Cell Therapy

Physicians handbook

By Anita Baxas, MD

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First published in the United States by Anita Baxas, MD
PO Box 491347
Key Biscayne FL 33149
USA

ISBN 978-1-4507-9538-8

Printed in Miami, FL USA

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Preface and Dedication

I consult doctors and patients a lot on cell therapy and Plaquex treatments, and over the years many of the same questions showed up repeatedly. Instead of writing an ever increasing FAQ list, I decided to write this book. I wanted all pertinent information about these two treatment modalities in an easy to read hand book for fellow physicians who want to practice these treatments.
I kept it short on purpose as most doctors don't have the time to read a textbook with a zillion pages. Having practiced myself for over 16 years, I know that most doctors want short nuts and bolts instructions on how to do a treatment and some surrounding information like a short history – just have an anecdote to tell the patient-, and any precautions, side effects and possible results.

I dedicate this booklet to my late father, **Dr. Sam Baxas, MD**. It was his curiosity, openness and non-conformity that led him to search for a treatment for my youngest sister Brigitte outside of conventional medicine. Brigitte was born with Down's Syndrome in 1973.
My father was a natural born physician, who made medicine his art. He could diagnose patients and choose the right treatment just by talking to them. When he retired, his patients missed him. They had all migrated to other doctors, but kept trying to get his advice when they met him in the local grocery store or on the streets of Basel, Switzerland.
He introduced me to cell therapy when I was only 7 years old as he started to treat my sister as a newborn. When I was 14 he took me to my first medical convention in Paris, with 18 he introduced me to chelation at the largest alternative medical congress in Germany. He laid the foundation for me to pursue alternative medicine after finishing medical school. He is sorely missed by his family, friends and former patients.
I want to thank my sister Jacky for her input, support and for editing this book. I want to thank my sister Brigitte for being patient with me while I spent a lot of time in front of my computer writing this book.

A Short History on Cell Therapy

The concept of using fetal cells of unborn animals goes back 3500 years to ancient Egypt. The oldest recorded documentation of this is found in the medical treatise called “The Eber Papyrus”.

The Ebers Papyrus, also known as Papyrus Ebers, is an Egyptian medical papyrus dating to circa 1550 BC. Among the oldest and most important medical papyri of ancient Egypt, it was purchased at Luxor, (Thebes) in the winter of 1873–74 by Georg Ebers. It is on display in the library of the University of Leipzig, in Germany. The papyrus was written about 1500 BC, but it is believed to have been copied from earlier texts, perhaps dating as far back as 3400 BC.[1] Ebers Papyrus is a 110-page scroll, which is about 20 meters long.[2] Along with the Kahun Gynecological Papyrus (circa 1800 BC), the Edwin Smith papyrus (circa 1600 BC), the Hearst papyrus (circa 1600 BC), the Brugsch Papyrus (circa 1300 BC), the London Medical Papyrus (circa 1300 BC), the Ebers Papyrus is among the oldest preserved medical documents. It describes the injection of animal products to improve vitality. One can imagine the Pharaohs instructing their physicians to search for a remedy of andropause and impotence and they turning to bull’s testicles.

The Chinese have used organs and organ extracts for over three thousand years.

Homer, the ancient Greek poet, writes about Achilles who ate the bone marrow of lions to boost his strength and bravery. Aristotle and Pliny the Elder wrote about animal organ extracts.

In the 16th century **Paracelsus** believed that the most effective way to rebuild or revitalize degenerating organs and aging tissues was to use healthy living cells of similar tissue types. Paracelsus (born Philippus Aureolus Theophrastus Bombastus von Hohenheim, 11 November or 17 December 1493 – 24 September

1541) was a Swiss Renaissance physician, botanist, alchemist, astrologer, and general occultist.[3].

Paracelsus was born and raised in the village of Einsiedeln in Switzerland. His father, Wilhelm Bombast von Hohenheim, was a Swabian chemist and physician; his mother was Swiss, she died presumably in his childhood.[4] In 1502 the family moved to Villach, Carinthia where Paracelsus' father worked as a physician.[4] He received a profound humanistic and theological education by his father, local clerics and the convent school of St. Paul's Abbey in the Lavanttal.[6] At the age of 16 he started studying medicine at the University of Basel, later moving to Vienna. He gained his doctorate degree from the University of Ferrara.[5]. In fact, the powers that were in Basel during Paracelsus time felt threatened by his non-conformist ideas and forced him to flee the city.

Paracelsus pioneered the use of chemicals and minerals in medicine. His hermetical views were that sickness and health in the body relied on the harmony of man (microcosm) and Nature (macrocosm). He took an approach different from those before him, using this analogy not in the manner of soul-purification but in the manner that humans must have certain balances of minerals in their bodies, and that certain illnesses of the body had chemical remedies that could cure them. He postulated that "Heart heals heart, lung heals lung, spleen heals spleen, like cures like." Paracelsus and other early physicians believed that the best way to treat illness was to use living tissue to rebuild and revitalize ailing or aging tissue. The mineral zinc was named by Paracelsus, describing the spires of the mineral (zincum). He also coined the phrase dosis fact venenum – it is the dose that makes a poison.

