Multiple Sclerosis Basic Articles

by Dr. Hans A. Nieper, M.D.

*Regimen for the Treatment of Multiple Sclerosis

*The Treatment of Multiple Sclerosis

*Suggestions for MS Patients & Dowsers

*Dr. George Morrissette's Discussion of CaEAP

*Mineral Transporters article from Let's Live Magazine

*"Calcium EAP-Unknown But Invaluable"
by Robert C. Atkins

*Impairment of Digestive Potential in MS and Osteoporosis Patients

INTRODUCTION TO DR. NIEPER'S MS TREATMENT

Dr. Nieper's treatment for multiple sclerosis consisted of a protocol containing at least seven nutritional substances. Dr. Nieper said, "The earlier people begin Calcium-EAP therapy the better the results will be." As of 2019, MS patients with serious cases who choose to do the Nieper MS Protocol outlined below, must import the Calcium 2-AEP (known as Calcium-EAP in Germany) intravenous from Germany. All other supplements listed in the protocol can be purchased here in the United States and can be shipped internationally. Dr. Nieper said that patients should be warned about the long term commitment they should be making when they undertake this therapy. "Interruption in the 2-AEP therapy, even after three to four years leads to a renewed worsening of the malady." He also talked about a different way to classify the kind of MS you have and when to use certain other supplements, such as Calcium Orotate. The papers marked MS 10, MS 12 and P2 are very important readings for patients wanting to do this therapy correctly. Dr. Nieper also recommended all of the people who consider this therapy to read the CM15a article *A Clinical Study of the Calcium Transport Substances Ca l-dl aspartate and Ca 2-aminoethanol phosphate as Potent Agents Against Autoimmunity and Other Anticytological Aggressions.*

*General Treatment Protocol by Hans Nieper, MD

-Calcium 2-AEP: 3 to 4, 500 mg capsules per day –Note: Interruption in the 2-AEP therapy, even after 3 to 4 years, immediately leads to a renewed worsening of the malady.

-Ca/Mg/K 2-AEP: 3 of the 500 mg capsules per day.

-Calcium 2-AEP intravenous: 3 to 4 per week (**Available only in Germany.**) Note 9 of the 500 mg capsules are equivalent to one injectable vial.

-Potassium/Magnesium Aspartate: 2 of the 500 mg tablets per day (always accompanying the 2-AEP).

-Squalene: 2 of the 500 mg soft gelatin capsules per day.

-Buffered C (Ca/Mg/K Ascorbates): 1 of the 500 mg tablets per day, always accompanying the Squalene in a ratio of 2 Squalene capsules with each Buffered C tablet.

-Lycopene: Active ingredient found in the skin of tomatoes.

-Avoid zinc: Even in small amounts, it may drastically enhance the progression of the disease.

-Vegetarian Diet: In particular: millet, pumpkin and tofu.

***Disclaimer: This protocol is reprinted with the permission of the late Dr. Hans A. Nieper, MD and is intended for informational purposes and for doctors only.**

This booklet contains the substance of Dr. Nieper's writings on the use of Calcium-EAP (also known as Calcium AEP). AEP and EAP are abbreviations for 2-aminoethanol phosphate, also

MS 10 APRIL 1982 Updated by Dr. Nieper in 1992 and 1994

THE NIEPER REGIMEN FOR THE TREATMENT OF MULTIPLE SCLEROSIS

Dr. H.A. Nieper, Silbersee Hospital, Hannover, Germany

In May 1961 Dr. Hans A. Nieper, Paul Ehrlich Institute, Frankfurt, Germany and Dr. Franz Kohler, Kohler Pharmaceutical Co., Alsbach, Germany, developed in the course of the synthesis of so-called mineral transporters a substance, Calcium (Magnesium-Potassium) -2-aminoethanolphosphate (Ca-EAP) which proved a very successful sealant of cell membranes against immune aggression and toxin aggression without excluding nutritive substances from passing through the cell membranes.

The immune-protective effect of the EAP-salts and of 1-dl-aspartate (Calciretard) was shown in extensive electron microscopic research work by Moenninghoff and cooperators in the University of Munster, Westphalia, published in 1971.

The aforementioned substances proved very successful in the treatment of a series of immune diseases, like lupus, pulmonary fibrosis, colitis, gastritis, myocarditis, and multiple sclerosis. In this connection it is worthwhile to mention that the carrier molecule of Ca-EAP, namely EAP, also works as a neurotransmitter which may also account for the positive effects observed in the treatment of MS patients.

Due to the positive observations reported from various sides, which includes a publication from the Hachen Sanitarium, the world's largest MS hospital, Ca-EAP was declared an anti-MS medicament in late 1965 and registered as such by the German Federal Health Authority.

The target of immune aggression in the case of MS is primarily the myelin sheath, an insulating membrane layer wound around the nerve fibers. This sheath has the structure of a multilayer of cell membranes. The carrier molecule of Ca-EAP, namely EAP, is an integral component of cell membrane structure.

I believe the MS disease is mostly started by viral infections. Measles, distemper, kuru, mumps, and maybe influenza, seem to play a starter role. There is then an inability of the organism to program the immune system to attack exclusively the viruses. Instead, not only underlying tissue like the myelin sheath, but also the venule tissue of

MS12

THE TREATMENT OF MULTIPLE SCLEROSIS

by

DR. HANS A. NIEPER

September 1985

Now it is true that percentage-wise, MS is not as serious a problem as cancer, heart problems and circulatory problems. There are, as a rule, somewhere between 240 and 360 severe MS cases per million in central and northern Europe. However, it does require special attention because of the long-term suffering that it causes, because of its typical appearance, and the problems with which the victims and their family have to contend.

MS was not my original medical specialty. My original specialty was oriented toward cancer therapy and the metabolic aspects of the heart, vascular tissue and the skeletal structure. I owe my involvement with MS to be a result of my previous scientific experience, although I am an internist not a neurologist.

I have an enormous MS practice—I have treated over 1,300 patients for this disease, both ambulatory and non-ambulatory from all over the world—but unfortunately, I have no competition at all. An enormous task for one physician. I have been treating MS for over 20 years now.

80% of my MS patients come from North America. The rest from Northern and Central Europe, and some from Italy, South Africa, Australia, Tasmania, and New Zealand. The results are basically far better than any other therapy that has been carried out up to now. The enormous flood of MS patients—especially from North America—can only be explained as mouth to mouth repetition started by enthusiastic patients.

Thanks to American research, our knowledge about MS has been considerably enlarged in a few essential points in the last two years. So now it is possible for me to relate the origin and the fundamentals of this disease for the layman.

We call the nerve fiber, which carries the impulses from the nerve body to control the muscles or other functions, the central axon. (See illustration next page.) This fiber is surrounded with a multi-layered sheath with, from about five, to more than thirty layers. It resembles a large tobacco leaf, coiled around a central trunk, and is produced by a special cell—the oligodendrocyte. The entire group of cells is called the oligodendroglia.

The individual layer of the laminated leaf which makes up the myelin sheath is structurally identical with the membrane of a cell. That means they now have the capability of holding an electric charge of opposite polarity, thereby fulfilling the function of an electric condensor. We have only understood the function of the myelin sheath in the insulation of the central fiber for about a year. It was brought out by an article that first appeared in the magazine, SCIENCE. Indeed, one can measure the insulating ability of the myelin. When they did this however, they discovered that the many-layered condensor system which was constructed in the myelin sheets, acted as an electrical shunt to the central axon.

P2 SUGGESTIONS FOR PATIENTS WHO ARE UNDER TREATMENT WITH 2-AMINOETHYLPHOSPHATE (also known as 2-AEP, EAP or colamine phosphate salts) * Received 3/93 from the late Dr. Nieper

Calcium-EAP, also called colamine phosphate, (chemically named 2-aminoethanol phosphate but generally called EAP or AEP for short) was discovered in the 1940's by the eminent American biochemist Erwin Chargaff. CaEAP is one of the chemical compounds that is especially necessary for the correct bonding of the electrical charge to the cell membrane.

The following suggestions for carrying out the therapy program with colamine phosphate salts (Calcium EAP, Ca-Mg-K-AEP <Calcium, Magnesium, Potassium AEP>), the immuno-suppressant Trofosfamid (Itoxen), and the gene-repair anti-viral substances, should be strictly followed if the treatment is to be successful.

Ca-Mg-K-AEP and Calcium EAP pills should be taken immediately after meals, because of the well prepared digestive enzymes.

Calcium EAP is only marginally a calcium preparation, but mainly the calcium salt of colamine phosphate. Since this treatment has little to do with conventional calcium therapy, it is not necessary to check calcium levels and there is no danger of the treatment causing a kidney stone.

<u>Avoid:</u>

All substances containing zinc (including medication).

All preparations containing amino-acids, niacin, evening primrose oil, gamma linolenic acid (Naudicelle, Efamol), since these substances hinder the membrane activity of EAP. Thymus and ACTH also worsen the patient's condition.

All tranquilizers and all sleeping pills!

All foods and beverages containing phosphoric acid (for example Cola).

All drinks containing quinine (such as Schweppes Bitter Tonic).

All preparations containing fluorides (such as toothpaste) are absolutely forbidden. Osteoporosis should only be treated with Calcium and Magnesium carriers and in particular with silicium products, not with a medication containing fluorides!

All chlorinated and fluoridated water subject to pollution by halocarbons (for instance from great rivers). Never distilled water!

*Dr. Nieper discusses his reasons for many of these suggestions in his writings and lectures.

INTRODUCTION TO CALCIUM-EAP (COLAMINE PHOSPHATE)

(This information is derived from a speech presented by Dr. George N. Morrissette,M.D. of Lewiston, Maine-November 1990.)

Calcium-EAP (Colamine Phosphate)

"The basic component of Calcium-EAP, phosphoric acid mono-(2-aminoethyl)-ester, is a naturally occuring metabolite of the organism. As far as its effects are concerned Calcium - EAP belongs to the electrolytic transporter category. Calcium-EAP's anti-inflammatory facility is a result of complex calcium being introduced into the cell and its being fixed long-term in the intracellular space." Excerpt from brochure about Calcium-EAP from Dr. F. Kohler Chemie GmbH.

Hans Nieper, M.D.

Mineral Transporters

Preventive medicine is the most important guideline to follow requiring less effort and less money for better results in the prevention of illness and the protection of our health. A few of you have already heard of the concepts of active mineral transports in directed therapy.

