

1999  
Intravenous Calcium EAP  
Survey for  
Multiple Sclerosis

conducted by the:  
Brewer Science Library

**Origins and Services of the Brewer Science Library:**

In 1974 Dr. A. Keith Brewer (1893 - 1986) established this unique library to provide resources and information on topics that were of personal interest to him, as well as being information that is often not readily available. The Dr. Hans Nieper Archives, the Nikola Tesla collection, the Dr. Brewer Archives, the International collection, along with numerous monthly newsletters, journals, and magazines in fields of complementary medicine, space research, futuristic and energy science, physics and sustainable agriculture fulfill a specialized resource for our many customers.

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***A Special Thanks to:***  
***All The People Who Participated In This Survey***

***And A Special Acknowledgment of Appreciation Goes To:***  
***Bette Wilson***  
***Who Donated Hundreds of Hours Helping Collate All This Information***

**DEDICATION:**

This survey is dedicated to those suffering from multiple sclerosis. It attempts to search for a clearer understanding of the possible role that Calcium EAP might have in alleviating some of their suffering.

**DISCLAIMER:**

The A. Keith Brewer Science Library acts only as a disseminator of information not otherwise readily available. It does not advocate, promote, or verify the contents of such information.

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## Introduction

The Brewer Science Library is the repository for the collected writings of the late Dr. Hans A. Nieper. Dr. Nieper is known for his innovative protocols for cancer, his groundbreaking work with mineral transporters in treating various diseases, and especially for his unique protocol for treating multiple sclerosis. (A list of Dr. Nieper's writings that are available through the Brewer Science Library can be found on the last page of this booklet.)

Since its inclusion of the Dr. Nieper Archives 20 years ago, the Brewer Science Library has been dispensing information about Dr. Nieper's Calcium EAP protocol for MS.

### History of Calcium EAP:

In the 1940's, an American biochemist, Erwin Chargaff, identified a special component of cell membranes, the so-called colamine phosphate, chemically named aminoethylphosphate<sup>1</sup>. During the early summer of 1961, Hans A. Nieper, M.D. asked Dr. Franz Kohler, Sr., to prepare salts of colamine phosphate for him, and Calcium EAP was one of those salts.<sup>2</sup> Clinical trials followed and by 1966 Calcium EAP was approved for six indications<sup>3</sup>, including multiple sclerosis.

### Previous Survey by Dr. Morrissette in 1986-87:

With the goal in mind of clarifying the response of MS patients to the Dr. Nieper protocol, Dr. George Morrissette, M.D., worked with the Brewer Science Library staff and Dr. Nieper in 1986-87 to develop and conduct

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<sup>1</sup> Hans A. Nieper, M.D., Arthur Douglass Alexander and G. S. Eagle-Oden, *The Curious Man: The Life and Works of Dr. Hans Nieper* (Garden City Park, New York: Avery Publishing Group, 1999), pp. 62 & 119.

<sup>2</sup> Hans A. Nieper, M.D., *The New Vitamin M<sub>i</sub>; The Colamine Phosphate Salts As Membrane Integrity Factor*, Medical Department, Paracelsus Hospital am Silbersee, Hannover, Germany, 1989. Published in German language in *Raum & Zeit*, Aug-Sept. 1988, pp. 4-9.

<sup>3</sup> Other indications listed on the label for both oral and intravenous Calcium-EAP: In cases of capillary oozing hemorrhage; in cases of gastritis; in cases of allergic and inflammatory dermatoses, hay fever, urticaria, swelling of the mucous membrane and vasomotoric rhinitis; when suffering from rachitis, osteoporosis, paradontopathy, exudative and hemorrhagic diathesis; and in enteral and parenteral calcium therapy, especially when treating calcium deficiency diseases. (Dr. F. KÖHLER CHEMIE GMBH, Alsbach, Germany)

a survey of a group of MS patients on the intravenous Calcium EAP therapy.

Of the 151 respondents to the Morrissette questionnaire (available from the Brewer Science Library), 127 were on the intravenous CaEAP along with the oral tablets. The other respondents were either on the tablets only or had discontinued the therapy. The longest any respondent had been on CaEAP was four and one-half years. The Morrissette survey provided very encouraging data showing, for example, that of the 127 patients on intravenous (IV) CaEAP:

- \* 93 (73%) indicated they had experienced mild, moderate or marked improvement
- \* 22 indicated they had stabilized
- \* 12 indicated they had mild deterioration

#### 1999 IV Calcium EAP Survey for Multiple Sclerosis:

This survey was initiated and conducted by the Brewer Science Library as a follow-up to Dr. Morrissette's survey to provide additional insights and information for those considering this therapy. Questions were added to:

- \* broaden the understanding of the frequency, quantity and mode of IV CaEAP administration
- \* enable separate analysis of chronic progressive MS patients
- \* analyze other factors which may have influenced the patient outcome

#### The MS Population Contacted:

The Brewer Science Library sent the 1999 survey to their accumulated list of over 600 patients known or believed to be on IV CaEAP for the treatment of their multiple sclerosis. Another 500 surveys were sent out to MS patients in the United States, Canada and Mexico from Dr. Nieper's successor in Germany, Dr. Joachim Ledwoch. Dr. Robert Atkins from the Atkins Center in New York City has been a proponent of the Nieper protocol for MS for over a decade. They were very interested in actively participating in this survey, but due to the busy pace of the Atkins Center they were only able to contact about 50 of their MS patients who had been treated with IV CaEAP.

### The MS Survey Respondents:

Altogether, 316 MS patients responded to the survey by the deadline date of June 30, 1999. It was decided that the seven respondents that had only been on the protocol under 4 months would be excluded. The respondents that had only done the intravenous protocol for two weeks in Germany and then used only the oral would also be excluded from the overall survey since it was intended to look at IV CaEAP results. There were 293 I.V. CaEAP survey participants. It was decided that a few groups of respondents should be separately analyzed:

### Chronic Progressive:

This group was *included* in the overall statistics, and was *also* analyzed separately and reported in Appendix B.

### Participants on IV Calcium EAP for One Year or Less:

As was mentioned above, survey results from people on IV CaEAP for at least 4 months were included in the *overall statistics*. All the survey results from participants under one year were also analyzed *separately*, and the results reported in Appendix C. This gives the reader the opportunity to look at early response versus the overall group response which included long term CaEAP usage.

### Participants Who Used Only the Oral Form of Calcium EAP:

The survey was intended to analyze the response of participants on intravenous use so this group was *analyzed separately*. The results were reported in Appendix D. This gives the reader the opportunity to look at possible responses to oral use only.

### Survey – Not a Study

It is important that the reader keep in mind that the results reported in this survey were from people who *voluntarily* responded to our request, and should not be considered as clinical research. The primary difference between a survey such as this and a clinical study is twofold:

- 1) in a study, all the participants would have been followed and all their results would have been analyzed (over 1100 people were contacted, 316 responded).
- 2) in a study, an independent means of evaluation, such as specific neurological testing, would have been conducted, instead of the patient's subjective and anecdotal responses.

We believe, nevertheless, that the information provided by these two surveys has value for a person considering IV CaEAP as a treatment, and to physicians who serve patients on IV CaEAP.

## Survey Methodology

The method used was a 4-page questionnaire (included at the end of the Appendixes) that was mailed out to individuals who had initiated the intravenous Calcium EAP therapy. All of the responses are the participants' personal, subjective opinions regarding their results from the use of Calcium EAP.

The questions gave the participants ample opportunity to evaluate numerous specific symptom responses and exacerbation changes, as well as overall results in terms of activity status and overall improvement, stabilization or deterioration. These responses are presented in Sections 3 through 8, and provide the core results of the survey.

Additional questions (Section 9) targeted a wide range of patient involvement and experiences. They serve to provide a more complete picture of the many aspects patients encounter on this therapy such as: supporting nutrients, dietary restrictions, treatment difficulty and compliance, mercury fillings and removal, other MS drugs, and side effects. Questions about discontinuation of treatment, and recommendation of this therapy to other MS patients were also asked.

### Important Note on Survey Statistics:

The percentages were calculated on the number of responses to each question, which varied considerably because every participant did not answer each question. (The percentages given are rounded to the nearest whole number.)

The majority of the information was calculated into percentages because they are much more memorable and understandable than just numbers. As often as it was feasible to do so, the statistics given also contain the actual number of responses to the question.



## DISCUSSION OF THE CALCIUM EAP PROTOCOL AND SURVEY RESULTS

Dr. Nieper said that "Calcium 2-Aminoethylphosphate (CaAEP or CaEAP) is by far the most effective long term treatment for multiple sclerosis." He stated that CaEAP is a neurotransmitter and that CaEAP as well as the Ca, Mg, K 2-AEP complex are capable of restoring membrane integrity.<sup>4</sup>

Dr. Nieper urged multiple sclerosis patients to begin this treatment as early as possible after onset of symptoms. He stated that ideally patients should begin the treatment within the first ten months of the diagnosis of the disease and then the disease is to a great extent wiped out or largely suppressed.<sup>5</sup> He also said that early treatment can prevent walking difficulties which are quite resistant to the therapy once they are present. On the other hand he said, "there is never one state too late....So, even if there is no improvement with respect to their walking ability, there's always a profit even if it's only in respect to the kidneys and of the bone ....But there are enough patients who manage to get out of the wheelchair or at least move better. Never give up!"<sup>6</sup>

About seven years ago, we learned that Dr. Nieper had begun a new variation of the treatment, the delivery of more vials of Calcium EAP through the use of an IV drip in a small percentage of patients. Some patients indicate that they are receiving six vials per week by this method while other patients indicate they were prescribed a combination, e.g. one vial by direct injection, twice a week and one IV drip on another day of the week. We believe the IV drip method was selected for the delivery of more than one vial in one day. Earlier, Dr. Nieper had tried giving more than one vial by direct injection and apparently found the IV drip method to be more satisfactory. (One patient in this survey is receiving three IV drips per week with three vials in each drip for a total of nine vials per week. A patient reported that during a serious exacerbation she was told by Dr. Nieper to take three vials per day in each drip and to repeat this daily for ten days.

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<sup>4</sup> Nieper, Alexander and Eagle-Oden, op. Cit., pp. 62-67, 83, and 126-130.

<sup>5</sup> Nieper, Hans A., End of the year information, New Horizons Newsletter, Volume 10, Number 33-34, 1994.

<sup>6</sup> Nieper, Hans A., Answer to a question asked at a seminar in Ft. Lauderdale, Florida, April 7, 1991.

Afterward she attributed her “feeling like I didn’t have MS,” to this ten day regimen.) We also concluded that the patients who were prescribed the IV drip or a combination of the two IV methods, had possibly more advanced or more progressive multiple sclerosis cases. There may have been other factors which influenced these choices. Unfortunately we do not know.

Dr. Nieper’s understanding of how long this treatment needed to be continued grew as he received more information from his patients. In his autobiography, *The Curious Man*, he said, “Part of the calcium 2-AEP must be administered by IV injection, as this is the only way to initially build a sufficient concentration of the calcium phosphate on the cell membrane. An interruption of this IV therapy almost inevitably results in a definite worsening of the disease. The combined therapy should be continued for an unlimited time. In select cases, the IV injection method can be replaced by a much higher oral intake of calcium 2-AEP or the 2-AEP complex.”<sup>7</sup>

Dr. Nieper warned that premature discontinuation of the IV CaEAP treatment, even after four years, could lead to a severe exacerbation. He frequently said CaEAP is like a fence keeping the wolves from the sheep. If the fence is removed the wolves will attack.<sup>8</sup> After seven years (or sometimes less than seven years) patients have described experimenting by reducing their intravenous injections. If they do not remain stable they then may choose to resume their original injection schedule.

In order to maintain their health, Dr. Nieper intended<sup>9</sup> that patients would continue to take oral calcium aspartate or the 2-AEP complex for their entire life. This survey reveals that not all patients understood this. Some patients have discontinued the IV CaEAP and have not been taking the maintenance level of these oral supplements.

We decided to leave out of the all-inclusive group those survey participants who were on CaEAP for less than four months because we have heard that some patients have experienced immediate response to IV CaEAP while other patients were slower to respond. A separate

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<sup>7</sup> Nieper, Alexander and Eagle-Oden, op. Cit., p. 127.

<sup>8</sup> Nieper, Hans A., Answer to a questions asked at a seminar held in Los Angeles, California in 1986.