In the 19th century the French-American physician, **Charles-Édouard Brown-Séquard**, was most famous for injecting fluid extracts of testes derived from dogs and guinea pigs to boost virility and longevity. [6]
He was one of the first physicians to postulate the presence of hormones and their importance to life[7].

In the beginning of the 20th century the French Nobel prize laureate **Alexis Carrel** researched cell senescence. He kept a culture of chicken derived cells alive for over 20 years giving the culture nutrients and eliminating waste products[8].

Around 1910 **Serge Voronoff**, a French surgeon of Russian descent became (in)famous through his monkey gland transplant work. He was a student of Alexis Carrel and learned transplant surgery from him. In 1889, Voronoff injected himself under the skin with extracts from ground-up dog and guinea pig testicles.

Voronoff's experiments launched from this starting point. He believed glandular transplants would produce more sustained effects than mere injections. Voronoff's early experiments in this field included transplanting thyroid glands from chimpanzees to humans with thyroid deficiencies. He moved on to transplanting the testicles of executed criminals into millionaires, but, when demand outstripped supply, he turned to using monkey testicle tissue instead.[13]

Between 1917 and 1926, Voronoff carried out over five hundred transplantations on sheep and goats, and also on a bull, grafting testicles from younger animals to older ones. Voronoff's observations indicated that the transplantations caused the older animals to regain the vigor of younger animals.[14] He also considered monkey-gland transplantation an effective treatment to counter senility.[15]

His first official transplantation of a monkey gland into a human took place on June 12, 1920.[16] Thin slices (a few millimeters wide) of testicles from chimpanzees and baboons were implanted inside the patient's scrotum, the thinness of the tissue samples allowing the foreign tissue to fuse with the human tissue eventually.1[6] By 1923, 700 of the world's leading surgeons at the International Congress of Surgeons in London, England, applauded the success of Voronoff's work in the "rejuvenation" of old men.[17]

In his book Rejuvenation by Grafting (1925),[18] Voronoff describes what he believes are some of the potential effects of his surgery. While "not an aphrodisiac", he admits the sex drive may be improved. Other possible effects include better memory, the ability to work longer hours, the potential for no longer needing glasses (due to improvement of muscles around the eye), and the prolonging of life. Voronoff also speculates that the grafting surgery might be beneficial to sufferers of "dementia praecox", the mental illness known today as schizophrenia.

Voronoff's monkey-gland treatment was in vogue in the 1920s.[19][20] The poet E. E. Cummings sang of a "famous doctor who inserts monkey glands in millionaires", and Chicago surgeon Max Thorek, for whom the Thorek Hospital and Medical Center is named, recalled that soon, "fashionable dinner parties and cracker barrel confabs, as well as sedate gatherings of the medical élite, were alive with the whisper - 'Monkey Glands'."[21]

By the early 1930s, over 500 men had been treated in France by his rejuvenation technique, and thousands more around the world, such as in a special clinic set up in Algiers.[22] Noteworthy people who had the surgery included Harold McCormick, chairman of the board of International Harvester Company,[23] and the aging President of Turkey Mustafa Kemal Atatürk.[24][25] To cope with the demand for the operation, Voronoff set up his own monkey farm on the Italian Riviera, employing a former circus-animal keeper to run it.[21] French-born U.S. coloratura soprano Lily Pons was a frequent visitor to the farm.[26] With his growing wealth, Voronoff occupied the whole of the first floor of one of Paris's most expensive hotels, surrounded by an army of chauffeurs, valets, personal secretaries and two mistresses.[27]

Some of his patients turned ill with Syphilis, as monkeys are carriers of this disease, for which there was no cure back then. Doctors, patients and subsequently the press turned against him. Under pressure from the scientific community and the press, he was forced to stop his experiments. When he died from complications of a fall in Lausanne, Switzerland, few noted his death and the ones that did, still ridiculed him.

In 1946 **Charles L. Hoagland** published a paper on treating liver disease and mentions the use of ground up liver given intravenously to treat patients with chronic liver disease[41].

Cell therapy received a real boost through the works of Swiss surgeon **Paul Niehans** in the 1930ies.

