

LECTURE ON CELL THERAPY

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Specialized in Cell Therapy since 31 years

1. A short Introduction to Cell Therapy and history on the late Professor Franz Schmid, M.D. of Germany

Professor Franz Schmid was born March 13, 1920 and passed away unexpectedly at the age of 80. He was appointed Professor Extraordinary of the University of Heidelberg in Germany. In 1967 after 21 years of work at the University children's hospital in Heidelberg he became chief of the children's hospital at Aschaffenburg, Germany. Here he worked for 16 years. In his lifetime he published 500 publications in basic sciences and 46 books in the fields of medicine. Between 1961 and 1971 He became world renown with his work on the Encyclopaedia of pediatrics. Other books were Paediatric Radiology in 1973-74 and Mongolism Syndrome in 1976 and his most famous book being Cell Therapy, A new dimension of medicine published in 1983.

In the year 1983, almost 22 years ago, Prof. Schmid called Cell Therapy a new dimension of medicine. The living organism, as a part of the universe, is embedded in the magnitude of the single cell and ends in the domain of the multicellular organism state.

Life is characterized by the capability of the cells to transform the continuous energy and material losses of lifeless nature into new energies and structures. A cellular state deriving from this principle stands in reciprocal harmony with its lifeless environment and is described as healthy. Loss of utilization or deficiency of material of lifeless nature leads to defective functioning of the cellular state, or as we all know it, to disease.

Cell Therapy is a biological developmental power not measurable with scientific parameters. Only up until shortly with the development of mono-substrates being isolated from the fetal tissue of various organs such as the Thymus gland, the brain and nervous tissue has it become possible to enhance scientific research into the field of Cell Therapy.

In contrast to pharmaceutical products, Cell Therapy in the therapeutical concept plays a big role since it alone makes possible the precondition for the application of the elements and the utilisation of enzymes and substrates for new structures.

Cell Therapy provides a body, under suitable application, with the opportunity of transforming the elementary function of life, the utilization of environmental energies and materials into new energies and materials. This step in a new dimension in medicine leads, in the longer aspect, from a medicine for disease to a medicine for health.

The therapeutic efforts of Cell Therapy are not focused on the elimination of manifestations of disease but serve in the restoration of the vital elementary functions of an organism.

2. A short history on cellular therapy:

Prior to the work in cell therapy by Professor Paul Niehans, a Swiss surgeon who gained fame for helping to discover and develop cellular therapy; it is known that the ancient Egyptians as well as the French and Russians were involved in something similar to cell therapy. A patient of Prof. Niehans who accidentally had her parathyroid glands removed during a thyroid operation was injected with fetal parathyroid tissue and was healed after the treatment. Prof. Niehans at that point began experimenting with cell therapy and through his work became famous and was named the Father of Cell Therapy. He became even more famous after treating Pope Pius XII and was at that time nominated as a member of the Vatican Academy of Science.

I experienced Prof. Niehans only for a very short time between the years of 1974-76. My mentor and teacher over the years was actually Professor Franz Schmid of Germany. In my opinion, Prof. Schmid was the one single person who contributed the most to the field of Cell Therapy.

3. What is Cell Therapy?

Cellular therapy is today a scientific method that is used to regenerate human organs and tissues in order to fight and heal disease and heal the body. The method consists of injecting intramuscularly a combination of specific fetal cell dilutions followed-up with the injection of specific lyophilised, soluble fetal cells obtained from mammals, mostly unborn calves. Both the dilutions and lyophilised fetal cells are soluble and can also be given intravenously. Because of logistical reasons it is recommended that they be given I.M. The products I have been using since 20 years are obtained from herds of protected cattle located in Australia. The fetal organs and tissues of unborn calves are then scientifically prepared into ampoules containing homeopathic dilutions and ampoules containing lyophilised cell material by a laboratory in Germany.

The original method of preparing live cells from a freshly born calf or sheep has been practically abandoned for several reasons. The main reasons being the prevalence of Bovine Spongiform Encephalopathy, or better known as mad cow disease in cattle, The occurrence of toxic reactions to the injections due to the formation of poisons in the injected material caused by a long delay in preparing the fetal cells after death of the fetus and lastly the trauma to the patients of receiving 8-10 injections with an average of 6-8 cc per injection, at one sitting.

Another reliable fetal cell product I have worked with over the years specializes in preparing injectables, which contain (RNA), ribonucleic acid which is isolated from the Different organs and tissues of the fetus. They in turn utilize mostly unborn calves. Physicians treating their patients with cell therapy will not experience any side effects. Allergic reactions including anaphylactic shock with the use of these products are virtually unheard of. We now know it is not possible for fetal tissue to cause an allergic reaction.

