as “Angelical Reformation.” These case reports are representative of the many hundreds of case studies I have documented (although most yet unpublished) over a ten-year period, while observing the work of Master John Douglas and the graduates of his Elite Development course. While certainly inspiring, admittedly all of these observations must ultimately be subjected to additional rigorous scientific methodology. Yet, the sheer number of miraculous healings I have observed and the fact that this body of knowledge can be taught to others who obtain similarly effective results is very promising, given our current confusion regarding the exact mechanisms of action and/or root cause of autoimmune diseases and Parkinson’s disease in particular.

Keywords: Miraculous healing; Energy medicine; Parkinson’s disease

Introduction

While “miraculous healing” of various disease states have been scientifically reported previously, the exact mechanism, which allows for these seeming miracles or spontaneous remissions is poorly understood. In fact, even the diagnosis of Parkinson’s disease as a discrete entity versus a spectrum of related disease states is still somewhat in question, highlighting our limited certainty of its etiology and mechanism of action [1-8]. By contrast, I recently published a case study series (CS #1-CS #3), which included the miraculous healing of Sarcoidosis, Chronic Lyme Disease and Fibromyalgia without the use of pharmaceuticals or antibiotics and where the mechanism of action used to effect the healing appears to have a cause and effect relationship [9]. This case report now adds Parkinson’s disease to the list of disease states, which I have observed and now report to be successfully treated by a process, which Master John Douglas refers to as “Angelical Reformation.” These case reports are representative of the many hundreds of case studies I have documented (although most yet unpublished) over a ten-year period while observing the work of Master John Douglas and the graduates of his Elite Development course.

Parkinson’s disease-case study #4 (CS #4)

CS #4 is a 70-year-old white female who was diagnosed with Parkinson’s disease in 2012 by two separate neurologists, each of whom specialized in Parkinson’s disease and movement disorders. CS #4 describes the evolution of her symptoms, “as starting with internal tremors that then manifested externally to both hands and feet. I was unable to walk easily without assistance, had severe balance problems, developed the classic Parkinson’s mask, was unable to smile and at times could barely talk. During this timeframe, I also lost twenty pounds and became severely depressed to the point of suicidal ideation, seriously considering attempted suicide rather than be doomed to such a dysfunctional level of being.” Her neurologists attempted to treat her with the standard pharmaceutical regimen for Parkinson’s disease but while the regimen did improve her symptoms, developed the classic Parkinson’s mask, was unable to smile and at times could barely talk. During this timeframe, I also lost twenty pounds and became severely depressed to the point of suicidal ideation, seriously considering attempted suicide rather than be doomed to such a dysfunctional level of being. Her neurologists attempted to treat her with the standard pharmaceutical regimen for Parkinson’s disease but while the regimen improved her symptoms substantially, she was unable to tolerate the side effects. Given her inability to tolerate pharmaceuticals and the fact that her symptoms continued to become progressively worse for almost two years, she was considering initiating treatment with deep brain stimulation until she saw Master John Douglas in 2014.
Recalling her first meeting with Master John Douglas, she reports that, “as soon as I walked in the door, I immediately felt better and was actually able to sit up for the entire seminar and the many hours it took before I actually had my five-minute private session. This burst of energy and stamina were most unusual for me at that time.” During the five-minute private session, she reports that, “Master John Douglas told her that he had killed the infectious agents causing her disease.” She also reports that, “she felt so good upon leaving the seminar that she went out to eat a big meal, which was also very unusual, as she typically had no appetite.” She was given the standard detoxification protocol instructions upon leaving the seminar, which included instructions to take an herbal liquid remedy called “parasite repair” (cloves, wormwood and black walnut) to kill the remaining parasitic eggs but she mistakenly took only half the recommended dosage, which was listed on the bottle. By six months later, at her next Master John Douglas seminar, she reported, “approximately a 40% improvement in her symptoms.” She reports that, “Master John Douglas explained that she had become re-infected, due to her failure to properly follow the recommended full dosage of the herbal remedy designed to kill the egg load which remained in her physiology, thus allowing a reinfection to occur from newly hatching eggs. Master John Douglas again reported that he had killed all the recurrent live infectious agents causing her disease.” Six months later, a full 18 months after seeing Master John Douglas for the first healing and still taking the proper dosage of the herbal remedy, she reports that, “finally, 100% of her symptoms were gone without the use of any pharmaceutical or surgical procedure.” Of interest is that Master John Douglas told her that, “she would be susceptible to Parkinson’s relapse due to reinfection over the entire course of her lifetime.” Given this warning concerning the likelihood of reinfection, she does regular follow up with an energy healer who is a graduate of Master John Douglas’ Elite Development Course (as described and offered to the public on the website: masterangels.org). TheElite Development Course teaches that every particle in creation emanates a unique electromagnetic frequency, which can be known on the level of consciousness phenomenologically with great accuracy after the technique of “scanning” is mastered by the course applicant. While admittedly this is a consciousness-based protocol and not an external device such as a mass spectrometer, a theoretical framework to understand this assertion is that analogous to all elements on the periodic table having a unique molecular weight, each particle in creation can be known by its signature “song” or electromagnetic frequency. So, this healer, using similar consciousness-based technology and methods as utilized by Master John Douglas, “scans” her body for the electromagnetic signal of the Parkinson’s infectious agents, which have been found by observation to be repeatedly correlated with the manifestation of this particular disease. If these frequencies are present on the consciousness-based scan, the healer immediately directs his/her attention to kill all the recurrent infectious agents and to release all associated neurotoxins emanating from these infectious agents as efficiently and comfortably as possible.