<sup>9</sup> Nieper, Alexander and Eagle-Oden, op. Cit., p. 127.

analysis of all survey participants on CaEAP for one year or less can be found in Appendix C.

It is our belief, based on the 1986-87 survey and statements made by Dr. Hans Nieper,<sup>10</sup> that both IV CaEAP and oral CaEAP should be components of the CaEAP protocol for the MS patient. The number of survey participants in these two surveys who have taken only oral CaEAP has been too small to reach any firm conclusion on the use of oral CaEAP alone. (See Appendix D.) Further research on the use of oral CaEAP is warranted, especially since IV CaEAP may not be an option for some patients.

While Dr. Nieper's regimens for multiple sclerosis patients had IV CaEAP and oral CaEAP in common, the remainder of the protocol would be tailor-made for each individual. A source of magnesium and potassium (often the Ca, Mg, K 2-AEP complex) was always prescribed. Sample regimens are given in several papers written by Dr. Nieper and in a list of protocols he wrote for distribution only to physicians.<sup>11</sup>

Dr. Nieper described his reason for using prednisone in several of his writings. He stated that low doses of prednisone were an approved part of the therapy,<sup>12</sup> "...5 to 8 mg. of prednisone (no other cortisone) can be taken daily. Prednisone is an imitator of the aforementioned surveillance steroids, other cortisones are not. At this dose prednisone has no side effects..." Our survey question regarding prednisone was intended to measure what percentage of patients use prednisone occasionally.

In a paper entitled, "Suggestions for Patients Who Are Under Treatment With Colamine Phosphate Salts," Dr. Nieper outlined a list of things to avoid and things he recommended. He said that these suggestions should be strictly followed if the treatment is to be successful. In our questionnaire, "Have you followed a dairy-free diet?" and "Do you smoke?" were two questions to measure patient compliance with these

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<sup>10</sup> Ibid., p. 127.

<sup>11</sup> Available from the Brewer Science Library.

<sup>12</sup> Nieper, Hans A., *The Nieper Regimen for the Treatment of Multiple Sclerosis*, Paracelsus Hospital, Hannover, Germany (1982 with updates in 1992 and 1994).

suggestions. We added the question, “Have you followed a wheat-free diet?” because we were aware that some patients had, on their own initiative, elected this diet change. As far as we know, the wheat-free diet was not recommended by Dr. Nieper. In *The Curious Man*, he summed up his program for the individual with multiple sclerosis, “It involves a commitment to healthy lifestyle habits—good diet, regular exercise, and a clean environment—and to the regular use of alternative orthomolecular substances.”

Two of our survey questions asked if patients have experienced difficulty obtaining the IV vials from Germany. The 1986-87 Morrissette survey documented the fact that some patients involuntarily discontinued the IV CaEAP treatment because the FDA seized their medication. Now, in this 1999 survey, 29% of those who discontinued IV CaEAP gave “difficult or interrupted access to CaEAP vials from Germany” as a reason for their discontinuation. Some patients do not know that there is now a procedure called, “Compassionate Use” which will allow them to import their prescribed IV CaEAP and other products which they need. A necessary part of this procedure is for a patient to have a doctor here in the United States who will monitor him or her while they are using the imported products.<sup>13</sup> Today, more and more doctors in the United States are assisting patients who wish to begin this treatment.

In both the Morrissette survey and this survey the majority of participants experienced improvement, while some experienced stabilization or deterioration. (See Section 7 of this survey.) It is our observation, borne out by some of the comments (see Section 10), that stabilization is not fully appreciated by patients who had hoped to improve.

We believe the patient comments are one of the most important aspects of this survey. We have included significant and representative comments.

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<sup>13</sup> Contact the Brewer Science Library for more details.

## **Survey Highlights**

### **Summary of Positive Results From the 1999 IV Calcium EAP Survey for Multiple Sclerosis**

initiated and organized by the:

**Brewer Science Library  
325 North Central Avenue  
Richland Center, WI 53581**

These statistics are based on a maximum of 293 respondents:

- 235 patients averaged 13 symptoms that improved
- 130 patients reported improvements in their balance
- 142 patients reported improvements in their fatigue
- 162 patients reported improvements in their numbness
- 95 patients reported improvements in their spasticity
- 119 patients reported improvements in their walking
- 94 patients reported improvements in their bladder
- 121 patients reported less frequent exacerbations
- 33% reported improvement in their activity abilities
- 71% rated themselves as stabilized or improved
- 95% recommend the Calcium EAP treatment

**For a Copy of the Full Survey Statistics Contact:  
Brewer Science Library**

**PH: (608) 647-6513**

**FAX: (608) 647-6797**

**e-mail: [drbrewer@mwt.net](mailto:drbrewer@mwt.net)**

**website: <http://www.mwt.net/~drbrewer>**

**IMPORTANT NOTE:**

*All the statistics on the following 9 pages are based on a maximum of 293 survey participants responding. See, The MS Survey Respondents on page 3.*

*Some participants did not answer all of the questions. The percentages were calculated on the number of responses to each question.*

**2. Survey Participant Statistics:**

**A. Gender Categories:**

78% of the participants are female

22% of the participants are male

**B. Participant Age Categories:**

the youngest survey participant is 22 years of age

the oldest survey participant is 82 years of age

2% are 20-29 years of age

12% are 30-39 years of age

33% are 40-49 years of age

29% are 50-59 years of age

24% are 60+ years of age

**C. Diagnosis:**

51% of the participants have relapsing remitting MS

49% of the participants have chronic progressive MS

(See additional analysis of chronic progressive group in Appendix B.)

**D. Length of Time Diagnosed with MS:**

1% have had a diagnosis for 1 year

6% have had a diagnosis for 2 years

12% have had a diagnosis for 3-5 years

8% have had a diagnosis for 6-7 years

17% have had a diagnosis for 8-10 years

56% have had a diagnosis for more than 10 years

E. MS patients often recognize that they had MS-type symptoms long before they were accurately diagnosed. This question asked them to identify the length of time from the start of their MS symptoms:

5% reported symptoms 1-4 years  
18% reported symptoms 5-9 years  
16% reported symptoms 10-14 years  
19% reported symptoms 15-19 years  
42% reported symptoms 20+ years

F. Length of Time Participants Utilized Intravenous Calcium EAP:

16% utilized Calcium EAP for 1 year  
16% utilized Calcium EAP for 2 years  
24% utilized Calcium EAP for 3-5 years  
15% utilized Calcium EAP for 6-7 years  
15% utilized Calcium EAP for 8-10 years  
14% utilized Calcium EAP for 10+ years

G. Calcium EAP Injection Protocol Utilized by Participants:

94% utilized Calcium EAP vials injected directly into the vein  
6% utilized Calcium EAP vials delivered in an I.V. drip

H. The Number of Calcium EAP vials utilized on average per week:

8% utilized 1 vial per week  
11% utilized 2 vials per week  
65% utilized 3 vials per week  
9% utilized 4 vials per week  
6% utilized 5-6 vials per week  
1% utilized 6+ vials per week

### 3. Symptom Evaluation: Before & After Calcium EAP Usage:

Participants were asked to rate their symptoms from a list of possible symptoms (full list is shown in *Appendix A*) *before* and *after* their use of Calcium EAP based on the following numerical rating:

0-none      1-mild      2-moderate      3-moderately severe      4-severe

With this rating system, if a participant had a symptom:

The *maximum* that the symptom could improve would be 4 points, going from severe [4] to no longer having the symptom [0].

The *maximum* that the symptom could deteriorate would be 3 points, going from mild [1] to severe [4].

Each survey was then calculated to obtain 4 figures:

1. the number of symptoms that improved
2. the number of symptoms that deteriorated
3. the total number of points indicating improvement of all symptoms
4. the total number of points indicating deterioration of all symptoms

All the individual survey results were added together and the overall statistics listed below indicate the averages of all the participants' responses.

In order to provide the most pertinent symptom information, seven of the most common, troubling symptoms that MS patients experience (balance, bladder, fatigue, numbness, spasticity, walking, and exacerbations) were also analyzed in depth and reported on separately in the following section (#4).

Averages of Overall Statistics for All Symptoms:

235 patients reported an average of 24 points of symptom improvement

235 patients reported an average of 13 symptoms that improved

109 patients reported an average of 9 points of symptom deterioration

109 patients reported an average of 6 symptoms that deteriorated



#### 4. Specific Symptom Breakdown for Seven Common MS Symptoms:

<u>Balance:</u>	51%	reported improvements in their balance
	26%	reported their balance remained the same
	15%	reported deterioration in their balance
	8%	reported that they did not have this symptom
<u>Bladder:</u>	38%	reported improvements in their bladder control
	21%	reported their bladder control remained the same
	8%	reported deterioration in their bladder control
	33%	reported that they did not have this symptom
<u>Fatigue:</u>	56%	reported improvements in their fatigue levels
	22%	reported their fatigue levels remained the same
	9%	reported their fatigue levels increased
	13%	reported that they did not have this symptom
<u>Numbness:</u>	58%	reported improvements in the degree of numbness
	26%	reported their numbness remained the same
	9%	reported their numbness symptoms increased
	7%	reported that they did not have this symptom
<u>Spasticity:</u>	41%	reported improvements in the degree of spasticity
	25%	reported their spasticity remained the same
	16%	reported their spasticity increased
	18%	reported that they did not have this symptom
<u>Walking:</u>	47%	reported improvements in their walking ability
	22%	reported their walking ability remained the same
	22%	reported their walking ability deteriorated
	9%	reported that they did not have this symptom
<u>Exacerbations:</u>		
	59%	reported a lessening of their exacerbations
	22%	reported that their exacerbations remained the same
	9%	reported that their exacerbations increased
	10%	reported that they did not have this symptom

## 5. Details of Participant Symptom Improvement

While reviewing the following figures keep in mind that each symptom could improve by a maximum of 4 points:

82	participants reported an improvement of	1 - 10	points in their symptoms
57	participants reported an improvement of	11 - 20	points in their symptoms
40	participants reported an improvement of	21 - 30	points in their symptoms
30	participants reported an improvement of	31 - 40	points in their symptoms
8	participants reported an improvement of	41 - 50	points in their symptoms
16	participants reported an improvement of	51 - 60	points in their symptoms
11	participants reported an improvement of	61 - 70	points in their symptoms
2	participants reported an improvement of	71 - 80	points in their symptoms
3	participants reported an improvement of	81 - 90	points in their symptoms
1	participant reported an improvement of	91 - 100	points in their symptoms

## Details of Number of Symptoms Improved

While reviewing the following figures keep in mind that there were 36 possible symptoms:

109	participants reported that between	1 - 10	different symptoms improved
90	participants reported that between	11 - 20	different symptoms improved
46	participants reported that between	21 - 30	different symptoms improved
5	participants reported that between	31 - 36	different symptoms improved

## Details of Participant Symptom Deterioration

While reviewing the following figures keep in mind that each symptom could deteriorate by a maximum of 3 points:

84 participants reported a deterioration in their symptoms of 1 - 10 points

29 participants reported a deterioration in their symptoms of 11 - 20 points

6 participants reported a deterioration in their symptoms of 21 - 30 points

3 participants reported a deterioration in their symptoms of 31 - 40 points

1 participant reported a deterioration in their symptoms of 41 - 50 points

1 participant reported a deterioration in their symptoms of 51 - 60 points

## Details of Number of Symptoms that Deteriorated

While reviewing the following figures keep in mind that there were 36 possible symptoms:

99 participants reported a deterioration in 1 - 10 different symptoms

20 participants reported a deterioration in 11 - 20 different symptoms

4 participants reported a deterioration in 21 - 30 different symptoms

## 6. General Activity Status:

Participants were asked to indicate any major change in the level of their ability to perform primary movement functions after utilizing Calcium EAP. The six categories listed below were chosen as representative of different levels of functioning. In retrospect, it appears it would have been more useful to have more categories, indicating more subtle differences. Many survey participants seemed to misunderstand the instruction and tried to numerically rank their activity status just as they had been numerically ranking the previous questions they had answered. Others wanted to choose two adjacent activity levels because they didn't fit in one activity level consistently. Even with these considerations, about 33% of the survey participants reported an improvement in their activity abilities.