On a Friday night in 1931 he was called by his colleague and surgeon to see a young female patient, who's thyroid was removed surgically due to tumor growth. By mistake the surgeon had also removed the parathyroid glands. The patient was convulsing in a tetanic state and close to death. Niehans didn't have time to implant animal parathyroid glands surgically and instead took the fetal calf glands and ground them down in a physiologic solution. He injected them and within a short period of time the tetanus stopped.
Success of this therapy led Niehans to abandon the surgical transplantation of the entire gland and treat patients with cell implants through injection instead. During his lifetime he applied cell therapy to more than 50 000 patients. Among his patients were famous politicians such as Emperor Hirohito and Dwight Eisenhauer, comedian Charles Chaplin and pope Pius XII.
He was offered a check by Insulin maker Eli Lilly to stop his work of treating diabetes with cell therapy, but he refused. Thereafter systematic attacks on him and cell therapy began. After 1956 all publications about cell therapy stopped in the US and no medical school library kept German journals or books known to publish articles about cell therapy[28].

The method for preparing the fetal cells for injecting was to take the fetus either by slaughter of the mother or by cesarean, dissect it into the various organ tissues, pulverize it and mix it into a physiologic solution for intramuscular injection. During the course of preparing the injectables though, toxins could form and infectious agents could enter the end product. Very often patients reacted with high fevers and had to be hospitalized in the clinic for several days. Niehans realized the problem of this method of preparing the injectables. Seeing freeze dried coffee made by nearby Nestle gave him the idea to freeze dry the cells before

injecting. In 1954 he worked with Cybila in Germany to develop the method of lyophilizing the fetal cells. This eliminated toxins and infections and gave the end product a much longer shelf life. Studies were done where reconstituted fetal cells were placed in a petri dish to determine that the cells were indeed alive.

A decade later **Prof. Franz Schmid** entered the field of fetal cell therapy. 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. It is there that my father learned about cell therapy from him, in order to treat my youngest sister born with Down Syndrome.
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. This book contains the most complete collection of studies and case histories in the field of fetal cell therapy and still, today is the go to book for any serious cell therapist. He was closely associated with the company Cytobiopharm in Germany that also produced lyophilized cell therapy products. Most of the studies done by Franz Schmid were done using these products and others like them.

In the late 1970ies and 1980ies another company, Millzell in Hamburg, Germany, aimed to produce fresher cells instead of freeze dried cells. They immediately put harvested cells into a deep freeze with liquid nitrogen. They were shipped to doctors in special containers and defrosted to body temperature right before injecting. Problems with shipping and storage soon left the field to products that were easier to handle and maintain.

In the late 1950ies **Prof. Theurer** developed the acid vapor hydrolysis under vacuum. He stripped away the cell membranes, as he thought they were the cause of frequent reactions after injecting. It often caused redness and swelling at the injection site for several days. One company in Germany then produced an entire selection of homeopathic dilutions, full strength solutions, sublingual drops and cosmetic products. By eliminating the cell membrane these products could be given intravenously.
The German regulatory authorities eliminated and severely restricted the availability of most cell therapy products. This company for example had to eliminate their full strength solutions.
In order for doctors to apply effective cell therapy treatments, many have the injectables made in laboratories for individual patients. The cost of these products are quite high, and they are not allowed to be sold commercially.

The only way to revive the manufacture of effective fresh fetal cell therapy products was to move out of Germany. In the past 8 years, Mike Chan and his wife , Michelle Wong , Malaysian friends of mine with more than 20 years of dedicated experience in cell therapy trade achieved the impossible and now have a vast innovative selection of various unique cell therapy products made in the European Union and Switzerland . The products lines include organ specfic pure and fresh-refrigerated, fresh frozen, ecologically produced eco-ultrafiltrates, also for topical and oral application apart from parenteral as well as Precursor Stem Cells.

It is my hope that the application of cell therapy multiplies around the world and again becomes an important part of treatment in the hands of experienced and well taught physicians.

Established Principles of Cell Therapy

Cell Therapy by definition means the use of cellular material for treatment purposes. In this form, cell therapy belongs to the oldest medical treatments and includes the following methods:

Transplantation of bone marrow
Blood transfusions
Transplantation of Organs
Transplantation of fetal liver, spleen and pancreatic cells

However the colloquial usage of the term now defines cell therapy to be the implantation of xenogenic fetal suspensions of cells.

Some Definitions

First we need to differentiate **Xenotransplantation** and **Allotransplantation**. Xeno comes from the Greek word “foreign” and means the transplantation of tissues of a different species, for example the implantation of calf tissue into human tissue. Allotransplantation on the other hand means the transplantation of tissue of the same species, for example from human to human.
Most of the cell therapies done in the past 80 years have been Xenotransplantations as ethical and religious issues make the production and procurement of human tissue very difficult and questionable.

Niehans already noted that there is not much difference in clinical effect between the transplantation of xenogenic and allogenic cells. For this reason it is not necessary to use human embryos for treatment. The genetic makeup of humans is almost 99.9 % identical to most mammals. Histological review of adult, embryo and fetal xenotransplants of humans and mammals clearly shows that tissues are identical. The function of a liver cell in a rabbit is the same as the function of a liver cell in a human, calf or sheep. The proteins and enzymes are virtually identical, the makeup of the cells interior (organelles) as well. Even the FDA recognizes that cell xeno- and allotransplantation follow the same biological rules.