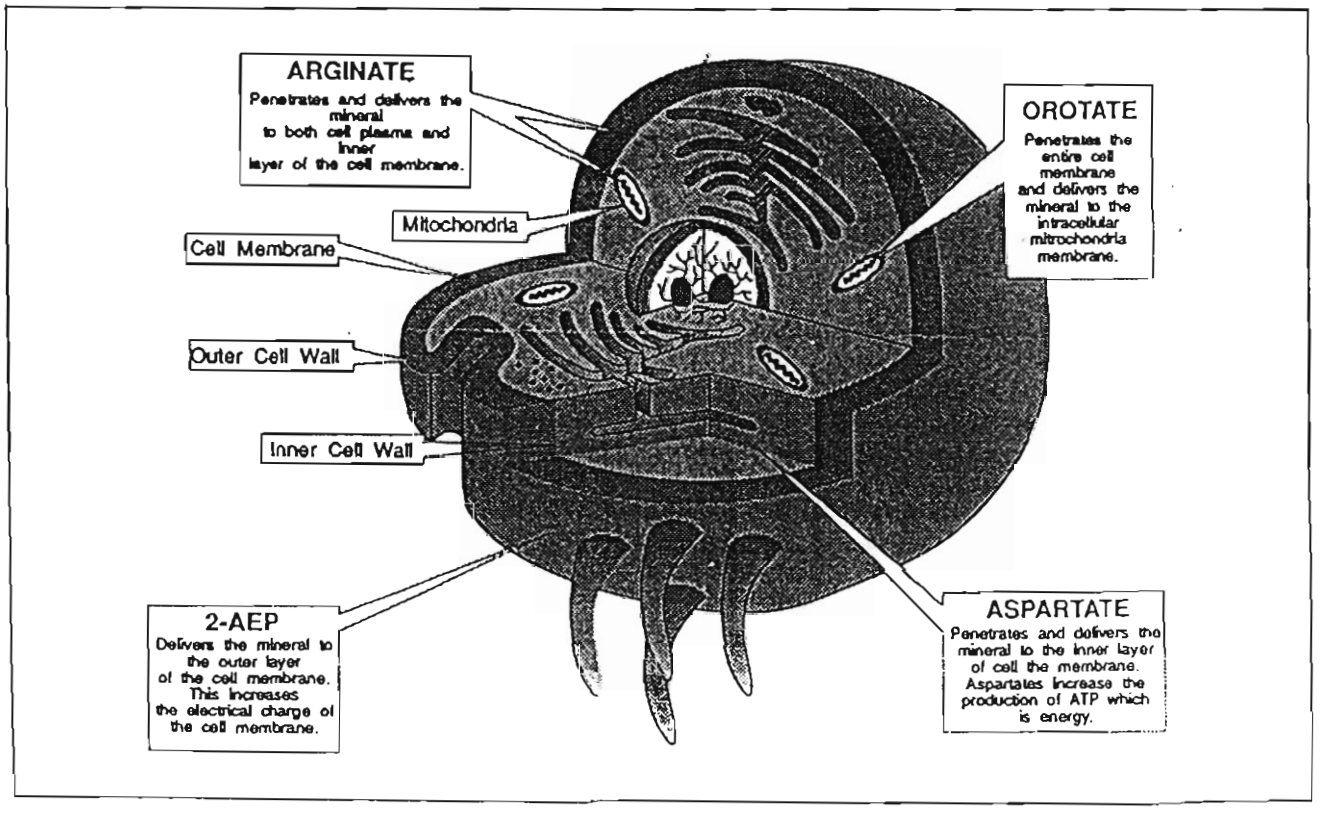
How do mineral transport substances work? They release an ion at a site where we want it to be released. We can write an address on the mineral — on the potential ion — and have it go where we want it to go so that it can exercise its function, either by activation of enzymes, by restoring structure or by sealing against potential aggression. It is a very simple, completely harmless, yet vitally active principle.

Transportation and absorption of minerals involve complex biochemical systems within all cells in the body. Minerals maintain electrical charges which are vital to body physics. A complete understanding of preventive medicine must incorporate both the chemistry and physics of the human body.

Nutrients are only useful when they are readily available at the cellular level. Many nutrients move easily through cell membranes by diffusion. These substances are known to be nonpolar because they lack electrical charges. Positive mineral ions such as calcium, magnesium, and potassium may have more difficulty becoming "bio-available" (available for the body's use) because they have such difficulty passing through cell membranes. For this reason, mineral transporters have been developed to enable a mineral ion to be carried to the cell.

First developed was potassium magnesium aspartate in 1957-1958, providing the more active transport of potassium and magnesium into the cell. It became quite successful world-wide as a substance for the protection of myocardial necrosis, enhancement of liver functions and the detoxification of digitalis. It has been established that potassium magnesium aspartate also decreases the death rate from heart attack.

Since this was so successful, this concept of active mineral transport was pursued and the mineral which had to be transported was changed as well. The most important transporters we have today are aspartic acid, 2-aminoethylphosphoric acid



(OVER)

Reprinted with permission from Dr. Atkins **Health Revelations** which is no longer being published by the late Dr. Atkins.

Calcium AEP: unknown but invaluable

How could I practice medicine without this treatment breakthrough?

Almost all of the therapeutic substances I use are being legitimized with bona fide scientific studies, proving my contention that mainstream doctors should be using them as frequently as they write prescriptions for penicillin. One striking exception, though, is a remarkable natural chemical without which I wonder how I could practice medicine.

It's called calcium AEP (CaAEP). Even though it's widely distributed throughout our bodies, its function in the body isn't known, but its medical uses are as valuable as those of any nutrient ever discovered. It possesses the unique ability to improve illnesses for which no other effective treatments (save for prednisone and other dangerous drugs that work by suppressing the normal immune-system response) exist.

CaAEP, also known as calcium EAP, is one of the few substances, if not the only one, that causes clinical improvements in the majority of people who have multiple sclerosis. Like MS, most of the illnesses that respond to this calcium salt of 2-amino ethanol phosphate are autoimmune diseases—among them rheumatoid arthritis, lupus, Crohn's disease, colitis, nephritis, and Type I diabetes of recent onset. The very latest research, if borne out, could lead to the substance's broadest application yet—the prevention of breast cancer and other malignant tumors.

The world owes an enormous debt of gratitude for the discovery and application of CaAEP essentially to a single physician, Hans Nieper, M.D., the renowned German oncologist and cardiologist who developed the chemical and studied it for more than 35 years. Nieper has used CaAEP successfully on more than 4,000 people. I estimate that I've treated more than 600 of my patients with it, and my experience confirms Nieper's clinical results.

But here's the rub: Since the publication of Nieper's original three papers in 1968, virtually no one writes about or researches this remarkable nutrient. It exists as an invaluable therapy without published scientific papers to support it and is unused by the vast majority of the world's doctors.

Not your ordinary calcium

When I sing the praises of CaAEP, many people say, "I'm already taking calcium, so I don't need it." Wrong, wrong, wrong. The action comes not from calcium, but from the 2-amino ethanol phosphate. It

How your doctor can obtain calcium AEP

In the hearts and minds of F&DA officials—if, indeed, any of them have these body parts—calcium AEP occupies a unique and special place. They hate it with a passion usually reserved for mass murderers and orphan bashers.

The agency is supposed to abide by the so-called "compassionate use" clause, a stipulation in federal regulations that allows people to import small amounts of unapproved drugs and nutrients for personal use.

For inexplicable reasons, though, the F&DA never had enough compassion for intravenous CaAEP, the most effective form of the substance. Over the years, the agency's actions against it have violated virtually everything ever promised about compassionate use.

Despite the persecution, it's still possible to benefit from this remarkable therapy. You have to know how to go about obtaining it, and you have to have a doctor administer it properly.

The oral form of CaAEP, usually a mixture of calcium, magnesium, and potassium salts, is available through mail-order. It is, however, much less effective than the injectable form, which must be ordered from overseas. The Brewer Science Library in Wisconsin can provide a detailed package of information on CaAEP, including the logistics of obtaining it from abroad. (Contact A.K. Brewer International Science Library, 325 N. Central Ave., Richland Center, WI 53581; (608)647-6513.) Your doctor also can contact the Atkins Center. We'd be glad to tell him or her about our experiences with CaAEP.

You certainly will need a medical professional to administer it. CaAEP must be given intravenously—not intramuscularly—three to five times a week, according to the most commonly used protocol. The usual dose is one vial containing 400 mg in 10 cc, along with about six pills of oral AEP. The dose is similar for illnesses other than MS.

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.

called colamine phosphate. Dr. Nieper had been applying this therapy to thousands of people for over 20 years. His clinical experience in utilizing this substance for multiple sclerosis and all types of autoimmune disorders was substantial.

Although many of the articles in these packets have been written several years ago, the reader can be assured that the information is as valid as the day it was written. He was still applying the same basic treatment that he had done for so many years, and he still reported a good deal of success with it, especially with early cases of MS.

Intravenous Calcium-EAP has been officially approved by the German "FDA" since 1967 as a registered therapy for multiple sclerosis. The development of it is based on the work of an American, Emil Chargaff, who, in the early 1940's identified colamine phosphates as vital membrane components. Colamine phosphates are applied as mineral salts of calcium, magnesium, potassium, etc. and are available as Calcium-EAP in the injectable form. The oral forms are available as Calcium 2-AEP, Magnesium 2-AEP, or Calcium-magnesium-potassium 2-AEP.

Indications for use of Calcium 2-AEP (or EAP) include any illness that, as far as we know today, stems from an allergenic or autoimmune process, such as gastritis, colitis ulcerati'va or mucosa, malignant hypertonia, Hashimoto's, dermatitis and eczema, multiple sclerosis and other indications.

The Brewer Science Library has a pharmacy packet on this website that tells American citizens how to obtain the injectable product from German pharmacies with the assistance of a cooperating physician. There are oral forms of Calcium AEP, Magnesium AEP, and Calcium-magnesium-potassium AEP that are available in the U.S., but Dr. Nieper's experience was that in the majority of MS cases, the oral form alone could not raise the blood concentration adequately to obtain the results needed. He did prescribe the oral forms as supporting nutrients in his protocol in addition to the intravenous Calcium-EAP.

In 1997 Dr. Nieper put increased emphasis on the role of viral involvement in MS as well as in other disease processes. The reader may wish to read *Dr. Nieper on Viruses* which is a transcription of Dr. Nieper's 1997 presentation.

