Impairment of Digestive Potential In MS and Osteoporosis Patients

by Dr. Hans A. Nieper, MD (February/March 1991)

Multiple Sclerosis is obviously a generalized membrane disease leading to a loss of membrane condenser function. Viruses of the measle-distemper group are not sufficiently inactivated in such patients, as Cook[1] had shown in specimens from the duodenal mucosa. Furthermore, the discharge of the membrane condenser voltage invites immunoaggressions to take as the voltage discharge is followed by structural disintegration of the membrane's structural integrity. It is for this reason that we named the colamine phosphate salts (Ca, Mg, K-2-Aminoethylphosphates) the "Membrane Integrity Factor" or Vitamin M_i.

Bone calcium loss, decalcification syndromes, osteoporosis, kidney pyelon infections, fragility of small vessels and other symptoms demonstrate the membrane impairments in MS patients. We have found over the last 6 years that MS patients show a functional impairment of their alveolar gas exchange, with a tendency to increase CO_2 partial pressure in the blood. This again is seemingly a side-effect of the membrane impairment since the increase of the CO_2 partial pressure coincides with the progressiveness of the disease.

Another consequence of membrane impairment in MS patients as well as in osteoporosis and in decalcification syndrome is the already reported malabsorption.[2] Since we had remarkable problems in the treatment of our MS patients (2800 so far) we came, after longer research, to the conclusion that the tightly compressed pills manufactured by a German pharmaceutical company are poorly or too slowly absorbed in said patients. This was especially true for Ca-AEP and Phosetamine. The results reported by Cook in 1978 underline these conclusions. Especially the absorption of hard pills "on the spot" in the upper intestinal tract seems disturbed.

It is for this reason that we have formulated a new Calcium-AEP (Mg, K.-) brand based on a sophisticated vortex manufactured microgranulate. In Germany there was a considerable stir when it was found that only one out of some 15 glibenclamide formulations worked reliably against diabetes II hyperglycemia (Euglucon^T Hoechst-Boehringer). The formulation of the new AEP-products (Vitamin M_i, Membrane Integrity Factor) comes close to this technology which made Euglucon^T effective.

Also in the treatment of osteoporosis and decalcification syndromes the absorption of modern calcium carrier compounds becomes a problem. Since longtime application of Ca-AEP dramatically decreases the fracturing of bones, this is an important question. Whereas formerly about 22 out of 100 MS patients died from irreparable bone fracturization, we have observed only 5 broken bones in 2800 MS patients over a period of 24 years. Ca-AEP treated MS and osteoporosis patients show a brilliant bone structure of their jaws, as the dentists around our hospital report. Whereas fluoride compounds increase the bone density mainly by forming amorphous calcium agglomeration - as Zichner and Willert had shown in their important research,[3] Ca-AEP seemingly enhances bone formation by reactivating the basic collagen texture of the bone, expressing more apatite. The fluoride therapy, therefore, does not increase bone stability very much, in contrast to Ca-AEP.

The new microgranulate of Ca-AEP (and also of Ca-arginate) matches the obstacles presented by the malabsorption in MS and in decalcification patients. However, we were interested in testing the degree of malabsorption in MS patients first described by Cook.[2] I should also mention that in modern fluoroscope investigation of the stomach a typical "wrinkle-pattern" of the mucosa may appear.

We tested the digestive potential with the help of the German Desmoid Test (Pohl-Boskamp manufacturer). A little rubber or plastic skin bag contains a dye and is sealed by a string of natural catgut. If the upper small intestine digests the gut string - which is normal - the urine of the test person will become colored. A very simple, but realistic test.

The results were the following:

- 75 MS patients in the study
- Color positive: 4 (four)
- Color positive in a repeated assay: 3 (three)
- Color positive after about 15-25 hours: 3 (three) (this qualifies negative)
- Color negative: 63 (sixty-three)

The Desmoid test, therefore, confirms the earlier findings of Cook et al. The obstacle of malabsorption in MS and decalcification patients can only be overcome by a sophisticated formulation of the product as in Ca-AEP (Vitamin M; Membrane Integrity Factor). The clinical evidence for this statement is now very striking since the granulation material is definitely more effective than are pills. The difference is most obvious with Mg-AEP. Drs. Steinhof, Preuss, Heitmann, Perrey, and Potrykus of the Department of Medicine shared the conduction of this study.

References:

1. Albert W. Cook et al, *The Lancet* No. 8078, pp 1366 (Multiple Sclerosis and Malabsorption) June 24, 1978.

2. Alber W. Cook et al, (Jejunal Viral Antigen in Multiple Sclerosis and Amyotrophic Lateral Sclerosis) *The Lancet* No. 8008, pp 434, Feb. 19, 1977.

3. L. Zichner and H. G. Willert (Wie wirkt Fluor am Sklett) (How is Fluoride Working on bone) Orthopadische Praxis XII, I, pp. 46-51 (1976)

- See also: George Morrissette, "Retrospective Study of the Effect of Ca (Mg, K)-AEP in MS patients." (151 patients in the study, about 82% improvement/response rate including stabilization.)

- Hans A. Nieper, "The Colamine Phosphate Salts as Membrane Integrity Factor" (German), Raum und Zeit, No. 35, pp. 4-9, Aug. 1988

- Hans A. Nieper, "A Clinical Study of Ca-2-aminoethanolphosphate" (2nd communication) Rev. Aggressologie VII, pp. 4-16 (1067)

- **These three papers in English are available at the Brewer Science Library, 325 N. Central Ave., Richland Center, 53581 Telephone: (608) 647-6513 Fax: (608) 657-6797.**

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