### Levels of Activity Listed in Survey:

1. Full activity
2. Mild Activity impairment (walk with cane)
3. Moderate activity impairment (walk short distances with assistance)
4. Moderately severe impairment (wheelchair but can stand)
5. Severe (wheelchair)
6. Very severe (bedridden)

### Activity Status of 255 Participants After Using Calcium EAP:

3 (1%) participants reported they had improved 5 levels of activity  
 4 (2%) participants reported they had improved 3 levels of activity  
 29 (11%) participants reported they had improved 2 levels of activity  
 47 (18%) participants reported they had improved 1 level of activity

139 (54%) participants reported they had remained the same

22 (9%) participants reported they had deteriorated 1 level of activity  
 9 (4%) participants reported they had deteriorated 2 levels of activity  
 1 (1/2%) participant reported they had deteriorated 3 levels of activity  
 1 (1/2%) participant reported they had deteriorated 4 levels of activity

7. Participants Rate Overall Status Results: 71% rated themselves as stabilized or mildly, moderately or markedly improved:

Seven categories were chosen for survey participants to summarize their overall personal view of the results that they obtained from use of I.V. Calcium EAP.

30% (80) Rated themselves with: *marked improvement (several areas)*

17% (46) Rated themselves with: *moderate improvement (specific areas)*

8% (22) Rated themselves with: *mild improvement*

16% (43) Rated themselves with: *stabilization*

18% (48) Rated themselves with: *mild deterioration*

8% (22) Rated themselves as: *moderately worse*

3% (7) Rated themselves as: *much worse*

8. Participants Report on the Frequency and Severity of Exacerbations With Usage of Calcium EAP: (these percentages exclude most of the chronic progressive MS cases as they don't have exacerbations)

A. Frequency:

75% (132) reported *less* frequent exacerbations with Calcium EAP

20% (35) reported *the same* frequency of exacerbations

5% (9) reported *more* frequent exacerbations with Calcium EAP

B. Severity:

76% (132) reported *less* severe exacerbations on Calcium EAP

20% (35) reported *the same* severity of exacerbations on Calcium EAP

4% (7) reported *more* severe exacerbations on Calcium EAP

**9. SUPPORTING DIETARY AND/OR NUTRITIONAL SUPPLEMENT & TREATMENT QUESTIONS**

- 86% Yes 14% No (1) Have you been fairly consistent in taking the Calcium EAP injections?
- 42% Yes 58% No (2) Have you interrupted your injection protocol for any significant time?
- 53% Yes 47% No (3) If you answered yes to the above question, did you notice any deterioration in your condition when CaEAP was stopped.
- 72% Yes 28% No (4) Are you also taking calcium-magnesium-potassium EAP caps or tabs?
- 73% Yes 27% No (5) Are you also taking Calcium EAP caps or tabs?
- 58% Yes 42% No (6) Have you followed a dairy-free diet?
- 10% Yes 90% No (7) Have you followed a wheat-free diet?
- 5% Yes 95% No (8) Do you smoke?
- 22% Yes 78% No (9) Do you have to take muscle relaxants?
- 13% Yes 87% No (10a) Do you have to take tranquilizers?
- 10% Yes 90% No (10b) Do you have to occasionally use steroids such as cortisone or prednisone to control exacerbations?
- 52% Yes 48% No (11) Have you had your mercury amalgam fillings removed?
- 12% Yes 88% No (12) Have you received DMPS as a method of mercury removal?
- 35% Yes 65% No (13) Do you find the IV shot difficult to do on a steady basis?
- 35% Yes 65% No (14) Have you experienced any problem with your veins since taking the IV's?
- 25% Yes 75% No (15) Do you have difficulty finding someone to administer the IV's?
- 93% Yes 7% No (16) Would you like IV Calcium EAP to be available from U.S. pharmacies?
- 16% Yes 84% No (17) Have you utilized a Portacath to administer the vials?
- 63% Yes 37% No (18) Do you have a physician that is supportive of this protocol?
- 62% Yes 38% No (19) Does your neurologist know you are on this protocol?
- 44% Yes 56% No (20) Have you experienced difficulty obtaining the IV vials from Germany?
- 36% Yes 64% No (21) Did you have your home dowsed by a dowser to detect fields?
- 19% Yes 81% No (22) Have you ever been on Beta Seron?
- 15% Yes 85% No (23) Have you ever been on Avonex?
- 12% Yes 88% No (24) Have you ever been on Copaxone?
- 34% Yes 66% No (25) If you have ever been on any of the above three drugs, do you feel you derived any benefit from your usage of this drug?
- 14% Yes 86% No (26) Have you ever experienced any negative side effects from the I.V. ? If so, please describe in the comment section below.
- 89% Yes 11% No (27) Did you initiate your intravenous Calcium EAP protocol in Germany?

*Of those who discontinued the Calcium EAP I.V. protocol, one or more of the following reasons were given:*

- 33% Yes (1) stabilization of their condition due to extended usage of Calcium EAP
- 29% Yes (2) difficult or interrupted access to the Calcium EAP vials from Germany
- 24% Yes (3) lack of local availability of someone to administer the injections
- 17% Yes (4) the development of a severe vein problem
- 38% Yes (5) insufficient improvement to merit continuation

*We want your opinion:*

- 95% Yes 5% No Would you recommend the Calcium EAP IV regimen to another MS patient in spite of the difficulties of obtaining it from foreign pharmacies and having to inject it for so many years?

## 10. Patient Comment Section

Survey respondents were encouraged to comment on any and all aspects of their experience with Calcium EAP.

The following section contains a wide selection of both positive and negative comments from 150 survey respondents.

Altogether they tell a story about:  
the longing for relief from suffering,  
hope renewed,  
gratitude for any relief obtained,  
acceptance of limitation,  
as well as disappointment and  
continuation of hope for the future.

Although they are primarily about MS respondents' experiences with Calcium EAP, you may find as we did that they touch our emotions in a deep way as we rejoice with those who have found help and are saddened by the stories of those who have not.

These individuals' stories remind us again of the resilience of the human spirit to handle and often overcome the most trying of physical experiences that an illness such as MS can bring into people's lives.

## 10. Patient Comments: Positive

### #138 Female, no age given:

After talking to numerous people who have gone to Germany and have discontinued treatment I have found that they were unrealistic about their expectations. After reading ALL of Nieper's papers I knew that the chances of helping me walk were not to be. Dr. Nieper stated in his papers that the thigh muscles did not benefit. Most people benefited more than they realized but were NOT objective enough about it. The problem I see is if people don't see instantaneous results they lose focus on the whole protocol and short change themselves! Also, problem with veins is not stopping the bleeding as soon as the needle is pulled. I also use colloidal silver to breakup the bruising. (Emphasis is hers.)

### # 309 Female, 42 years of age:

I unfortunately decided to discontinue the EAP in 1991 after taking the medication for 5 years. I was significantly better and I thought I didn't need to take it any more. My condition slowly worsened until 1996 when I started to have much difficulty in walking and severe fatigue. I was given steroids which made me worse. I decided to use the EAP again in 1997. Went to Germany in 1998. I am finally feeling so much better now. I will continue the EAP forever.

### # 268 Female, 56 years of age:

I went to see Dr. Nieper as a patient in 10/96 - went in a wheelchair - with no vision; came back walking and seeing – EAP is great!

### # 263 Female, 60 years of age:

I would highly recommend the Calcium EAP treatment. It should be started as soon after diagnosis as possible (said Dr. Nieper). I would be even worse had I not been on the Calcium EAP. It has prevented me from going downhill faster.

### # 297 Male, 52 years of age:

This protocol has given me so much in the way of improvement. I continue to lead a most fulfilling life due to it. I currently manage several departments in the steel industry and continue to maintain my physical abilities. I still have MS, recognize the frailty of human life and love whatever I can get. Calcium EAP has given me so much.

### # 256 Male, 57 years of age:

When I went to Germany my kidneys and bowels had about quit. They were working before I left Germany. My legs were better when I left Germany. My extreme tiredness left after I started the treatment.

### # 247 Female, 32 years of age:

I am living proof that Nieper's Calcium EAP IV regimen is a life saver.

### # 277 Male, 52 years of age:

Before my MS was diagnosed I was a healthy teacher. Since the diagnosis and before the Calcium EAP treatment, I became SO ILL that I almost died. Since the treatment I have



seen a remarkable difference. I could teach school, race our large sailboat and do other things that were normal. UNTIL my extreme pain due to the scoliosis, therefore this hampered me from being active and teaching.

# 202 Male, 74 years of age:

I had 2 periods of EAP infusions. The first was from June '87 till September '89, when I switched to oral EAP with Dr. Nieper's okay. The second from April '93 until April '94 when I had a severe spasticity attack and visited Dr. Nieper who stopped the attack within 2 hours.

# 226 Female, 22 years of age:

I immediately went to Dr. Nieper for treatment as soon after my diagnosis as possible (6 months) so it is hard to remember some of the problems before Calcium EAP treatment. I can tell you that I saw remarkable improvement after my return from Germany 5 years ago. I now am an active college senior with only occasional mild problems. I can definitely feel a difference if I go more than 12 hours without the Calcium EAP capsules that I take daily. (Ixoten is used only when an exacerbation is beginning until it is over)

# 225 Female, 42 years of age:

My walking ability has deteriorated very significantly but functioning of hands, arms, and swallowing ability has improved noticeably.

# 231 Male, 41 years of age:

I feel Calcium EAP has helped in a number of areas. It has not helped my gross motor skills. My walking has deteriorated to the point where I now need a cane and a prosthetic device to keep my foot from dropping. Overall, I think it is a regimen that is worth the effort and cost.

# 234 Female, 41 years of age:

I took Avonex for 2 months and became very depressed; a serious side effect and also felt flu like symptoms. I had to stop. I was continuing to worsen; I could walk but not very far, and I had a lot of numbness, burning and pain, especially in my feet. Now that I'm on Calcium EAP I feel GREAT. Most days I can do whatever I want. I noticed improvement while in the clinic. Another big benefit in my recovery has been going on a macrobiotic diet. This has also given me my health back. Since being on the diet (1 ½ months) I have had no numbness, weakness or tingling. Some days I can't even tell I have MS! I pray this treatment will be legalized in our country. Thanks to Dr. Nieper, he saved my LIFE!

# 235 Male, 44 years of age:

I do not have full activity now but I also do not have to use a cane. I can walk very well but running is difficult. No sports. And extreme fatigue limits exercise. I had great improvement with IV injections of Calcium EAP, but I don't think the oral Calcium EAP helped very much. Overall this treatment was very effective.

# 238 Female, 40 years of age:

I went to Germany with a number of fairly mild symptoms – they all disappeared within 3 - 4 weeks after commencing the EAP treatment. Lately my life has been extremely stressful -

so much so, that a healthy person would get sick. Of course, I experienced exacerbations (optic neuritis and bladder incontinence - for the first time) but they are coming under control. This treatment is a true miracle and a wonder to me. I lead a fully active and normal life now.

# 239 Female, 41 years of age:

Calcium EAP and Dr. Nieper were my lifesavers! My MS is completely under control.

# 240 Female, 58 years of age:

This treatment has done me a world of good. I couldn't have a bowel movement for a week or weeks before I went to Germany for Calcium EAP treatment. BM's were difficult like hard labor pains. I don't have this any more. My left eyesight was restored with steroids. I've been in remission for nine years now.

# 275 Male, 56 years of age:

Occasionally experience chills temporarily after injections. I experienced miraculous complete recovery from my symptoms after starting the Calcium EAP regimen. I discontinued IV treatment after 18 months but continued the series of pills prescribed for another year. I was without symptoms for some 13 years. I have recently resumed IV and pills after an illness caused some symptoms to return. I've been on the treatment for one month with good results.

# 186 Male, 46 years of age:

I've been in remission since I started the treatment in Germany. I've continued the injection as long as I could get it. My last order was confiscated so I cut my injections down to once weekly. So far I've never experienced any changes (since cutting down).

# 188 Male, 65 years of age:

I took the Calcium EAP injections for 12 years then stopped because of heart problems. I have no problem with my MS now. I take all my calcium pills. Any patient with MS should have the chance to receive the treatment. I know my condition is good because of Dr. Nieper's treatment.

# 192 Female, 62 years of age:

I was taking Calcium EAP injections for 10 years but in 1996 my veins would no longer accept the shots due to scarring. I feel that for 10 years the treatment kept me stable because prior to it I had exacerbations every 2 - 3 years, some really severe. In 1996, I started the Avonex treatment and have stayed stable on it.

# 85 Male, 31 years of age:

We were extremely excited to see the improvements in my husbands symptoms during the first 9 months of treatment on Calcium EAP. Lately he has had more problems with his bladder. We recently had our house dowsed. Fields were detected and we have moved to a new house which is field free. So, we expect to see improvement again. A couple of areas are great. He has not been hospitalized due to exacerbations since starting this treatment over 2 ½ years ago. This used to be 3 times a year. Fatigue still plays a role, but is much better also.

