Excerpts on the Following Subjects

by Dr. Hans A. Nieper, MD

*Multiple Sclerosis

*ALS (Amyotrophic Lateral Sclerosis

*Progressive Systematic Sclerosis

*Friedreich's Ataxia *Leucodystrophy

*Scleroderma *Lupus *Aluminum

*Amalgram tooth fillings

*Macular Degeneration

Excerpts on MS & Related Illnesses

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NIEPER'S EXCERPTS ON MS & RELATED ILLNESSES

(THIS ARTICLE IS FROM DR. NIEPER'S BOOK REVOLUTION IN TECHNOLOGY MEDICINE AND SOCIETY)

EXAMPLE: Friedreich's Ataxia (FA), Amyotrophic Lateral Sclerosis (ALS) and Leukodystrophy

As already mentioned, the EAP-salts seemingly also work in FA and in ALS.

Around 1975 many people from Europe and from the USA asked me if FA and ALS, as well as MS, would respond to the colamine phosphates (EAP salts). At first I had the tendency to deny this, but many people having such a disease insisted on trying it. The results turned out to be positive, on the whole, and sometimes even surprising. As a result, people suffering from these diseases are welcomed by us today. ALS is - according to our proper findings - apparently not an immuno-disease. There are, however, mixed forms with an MS-like manifestation observable. ALS was found to be frequent with those people exposed to aluminum contamination. This was first reported from the island of Guam. We have frequently found ALS in aluminum welders, in people eating frequently from aluminum foil especially when it had been heated or even burned on charcoal, in people living downwind from aluminum refineries, and in people who used underarm sprays based on aluminum hydroxide in a fluoride propellant for a longer period of time.This latter application, by the way, also seems to play a role in the onset of the now-threatening Alzheimer's disease.

Since functionally defective nerve cell membranes seem to be at the origin of ALS, colamine phosphate salts could possibly counteract this impairment since they will function as a neuro-transmitter. The observed results seem to confirm this. With one exception, we have not experienced a fatal bulbar paralysis since starting. The American ALS-Society, unlike the MS-Society, is very cooperative.

Leukodystrophy is a disease mainly observed in children about two years of age. Wobbling, atactic motoric function of the legs is the predominant symptom. The disease is caused by a lack of maturation of myelin sheath insulation in the lower part of the brain. The disease is usually fatal. The attempt to "after mature" this insulation sheath by giving colamine phosphates turned out to be extremely rewarding. Orthodoxy does not offer this. The colamine phosphates as essential membrane components were discovered by the eminent American biochemist Chargaff.

Friedreich's Ataxia is a disease diagnosed by evident motoric dysfunctions of the nervous system. Inheritance is obvious, because frequently siblings in a family suffer from the disease. In contrast to orthodox interpretation, the nervous system

dysfunction is really a secondary cause. The fundamental cause of the disease is mainly a defective calcium transit deeper in the cell plasma. This results in a change of the calcium gradients of membrane vs. plasma, and related problems.

Thus, the buildup of the bone is largely impaired in regions where it is expected to be particularly solid. As a consequence, dorsal spine formations called scoliosis will develop. Furthermore, the function of the cardiac muscle will suffer. Early congestive heart failure and even cardiac necrosis may result.

Since the inherited defect in Friedreich's seems to affect the intracellular calcium transport mechanism, the only answer is to bypass this deficiency. This can be done primarily with calcium-di-orotate, and with a few more therapeutic manipulations of cellular calcium and magnesium metabolism. The results are noteworthy. However, it is mandatory that the calcium orotate not be decomposed prior to arriving in cell plasma. Therefore, the preparations offered must be protected against hydrolyzation by gastric juices. Normally this is not the case with the products offered on the market in the USA. It need not be mentioned that orthodox medicine does not have anything to offer these poor patients.

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THIS EXCERPT IS FROM: HANS A. NIEPER, M.D. PUBLIC LECTURE, PHOENIX, AZ MAY 1985

Q25: Can you tell us about ALS please? Amyotrophic lateral sclerosis?

