X-PLAQUE

& Cerebrolysin

Doctor's Information Kit

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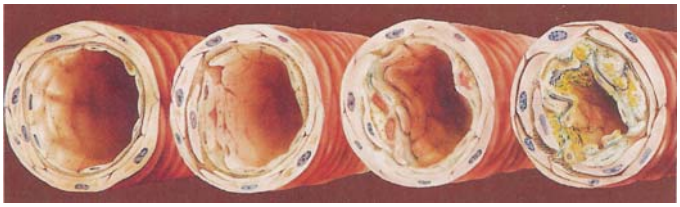
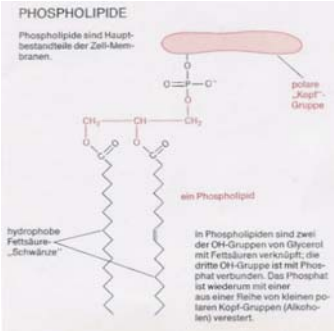
* X-Plaque is the same product as Plaquex. The X-Plaque name is used due to trademark issues.

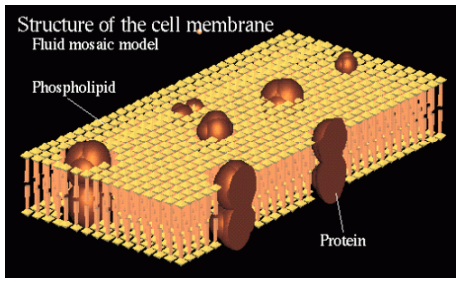


Reversing Atherosclerosis

Basic science of cell biology and biochemistry

Basic research in biology and biochemistry shows us the structure of cell membranes.These are bilayers made from phosphatidylcholine molecules. Phosphatidylcholine consists of a hydrophilic group on one end and hydrophobic fatty acids on the other end.





Phosphatidylcholine is one of the most important phospholipids (PPL), which are important components of all cellular and sub cellular membranes. They ensure a normal membrane structure and thereby the numerous functions of the cell. PPL represent the matrix of all biological membranes.

Depending on the kind of cell, the phospholipid content and composition is different. In the liver cell for example the membrane consists of 65 % PPL. Of these 80-90 % is Phosphatidylcholine. Embedded in these Phospholipid Bilayer are structural proteins, that function as receptors for neurotransmitters, hormones, peptides, antigens, antibodies and many more. The more functions a cell membrane must fulfill, the more specific proteins it must contain. Most of the membrane proteins need phospholipids for their biological activity. Phospholipids activate membrane bound enzymes: Adenylatzyclase, Na/K-ATPase, Ca-ATPase, Phosphorylase, Lipoproteinlipase and others. Phospholipids regulate many different processes of metabolism between the intracellular and extracellular matrix. PPL are also important for the synthesis of prostaglandins from Eicosatrienacid and Arachidonic acid, that are made from linolic acid. Prostaglandins are cytoprotective(2). Newer research shows that phosphatidylcholine has significant anti oxidant properties.

Conclusion: PPL – in particular Cholin-PPL are indispensable for the regeneration and formation of biologial membranes. The functionality of all cellular and sub cellular membrane systems is dependent on the integrity of the phospholipid structure.

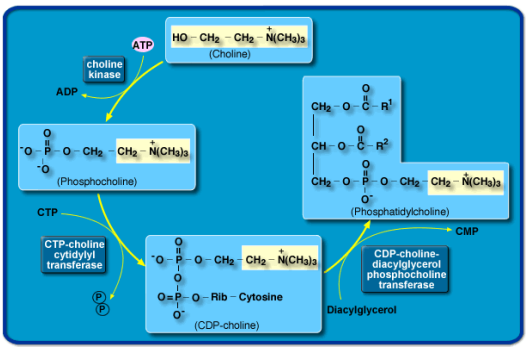
The body´s own synthesis of PPL declines with increasing age. Then there is the addition of endothelium damaging influences such as free radicals, detergents (dissolve the phosphatidylcholine from the membrane), inflammation, allergies, immunological processes, metabolic diseases, toxic substances, heavy metals and not to mention the mechanical damage done by angioplasty.

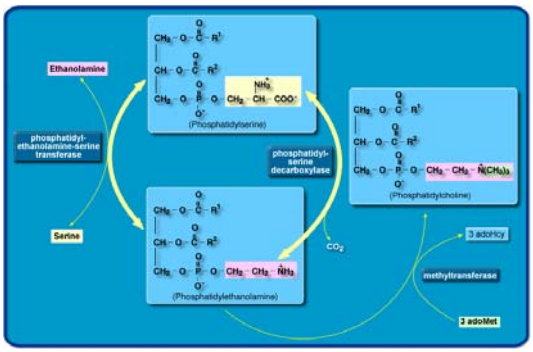
The consequences of this chronic damaging are defective cell membrane structures. This in turn leads to:
- Impeded transport of substances through the cell membrane
  - disturbed enzyme function (disturbs energy provision)
  - inactivated, destroyed, mutated receptors
  - disturbed organ function
  - release of oxidated LDL cholesterol (leads to weakend membrane stability and increased serum LDL)
  - scar tissue
  - plaque formation
  - elevated homocystein levels

The mechanism of effect of PPL is: (as example in the liver cell (2), (10).)
1.Stability ↑ against Viruses, Toxins, Noxen
2.Cell protection ↑ (free radicals ↓, Lipidperoxidation ↓)
3.Physiology ↑ (Fluidity ↑, Elasticity ↑, Flexibility ↑, Rigidity ↓, Permeability N, Enzym- & Proteinactivation, Prostaglandines ↑)
4.Regeneration ↑ (energy laden Elements ↑, RNS-Synthesis ↑, Livercellglykogen ↑)

5.Immunology ↑ (ADCC ↓, MILT ↓)
ADCC: Antibody dependent, cell mediated cyto toxicity, MILT: Mitogenic induced Lymphocytotoxicity
6. Restoration of the normal membrane structure
7. Antifibrotic Effect
8. Improved lipid metabolism with formation of lipoproteins
9. Stabilisation of the gall fluid

The biochemical Pathway of Phosphatidylcholine





In vitro and in vivo effects of „essential“ phospholipids“

Based on more than 15 experimental studies the important questions about pharmacokinetics of EPL could be seen as answered in 1990 (2). Many studies with intravenous application of EPL describe their influence on the lipid metabolism, formation of atherosclerosis, liver and kidney function.

In 1962 Varkony (4) wrote about the cholesterol lowering influence and the improvement of angina pectoris and claudication symptoms in EPL treated patients. 1995 Klimov (5) compared EPL with nicotinic acid in the treatment of type IIb hyperlipoproteinaemie and coronary heart disease. He ascertained, that nicotinic acid better increases HDL than EPL, but EPL-patients had a significantly improved bike ergometric capacity. Borodin et al (6) found a lower cholesterol content in erythrocyte and thrombocyte membranes in rabbits, treated intravenously with positively charged micelles from soy-phosphatidylcholine. They also found a reduced microviscosity of the cell membranes, an inceased Na,K- und Ca-ATPase activity in erythrocytes and a reduced aggregation of thrombocytes, that is induced by ADP and collagen. The phospholipid contents in the serum was increased as well as cholesterol in the HDL fraction. Triglycerides and the atherogenic index were reduced. Atherosclerotic lesions of the aorta were two times less than in the control group. In the seventies animal experiments (7) showed, that EPL removed lipids, that are characteristic for atherosclerosis, from the arterial wall and promote the elimination of cholesterol esters from tissues. The incorporation of H3-marked EPL in cholesterol esters is significantly increased in atherosclerotic arteries. The H3-EPL Cholesterol esters were removed from the arterial tissue after 8 weeks of EPL treatment, as were also 14c-Acetate, 3H-Olein und 14c- Linol marked Cholesterol esters.
Pupita et al (8) treated 31 atherosclerosis patients with intravenous EPL and found a significant improvement of all pathological serum lipid values and a reduction of atherosclerotic symptoms. In 5 patients the function of the adrenal cortex was improved (ACTH test) and patients with nephrotic syndrome showed the same positive results reg. serum lipids. The tendency towards increased blood clotting often seen in atherosclerotic patients was normalized with EPL treatment. Adams et al (9) showed a marked plaque formation in rabbits where atherosclerosis was provoked with cholesterol feeding without treatment and with treatment with ovolecithin, but no occurrence of atheroma and fatty liver in rabbits treated with phosphatidylcholine from soy. Bowyer et al (11) checked the endocytosis rate of smooth muslce cells and epithelial cells in vitro, as the incorporation of lipids into these cells of the arterial wall is a major factor in the pathogenesis of atherosclerosis. They found that the rate of endocytosis is significantly reduced by adding phsophatidylcholine. From 1989 to 1991 Belotserkovskii et al (12) treated patients suffering from coronary heart disease with either plasma pheresis, plasmapheresis and EPL,

extracorporal hemocorrection or all 3 treatments combined. The CHD improved the most in patients of the last group. Cholesterol values were only reduced in the patients receiving EPL.