**# 185 Male, 42 years of age:**

The best six months with my MS was when I was on the Calcium EAP. From the first day everything turned around, except my vision. Calcium EAP stopped working for me 6 months after taking it. Bladder worked normal after starting Calcium EAP. It has been approximately 12 years since I was on Calcium EAP.

**# 169 Female, 52 years of age:**

Had shots for 7 years with no attacks, discontinued for one year and had an attack. Now back on 2 shots a week.

**# 175 Female, 35 years of age:**

The use of Calcium EAP has been a miracle in my life!! Although it has not completely cured me of the disease, and I have to be careful not to overdo activities, I feel that I have my life back, with only mild disability. (Regarding Ixoten: I took it for a short period of time but stopped because it caused cystitis.)

**# 180 Female, 43 years of age:**

I worked on a computer all day and my eyes became blurred. I called Dr. Nieper, and he gave me Ixoten. My sight returned in a few weeks - thank God!

**# 181 Male, 49 years of age:**

The Calcium EAP worked in stabilizing my MS. After seven years I began to experience several exacerbations over a seven month period of time and decided to take Copaxone as well as bee venom on a protocol with another doctor in Chicago. My MS appears to be quite stable once again and I will continue this way until something better is available. The Calcium EAP did a good job for me for seven years and now I hope this new treatment program will work as well over time.

**# 58 Female, 66 years of age:**

I have been extremely pleased with my condition since beginning the injections 8 years ago. I definitely feel this nutrition has stabilized me without a doubt. I also use a homeopathic physician instead of a neurologist which greatly adds to my health. I have only had to use cortisone twice because of serious problems emotionally - a severe car accident in June.

**# 59 Female, 42 years of age:**

When I was diagnosed with MS I was having difficulty walking. I wanted to sleep all the time. I was diagnosed in February. In August I went to Dr. Nieper. When I returned I could run and I had a lot of energy. I went 2 years later. I felt I had gone downhill a bit. I had been using all of the medication Dr. Nieper had prescribed, but had also been using vitamin C which I was told would mess up my medications from Dr. Nieper. He changed 1 or 2 things I was on. Then I was fine. I have had MS for 12 ½ years. I still teach elementary school.

**# 88 Female, 52 years of age:**

After about a year on Calcium EAP IV therapy, I was virtually symptom free. As noted, I have been on the treatment for 11 ½ years. Last year I began to experience MS symptoms

again (blurred vision, some stinging and burning in limbs, and increased fatigue; but in no way to the degree of symptoms of 12 years ago). Menopause, with all the associated hormonal changes in my body, seems to be influencing this new bout with MS. I continue fighting with the Calcium EAP therapy. The neurologist says I'm doing remarkable to have had MS for this long, but he assures me that it isn't the calcium treatment. I, however, trust the results and continue to take my Calcium EAP.

# 89 Female, 42 years of age:

I have had improvement especially with walking; my right knee would continue beyond the normal stopping point and this has ceased. My toes would stretch without my controlling them and my toes would not bend under at all on my right foot. These things have improved. After having my mercury fillings removed I had more difficulty walking. I used some neural therapy and showed improvement to almost normal.

# 94 Male, 65 years of age:

Has been (Calcium EAP) helpful in maintaining my normal functions. I feel that my progression of MS has been stabilized.

# 97 Female, 46 years of age:

I am so thankful I journeyed to Germany four years ago. I didn't start to walk like normal like I was hoping, but I certainly have not gotten worse. I don't have ANY other problems besides walking. Before I took Calcium EAP I had horrible bowel and bladder problems, slurring of my speech, etc. Now, I just deal with using a cane. I would "insist" MS patients to use the EAP (vials and tablets) plus Copaxone. Together, they allow me to work and live nearly as I was before diagnosis!

# 46 Female, 41 years of age:

I was on Calcium EAP from '86 to '91 and did very well and stopped it - both oral and IV therapy in '91, and by '95 I had suffered several exacerbations. I tried Copaxone in 1996 and suffered a severe exacerbation. I resumed Calcium EAP in May of '97 and I am feeling better again!

# 47 Male, 31 years of age:

Early diagnosis of my MS indicated that I would most likely be wheelchair limited and possibly have to confront blindness as the MS exacerbations increased in frequency and severity. (I had lost vision in one eye due to MS prior to starting the EAP regimen). It took me over a year to get to Dr. Nieper's clinic and begin the EAP protocol . . . almost immediately I regained most of my balance, my short-term memory improved greatly (I was able to complete college), and the oppressive fatigue that had plagued me was completely gone. Although over the last 13 years there has been some deterioration in my balance and walking ability (I now use a walker) the EAP protocol has greatly stabilized my MS and allowed me to accomplish again major goals in my life.

# 77 Female, 44 years of age:

My only real improvement has been less headaches and less insomnia. The only confusion I've had is with taking other supplements and being sure they don't conflict with the Calcium EAP like: glyco-nutritional supplements; homeopathic remedies; many enzymes

and vitamins which accompany amalgam filling removal. It's tricky to weed out all niacin and zinc and take 2 grams of vitamin C per day (Dr. Nieper's explicit instructions!).

# 80 Female, 58 years of age:

My diagnosis is: MS superimposed on Systemic Lupus Erythematosus. (My two exacerbations were related to tooth, bone decay which highly elevated my ANA causing weakness and arthritis.) Please let me state that my condition (physical) had been severely compromised due to the unjudicial use of steroids (ACTH)! Since the adverse reactions to ACTH mimics MS symptoms, I cannot be sure which brought me down. However, I am sure that had I not been seen by Dr. Nieper in 1981, I would have died or even worse - lived my remaining years in a nursing home.

# 81 Female, 44 years of age:

I feel I would not be doing as well as I am if not for this treatment. I would highly recommend it to anyone with MS. I am doing so well I sometimes forget that I have MS. I am able to work full-time and lead a normal life because of Calcium EAP.

# 50 Female, 46 years of age:

When I arrived in Germany in March 1994, my right side from my ear to my fingertips were numb. I could not use my arm and hand. After 2 weeks on Calcium EAP the numbness went away and never returned. I feel the treatment is good and in my case has slowed down the progression. I have a lot more energy but I do notice some deterioration in my legs. I still have numbness in my legs, feet and abdomen areas. I would recommend the treatment to anyone.

# 52 Female, 64 years of age:

I have found when my legs go numb, if I take a double shot of Calcium EAP and stay off my feet for a while, the feeling will start coming back. When I am really having a hard time with numbness and am hardly walking, I take double shots (20 cc's) every day for about a week and get plenty of rest. I have avoided serious exacerbations with this method.

# 55 Male, 62 years of age:

My problems with cold extremities (probably due to poor venous return), incontinence, and general vitality, improved significantly after using Calcium EAP. The change for the better was significant enough to certainly make it worthwhile. A friend with MS living here in McArthur, was blind, but after Calcium EAP sees well enough to drive.

# 57 Female, 44 years of age:

I feel Calcium EAP has stabilized my relapsing remitting MS - my legs are strong and if I have any symptoms they are mostly sensory and short lived. I wish I had known about it in 1976 when I was diagnosed. I found out about Dr. Nieper and went to see him in June of 1996. I have been mostly stable and a lot stronger in my lower legs. I suffer badly with fibromyalgia (back, neck, arms) and it seems to flare up often and is quite debilitating. I am convinced that Calcium EAP has stabilized me and I will walk for the rest of my life.

**# 83 Female, 59 years of age:**

Having been on Dr. Nieper's treatment for so long I feel I have a good viewpoint of any negative effect of the Calcium EAP treatment – and there have been none! I have experienced a remarkable quality of life that possibly would have been very different without this treatment, as I was having more frequent and severe exacerbations before.

**# 86 Female, 53 years of age:**

I felt the experience at Germany was very favorable and glad we went. My husband gave me an IV 3 days a week for about 4 years, then the last 6 months I hit a plateau. My veins were harder to get into. After calling my physical therapist office I realized I was walking through 1991-1994 - I could do some amount of walking. Around 25 steps to 125 steps. So when I first went to Germany I couldn't walk at all, so yes the calcium did help a lot.

**# 98 Female, 33 years of age:**

When I first began the injections, some calcium got in my tissue and lumps formed under the skin - which can last up to two months. These lumps do not hurt, however they cover up veins so you can't use them. This treatment is working great for me, only sleep 6 hours a night and have a lot of energy.

**# 101 Female, 43 years of age:**

Even after taking (Calcium EAP) for such a long time, I can still feel my body being stabilized, thus giving me more energy and more quality of life.

**# 102 Female, 58 years of age:**

Once you stop the program you end up worse than before. Please note I did everything except take calcium orotate. I became immobile and went back to see Dr. Nieper – boy was he angry! After months I was just starting to walk again – fell and broke my hip – back to square one. I walk with a walker or an available arm.

**# 146 Female, (no age given):**

Before I went to Germany I had 3 months' to live (my doctor said); my body was all twisted up and I had no reason to live. After the first week after the Calcium EAP injections my life started to change for the better. After the first year my life was 85% better than it was in 10 years. My symptoms of MS were gone; the only thing is that I'm still in a wheel chair. I can't walk yet, but I'm hoping I can get back to Germany again to start the treatment again (I stopped it about 1992) and I feel if I start again maybe I'll walk again. After 2 years on the treatment of EAP my old doctor did not think I was the same person that they were treating for over 8 years; my old records did not match my MS condition after taking Calcium EAP; 85% better.

**# 142 Female, 57 years of age:**

I saw Dr. Nieper in May of 1997 and received IV Calcium EAP 2 times a week for 9 months. Stopped when my husband began having problems giving IV injections (bifocal problem). Neither my internist nor my neurologist would assist in any way. Frustrated, I did not order any refill from Germany. Have been taking oral regimen prescribed by Dr. Nieper. My brother (2 ½ years older than I) was diagnosed with MS at almost the same time. He has deteriorated rapidly – wheelchair bound, tremors, incontinent. I feel

# 209 Female, 65 years of age:

It has been since 1985 that my husband, my son and his friend and I went to Germany to see Dr. Nieper. That was my lucky day. I had MS 16 years before my husband told me what was wrong. We thought of going to Germany for 2 years. Dr. Nieper was wonderful. I feel the loss of his passing. After taking injections for 7 years my son moved to California and the injections were stopped. I used a cane for a while – now I use a walker or shopping at a mall I use a scooter. I am doing fine and recommend the Calcium EAP injections for anyone.

# 137 Female, 45 years of age:

Through my 14 years on Calcium EAP some things have improved and others haven't gotten any worse.

# 288 Female, 54 years of age:

Calcium EAP is working fine for my MS, thanks to Dr. Atkins and the staff of the Atkins Center. Dr. Nieper was a great man and his memory will always be preserved in people like me.

# 110 Female, 55 years of age:

I believe that Calcium EAP has kept me fairly stable over 4½ years (just mild deterioration). I definitely recommend this therapy to anyone with MS. I believe that I would be bedridden now without Calcium EAP based on a pattern of downhill progression before Calcium EAP.

# 115 Female, 35 years of age:

Calcium EAP has improved the quality of my life. Calcium EAP by itself is not the whole answer but a means to achieve better living. Other important factors are diet, nutrition, exercise, proper rest. Straight injections were not effective. I do infusion therapy which is where my dramatic results come from (Calcium EAP, Kombetin, Tromcardin). My only exacerbation came when I slacked off taking Calcium EAP pills, terrible diet and lack of sleep – I was burning the candle at both ends!!

# 128 Female, 74 years of age:

After almost 13 years it is difficult to remember or compare. I am still able to get around with assistance, cane, walker, etc. With this disease we really don't know where we might have been. I do have more spasticity and muscle spasms than I had in 1986. I feel I have been helped greatly with the fatigue problem.

# 147 Female, 47 years of age:

I was diagnosed with MS in 1982 through spinal tap. Traveled to Germany in 1985. With the onset of the disease I had many symptoms but they all went away after starting my injections. I was symptom free for many years. This last year I had a real bad bout with MS depression; severe headaches, severe fatigue, severe digestion and bowel trouble. My doctor prescribed the anti-depressant Paxil after about 3 - 4 weeks.

confident that my relatively stable status is because of Dr. Nieper's help. I have also followed a stricter diet and had most amalgam fillings replaced.

