

# LNT bars LDIR treatment of Alzheimer and Parkinson

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## X-rays for Alzheimer dementia



April 8, 2015, a patient with advanced Alzheimer's dementia and totally non-responsive was transferred from a mental care home to hospice. Her life expectancy was 6 months. Her spouse, a retired scientist from Dow Chemical, asked me for a treatment to save her life. Having reviewed 2014 paper on controlling neurodegenerative diseases, I suggested Sakamoto half-body low-dose X-ray therapy.

Dose-Response, 12:277-287, 2014  
Formerly Nonlinearity in Biology, Toxicology, and Medicine  
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ISSN: 1559-3258  
DOI: 10.2203/dose-response.13-030.Doss

[InternationalDose-ResponseSociety](http://www.dose-response.org)

LOW DOSE RADIATION ADAPTIVE PROTECTION TO CONTROL NEURODEGENERATIVE DISEASES

Mohan Doss □ Fox Chase Cancer Center

The patient's physician agreed to prescribe a CT scan of the brain. A double scan, 80 mGy, was given on July 23. On the following day, the caregiver reported the patient wanted to get up and walk, began to talk sense and feed herself. Scan of 40 mGy was given on August 6 and 20, and major improvements in her condition were observed. On November 20, 2015 patient was transferred back to a mental care home. I wrote a case report on this treatment of AD.

Original Article

### Treatment of Alzheimer Disease With CT Scans: A Case Report

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Dose-Response: An International Journal  
April-June 2016; 1-7  
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DOI: 10.1177/1559325816640073  
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## X-rays for Parkinson disease

Dr. Moore has Parkinson disease. After seeing the improvement in his wife's condition, he asked their physician to prescribe CT scan treatments for his Parkinson. On the night after first scan, Oct 6, the continuous tremors were absent; he could finally sleep 8 hours. Soon, he decreased medication (carbidopa/levodopa 25/100 mg) from 6 to 2-3 pills/day. On June 13, 2016, he received an in-depth neurophysiological exam. Then began regular CT scan treatments to control his PD symptoms. Optimum interval was about 4 weeks. On Feb 1, 2017, he stopped taking pills altogether. After each low dose of ionizing radiation (LDIR), a decrease in tremor is sensed. May 17, 2017 vision test reported clear improvement, he can read at 18" with no glasses. August 21 test reported 18 dB improvement in hearing at 6000 Hz. Feb 15, 2018 repeat neuropsychological exam reported improved patient health.

Letter to the Editor

### Update on a Patient With Alzheimer Disease Treated With CT Scans

Dose-Response: An International Journal  
January-March 2017; 1-2  
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DOI: 10.1177/1559325817693167  
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### Table 2. Date and X-Ray Dose (CTDI<sub>w,d</sub>) of the Treatments of Patient With PD.

Date	Interval (days)	Dose (mGy)
October 06, 2015		40
June 16, 2016	253	40
July 13, 2016	28	40
September 29, 2016	51	40
November 21, 2016	80	40
December 21, 2016	30	40

Abbreviations: CT, computed tomography; PD, Parkinson disease.

Letter to the Editor

### Second Update on a Patient With Alzheimer Disease Treated by CT Scans

Dose-Response: An International Journal  
January-March 2018; 1-2  
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DOI: 10.1177/1559325818756461  
journals.sagepub.com/home/dos

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### Confidential Patient Information

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### NEUROPSYCHOLOGICAL RE-EVALUATION (1 year, 8 months post previous evaluation)

Name: Eugene Moore  
Handedness: Right Dominant  
DOB: 10/20/1933  
Date of Evaluation: 02/15/2018

Patient Number: 7613  
Level of Education: PhD  
Referring Dx: R/O Neurocognitive Disorder NOS  
Referral Source: Initial - David Nadolski, M.D.

### REASON FOR REFERRAL:

Eugene Moore is an 84-year, 3-month old, Caucasian male. He was initially referred by David Nadolski, M.D., due to concerns regarding his current neurocognitive functioning secondary to Parkinson's Disease. The current assessment is a 1 year, 8-month re-evaluation to assess current neurocognitive status relative to previous measures in relation to the above problem area. The current evaluation consisted of a diagnostic intake interview, direct testing and examiner observations of Mr. Moore, updated background information he provided directly, and previous neuropsychological assessment data.

## Pilot study to repeat treatments

After the case report published in April 2016, the author contacted neurology scientists in USA and Canada and urged them to repeat these treatments on patients with AD to confirm that this LDIR can ameliorate symptoms. They refused to believe the evidence. Some recommended studies on mice. The author approached 3 Canadian Alzheimer societies and the Alzheimer's Association in Chicago. He wrote to the AA president, spoke with 5 directors in conference call on July 15, 2016. They asked him to submit study application. They were skeptical LDIR could induce beneficial health effects.