We also need to define the terms stem cell, embryonic stem cell, fetal stem cell and precursor stem cell:

A **stem cell** can be found in an embryo, a fetus and in adults. It has the ability to reproduce itself for a long time. It can develop into a multitude of different specialized cells. It also bears the risk of developing into cancer cells as it doesn't follow a pre-defined cell line.

An **embryonic stem cell** stems from the blastocyst or from fetal tissue that is destined to become gonad tissue. It is pluripotent and remains in this state until it is signaled to develop into any of the 220 different specialized cell types. The unlimited potential of these cells bears the risk of them turning into cancer cells as well.

A **fetal stem cell** is an undifferentiated cell in a specific tissue. It differentiates to one of the cells inherent to the tissue it originates from. When transplanted, it homes in on its originating tissue.

A **precursor stem cell** is found in fetal tissues. It is partially differentiated and follows a predetermined path of differentiation according to its origin. When transplanted, it also homes in on its originating tissue. For example a cell destined to become a liver cell will migrate to the liver in the host body.
Most products either contain fetal stem cells or precursor stem cells for that reason.

Principle of Action

A healthy, working body depends on healthy working cells in every organ. All of our cells renew themselves continually, actually making a new body every 7 years. Illness occurs when there are more dead and decrepit cells than new ones to take over their function. Injection of fetal stem cells supply the sick organs with new, fresh cells to help regenerate diseased cells and replace dead cells. This is where the term comes from "Like heals Like". Most cell therapists agree that it is mostly the stimulation and regeneration of the body's own cells that induce healing and less the functioning of transplanted cells themselves. For example, injected fetal cells of an endocrine organ will stimulate and regenerate the body's cells in that endocrine organ to produce the hormone. The injected cells will usually not implant themselves into that endocrine organ and produce the hormone themselves.
Not only are substrates such as enzymes and amino acid chains used to regenerate ill cells, but the electromagnetic energy

information of the fetal cells is taken up as well. When we look at treatments such as Bioresonance and Homeopathy, we see that the energy information contained in cells and tissues are just as important than matter that we can see and touch. In fact, the German physicist Fritz Albert Popp discovered low level photon emissions from living cells originating in the nucleus[42].

Homing

Homing means that cells of a specific tissue are drawn to that tissue. When transplanting liver cells, we needn't implant them surgically into the liver. We can apply them by intramuscular injection and they will home in on the liver. Early on researchers observed liver cells wandering towards each other in a petri dish, almost like Amoeba. When a live sponge was taken apart and its cells put in a petri dish, the individual sponge cells started moving towards each other in an attempt to form a new sponge. It seems most cells retain this Amoeba like property.
Cell surfaces have homing receptors specific to so called addressins expressed in every organ. Radioactive targeting studies have proven the homing capability of injected fetal cells. This phenomenon is also called organ tropism.

What happens to cells after injection ?

The implantation as a rule is done by intramuscular injection. This has definite advantages over surgical implantation:

- Implantation by injection causes a rapid dispersion of the implanted material throughout the body.

- A rapid infiltration of cell substrates into metabolic processes of the body

- The difficulty of inaccessible organs (glands), impossible organ transplantations (brain), difficult to obtain organs (liver, kidney, heart) for transplantation can be circumvented by using fetal animal cells.

- The fetal tissues injected are taken up by the recipient's body and used at suitable sites on the body's own terms. So the organism controls the effects of selective incorporation.

Fetal tissues are used because they contain high concentrations of biochemical substances (substrates and enzymes). The second reason is their low antigenicity.
After injection, the cells are taken up by the recipient's body through phagocytosis and subsequent degradation and disintegrated into submicroscopic size. One to 5 hours after implantation, radioactive tagging of injected cell materials shows the distribution of injected cells in the entire body whereas cell material goes to its respective organ [9] [10]. This phenomenon is called organ tropism. Studies also show that cell material is transported to where it is of most use structurally.

There is a latency period between implantation and clinically sizable effects that can last 3 days in mesenchymal organs to 3 weeks in specific organs such as brain and kidney. An exception is placenta as it has a remarkable influence on peripheral blood circulation and an influence on the general state of health such as revitalization that can be seen within a day or a few hours. The latency period also depends on the age and general health of the recipient. As a rule objective parameters of the cell therapy's effect can be seen in the 3rd and 4th week after implantation.

Prof. Schmid mentions about 1300 publications dealing with cell therapy including physiological experimental studies, research of morphological elements and immunological studies. Based on these studies, Cell therapy is far better founded both theoretically and experimentally than many other forms of therapy. The assertion, that cell therapy "lacks" scientific significance can be explained only with the absence of corresponding experience and knowledge of literature.