# 134 Female, 50 years of age:

Since I went to Germany it has made my life worth living. I am a hairdresser and I work full time. I won't say it is easy, but I would be in a wheelchair if I hadn't gone to Germany. I almost feel guilty when I see someone that isn't on this treatment because I am doing so well. I would definitely recommend this to anyone.

# 132 Female, 40 years of age:

My biggest surprise is the fact that I haven't had a single attack since being on this. I see improvement in some areas but nothing major. But that's okay! We had problems with the injections until a friend suggested using a butterfly needle and then showed my husband how to do it.

# 130 Female, 40 years of age:

This treatment is unbelievable it works so well. When combined with a good mental attitude and proper nutrition this condition can be put into remission for an indefinite period. I see MS as a wake-up call - to live in the moment - to view life as the precious gift that it is, and to trust in God to take care of us in this world.

# 124 Female, 63 years of age:

When I first came down with MS in 1982 I was 47 years old, and I thought my life was over and I was very sad, until one day in 1987 my mother came home with a newspaper from work. It explained how this lady from another county went to Germany and received Dr. Nieper's treatment. I didn't read this paper. I just put it into the drawer because I was disgusted. About 2 weeks later I took it out of the drawer and read it and I said to my husband, "That's where I'm going to go, for Dr. Nieper's treatment". We had no money to go; we're average people. We took a mortgage on the house and we went for Dr. Nieper's treatment and I wasn't sorry. There were several things that got better for me there in the hospital: bladder, bowel; I did not need back support any more, my speech improved also. Some of it has improved 12 times over the years, but in the hospital the one thing that got better completely that I was very, very pleased with was the fatigue leaving me; this meant so much to me. The fatigue depressed me much because my mother was in her 70's at the time. She and my dad were separated; he was out west and there are just me and my brother, and I was so upset that something would happen to my mom and I had fatigue and wouldn't be able to do anything for her. I didn't mean to write you such a lengthy letter, but I felt I had to explain why the healing of fatigue meant so much to me.

# 266 Female, 54 years of age:

I was not sure how to rate my condition, so I asked my neurologist and he said stable. He said when I first came to him, he felt I would decline fast. I saw Dr. Nieper again in May, at which time he prescribed 1 IV a week and 2 vials of EAP every other day. I feel the EAP has been very helpful and I recommend it to all MS patients. I have a port and have had it changed once. I have had septicemia once. My physician feels the EAP keeps me from running fevers. When I had septicemia, my WBC was normal but I had 3 positive blood cultures. [This patient takes 2 vials by IV drip every other day.]



**# 149 Female, 59 years of age:**

I had an interruption of 2 years without Calcium EAP because my portacap was infected. I was on a downhill run and getting worse. I couldn't walk without a cane and I was getting sick every few weeks with either a flu or virus or cold. I finally decided to go back to Dr. Nieper to get reevaluated and see what he could do for me. He put me back on Calcium EAP in August of 1997 and ever since I have been doing fine. I don't need the cane and I have been well without getting the flu or virus. I strongly believe the Calcium EAP is helping me. I am also on Copaxone which I believe also helped. I do know when I stopped taking Calcium EAP I got worse. I do understand that I will have to be on it for the rest of my life.

**# 167 Female, 45 years of age:**

As soon as I was diagnosed, I researched everything I could find. As symptoms worsened, I had to try Dr. Nieper – I know I couldn't live not at least trying it. I'm so glad I did. Within a year, I was virtually symptom free. I'm fine and I continue to do so.

**# 2 Female, 31 years of age:**

The quality of my life has been positively changed since inception of my treatment by Dr. Nieper.

**# 7 Male, 63 years of age:**

I would highly recommend the Calcium EAP IV to any and all persons with MS. I was in a wheelchair in 1985 when I went to Germany to see Dr. Nieper. My legs had atrophied and I am still in a wheelchair. I survived colon cancer surgery in 1991 followed by a year of chemo and my MS did not worsen. Since 1993 I take the Calcium EAP IV once a week instead of 3 times. I would not want to decrease the frequency any more however.

**# 14 Male, 62 years of age:**

I have had no exacerbations since being on Calcium EAP IV's. I would recommend Calcium EAP IV's to everyone that has MS. Calcium EAP won't cure MS, but it sure makes it easier to live with.

**# 17 Female, 35 years of age:**

I would certainly like to see Calcium EAP available in the USA. I talk to people frequently about the treatment and advise them that this is my choice in MS control. I think almost all those who have inquired on going to Germany and heard how I feel have gone with success. I would say 96%.

**# 21 Female, 62 years of age:**

I have been on this calcium for eleven years and am finally stabilized and feel real good so will continue with what I'm doing.

**# 24 Female, 59 years of age:**

Before undertaking the protocol my MS symptoms were rapidly getting worse. Since receiving the treatment program in Germany, I have had no further deterioration or worsening of symptoms.

**# 26 Female, 35 years of age:**

Before going to see Dr. Nieper, I had no episodes of MS (since diagnosis). Denial was a great treatment. Upon beginning my treatment, I steadily declined. I had to stop work etc. . . Dr. Nieper said that "It may not be helping me!" However, I gradually improved, and after 3 visits to see Dr. Nieper, I began to improve. Presently, I am still on EAP protocol, with acupuncture. I am doing fine. I do not work f/t but can walk. I still feel grateful for this treatment and feel it helps more than what is offered here in America.

**# 27 Female, 56 years of age:**

I feel that the Calcium EAP has been very beneficial to me. It has slowed down the progression of the disease.

**# 31 Female, 65 years of age:**

Back in 1985 I had double vision but got over it in a matter of a few weeks. In 1986 walking and balance became very bad. I was working at the time and I was hanging onto furniture to walk; very dizzy all the time, couldn't walk very far. September of 1986 I went to New York to see a doctor there and he started me on this program and I have definitely improved so much. My walk is almost perfectly straight. I am really convinced this program is super. I walk good, do all my own housekeeping, do a lot of yard work in the summer. I feel I am so fortunate. I do tire easily and have to rest during the day.

**# 32 Male, 56 years of age:**

Overall feeling and mental state have improved. It should have gotten much worse (given my form of MS) but in reality I got better. General well being and mental state have improved a lot. Slurred speech has greatly improved. Changes in fatigue (less), stamina (better), and quality of walking (better) have been biggest changes.

**# 38 Female, 35 years of age:**

Calcium EAP has definitely stopped my double vision and my feeling cold. I am less fatigued. My numbness has increased to new areas. Overall I feel well. I also feel improvement using Calcium EAP in conjunction with bee venom. I faxed Dr. Nieper before starting bee venom and he gave me the "okay" to begin. I've been stinging myself twice a week (28 stings/wk) since June 1997. (Calcium EAP since 1/96) I have not needed any steroids (prednisone) since June 1997.

**# 33 Female, 63 years of age:**

Since beginning the intravenous treatment in Germany in 1986, I have used only this therapy. I see no doctors on a regular basis. I have had no steroids, no CT scans, and no MRI's. I went to Germany using a wheelchair and a cane. I am now in a battery operated wheelchair full time – although I can use a walker for a short distance. The EAP protocol improved my bladder function in a few weeks and I no longer have severe MS headaches. In addition, my energy level has greatly improved.

**# 42 Female, 55 years of age:**

Recently hospitalized during 2 severe attacks. Doctors sending me for 2<sup>nd</sup> opinion as 2 MRI's show no lesions after being diagnosed 12 years ago. Is it possible to have a negative MRI with MS? I think it may be due to Calcium EAP, Dr. Swank's diet, vitamin regimen

and positive attitude. I believe these are the reasons I have little permanent damage. Doctors think I may have “chronic fatigue immune deficiency syndrome” instead of MS. Definitely improved during years on IV’s.

# 43 Female, 42 years of age:

I feel I have to specify the fact that I had my very first symptom which was optic neuritis in 1986. It lasted approximately 1 month. I was then symptom free for 2 years. Then I started getting tingling and numbness in my hands, feet and legs. This also lasted only a short time. Both these symptoms came and went and never returned. I was diagnosed with MS October of '89. In September of '91 I went to see Dr. Nieper in Germany. I still remain symptom free. I first started the injections at 3 times a week, then 2 times a week, then once a week, then once every 10 days, then once every 2 weeks and now once every 3 weeks. My veins were collapsing at times but I always managed to get my injections.

# 62 Female, 35 years of age:

Jill was very severe almost from day one of diagnosis. After 6 months she was in diapers and couldn't walk. She shook and could not sit up alone – after treatment of 10 days in Germany – she could sit up on the plane coming back – sit in a straight back chair and feed herself. She never tired and talked perfectly day and night the first 6 years. Then I took her to a neurologist here to hopefully get her legs to work – he overdosed her on a drug and within a week she became a vegetable; had to be put on a feeding tube and cannot walk or talk and vision is affected ever since. She is now going into her 17<sup>th</sup> year. She understands and can respond to some commands.

# 63 Female, 44 years of age:

I have been very lucky. Fortunately, I have had only one exacerbation that I know of, double vision when my son was 3 months old. I was diagnosed with MS by a spinal tap. Within 3 months my vision corrected itself, but I did already have an appointment with Dr. Nieper. Nine months after my diagnosis I was in Germany. I felt Dr. Nieper gave me the best possible chance for normal life. I work two and three jobs; a substitute teacher (physical education, health, safety) food waitress in a resort, softball coach, as well as being a wife and mother!!

# 64 Female, 51 years of age:

When I first returned from Germany (Nov '93) I was able to push a grocery cart through the store; whereas, I had to use a scooter before. Leg strength gradually diminished again but bladder infections and incontinence improved.

# 67 Female, 62 years of age:

I have a nurse to give me shots because of small veins. After 11½ years they are no worse than when I started. When I don't feel good or tired my veins are harder to give medicine in (they blow). I have had nothing but positive results. It seems like nothing gets worse, but some symptoms are the same.

# 69 Male, 36 years of age:

Had marked improvement in eyesight – went from 20/40 to 20/20. Eye doctor very impressed. Improved sexual functions.

**# 190 Female, 31 years of age:**

I cannot complain when remembering how I felt before and I see others in a worse situation. I did complete one of my life's goals. In October I ran the Sacramento Marathon. I know this would have not been possible without Dr. Nieper's medication. I am so grateful I was able to see him.

**# 99 Female, 23 years of age:**

By phone: She stopped the Calcium EAP for pregnancy because of what her local doctor said. She called or faxed Dr. Nieper about this also. Four months after the baby was born she suffered a relapse. She has not returned to taking IV Calcium EAP.

**# 74 Male, 63 years of age:**

My symptoms began back in 1965 with tingling in left arm and fingers and left leg and general weakness. They came and went from time to time. I consulted a neurologist at Marshfield Clinic. He had MS. He did many tests and diagnosed me with MS. There was no MRI available there then. I went to Hannover and was on Calcium EAP for 10 years (7 years of 3 injections/week; 2 years of 2 injections/week; and 1 year of 1 injection/week. After 7 years of treatment I had an MRI at Marshfield. There were scars on my brain (minimal) but they thought they were more like those caused by a small stroke than MS. I retired in 1990 but remained on injections until 1994; oral until 1997. Now I'm on nothing and feel real good. Did I have MS? Did Calcium EAP do good?

**# 315 Female, 49 years of age:**

Memory problems – lost ability to quote conversations verbatim in March 1993 – regained ability in March 1997. However, approximately six months ago I have become vague with placing a time frame on situations occurring in the recent past – probably from stress. My MS has not centered in one spot – it roves around my body since I have relapsing remitting MS, some of these questions were difficult to answer. By the way, I have lost the fine motor skills to my right hand twice – once before – severe exacerbation which landed me in the hospital and once after – much less severe. I am right handed and printing with my right hand. Calcium EAP was very helpful in regaining the full use of my right side.

**# 316 Female,**

Calcium EAP IV therapy has stabilized Karen's MS. No exacerbations, but other physical ailments have worsened.

**# 127 Female, 40 years of age:**

I overall feel much healthier and vibrant on Calcium EAP while physically declining. I am more alert. I also take Prozac and a sleeping pill each day.

**# 200 Female, 39 years of age:**

I started using Copaxone along with EAP IV treatment and tablets since June of 1998. I felt there was a good response in the beginning (first 4 months) but have experienced a drop off in the last 5 months. I am not sure I want to continue the Copaxone treatment. I will always want to continue the EAP treatment because from the knees up I have no problems to talk of. My most serious symptoms are headaches, pain in my legs and

numbness in legs after an extended time on my feet. I feel I have done well due to this treatment. Nothing the United States has to offer people with MS seems to help over an extended time.