There are many patients who are grateful for treatments they received from the late Dr. Nieper in Germany. Some testimonials can be found on this website.

the blood brain barrier become targets of constant immune aggression. It is likely that certain inherited weaknesses in the formation of the myelin sheath and the liberation of antigen from the sheath, favor the onset of the disease.

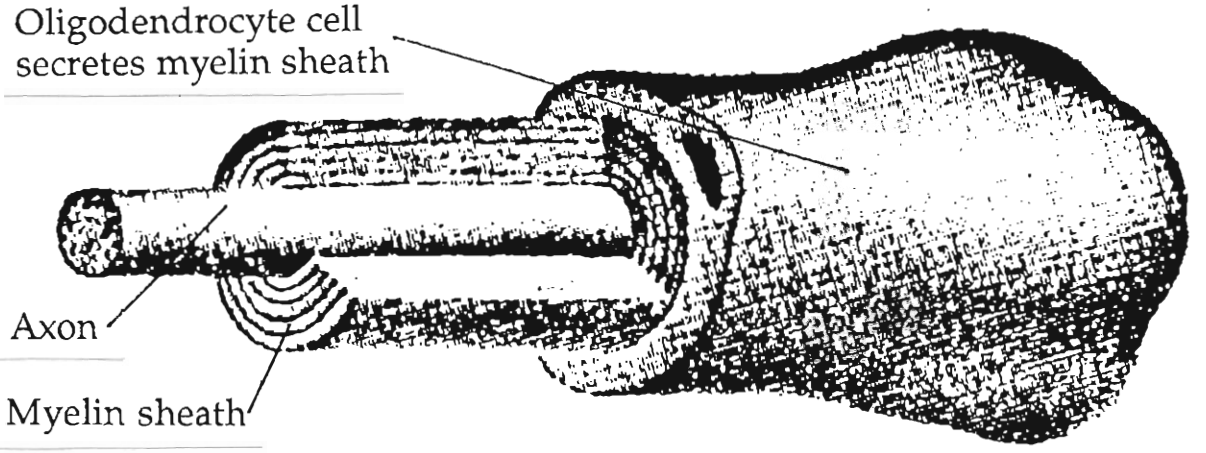
It is now known from cancer research that the organism provides steroids which are responsible for the elimination of erroneous programming in the immune sytem. These steroids, (in the case of MS, a dehydroxy-steroid), get easily disturbed or damaged by exogenous factors. Chlorine and especially fluoride in the water do this, but also platinum and chromium in the air may prove harmful. It may be for this reason that both the cancer incidence and the MS incidence are higher in regions with water fluoridation (e.g. Ohio, Michigan belt).

The adrenal system requires Vitamin D 2, Vitamin C, Vitamin E, selenium, beta-carotene and light and/or raw food for the better formation of the immune surveillance steroids. The fact that MS is less frequently found in the sunbelt countries may be explained by the higher quality of light (intruding by the eye, not by the skin alone!) and also by the lesser use of milk. Comparative studies on the MS incidence in Texas and in neighboring Mexico as well as in South Africa where the MS rate is high in the Durban area indicate that the consumption of milk may account for the higher MS rate. British researchers have published in 1965 that gluten in milk may boost the MS to more clinical evidence. But it is also possible that viruses in milk play a role in starting the disease.

By January 1982 Dr. Nieper had treated 785 patients from all over the world. Almost 60% of all MS patients treated come from the Ohio-Michigan belt.

The first German patient who was treated this way in September 1964 is now still in a better condition than at that time. The first patient from the U.S., an MD himself, started treatment in July 1972.

Dr. Nieper claims that about 85% of the patients treated benefit. If they come in the very early stages of the disease, the disease stays for the most part completely suppressed for an indefinite time. A definite improvement is observed in most ailing people, and a stop of further going



Just like insulation covering an electric wire, the nerve fibers are surrounded by the myelin sheath. The myelin sheath in turn is surrounded by the medullary sheath or oligodendroglia which is composed of oligodendrocyte cells which secrete myelin (a lipid or fatty substance which serves to insulate the nerve fibers or axons). During MS exacerbations (attacks), the sheath is partially destroyed (demyelinated) by so-called "killer T cells", leaving patches of scar tissue in the myelin sheath. This scar tissue interrupts communication from the brain to nerve terminals resulting in various disturbances of the nervous system—poor coordination, weakness, etc.

CONTINUED—

In plain language, this means that we have here a classic Tesla technique which in all probability converts gravity field energy to the electrical energy necessary for the function of the central axon. We are talking about the same technique as was described previously in this magazine in reference to the Plasma Ignition that is being put on the market in Germany. Through this technique, the ignition energy of the spark can be strengthened 100 to 250 times. From observing the considerable amount of wrappings in the myelin, it might possibly be that the strengthening is much greater in the human body.

There are certain chemical compounds necessary for the correct bonding of the electrical charge to the cell membrane. One that is especially necessary is the compound colamine phosphate (2-aminoethanol phosphate) which we call EAP for short. This substance was first described as a component of the cell membrane by the famous American biochemist CHARGAFF in the '50's. Credit must be given to the FERRARI husband and wife team for outstanding research on colamine phosphate (EAP).

If there is an insufficient amount of EAP in the cell membranes, the binding of the electrical charge and the condensor function will be subnormal. We have now discovered in the patient who is subject to immune disorders, apparently the body is not producing enough EAP, and also does not have enough in the blood and the urine. This not only holds true for the MS victim, but also for other immune disorders—for example, it may affect the lungs, the kidneys, and other organs. We have found that in the MS patient, all cell membranes are affected, not just those in the myelin sheath. Their porosity is defective—even the membranes of the red blood cells.

All types of smoking. Even one cigarette or sitting in a smoky room can inactivate this therapy. Not more than 67 degrees F. in the living room.

All milk; but permit small amounts of cheese. Butter is fully permitted.

All direct sun exposure. Diffused sunlight is beneficial.

All waterbeds. These give off frequencies which are biologically injurious.

All catalytic convertors in cars because of a strong magnetic radiation radiated into the car by most of the catalysts. Very negative effects on MS patients!

All aluminum containers, pots, cans, etc.

All drinks containing caffeine.

All alcoholic beverages, especially distilled and fortified with alcohol.

Recommended:

A normal, balanced diet containing much raw vegetables, not too salty.

For cheese, only a highly fermented, Camembert type.

All sorts of herbal teas, especially hibiscus teas.

From time to time champagne - its carbon dioxide tends to eliminate headaches and vessel spasms in MS patients.

Please walk and exercise whenever possible.

It is most necessary to hire a serious trained dowser to check all rooms of the patient's house. This is because field energy turbulences are harmful. It may be necessary to change the bed, or even move out. The correlation between geopathogenic zones and MS is about 70%.

The use of magnetic or magnetized water is recommended for kitchen use and for drinking purposes (Haderhecker water). If this is not available we suggest the addition of trace amounts of germanium salts, whereby the water takes on magnetic qualities. It is recommended to leave a water vessel in contact with a magnet overnight (Spin-harmonizer).

For many years the MS treatment with Calcium-EAP was known as the so called "Nieper-Treatment" of MS-Therapy. This therapy includes several medications which vary from case to case. It is evident that many patients have improved under this therapy.

The results of the Calcium-EAP Survey of George N. Morrissette, M.D. with 151 (initial) cases are surprising (see page 7). Although the response to Calcium-EAP appears to be promising, further prospective comparative clinical trials are needed to assess the efficacy of the Calcium-EAP treatment.

To give an idea of the proposed mechanism of action, one has to consider the pathogenenis of MS.

The etiology is not known today in detail but findings suggest at least four dominant factors involved.

* Virus infections
* Immunopathological reactions
* Metabolic disorders
* Underlying genetic predisposition

All these factors lead to demyelinization of the neuron sheath. The clinical manifestation with its variety of symptoms can be correlated to the locus of pathological action. The lack of neurotransmission results from the destruction of the membranes of the neuron, especially the axon, and causes ineffective triggering of chemoelectrical signal transmission. The diagnosis is focused mainly on clinical symptoms in addition to the examination of gamma-Globulin in CSF, CT--scan, evoked potentials (SSEP, VEP) (1-8) and MRI.

Calcium plays a vital role in cellular signal transmission. Precise control and regulation of cytoplasmic free ionic calcium concentration is required for intracellular calcium-mediated physiology. Calmodulin is the calcium receptor-protein which serves to regulate various calcium-dependent enzymes. Calcium as "universal messenger" was first introduced by E. Sutherland (9) in 1962.

The role of calcium in stimulating secretion-coupling in endocrine cells also is described in various papers (10-25).

(2-AEP), the salt of the amino acid arginine and orotic acid.

Aspartates are minerals bound to the salt of aspartic acid. This transporter delivers the associated mineral to the inner portion of the cell membrane. Potassium magnesium aspartate activates the formation of energy rich phosphates, especially ATP(adenosine triphosphate), resulting in more energy and more oxygen in the blood. To increase the formation of ATP is one of the most important factors in overcoming muscular fatigue and potential risk of muscular necrosis in the myocardium, and in correcting an overspill of the lactate pool is to increase the formation of ATP. The ions transported by potassium and magnesium to the inner layer of the outer cell membrane activate the respective enzymes, which then result in the formation of more ATP.

2-AEP is a substance which plays a role as a component in the cell membrane and at the same time has the property to form a complex with minerals. This mineral transporter goes into the outer layer of the outer cell membrane where it releases its associated mineral and is itself metabolized with the structure of the cell membrane. The effect here is an increase of the electrical condenser function of cell membranes to resist toxins and viruses which may otherwise enter the cell and cause cellular degeneration. Calcium 2-AEP is especially effective for repairing cell membrane damage. In Germany, calcium, potassium and magnesium 2-AEP are officially declared as the only active substances for the treatment of multiple sclerosis.

The myelin is a multilayer of cell membranes. In the case of multiple sclerosis 2-AEP goes to the myelin, fits as a membrane component in the damaged membrane concurrently releasing the mineral which shields against aggression by antibodies.

In a discussion of mineral transporters, it is important as well to stress orotates and arginates. These molecules are mostly taken up by tissue, especially by cartilage tissue, by vessel walls, by the blood brain barrier and by the matrix of the bone. Calcium orotate and calcium arginate perform clinical effects in various diseases connected with decalcification and injury of bones — osteoporosis, rheumatoid- and osteoarthritis — which can rapidly be improved by means of the application of these active mineral transporters.