What about immune reactions ?

When transplanting organs, immune suppressant drugs must be taken for the rest of the patient's life to prevent rejection. It is suspected that fetal tissue, particularly fetal stem cells and precursor stem cells don't have the antigen load of adult tissues. There are many theories that try to explain this phenomenon of non rejection, but to date no satisfactory explanation has been found.

The safety data reviewed by the German court and accumulated over almost 5 million treatments in the past 80 years clearly shows that immune suppressant treatment is not necessary and no immune reactions have been noted by practitioners to date.
What about Transmittal of infectious agents from donor to host ?

Transmission of viral and other infections from the animal donor to the human host is a theoretical possibility. The pathogenetic potential of an infectious agent can change once transmitted to a host of a different species. A virus that is benign in the donor may turn virulent in the host body. The misfortune of Dr. Voronoff who transplanted testicles from monkeys that carried Syphilis proved that.
On the other hand many agents are specific to the host and not infectious when transplanted to another species. The risk of infection is very much higher during Allotransplantation. Xenotransplantation in around 5 million patients during the past 80 years has not caused a single fatality. Most investigators believe that Xenotransplantation is exceedingly unlikely to lead to the generation of new pathogens. Rabbits don't pose a problem as a source of xenosis due to their phylogenetic and taxonomic distance from man. Rabbit kidney cell cultures are used to produce vaccines and so far they don't present any danger for transmission of viral zoonoses. So the best option is to use animals that don't present any danger of transmission of infection to humans, such as rabbits.
All source animals for cell therapy products are in controlled herds, some with over 30 generations. Each animal is examined medically on a regular basis including blood tests.

Sample of some of the study findings

Labyrinth studies studied the ability of learning and memory of rats treated with testes and placenta. The treated animals were significantly faster and made fewer mistakes than the controls.

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.

Mitochondria: the number and size of cellular mitochondria in treated rats was much higher than in untreated rats.

Collagen studies: the elasticity of collagen fibers was reduced to younger levels after treatment with testes.

The elasticity and resistance to rupture of the skin was increased, as was it in the aorta.

Studies of damaged **diabetic kidney** tissue in rats before and 4 months after cell therapy showed a decreased percentage of damaged glomeruli and widening of the lumen of glomerular capillaries[29].

Even though cell therapy has been practiced for the past 80 years and a wealth of literature is available in Germany, Switzerland, Russia and China, cell therapy is not an accepted treatment by university level medicine, so no recent formal studies have been done. Cell therapy is mainly practiced by individual physicians and small clinics around the world who lack the financial resources and time to initiate such studies. Hundreds of thousands of case reports have been done as well as some retrospective studies. Put together these paint a better picture of the effectiveness of this treatment than any double blind placebo controlled study. In addition, cell therapy is a biological treatment and affects the entire body. It would be quite impossible to do an objective double blind, placebo controlled study that would have to include subjective factors like how the patient feels.

Practical Application of Cell Therapy

Clinical Principles

Cell therapy is a biological form of therapy and as a matter of principle it must be part of a comprehensive treatment concept, individualized for each patient.

Great care must be taken, not to apply contradictory treatments. It would not serve the patient to apply cell therapy and at the same time, give tissue destroying treatments such as cytostatics, anticonvulsants, some antibiotics and radiation treatments. Besides these pharmaceuticals and interventions, most others can be given concomitantly.

Cell therapy is not given to eliminate symptoms, but to treat the cause of the symptoms. In order to do this, all organs involved with the disease process must be treated. Choosing the right tissues to inject is an art that requires insight into the biological processes of the body.
It is important to understand that cell therapy is not a cure for all treatment. Unfortunately many patients will come for cell therapy treatment as a last resort after trying all conventional treatments. Cell therapy works best when applied during the beginning stages of an illness. Therefore cell therapy should not be given to patients "on their death bed", for example a cancer patient in his last stage before death. Cell therapy or any other therapy will not be able to help this patient and it would be unethical to promise improvement and take the patients' money in such cases. Cell therapy can't turn scar tissue into a functioning organ and great care must be taken to inform the patient about what cell therapy can do and can't do.

Many serious illnesses such as ALS, Parkinson's, Scleroderma, MS and Lupus can be improved with cell therapy, but not healed. The patient must be made aware of this fact. Many repeat treatments are needed to help maintain improvement, which is a big cost factor. Patients must be informed about this as well before beginning treatment.

