Subject: Diabetes

(An excerpt from an article translated from the German raum and zeit magazine, August 1988, Uses of CaEAP for MS, Asthma & Diabetes.

Source: Dr. Hans A. Nieper, MD

During the late 1960's and early 1970's, we noticed that patients with more or less severe disorders of diabetes obviously felt better when treated with calcium-EAP. The metabolism improved, tolerance to sugar improved, and the kidneys especially appeared to react favorably to this treatment.

In diabetes, so common today, the actual problem is not the increased blood sugar level, but the consequences resulting from it. Excessive levels of glucose will produce unacceptable sugar deposits in numerous structures of the organism ranging from the red blood hemoglobin to the cell membranes such as of the vessel and capillary systems. It is the resulting degeneration of the small vessels that can turn diabetes into an often severe illness in a long, drawn-out process that will often not surface until after twenty or thirty years.

These damages can easily be followed when observing the small vessels of the retina and its dependent structures. In The United States, diabetes is the second most frequent cause of blindness. This retinitis is called "diabetic retinopathy". Intellectual activity, i.e. the ability to use the brain, can be impaired considerably by such damage to small vessels caused by diabetes. Even the larger vessels such as the aorta, the heart arteries, and especially the neck's carotid artery whose correct bilateral function is indispensable for the blood supply to the brain, as well as the arteries in the pelvis and legs, are especially affected by diabetes. Having collaborated with several ophthalmologists in Germany, and also in the United States, we are now certain that this therapy is extremely effective in retaining the function of the retina.

The kidneys are the organs most endangered by diabetes on a long-term basis. The glomeruli which, in principal, constitute a small vascular bundle are slowly destroyed by the burden of glucose. It is a diabetic's fate to frequently suffer kidney failure and to be connected to a dialysis machine. We have observed in 24 years of administering calcium-EAP, especially in MS patients, that diabetic nephropathy will practically not occur in diabetics.

The kidneys as well are apparently protected in a manner unimaginable up to now with the administration of calcium-EAP (in connection with the effect of magnesium orotate) to both the diabetic and the patient with high blood pressure whose kidneys are also at risk. It is interesting that apparently there is not only a protective function, but initial forms of diabetic kidney damage demonstrated by high blood pressure and loss of protein in the urine, will disappear after a while when calcium-EAP is applied. In principle, this tendency is easy to monitor and control in reliable ways by observing blood pressure and urinalysis.

The prevention of diabetic retinopathy by the use of colamine phosphate salts alone has understandably given great satisfaction to Dr. Nieper and his collaborators. One of our best ophthalmologists, Dr. Morgan Raiford, Atlanta, Georgia, tirelessly emphasizes this great triumph at conventions in the U.S. The visible control and early involution of diabetic nephropathy, i.e. the kidney disease of the diabetic, as well as the kidney disease of the high blood pressure patient are a proud result of this research. For therapy, 400 mg calcium-EAP are given intravenously about 1-3 times per week and, in addition, about 1.5-2 g of calcium-EAP and/or magnesium-potassium-EAP are administered daily in tablet form.

It is also relevant that the regulation of blood glucose levels is improved in the diabetic (Type 2) by colamine phosphate salts. For the common diabetic Type 2 at an advanced age, it is not merely a question of reduced insulin production, but rather of an inability to regulate the glucose transport into all cells. If such patients eat too many carbohydrates, the blood sugar rises excessively. If, on the other hand, they do not eat, the blood sugar level declines too far, resulting in a craving for chocolate and other carbohydrates. When treated with calcium-EAP, this phenomenon practically disappears, obviously because the cell membrane-bonded regulation of the cells can return to greater normality. This phenomenon is of great interest, scientifically speaking.

In connection with treating side effects of diabetes, we have found a considerably increased need of vitamin C, especially for the kidney. It appears that more vitamin C is assimilated when calcium-EAP is artificially introduced into membrane systems. This is why this treatment should be combined with larger doses of vitamin C. The vitamin C deficiency known as scurvy is also a disease of the cell membranes by the way.