# 170 Female, 46 years of age:

I have had only one exacerbation since starting my treatment which I felt was related to my diet. I went on the Atkins diet trying to lose weight -- all the eggs or something sent my MS into a tailspin. I had severe symptoms -- worse than before I started treatment. So, I do feel that diet has a lot of impact on MS patients. I don't adhere to a strict diet even though I should. I try to be careful with excessive amounts of things I should not have. I try to encourage anyone I meet with MS to consider the Calcium EAP treatment over anything they offer in the U.S.

# 211 Female, 38 years of age:

It works! I tell everyone from doctors to at-home-moms about it and have sent many people to Germany all over the USA to experience what I have had the great privilege of experiencing through Calcium EAP. Please keep it coming! Doctors I have spoken to who have MS know their protocol doesn't work and are desperate to try Calcium EAP.

# 243 Female, 49 years of age:

My MS was mostly in the optical nerves; lost eye sight two times; problems with bladder control. Dr. Nieper told me "due to early treatment of EAP I would be a controlled case", -- I take IV (give to myself) 3 x a week and strongly believe in this treatment. Dr. Nieper saved my life -- he gave me quality of life.

# 301 Female, 35 years of age:

I feel very well since I began with this treatment, as a matter of fact my life changed a lot. I have new expectations and I am very happy. Before I went with Dr. Nieper I had a severe convulsion problem. Dr. Nieper told us that with the intake of lithium orotate I will never have any problem (with that). A few days ago I again had a severe crisis and I was in the hospital because of this. I hope I will have no more crisis like that.

# 39 Female, 59 years of age:

I went to Germany and brought home a three year supply of Calcium EAP vials. I did manage to find a nurse in order to get one shot a week. The last year I found a doctor who put in a portacath for me and I was able to give myself the injections. After my (three year) supply of medicine ran out, I quit. I wish I would have continued as I didn't get any worse. I was walking quite well. Now walking is labored and I have a noticeable loss of mental acuity, at least I notice it. However I still am able to take care of myself, drive a car, and do most of the housework.

#237 Female, 43 years of age:

I saw Dr. Hans Nieper for the First Time, May 1994. The treatment that he gave me worked so well that I was able to walk without the use of a cane, walker or wheelchair. The injections worked wonderfully. Dr. H. Nieper's treatment changed my whole life. I saw

Dr. Nieper one week before he died...The work that he did was from a Lifetime of study and Research. Please continue his work.

#174 Female, 49 years of age:

Because of difficulty with veins and people to administer Calcium EAP I haven't received Calcium EAP for 6 months.

I really benefited from EAP.

I wish they could make it legal in U. S. and intra-muscular injection at a reasonable cost. Calcium EAP can be very helpful to the M.S. population.

## Patient Comments: Positive and Negative

# 131 Female, 39 years of age:

Many stressful events have happened over the past six months and I keep going uphill only to have another exacerbation. This is very unlike my past history. I don't know what the exact cause is. I'm hoping for better results.

# 118 Male, 58 years of age:

I now use only nutrition - supplements - carrot juice. Calcium EAP was very important because it stopped rapid deterioration of my body. It saved my life, but since 1995 I have progressed more by using supplements and diet.

# 105 Female, 40 years of age:

The longest period I went without injections was 3 full weeks. This was due to difficulties the person giving me the injections had. I was taking 3 injections a week. It happened twice - and both times I had exacerbations that lasted approximately 3 weeks. This happened in my second and third year of treatment. I am now slowly cutting down my number of injections to one a month.

#103 Female, 52 years of age:

I have had MS for 13 years. First went to Hannover to see Dr. Nieper at Thanksgiving 1986. At that time I was 100% fine, except for a little tingling in my hands. Dr. Nieper said to take Laetrille, which was a godsend. Fixed the tingling. I started up with relapsing-remitting MS, but not too many relapses. First 8 years I was fine (and taking the injections 3 times a week). My husband learned how to give them to me from a nurse friend. He has been doing it all these years and does a great job. After 8 years with MS noticed a gradual worsening of my condition, very slowly; after 2 years my neurologist said I had secondary chronic progressive MS. Now I was with 2 forearm crutches, which I need to balance me. My thigh muscles don't work as well as they should, which scares me, because Dr. Nieper said that when the thigh muscle goes, there is nothing he can do. I exercise twice a week and have been for 4 years. I've tried COP-1 and Betaseron. My doctor put me on methotrexate 2 years ago when he stopped the Betaseron. I have for the past 2 months been on medrol pills once a month (metholpredisolone) which helps for 1 day.

**# 92 Female, 46 years of age:**

I have had what may be side effects, but felt that due to communication difficulties, I could not get clear explanations from Dr. Nieper. With him gone, I worry about having a source familiar with the protocol. While my doctors are supportive, they can only check my overall health and do not have enough knowledge of the protocol to relate to it.

**# 51 Female, 37 years of age:**

The whole ordeal was difficult. I went to Germany, then came home and continued the IV therapy and oral vitamins for 3 years, at which time I had continued to slowly feel worse. I went to Hannover in 1990 with a cane and I've been in a wheelchair full time for 6 years. I would like to feel better and I found Dr. Nieper's regimen didn't help.

**# 84 Female, 49 years of age:**

Sensitivity of vein to continuous injections and sometimes the "administrator" misses my small vein - so there is soreness. After 2 years I am still hopeful, but wondering if this is really helping me. I'm doing well, but I'd like to be doing better! The fatigue and energy levels are worse than two years ago. I have been taking Betaseron for 4 years. But was still having usually 2 exacerbations each year. Since starting Calcium EAP I have had 2 exacerbations but my general health w/MS has gone down: i.e. fatigue, depression, spasticity, weakness.

**# 193 Female, 52 years of age:**

Don't see much improvement, but seem to be maintaining good health in other ways. My veins have improved since EAP injections.

**# 36 Male, 49 years of age:**

Used EAP 8 months. Quit and haven't gotten any worse. Am taking other nutrients. Am doing very well! Am somewhat better after taking EAP, stopped because I didn't see much more improvement. Quit 2 years ago and am doing no worse.

**# 72 Female, 59 years of age:**

I was so sorry when doing so well on the Calcium EAP that my one leg and one arm started getting stiff and weak, which they continue to do. Thought the Calcium EAP had stopped working for me and my husband was having difficulty getting into veins if the Calcium EAP wasn't helping anymore. (she discontinued due to lack of improvement after 4 good years)

**# 73 Male, 68 years of age:**

We had sent reports to Nieper in advance of our visit to him. Obviously no one reviewed the reports because we were told the Calcium EAP probably wouldn't improve my husband's condition because of his age. However, we were encouraged to use the protocol in case it would stabilize his condition. Our trip to Germany was a waste of time and money.

**# 41 Male, 66 years of age:**

I saw Dr. Nieper in 1985. In 1986, I received the letter from the FDA. Then I was in much better condition and I stopped taking Calcium EAP because I didn't want to lose \$300 per shipment. I have since then taken just the tablets with very little improvement.

**# 75 Female, 60 years of age:**

When I took the Calcium injection I was able to walk; now I'm using a wheelchair or motor scooter as I can stand for only about one minute.

**# 48 Female, 51 years of age:**

The benefits I experienced didn't last. After approximately 6 or 8 months there was little noticeable benefit. Now I take the ampules orally but haven't noticed any change.

**# 49 Male, 52 years of age:**

I didn't experience an exacerbation while using Calcium EAP. Once when we ran out of our supply and were waiting for a new supply, I did experience an exacerbation. I tried Calcium EAP for five years. I didn't get any better, mostly stayed the same. I will say I am now severe. I was forced by MS to discontinue working.

**# 35 Female, 58 years of age:**

I'm not sorry I went to Dr. Nieper. I improved for about 6 months. Then I got worse, even with the continued use. Then, since I was worsening, I discontinued.

**# 61 Female, 61 years of age:**

I discontinued the Calcium EAP because it had been more than 7 years with the treatment, felt stabilized, and also felt that the treatment with the IVs was not working for me anymore. Besides, I was having a lot of problems bringing the vials from Germany. [in approx. 1995]

**# 20 Female, 59 years of age:**

Even though my husband has faithfully used Calcium EAP for some 4 years, he has digressed from relapsing-remitting to secondary progressive with continuing difficulty in walking, use of his hand (grip) and stamina.

**# 8 Male, 63 years of age:**

I was showing slow but steady improvement on Calcium EAP as long as I was able to obtain the Ixoten. Once the Ixoten access was interrupted the Calcium EAP lost its effectiveness.

**# 10 Male, 43 years of age:**

His MS continues to progress. He is now totally disabled (was early on) and needs total care. We felt Calcium EAP offered some halting of some MS symptoms, but MS continues it ravages.

**# 76 Female, 59 years of age:**

My condition has worsened since I discontinued Calcium EAP IV's, but I have been under a great deal of physical, emotional, mental stress due to working conditions. I began to question the value of the treatment as I was near no support group and I questioned using



this protocol for a prolonged period after having seen Dr. Nieper one time. If treatment were available in U.S. with proper support, I would consider reusing the protocol. I felt that it stabilized my condition.

# 151 Female, 61 years of age:

While Barbara was taking Calcium EAP, she was walking with 2 canes. Her symptoms seemed to stabilize or even slightly improve. However, after approximately 6 years, instantly after an injection - her heart stopped and we nearly lost her. Our doctor advised us to stop using the Calcium EAP. After speaking to Dr. Nieper, he agreed explaining this had happened to some others. Since stopping this medication, Barbara's condition has worsened quickly. She is now wheelchair bound and she can't even stand. Lifts are being used for transfers.

# 143 Female, 49 years of age:

It stopped working after about 4 years.

# 152 Female, 24 years of age:

My intentions are to resume treatment as soon as I receive my results from the blood test I have taken. I do feel the difference due to the stoppage of treatment - or break in treatments.

# 154 Female, 54 years of age:

We used Calcium EAP for about one year and saw no improvement. In fact the symptoms continued to worsen so we stopped the treatment.

#159 Female, 58 years of age:

Stopped using after 2 years; no improvement. Condition has worsened to bedridden in last 2 years.

# 164 Female, 45 years of age:

I didn't feel that I benefited from this treatment. However, it was important for me to try available treatments. Others appear to have obtained a benefit, and I believe anyone who is interested should have access to the treatment without being required to undertake the expense and associated burdens of travel to Germany. Administration of the IV injections was very difficult. I probably would have continued had it not been for the continual struggle of finding a vein which could withstand the injection.

# 165 Female, 74 years of age:

I was diagnosed with MS in January of 1973. For many years my symptoms were mild with about 1 exacerbation a year. Gradually I would have 2 a year. I started Calcium EAP in May of 1991 and continued until June of 1995. That August I went on Betaseron but could not take it (after 6 months I stopped). Later I went on Avonex but while on that all I wanted to do was sit and sleep, so the doctor took me off of it. November of 1998 I went on Copaxone and am still on it. My first doctor retired that gave me the EAP shots and I couldn't find another doctor to do it. My veins are small and hidden so I can't administer it myself. I was doing good on the EAP therapy but went downhill as soon as I quit.

**# 168 Female, 72 years of age:**

My doctor would not allow further injections of Calcium EAP. He felt the Calcium EAP was causing too much calcium and causing damage to my heart. Now that the Calcium EAP has been discontinued, my condition has deteriorated.

**# 23 Male, 51 years of age:**

I got off EAP because I was starting to have exacerbations and could not communicate with Germany to get help. Came back to US medicine which had developed many new treatments that were not available when I went to Germany. The German treatment carried me for six years until the US doctors could handle my problems.

**# 11 Female, 49 years of age:**

My complexion changed from white to pink after 1½ years on injections. I felt my legs got a little stronger and I had more energy. During my last IV, I turned purple and ice cold. Calcium supplements warmed me up. Dr. Nieper said I didn't need them anymore. Also my magnesium-calcium ratio became more normal.

**# 199 Female, 50 years of age:**

Commenced Calcium EAP IV treatment about 10 years ago for at least 2 years, then stabilized, and able for oral EAP. This treatment continued for several years when an exacerbation was experienced and had to revert to IV. That was 8 months ago and not much progress has been made yet, although getting treatment at doctor's office 3 times a week. Patient visited Dr. Nieper in 1991, but she had already been given the treatment he prescribed. For some reason she took a "down-turn" a few months later. Dr. Nieper said she was one of the few MS patients who are affected mentally as well as physically. She would have been unable to write this report herself.