In the past the tagging of fetal tissue with radioactive carbon has shown us that after injecting the material, it ends up in the specific organ injected. For example heart to heart, liver-to-liver and brain-to-brain.

4. Case Histories:

Patient 1: 6 month old white female born with Down Syndrome (Trisomie 21)

She entered the 3 dimensional treatment program developed by the late Prof. Franz Schmid consisting of cell therapy, special nutrition and the medication Piracetam (nootropil). The patient is now 31 years of age and still receives cell therapy on a yearly basis. She was on the nutritional program and Piracetam until the age of 15. With my experience in treating children with Down syndrome over the years, I have added a 4th dimension to this program with the addition of Human growth hormone. This addition has made it possible for these children to obtain their normal height pattern, normal organ growth and a more advanced development of cognitive skills and brain function. In most cases they also need substitution of thyroid hormone.

This first patient was our last-born daughter. She responded so quickly to the 3 dimensional treatment of Prof. Schmid that she has only been sick one time during her life. Her facial Down Syndrome features disappeared very quickly with the treatment. I treated her over the years every 6 months until the age of 15 years, after which she received injections every 9-12 months. Since the age of 20 years she injects herself. These patients receive as a rule a combination of 9 specific organ solubles. While growing up she was integrated into a Montessori school along with healthy children and advanced normally. Her higher education was continued along the same lines. Unfortunately, she was too old to receive human growth hormone and is somewhat shorter than her older sisters. Children receiving the 4 dimensional program since the last 15 years are all growing to their normal height and scholastically achieving the results of normal children. Unfortunately it has been virtually impossible to make Paediatricians aware of this treatment program and in my efforts to give a lecture to the parents of Down Syndrome in Switzerland, I was turned down with the comment: "we like our children the way they are".

Patient 2: Apallic Syndrome

Apallic Syndrome is caused either by severe head trauma, strangulation or severe encephalitis or anoxia (eg. by laryngotracheobronchitis). The result is basically a decerebration by destruction of the brain architecture. Patients (if they don't die within hours or days) need to be kept on heart-lung machines, nutrition by iv feeding and stomach tubes. They show now reaction to stimuli and are paralyzed. The hope for a recovery or even just an improvement is very slim.

Professor Schmid treated many such children with good success. Here is one case he presented:

A 12 year old boy remained in an apallic state for 5 months. He was hospitalized, fed by stomach tube, had a catheter in the bladder and a tracheal tube. He showed no reaction to external stimuli. He was treated with fetal brain extract, placenta, Cerebrolysin, amino-acid and lipid infusions and physiotherapy. After 3 years treatment this boy was able to attend and complete 5th grade elementary school.

Patient 3: a 65 year old white, male patient with a history of Kidney disease

The patient was aware that he had trouble with his kidney function because his family physician had been reminding him of this since 10 years. When I checked his kidney function by taking a blood sample I discovered elevated levels of creatinine and urea equivalent to 50% higher than the highest normal level. After treatment with 5 injections of organ specific dilutions and 3 injections with organ specific solubles over a period 2 months, his serum levels returned to normal. Following his improvement he returned to visit his family doctor for a check-up. His doctor refused to believe the lab results and sent more blood samples to the lab for a re-check. The results were of course the same. His physician not knowing of course what cell therapy was refused to believe that my therapy had healed the patient.

The patient was extremely upset and switched doctors. 5 years following his treatment, kidney findings were still normal. I would like to mention here that another excellent treatment for improving kidney function, which was already mentioned by my daughter in her lecture on Plaquex, is Plaquex. Plaquex improves kidney function by at least 30%. Dialysis patients require less dialysis.

Patient 4: Chronic rheumatoid arthritis in a white female patient ill since the past 3 years.

The patient lived in California and contacted me while I was in Miami. She sent me her medical history including lab, which indicated that she was indeed suffering from rheumatoid arthritis and her condition was worsening. I sent her a series of 6 organ specific dilutions (30 ampoules) and 6 lyophilized solubles for self-injection over a period of 5 weeks with a repeat if necessary. The patient contacted me 1 month after treatment to inform me she was totally free of all pain and swelling. She also informed me that she was again capable of living a normal life again and could again play tennis and swim. I asked her to please contact me again in 6 months for a report. She called me 8 months later to inform me that she considered herself healed. This was one of my first indications that cell therapy works extremely well in autoimmune type diseases. This was again verified to me in the next case.