The discovery of a demonstrably successful protection from the side effects of diabetes is a source of some pride to Dr. Nieper and his collaborators. Have you any idea of the gigantic number of people, especially in the civilized world, who seriously have to count on a reduced life-span because of diabetes? In this area, the use of calcium and magnesium-EAP would mean a preventative and protective medicine in the best sense of the word.

This information was provided to us by Dr. Nieper under the following heading and footing:

General Treatment Protocols for Information Only
Paracelsus Hospital, Lake Silbersee, Germany

Diabetes Type I
-Calcium 2 - AEP: 3 – 500 mg Capsules, 3 times per day (9 total per day)
-Potassium/Magnesium Aspartate: 1 – 500 mg Tablet, 3 times per day (3 total per day)
-GTF (Glucose Tolerance Factor) Chromiun: 3 – 200 mg Tablets per day

Diabetes Type II
-Calcium Arginate: 4 – 7, 500 mg Tablets per day
-Magnesium Arginate: 4 – 8, 500 mg Tablets per day
-Arginate should be taken with **water** only, because they are tri-amino-salts, which are easily instable and would decompose when taken otherwise.

Excerpt from a lecture given to doctors in Los Angeles, July 1986:

Question 18: Dr. Nieper, for a 35 year old man that is on dialysis, is there a treatment that can bring back kidney function when the problem has gone into dialysis?
Dr. Nieper: Well, the problem is what is still there as a functioning kidney capacity? If I recall the latest patients we had, the most recent patients we had treated with this it was about 16% or 14%. The point is, in general, the declining kidney function can be diagnosed relatively early, and then there's still time to start such a therapy. This is just in the making. We have observed that in MS patinets - we've had 1600--they very frequently show up with kidney disturbances. They have chronic...nephritis as you know, and so forth. We have noticed that those patients who get Calcium EAP, and Phosetamine, colamine phosphate anyhow, that they improve their kidney function. I'm not that much Nobel prize prone, because I didn't think of this for fifteen years, and only secondarily we found this, but think of the tremendous ailing--chronic kidney defects, kidney failure, problems of transplantation, cyclosporine, the money spent for dialysis, that's outrageous--all this can be prevented. So far it wasn't known how it could be prevented.

Dr. Nieper Speaking about Heart Disease and Cardiovascular Problems and Prevention of Amputation :(Excerpted from page 23 of the Professional Medical Seminar, Los Angeles, California, July 4, 1986.)

As a matter of fact, we have a study running on about 70 patients who have had a heart attack before...a post infarct group. This group represents the highest risk because the likelihood that they will experience another heart attack is very, very high. (Elsewhere) the standard is that after two years, about 20 percent have died; after four years roughly 32 percent, and after 14 years roughly about 74 percent. This is (typical of) the Cleveland Clinic (and) this is the Erkelens study in Rotterdam with 1500 patients. When, however, we take those patients to a program with **bromelain**, namely the pipe cleaning enzyme, with **selenium,** and **magnesium orotate**, for reasons we can perhaps discuss later, and with **carnitine**, which burns more fat into energy, then we prevent clotting, arteriosclerosis, and we revert arteriosclerosis which also can be seen in the abdominal artery or the carotid artery. **We have not lost one toe in eight years in the diabetics...whoever is in a big hospital knows what that means.** And now the results are the following: Instead of 20 percent of deaths in this group after two years, we experienced 2 percent; instead of about 32 percent after four years we experienced four percent of deaths from recurrent heart attack; instead of about 73 percent after 14 years, we experienced between four and five percent ---14 years! This sounds like a fairy tale, and I would not have dared to really present this if not by a different system, namely ethylenediaminetetra acetic acid (EDTA), one could come very close to such a result on a totally different pathway, so this justifies each other. Now, look what this means: How many families lose their father unexpectedly? What money is spent on coronary surgery? What money is spent on rehabilitation of people who have not survived this? It's incrediable!