Another mineral transporter is zinc arginate and aspartate which is officially on the market in Germany and offered as a substance for the improvement in diabetes and of immune defenses. The production of insulin is enhanced by actively transported zinc. Zinc arginate and aspartate activates the thymus gland and the formation to T-informed lymphocytes.

Lithium carbonate activates white blood cells, especially those suppressed by chemotherapy. Unfortunately, carbonates are not well absorbed by the body. Use of this form of lithium requires regular blood level checks by a physician to avoid toxic levels. Conversely, while active mineral transporters lithium orotate or lithium arginate also activate white blood cells, at recommended doses of 450 mg. per day blood levels do not need to be checked. The same applies to the use of lithium transporters to treat manic depression.

Active mineral transporters are simple to use and harmless. In order for the body to utilize a mineral ion, that mineral must be delivered to the targeted site in the cellular structure. Over 30 years of clinical application all over the world has shown that the aspartates, orotates, arginates, and 2-AEP carriers are active mineral transporters that make minerals readily available to the body. □

Dr. Nieper was an active internist living in Germany. He discovered and developed mineral aspartates, orotates, arginates and 2-AEP. The late Dr. Nieper has made major contributions to the prevention of disease and the slowing of the aging

most likely protects the integrity of cell membranes, sealing them off from autoimmune complexes but permitting nutrients to enter.

Because of the action on cell membranes, Nieper proposed calling CaAEP the "membrane integrity factor." That's why in Belgium it's sold under the name of vitamin M_i. It also appears to work as a neurotransmitter, which helps to explain why the brain contains the body's greatest concentration of the substance.

These qualities make CaAEP ideal in the treatment of MS and other autoimmune neurological disorders. The F&DA and the Multiple Sclerosis Society will tell you that CaAEP doesn't work. They're clearly wrong. It's better than any conventional therapy. In the early stage of MS, the substance usually provides a significant improvement, usually a complete remission. In later stages, it's more likely to cause only a slight improvement.

The proof is in the clinical experience. In 1986, 151 of Nieper's American patients filled out questionnaires in response to a survey conducted by George Morrisette, M.D. An astounding 63 percent of them reported neurological improvements. They got better. Another 19 percent said their conditions stabilized, which is equally remarkable for a progressively debilitating disease. Only 3 percent of them got worse, the fate suffered by most MS patients treated conventionally.

My 600 or so MS patients confirm the results. For example, six of them who live in the Albany, N.Y., area show significant neurological improvements that run the gamut of the disease's symptoms, including less fatigue, less numbness, fewer spasms, improved bladder function, better walking, strength, and balance, and improved coordination.

Contrast these documented results with those from the expensive, widely promoted beta interferon. The "success" of this officially sanctioned drug has rocked the medical community, yet it merely allows MS patients to deteriorate more slowly.

Halting diabetes and more

My most dramatic successes have been with people who have early onset of Type I diabetes. Regular CaAEP injections keep the disease away for years.

The potential benefit extends to many autoimmune disorders and anyone who currently takes immune–suppresssants. I've used CaAEP to help people with rheumatoid arthritis, lupus, scleroderma, Crohn's/colitis, Raynaud's disease, thrombocytopenia, pulmonary fibrosis, gastritis, and other illnesses in which the ANA blood test (a marker for autoimmune malfunction) is elevated.

The newest excitement on the CaAEP front derives from Nieper's observation that few if any of his MS patients who took the substance have come down with cancer. Study of the phenomenon capacitance, a measurement of the electrical resistance of tissue, suggests why. Normal breast tissue has a capacitance of about 0.18 microfarads. Breast tissue that contains a tumor has a lowered capacitance (0.06). The most ominous readings are found in women who have received radiation therapy. For them, capacitance usually drops to below 0.02, another example of how this so–called therapy does more harm than good.

CaAEP reverses low capacitance. People with MS who take the substance more than double their capacitance values in just a few months.

All in all, then, CaAEP works better than traditional toxic drugs—and with no adverse side effects. If you have any of the autoimmune conditions I've mentioned and are frustrated and discouraged by the lack of improvement you've made with conventional treatments, I urge you to read the box on page 4 and find out how to obtain this utterly amazing substance.

Meet the inventor of CaAEP

Hans Nieper, M.D., the esteemed medical innovator behind calcium AEP, will be joining me and other leaders in alternative medicine at the Foundation for the Advancement of Innovative Medicine Educational Fund's annual symposium March 23–24 in New York City. Along with last month's issue of *Health Revelations*, you received a coupon entitling you to a $5 discount off the symposium's admission price. If you can make the trip, I look forward to seeing you there.

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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downhill from there. The function of the bladder and bowel control as well as the function of the eye respond best to the therapy. The coordinated muscle function of the upper legs is usually more resistant to improvement. The less the palliation of the optical nerve, the better the improvement by this therapy.

The standard regimen is about as follows: One vial of Ca-EAP, containing 400 mgs. in 10 ml. intravenously 5 times a week, injected as rapidly as possible. (A steep gradient of concentration increase in the blood is required.) Long time treatment, one vial I.V. ever other day. Oral intake: 2 pills of Ca-EAP per day, 4-5 pills of Phosetamin (Ca-Mg-K-EAP) per day, 2 pills = 1 g. of Calcium-orotate per day. Calcium-orotate works as an immune sealant inside of the cell body of the oligodendroglia, the mother cell of the myelin sheath.

Selenium 300 micrograms a day, Vitamin C 2-3 g. per day, Vitamin E 300 Units per day, Vitamin D 2. Furthermore, 5-8 mgs. 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. In addition to this, the Calcium-carriers like Ca-EAP and Calcium-orotate are officially declared in Germany to compensate cortisone side effects.

ACTH - therapy should be avoided under all conditions. It worsens the disease in the long run since it 'squeezes' the adrenal glands. The profit from ACTH is only short term and will not last.

Direct exposure to bright sun, alcohol, and milk as well as non-fermented milk products should be avoided. Olive oil should be preferred.

The therapeutic value of olive oil and raw food in general has been found to be in it's "Kirlian-positivity", the generation of photon energy from tachyon energy. Squalene in the olive (also very rich in shark liver oil) accounts especially for this conversion effect. In 1936 the (at the time) Dean of the German Assn. of Neurology, Prof. Nonne, Hamburg, had directed all Germany neurologists to discuss the undoubtedly positive effects of raw food on MS. It took, however, until 1981 to understand the effect of Kirlian positivity on the

As the electrostatic charge of the urinary tract cells is insufficient, there is a constant danger of urinary tract infection flaring up since the electrostatic defense filter, which is responsible for keeping the urinary tract clean, is not functioning sufficiently. Special credit must be given to the American biochemist GALLAND, who conducted extensive research on this. Moreover, this loss of charge capacity, can be measured by the insertion of a R.C. gauge.

The voltage of the condensor, which normally runs up to 70mV, drops when the binding of the electric charge between the two layers of the cell membrane is insufficient. This is also a part of the Tesla function—that is, the supply of the necessary energy to the central nerve fiber (axon) will be greatly diminished. It is not very often that this is properly described in the MS patient.

As this Tesla function (sometimes called the Orgone box function) drops off in all the cells, the patient becomes cold and chills constantly. Likewise, as the electrostatic barrier fails, the patient is more subject to spreading urinary infections.

There are many other side effects to be observed—for example, the small vascular capillaries become brittle, with an assortment of bluish spots appearing and also joint problems, etc. When such patients are given EAP compounds, they chill less, brittleness of the capillaries diminishes and the blue spots also become fewer.

Now, it appears that there is some hereditary disposition in this inability of the body to supply enough EAP to the membrane to bond the necessary charge. Especially in our American patients, we have noticed this in families—mother, child, or with siblings. Also, familial MS has been observed in identical twins.

There is yet another result of the inadequate discharge of the membrane system, these membranes are no longer able to defend themselves against immune body aggression. Such membranes and cell systems fall victim to immune diseases much easier, as has already been described—not only for MS, but also for other immune diseases. Roughly speaking, the analogy is much the same as using a storage battery which is not being recharged constantly. It may very suddenly go kaputt. So we must further appraise the origin of MS by contemplating the problems of faulty cell membranes and immune aggression. The combination of functional membrane inferiority, possibly caused by EAP insufficiency, plus the resulting harm done by lymph cells and antibodies, leads to more or less total destruction of the myelin through demyelinization disease.

In addition, in MS we can observe an inflammatory process in the so-called "blood-brain-barrier" (BBB) a segment in the brain venules which is responsible for fluid and pressure exchange between the blood and the brain serum.

When the inflammation of the BBB predominates, an MS-like picture arises, which yet is somewhat atypical. It is accompanied by a migraine-like headache (not found in typical MS) and after an exacerbation, the recovery is nearly back to normal. Also, we find less degeneration of the optic nerve in the back of the eye.

The German neurologist and brain specialist, who works for the Max Planck Institute, KUWERT, was the first to draw our attention to the two types of MS, and since then we have referred to them as Kuwert I and Kuwert II.

DOWSERS/BETA CAROTENE*

Dr. Hans A. Nieper, speaking at the "Health by Choice Conference." May 1984, Atlanta Georgia

Since so many people have asked me about dowsing, I will come back to this point as it has to do with geopathogenic zones and the other effects of frequencies which harm the gene stability. Animals which have to live in geopathogenic zones have to have more powerful gene repair substances. This is true for the cat, and is especially true for the ant.

We have known for a long time that workers in transformer stations have a high rate of leukemia incidence--much higher. Here we see that people who live in the vicinity of large electric mains have a higher cancer incidence than those living away from them. The 60 2/3 hertz in the Europeon railroads is especially harmful. The 50 hertz is also harmful, but Nikola Tesla insisted that 50 cycles should be used because it is less harmful. But all alternating current is potentially harmful, and sooner or later we will have to go back to direct current equipment.