**# 201 Female, 51 years of age:**

I took the Calcium EAP faithfully for about 7 years - the cost \$200 per month, which of course was not covered by medical insurance. Because I was the sole support of two sons in college, and working full time, I cut back on my dosages to approximately 1 or 2 treatments per month because of the cost. My condition has slowly deteriorated in the past 1½ years. I am now experiencing a major exacerbation; my first in 6 years.

**# 203 Female, 45 years of age:**

I continued to deteriorate at the same rate before, during and after EAP.

**# 214 Female, 51 years of age:**

The fact that I'm able to walk with a limp indicates to me that either (a) I was misdiagnosed as chronic progressive, or (b) the successes we've had with shots means Calcium EAP has helped. We've had a rough time having to learn on our own and I've not been able to swallow the pills. I have to crush and mix in applesauce, which worked for a while but I suffer from GERD (reflux) and the acid in the applesauce irritates my stomach. I honestly feel if we had successes for 3 years and were able to swallow pills on a regular basis, I optimistically could be in remission. I've talked to at least 3 people who take EAP and are now in remission. That's my hope. My spasticity is increasing, back problems, arthritis, balance too. Have to stay inside the house when summertime arrives.

**# 224 Female, 40 years of age:**

Used for 3 months after returning to the States, however I developed a bloody nose that had to be cauterized so I discontinued Ixoten.

**# 233 Male, 67 years of age:**

Dr. Nieper prescribed small dosages of prednisone that I take every day. It seems that the shots don't work as well, probably because I'm getting older and had MS for a long time. I can still walk a couple of miles a day or three times a week. I don't use a cane.

**# 270 Male, 57 years of age:**

I discontinued Calcium EAP injections after 2½ years of 3 vials a week IV. I saw no improvement. In 1992 I began a diet of fresh and raw foods primarily organic. Began to eliminate red meat, wheat products and dairy products from my diet. . . . All of my conditions have slowly improved since then.

**# 273 Male, 45 years of age:**

In fairness to the treatment, I did not quit smoking during the treatment. I took it from July '98 until April '99 and did not feel it was of any benefit.

**# 246 Male, 40 years of age:**

I quit using the treatment years ago. While I used it, it seemed to keep me going, but I still worsened slowly.

**# 282 Female, 60 years of age:**

I only visited Dr. Nieper's office once, eight years ago. My treatment has not changed, however I could use a follow-up. My legs have continued to give me problems when walking but now I feel a burning sensation in my legs that is very painful. Before Calcium EAP treatment I felt a numbness sensation on my entire left side of my body - that is gone. Even though I do not feel perfect I know I am better now than I would be without Dr. Nieper's treatment.

**# 285 Female, 56 years of age:**

Used 3 vials a week until 4/99; dose increased to 3 -5 during attacks. Took Calcium EAP for first 2 years. Stopped due to cost - no effect. Followed dairy free diet for 18 months. Now use some skim products. Although I do not follow a strict milk free or vegetarian diet now, I did so during first year: vitamin and mineral supplements have helped keep me healthy. I think this was essential to improvement. My husband says I am still in denial about MS so answers may be more positive than my condition indicates.

**# 286 Male, 38 years of age:**

When I get stressed I still often feel slightly weak in the legs . . . or get the tingling back in my hands . . . but only for a short while - not what I would call a real exacerbation.

**# 289 Female, 48 years of age:**

I was not informed of the need to remove the mercury fillings until 5 months after having 3 injections a week. I would not recommend Calcium EAP because it did not work for me. I

was very careful to follow all instructions and I never missed an injection. I am very disappointed.

# 298 Female, 42 years of age:

I had many hopes for improvement with Calcium EAP but really found none although I have heard of some who did very well. My husband was taught to inject the substance so no problem there. I followed a dairy free, wheat free, yeast free, caffeine free diet for approximately 10 years with great success (able to work full time, etc.) but I started to become worse, and up until 1998 when I started on the Copaxone daily injections, I feel that I have become somewhat stable. I have recently (5/99) traveled to Germany for live cell therapy and am awaiting a hopefully positive outcome - it is time intensive with results sometimes being observed after 2 - 6 months.

# 300 Female, 40 years of age:

Injected into veins for 3 months, veins collapsed, now do it through trans-jugular mediport.

# 311 Female, 49 years of age:

I felt I was making mild improvement for the first few months - especially my bladder - but then I had an accident and suffered a concussion, etc. Several months after the accident I started losing ground and just continually was deteriorating. My veins were also giving the RN who administered my shots lots of problems. They collapsed, rolled, etc. I had many bruises and sometimes hard lumps under the skin from the calcium fluid. I stopped basically because of lack of positive progress, the costs involved when no progress was being made, and difficulty with shots and administration. After about 6 months without Calcium EAP - my deterioration accelerated. I am still doing the oral Calcium EAP. I think the onset of MS until I heard about Calcium EAP was too long - 16 years, but I've seen others stabilize or improve.

# 310 Female

I was on the regimen for 8 years and then stopped for 1 year. I feel my MS stabilized in those 8 years. In the year I was off the regimen, my MS worsened slightly. I find that since I am back on the regimen, there has been no improvement.

The following comments were made specifically for Question 26, "Have you ever experienced any negative side effects from the IV?"

#210 - Severe burning and inflation of tissue if shot misses vein.

#9- Burning when Calcium EAP leaks from vein at injection site. Stop injection, use cold compress. For bruising massage water soluble Vitamin E into area. Because I have low blood pressure (and don't drink coffee, tea, pop) I have a cup of coffee about 40 minutes before injection. I also use warm heating pad on injection arm and squeeze an "exercise ball" to bring out my veins. If still not too much to go on, I do mini push-ups from my chair against a table, counter, or wall.

#275- Occasionally experience chills temporarily after injections.

## **Special Appendixes**

### **Appendix A:**

**Complete List of 36 Symptoms Evaluated  
by Participants**

### **Appendix B:**

**Sub-Group Statistics: Chronic Progressive**

### **Appendix C:**

**Statistics For A Separate Group of Participants  
on Calcium EAP for One Year or Less**

### **Appendix D:**

**Statistics For A Separate Group of Participants  
Who Used Only the *Oral Form* of Calcium EAP**

### **Appendix E:**

**Special Group of Brief Letter Responders**

## Appendix A:

8. SYMPTOM EVALUATION: BEFORE & AFTER CALCIUM EAP USAGE

Please CIRCLE the numerical level of your symptoms BEFORE and AFTER your IV usage of Calcium EAP based on the following numerical ratings: *(Please address your AFTER response answers to your latest experience with Calcium EAP.)*

0-NONE      1-MILD      2-MODERATE      3-MODERATELY SEVERE      4-SEVERE

<u>BEFORE CALCIUM EAP USAGE</u>						<u>AFTER CALCIUM EAP USAGE</u>				
0	1	2	3	4	Balance Problems	0	1	2	3	4
0	1	2	3	4	Blurred Vision	0	1	2	3	4
0	1	2	3	4	Bladder Flaccid	0	1	2	3	4
0	1	2	3	4	Bladder Incontinent	0	1	2	3	4
0	1	2	3	4	Bladder Spastic	0	1	2	3	4
0	1	2	3	4	Bowel Incontinent	0	1	2	3	4
0	1	2	3	4	Cognition	0	1	2	3	4
0	1	2	3	4	Cold Hands	0	1	2	3	4
0	1	2	3	4	Cold Feet	0	1	2	3	4
0	1	2	3	4	Cold Sensitive	0	1	2	3	4
0	1	2	3	4	Coordination	0	1	2	3	4
0	1	2	3	4	Depression	0	1	2	3	4
0	1	2	3	4	Double Vision	0	1	2	3	4
0	1	2	3	4	Exacerbations	0	1	2	3	4
0	1	2	3	4	Fatigue, General	0	1	2	3	4
0	1	2	3	4	Foot Drop	0	1	2	3	4
0	1	2	3	4	Headaches/Migraines	0	1	2	3	4
0	1	2	3	4	Heat Sensitive	0	1	2	3	4
0	1	2	3	4	Hearing Problems	0	1	2	3	4
0	1	2	3	4	Insomnia	0	1	2	3	4
0	1	2	3	4	Lhermitte (shock sensations)	0	1	2	3	4
0	1	2	3	4	Memory Problems	0	1	2	3	4
0	1	2	3	4	Numbness/Tingling	0	1	2	3	4
0	1	2	3	4	Nystagmus	0	1	2	3	4
0	1	2	3	4	Optic Neuritis	0	1	2	3	4
0	1	2	3	4	Pain (other than headaches)	0	1	2	3	4
0	1	2	3	4	Sexual Dysfunction	0	1	2	3	4
0	1	2	3	4	Spasticity	0	1	2	3	4
0	1	2	3	4	Speech Problems	0	1	2	3	4
0	1	2	3	4	Swallowing Problems	0	1	2	3	4
0	1	2	3	4	Low Body Temp	0	1	2	3	4
0	1	2	3	4	Spasms	0	1	2	3	4
0	1	2	3	4	Tremors	0	1	2	3	4
0	1	2	3	4	Trigeminal Neuralgia	0	1	2	3	4
0	1	2	3	4	Walking Ability	0	1	2	3	4
0	1	2	3	4	Weakness	0	1	2	3	4

## Appendix B: Sub-Group Statistics: Chronic Progressive

This group of 117 participants with chronic progressive MS was included in the overall group statistics for this survey. In order to look specifically at how Calcium EAP might be of benefit to this particular form of MS, these surveys were also put into this sub-group and symptom improvement was looked at. As a sub-group they still maintained most of the features prominent in the overall survey:

### Injection Protocol Utilized by Chronic Progressive Participants:

95% utilized direct vein injection rather than I.V. drip

### Number of Calcium EAP vials Utilized on Average Per Week:

3 vials a week is the average that the majority of chronic progressive patients use

### Length of Time Participants Utilized Intravenous Calcium EAP:

The distribution for length of time was very similar to the distribution as the all-inclusive group.

117 Participants indicated their symptom improvement as well as their symptom deterioration ratings which were averaged for the whole group:

### Symptom Responses:

95 participants reported an average of 24 points in symptom improvement

95 participants reported an average of 13 or more symptoms that improved

53 participants reported an average of 11 points in symptom deterioration

53 participants reported an average of 7 or more symptoms that deteriorated

## Summary

### Positive Response:

The responses reported by participants with chronic progressive MS are almost the same as the all inclusive group. Many chronic progressive patients reported about the same improvement in *number of symptoms that improved*, as well as the average number of *points in symptom improvement*.

### Chronic Progressive MS Patients Recommend This Treatment:

A full 92% of the chronic progressive patients responded that they would recommend that someone with MS try the Calcium EAP protocol.

## Appendix C:

### Statistics for A Separate Group of Participants on Calcium EAP for 1 Year or Less

For many multiple sclerosis patients, their improvement on Calcium EAP increases gradually over a period of up to two years. This group consists of individuals who have been on Calcium EAP for a few months up to a year.

The specific breakdown of this group in terms of age, type of MS, length of time they've had MS symptoms, as well as the number of vials used in direct injection per week is very similar to the distribution of the all-inclusive group. Forty-four patients responded to most, but not all of the questions.

