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THE NIEPER REGIMEN FOR THE TREATMENT OF MULTIPLE SCLEROSIS

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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

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

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

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).

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.

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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

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)

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