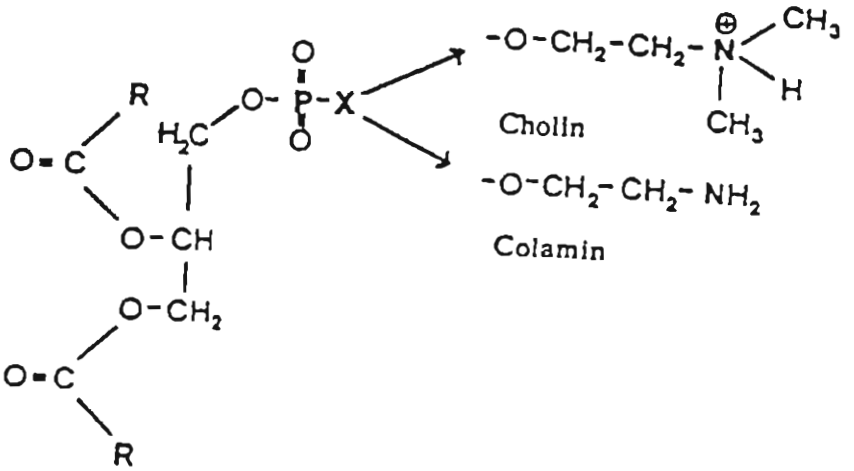
There was an article in the June 17, 1983, Science magazine of the American Association for the Advancement of Science, which states clearly that low frequencies of that kind, arising from the gravity stress field, the tachyon field and also mains for electric wires--just the frequencies that you are exposed to--result in transcription, which is nothing more than cancer induction in the gene system. "Pulsing Electromagnetic Fields Induce Cellular Transcription," was the title of the article.

Now we come to dowsing. People who stay in these fields--gravity stressing fields or electric mains--have higher incidence of cancer and also multiple sclerosis. In fact 93% of the people who are cancer victims come out of geopathogenic zones. This, of course, is not the only cause, but it is the last push button for the gene system to go crazy. There is no resistance anymore. It is very necessary to remove all cancer patients from such a field. Back in the 30's, the famous German surgeon, Sauerbruch, told all his students that whenever they operate for cancer, they must inform the patients never to return to their previous bed.

*Dr. Nieper stated in a lecture in July 1989 that beta-carotene (taken as a CAPSULE) makes multiple sclerosis worse.

Calcium is essential to neuronal functions, and the understanding of calcium metabolism in the nervous system is increasing but not yet completely understood.

Phospholipid molecules exist in biological membranes of every type of organism throughout nature. The best known and most important phospholipid, based on choline, is phosphatidylcholine.



Glycerophosphatides

The molecular composition (%) of phospholipids in the myelin membrane show high concentration of two very close chemical structures, phosphatidyl-ethanolamine (phosphatidyl-EAP), and phosphatidyl-choline.

lipid	40%
sphingomyelin	5%
phosphatidyl-ethanolamine	15%
phosphatidylserine	5%
phosphatidylcholine	13%
phosphatidylinositol	2%

In other cell membranes the phospholipid content is even higher (Nucleus 84%, Microsome 87%, Mitochondria 78%, Golgi's complex 62%) (40-41).

formation of adrenal surveillance steroids.
Friedreich's ataxia responds quite well to the treatment with (Ca-Mg-K-EAP). The neurotransmitter function of EAP may account for this benefit.

In the case of exacerbation of the MS disease - often in connection with an upcoming flu or a bladder infection - the following is recommended: Triamcinolon 40-80 mgs. This especially in the case of optical acute neuritis. The immuno-suppressor Ixoten (Trophosphamide) which is very well tolerated and quite effective, 50 mgs. per day for 3 - 4 consecutive weeks.

Compared to Ixoten the still widely used Azathioprine (Imurek) should be avoided since its toxic effects on liver and nerve function (vertigo) are too severe, the immuno-suppressive effect produced by Imurek as such can also be harmful.

In quite a few patients an indefinite protective therapy against latent bladder infections is recommended. The preparation of choice will be the German Harnesal and Spasmo-Harnesal, well tolerated sulfanilamides.

The aforementioned therapy, especially of the I.V. injections of Ca-EAP, should be conducted for unlimited time at least for seven years. In selected cases the I.V. injections can be replaced by a higher intake of oral treatment or Ca-EAP suppositories. We have ample documentation that the discontinuation of the I.V. therapy after e.g. four years results in a worsening. The discontinuation of the therapy within the first 12-18 months of the treatment may result in a severe exacerbation of the disease since then an important number of so-far-repelled lymphcells are all permitted to attack at once.

*MS and fats: Carnitine plus Thiamine (300-500 mgs p.d.) plus **Membrane Complex 7 p. day is the best procedure to build more lipid poles in MS-damaged myelin. This procedure very much improves our results in the MS treatment over the treatment with the colamine phosphates alone. It takes about 2-6 weeks to see the improvements over AEP alone. The proposal for this program came from Prof. Neunhoeffer, a world renowned German biochemist.

*We have started this program in August 91.

**This is Dr. Nieper's name for a product formulated by him containing Calcium, Magnesium and Potassium salts of 2 - amino ethanol phosphate (abbreviated 2-AEP).

Actually, the credit for differentiating these two belongs to the Swedish pathologist BROMAN in Goeteborg. I had a long discussion with PROFESSOR BROMAN in 1968, during the course of a long automobile trip, in which he explained the pathological picture of MS. It was very enlightening for me.

Very often, the diagnosis of MS is accompanied by a lumbar spinal tap so that the cerebrospinal fluid can be examined for evidence of inflammatory change. By all means, as little as possible of the fluid should be removed, and furthermore, once the diagnosis is secured, it should never be repeated. The pressure stress created by the fluid removal can be most harmful to the BBB, may produce long-lasting headaches, and may also result in an exacerbation of the illness. The same is true of the X ray or CAT scan of the brain or any spinal cord. By no means, whatsoever, should the patient be subjected to repeated taps, or any so-called "invasive" diagnostic treatment. This is a very important fundamental rule, which as you well know, is frequently violated.

We still have no idea why the loss of EAP in the cell membrane is accompanied by an obvious diminishing of the membrane polarization. There is such a thing as an extremely high membrane polarization due to a very strong electrical charge bonding, mainly due to calcium. This causes a raised Tesla or Orgone activity leading to hyperthermia (high body heat). This is just the opposite of MS, where the Tesla or Orgone activity is too low.

We know of several other diseases where there is a reduction of the amount of EAP in the cell membrane. One of these is "Leukodystrophy". (A demyelinating disease, hereditary, commonly appearing in early childhood.) In this case, the damage can be repaired very well by the use of EAP salts, and an artificial restoration of the myelin is produced. There is no doubt that heredity or familial factors play an important part in increasing the inability of the membrane EAP to function properly.

But yet there are other factors involved here besides heredity. One that is highly suspicious in damage to the membranes and the nerve system is "aluminum". A study of ALS in Guam showed that it was frequent in aluminum welders. We have found evidence of aluminum exposure in our ALS patients also. We have now treated about 60 patients for ALS, and they have been considerably improved. As the brains of people with Alzheimer's have 10 to 30 times as much aluminum as normal brains, it is certainly not out of this world to be suspicious. Not all bodies collect aluminum which means that there must be some predisposing factor. We are exposed to it constantly—pots, pans, and in the US, soda pop is most commonly distributed in uniform "aluminum cans". In Alzheimer's, a degeneration of the forepart of the brain, there seems to be a strong suspicion of aluminum hydroxide, a component of deodorants.

There is another factor which will harm the proper electrostatic recharging of the membrane. That is the effect of "Geopathogenic zones". As we interpret it today, this is obviously an effect of frequencies which are primarily imparted by the tachyon field.

The primary cause of harm however, is of neither electric or magnetic influence. Between 75 and 80% of MS patients show a correlation to geopathogenic zone exposure. With cancer, it is even higher—about 93%; this

Do not use "remote dowsing." The dowser must come to a person's residence and determine the field inch by inch. Then the person must relocate away from the harmful zone. We send the dowsers to our cancer patients in Germany. Dowsing has been a teaching and examining profession in Germany, and the dowsers were government officials, up to about 20 years ago. Unfortunately, now we have only a dowser society, and the quality of those dowsers is not always reliable. There are, however, certain electric-magnetic devices which will also determine the geopathogenic zones, which we may be able to use in the future, and this would solve this problem.

Second to the mushroom toxin, "aflatoxin," geopathogenic zones are the most harmful factor for cancer that we know of. So please have a dowser come. DO NOT RETURN TO YOUR BED OR EVEN THE CHAIR THAT YOU HAVE BEEN USING. IF YOU HAVE HAD CANCER, ALS, OR RHEUMATOID DISEASE. In my opinion, not informing patients about this is simply malpractice. (Refers to documents--tachyon fields maps on the screen.) There are quite a few types of dowsers. They have different fields, there are different exposures that need to be done. Here you see tachyon field turbulences and how much impact they have on these diseases: cancer 92%, MS 75%, rheumatoid arthritis 70%. The number of cancer patients who do not come from geopathogenic zones is less than 16%, maybe even less than 10%.

Every experienced oncologist--at least in our country--knows that our defense system is drastically reduced by the 28th of August, and patients get worse in September and October. As the earth goes around the sun, twice a year, but especially in August, it enters certain magnetic field lines and current sheets which have a harmful effect on our cell membrane polarization. This is the time for occurence or recurrence of cancer. This polarization results in a higher incidence of gene lability, and higher incidence of inability of the lymph cells to dock to cell bound immunity. From the 28th of August on, we have to be cautious and stick to more protective therapy. To eliminate that damage, we activate the formation of energy rich phosphates in the ATP. A Japanese study shows how potassium magnesium aspartate in the scalenus muscle increased the formation of ATP. Increasing the membrane polarization thus counteracting the damage done from the field effect.

Many patients ask me about the purpose of beta carotene. Carotene activates the thymus, and reduces the blocking factors around the tumor cells. This is absolutely essential in the treatment of cancer. Now the tumor cell has a special layer which protects it from being discovered and abducted by lymph cells. The same is true of the embryo. This protects the embryo from rejection by the host (mother), but unfortunately the tumor, like the embryo, uses this and the host body cannot gain access to it. Unblocking therapy is absolutely necessary in cancer.

In the past few years numerous studies have shown the interaction of phospholipid-methylation in the transmission of biological signals in many types of cells (42).

One could assume the effectiveness of Ca-EAP and Phosetamin is secondary to an increase in conductivity of the nerve tissue. The lesion of the membrane after any cytotoxic reactions causes pathophysiological increase of permeability and destruction of the lipid layer. It is known, that Mg++ and Ca++ can avoid further increases of permeability.

In combination with a natural phospholipid structure a complex compound like Ca-EAP and Mg-EAP (Phosetamin), can be linked to a membrane receptor to stimulate Ca ++, Mg ++ dependent ATPase activity and to increase the conductivity (43).

Ca-EAP is manufactured in two application forms, for i.v. injection and oral application (sugarcoated pills). Both preparations are registered and marketed in Germany since 1966.