#### Averages of Overall Statistics for All Symptoms:

32 patients reported an average of 26 points of symptom improvement

32 patients reported an average of 14 symptoms that improved

11 patients reported an average of 5 points of symptom deterioration

11 patients reported an average of 4 symptoms that deteriorated

<u>Symptom</u>	<u># Patients Improved</u>	<u># Same</u>	<u># Deteriorated:</u>
<u>Balance:</u>	19 (50%)	17 (45%)	2 (5%)
<u>Bladder:</u>	14 (45%)	16 (52%)	1 (3%)
<u>Fatigue:</u>	22 (59%)	14 (38%)	1 (3%)
<u>Numbness:</u>	17 (45%)	18 (47%)	3 (8%)
<u>Spasticity:</u>	13 (43%)	16 (54%)	1 (3%)
<u>Walking:</u>	14 (38%)	18 (49%)	5 (13%)
<u>Exacerbations:</u>	17 (57%)	13 (43%)	0



## Appendix C Continued:

### Levels of Activity Listed in Survey:

1. Full activity
2. Mild activity impairment (walk with cane)
3. Moderate activity impairment (walk short distances with assistance)
4. Moderately severe impairment (wheelchair but can stand)
5. Severe (wheelchair)
6. Very Severe (bedridden)

### Activity Status After Participants Had Been on Calcium EAP:

- 10 participants reported they had improved 1 level of activity  
 3 participants reported they had improved 2 levels of activity
- 24 participants reported they had remained the same
- 5 participant reported they had deteriorated 1 level of activity  
 1 participant reported they had deteriorated 2 levels of activity  
 1 participant reported they had deteriorated 3 levels of activity

### Participants Rate Overall Status Results:

- 15 rated themselves with: *marked improvement (several areas)*  
 5 rated themselves with: *moderate improvement*  
 5 rated themselves with: *mild improvement*  
 4 rated themselves with: *stabilization*  
 9 rated themselves with: *mild deterioration*  
 2 rated themselves with: *moderately worse*  
 3 rated themselves with: *much worse*

### Frequency of Exacerbations:

- 17 reported *less* frequency of exacerbations with Calcium EAP  
 6 reported *the same* frequency of exacerbations with Calcium EAP  
 3 reported *increased* frequency of exacerbations with Calcium EAP

### Severity of Exacerbations:

- 17 reported *less* severity of exacerbations on Calcium EAP  
 6 reported *the same* severity of exacerbations on Calcium EAP  
 1 reported *increased* severity of exacerbations on Calcium EAP

## Appendix D: Statistics For A Separate Group of Participants Who Used Only the *Oral Form* of Calcium EAP

Occasionally Dr. Nieper put an MS patient on only the oral form of Calcium EAP. Most of the people on Calcium EAP wanted to be on the intravenous form but were unable to because of their veins, inability to find someone to administer the injections, or due to seizure by customs. A few just did not want to do injections for a lengthy period of time. Many people call asking about the possibility of improvement from the oral form only. The following group was probably too small to provide a valid answer to that question, but it does show that several people did derive improvement in specific symptoms.

### Reporting Population (16 participants):

7 of the reporting population had relapsing remitting MS

5 of the reporting population had chronic progressive MS

### Symptom Improvement:

12 reported an average improvement of 15 points in their symptoms

12 reported an average improvement in 8 different symptoms

### Symptom Deterioration:

5 reported an average deterioration of 15 points in their symptoms

5 reported an average deterioration in 9 different symptoms

<u>Balance:</u>	6 reported improvement	2 reported deterioration
<u>Bladder:</u>	3 reported improvement	3 reported deterioration
<u>Fatigue:</u>	5 reported improvement	4 reported deterioration
<u>Numbness:</u>	8 reported improvement	2 reported deterioration
<u>Spasticity:</u>	3 reported improvement	2 reported deterioration
<u>Walking:</u>	5 reported improvement	1 reported deterioration
<u>Exacerbations:</u>	5 reported improvement	1 reported deterioration

### Participants on Oral Calcium EAP Rate Their Overall Status:

5 reported marked improvement (several areas)

3 reported moderate improvement (certain specific areas)

2 reported mild improvement

2 reported stabilization

1 reported mild deterioration

1 reported they were moderately worse

1 reported they were much worse

## **Appendix E: Special Group of Brief Letter Responders**

A simple one-page questionnaire was sent as a second mailing to the people on the Brewer Science Library's list of Calcium EAP users who had not responded to our request to fill out the in-depth, four-page survey. It was intended to provide at least some basic information about their use of Calcium EAP and if they were still using it or had discontinued its use.

The following information represents some of the key points asked in the one-page questionnaire:

### **Where They Initiated The Calcium EAP Protocol:**

28 respondents reported that they initiated their therapy with Dr. Nieper

10 respondents reported that they initiated their therapy in the U.S.

### **Length of Time They Utilized Calcium EAP Injections:**

6 continued injections for 1 year

3 continued injections for 2 years

4 continued injections for 3 years

1 continued injections for 4 years

1 continued injections for 5 years

1 continued injections for 6 years

3 continued injections for 7 years

1 continued injections for 8 years

7 continued injections for 10+ years

### **Of Those Who Discontinued the Calcium EAP I.V. Protocol, One or More of the Following Reasons Were Given:**

4 stabilization of their condition due to extended usage of Calcium EAP

10 difficult or interrupted access to the Calcium EAP vials from Germany

14 lack of local availability of someone to administer the injections

12 the development of a severe vein problem

16 insufficient improvement to merit continuation

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# 1999 CALCIUM-EAP IV USAGE SURVEY FOR MULTIPLE SCLEROSIS

*Brewer Science Library will maintain strict confidentiality on all the following personal information*

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Province: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Present Age: \_\_\_\_\_ years old

*Please answer the following survey questions as completely as possible, focusing your answers to the time period that you were or are using the intravenous Calcium EAP. Additional information and specific details that are unique to you and your experiences with Calcium EAP should be addressed in the comment section on the last page or on an additional sheet of paper.*

1. Diagnosis: Check YES or NO for each question below:

Yes  No Have Relapsing/Remitting MS  
 Yes  No Have Chronic Progressive MS  
 Yes  No MRI Positive NOT APPLICABLE \_\_\_\_\_  
 Yes  No MRI since Starting IV Calcium EAP

2. Length of Time Diagnosed With MS: \_\_\_\_\_ years

3. In Retrospect, Length of Time from Start of Symptoms of MS: \_\_\_\_\_ years

4. Length of Time Utilizing Intravenous Calcium EAP: \_\_\_\_\_ years

5. Place a Check beside the injection protocol you utilize of Calcium EAP:

- a) \_\_\_\_\_ vials with direct injection into vein  
 b) \_\_\_\_\_ vials delivered in an I.V. drip  
 c) \_\_\_\_\_ combination of injection and drip; or other; describe in comment section

6. The number of Calcium EAP vials utilized on average per week now is: \_\_\_\_\_  
*(If you have utilized varied injection protocols over the years, please address this in the comment section)*

7. Check here if you have ONLY\* utilized an ORAL source of Calcium EAP: \_\_\_\_\_  
 \*(this includes people who may have received an initial 10 days of intravenous Calcium EAP)

8. SYMPTOM EVALUATION: BEFORE & AFTER CALCIUM EAP USAGE

Please CIRCLE the numerical level of your symptoms BEFORE and AFTER your IV usage of Calcium EAP based on the following numerical ratings: (Please address your AFTER response answers to your latest experience with Calcium EAP.)

0-NONE    1-MILD    2-MODERATE    3-MODERATELY SEVERE    4-SEVERE

<u>BEFORE CALCIUM EAP USAGE</u>						<u>AFTER CALCIUM EAP USAGE</u>				
0	1	2	3	4	Balance Problems	0	1	2	3	4
0	1	2	3	4	Blurred Vision	0	1	2	3	4
0	1	2	3	4	Bladder Flaccid	0	1	2	3	4
0	1	2	3	4	Bladder Incontinent	0	1	2	3	4
0	1	2	3	4	Bladder Spastic	0	1	2	3	4
0	1	2	3	4	Bowel Incontinent	0	1	2	3	4
0	1	2	3	4	Cognition	0	1	2	3	4
0	1	2	3	4	Cold Hands	0	1	2	3	4
0	1	2	3	4	Cold Feet	0	1	2	3	4
0	1	2	3	4	Cold Sensitive	0	1	2	3	4
0	1	2	3	4	Coordination	0	1	2	3	4
0	1	2	3	4	Depression	0	1	2	3	4
0	1	2	3	4	Double Vision	0	1	2	3	4
0	1	2	3	4	Exacerbations	0	1	2	3	4
0	1	2	3	4	Fatigue, General	0	1	2	3	4
0	1	2	3	4	Foot Drop	0	1	2	3	4
0	1	2	3	4	Headaches/Migraines	0	1	2	3	4
0	1	2	3	4	Heat Sensitive	0	1	2	3	4
0	1	2	3	4	Hearing Problems	0	1	2	3	4
0	1	2	3	4	Insomnia	0	1	2	3	4
0	1	2	3	4	Lhermitte (shock sensations)	0	1	2	3	4
0	1	2	3	4	Memory Problems	0	1	2	3	4
0	1	2	3	4	Numbness/Tingling	0	1	2	3	4
0	1	2	3	4	Nystagmus	0	1	2	3	4
0	1	2	3	4	Optic Neuritis	0	1	2	3	4
0	1	2	3	4	Pain (other than headaches)	0	1	2	3	4
0	1	2	3	4	Sexual Dysfunction	0	1	2	3	4
0	1	2	3	4	Spasticity	0	1	2	3	4
0	1	2	3	4	Speech Problems	0	1	2	3	4
0	1	2	3	4	Swallowing Problems	0	1	2	3	4
0	1	2	3	4	Low Body Temp	0	1	2	3	4
0	1	2	3	4	Spasms	0	1	2	3	4
0	1	2	3	4	Tremors	0	1	2	3	4
0	1	2	3	4	Trigeminal Neuralgia	0	1	2	3	4
0	1	2	3	4	Walking Ability	0	1	2	3	4
0	1	2	3	4	Weakness	0	1	2	3	4

9. General Activity Status: CHECK ONE NUMBER ON BOTH BEFORE & AFTER SIDES

BEFORE CALCIUM EAP USAGE

AFTER LATEST CALCIUM EAP USAGE

- |       |  |       |
|-------|--|-------|
| _____ | 1. Full activity   | _____ |
| _____ | 2. Mild activity impairment (walk with cane)                           | _____ |
| _____ | 3. Moderate activity impairment (walk short distances with assistance) | _____ |
| _____ | 4. Moderately severe impairment (wheelchair but can stand)             | _____ |
| _____ | 5. Severe (wheelchair)   | _____ |
| _____ | 6. Very severe (bedridden)   | _____ |

10. Overall General Status Since on CaEAP:

CHECK ONE BELOW

*(Status before Calcium EAP was discontinued.)*

- |       |  |
|-------|--|
| _____ | 1. Much worse                                    |
| _____ | 2. Moderately worse                              |
| _____ | 3. Mild deterioration                            |
| _____ | 4. Stabilization                                 |
| _____ | 5. Mild improvement                              |
| _____ | 6. Moderate improvement (certain specific areas) |
| _____ | 7. Marked improvement (several areas)            |

11. Exacerbations Since Calcium EAP IV Usage:

1. Since being on Calcium EAP IV's the frequency of your exacerbations is: (check one below)

- |          |                    |          |                      |
|----------|--------------------|----------|----------------------|
| A. _____ | more frequent      | D. _____ | no exacerbations now |
| B. _____ | the same frequency | E. _____ | not applicable       |
| C. _____ | less frequent      |          |                      |

2. Since being on Calcium EAP IV's the severity of your exacerbations is: (check one below)

- |          |                   |          |                |
|----------|-------------------|----------|----------------|
| A. _____ | more severe       | D. _____ | not applicable |
| B. _____ | the same severity |          |                |
| C. _____ | less severe       |          |                |

12. Supporting Dietary and/or Nutritional Supplements & Treatments Questions:

- |       |     |       |    |       |   |
|-------|-----|-------|----|-------|---|
| _____ | Yes | _____ | No | (1)   | Have you been fairly consistent in taking the Calcium EAP injections?   |
| _____ | Yes | _____ | No | (2)   | Have you interrupted your injection protocol for any significant time?  |
| _____ | Yes | _____ | No | (3)   | If you answered yes to the above question, did you notice any deterioration in your condition when CaEAP was stopped. |
| _____ | Yes | _____ | No | (4)   | Are you also taking calcium-magnesium-potassium EAP caps or tabs?   |
| _____ | Yes | _____ | No | (5)   | Are you also taking Calcium EAP caps or tabs?   |
| _____ | Yes | _____ | No | (6)   | Have you followed a dairy-free diet?  |
| _____ | Yes | _____ | No | (7)   | Have you followed a wheat-free diet?  |
| _____ | Yes | _____ | No | (8)   | Do you smoke?   |
| _____ | Yes | _____ | No | (9)   | Do you have to take muscle relaxants?   |
| _____ | Yes | _____ | No | (10a) | Do you have to take tranquilizers?  |
| _____ | Yes | _____ | No | (10b) | Do you have to occasionally use steroids such as cortisone or prednisone to control exacerbations?                    |
| _____ | Yes | _____ | No | (11)  | Have you had your mercury amalgam fillings removed?   |
| _____ | Yes | _____ | No | (12)  | Have you received DMPS as a method of mercury removal?  |
| _____ | Yes | _____ | No | (13)  | Do you find the IV shot difficult to do on a steady basis?  |