Answer: People came to me and said, "Well, the effects on multiple sclerosis are quite evident, does it also work in ALS?" and I said, "Well, it is not very likely, but," I said,"we'll try." This was about eight or nine years ago. And we tried and it works, because it seems to repair also there, membrane dysfunction, and about fifty percent of the people improve. They get safeguard for their so-called "bulbar function" which is swallowing, speech, respiration and cardiac regulation, and fifty percent do not or less so. For funny reasons, like in multiple sclerosis, it (CaEAP) works better in Americans than in Europeans, which possibly has to do with the kind of damaging factor on the membrane. On the other hand, the incidence or prevalence is higher in this country. I now have a meeting with the American ALS society which is very cooperative, and we will see what we can do about this. At least it seems to work. I think I would recommend to start the colamine phosphate therapy. In ALS there remain absolutely zero alternatives, anyhow.

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THIS EXCERPT IS FROM: HANS A. NIEPER, M.D. PUBLIC SEMINAR, LOS ANGELES, CA JULY 4, 1986

Q5. Dr. Nieper, have you had success with the ALS patients?

Answer: Well, a couple of years ago patients came to me and said, "Well, you are so successful evidently with multiple sclerosis patients, does ALS also respond to this?". I said, "I do not know because ALS is not necessarily an immuno-disease," and we started therapy, however about 50% of the patients responded.

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EXCERPT TAKEN FROM HANS A. NIEPER, M.D. PROFESSIONAL MEDICAL SEMINAR, LOS ANGELES, CA JULY 4, 1986.

Q9. This question is for Dr. Hans Nieper: I know Dr. Nieper already spoke about Calcium EAP and multiple sclerosis. What's your experience with Calcium EAP and Friedreich's Ataxia and amyotrophic lateral sclerosis, for which we really have nothing here?

Answer: Well, the colamine phosphate (EAP or AEP) is a membrane repairing factor which repairs the membrane property both structurally and electrically. Coming to Friedreich's Ataxia, people approached me and said, "Well, you are successful working with MS. Does it also work in amyotrophic lateral sclerosis? Does it work in Friedreich's Ataxia, all kinds of disorders?". It does not work in familial - in cerebella atrophy for instance - but it seems to work to a great extent in amyotrophic lateral sclerosis. In Friedrich's Ataxia there is apparently a disturbance in calcium transit. This is why these patients not only develop the brain and neurologic disorders, but they also develop scoliosis. What happened to me, that the man who claims he's a great MS specialist in Germany didn't know that Friedreich's people develop scoliosis. So there is something which has to do with calcium transit, and in a deeper understanding, what we give those patients - mainly calcium orotate - seems to work. Friedreich's Ataxia is not too frequent in Germany. We have a cluster from Baghdad in Iraq where Catholic Arabs who marry in their circle have many kids having Friedreich's Ataxia. We have it very frequently with people from Ireland, also. That's what I can say so far. Same substances, namely colamine phosphates, not only protect the kidneys, they protect these little vessels at the membrane level everywhere. For instance the retina in diabetic retinopathy which is extremely important. So our consulting ophthalmologist in the hospital is extremely excited about the results we've performed this way. It is membrane protection therapy. It goes very far, you only have to understand this.

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EXCERPT TAKEN FROM HANS A. NIEPER, M.D. PRFOFESSIONAL MEDICAL SEMINAR, LOS ANGELES, CA JULY 4, 1986

Q12: Dr. Nieper, I would like some comments on how your cell repair, or rather gene repair, affect macular degeneration.