Composition of Ca-EAP:
One ampule (10 ml) contains 400 mg of the complex salt calcium phosphoric-acid-mono-(2-aminoethyl)-ester. One pill contains 380 mg of the complex salt calcium phosphoric acid-mono-(2-aminoethyl)-ester.

Indications:

Autonomic and peripheral diabetic neuropathies, cerebellar ataxia of multiple sclerosis, allergic and inflammatory dermatitis, urticaria, rhinitis, osteoporosis, parodontopathy, exudative and hemmorhagic disorders, gastric ulcera, calcium deficiency, also ALS and Friedreich's ataxia.

Dosage:

At the start of parenteral treatment, 1 ampule i.v. daily over one week. Continuation of treatment with 3-5 ampules per week. For all treatment 3 x 1 to 3 x 3 pills daily.

The enteric coated pills may not be sucked or chewed up. Intramuscular and subcutaneous injections are prohibited.

If the Carnitine has to be stopped, it should be reduced slowly.

Some insurance companies cover this therapy. About insurance forms: All patients are given forms from North American Health Insurance Coordinators, Inc. in Houston, Texas. They help with insurance claims. It is important that patients keep their receipts with the exchange rates from the bank to prove the correct exchange rates.

Update 1-26-94

In Germany the application of the so-called Colamine Phosphates (AEP,EAP-Ca, Mg, K-salts) is officially declared as an MS Therapy by the German Fed. Health Authority in Berlin, since 1967.

In this institute some 3500 MS patients, were treated on this basis since 1964. The profit (positive response rate) is about 82% which is in agreement with the outcome of the Morrissette study conducted in the US in 1986-87.

Since about 3 years we have introduced a more active form of this therapeutic concept. The patient receives 2 - 3 vials (10 ml/400 mg) of Ca-AEP in a carrier solution like Ringer, combined with K-Mg-aspartate and Ouabain in order to enhance the retaining of the Ca-EAP on membranes. With this a further progress has been achieved. In the early stages of MS this therapy is unproportionally more effective than in advanced stages. This therapy also prevents osteoporosis, otherwise frequent in MS pts.

A new decision expressed by the Supreme Court of the Fed. Rep. of Germany says that prospective and retrospective studies be considered equal, legally and insurance-related.

The expenses for this MS-therapy are, therefore, refunded by

was reported in the magazine, SCIENCE. The frequency of cancer is very high with persons who work in transformer stations, on power lines or who live in close proximity to power lines. The EPA is now conducting a research program on this phenomena.

Toward the end of 1984, I had an MS patient from the vicinity of Eureka in Northern California. Her husband reported that they lived in a region of continual earthquake activity and not far from a place where a man must stand at an angle and not perpendicular to the earth, to keep from falling down. (See my book, Revolution on the conversion of gravity field energy—DR. HANS NIEPER.) In that region, the frequency of MS is over 4,000 per million. This would be more than ten times higher than in an average cross section of the country. It should be obvious, that MS patients, and everyone else for that matter, should by all means avoid contact with electric blankets, heating pads and the like.

The other component which we need in setting up the MS picture, is the development of immune aggression against the myelin. There is no doubt that the autoimmune process is initiated by a viral infection. This is initially a healing action, (destroying bacteria and other foreign protein invaders) but somehow develops properties of its own and after a latency period it not only is programmed to destroy the initial virus, but it also attacks the myelin membrane structure and occasionally the BBB, and even sometimes the oligodendroglia.

The most important starter virus appears to be measles. This was indicated 20 years ago, by the Hamburg neurologist. (note—DR. HAROLD MANNER says, "Everyone, and I am talking about 100%; every patient with MS has had a severe bout with measles, or has recently received the measles inoculation.") Another equally important starter virus is canine distemper (a very similar virus to measles). We have been aware of this for about 15 years. Also suspect are mumps, chicken pox and possibly small virus components.

The body throughout, as we know, is known to be provided with the means to eliminate the undesirable programs that cause harmful immunological derailments which result eventually in more harm than good. Thanks to modern cancer research, we now have been given a glimpse into the function of these repair programs. The Belgian scientist FISSER lectured on this to the Royal Society in London. This repair material comes from the adrenal cortex steroids. Steroid precursors are also definitely in the picture. These steroids are completely ineffective as repair materials unless they produce a high degree of electrical excitement.

Without this electrical stimulation, they are completely ineffective, no matter how concentrated they are. The analogy would be a car without gasoline. This necessary electrical stimulus is apparently supplied and renewed by tachyon energy conversion and so it is dependent upon the Tesla (or Orgone) activity of the cell membrane. As already mentioned, the cell membrane activity of MS patients is not up to par.

In addition to the harmful effects of the geopathogenic zones, there are also certain elements which are known to harm and inactivate steroids. Some of the known ones are fluorine, platinum, nickel, mercury, silver (amalgam fillings in the teeth) chromium and other heavy metals. Aluminum and chlorine are in

You can also unblock the tumor with heparine, bromelain and selenium. Lewis and Pethig, in England, showed that the beta carotene has to have a certain electric potential, the so-called "hopping charge" to expose electrons, otherwise, it wouldn't work. Cured beta-carotene is still brownish, but without the electric charge; the unblocking effect is nil. Get only beta carotene which is electrically active. Our preparation in Germany is in a dry powder form. If it's in an oil base, its dead. The alternative would be drinking freshly made carrot juice with cream.

Beta carotene is the best. First, it inactivates the blocking factor, and the blocking factor inactivates it. When you are stained by it, the carotene is dominating. Then, it activates the thymus gland. In spite of what some people claim, it does not cause liver damage like Vitamin A. We have biopsied many livers--it is harmless.****

--For more information on dowsing or beta carotene as a cancer medicine, we suggest Dr. Nieper's book, Revolution in Technology, Medicine and Society, available from

A. Keith Brewer International Science Library
325 N. Central Avenue
Richland Center, WI 53581
Telephone No: (608)647-6513 or FAX No: (608) 647- 6797

Additional copies of this and other articles by Dr. Nieper, are available from the A. Keith Brewer Science Library. Write or call for lists of articles available.

****Additional remarks on beta-carotene (the orange pigment found in carrots and other plants also known as "Pro" Vitamin A): I introduced beta-carotene into the daily cancer routine in 1971. It works around the clock in contrast to "mucine" blockers which have a short life. Vitamin A does not have a protecting effect to the same extent. A leading American research institution has reported that beta-carotene (carrot juice) reduces primary cancer frequency by 50 to 82%. This agrees with our experience. (Vitamin A does not have the electric property necessary first described by Dr. Pethig in Wales). Beta-carotene is only absorbed in the intestine in the presence of a fatty emulsion (cream, butter, peanut butter).

Side effects and concomitant phenomena:

Calcium-EAP is usually well tolerated. In the case of latent or manifest hepatitis, headache and chills will sometimes occur after intravenous injection. In such cases the drug should be injected very slowly. In rare instances it may happen that sensitive patients undergoing intensive treatment show pancreatic and biliary dyskinesia. These complications can be removed or avoided with 3-4 pills of Phosetamin. It is not necessary to interrupt the treatment with Calcium-EAP. Patients on digitalis must be followed carefully in the early stage of treatment.

History and clinical relevancy of Calcium-EAP:

Chargaff(52) and later in 1944 Keston found that ethanolamine phosphoric acid acts as intermediate of the metabolism of phosphatidyl ethanolamine in many tissue, especially in the brain. In the early 50's several papers were published about the metabolic pathways and physiological mechanism of different phospholipids.

The biochemist Dr. Franz J. Kohler found during his research on metabolic pathways of energy turnover and kinetics of enzyme activity, that aspartic acid is the major amino acid in this respect. Later in 1954 to 1956, he and Laborit introduced a new concept of electrolyte substitution, which led to the first clinically tested potassium-magnesium-aspartate.

Dr. H.A. Nieper was one of the first physicians, who performed the clinical trials and discussed the scientific background of this new concept with Dr. Franz J. Kohler. Looking for other ligands with biological relevancy of specific tissues, Dr. Franz Kohler proposed EAP because of its high content in brain tissue, known several years ago.

Dr. H.A. Nieper was excited about this hypothesis and started testing this new class of substances and a few papers about this subject were published (45-51),(1965-1970).

For economic reasons, the Dr. F. Kohler Chemie GmbH, established in 1959, has focused their activities on the therapeutic relevancy of the aspartate-minerals. About 400

the European insurances. There is no alternative for this kind of MS-therapy in sight. If this therapy be started within the first months of the onset of the disease the disease will apparently be wiped out for a forseeable future.

(signed)

Dr. Hans A. Nieper

some cases harmful. All of these substances are poisonous and by nature harmful to the electrical function of the cell membrane.

There is one point that cannot be ignored however, the frequency of MS is especially large downwind of industries that work with chromium, nickel and other heavy metals, in Ohio, for example. Another factor to be considered is that much of the drinking water in that region is fluoridated. This is also definitely the cause of harmful aggravation of the surveillance system, both for autoimmune disease and for cancer.

The highest concentration of MS is in the North although there are some pockets in the South. One explanation is that there is a greater exposure to sunlight in the South. There is a good chance that light can activate the surveillance system against cancer and autoimmune disease. For example, maybe we can lessen the frequency of colon cancer with increased exposure to sunlight. From my own observations however, this holds little weight for MS. MS is for the most part, widespread in the dairy regions where milk products are predominate on the market. Wisconsin, a dairy state with a very high MS percentage, is quite typical.

On the North side of the Rio Grande, in Texas, we find that the frequency of MS is at least 10 times higher than on the other side in Mexico. In Texas, the usual diet is Anglo-American, with a heavy emphasis on dairy products. In Mexico, the usual fare is of the Spanish-Mediterranean milk poor diet. (Olive oil instead of butter.)

In South Africa, MS is concentrated in the province of Natal, even though they have plenty of sunlight there. Here again, this is the dairy region. In Australia there seems to be a decided difference in the frequency of MS in different provinces. Here again the pattern fits—it is one of milk production and dairy consumption, which closely follow the same pattern.

There are two theories to explain the close relationship between the dairy industry (or dairy consumption) and MS frequency. One assumes that there are viral particles in the milk, which bring about the sickness in the sense of a "starter virus". In favor of this theory, is the fact that the groundwork of susceptibility to MS, is quite obviously laid in early youth. That is, if someone from Arizona, for example, comes down with MS, the chances are that he spent his early youth in an MS pocket such as Ohio or Wisconsin.