In March 2017, after publication of the 1<sup>st</sup> update letter, the author visited Baycrest Health Sciences in Toronto, Canada. A meeting on May 3 led to May 19 meeting at Sunnybrook Health Sciences and the decision to proceed with a pilot study, with no external funding. The 3 treatments described in the case report about the Midland, Michigan patient will be given 3 Baycrest patients with advanced AD. The patients will be transported to Sunnybrook for the CT scans. The patients will be tested before and after each treatment.



The Principal Investigator was appointed in July and a protocol was prepared by the 6 study investigators, followed by a Human Subjects Research Ethics Application and a patient consent form. The Baycrest Research Ethics Board (REB) approved provisionally the package on Feb 28, 2018. On April 9 Health Canada consented to use of the CT scanner for therapy; Sunnybrook's REB approved the study on July 13, and the Baycrest REB approved on July 17.

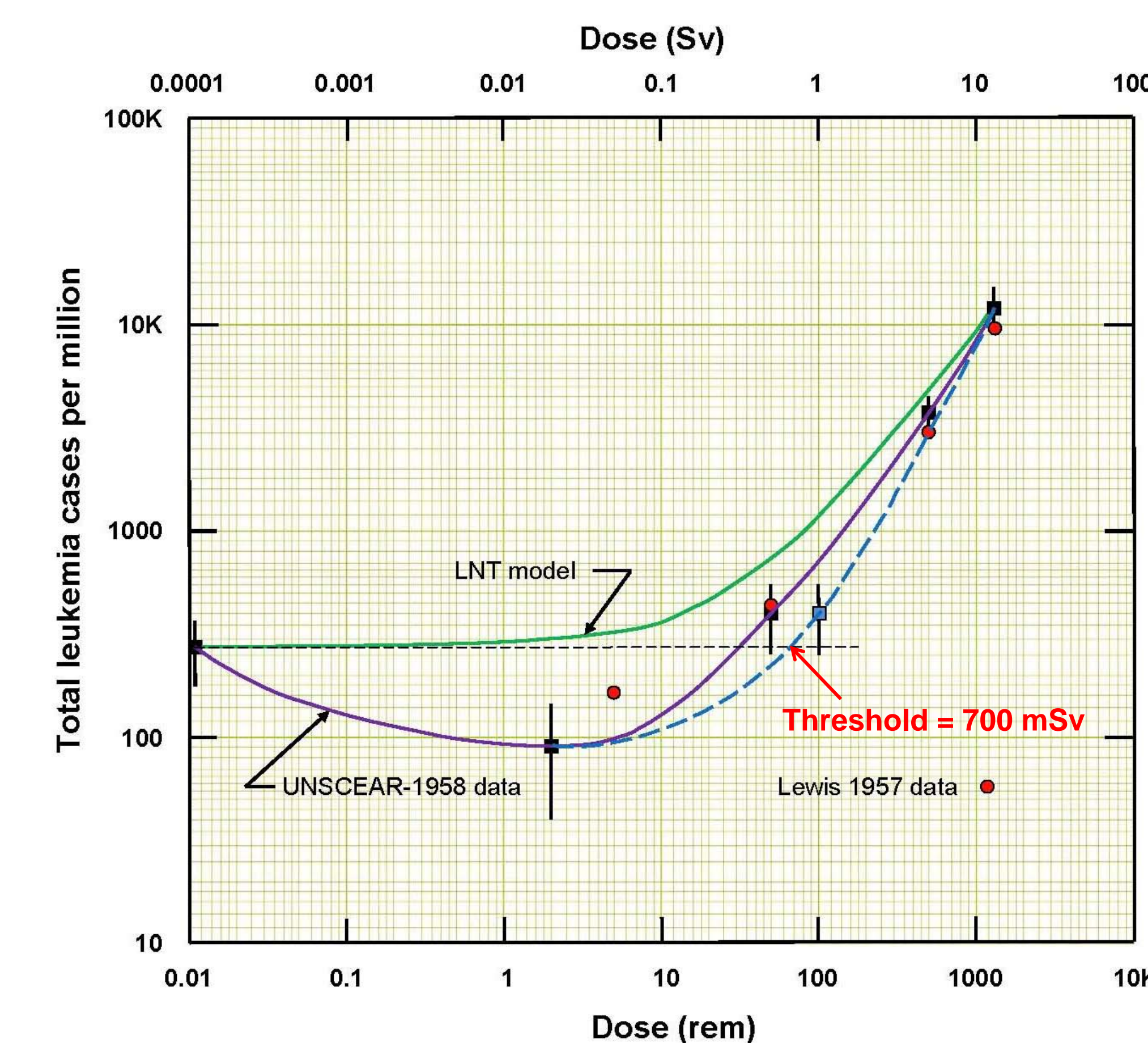
## Mechanism of LDIR action

Oxidative stress (breathing air) damages biomolecules, and our protection systems prevent damage. They also repair, remove, and replace the damaged biomolecules. Long-term stress and our aging protection systems cause neurodegeneration to increase with age. Each CT scan (LDIR) releases a burst of reactive oxygen species and hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) that induce swift-acting repair and removal of damage.