Answer: I do not know. I only know that the therapy with colamine phosphates, which we apply in multiple sclerosis, does not effect macular degeneration. Of course we see an enormous number of MS patients and the back of the eyes are investigated sometimes superficially, sometimes very extensively. I do not know. One thing however is very interesting, the MS in an American patient is totally different from the MS in any other patient in the world, including South Africa. The American patient responds much better to our therapy than the average MS patient from South Africa, Sweden, Germany or from any other country. And also optical palliation, on the average in relation to neurological findings, is less in an American patient than in a comparable German, South African or New Zealand patient. What is different in the United States? Fluoride in the water? Heavy metals in the environment and especially aluminum? And I have people who bring their relatives for MS and one man said, "Well, we live out in the far west somewhere, in Nebraska or in Idaho...We live in a remote place, nothing has changed in many, many years. Twenty to twenty-five years ago we had one MS patient in such and such a county, now we have about 10 times more, 15 times more." He's a layman, an intelligent layman. He says, "If you ask me, what seems to be most important, what has happened is that in the mean time the aluminum foil packages have entered the market." For instance, in Germany the beverage cans are made mainly out of steel. In this country it's aluminum. And then in Germany we have far less food wrapped into aluminum foil or permitted to sit in the deep freeze, far less. Very recently I got a patient with Friedreich's Ataxia, and we found out that he drank Coca Cola for 30 years. And in Germany until very recently, Coca Cola was the only firm which would specify and permit aluminum beverage cans. All the other firms have steel cans. It's very interesting, so the aluminum problem is, in my opinion, a very prevailing one. With Alzheimer's it is now very evident - aluminum hydroxide. Do away with aluminum, do away with fluoride in the water, do away with chlorine in the water, that's what I can say.

DR GARRY GORDON: Just one point on macular degeneration, sitting right behind you is Dr. Leon Anderson. His wife has treated several cases of macular degeneration with chelation and got their vision back. Sitting over at the end of that same table is Dr. Lucidy, one of the only nutritional ophthalmologists we have on the West Coast. I discussed with him last week the subject of macular degeneration, which is a microcirculatory disease, and that's why

chelation fits there so well. Unfortunately, most patients don't come in early so that we've had to give some patients as many as 100 treatments if they've been blind for like seven years before we saw vision get back to 20-40. But if they come in early. it's a lot more gratifying. It should be the treatment throughout the country, but it does combine heavily with the nutritional therapy.

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EXCERPT TAKEN FROM LOS ANGELES PUBLIC SEMINAR, JULY 1986

Q 8. Question for any of the doctors: About amalgam which is the silver and the mercury in the teeth, is there any harm for this being put in our teeth and also the dental plates which I understand contain nickel and beryllium, and whatever else is in them?
DR. NIEPER: May I refer to the book which was published, written by SAM ZIFF in this country and which gives very complete information on this problem. As a matter of fact, amalgam is toxic, no doubt about it. The mercury coming out is toxic, the remaining silver is electrically active and we were able to demonstrate in Germany major harmful effects, for instance on the myocardium of the heart muscle, major toxic effects on the immuno system. So I would say silver mercury amalgam does not belong in man, especially not into teeth.
DR. GORDON: I might add that the book Dr. Nieper just mentioned is called "The Toxic Time Bomb", written by SAM ZIFF. He's out of Orlando, Florida, and that book tells you all about dental amalgams.

EXCERPT FROM PROFESSIONAL MEDICAL SEMINAR LOS ANGELES, CA JULY 1986

Dr. Nieper, I've been monitoring several cancer patients and have not placed a silver filling in 11 years, do you know of any relationship of high electrogalvanism in the mouth and also on root canal filling materials?
DR. NIEPER: I refer you to the book written by SAM ZIFF in this country regarding the imminent danger you have in your mouth when you carry amalgam fillings. I myself didn't do too much research in this field. We have a correlation between the quantity, just the volume or the weight of the amalgam which you carry in your mouth and certain changes in the myocardium which we can monitor with a certain electronic device which belongs in the field of capillarography. This is very remarkable. We also have seen that MS patients may improve when these fillings are removed. Extensive research with respect to the electromagnetic disturbance has been done by Dr. Aschoff in Germany, showing that the blood loses its normally necessary magnetic potential to a great extent once you fill in silver-mercury amalgam fillings. To make a long story short, amalgam does not belong in the teeth of people.

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EXCERPT FROM DR. HANS A. NIEPER'S PUBLIC SEMINAR, LOS ANGELES, CA JULY 4, 1986

Q7: Dr. Nieper, with what might you have had success with progressive systematic sclerosis and are you familiar with heeled homeopathics in Germany? Progressive systematic sclerosis - the collagen tissue is growing rapidly - collagen disease.