Literature

1. Drechsel S, Bertel O, Lafont A. Mechanismen und Prävention der Restenose nach Koronarangioplastie. Schweiz Med Wochenschr 1998;128:497-507

2. VII. Colloquium hepatologicum Halle/Saale, 16.-18.10.1990, Zeitschrift für Gastroenterologie, Sonderheft

3. Aleynik MK et al: Polyenylphosphatidylcholine opposes the increase of cytochrome P-450E1 by ethanol and corrects its iron induced decrease. Alcohol Clin Exp Res 23(1):96-100, 1999.

4. Ein Beitrag zur therapeutischen Wirkung der oralen und intravenösen Verabreichung “essentieller” Cholinphospholipide:*Varkonyi Gy, Zeitschrift für die gesamte Innere Medizin und ihre Grenzgebiete, Heft 18, S. 830, 1962*

5. Essential phospholipids versus nicotinic acid in the treatment of patients with type Iib hyperlipoproteinemia and ischemic heart disease: *Klimov AN et al, Cardiovasc Drugs Ther 9(6):779-84, 1995*

6. Extraction of cholesterol from biological membranes with positively charged micelles of phosphatidylcholine: *Borodin EA, Lanio ME, Khalilov EM, Markin SS.Torkovskaia TI Biulleten Eksperimentalnoi Biologii I Meditsiny 99 (2): 164-6, 1985 Feb*

7. Removal of endogenously labeled lipid from atherosclerotic aortic explants incubated in vitro: *AK Horsch, K Hudson et al,”Atherosclerosi,s is it reversible ?”, 1978, 74 – 88*

8. Therapy of arteriosclerosis with “essential” phospholipids: *Pupita F, Gagna C, Med Monatsschr. 1969 Nov;23(11):514-5. German*

9. Modification of aortic atheroma and fatty liver in cholesterol-fed rabbits by intravenous injection of saturated and polyunsaturated lecithins: *Adams CW et al, J Pathol Bacteriol. 1967 Jul; 94(1):77-87.* Supported by the British Heart Foundation, the Tobacco Research Council and by USPHS Grant No. HE-06483-04 of the NIH.

10. Pleomorphic functions of highly unsaturated phospholipids in biological membranes and serum lipoproteins: *Stoffel W et al, Med Welt 29(4): 124-31, 1978*

11. Inhibition of endocytosis in the arterial smooth muslce cells by means of highly unsaturated phosphatidylcholine: *Bowyer DE et al, Med Welt 1979 Sep 28;30(39):1447-8. German*

12. The use of EPL preparation in the combined efferent therapy of the clinical manifestations of an atherosclerotic process: *Belotserkovskii MV et al, Ter Arkh. 1993;65(8): 32-6. Russian*

General Information

Composition:

X-Plaque 50 ml	
Effective components	
Essential Phospholipids (70% Phosphatidylcholine)	**2500 mg**
Stabilizing components	
Deoxycholic acid	1250 mg
Vitamin E (DL-a-Tocopherolacetat) Ph.Eur.	10 mg
Ethanol 96% Ph.Eur.	120 mg
Benzylalcohol Ph. Eur.	450 mg

The pH is 8.2

Therapeutic uses:

1. Use of X-Plaque over the past 8 years by chelation doctors worldwide has proven that X-Plaque is extremely useful in helping patients avoid By-pass surgery, Angioplasty, amputations (especially in Diabetics) and strokes .

2. X-Plaque patients experience improved kidney function, improved sexual potency, better memory and over all improvement of their health. Most patients are freed of taking many medications such as B-Blockers, Nitro-glycerine, Calcium channel blockers etc.

3. As a prophylactic and treatment for fatty embolus

4. X-Plaque tested in animals showed a lengthened lifespan by at least 30%.

Contraindications:

Because of Benzyl alcohol not to be used in new-borns

Side Effects:

- If the application proceeds too rapidly a fall in blood pressure can occur

- Seriously ill patients, especially candidates for By-pass surgery, angioplasty, amputation or stroke will most of the time experience diarrhea and have elevated liver enzymes at the

beginning of the treatment, which is easily controlled by Imodium. As a rule these side effects will disappear and the liver enzymes will return to normal.

- **In some isolated reports, patients got phlebitis due to not using a catheter or to high dosage of X-Plaque. In these cases we recommend** increasing the dilution from 250ml D5W to 500ml D5W. **The infusion must be administered** intravenously slowly for the duration of at least 90 minutes**. For the infusion we highly recommend the use of an indwelling** 22 G Teflon catheter manufactured by Becton Dickinson or Braun. Do not use the Terumo catheter it reacts with the X-Plaque and we have had some problems with phlebitis.

Reactions with other medications:

Do not mix X-Plaque with saline/salt solution or Ringers Lactate, the mixture may turn cloudy.

Dosage plan:

(see treatment schedule) **Only clear solutions are to be used** and should only be mixed with solutions such as glucose, laevulose & dextrose. The X-Plaque should be at room temperature before mixing with the D5W solution; if not cloudiness could occur.

Packaging & Storage

50ml ampoules to be stored in the refrigerator **(do not freeze)**

Make your cells young again to combat atherosclerosis, improve circulation, and even reverse aging

Angioplasty and coronary bypass are two of the most common surgeries performed today.

But despite the procedures' widespread use, how successful are they really? Research tells us that up to half of all angioplasty patients experience restenosis (another blockage of the same artery) within six months of the procedure.1 And up to 20 percent of bypass patients see their grafts close up again within a year of surgery.2

According to a doctor in Switzerland, there is a better way. In fact, he says this non-invasive, organic protocol for clearing plaque from arteries has been around for decades - but got lost in the black hole of the pharmaceutical industry.

And he says this approach isn't just for heart patients-it can improve circulation in diabetics, boost male sexual performance, and even reverse the ravages of aging.

How EPLs control your overall health

The cell is the most basic unit of human life. Every organ, every bone, every bit of skin in your body is composed of cells. But if we zoom in on an individual cell, we see that it's a complex organism in its own right.

Each cell is covered in several layers of membrane. The cell membrane is made up of different kinds of phospholipids, a type of lipid molecule that contains one or more phosphate groups. There are two major types of phospholipids: phosphatidylcholine (PC), which is derived from glycerol, and sphingomylin (SM), which is derived from sphinosine. Both play critical roles in cell membrane function-and they're so important that some doctors and scientists have begun referring to PC and SM as "essential phospholipids," or "EPLs."

Phospholipids activate the enzymes that trigger protein receptors on the cell membrane to receive neurotransmitters, hormones, peptides, antigens, antibodies, and other biological messengers. They also regulate many different metabolic processes in the cell membrane, and influence the synthesis of prostaglandins from essential fatty acids.

In short, without a properly functioning phospholipids structure, your cells are in trouble. And while nearly all of us have a ready supply of high-functioning phospholipids when we are young, things can start to unravel as we age.

End the relentless assault that aging wages on your cells --and your heart

Of the two main kinds of EPLs, PC generally outnumbers SM in cell membranes as much as nine to one, although this ratio varies depending on the function of a specific cell. But as we age, a number of factors conspire to impede the body's own synthesis of PC. Years of exposure to free radicals, disease, allergens, and environmental pollutants can upset the delicate balance. Furthermore, the body's natural production of PC slows over time. The result is an inadequate supply of PC-and consequently, defective cell membranes.

When cell membranes aren't functioning properly, all sorts of things can go wrong. Nourishment can't get in effectively, and wastes can't get out. Enzyme function is disturbed. Receptors can't function properly, causing all sorts of imbalances. All of these problems contribute to a destructive cycle-each ultimately weakens cell membrane stability even more.

How does all this relate to the heart? These effects manifest themselves most vividly there, because the heart gets attacked inside and out. When phospholipids in the cell membrane become unbalanced, cholesterol synthesis is disrupted, causing an increase in circulating LDL, or the so-called "bad cholesterol." At the same time, the phospholipid imbalance impedes the function of heart muscle cells, making it harder and harder for the heart to pump blood through those ever-narrowing arteries. Both factors together contribute to atherosclerosis, a common-and potentially deadly-problem in older adults.

Doctors have known about the critical relationship between phospholipids and cell membrane function for decades. So the next logical step was to see if they could replenish the body's dwindling supply of PC somehow and reverse the destructive cycle.