Hours later, effects of signaling appear: "stress responses" that last from days to a lifetime. They stimulate *adaptive protection systems*. Adaptive protections operate against *both* damage due to radiation (CT scan) and non-radiation damage (aging). Adaptive protections define the dose-response curve.

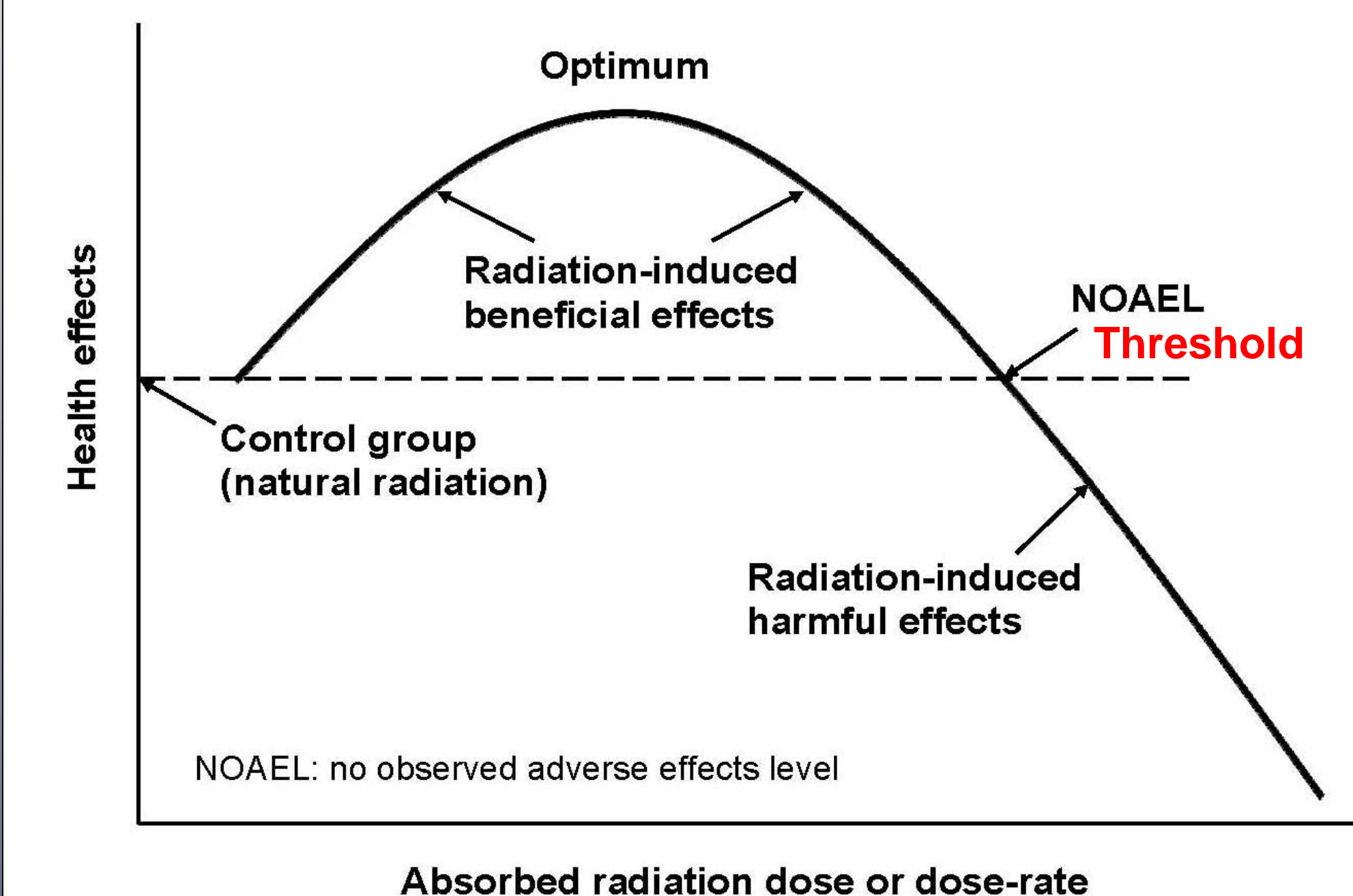
## Conclusions

The false health scare caused by the 1956 recommendation by the US National Academy of Sciences to use the LNT model to assess risk of radiation-induced mutations (cancer) persists after 62 years. It impairs the treatment with low doses of ionizing radiation of many important diseases, such as cancer, infection, inflammation, rheumatoid arthritis and asthma. Medical scientists and physicians have been misled their entire lives. They ignore or mistrust all evidence of a dose threshold for onset of adverse effects.



## Recommendation

Replace the LNT dose-response model by the hormetic model.



## References

Cuttler JM, Welsh JS. Leukemia and ionizing radiation revisited. *J Leukemia*. 2015; 3:202. <http://dx.doi.org/10.4172/2329-6917.1000202>