Excerpt from:
Hans A. Nieper's lecture at the "Health by Choice Conference" at Atlanta, Georgia April, 1984 – **Membrane Repair Against Immune and Degenerative Diseases.**

Zinc is important for many, many mechanisms (immune, defense, etc.) especially in the formation of insulin, the build-up of insulin. As a matter of fact, insulin contains zinc as one of the active necessary electrolytes. When we give zinc carriers, zinc aspartate or zinc orotate, the control of diabetes is much improved. This is a study of ours where people having diabetes, just recently diagnosed, get 40 milligrams of zinc aspartate a day. You see how the entire level improves without any other therapy, only this one. This study was conducted by a friend of mine in Baden-Baden with insulin dependent patients on about 40 units. When they get higher doses of zinc aspartate, maintaining the same doses of insulin, the glucose level really drastically decreases. In other words, zinc therapy of this kind certainly is a requirement—a special requirement in the management of diabetes. Just giving insulin is by far not enough. You have to do this—you have to protect the vessel system with the help of magnesium orotate to not get damage, etc. So, just giving insulin and saying to the diabetic patient, "You are fine, you have the finest doctor." is certainly not enough.

The Arginates

Editor:

In 1960 Dr. Köhler and Dr. Nieper tried to make the calcium and magnesium salts of arginine. The slightly alkaline property of arginine (poor salt builder) made it difficult, however the Heyrovsky constants were high enough (aliphatic structure) to permit the synthesis of the aforementioned salts.

The arginates (Ca-arginate in particular) were hidden in the drawer until around 1980. The USA is reluctant to have orotates imported, at least for a certain time. The orotates were, therefore, replaced by the arginates. The results: 1) a good cardioprotection in coronary disease. The Medical School in Hannover (Prof. Frölich, formerly University of Nashville, Tennessee) applies arginine in perfused solution to protect the endangered heart.

People taking Ca-arginate reported important improvement of backaches after about 3 weeks of application. Especially in chondroarthritic and spondylitic pain. Then quite a few people from both the US and from Germany called us or wrote to us that with the intake of Ca-arginate their hearing loss got in part repaired, even after 15 years of hearing loss. Sounds of higher frequencies were heard again. This points to the direction that Ca-Arginate improves the metabolism of the hearing cells, possibly by permitting a better glucose absorption.

More recently Mueckler et al. presented the model of a transmembranal glucose transporter, a more virtual peptide snake-dancing across the cell membranes. The glucose is caught by the arginine group outside the cell membrane and delivered by the more acid aspartate inside the cell. The functioning of this peptide is activated by insulin.

In the case of the very widespread diabetes II in the developed countries this transporting system is defective. I have shown that the ingestion of tensides like detergents is one of the possible reasons for this. In heavy cases the glucose absorption mechanism is so resistant against insulin that the glucose levels in the blood climb; human insulin and even very restricted diet as well as glibenclamid pills have almost no effect on this. The Japanese company, Sankyo in Tokyo, developed a *non-orthomolecular* substance called Troglitazone which improved the glucose transport by about 40% in the cases of insulin resistance. Troglitazone, however, produces liver damage, the product had to be withdrawn by Glaxo-Warner-Lambert after about $750 million US had already been spent. Toximolecular concepts *must* run into a cul-de-sac, as Linus Pauling had predicted.

Since in the Mueckler model arginate is the acceptor of glucose we gave it to the patients suffering from diabetes II – 1 g. of Ca-Arginate and 1 g. of Magnesium arginate per day, four capsules altogether. Higher doses are possible, especially for Ca-arginate. The results so far seen are spectacular, to say the least. Long-time observation will most likely confirm this.

I am very proud to have found a simple, inexpensive, nutrient-based therapy for diabetes II. This disease is extremely harmful by shortening the life expectation of a patient, mainly through consequent cardiovascular and kidney affections.

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Excerpt on Calcium Orotate and Osteoporosis and kidney stones:

From seminar in Phoenix given to Medical Professionals, May 1985

Question and Answer Session:

A question was asked about kidney stones.
Dr. Nieper: CaEAP and calcium orotate prevent kidney stones. Sometimes I hear they form kidney stones, this is, of course, wrong. Hee is a lady – when did you come to me, 5 or 6 years ago? ("At least tht long ago," she answered.) She had very severe osteoporosis, and she is on three calcium orotate a day (1.5 grams a day). Forget about the osteoporosis! You can see her walk.