Decades-old research proves you can turn back the hands of time

The research actually began back in the 1960s and 70s in Russia and Germany. Scientists discovered that soy lecithin-a byproduct created during the processing of soybeans into soybean oil-is a phyto-phosphatidylcholine, with the same molecular structure as human PC. They experimented with injecting the soy lecithin solution into animals with elevated cholesterol levels and assessing the results. Although most of those early studies weren't translated into English, the extent of work done and indexed in MEDLINE, an internet search engine specifically for medical studies, suggests that this was a promising line of research.
(One study was even supported by a grant from the British Heart Foundation and the U.S. National Institutes of Health.)

Abstracts of several more recent studies support the hypothesis. One Russian study shows that an intravenous injection of soybean PC into rabbits with atherosclerosis effectively lowered cholesterol levels in red cell and platelet membranes, improved membrane permeability and reduced platelet aggregation. It also increased ATP activity in the cells, the nucleotide that serves as an energy source for many metabolic processes and is required

for RNA synthesis.3

Another Russian study compared the effects of EPL versus niacin on cholesterol levels in 100 patients with ischemic heart disease. After six months of treatment by injection, the scientists found that EPL was as effective as niacin in reducing total cholesterol, LDL, and triglyceride levels. Both approaches also reduced the intensity and number of angina attacks per week, but only the EPL patients demonstrated an increase in exertion capacity in a cycling test.4

Treatment relieves angina and eliminates the need for medication

The early research led to the development of a product called Lipostabil, which was approved and marketed in Germany and, eventually, in 53 other countries. But over the next few decades, the product virtually disappeared. No one is quite sure why, but problems with the manufacturer and lack of funds may have had something to do with it. Research into phospholipids and their role in cell membrane health dried up for about 10 years. (In the meantime, angioplasty and bypass surgeries took off as the mainstream solution of choice.)

That is, until **Dr. Sam Baxas at Baxamed Medical Center in Binningen, Switzerland** resurrected it. Dr. Baxas had some experience with Lipostabil earlier in his career, but when he inquired about it again he found it was no longer available. After re-reading the EPL research from years ago, he was convinced of its viability and determined to make an EPL product available to his patients. He found a pharmaceutical company in Germany to re-create the Lipostabil formula and began using it with a small group of six patients. According to Dr. Baxas, the results in these patients were nothing short of amazing.

Two had already undergone bypass surgery; a third patient had gone through two angioplasties and still suffered with angina; and a fourth had a Thallium stress test indicating serious blood flow problems in his heart. The last two patients had serious circulation problems threatening their legs and feet.

All six received intravenous infusions of Dr. Baxas' EPL solution several times a week for several weeks for a total of 40 treatments. And according to Dr. Baxas, at the conclusion of the study all the participants were completely free of symptoms and no longer dependent on medication. The heart patients no longer had angina pain, and a follow up Thallium test showed no perfusion problems. In the patients with circulation problems, skin color, temperature and pulse rate were normalized, and pain while walking disappeared.

Not just for the heart- makes cells throughout your entire body young again

Since then, Dr. Baxas has used his treatment on many patients and seen remarkable results in relieving angina and improving circulation to the extremities. In 2001, he began making his EPL protocol available to doctors around the world. And as more and more people began to use it, he noticed some interesting things.

The heart and the circulatory system weren't the only parts of the body that benefited from EPL infusions. Sure, improved heart function and improved circulation yield wide ranging benefits in the body. But that couldn't completely explain the results Dr. Baxas was noticing. Patients who underwent EPL infusions looked and felt younger. They had more energy. They were healthier. They even reported an increase in libido, and men reported an improvement in sexual performance.

After some thought, Dr. Baxas decided that it all made sense. Phospholipids are present in the membranes of all cells, not just heart cells and blood cells. And all cells experience an imbalance of PC and SM as the body ages. Providing additional PC to the body was bound to improve the cell health of cells throughout the body, making them function again as they had in younger years.

Doctors across the country and around the world are beginning to offer **X-Plaque treatments** for their patients with atherosclerosis, circulation problems, and aging concerns. Since it is administered in intravenous infusions, **X-Plaque is only available to medical doctors**. But if you are interested in exploring X-Plaque treatment for your health issues, Dr. Baxas can provide referrals to experienced physicians, or he can provide information to your personal physician.

X-Plaque Treatment Protocol

The following information is for the exclusive use of medical health providers with a medical degree and specialised in the field of Chelation Therapy.

Prior to starting treatment, all heart patients should have undergone one of the following tests: Thallium Stress Test, cardiac catheterisation, examination with the fast CT to check for calcifications in the arteries of the heart or Doppler ultrasound exam of peripheral vessels, which will show complete or incomplete blockage of these vessels. This test should be repeated after therapy as well. Levels of Homocysteine, B6, Fibrinogen and Cholesterol with Triglycerides as well as HDL and LDL should also be tested before, during and after completion of the treatments.

Mix X-Plaque (room temperature) with 250 ml of D5W (DO NOT USE SALINE/SALT SOLUTION!) The use of D5W in Diabetics is no problem.

Treatment No 1	**use**	**20ml**	**X-Plaque**
Treatment No 2	**use**	**30ml**	**X-Plaque**
Treatment No 3-20	**use**	**50ml**	**X-Plaque**

Important information

- If the patient weighs more than 170 pounds you can increase to 60ml for the treatments No. 6-20. Do not exceed 60ml per treatment.

- If the patient is below 170 pounds it is recommended to stay at 50ml as the highest dosage.

- The infusion must be administered intravenously slowly for the duration of at least 90 minutes. For the infusion we highly recommend the use of an indwelling 22G or 24G Teflon catheter manufactured by Becton Dickinson or Braun. We have noticed that Terumo catheters react with the X-Plaque solution and cause Phlebitis, therefore we recommend using the BD catheters.

- For 20 treatments you will need 18 vials at 50ml/2500mg (highest dosage 50ml)
  For 20 treatments you will need 22 vials at 50ml/2500mg (highest dosage 60ml)

- At the beginning patients should be kept on their medications such as Beta-blockers, Nitroglycerine and anti-hypertensives. Cholesterol lowering drugs should be stopped gradually. Patients may continue with their coumadin treatment.

- During the course of the treatment all medications can be slowly reduced and as a rule by the end of 20 treatments patients may only need Nitroglycerine on a " as needed basis". Severe cases may require 40 - 50 treatments to reach an asymptomatic state without medication.

- X-Plaque cannot be mixed with Chelation solutions. We do not recommend giving the patient X-Plaque and Chelation the same day. We recommend combining the 2 therapies as follows:
  Monday: X-Plaque Wednesday: Chelation Friday: X-Plaque

The combined effects of Chelation with its properties to remove heavy metals, its anti-oxidative qualities mixed with the vessel cleansing qualities of X-Plaque provides an ideal treatment modality.

Because of the ability of X-Plaque to cleanse 75 000 miles of blood vessels in the body, you as a physician will notice a dramatic improvement in cerebral function, a return of sexual potency and of course a return to normal circulation to the coronary vessels with a disappearance of symptoms.

The importance of maintenance therapy

After researching treatment with **X-PLAQUE** since 8 years we would like to give you important information concerning maintenance therapy. We are now of the opinion that all patients who have received X-PLAQUE treatment in order to avoid invasive angioplasty, by-pass surgery, an amputation or protection against future strokes should definitely receive maintenance therapy. Maintenance therapy should be based on the severity of their illness. Severe cases (such as candidates for angioplasty, bypass surgery, amputation or strokes should definitely receive two X-PLAQUE infusions monthly and all other patients once monthly.

Concerning the treatment **cost of X-PLAQUE**; in the past we have always recommended a per treatment cost of **US$150.—** but have left this to the discretion of the treating physician. We would however like to point out that all patients referred to you from us have been told that the cost is US$150.—per treatment, thus making it possible for you to charge this amount.

Please note that we are including a list of localities (mostly hospitals) in the USA where before and after examinations of cardiac lesions and calcium score can be checked with the Siemens Somatom Sensation 16 scanner which is considered to be the best spiral CT worldwide for the above. Some locations may even have a 64 slice

If there is such a machine in your area it would be wise to contact the institute. We have been able to negotiate a price between US$200 and US$ 250.— per exam. This exam gives you the results of your work with X-PLAQUE. It is also possible to perform a cardiac angiography with the same machine by injecting a dye intravenously. It is possible that the radiologists who have this machine are not yet doing the angiography. If this is the case than we recommend an additional test with the PET (positron emission tomogram) which shows the perfusion of blood in the heart. These tests should be performed before and after a series of 20 to 40 X-PLAQUE treatments. The treating family physician and the patients cardiologist will be astounded by the results your getting with X-PLAQUE treatment. The results we have been getting the last 8 years have shown an average **reduction in vascular lesions of 50-60%** and a reduction in **calcium score of an average of 60%.** As you all know, another plus is the reduction in medications needed by the patient as well as the lowering of Homocysteine and LDL levels in the blood.