Patient 5: a 40 y/o white female patient with a four year history of systemic Lupus Erythematosus.

Lupus is an autoimmune, inflammatory disease with multiple acute and chronic manifestations. This patient presented with all the classical signs of systemic lupus.

Because of the systemic nature of the disease I decided to initiate treatment with 8 dilutions of fetal cell organ systems including skin, joints, G.I. tract, heart, brain, kidney and lungs. 40 ampoules of Dilutions were first injected over a period of two months, followed up with injections of 8 different lyophilised ampoules including multiple organ systems over a period of 5 weeks.

The patients' condition already started to improve during the treatment with the dilution injections. By the time she got ready to initiate the injections with the solubles her condition had improved remarkably. Two months after completion of the therapy I pronounced the patient healed. Two years following therapy the patient was totally free of her lupus.

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Patient 6: a 45 y/o white female presenting with a history of 2 years of systemic scleroderma.

The patient was not only suffering from skin tightening but the disease was affecting various internal organ systems. The patient sought me out because she was aware that at least 50-70% of all patients die from the disease. I was aware that I was again dealing with an autoimmune type of disease. For this reason I chose a treatment which was very similar to the one for rheumatoid arthritis. She at first injected 30 ampoules of 6 organ specific dilutions over a period of 2 months, followed up by the injection of 6 different solubles. Although the recovery rate in this patient was not as rapid as the patient with rheumatoid arthritis; this patient recovered more slowly but completely after a period of 4 months. She was still completely healed 3 years following therapy.

Patient 7: a 65 y/o white male patient presenting with heart insufficiency following a massive infarct of the left, lateral portion of his heart.

This patient presented to me with left sided cardiac insufficiency exaggerated by pulmonary edema associated with shortness of breath. Routine medications such as diuretics and inotropic were of little help. The damaged muscle of his left heart was not capable of recovering enough to keep the patient alive. In this patient I used a combination therapy of cell therapy and Human growth hormone over a period of 6 months. The results were remarkable with a very good recovery of his heart function. The LEF went from 17 % to 37 %. The dosage of human growth hormone after determining the blood levels of IgFI, was 4 units daily for the first month followed up with 2 units daily for the next 4 months. After this time the patient was instructed to inject 1 unit daily. The cell therapy consisted of a combination of 3 specific dilutions and 3 solubles including heart and arteries as well as a combination preparation designed specifically for total regeneration of the body. Unfortunately the patient was involved in a serious fatal accident 3 years after our treatment. He did not die from heart disease.

Patient 8: a 56 y/o white male with a history of alcoholic liver disease over a period of at least 3 years following separation from his wife.

In examining the patient a Liver biopsy showed a fatty liver and blood tests not only revealed elevated SGOT, SGPT and gamma GT. but also secondarily the patient was suffering from a recent infection with Hepatitis C. I used a combination treatment in this patient of intravenous Ozone therapy combined with 5 specific fetal cell dilutions and 5 solubles over a period of 2 months. During this time blood liver enzymes were lowered remarkably and the patients condition improved significantly. Unfortunately one year later the patient became very depressed, continued his intake of alcohol and subsequently passed away from liver failure.

Patient 9: This case represents a 69 y/o white male patient with diabetes II disease since 4 years.

In treating this patient we entertained the fact that diabetes II is an insulin resistant type of disease (in contrast to Diabetes I which has been categorized as an auto-immune type disease) and should be treated accordingly. In this patient we used a combination therapy consisting of cell therapy, Plaquex infusions and Bio-resonance. Before starting treatment the patient was on a strict diet as well as 500mg of Glucophage twice daily. His blood sugar values ranged up to 200-250mg % postprandial and his Glycohemoglobin blood values were elevated above normal values. Over a period of 3 months he received 30 Plaquex infusions, 25 injections of 5 specific organ dilutions as well as 5 injections of solubles. During this period he also received 10 Bio-resonance treatments. During the treatment period blood sugar and glycohemoglobin levels were monitored constantly and it became possible to slowly reduce the glucophage dosage until it was done away with completely. The patient was then instructed to eat normally, including sweets containing sugar. Two months following this treatment program the patients blood sugar levels dropped dramatically to 100-110mg % before meals and post prandial to 130-150mg %. Now 1 year following this treatment the patient is completely healthy, completely off of all medications and eating a well rounded nutritional plan, which includes desserts.

Patient 10: a 60 y/o white male presenting with severe liver decompensation precipitated by the ingestion of a pharmaceutical product called Zocor, in order to lower cholesterol levels.