The method of eradicating the infectious agents has been described by Master John Douglas as, “initiating a sound wave which is highly focused and capable of shattering the infectious agent just as a select sound wave can shatter a crystal glass.” CS #4 describes herself as, “a long-term practitioner of meditation, who was open to miraculous healing.” And although she has not seen Master John Douglas for many years, she believes her continued absence of recurring symptoms are due to “very conscientious use of most of his CD Repair tools.” She reports, “regular daily use of the food repair disc, the cold/flu disc, the body disc, the mold disc, and almost daily use of the following audio CD Repair tools: Health Repair, Karmic Repair, Astrological Repair, Soul Repair, Relationship Repair and Faith and Sensory Repair.” These audio CD Repair tools are guided meditations which, according to Master John Douglas, “invoke the help of the Master Healing Angels, who are the true agents of miraculous healing; the energy healer who makes the request to kill an infectious agent is but a conduit to facilitate the healing but not the actual healer; only God and the Celestial realm have the power to heal.”

Unfortunately, while her Parkinson’s disease continues to be in complete remission without the use of pharmaceuticals, she now has a new diagnosis of Primary Biliary Cirrhosis. This was discovered on routine blood work, which she repeats every six months. This diagnosis is biopsy confirmed and seems persistent, despite her report that, “Master John Douglas did find and kill multiple viruses within her liver.” Her past medical history is significant for cancer - a small melanoma surgically removed in 2004 and breast cancer treated with both surgery and radiation in 2009. Her family history is significant in that her youngest brother also has the onset of early Parkinson’s disease, but his history is complicated by antecedent head trauma. Current pharmaceuticals include Amiodarone and Ibrusaran for the treatment of systemic hypertension, which she reports as “being well-controlled for 15 years.” She also continues to wean off Zolof, now at 50mg/daily, for the depression, which started with the onset of her Parkinson’s disease.

Discussion

As I have recently reported, Master John Douglas uses his clairvoyant senses to identify the infectious etiology and root cause of many “idiopathic” diseases. Although the infectious agents for these idiopathic diseases have not been discovered or reported in the scientific literature, he claims to be able to directly visualize the existence of hundreds of unknown infectious agents through his enhanced (clairvoyant) senses, no different than we observe ordinary phenomena in the material world, such as the leaves on trees. He reports that, “the primary infection in Parkinson’s disease is an infectious parasitic worm, which replicates itself by laying eggs.” While I am aware that no such infectious agent has ever been documented in the literature to date, the fact that many hundreds of Elite Development course graduates, including numerous medical doctors, nurses and other licensed health professionals all concur regarding the measurement of the existence of this frequency as the electromagnetic signal emanating from a parasitic worm raises the possibility that our failure to identify such an etiologic organism may be a false negative and does not rule out the possibility of its existence as the root causative agent in Parkinson’s disease. Similar
to my recent published report concerning the co-infections seen in 
Chronic Lyme disease, scanning the physiology of a Parkinson’s dis-
ease patient typically reveals the frequencies of other co-infections, 
which live in and attack the motor neurons, dopamine receptors, 
basal ganglia and substantia nigra, separate and apart from the pri-
mary parasitic worm.