With time we have seen how important homocysteine levels have become and how insignificant the levels of cholesterol have become as far as plaque formation is concerned. Cholesterol slowly takes on its original function as a powerful antioxidant in the body.

In closing, we cannot stress how important it is to maintain maintenance therapy for your patients and for this reason are enclosing an open letter from us to your patients stressing this importance. We recommend very highly that you give this letter to patients finishing up treatment with X-

PLAQUE. What could be more important to a patient than maintaining the good health that X-PLAQUE has given her or him and making it possible for them to avoid invasive procedures like angioplasty, by-pass surgery, and amputations, not to mention avoiding strokes.

We would like to mention here that we now know, that X-PLAQUE also **improves kidney function by at least 30%** in patients with kidney damage. Dialysis patients receiving dialysis 3 times weekly can be reduced to once weekly after a series of 30 X-PLAQUE treatments. Our medical representative in India, **Dr. Mirchandani** describes this in his new book, where he has devoted an entire chapter to X-PLAQUE.

SOMATOM Emotion BY SIEMENS

Tailored to Your Needs

Does outstanding performance combined with excellent reliability sound interesting to you? If yes, please take a closer look at the *NEW* SOMATOM Emotion.

Tailored scanner configurations
Power, speed and multislice "à la carte".

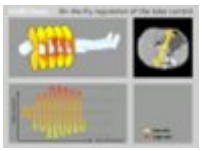
Tailored applications
Powerful applications spectrum with the lowest possible radiation exposure.

Tailored workflow solutions
High productivity - powered by *syngo*.

You can select the right performance to image up to more than 50 patients per day or to be profitable with small numbers of patients by tailoring the scanner configuration to your needs. You can select out of a large variety of the newest applications for colon, lung, heart imaging and whole body organ systems early disease diagnosis as well as all standard CT applications. In addition, you can rely on the excellent Siemens image quality.

All this comes together with proven reliability of more than 1,500 installed Siemens SOMATOM Emotion, easy and fast installation due to minimal siting requirements (no chiller) and lowest life cycle costs.

Hand CARE™ is an on-line dose reduction feature to reduce radiation exposure to the user and the patient by switching the radiation off in the upper segment of the 360º tube-rotation circle.



Real-time Dose Modulation of the tube current to instantly follow the shape of the anatomy.

SOMATOM Sensation 16 Scanners Installed in USA as of 03.31.2003

Hospital	City	State
RADIOLOGY ASSOCIATES	LITTLE ROCK	AR
MAYO CLINIC	SCOTTSDALE	AZ
VERDE VALLEY MEDICAL CENTER	COTTONWOOD	AZ
FOUNTAIN VALLEY REG HOSP & MED CTR	FOUNTAIN VALLEY	CA
BLAKE WILBUR IMAGING	PALO ALTO	CA
BODYPLAN INSTITUTE OF SANTA BARBARA	SANTA BARBARA	CA
ADVANCED MRI EQUIPMENT LLC	SANTA ROSA	CA
PUEBLO RADIOLOGY	SANTA BARBARA	CA
PUEBLO RADIOLOGY	SANTA BARBARA	CA
UC IRVINE MEDICAL CENTER	ORANGE	CA
VITAL HEALTH DIAGNOSTICS, LLC	RIVERSIDE	CA
AMERISCAN LLC	SAN FRANCISCO	CA
MEDICAL IMAGING CENTER	SANTA MONICA	CA
NEWPORT DIAGNOSTIC CENTER	NEWPORT BEACH	CA
UCLA MEDICAL CENTER	LOS ANGELES	CA
UCLA MEDICAL CENTER	LOS ANGELES	CA
INSIGHT HEALTH CORP IMAGING CENTER	OXNARD	CA
RADIOLOGY IMAGING ASSOCIATES	DENVER	CO
VA MEDICAL CENTER	WASHINGTON	DC
CHRISTIANA HOSPITAL	NEWARK	DE
PAPASTAVROS' ASSOCIATES	NEWARK	DE
LIFESCAN	FORT LAUDERDALE	FL
UNIVERSITY OF MIAMI	MIAMI	FL
MEMORIAL HOSPITAL	ORMOND BEACH	FL
H LEE MOFFITT CANCER CENTER	TAMPA	FL
CLEVELAND CLINIC HOSPITAL WESTON	WESTON	FL
Shands Hosp	Gainesville	FL
Shands Hosp	Gainesville	FL
INDIAN RIVER MEMORIAL HOSPITAL	VERO BEACH	FL
SHANDS JACKSONVILLE	JACKSONVILLE	FL
NASA / DUNWOODY	ATLANTA	GA
RADIOLOGY GROUP, PC,SC, IMAGING CTR	DAVENPORT	IA
NORTH IDAHO IMAGING	COEUR D'ALENE	ID
KOOTENAI MEDICAL CENTER	COEUR D'ALENE	ID
NORTHERN ILL MEDICAL CENTER	MCHENRY	IL
AMERISCAN, LLC	CHICAGO	IL
THE HEART CENTER OF INDIANA	INDIANAPOLIS	IN
RIVERVIEW HOSPITAL	NOBLESVILLE	IN
HUTCHINSON HOSPITAL CORPORATION	HUTCHINSON	KS
UNIV OF LOUISVILLE HOSPITAL	LOUISVILLE	KY
EAST JEFFERSON GENERAL HOSPITAL	METAIRIE	LA
BRIGHAM & WOMENS HOSPITAL	BOSTON	MA
Metro West Med Center	FRAMINGHAM	MA
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	MA
NEW ENGLAND MEDICAL CENTER	BOSTON	MA
BAYSTATE MEDICAL CENTER	SPRINGFIELD	MA
VA MEDICAL CENTER	BALTIMORE	MD
AMERICAN RADIOLOGY SERVICES	TIMONIUM	MD
WASHINGTON COUNTY HOSPITAL	HAGERSTOWN	MD
JOHNS HOPKINS OUTPATIENT	BALTIMORE	MD
JOHNS HOPKINS OUTPATIENT	BALTIMORE	MD

CALVERT MEMORIAL HOSPITAL	PRINCE FREDERICK	MD
SOMERSET ADVANCED CLINICAL IMAGING	RIVERSIDE	MI
METROPOLITAN HOSPITAL	GRAND RAPIDS	MI
FAIRVIEW RANGE REG. HEALTH SERVICES	HIBBING	MN
MAYO FOUNDATION - ROCHESTER	ROCHESTER	MN
MAYO FOUNDATION - ROCHESTER	ROCHESTER	MN
FAIRVIEW HOSP & HEALTHCARE SVC	MINNEAPOLIS	MN
BARNES JEWISH HOSP-SOUTH CAMPUS	SAINT LOUIS	MO
BARNES JEWISH HOSP-SOUTH CAMPUS	SAINT LOUIS	MO
UNC HOSPITALS	CHAPEL HILL	NC
ALAMANCE REGIONAL MEDICAL CENTER	BURLINGTON	NC
UNC HOSPITALS	CHAPEL HILL	NC
SIEMENS TRAINING & DEVELOPMENT CENT	CARY	NC
SAMPSON REGIONAL MEDICAL CENTER	CLINTON	NC
WILSON MEMORIAL HOSPITAL	WILSON	NC
ST BARNABAS MEDICAL CENTER	LIVINGSTON	NJ
KIMBALL MEDICAL CENTER	LAKEWOOD	NJ
MOUNT SINAI MEDICAL CENTER	NEW YORK	NY
MT. SINAI MEDICAL CENTER	NEW YORK	NY
NEW YORK UNIVERSITY MEDICAL CENTER	NEW YORK	NY
NASSAU COUNTY MEDICAL CENTER	EAST MEADOW	NY
HEALTHSTAR IMAGING, LLC	NEW YORK	NY
WESTSIDE RADIOLOGY	NEW YORK	NY
CLEVELAND CLINIC FOUNDATION	CLEVELAND	OH
CLEVELAND CLINIC - WOOSTER	WOOSTER	OH
CCF - BEACHWOOD INTEGRATE MED	BEACHWOOD	OH
GOOD SAMARITAN HOSPITAL	CINCINNATI	OH
HOSPITAL OF UNIV OF PA	PHILADELPHIA	PA
YORK HOSPITAL	YORK	PA
CROZER CHESTER MEDICAL CENTER	UPLAND	PA
LANCASTER GENERAL HOSPITAL	LANCASTER	PA
PREMIER DIAGNOSTIC IMAGING, LLC	COOKEVILLE	TN
UNIV OF TENNESSEE	MEMPHIS	TN
MEDICAL CENTER HOSPITAL	ODESSA	TX
WADLEY REGIONAL MEDICAL CENTER	TEXARKANA	TX
ALLIANCE HOSPITAL	ODESSA	TX
SID PETERSON MEMORIAL HOSPITAL	KERRVILLE	TX
HILL COUNTRY MEMORIAL HOSPITAL	FREDERICKSBURG	TX
METHODIST MEDICAL CENTER	DALLAS	TX
SHANNON WEST MEMORIAL HOSPITAL	SAN ANGELO	TX
METHODIST MEDICAL CENTER	DALLAS	TX
MEDICAL PARK TOWER CLINIC	AUSTIN	TX
CHARLTON METHODIST HOSPITAL	DALLAS	TX
Tomball Regional Hospital	Tomball	TX
ALAMEDA IMAGING CENTER	CORPUS CHRISTI	TX
INOVA ALEXANDRIA HOSPITAL	ALEXANDRIA	VA
CARILION WAREHOUSE	ROANOKE	VA
SOUTHSIDE REGIONAL MEDICAL CTR	PETERSBURG	VA
VIRGINIA BEACH GENERAL HOSPITAL	VIRGINIA BEACH	VA
GUNDERSEN CLINIC	LA CROSSE	WI
MERITER HOSPITAL	MADISON	WI