Answer: Dr. Nieper: The only substance which seems to work is Potaba Glenwood, which was shown in Germany and also in this country. For instance in penile induration it works and also on certain benign tumors which are difficult to be influenced, so this is potassium paraaminobenzoate, which is available in Germany, but also I think in this country. These disorders do not respond to gene repair therapy so far as I can see, but they respond to paraaminobenzoate acid potassium salts.
Answer: Dr. Gordon: We also have to mention that an associated disease scleroderma, responds very dramatically to oxidized DMSO called MSM. It's almost the treatment of choice, and all of these sclerotic diseases seem to have calcium as a part of the problem and for that reason EDTA has been well studied in all of the sclerotic diseases to be a major portion of the therapy.

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EXCERPT FROM DR. NIEPER'S PUBLIC LECTURE, PHOENIX, AZ MAY 1985

Q8: Here is a question on collagen disease running rampant in this country?

Answer: Collagen disease, the answer is calcium orotate. There is literature available on this in the Brewer Science Library in Richland Center, Wisconsin, various papers on calcium orotate.

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EXCERPT FROM DR. NIEPER'S PUBLIC LECTURE IN AZ, 1988

Regarding scleroderma, in a question and answer session of a lecture in Arizona in 1988 Dr. Nieper said colamine phosphates work in the early phase of the disease. (The patient's husband was an M.D.) Dr. Nieper then said, "Try Serrapeptase."

EXCERPT FROM NEW HORIZONS NEWSLETTER VOLUME 10, NUMBER 33 & 34

There was a recent report from a clinic in Munich that mercury had also been found in fetuses(embryos) of expectant mothers having amalgam fillings.

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EXCERPT FROM THE LOS ANGELES PUBLIC SEMINAR JULY 4,1986

Q23. My name is (anonymous). I've had multiple sclerosis. (Patient continues a description of what she's doing and mentions taking zinc supplements.)
DR. NIEPER: I may mention to you the most successful thing you can do to make your multiple sclerosis worse is taking zinc, and many patients I see from this country or from other countries, they have minerals or food supplements or vitamins containing a zinc preparation, and when you take this you boost your MS to get worse rapidly. It should be known!

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EXCERPT FROM PUBLIC SEMINAR LOS ANGELES, JULY 4 1986

Q25. Dr. Nieper, I read your "Treatment of Multiple Sclerosis," and it says an interruption of the therapy definitely results in the worsening of the condition. Is there any reason that we shouldn't worry about this?
DR. NIEPER: No, when you interrupt this kind of therapy, the colamine phosphates, you practically provoke a relapse. We have seen this on repeated occasions and it must be so because in lay terms I pull away the defense between the sheep and the hungry wolves. We can see how all of a sudden then these so-called naked nuclear lymphocytes start to interact, so when you discontinue the therapy, you practically provoke a relapse, and it takes about five to seven years to slowly phase out the I.V. injections. The I.V. injections should be continued for about five years and then you slowly can dare to go without, to go only on oral therapy but never discontinue.

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EXCERPT FROM PUBLIC SEMINAR LOS ANGELES, CA JULY 4, 1986

Q10. Dr. Nieper, I'd like to ask you about your MS results. Have your results ever been subjected to a double blind study, if so what were the results, and if not, why not? Would you be open to such a study?
DR. NIEPER: The question is interesting, the answer is easy. The results were published in Germany, since about 18 years ago, and this permitted the health authority at that time to officially license it. Double blind studies of that kind are forbidden in Germany. The doctor would go straight to jail if he would treat a patient unknowingly. You can do this with a headache pill but not with this kind of therapy, this would be a severe crime and offense against human health and human rights.

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The Calciferol is Vitamin D2. In the paper entitled, "The Treatment of Multiple Sclerosis," on page 9, Dr. Nieper says, "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 furnishing additional stimulation energy. Vitamin D2 (not D3), also called ergocalciferol, has the same function."

