

R

Supplement to The Art of Getting Well Magnesium Chloride HexahydrateTherapy

Sources are given in references.

Authors of contributions\quotations are alphabetically arranged; major author, if any, is underlined.

Pierre Delbet, M.D., A. Neveu, M.D., <u>Raul Vergini, M.D.</u>/ Responsible editor/writer Anthony di Fabio.

Copyright 1992 All rights reserved by The Roger Wyburn-Mason and Jack M. Blount Foundation for the Eradication of Rheumatoid Disease

AKA The Arthritis Trust of America®,

7376 Walker Road, Fairview, Tn 37062

Permission to republish granted to Townsend Letter for Doctors, 911 Tyler Street, Port Townsend, WA 98368, November 1992, p. 992.



Raul Vergini, M.D.

Back in 1915, a French surgeon, Prof. Pierre Delbet, M.D., was looking for a solution to cleanse wounds, because he had found out that the traditional antiseptic solutions actually mortified tissues and facilitated the infection instead of preventing it.

He tested several mineral solutions and discovered that a Magnesium Chloride solution was not only harmless for tissues, but it had also a great effect over leucocytic activity and phagocytosis; so it was perfect for external wounds treatment.

Dr. Delbet performed a lot of "in vitro" [in test tube] and "in vivo" [in life] experiments with this solution and he became aware that it was good not only for external applications, but it was also a powerful immuno-stimulant if taken by injections or even by mouth. He called this effect "cytophilaxis." In some "in vivo" experiments it was able to increase phagocytosis rate up to 300%.

Dr. Delbet serendipitously discovered that this oral solution had also a tonic effect in many people and so became aware that the Magnesium Chloride had an effect on the whole organism.

In a brief time, he received communications of very good therapeutic effects of this "therapy" from people that were taking Magnesium Chloride for its tonic properties and who were suffering from various ailments. Prof. Delbet began to closely study the subject and verified that the Magnesium Chloride solution was a

very good therapy for a long list of diseases.

He obtained very good results in: colitis, angiocholitis, cholecystitis, in the digestive apparatus; Parkinson's Disease, senile tremors and muscular cramps, in the nervous system, acne, eczema, psoriasis, warts, itch of various origins and chilblains, in the skin. There was a strengthening of hair and nails, a good effect on diseases typical of the aged (impotency, prostatic hypertrophy, cerebral and circulatory troubles) and on diseases of allergic orgin (hay-fever, asthma, urticaria, and anaphylactic reactions).

Then Prof. Delbet began to investigate the relationship between Magnesium and cancer. After a lot of clinical and experimental studies, he found that Magnesium Chloride had a very good effect on prevention of cancer and that it was able to cure several precancerous conditions: leucoplasia, hyperkeratosis, chronic mastitis, etc.

Epidemiological studies confirmed Delbet's views and demonstrated that the regions of soil with richer incidence of magnesium had less cancer, and vice versa.

In experimental studies, the Magnesium Chloride solution was also able to slow down the course of cancer in laboratory animals.

Prof. Delbert wrote two books, *Politique Preventive du Cancer* (1944) and *L'Agriculture et la Sante'* (1945), in which he stated his ideas about cancer prevention and a better living. The first is a well documented report of all his studies on Magnesium Chloride.

In 1943 another French doctor, Dr. A. Neveu, M.D., used the Magnesium solution in a case of diptheria to reduce the risks of anaphylactic reaction due to the anti-diptheric serum that he was ready to administer. To his great surprise, when the next day the laboratory results confirmed the diagnosis of diptheria, the little girl was completely cured, before he could use the serum.

He credited the immuno-stimulant activity to the solution for this result, and he tested it in some other patients. All the patients were cured in a very short time (24-48 hours), with no after-effects.

Dr. Neveu then began to treat some cases of poliomyelitis, and had the same wonderful results. He was very excited and tried to divulge the therapy, but he ran into a wall of hostility and obstructionism from "official medicine." Neither Neveu or Delbet (who was a member of the Academy of Medicine) was able to diffuse Neveu's extraordinary results. The opposition was total: professors of Medicine, Medical peer-reviews, the Academy itself, all were against the two doctors. "Official medicine" saw in Magnesium Chloride therapy a threat to its new and growing business --vaccinations.