Case Histories

Patient Nr. 1

B.C., born 1928, male in Hawaii

1/98	severe angina pectoris with 3 vessel disease, prepared for tripple By-pass operation taking various medication including nitroglycerine
2/98 - 10/98	20 X-Plaque and 10 Chelation treatments
10/98	patient needs no medication, a fast CT showed no calcifications in the coronary arteries, By-pass operation is no longer necessary
08/01	Some angina pectoris pain has returned. He will repeat the treatment with 10 X-Plaque infusions.

Patient Nr. 2

E.H., born 1918, male in Basel

11/94	patient suffers from angina pectoris, needs nitroglycerin. A PTCA of a RIVA stenosis is performed
2/95-7/95	18 Chelation treatments
3/96-5/96	5 X-Plaque treatments
6/96	a thallium test shows normal values, done under anti-ischemic treatment
1/97-5/97	10 Chelation and 15 X-Plaque treatments
7/97	a thallium test shows a small ischemia in the apex, done under no anti-ischemic treatment
6/98-8/98	12 X-Plaque and 3 Chelation treatments patient needs no anti-ischemic medication
08/01	the patient is still in perfect cardiac health

Patient Nr. 3

G.S., born 1925, male in Basel

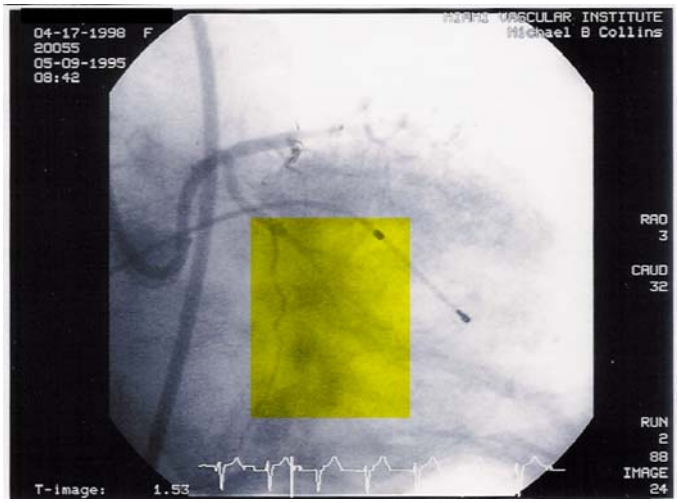
7/95	patient is strong smoker, has peripheral artery disease, walking distance limited to 200m has angina pectoris and a thallium test shows coronary artery disease
4/96-7/96	18 X-Plaque treatments, patient has no symptoms and needs no medication, Oszillometry shows R. +10, L. +20

Patient Nr. 4

A.R., born 1930, female in Basel

3/95	patient suffers from angina pectoris, takes nitroglycerine
4/95	a PTCA of 1 coronary arterie is performed
6/95	patient suffers again from angina pectoris, but a thallium test is normal
7/95	angiography shows restenosis, another PTCA is performed
9/95	angina pectoris returns

9/95-12/95 8 Chelation treatments
1/96-4/96 22 X-Plaque treatments
5/96 a thallium test shows normal values, patient is symptom free
5/96 4 X-Plaque treatments
2/97 5 X-Plaque treatments
6/97 7 X-Plaque treatments
3/98 5 X-Plaque treatments and 3 Chelation
7/98 11 X-Plaque treatments and 2 Chelation
10/98 4 X-Plaque treatments
04/01 a Fast-CT shows a normal calcium score



Score Summary:

Coronary Artery Name	Score
Left Anterior Decending	23.8
Left Circumflex	4.3
Right Coronary Artery	176.7
Left Main Artery	0
Total Score	204.8

Physicians' Report

___ Score of zero. Normal. No identifiable atherosclerotic placque.
___ 1 - 149. Mild identifiable placque. Possible mild or minimal coronary artery stenosis.
_X_ 150 - 499. Moderate identifiable placque. Possible mild or minimal coronary artery stenosis.
___ **500 - 999. Moderate to Severe identifiable placque. Likelihood of significant stenosis of at least one coronary vessel.**
___ **1,000 - to 10,000 or above. Severe identifiable placque. High likelihood of significant stenosis of more than one coronary vessel.**

Physician's Comments:

Report Date: January 30, 2001

Approving Physician: Virginia A. Syperda, D.O.
Signature on file

Patient Nr. 5

R.T., born 1927, male in Basel

1969 and 1973	myocardial infarction
8/93	Hypertension, high cholesterol, mitral valve insufficiency double By-pass operation
1/96	stenosis of the grafts and other coronaries with anginga pectoris. Due to the existing grafts no By-pass operation or PTCA is possible.
1/96-7/96	50 X-Plaque treatments, patient can reduce medication
10/96-12/96	19 Chelation and 2 X-Plaque treatments
4/97-6/97	10 Chelation treatments
7/97	thallium test shows scar, no ischemia
7/97-12/97	30 X-Plaque treatments
1/98	thallim test shows scar, no ischemia. Patient is free of symptoms
04/01	the patient was hospitalized because of a hernia. A routine heart exam shows normal findings

Patient Nr. 6

P.S., born 1911, male in Basel

since 1960	insulin dependant diabetes mellitus
5/98	peripheral vascular disease in both legs, walking distance limited to 200 m by claudicatio. No puls in A. dorsalis pedis and A. tibialis post. both sides.
6/98-7/98	8 X-Plaque treatments and 1 Chelation
7/98	Oszillometrie R. +6, L. +4
7/98-8/98	11 X-Plaque treatments and 1 Chelation
9/98	Oszillometrie R. +8, L. 12
9/98-10/98	11 X-Plaque treatments and 2 Chelation treatments

Patient Nr. 7

R.B. born 1930, Basel

To measure the coronary calcium deposits and thereby the coronary plaques, the Fast CT exam was developed. A patient had a total calcium score of 1362.6 and a total of 13 lesions. After 30 X-Plaque treatments the total score was 563.2 and 4 lesions.

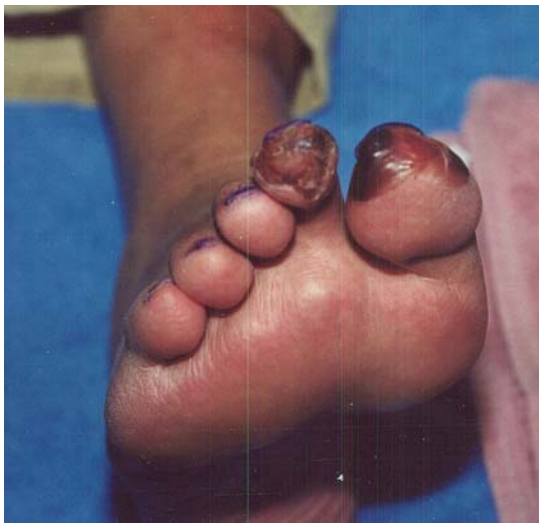
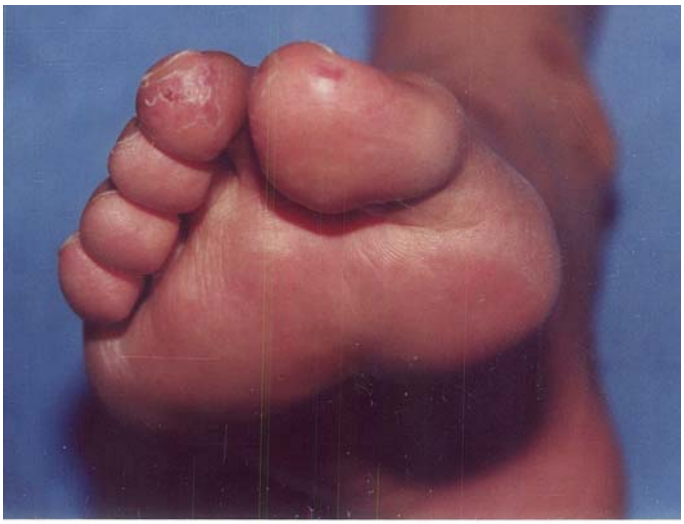
Overview:

