American Journal of Neurology Research

Review Article

Cerebral Palsy Treated with QIAPI 1®, Case Report

Arturo Solís Herrera*, María del Carmen Arias Esparza and Ruth Isabel Solís Arias

Human Photosynthesis™ Research Center, Aguascalientes 20000, México.

Corresponding Author Information

Arturo Solís Herrera

Human Photosynthesis™ Research Center, Aguascalientes 20000, México.

Received: June 25, 2025; **Accepted:** August 01, 2025; **Published:** August 10, 2025

Citation: Arturo Solís Herrera, María del Carmen Arias Esparza, Ruth Isabel Solís Arias. Cerebral Palsy Treated with QIAPI 1®, Case Report. American J Neurol Res. 2025; 4(3):1-4.

ABSTRACT

Cerebral palsy, which occurs in two to three out of 1,000 live births, has multiple etiologies resulting in brain injury like diffuse axonal damage, that affects movement, posture, and balance unpredictably. The movement disorders associated with cerebral palsy are categorized as spasticity, dyskinesia, ataxia, or mixed/other. Spasticity is the most common movement disorder, occurring in 80% of children with cerebral palsy. Movement disorders of cerebral palsy can result in secondary problems, including hip pain or dislocation, balance problems, hand dysfunction, and equinous deformity. Diagnosis of cerebral palsy is primarily clinical, but magnetic resonance imaging can be helpful to confirm brain injury if there is no clear cause for the patient's symptoms. Treatments for the movement disorders associated with cerebral palsy include intramuscular Botox (onabotulinumtoxin A), systemic and intrathecal muscle relaxants, selective dorsal rhizotomy, and physical and occupational therapies. Patients with cerebral palsy often also experience problems unrelated to movement that need to be managed into adulthood, including cognitive dysfunction, seizures, pressure ulcers, osteoporosis, behavioral or emotional problems, and speech and hearing impairment. (Am Fam Physician. 2020;101(4):213–220. Copyright © 2020 American Academy of Family Physicians.)

The relatively recent observation that human beings generate their own oxygen, from the dissociation of water, like plants, means a before and after in a problem that has so far been very complex to understand and treat. The generation of oxygen, at the intracellular level, is an amazingly accurate process, which, when disturbed by the contamination of water, air, and food, results in imbalances that affect the normal development and functioning of the human body.

KEYWORDS

Brain palsy, CSF, Dissociation of water, Hydrogen, Oxygen, Sunlight, Water.

Background

Cerebral palsy as a group of disorders that affects an individual's movement, posture, and balance [1]. The clinical findings, which are due to an injury to the developing brain, are usually considered permanent and nonprogressive, however they can change over time.

Cerebral palsy has multiple etiologies that can affect different parts of the brain in diffuse form, thus contributing to the broad range of clinical findings. Approximately 92% of cases of cerebral palsy are traced to the perinatal period [2]. Risk factors include preterm birth, perinatal infection (particularly chorioamnionitis), intrauterine growth restriction, use of preterm antibiotics before rupture of membranes, acidosis or asphyxia, and multiple gestation,

any of which can lead to brain injury [3]. Fewer than 10% of cases are attributable to intrapartum hypoxia [4]. Cerebral palsy occurs at an older age in about 8% of patients, often from head injury or infection [5]. Despite identification of risk factors, which is not easy, 80% of cases have no clear cause and are considered idiopathic [6].

It is not known the maximum age at which postnatal injury can be considered a cause of cerebral palsy and genetic fac tors that might contribute to the development of cerebral palsy [7]. The clinical features of cerebral palsy reflect widespread failure, y por tanto are varied and encompasses a broad range of abnormalities. They are predominantly disorders of movement but also include a spectrum of abnormalities such as poor balance and sensory deficits [8]. A number of comorbidities that are not part of the core definition of cerebral palsy also occur, most commonly pain (75%), intellectual disability (50%), inability to walk (33%), hip displacement (33%), inability to speak (25%), epilepsy (25%), incontinence (25%), and behavioral or sleep disorders (20% to 25%) [9]. These clinical findings occur outside of the expected age-based developmental stages. Other studies have shown additional clinical findings such as hearing loss, blindness, and progression of scoliosis due to muscle spasm [10].

The diagnosis of cerebral palsy can be further classified based on the nature of the movement disorder: stiff muscles (spasticity), uncontrollable movements (dyskinesia), poor coordination (ataxia), or other/ mixed. Spasticity is the most common movement disorder, affecting approximately 80% of children with cerebral palsy [11]. Spasticity in cerebral palsy can also be characterized as diplegia, hemiplegia, or quadriplegia, depending on which limbs are affected.