There is another theory, almost 20 years old, which originated and was researched in England. This involves "glutens" (an immune active sugar-albumen complex) from milk (and possibly also those from cereals) which can activate the condition, so that it becomes clinically evident. The theory is, that if the person had not ingested the glutens, the disease would not have broken out.

According to an article from the British Medical Journal, about 63% of the cases where there was a suspicion of MS became clinically evident within 8 or 10 years. Certainly, what we know now about the origin and advance of MS is only the tip of the iceberg.

Possibly, there are conditions where subliminally repeated MS-like injuries are occurring, but they never reach the point of being an apparent illness. There are possibly many other activation procedures (boosters) which may bring out the

scientific and medical papers were initiated in the last 25 years.

Nevertheless Dr. H.A. Nieper went on with the treatment of the EAP-compounds for several indications showing in many cases good results, but was never able to carry out acceptable prospective randomized trials to give evidence for his treatment.

In the early 80's Dr. F. Gernot Kohler realized the efficacy and safety of the EAP's and has initiated a number of trials in animals in the treatment of diabetic neuropathy.

The treatment of MS with Ca-EAP and Phosetamin is not a cure but we hope it will serve a therapeutic role for management until a complete cure is found.

The following protocol of MS-Therapy represents the "Nieper treatment" which varies from case to case.

An Example:

Calcium EAP* (i.v. 30-60 sec.) first 2 weeks 5 x 1 ampule (pulse rate should not increase more than 10% of normal frequency)
Calcium-EAP* i.v. follow up treatment 3 times per weeks 1 ampule (use only arms, wrist and dorsum of hands)
Phosetamin* 3 x 2 to 3 x 3 pills daily
Calcium EAP* 3 x 1 pill daily
Inzelloval* 3 x 1 pill daily
Mandelonitril 2 x 10 drops
Ixoten for 3-6 months 1 tablet daily

* Kohler products

illness. For instance, there was a considerable amount of American MS patients who became sick in 1978. Of these, a very high percentage had had swine flu immunization in 1977. (Some think that MS increased after the introduction of Small Pox immunization.)

The ability of substances like EAP to bind an electrical charge on the membrane is a special physiological quality. We call the substances that have this ability, of which EAP is a classic example, "neurotransmitters". This quality of EAP has been known for some time, as can be concluded from the brilliant lecture of DR. PRESSMAN in New York. Recently, we have found other substances which are taken up by the cell membrane and qualify as neurotransmitters. The aspartates (salts of aspartic acid) for example, which go to the inside of the outer cell membrane. Hopefully I have given you a part in the origin and development of MS.

You will find that this information is vastly different from that disseminated by the German DMSC and the American MS Society. It would be advisable to compare these. At the very least, this knowledge presented here should bring about a diversion in therapeutical concepts and preventive measures. In my opinion, the knowledge entailed here is very significant and promising for the therapeutic treatment of MS.

In light of the above, we have evolved the following program for the treatment of MS:

First, it must be determined whether the patient 1.) sleeps in 2.) lives in or 3.) spends much of his time in (at his desk, for example) a geopathogenic zone. This can be determined by a Geo-Magnetometer such as the Mersmann Gerät, but we think that a good, well-qualified dowser is still the best for this determination.

Second, we must stress the extreme importance of a good diet. Besides the fundamentals previously mentioned, we recommend avoiding milk and milk products as far as possible. An exception is guaranteed French cheese in which gluten is broken down by the fermentation process. Actually, I am not so sure of the real significance of using milk and milk products once the disease has already become established. A few patients. out of well over a thousand, did report that their MS definitely worsened when they used milk products.

In 1928, DR. EVERS (Hachen Klinik in Germany) was able to show how the MS picture would definitely improve on his regimen: controlled exercise, plenty of rest, and a strict diet of raw, organically grown foods.

In 1935 (or '36), PROFESSOR NONNE of Hamburg, who was the president of the German Neurological Society at the time, called a meeting to discuss this unmistakably demonstrable phenomenon. My father, who was a neurologist, attended this meeting. I still remember him talking about it. I was 8 years old at the time.

It is very difficult to follow the complicated EVER'S diet. Also the basics, (cause and effect) of the EVER'S diet were never precisely explained. Based upon what we know today, I would surmise that this phenomenon is caused by Kirlian activity, which brings about the ability to convert field energy into photon energy, the stimulation energy mentioned earlier, for the surveillance substances are assembled through the Kirlian positivity of the raw foods. Further investigation

RESULTS OF THE CA-EAP SURVEY*
TABLE 2: GENERAL RESPONSE TO CA-EAP

	Code	No. of Patients
1. Much worse (Significant deterioration in many areas)	(---)	0
2. Moderately worse (Deterioration in several areas)	(--)	5
3. Mild deterioration	(-)	22
4. Stabilization	(+)	29
5. Mild improvement	(±)	32
6. Moderate improvement (several areas)	(++)	36
7. Marked improvement (Significant in many areas)	(+++)	27
TOTAL		151

has indicated that the electrically active beta carotene capsules (Carotaben—electrically active beta carotene used for cancer therapy) has no beneficial effect upon MS. Nevertheless, we recommend a liberal raw food diet, especially olive oil, for the beneficial results mentioned.

Both active and passive smoking are strictly forbidden. (Even breathing smoke from someone else may be harmful.) The so-called "nicotine effect" is mainly brought about by an impairment of the neurotransmission. Just a few cigarettes (1-3 a day) will bring about a lasting impairment of the sickness condition. Credit for the discovery of the nicotine effect upon the electrical conducting properties of the cell membrane should be given to my friend for many years, the French scientist, LABORIT. Any exposure whatsoever to the poisonous smoke should be avoided.

It is also essential to avoid fluoridated water, fluoridated tooth paste, or fluoridated mouth wash. Chlorinated water may also be harmful. Another important assignment is removal of amalgam fillings from the teeth. Lately, there has been a series of articles in the American press relating to the possible relation between mercury amalgam fillings and the activation of MS. Only after considering these fundamental precautions is one in a position to attempt to slow or stop further deterioration of the defective immune process.

Several decades ago a so-called "smear cure" was recommended in an attempt to inhibit the immune process. A mercury salve was smeared on the skin repeatedly. There were some positive clinical results it is true, but the side effects, on the kidneys for example, were extensive. We have a series of medicaments recommended for their immune inhibiting ability, today. One of these is azathioprine (Imuran, Imurek). We occasionally run across patients who have been treated with these substances. Before administering this, I think that it is essential to fully warn the patient that azathioprine will cause liver damage if used for any length of time. In addition, there is an increased susceptibility to viral infection and possibly even cancer. There have been repeated warnings in the newspapers, especially in the US, of the carcinogenic activity of immune inhibiting drugs.

And then there is cyclophosphamide (Endoxan, Cytoxan). Occasionally, American doctors will prescribe this in highly toxic doses. We often get these patients with their hair falling out, and with severe damage to the blood building bone marrow. For this reason, it is not advisable to use Endoxan. There is a much better alternative, the chemically related Trophosphamide (Ixoten). This is just as effective as an immunodepressive substance and is tolerated far better over a period of time. We have used Ixoten for about twelve years now—generally, 50mg daily, (100mg at the most) for about 10 to 12 weeks. In certain cases, the treatment is continued (50mg daily) for about 1,000 days. The indication for Ixoten is a special immunological test for the depletion of the lymph cells, of which I cannot go into detail here. It involves personal communication with the patient on the basis of his long time experience. One thing is sure, in every case, Ixoten therapy is only for a limited time.

The most important part of the treatment of MS must be an attempt to correct the chemical and electrical defects of the cell membrane which we

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mentioned previously. The remedies of choice are the colamine phosphate salts, calcium EAP, and also phosetamin (magnesium potassium EAP). The salts of colamine phosphate were synthesized by the world famous chemist DR. FRANZ KOEHLER (unfortunately now deceased) in Alsbach, at my request. This project was carried out with the intent of finding a highly effective sealing substance, on the membrane level, against the penetration of virus and toxic antibodies. We were very successful with colamine phosphate.

In 1972 MOENNINGHOFF announced some very interesting research with the electron microscope, which showed almost complete sealing of the cell membrane against the penetration of peroxidase granules with colamine phosphate. He also found, at the same time, that the salts of l-aspartic acid also had a similar sealing effect. For that reason, we added calcium-l-dl-aspartate (Calciretard) to our program as an anti-immunological sealing substance. Some of our patients have been treated solely on this basis with Calciretard for nearly 20 years.

It was discovered later that both colamine phosphate and aspartate function as the so-called neurotransmitters, and so are needed for the binding and flow of the electrical charge on the cell membrane. Since colamine phosphate can be given in other forms besides the calcium salt, we must also consider the potassium and magnesium salts for definite membrane-physiological reasons. So, we give the MS patients about 8 dragees daily of phosetamin which contains magnesium and potassium EAP. Part of the calcium EAP must be given by injection (I.V.) as this is the only way to build a sufficient concentration of colamine phosphate on the cell membrane. Generally, two or three injections per week are given, each containing 400mg of calcium EAP.

An interruption of the colamine phosphate therapy almost always will result in a severe exacerbation of the disease, as then a large number of so far repelled lymph cells are turned loose to attack at once. We also observed that there was a defect in the construction of the phosetamin pill which could be quickly corrected. We have ample documentation that a premature discontinuing of the I.V.'s (roughly within the first four years of therapy), results in a definite worsening of the condition. The therapy (especially the CaEAP I.V. injections) should be continued for an unlimited time—at least for seven years. In selected cases the I.V.'s can be replaced by a higher oral intake and CaEAP suppositories.

In addition, we give the patient calcium orotate (from orotic acid, also known as vitamin B_{13}. This produces a sealing effect on the surface of the inner cell membrane, but not on the outer cell membrane. Both the aforementioned inflammation of the BBB (blood-brain-barrier) and the inner structure of the oligodendroglia cells are favorably influenced. The calcium orotate is increased in the case of the MS form Kuwert II and then the tendency toward migraine-like headaches completely disappears.

Furthermore, we try to improve the function of the surveillance system previously referred to, which obviously is part of the MS defect. One possibility lies in the administration of prednisone (no other cortisones). Only prednisone affects the so-called thymosterin circulation pathway, under the prerequisite of

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furnishing additional stimulation energy. Vitamin D_2 (not D_3), also called ergocalciferol, has the same function.