Combining Cell Therapy with other Treatments

Many allopathic drugs have a certain toxicity and should be avoided during 48 – 72 hours before injecting fetal cells to 72 hours afterward to avoid damaging the implanted cells. Absolutely necessary drugs of course, must be continued. In general other treatments and medications are compatible with cell therapy, except during the time frame mentioned above before and after injection.
As the implanted cells are used to treat an illness, the clinical parameters of this illness must be checked frequently, especially if medications are taken for it. Cell therapy most likely will improve the condition of the illness and fewer medications or lower dosages may be necessary. These may have to be adapted several times in the months following cell therapy.

Preliminary Tests and Contra Indications

A general status of the patient's health must be obtained.
This includes an assessment of the patient's illness and his vitality status.

A thorough medical history must be taken, a physical examination and standard blood tests including CRP and hormones must be performed. If hormone levels are borderline or low, apply cell therapy first before embarking on hormone replacement therapy. In younger patients cell therapy very often revitalizes the glands adequately to elevate hormone levels. Recheck the hormone levels 6 weeks after treatment. If they don't increase to satisfactory levels, then you can start them on HRT.

I suggest taking a photograph of the patients face for your file. It will serve to compare with future visits and observe the rate of aging.

Most important is the diagnosis, because this is the basis of the selection process. Most patients will come to your office with their diagnosis, assessed and evaluated by specialists. You must inform all your patients to bring lab reports, medical reports and radiographic studies with them.

For each diagnosis, you must remember the pathophysiology of the illness, because this will determine the cells that have to be applied.

Based on these findings, the appropriate cell preparations will be selected. The selection includes cells of the organs causing the illness and damaged by the illness. For example, in autoimmune diseases Thymus and Spleen injections are a must. Secondly organs that were damaged due to the disease must be selected too, such as cartilage and joint in rheumatoid arthritis.

Contraindications

Any current infections are a contraindication, as are vaccinations less than 4 weeks ago.
Acute stress situations such as a myocardial infarction and stroke are contraindications as well.
A patient in the last stages before death should not be treated as most likely any treatment will not be able to help him and the stress of the treatment may worsen his condition.
Use of cytostatics, anticonvulsants and antibiotics will destroy any cells implanted.

The disintegration, phagocytosis, distribution and uptake of the injected cell material pose a stress on the body, often causing fatigue. If the patient already comes in stressed through one of the following conditions, the stress on the body can be overwhelming and cause undesirable side effects:

Stress caused by infection: An acute and chronic bacterial and viral infection strains the reactivity of the body beyond the expected limit of stress.

The body is stressed (exhausted) by the basic disease to such an extent that debilitating fatigue can ensue.

Advanced age and degenerated blood vessels at the site of injection can cause impaired uptake of the injected material and local reactions at the injection site.

A stressed out “manager type” patient needs to rest before doing cell therapy and most certainly needs to rest

afterwards. Cell therapy is not a fly in, get shot and leave same day back to work treatment.

In all these situations thorough thought must be given to the question if cell therapy is feasible. Unfortunately cell therapy often remains the only possible therapeutic intervention for many of these patients.
In patients with infections, the infection must be treated. After the infection subsides a waiting period of several weeks is advisable, especially if antibiotics and antivirals were given.
In patients with exhaustion, often a first course of cell therapy strengthening the adrenal glands as well as the hypothalamus can bring about a turn around, so that a full cell therapy can be tolerated.
The third problem is rather rare. I have never seen a problem with the uptake of cell therapy products. In older patients it is advisable to distribute the injections over a longer period of time, for example over 10 days instead of 3 days.

Preparation of the Patient

The patient should be in as a good a state as possible. For example, a diabetic patient should be brought out of ketosis and hypoglycemia. An asthmatic patient should not be in an acute asthma attack situation and a kidney patient should be fresh from dialysis, not in the state before undergoing dialysis.
Patients should be detoxified by chelation to remove heavy metals, by enema, digestive enzymes and probiotics. The patient should be on a vitamin, mineral regimen 4 weeks prior to cell therapy and abstain from alcohol and smoking 48 hours before treatment. Of course it is desirable if the patient stops smoking permanently.

If X-rays were taken, cell therapy must be postponed for 3 days after the day of the X-ray. Since high altitude flying exposes the body to radiation equivalent of X-rays, patients should arrive at least 3 days before treatment begins to get over their travel stress like jet lag.
All non essential medications should be discontinued for 7 days (3days before and 4 days after treatment).

Technique

Older cell therapists propose to implant the cells via minor surgical procedures into the liver, the umbilical vein or beneath the rectus abdominis muscle. In my experience intramuscular injections are easier, safer and work just as well.

It is important, as with all injections, to work sterile. The injection site must be disinfected, only sterile disposable needles and syringes must be used. The thickness of the needle depends on the cell therapy product. If “bits and pieces” of cells can be seen, a Gauge of 20 may be needed.

The injections should be distributed to both gluteal injection sites as injecting too much volume can cause swelling and pain. Sensitive patients and patients with fear of injections should be anaesthetized locally with lidocain before injecting the cells.

