

*MI-Myocardialinfarction

The dosage question for MI's: Magnesium orotate about 1 to 1.5 grams a day, but it has to be a material where the infra granules are coated against gastric juice. Now, this is mostly not done in this country, so when you have a magnesium orotate preparation, break the pill up. If you can draw a line like with chalk, then it's no good. Only when it doesn't stick and does not draw a line is it good, that's a very easy test. Second, selenium and yeast, about 300 to 400 mcg. a day in such a patient. Carnitine, we have the dl carnitine, about two knife tips per day which would be about 4 grams a day, and then bromelaine. Please, most of the bromelaine which is available on the market does not work at all, it's down to 4% of its efficacy. We take mostly Ananase 100 which is this country's Ananase 100. I know the American airlines want people to come to Germany to get the Ananase 100 and bring it back here. Ananase 100 works quite well. It is very effective against prostaglandin E₂ and thromboxane, whereas aspirin also works against prostaglandin E₁ so aspirin has no specific effect—and that's in essence what it is. When I was on the radio show last Sunday in New York, a patient called from Atlanta and said, "I was in Hannover two years ago and I had an occluded carotid artery, mostly on the left side, and I just went for control to Emory University and it's all cleaned up, a total pipe clean," so it's certainly better than a balloon! Ananase, about 6 pills of 40 mg each per day. We do not know yet if this very powerful serrapeptase, the Japanese stuff which we use in cancer cell unshielding, works in the arteries. I have a patient who has hyperlactacidemia, and she's a smoker. She has fibrinoid layers in the main aortic artery and practically all coronary vessels, so they did not offer to her coronary surgery because of the multiple findings and she's under 60 tablets, now 40 tablets per day of serrapeptase and we will see if we will be able to clean the entire system.

Excerpt from Dr. Nieper's letter July 1994

Serrapeptase is only applied when also Mg-orotate, bromelaine, carnitine, thiamine and selenium are given. 2-3- tablets of 5mg each of Serrapeptase are given for indefinite time, not more!, otherwise an irritation of the pulmonary tissue and of the ileum may develop. I saw a patient from France two days ago in whom the coronaries (3-way blockage) opened after 8 months of such continuous therapy.

The therapy with serrapeptase is the more efficient the more the coronary syndrome is caused by fibrinoid precipitations due to focal hyperlactosidosis and less so by fatty-chalky arteriosclerosis plaques.

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