The use of any other cortisones, i.e. ones that are not natural and so not partners of the vascular system, are only good for intercepting an active exacerbation, nothing else. For an acute progressing inflammation of the optical nerve, Triamcinolon (Volon) should be given.

We have found the habit quite widespread—maybe we should say the "bad habit"—of prescribing ACTH (adrenocorticotropic hormone) to MS patients. While there is a temporary improvement, the long run picture is of steady deterioration. This is the only way that it can be, because the already exhausted adrenal cortex system is just being squeezed harder. If one should be given ACTH for a short time, it is absolutely necessary to supply the required foods for the adrenal cortex systems—raw foods, vitamin D_2, vitamin C (in large doses), beta carotene (electrically active), and especially selenium (about 50 to 200mcg daily). We would like to emphasize that we have never used ACTH at all for the past ten years.

There is yet another aspect which has appeared recently and which is of special interest—"squalene". Five years ago there was a report from the Smithsonian Institute stating that sharks are cancer free (one tumor in about 25,000 sharks). Looking for a substance which can be held responsible for the phenomena, our finger points to squalene. Basically, it is a so-called "tripertenoid"—a very old biogenetically mother substance for steroid—and also other substances which apparently perform as surveillance substances in the human organism. "Iridodial" belongs to this group. One of the peculiarities of squalene is that it is extremely Kirlian positive, and converts field energy into photon energy. This means that the shark obtains a large share of its energy from the universe, and a rather small part from its food. The same is true for insects, they get 90% of their energy from universal energy, rather than from their food. One of the productions of the insects is "royal jelly", which is extremely resistant against virus and cancer development, yet they have no protein immune system. We have used squalene for the treatment of cancer for about $2\,^1/_2$ years now, with considerable success.

Squalene is easy to dispense, but we have to get the pure form from Japan and prepare it for prescription in a special way. It apparently is not only the mother substance for the desired surveillance material, but it also makes available the necessary stimulation energy for the aforementioned Tesla function to operate. Some suggest that the polarization of the cell membrane is considerably raised by squalene and that the Orgone function is activated along with it. Accordingly, the patient who receives one to two teaspoons of squalene daily, feels (and actually is) especially warm. So it should be obvious that the MS patient should receive squalene. The results, so far, are very promising—essentially improved warmth of the extremities and the patient doesn't chill anymore—a distinct improvement of the MS picture. Olive oil too, contains squalene (about 2%) and we recommend its use in the diet. The amount however, is not enough to replace the prescribed squalene.

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We must now give special consideration to the propensity of the MS patient to develop infections of the urinary passages. A stubborn inclination toward such infections is, as we mentioned, caused by the defective functioning of the defense filters in the urinary passages. For long-term protection, we use the sulfonamide, Harnesal. It is not so much the bactericidal effect of the sulfonamide, as the electrostatic activity which the excreted Harnesal restores to the urinary passages. About two tablets per day suffice.

The rate of success following our treatment varies. As a rule, the shorter the term of illness, the greater the response. There is a succession of criteria tied up with that response—whether for better or worse. I cannot go into all the details here. There is one thing that is very noteworthy however, and that is that there is a distinctly better response with the American patients compared to that of those from Germany or South Africa. We have given much consideration to this, and there again, we cannot go into all the details here. Our therapy, as a rule, results in a fairly reliable improvement, at least partly back to normal—the bladder function, the intestinal sphincter muscles, voluntary control of the big toe—even with badly crippled patients. These observations suggest that the injury is more in the electrofunction of the lower spinal cord, rather than destructive.

In addition, the upper body functions are also improved—vertigo, slurring of speech, facial expression, motor function of the arm and hand, and especially the so-called medulla oblongata deficiency symptoms. Those which are potentially very dangerous are: ability to swallow, breathing functions, and regulation of circulation. These life-sustaining functions also are deficient in ALS, which I already referred to, and likewise, there the colamine phosphate salts will supply continuous protection.

Unfortunately, the disturbed motor function of the upper thigh muscles, (which is an essential part of walking) is quite resistant to this therapy, or at least, improvement in this field is restricted to a certain few. We can avoid this, however, if therapy is started early. In an observation of about 100 patients who started their treatment while still ambulatory, in the course of more than five years, only two have had to submit to a wheelchair. Unfortunately, out of more than 1,300 patients who have received our therapy, there have been only 60 who elected to come in right after their definitive diagnosis and so in the early stage of the established disease. There is a certain group of these patients who have been treated since 1968. In every case, with these patients the MS-related conditions are not a bit worse than they were in 1968.

After just a short time of clinical application, some of the MS-related disturbances, especially those cerebellum-related such as vertigo and ataxia, show considerable improvement. Proof of this was first reported in an article published by the Hachen MS Klinik in 1968. (The largest MS Sanitorium in the world.) On the basis of this research report, the German, "Bundesgesundheitamt" (the German equivalent of the American FDA) which had officially declared calcium EAP to be an official MS medication, now revised that declaration to "for cerebellar ataxia form of MS". (It had been declared two years earlier as applicable for MS and several other disorders. (See the "Gebrauchsinformation" slip that

accompanies the medicine.) Strictly speaking, this is incorrect. Observations over a longer period of time, as we mentioned previously, show that the other MS-related symptoms respond, as well as those which are cerebellar-related. We should however, mention that another phase of cerebellar-related sickness, the so-called familial "Cerebello-Atrophy", is not influenced by colamine phosphate salts. It has been printed this way on the information slip from that time on. I have never applied for a correction for this indication declaration. In fact, the available results from a long-term study, over 20 years, of this therapy, are really remarkable. In every case, they are better than any other clinical alternative currently used.

Here are a few reports from patient groups in America: Toledo, Ohio—out of 35, 34 permanently improved; from southeast US, out of 22, 20 permanently improved; Bozeman, Montana 4 out of 5 improved, 1 the same; Milwaukee, Wisconsin, 10 out of 10 improved.

Another important point to be considered is reasons for therapy failure:

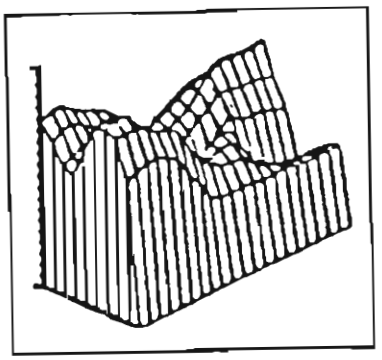
One is a lack of pepsin in the stomach and small intestine. This results in a lack of absorption of the enteric-coated pills, especially the phosetamin. This will cause a failure of the therapy.

There have been a number of therapeutic programs introduced in the last 10 years. One of these involves the introduction of certain nonbiodegradeable fatty acids (Efamol and Naudicelle) into the system. Although it was recommended by the DMSG, we failed in finding any positive effect that would allow us to come to any supportive conclusion, but we did find out that it worked against the EAP therapy.

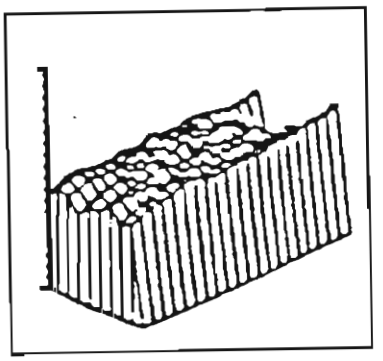
DR. JONAS E. SALK, the developer of the Salk vaccine for infantile paralysis (polio) in La Jolla, California, has been experimenting with so-called "basic mucoids". In principle, he created a decoy, which theoretically was able to lure away the immune reaction from the myelin membrane. It was indeed a classical immunological absorption procedure. However, we have received several patients from the the JONAS SALK research group, who still had active MS, and we found that a very high lymph cell concentration had built up in the blood as a result of the application of this material, which was decidedly unwanted. DR. SALK'S program is no longer available.

The vaccination of swine brain tissue under the skin—as was practiced by DR. JELESIC—is similar in principle to the Salk program. Although the program has not been very successful—a few qualified physicians have reported some positive results—the program is well-founded in theory, and no charlatanism, as the communications from the DMSG would try to convince the people.

I reported the use of colamine phosphate in the treatment of MS in the '60's in several professional medical journals. These were in English with one exception.



old sleeping place
very disturbed



new sleeping place
disturbance free

3-D graphic printouts representing geopathogenic disturbances in sleeping quarters as shown on a "3-D-Grafik-Computer" from information obtained with a "Geo-magnetometer".

September 1985

UPDATES:

*MS and fats: Carnitine plus Thiamine (300-500 mgs p.d.) plus Membrane Complex 7 p. day is the best procedure to build more lipid poles in MS-damaged myelin. This procedure very much improves our results in the MS treatment over the treatment with the colamine phosphates alone. It takes about 2-6 weeks to see the improvements over AEP alone. The proposal for this program came from Prof. Neunhoeffer, a world renowned German biochemist.
If the Carnitine has to be stopped, it should be reduced slowly.

Some insurance companies cover this therapy. About insurance forms: All patients are given forms from North American Health Insurance Coordinators, Inc. in Houston, Texas. They help with insurance claims. It is important that patients keep their receipts with the exchange rates from the bank to prove the correct exchange rates.

*We have started this program in August 91.

Update 1-26-94

In Germany the application of the so-called Colamine Phosphates (AEP,EAP-Ca, Mg, K-salts) is officially declared as an MS Therapy by the German Fed. Health Authority in Berlin, since 1967.

In this institute some 3500 MS patients, were treated on this basis since 1964. The profit (positive response rate) is about 82% which is in agreement with the outcome of the Morrissette study conducted in the US in 1986-87 (on 284 patients entering into this retrospective study). Since about 3 years we have introduced a more active form of this therapeutic concept. The patient receives 2 - 3 vials (10 ml/400 mg) of Ca-AEP in a carrier solution like Ringer, combined with K-Mg-aspartate and Ouabain in order to enhance the retaining of the Ca-EAP on membranes. With this a further progress has been achieved. In the early stages of MS this therapy is unproportionally more effective than in advanced stages. This therapy also prevents osteoporosis, otherwise frequent in MS pts.

A new decision expressed by the Supreme Court of the Fed. Rep. of Germany says that prospective and retrospective studies be considered equal, legally and insurance-related.

The expenses for this MS-therapy are, therefore, refunded by the European insurances. There is no alternative for this kind of MS-therapy in sight. If this therapy be started within the first months of the onset of the disease the disease will apparently be wiped out for a forseeable future.

(signed)

Dr. Hans A. Nieper

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