Reactions after Injection

These vary from patient to patient as they depend on the patients’ age, stress level, primary disorder and the implanted tissues.
Immediately after implantation, the pressure of the volume injected causes pain and swelling at the injection site. This is the reason to distribute the injections on both gluteal sides and extend the injections schedule over several days. I suggest you give your patients a cooling agent, either cold packs or a cooling gel, e.g. Aloe Vera with Menthol and Lidocain.

Fatigue can ensue starting the following day. This is one of the reasons why patients should rest and not engage in exercise, eat heavy meals or sun bathe.

A slight rise in body temperature was observed by Prof. Franz Schmid. However with today’s’ modern cell therapy products this is a very rare occurrence.

The phase of effect begins in the 3rd or 4th week. This has been observed by thousands of parents of disabled children, who reported developmental leaps in this time frame. This phase lasts about 3 months and then subsides over the next 3 months.

The time frame to apply a repetition of the injections depends on the illness, the cells used, the patient's age and how the patient feels.

Post Injection Precautions

The patient should rest at least 2 days. For 10 days exercise and any activity that raises the body temperature should be avoided (this includes sauna, Turkish baths, yard work, sun bathing etc). The reason for this is, that we want the blood circulation at the injection sites to be optimal to take up the injected cells and cell fragments. Above activities concentrate the blood supply in non desirable places such as the muscles and the skin.

Avoidance of alcohol, smoking, drugs and non essential medication for 2 months

Continue vitamins, minerals and other health food supplements

Avoidance of vaccinations for one month

The patient should eat light meals with plenty of fiber and water for 10 days. The reason again is that we don't want the blood to pool in the digestive tract, but at the injection site.

As the procedure seems simple to the patient and he doesn't feel a big treatment effect immediately after treatment, some patients tend to ignore these instructions, particularly the busy CEO type patient. It is important to stress these precautions and explain the reason for them. Normally a patient will understand that the treatment is for naught and a waste of money if these simple rules are not observed.

Guideline for repeating Injections

For revitalization the guideline is your patient. In my experience the patient knows when it's time for another revitalization treatment and shows up in your office on his or her own.

If you're treating a certain organ malfunction such as liver or kidney, you can repeat the shots with the specific organ cells every 6- 12 weeks.
If a complex disease is involved such as rheumatoid arthritis, MS, Asthma etc, a repetition should not be performed in the first 5 months after the first treatment. As a rule 2 treatments per year should be done.

General observations regarding the latency period from implantation to effect

- The younger a patient, the sooner the patient will feel the effects

- The less progressed the illness, the sooner positive effects are noticed

- Organs with good blood supply have a faster response rate

- Particularly women love the post placenta injection skin glow that appears about a day after injecting placenta.

What you can do to make your cell therapy patients comfortable

Research or offer comfortable accommodations near your office. Often you can negotiate special rates with hotels for your patients. As the patients will (should) be staying most of their time in their hotel room, it helps to have a comfortable, well equipped hotel room with comforts such as a mini bar (for juices and water), TV, DVD player and restaurants that accommodate their diet needs.

If your patient resides near your office, insist that he or she take off from work for a week.

Insist that your patients allow ample time to do the treatment. The time needed depends on several factors. If you do the lab, you need to wait for the lab report before initiating treatment. It helps speed things up if your patient brings the lab with him, done on your order in the city of his

residence no more than 4 weeks old. For follow up lab this method provides a more accurate before and after picture as the same lab is used.

A general revitalization of healthy patients can be done in 3 days without overstressing the gluteus, if the patient brings all lab results with him. The patient should remain another 2 days to relax before heading home.

Take enough time to talk to your patients and answer all questions. Explain the process and possible effects they may experience. Explain that the effects of the treatment are not instant, but take several weeks to months. This, most of all will put your patients at ease.

After they receive their first set of injections, give them the cooling gel and cold packs to take with them as mentioned above.

Give them a means to reach you, also during the night to put their mind at ease.

After your patients head back home, have your nurse call them 1 week, 4 weeks, 3 months, 6 months and 12 months later. If the patient is local schedule follow up visits with the above time frame.

Indications for Cell Therapy

The list of indications is long, but not every illness responds the same way to treatment. Some illnesses improve only little, while others come close to being cured.

General revitalization
Osteoarthritis
Congestive Heart Disease
Liver dysfunction
Kidney dysfunction
Pulmonary Dysfunction (Asthma, Emphysema, chronic Bronchitis)
Colitis ulcerosa, Crohn's disease
Diseases of the eye such as RP and Macular Degeneration

Low level hormones
Hypofunction of the immune system
Autoimmune diseases
Down Syndrome*
Mental Retardation*
Cerebral Palsy*
Progeria*
Diabetes mellitus, particularly its complications

*in these congenital diseases it is very important to start treatment very early as in the newborn baby.