Before			**After**	
Vessel	**Lesions**	**Calcium Score**	**Lesions**	**Calcium Score**
Left 1	0	0	0	0
Left 2	4	359.9	2	430.8
Right	5	970.2	1	103.6
Circumflex	4	32.5	1	28.7
Total	13	1362.6	4	563.2

Patient Nr. 8

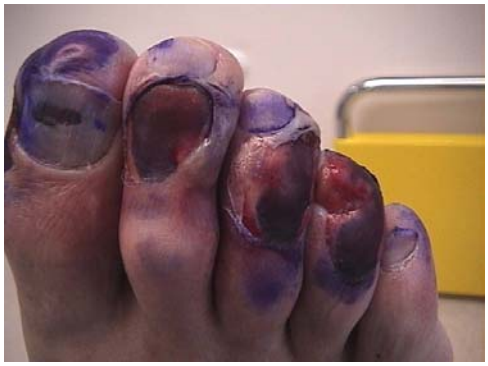
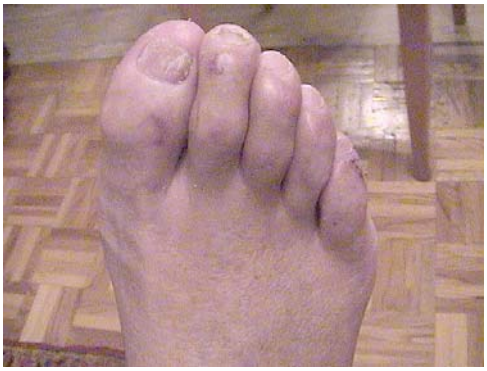
P.K. born 1945, Solothurn

A 53-year old male patient with non-insulin-dependent diabetes mellitus since 5 years as well as an active hepatitis C infection of unknown cause and duration. He developed inflamed and swollen blisters on his first and second toes of his right foot over night. The head of the dermatological outpatient clinic at the University hospital of Basel Switzerland diagnosed a vaskulitis due to cryoglobulins caused by the hepatitis C infection. Within a few days the tips of the toes turned purple and the danger of an amputation increased due to the reduced capillary blood flow caused by diabetes (left photo). We treated the patient locally with Low Level Laser therapy to promote wound healing and intravenously with X-Plaque infusions to improve capillary blood circulation. After 3 weeks of treatment with a total of 10 X-Plaque infusions and daily application of laser therapy we could promote granulation to the point that the wounds healed completely without sequelae (right photo).

3 years later the patient had another bout of vasculitis, again threatening the integrity of his toes:

A 56-year old male patient with insulin-dependent diabetes mellitus since 8 years developed inflamed and swollen blisters, losing some of the toe nails on 4 of his toes over night. The diagnosis was vasculitis due to cryoglobulins after a hepatitis C infection. This was the third time and the worst case of vasculitis the patient has suffered from. Within a few days the tips of the toes turned purple and the danger of an amputation increased due to the reduced capillary blood flow caused by diabetes (left photo). Within a few days a bacterial infection developed causing fever and puss. We treated the patient with oral antibiotics and with X-Plaque infusions to improve capillary blood circulation. After 3 months of treatment with a total of 20 X-Plaque infusions we could promote granulation to the point that the wounds healed almost completely (right photo).

Patient Nr. 9

A 67 year old female patient from Germany suffered from decreased walking distance due to peripheral vascular disease. The initial walking distance was less than 300 meters. The Doppler exam showed the following results:

Doppler 8/02:	**right**	**left**
Brachialis		140 mm Hg
A. tibialis posterior	160	180 mm Hg
	1.14	1.59 Index
A.dorsalis pedis	120	210 mm Hg
	0.86	1.50 Index

Diagnosis: 90 % stenosis of the A.poplitea right und 70 % stenosis of the A.femoralis sup. left.

A ballon angioplasty was done september 13th to 18th 2002. On the 18th another Doppler was done with the following results:

Doppler Sept 18th, 02		**right**	**left**
Brachialis			120
A.tibialis posterior		140	110
	Index	1.17	0.92
A.dorsalis pedis		140	120
	Index	1.17	1.00

The 20th of september the patient noticed an acute increase in pain and the walking distance fell to below 30 meters. Another Doppler exam showed:

Doppler Sept. 20th, 02		**right**	**left**
Brachialis			160
A.tibialis posterior		140	60
	Index	0.93	0.40
A.dorsalis pedis		170	140

The patient then received 14 X-Plaque treatments.

Another Doppler was done January 9th, 03:

Doppler Jan 9th, 03:	**right**	**left**
A.tibialis posterior	178	167
A.dorsalis pedis	180	180
Index	1.01	1.08

The walking distance increased to more than 300 meters.

Cases from colleagues

A 66 year old male patient had severe stenosis in one of his legs and an amputation was suggested. His doctor treatet him with about 30 X-Plaque and reports that the patient is playing Golf again with both of his legs intact.

Our colleague in India reports that the government health ministry has conducted a study with 8 patients and were amazed at the fantastic results.

There are currently over 230 physicians using X-Plaque world wide and more than 70 000 treatments have been done without any incidence.

Cerebrolysin

Cerebrolysin is a peptide-based drug that exhibits unique neurotrophic and neuroprotective activity. The effects of Cerebrolysin have been investigated and confirmed in various cell culture and animal models of neurodegeneration and ischemia.

For example, in ApoE knock-out mice, which suffer from early neuronal degeneration, Cerebrolysin treatment reversed cognitive impairment (Masliah E et al., 1999; Rockenstein E, 2002). Treatment for 4 weeks also reestablished normal MAP2 levels in the frontal cortex, increased the synaptic density and had morphological effects. These results suggest a normalization of neuronal cytoarchitecture compared to controls.

In a gerbil model of cerebral ischemia/reperfusion, Cerebrolysin decreased hydroxyl radical formation in the cerebral cortex and hippocamus. A significant number of pyramidal and hippocampal neurons in the CA1 region were saved (Sugita Y et al., 1993).

Stroke therapy

Stroke is the third most common cause of death worldwide. Damage from stroke has frightening proportions. Data from the US show that 157,991 people there were killed by a stroke in 1995; more than 700,000 people per annum suffer a stroke; and about 4.4 million US residents are stroke survivors. The yearly economic burden of stroke was about $51 billion in 1999. The incidence of stroke is rising every year.

But stroke is neither unpreventable nor untreatable. Early recognition, treatment in »stroke units«, and the attempt to treat the patients as early as possible have led to huge improvements in survival and rehabilitation. Unfortunately, stroke patients still wait, on average, for 13 hours before presenting at the emergency department and receiving treatment.

Neuroprotective and neurotrophic agents have opened new avenues in stroke treatment and increase the potential for survival and rehabilitation, even for patients who are unlucky enough to present later than the critical window of 3 hours after the event. Next to thrombolysis, protection of vulnerable neurons with neuroprotective agents has become the premier option for the treatment of ischaemic stroke.

Cerebrolysin, a neuroprotective and neurotrophic drug containing peptides with unique biological activity, protects the nerve cells from the hazards of the ischemic cascade. Cerebrolysin reduces excitotoxic damage, blocks overactivation of calcium-dependent proteases, and scavenges free oxygen radicals. It increases neuronal viability and survival during and after ischemic events.

Clinical trials with Cerebrolysin demonstrate that it is significantly effective in acute stroke and stroke rehabilitation and improves neurological function, global scores, activities of daily living, and cognitive performance. Trials of Cerebrolysin in stroke encompass more than 1,500 ischaemic stroke patients.