Regarding Mandelonitrile in a lecture in Los Angeles he said, "What we did also is that we connected the mandelonitrile principle to certain carriers, for instance urea or phenylalanine or various other amino acids...This is because the urea mandelonitrile for instance, goes actively into, not only into the genetic system of a cancer cell, but also in the virus genomes which are sitting inside of the genetic system. Now, most recently we are very successful in treating multiple sclerosis with this principle because Dr. Cook in Long Island Medical Center has shown that the MS patient has an inability to inactivate viruses--measles viruses, German measles, distemper or rinderpest or swine flu. In the epithelium of the small gut, MS is a membrane disease, not necessarily a neurological disease. If we could do anything, in addition to other means, to inactivate those residues, we could possibly help MS patients, and we can."

EXCERPTS REGARDING CALCIUM EAP/AEP FROM SEMINARS
Dr. Hans A. Nieper

EXCERPT TAKEN FROM SEMINAR IN PHOENIX TO MEDICAL PROFESSIONALS, MAY 1985:

Question And Answer Session

DR. NIEPER: What does the EAP mean in Calcium EAP? EAP is 2-aminoethanol phosphate, or colamine phosphate, or in short EAP, and this is by the way an aromat and forms in a high complex Heyrovsky constant, a salt which dissociates relatively poorly, only upon binding to the membrane. The EAP restores the otherwise impaired electrical conductivity and condensor function of the membrane. In multiple sclerosis, not only the myelin sheath, the red blood cell membranes, the urinary tract membranes, all these are impaired. This is why people get urinary infections, because the electrostatic repellant effect to keep the urinary tract clean and repel bacteria is impaired; it has nothing to do with the nerve system as such.

EXCERPT TAKEN FROM THE PUBLIC SEMINAR, LOS ANGELES, CA 1986

Q40. The question was about calcium in food and if the size of the person influences the amount of CaEAP required.

DR. NIEPER: The size of a person certainly has to do with the requirement, the dose requirement. The taller, the heavier you are the more you will need.

Coming to calcium in food: Calcium EAP is not calcium therapy. It is like, when you buy an automobile without paint, and you cannot buy the colamine phosphate without calcium, to make this clear. Coming to milk: The higher incidence and prevalence of multiple sclerosis in various areas of the world- the higher Michigan belt and South Africa, very much is correlated with those areas of the world where there is dairy market penetration, dairy products. Also, breast cancer, same correlation.

Calcium EAP is also known as Calcium AEP

See page 20 of above (1986) lecture which is available (transcribed) from the Brewer International Science Library.

See the Diabetes Excerpts for more information about the use of Colamine Phosphate in the treatment of diabetes and prevention of kidney failure, etc.

See the Multiple Sclerosis packet which discusses the use of Colamine Phosphate for treating Multiple Sclerosis.

Some papers in the Multiple Sclerosis packet explain other uses of Colamine Phosphate or Calcium EAP.

EXCERPT FROM FAIM LECTURE IN NEW YORK JUNE 1992

What we treat are the defects which underlie these diseases on the membrane level, and this is why many diseases have very much a common denominator. You may possibly ask, "Why do you use, in osteoporosis , and in asthma, and in diabetes, and in multiple sclerosis and so forth, in all of these you use CaEAP?" Because all of these diseases have one common denominator, namely, membrane damage. When we give these substances we restore the polarization in cell membranes. These cell membranes, (as you sit there, you carry within yourself about one acre of surface of membranes, for myelin two-thirds,) these cell membranes are double-contoured, they form condensors. On this condensor is a charge of somewhere between 50 and 90,000 volts per centimeter. With Brookhaven far beyond it, we are in interaction with our space field, and when this interaction fails we do not generate enough initiating, starting, spark plug energy to safeguard the integrity of our membrane system, of our resistance against immuno diseases, against viruses, against damage from glucose, and so we bring about the health that we had in our childhood. This is very, very important. Therefore, in my opinion every man should take these membrane integrity factors just to maintain the integrity of the membrane function, very, very important. CaEAP about 1.5 grams per day;membrane complex about 1 to 2 grams a day as routine.