The clinical diagnosis of cerebral palsy is usually made between 12 and 24 months of age when there were clinical findings of impaired movement, posture, or balance, and it was evident that the impairment was permanent and nonprogressive. By five years of age, most children with cerebral palsy have about 90% of their eventual total motor development, even with aggressive and ongoing therapy [12].

The treatment of spasticity is important for preventing and correcting spasticity-induced bone and joint deformation, in addition to controlling pain and maintaining function [13]. But the treatments used to date (Botox, Baclofen, Diazepam, corticoids, dorsal selective rhizotomy), are aggressive and with little result [14]. Approximately 36% of children with cerebral palsy have a hip disorder, [15]. Spasticity can lead to hip pain and hip dislocation and can make it difficult for families to care for non-ambulatory children.

Equinus deformity causes the classic hyper-plantar flexion of the ankle in people with cerebral palsy. Skin ulcerations, osteoporosis, as well as behavioral alterations, emotional and psychiatric alterations, are frequent manifestations in patients with cerebral palsy.

The Unsuspected Ability of Human Cells to Generate their Own Oxygen

It can be said that no living being takes oxygen from the air or water that surrounds it. The amount of oxygen that the atmosphere contains is too small to meet the metabolic needs of cells, which in proportion, require almost five times more than the scarce 18 to 21% of atmospheric air [16].

The surprising ability of human eukaryotic cells to dissociate water molecules, located inside cells, as in plants. It was detected during an observational, analytical study of the three leading causes of blindness in the world (age-related macular degeneration, diabetic retinopathy, and glaucoma) and the possible correlation between the tiny vessels that enter and exit the eyeball through the optic nerve (Figure 1).

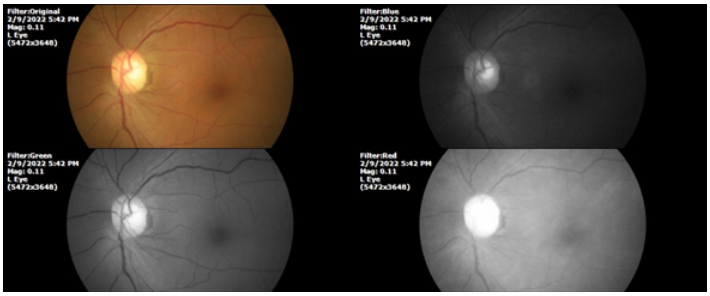
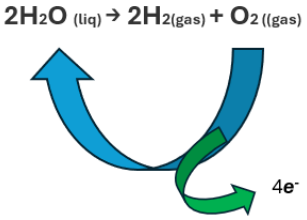


Figure 1: Image of the left optic nerve, showing the vessels that enter and leave the optic nerve (orange oval), heading to the retina; and the macular region (dark area to the right of the optic nerve).

This study began in 1990 and ended in 2002 and included the ophthalmological records of almost 6000 patients. During the study, we detected interactions between the small vessels of the optic nerve and the surrounding tissues, which guided us throughout the study, until we detected that the cells we observed took the oxygen they required for their metabolic needs, dissociating the water molecules they contained inside.

The reaction can be written as follows:



The upper portion of the reaction (dissociation), which is highly endergonic, occurs strictly within melanosomes located mainly in the perinuclear space. The lower (reformed) portion, which is highly exergonic, can occur both inside and outside the melanosomes.

The dissociation reaction of the water molecule can be considered fundamental for the chemical logic of the cell, since it has the necessary characteristics to be considered the very first. And if the

generation of oxygen, at the intracellular level is in balance with the metabolic requirements of the cells, the cells, the tissues, the organs, the systems, and the body are going to function well, in harmony because the human body is very well made.

But in today's life, with the pollution of water, air, and food, the generation of oxygen, which is an amazingly accurate reaction, is out of balance, and if the very first reaction of life is wrong, then the body is worse. So, if pharmacologically (with QIAPI 1®), we restore the delicate and demanding balance of the dissociation of water molecules, then the body will begin to show its wisdom for millions of years, as well as its capacity for recovery, which is enormous [17].

Fortunately, the name of the disease is not relevant since the body does not pay attention to it, and on the other hand, all diseases begin when the dissociation of water molecules, at the intracellular level, is altered, unbalanced, or disturbed, because while this fundamental reaction of life is in balance, the body will function well because it is very well done.

Case Report

It is a male patient of 5 years and 8 months of age, who began with alterations from approximately six months of age, since according to the mother, he stopped holding his head. He has been treated by different doctors who coincide with the diagnosis of cerebral palsy.

In figures 2 and 3, it corresponds to the photographs and video taken during the first consultation, in which the patient cannot take a single step.