Randomised, double-blind, placebo-controlled clinical trials with Cerebrolysin in stroke

Barolin GS et al. (1996)	418 Patients with Acute Ischaemic Stroke and During Early Rehabilitation
Haffner Z et al. (1999)	48 Patients with Acute Ischaemic Stroke
Herrschaft H et al. (1998)	69 Patients with Acute Ischaemic Stroke
Ladurner G et al. (2000)	146 Patients with Acute Ischaemic Stroke and During Early Rehabilitation
Muresanu DF (1999)	60 Patients with Acute Ischaemic Stroke
Wege HW et al. (2001)	60 Patients with Acute Ischaemic Stroke and During Rehabilitation

Open-label clinical trials with Cerebrolysin in stroke

Domzal T et al. (1995)	131 Patients with Acute Ischaemic Stroke
Gusev EI et al. (1994)	60 Patients with Acute Ischaemic Stroke
Volc D et al. (1998)	331 Patients with Acute Ischaemic Stroke and During Rehabilitation

Safety of Cerebrolysin

No safety concerns for Cerebrolysin were noted in clinical trials. Adverse events (AEs) were rare and equally frequent in Cerebrolysin-treated groups or control groups. Most common AEs included vertigo, agitation and feeling hot. All AEs were mild and transient. There were no changes in the vital signs of the patients nor in any of the lab parameters.

An important fact: Cerebrolysin can be used safely in patients with acute haemorrhagic stroke (Shi Y et al., 1990). This allows the critical period to the start of treatment to be shortened, because Cerebrolysin can be given immediately, without waiting for brain imaging results. For further information please go to "Clinical safety".

Safety of Cerebrolysin is assured through many years of clinical application, information from post-marketing surveillance studies, and safety data from randomized, controlled clinical trials. Reported events from all sources indicate that adverse reactions due to the drug generally are mild in intensity and transient. There is no evidence for systemic toxicity. Data from double-blind, placebo-controlled clinical trials clearly demonstrate an incidence rate of adverse events under Cerebrolysin treatment similar to that of placebo-treated patients.

Following table gives an overview of all adverse events reported in clinical trials, summarized by body systems according to COSTART:

Body as a whole	74
Cardiovascular system	98
Digestive system	73

Endocrine system	1
Hemic and lymphatic system	6
Injection site reaction	4
Metabolic and nutritional disorders	11
Musculoskeletal system	3
Nervous system	213
Respiratory system	38
Skin and appendages	15
Special senses	5
Urogenital system	5
	546

Of these 546 reported adverse events, the most frequent were:

Headache	41
Vertigo	31
Nausea	24
Increased sweating	21
Agitation	20
Fever	18
Hypertension	18
Hallucinations	14
Hypotension	11
Confusion	10
Flu syndrome	10

These data were derived from 8,057 patients, corresponding to an incidence rate of 6.77 events per 100 patients.

The folowing table gives an overview of all adverse events reported from ongoing post-marketing surveillance studies, summarized by body systems according to COSTART:

Body as a whole	**7**
Headache	4
Fever	2
Asthenia	1
Cardiovascular system	**16**
Vasodilation	10
Tachycardia	4
Hypertension	1
Phlebitis	1

Digestive system	**5**
Nausea/vomit/malaise	3
Diarrhea	2
Nervous system	**39**
Vertigo	15
Agitation	11
Nervousness	7
Confusion	3
Hostility	3
Skin and appendages	**3**
Allergic cutaneous reaction	2
Pruritus	1
	70

These data derived from 2,986 patients corresponding to an incidence rate of 2.34 events per 100 patients. The accumulated evidence demonstrates that Cerebrolysin is safe and well tolerated.

Therapeutic indications

- Organic, metabolic and neurodegenerative disorders of the brain, especially senile dementia of Alzheimer's type
- Post-apoplectic complications
- Craniocerebral trauma; post operative trauma, cerebral contusion or concussion

Contraindications

- Hypersensitivity to one of the components of the drug
- Epilepsy
- Severe renal impairment

Special warnings and special precautions for use

Special care is indicated in cases of:

- allergic diathesis
- epileptic conditions and grand mal convulsions; Cerebrolysin treatment may result in an increase in the frequency of seizures
- although there are no indications that Cerebrolysin causes renal stress, the product should not be administered in the presence of existing severe renal insufficiency

Interaction with other medicaments and other forms of interaction

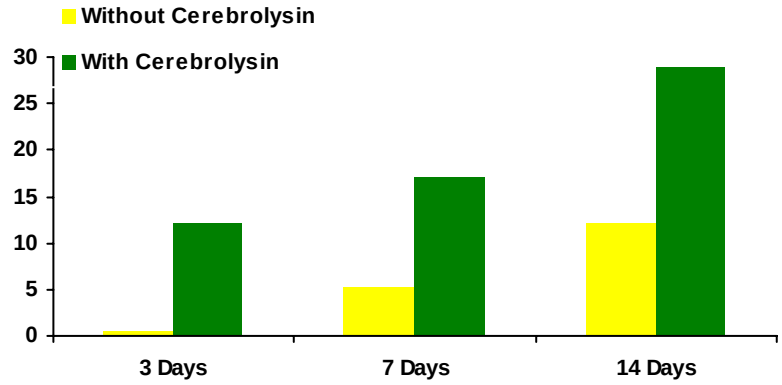
On the basis of Cerebrolysin's pharmacological profile, special attention should be given to possible additive effects when used in conjunction with anti-depressants or MAO-inhibitors. In such cases it is recommended that the dose of the anti-depressant is lowered.
Cerebrolysin should not be mixed with balanced aminoacid solutions in an infusion.

Pregnancy and lactation

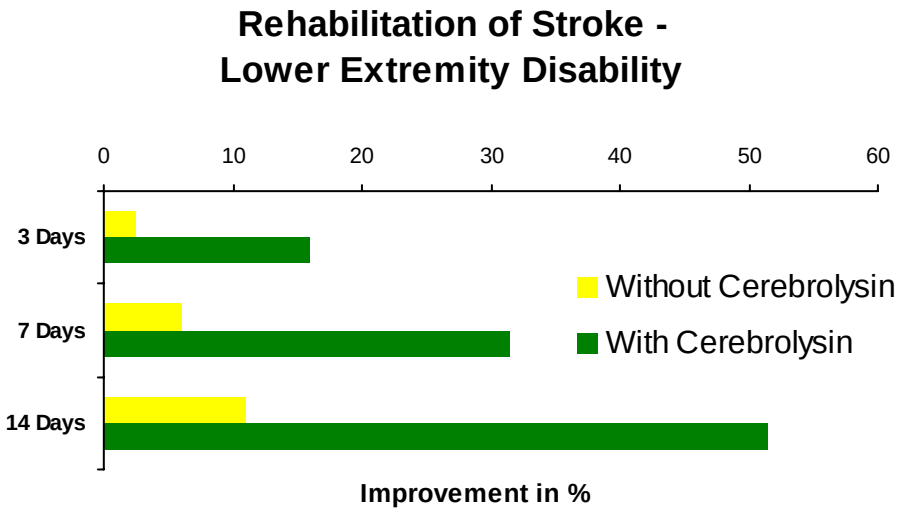
Animal studies did not show any indication of reproductive toxicity. However, no data is available for humans. Therefore, during pregnancy and lactation, Cerebrolysin should only be used after careful risk/benefit considerations.

Effects of the ability to drive and use machines

Clinical tests of Cerebrolysin have shown no effects on ability to drive a car or operate machinery.



Metaanalysis after stroke



Undesirable effects

- In rare cases the desired effects of activation have also been associated with agitation (aggression, confusion, insomnia).
- In one study rare cases of hyperventilation, hypertonia, hypotonia, tiredness, tremor,

depression, apathy, dizziness and symptoms of influenza (eg. cold, cough, infections of the respiratory tract) were reported.
Single cases of grand mal attack and convulsions have been reported with Cerebrolysin.

- In rare cases, gastro-intestinal disturbances, such as loss of appetite, dyspepsia, diarrhea, constipation, vomiting and nausea, have been observed.
- If injected too quickly, feelings of heat or sweatiness, dizziness, and, in isolated instances, palpitations or arrhythmias may result.
- Injection site reactions, such as erubescence, pruritus and burning have been reported.
- In very rare cases, hypersensitivity or allergic reactions such as skin reactions, local vessel reactions, headache, neck pain, limb pain, fever, lower backache, dyspnoea, chills and shock like state have been observed.

As Cerebrolysin is used in the elderly, the above-mentioned undesirable effects are typical of this patient population and may be observed without drug use.

Overdose

There are no known instances of health related negative effects due to overdose or intoxication.

Dementia

Introduction

Demen?ia is the fourth most common cause of death in G7 countries and will be so worldwide soon. The human and economic costs are enormous. Demen?ia is estimated to cost 100 billion dollars per year in the US, and the incidence is rising every year. However, if onset could be delayed on average for only one year, in the US there would be ~210,000 fewer persons afflicted with this disease after 10 years. This would result in annual savings of nearly 10 billion US dollars.