An Elite Development course graduate can scan and confirm 
the pathognomonic electromagnetic signals emanating from 
all of these distinct infectious organisms or co-infections routine-
ly found in Parkinson’s patients, but unfortunately none of these 
co-infections are currently known to any branch of medical science. 
They have yet to be identified by virologists, microbiologists, para-
sitologist or any conventional medical apparatus. And while the 
inability to verify the existence of these infectious agents apart 
from consensus among Elite Course graduates is disruptive to our 
conventional medical paradigm, is this claim all that different from 
saying that prior to an electron microscope, many minute infectious 
agents were not seen with an ordinary light microscope or that the 
original elements of quantum physics which were mathemati-
cally deduced could not be proven without the technological advance-
ment which allowed for the building a linear particle accelerator? 
While admittedly this technology is consciousness-based and does 
not exist as an external device currently, philosophically I believe 
that there is no barrier to replicating these findings using an ex-
ternal device as technology advances. Also, similar to my reported 
case on Chronic Lyme Disease, note that it took approximately one 
year for a complete remission of all symptoms to occur. Clinically, 
both of these diseases have toxins which are left behind from the 
infectious agents that are difficult for the body to clear and require 
strict adherence to the recommended detox protocols cited in my 
first article [9].

Just as patient compliance with pharmaceutical dosages is re-
quired to achieve the desired result in conventional medicine, this 
case illustrates that proper compliance with the herbal remedy 
“parasite repair” is necessary, as it too seems to have a dose/re-
sponse curve, as failure to comply with the recommended herbal 
usage protocol resulted in a delay of full symptom remission.

Study Limitations

Admittedly, this study has many limitations. While the diagno-
sis was established by two neurologists in dependently of each oth-
er, who each specialized in Parkinson’s disease, I am not in posses-
sion of any external verification such as a video of clinical signs or 
an abnormal dopamine transporter SPECT scan. Thus, the original 
diagnosis could be a variant of Parkinson’s disease where the res-
olution of symptoms is more compatible with the natural history, 
such as psychogenic Parkinson’s disease. A misdiagnosis of a func-
tional movement disorder or psychomotor slowing due to depres-
sion is also a possibility. Even the role of the placebo effect must be 
considered as an alternative hypothesis.

I also realize that as “scanning” is a consciousness-based tech-
nique, not common to the public at large, and only mastered by 
graduates of the Elite Development Course as taught by Master 
John Douglas, this limits the population of “experts” capable of con-
firming or refuting the accuracy of this report to under 500 current 
graduates. So it is entirely reasonable to question a “miraculous 
cure” that rests entirely on the resolution of symptoms as reported 
by the patient, except for the fact that 500 people are independently 
capable of measuring the presence of the frequency of an infectious 
agent which is killed by conscious intention and then observe that 
the resolution of symptoms is closely correlated in time with the 
disappearance of that infectious agent’s electromagnetic signal (as 
measured by the process of “scanning”).

Furthermore, the fact that the existence of this unseen infec-
tious agent(s) which is diagnosed by “scanning” cannot be replicat-
ed by any known external device available to the scientific commu-
nity and that the purported causative agent, i.e. a parasitic worm 
has yet to be reported in current scientific literature both raise 
questions as to the reproducibility of these findings, even though 
independently many Elite Course graduates have duplicated these 
findings and results in many other subjects believed to have a diag-
osis of Parkinson’s disease by conventional medical experts.

Conclusion

Notwithstanding the obvious limitations of the study as listed 
above, I still believe that the sheer number of seeming “miraculous 
healing” which I have witnessed over a ten year period and the fact 
that this ability can be taught and reproduced by many licensed 
health professionals forces us to consider the possibility that a 
cause and effect relationship exists as the underlying mechanism of 
the “miraculous healing” which have been reported. Furthermore, 
given the risk of adverse events surrounding the conventional phar-
maceutical treatment of Parkinson’s disease, such as the recent in-
vestigation into the safety profile of Nuplazid, all non-pharmaceu-
tical and non-surgical options such as the technology described 
herein should be further investigated, whenever the credible prob-
ability of their improved therapeutic benefit is known [10-14]. Our 
goal as physicians is always to use the treatment option with the 
best therapeutic ratio, and thus minimize any iatrogenic compo-
nent to our delivery of care. And while I realize that we are a long 
way off from having a solid scientific foundation to recommend the 
technology described herein, not to further investigate the reality 
of these observations in a more rigorous setting would be a mistake 
in my opinion.

Acknowledgment

I would like to acknowledge Master John Douglas for his tireless 
work ethic and his passion to save humanity from the unseen dan-
gers, which threaten life on this planet and to the real people in our 
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Competing interests

The author declares that no competing interests exist and that he has no financial gain from his relationship with Master John Douglas or the Elite Development course. While some peer reviewers may feel that a possible financial bias exists from even naming Master John Douglas or any of his proprietary products used in the treatment of this patient, in the interests of scientific transparency I do not see how this is any different from naming a proprietary pharmaceutical and dosage which is thought to have a positive effect for the amelioration of a given disease state. In both cases, proprietary issues notwithstanding, the roadmap which was undertaken by the patient to achieve improvement must be transparent to the reader.

References