Through the damage to his liver the patient acquired the disease, chronic urticaria. He became allergic to almost everything including cinnamon. The patient was himself a physician and had monitored liver function in his office laboratory. The liver enzymes were still elevated when he came to me. Since he could not find a treatment for his chronic urticaria he had hoped that we could help him. He had been injecting himself in emergencies when he had an allergic reaction, with solu-cortef I.M. Sometimes he had a severe allergic reaction where he had difficulty in swallowing and in breathing. The only thing that gave him immediate relief was solu-cortef injected I.M. We

administered 5 specific organ dilutions with a total of 25 injections over a period of 6 weeks followed with specific organ solubles over a period of 2 weeks. The results of this therapy were remarkable. Blood levels of elevated enzymes returned to normal within 2 weeks and he no longer suffered from any allergies. He could again eat pastry covered with cinnamon. Today, 10 years after treatment he is still healed.

Patient 11: a 3,5 year old boy with progeria (accelerated aging).

The boy was presented because he could no longer be fed and didn't react to external stimuli. His weight was 5.5 kg (- 75%) and his height was 75 cm (- 25%).

After treatment with vitamins, enzymes and primobolan, his weight increased to 12.9 kg and the height to 80 cm, but there was no mental development.

At the age 4,25 he received injections of cortex cerebri. He showed fast improvement of motor and mental skills. At age 5.3 he grew to 92 cm and 17.2 kg. He received injections of frontal and middle brain. He then started to react to stimuli, could sit and stand and utter his first accoustics. At age 10.5 he visits a special school. At age 12 he attended the 4th grade, reads, writes and counts to 20. 133 cm and 31.8 kg.

5. This brings us to the application of cell therapy for anti-aging

Rejuvenation defined is the restoration of vitality that is determined by many different factors. The main symptoms of "devitalisation" are:

- Loss of energy
- Decreased activity
- Rapid exhaustion
- Reduced physical capacity
- Reduced psychological reactivity
- Reduced tolerance to alcohol
- Loss of ambition
- Depression
- Lack of concentration
- Sleeplessness
- Reduced social contact
- Loneliness

Revitalisation was defined as: Reaching a level of vitality that corresponds to a biological younger organism after having passed the maximum of vitality as defined by several aging parameters.

The anti-aging effect of cell therapy was examined in long term animal studies that followed various parameters. The most important ones were:

1. Labyrinth studies to study the ability of learning and memory of rats treated with testes and placenta.
The treated animals were significantly faster and made less mistakes than the control.
2. Tissue oxidation: through tissue oxidation energy rich substrates are reduced to energy poor molecules and the energy harvested from this process is used for intracellular processes. Old rats have a much lower tissue oxidation than young rats. After treatment of old rats the tissue oxidation increased to levels of younger rats.
3. Mitochondria: the number and size of cellular mitochondria in treated rats was much higher than in untreated rats.
4. Collagen studies: the elasticity of collagen fibers was reduced to younger levels after treatment with testes.
5. The elasticity and resistance to rupture of the skin was increased, as was it in the aorta.

Many other studies showed improvement in all aspects of the aging process. Eg. improvement of heart muscle function, improvement of thyroid function and many more.

What products to use in Anti-Aging:

There is a standard protocol for anti-aging therapy with cell therapy.

Male patients receive: cortex cerebri, hypothalamus, testes, placenta, thymus, liver, and various combinations. The product names are: Ney Rapid, Placenta, Ney Sexan, Revitolan, NeyThymun f&k, Ney Man, Fega Coren, Ney Geront, Ney Corenar.

Female patient receive the same, except instead of testes they receive ovar if they still have their ovaries.

The protocol can deviate if the patient has a specific problem. For example if a patient has problems with arthrosis, you would add Ney Arthros dilutions and Sol.

At the present time we have at our disposal over 100 specific and multiple organ homeopathic cell therapy dilutions and solubles. We have as well a large array of organ specific RNA products available. Over the years we have accumulated valuable information as to which products to use for specific indications. We have provided physicians utilizing cell therapy for their patients valuable information as to which specific group of organ products they should use for a specific indication. Should you require more information on cell therapy please visit our Demonstration stand. There you will get more information about which diseases respond favourably to cell therapy treatment as well as pricing of the dilutions and solubles.

When to apply dilutions and Sol

Dilutions are used to initiate treatment for specific diseases. The Sol are used to follow up after the dilutions or can be used stand alone for general revitalization. Never use only Sol to treat a disease. For example a patient with arthrosis given only Sol will suffer from increased joint pain for many weeks before improvement. When given dilutions first, the body is prepared to receive the stronger dose sol and will not have such a painful reaction.