Currently, therapy of demen?ia is focused on symptomatic treatment. Neurotrophic agents open new avenues in demen?ia treatment and may be able to modify the underlying disease. Cerebrolysin, a unique neurotrophic and neuroprotective drug containing biologically active peptides, can slow down the progressive global and cognitive decline of demen?tia patients.

Data from recent clinical trials show that Cerebrolysin has a stabilising effect in patients with demen?ia, and demonstrate that it is significantly efficacious in cognitive function, global scores, and activities of daily living. Cerebrolysin induces long-term benefits, with sustained improvements for at least three months after withdrawal. Trials of Cerebrolysin in demen?ia encompass more than 2,500 patients. Safety data show that Cerebrolysin is well tolerated.

Randomised, double-blind, placebo-controlled clinical trials with Cerebrolysin in demen?ia

Bae CY et al. (2000)	58 Patients with AD
Panisset M et al. (2000)	192 Patients with AD
Ruether E et al. (2001)	149 Patients with AD
Ruether E et al. (1994)	120 Patients with AD

Ruether E et al. (2000)	Follow-Up of Above1994 Clinical Trial
Xiao S et al. (2000)	157 Patients with AD
Vereshchagin NV et al. (1991)	60 Patients with VD
Xiao S et al. (1999)	148 Patients with VD

Open-label clinical trials with Cerebrolysin in demen?ia

Gavrilova SI et al. (1998)	55 Patients with AD
Iakhno NN et al. (1996)	20 Patients with VD
Rainer M et al. (2000, 1997)	1.006 Patients with AD
Takahashi M et al. (1993)	22 Patients either with AD or with VD

The neurotrophic drug Cerebrolysin leads to statistically and clinically significant improvements in cognitive performance, global function, and activities of daily living of patients with demen?ia.

Patients on Cerebrolysin experience symptomatic improvement after only one month of treatment, which can be reinforced with a second treatment course. Beyond its symptomatic benefit, Cerebrolysin demonstrates a stabilizing effect on the pathological process and patients show sustained treatment benefit even after drug withdrawal. The safety profile of Cerebrolysin is excellent with only rare and benign side-effects.

Cerebrolysin is safe and effective in dementia.

Dosage and administration

Cerebrolysin® is available in 1ml, 5ml, and 10ml ampoules; and 20ml, 30ml, and 50ml vials.

For administrations up to 5ml intramuscular injection, over 5ml intravenous injection or infusion is recommended.

Cerebrolysin® can also be given diluted in a standard IV solution (e.g. physiological saline solution, Ringer's solution, glucose 5%) infused slowly over approximately 10 to 15 minutes.

Once daily applications of Cerebrolysin® for a minimum of 10 to 20 days are recommended. This constitutes a *course of therapy*. In mild cases 1-5ml, in severe cases 10-30ml should be applied. The length of the therapy and the individual dose depends on the age of the patient and severity of the disease.

Usually a treatment period of *three to four weeks* is recommended. Therapy courses can be repeated several times in accordance with the clinical picture of the patient until no further improvement can be observed. Therapy-free intervals of one therapy cycle duration should be maintained between courses.

In severe cases it is advisable not to interrupt treatment abruptly but to continue with one injection every other day for a period of four weeks. From the above-mentioned clinical trails the following daily dosage

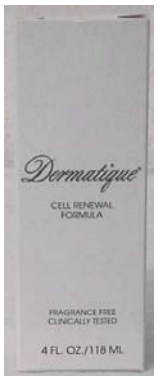
guidelines for adults can be deducted; in dementias 5-30ml daily, in postapoplectic deficits and brain injuries 10-60ml daily.

Storage: Keep in a safe place out of the reach of children. Store in a dry place below 25°C. Protect from light.

Presentation and packs

Original packs of 10 ampoules of 1ml	Original packs of 5 vials of 20ml
Original packs of 5 ampoules of 5ml	Original packs of 5 vials of 30ml
Original packs of 5 ampoules of 10ml	Original packs of 5 vials of 50ml

Dermatique Cell Renewal Formula



Dermatique *Cell Renewal Formula* was originally designed as a therapeutic skincare product for primarily the skin of the face and neck. It has evolved, however, into a Cell Renewal formula that produces biological activity in the cutaneous system, namely, the skin, and mucous membranes of the mouth and nose when applied directly to it.

The Anabolic Skin Formula ***T***his therapeutic skincare formula derives its beneficial effects by the synergistic action of its unique ingredients on the skin. These unique ingredients are tetraiodothyronine, vitamin A palmitate and betaestradiol, solubilized in a base which permits rapid absorption by the skin, and mucous membranes.

How does it work? ***I***t is common knowledge that steroids and vitamins are readily absorbed by the skin, but it is less well known that tetraiodothyronine is absorbed by the skin also! There is a potentiating effect of thyroxin on the biologic activity of vitamin A and betaestradiol in the skin. Thus, thyroxin must be regarded as a metabolic agent and when growth response is measured in the skin, it is found to be greater for the total formula than the sum of the individual ingredients.

Therefore, metabolic changes are stimulated in the skin by accelerating normal cellular growth in the epidermis (skin) without inducing any systematic effects.

A Metabolic Lift for the Skin ***N***ormal skin takes 2-3 weeks to renew itself, while aging skin may take 4-6 weeks. ***Dermatique*** *Cell Renewal Formula* not only provides the normal ingredients which may be deficient in the skin, but also restores the skin renewal process by stimulating the germinal cells. These are located at the base of the skin which then migrate to replace the worn-out cells near the skin surface. The result is a healthier appearance of the skin with more thickness, a normal skin color, normal skin texture and moisture....normal skin tissue turgor.

The Response Noted with Daily Use

A moisturizing effect in the skin is noted in just a few days.

A perceptible difference of the skin, often recognized only by the user, occurs in 3-4 weeks.

A beneficial response of the skin is recognized in 5-7 weeks.

A pronounced effect on the skin is apparent after 12 weeks.

Dermatique

Clarifying Lotion WITH 10% Glycolic Acid

What is *Dermatique Clarifying Lotion with 10% Glycolic Acid*?

Dermatique's *Clarifying Lotion with 10% Glycolic Acid* is a unique product that is a *true alternative to Retin-A*, with ***NO side effects***. It contains *Alpha-Hydroxy Acids* (AHA's) which are the only ingredients, other than Retin-A, with true potential for fighting wrinkles. Alpha Hydroxy Acids have ***NO side effects*** (unlike Retin-A) and are naturally contained in sugar cane and fruits such as apples, mangoes and pears.

Alpha-Hydroxy Acids are used in creams, cleansers and lotions. They reduce fine wrinkling and improve overall skin texture. They loosen dead skin cells from the surface, leaving a smoother, softer layer of skin. They also help retain moisture in severely dry skin.

How does *Dermatique Clarifying Lotion (with 10% Glycolic Acid)* work?

Because these so-called fruit acids thin the stratum corneum, or the skin's outer layer, they have long been used to treat dry, flaky skin. For this same reason, researchers now say Alpha Hydroxy Acids may work as line zappers too - by stripping dead skin layers they make crows feet and fine wrinkles less visible. There is evidence too, that AHA's plump the epidermis and dermis, where elastin and collagen are stored, therefore making the skin look firmer.

For the fine lines due to sun damage, right now, Retin-A's clearest competitor is Alpha-Hydroxy Acids, found in sour milk, old wine, apples, lemons, and sugar cane. The two most promising are *Glycolic Acid and Lactic Acids* - which have found their way into ***Dermatique's*** skin care products.

Studies show that Glycolic Acid helps to loosen or break up the thick outer layer of the skin where excessive build-up of dead skin cells can be associated with many of today's common skin conditions. This loosening or breaking up of the outer skin layer leads to a sloughing of dead skin cells, which in turn has been shown to be effective care for cleansing and cleaning of pores in acne prone skin, age spots, hyper-pigmentation and scars; and smoothing of fine lines in older photoaged (sun-damaged) skin.

Dermatique

Deep Cleansing Lotion

Dermatique *Deep Cleansing Lotion* is a rich facial cleanser, like no other. ***Dermatique*** *Deep Cleansing Lotion* is specially formulated to penetrate deeply into the skin to remove makeup and hidden dirt that even soap and water leave behind. ***Dermatique*** *Deep Cleansing Lotion* removes even stubborn eye makeup, without harming or irritating sensitive skin. And it's fragrance-free too!

Best of all, Dermatique Deep Cleansing Lotion is simple to use:
Simply smooth the rich cream over face and throat, massaging gently to loosen dirt and makeup. Tissue off or remove with a warm face cloth for a deep-down clean that leads to beautiful, soft skin.

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