Figure 2: Photograph taken during the first consultation, on December 6, 2017. The patient cannot maintain balance or even take a step.

Figure 3: Another photograph taken on 12/06/2017, in the first consultation.

The patient cannot walk or maintain balance. As for speech skills, he just babbles. Once the bases of our therapeutic approach were explained to the relatives and the informed consent form was signed, the sublingual administration of QIAPI 1®, sublingual drops, was initiated; at the dose of three drops every hour, as long as he was awake. A review was scheduled at 4 weeks (Figures 4 and 5).

Figure 4: In the second consultation, 01/10/2018, the patient arrived without a stroller, and judging by the expression of the father, they were very happy.

The relatives arrived very happy, and they no longer brought the child in the circle. He said that he had made significant progress in his balance and that he could already take some steps without help.

Figure 5: On January 10, 2018, after 5 weeks of treatment with QIAPI 1®, sublingual drops, every hour during daytime, the patient can balance on his own and take a few steps.

Comment

Diffuse lesions of the central nervous system suggest that the disturbance lies at the level of the elemental or fundamental reactions of life. If the very first reaction of life—oxygen generation—is altered, then the failure is widespread, since the importance of this reaction is deontologically significant. It precedes all other processes that make up the entirety of neuronal and muscular biology. Once oxygen generation is balanced at the intracellular level, the body then begins to reorganize and restore itself—just as it has for millions of years, millions of times, every single day.

References

1. Centers for Disease Control and Prevention. Cerebral palsy. 2019.
2. Morgan C, Fahey M, Roy B, Novak I. Diagnosing cerebral palsy in full-term infants. J Paediatr Child Health. 2018; 54: 1159-1164.
3. O'Callaghan ME, MacLennan AH, Gibson CS, Haan EA, McMichael GL, et al. Australian Collabo rative Cerebral Palsy Research Group. Epidemiologic associations with cerebral palsy. Obstet Gynecol. 2011; 118: 576-582.
4. Blair E, Stanley FJ. Intrapartum asphyxia: a rare cause of cerebral palsy. J Pediatr. 1988; 112: 515-519.
5. Shi Z, Ma L, Luo K, Bajaj M, Chawla S, et al. Chorioamnionitis in the development of cere bral palsy: a meta-analysis and systematic review. Pediatrics. 2017; 139: 20163781.
6. Novak I, Morgan C, Adde L, Badawi N, White R, et al. Early, accurate diagnosis and early intervention in cerebral palsy: advances in diagnosis and treatment. JAMA Pediatr. 2017; 171: 897-907.
7. Smithers-Sheedy H, Badawi N, Blair E, Cans C, Himmelmann K, et al. What constitutes cerebral palsy in the twenty-first century? Dev Med Child Neurol. 2014; 56: 323-328.
8. O'Shea TM. Diagnosis, treatment, and prevention of cerebral palsy. Clin Obstet Gynecol. 2008; 51: 816-828.
9. Novak I, Hines M, Goldsmith S, Barclay R. Clinical prognostic messages from a systematic review on cerebral palsy. Pediatrics. 2012; 130: 1285-1312.
10. Wu YW, Croen LA, Shah SJ, Newman TB, Najjar DV. Cerebral palsy in a term population: risk factors and neuroimaging findings. Pediatrics. 2006; 118: 690-697.
11. Vitrikas K, Dalton H, Breish D. Cerebral Palsy: An Overview. Am Fam Physician. 2020; 101: 213-220.
12. Novak I. Evidence-based diagnosis, health care, and rehabilitation for children with cerebral palsy. J Child Neurol. 2014; 29: 1141-1156.
13. Tranchida GV, Van Heest A. Preferred options and evidence for upper limb surgery for spasticity in cerebral palsy, stroke, and brain injury. J Hand Surg Eur. 2020; 45: 34-42.
14. Barrington KJ. The adverse neuro-developmental effects of postnatal steroids in the preterm infant: a systematic review of RCTs. BMC Pediatr. 2001; 1: 1.
15. Huser A, Mo M, Hosseinzadeh P. Hip surveillance in children with cere bral palsy. Orthop Clin North Am. 2018; 49: 181-190.
16. Herrera AS, Arias Esparza. The unsuspected ability of the human cell to oxygenate itself. Applications in cell biology. Medical Research Archives. 2025; 13: 1-8.
17. Herrera AS, Carmen Arias Esparza MD, Solís Arias PE, Ávila-Rodriguez M, Barreto GE, et al. Unsuspected Intrinsic Property of Melanin to Dissociate Water Can Be Used for the Treatment of CNS Diseases. CNS Neurol Disord Drug Targets. 2016; 15: 135-140.