Dr. Neveu wasn't discouraged by this and continued to test this therapy in a wide range of diseases. He obtained very good results in: pharyngitis, tonsillitis, hoarseness, common cold, influenza, asthma, bronchitis, broncho-pneumonia, pulmonary emphysema, "children diseases" (whooping-cough, measles, rubella, mumps, scarlet fever . . .), alimentary and professional poisonings, gastroenteritis, boils, abscesses, erysipelas, whitlow, septic pricks (wounds), puerperal fever and osteomyelitis.

But the indications for Magnesium Chloride therapy don't end here. In more recent years other physicians (and I among these) have verified many of Delbet's and Neveu's applications and have tried the therapy in other pathologies: asthmatic acute attack, shock, tetanus (for these the Magnesium Chloride is administered by intravenous injection); herpes zoster, acute and chronic conjunctivitis, optic neuritis, rheumatic diseases, many allergic diseases, spring-asthenia, and Chronic Fatigue Syndrome, (even in cancer it can be an useful coadjuvant.)

The preceding lists of ailments are by no means exhaustive; maybe other illnesses can be treated with this therapy, but, as this is a relatively "young" treatment, we are pioneers, and we need the Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

help of all physicians of good will to definitely establish all the true possibilities of this wonderful therapy.

From a practical standpoint, please remember that only Magnesium Chloride has this "cytophilactic" activity, and no other magnesium salt; probably it's a molecular, and not a merely ionic, matter.

The solution to be used is a 2.5% Magnesium Chloride hexahydrate (MgCl₂.6H₂O) solution (i.e.: 25 grams/liter of water).

Those who have kidney problems should be carefully monitored by their family physician, according to the Center for Disease Control. Dr. Raul Vergini says, that "this is true only for severe renal insufficiency," where an obvious contraindication may exist; but this is also true for all minerals, that cannot be easily eliminated by a seriously impaired kidney. In all other cases, there are no risks. I never heard or read of any problem. The quantity of elemental magnesium contained in a 125 cc dose of the 2.5% solution is around 500 mg. That is not a large dose! Anyway, I think that it is a good precaution to advise people with renal problems to consult their physician."

But Raul Vergini, M.D. also advises that "the problem is that very probably their physicians and pediatricians don't know anything about this therapy, so how can they give good advice?" Children under 5, he says, nonetheless must consult their pediatrician "

Dosages are as follows:

Adults and children over 5 years old	125cc
4 year old children	100cc
3 year old children	80cc
1-2 year old children	60cc
over 6 months old children	30cc
under 6 months old children	15cc

These doses must be adminstered by mouth.

For chronic diseases, the standard treatment is one dose morning and evening for a long period.

In acute diseases the dose is administered every 6 hours (every 3 hours the first two doses if the case is serious); then space every 8 hours and then 12 hours as improvement goes on.

After recovery it's better going on with a dose every 12 hours for some days.

As a preventive measure, and as a magnesium supplement, one dose a day can be taken.

Magnesium Chloride, even if it's an inorganic salt, is very well absorbed and it's a very good supplemental magnesium source.

For intravenous injections, the formul	a is:	
Magnesium Chloride hexahydrate	25	grams
Distilled Water	100	grams

Make injections of 10-20cc (over 10-20 minutes) once or twice a day. Of course the solution must be sterilized.

This therapy gives very good results also in veterinary medicine, at the appropriate dosages depending upon the size and kind of animals.

Addendum:

According to Raul Vergini, M.D., the 25% solution for IV injections is correct. Personally I never use it, I use only the oral way. But it was used over thirty years ago by some French doctors (5 grams in 20 ml of saline solution of distilled water) to treat tetanus and other less dangerous diseases (asthmatic attacks, choc, opthalmic herpes, herpes zoster, Quincke's oedema, itching, etc.). It was injected very slowly (in 10-20 minutes), and the results were very good.

"Moreover also the Myers' cocktail contains 2-5 ml of a 20% solution of magnesium chloride (along with other products that may contribute to make the solution more diluted). However, I think that if there are problems of 'burning' with the 25% concentration, it should be possible to use, with the same results, a 2.5% solution (the same used by mouth) by dissolving 5 grams of magnesium chloride in 200 ml of distilled water. The solution must be sterilized.

"The intramuscular way is not used because the solution is painful."

[In the United States, Magnesium Chloride hexahydrate can be purchased chemically pure (c.p.) from most chemical supply houses without a prescription: Ed.]