A Word about Rejuvenation

Rejuvenation aka antiaging treatments should follow a certain pyramid scheme to ensure that all the basis for whole body wellness is covered. Just doing hormone replacement, or just doing chelation, or only doing cell therapy is not enough.

The patient's lifestyle is the most important factor to prevent age related diseases. Smoking, drinking too much, eating the wrong foods cause illness and accelerated aging – I guess this is a no brainer nowadays. Second comes prevention with the help of health food supplements. Third comes cell therapy to help regenerate organs and organ systems. Only then comes hormone

replacement therapy, if cell therapy was not able to rejuvenate the glands enough to produce adequate amounts of hormones. Then phosphatidylcholine aka Plaquex treatments can help rejuvenate cell membranes and clear out any plaque from arteries and capillaries.
On top we have aesthetic treatment modalities such as wrinkle fillers, plastic surgery, teeth whitening and so forth. Psychological wellbeing can be improved with lifestyle methods, be it yoga, meditation and the mirad other forms of calming the mind. Psychological wellbeing is also a product of having a healthy and vital body.

Practical Treatment Programs with Cell Therapy

The following treatment programs are a blue print showing you, which cell products to use and at what intervals for the various indications. These programs can and should be adapted to each individual patient, depending on the pathophysiological processes present.

1. Down Syndrome

The therapeutic principle includes the following:

- Regulation of all endocrine organs, particularly the thyroid, adrenal cortex and pituitary
- Prevention of delayed brain development and atrophy
- Boosting of the immune system
- Repair connective tissue dysfunction
- Regulation of mineral imbalances by supplementation of minerals and vitamins
- Improving antioxidant capacity with antioxidants
- Supporting vertical growth with HGH, other supporting hormones as needed
- Other supporting treatment such as speech therapy, physical therapy and education

Schedule for newborn babies to about 8 years

Day	Product injected
1	Thymus, Thalamus, Hypothalamus, Cerebral Cortex, Cerebellum
2	Pineal Gland, Thyroid, Adrenal Cortex, Mesenchyme, Pituitary Gland
3	Heart, Skeletal Myoblasts
4	Placenta, Cartilage, Lens, Liver

The above protocol should be repeated every year.

Schedule after 8 years of age: It's the same as above, but with the addition of ovary in girls and testes in boys.

Day	Products injected
1	Thymus, Thalamus, Hypothalamus, Cerebral Cortex, Cerebellum
2	Pineal Gland, Thyroid, Adrenal Cortex, Mesenchyme
3	Heart, Heart- & Skeletal Myoblasts
4	Placenta, Cartilage, Lens, Liver, Ovary in girls, Testes in boys

The above protocol should be repeated yearly until the age of about 20 – 22. Thereafter a repetition every 2 years is in order.

Statistical data and the experience of Prof. Franz Schmid, who has treated over 3000 Down Syndrome children, demonstrates improvement in mental development, height, skull circumference, IQ, and motor skills.
It is important to start treatment after birth. The first treatment after the age of 4 shows only minimal improvement. Conventional medicine still has no treatment for Down Syndrome. Cell therapy remains the only viable treatment option if it is begun at an early age.

Case History

My sister Brigitte was born with Down Syndrome in 1973. My parents were told by the chief pediatric professor at the university children's hospital in Basel, Switzerland, that "there is no treatment" and "whatever you do, don't try cell therapy". This made my father, a physician himself curious about cell therapy. He researched it and found Prof. Franz Schmid in Aschaffenburg Germany. He spent several weeks with him, learning about cell therapy. When he returned he gave Brigitte her first cell therapy at the age of about 4 months. He and I have continued to treat her every year until she was 25 years old. After that we reduced her treatments to every 2 – 3 years.

Brigitte's immune system is remarkable. She was only sick once in her life, with a pneumonia she caught during a weather related layover in London's Heathrow airport. She rarely gets colds and never had the flu, even though my other sister and I constantly brought them home from school.
Brigitte went to a Montessori Kindergarden, founded by our father, Sam Baxas, MD, as there were none at that time in Basel, Switzerland. Later she attended a private elementary and secondary school with healthy children. Her higher education consisted of vocational studies in managing a household. The past 15 years she has developed into a fine artist, painting and drawing incredible artwork.

Brigitte at 1, 5 and 34 years of age

2. Frequent Infections, low immune system

Cell therapy works remarkably well in boosting a weak immune system, no matter what the cause, even HIV. Conventional medicine has no treatment for a weak immune system.
The patient must be in an infection free state when treated. If an infection is present, it must be treated conventionally until it subsides. If antibiotics were used, a waiting period of 3-4 days should be observed before giving cell therapeutics. In the case of HIV, cell therapy should be applied when no secondary infections are present.

Day	Products injected
1	Thymus, Lymph nodes
2	Spleen, Mesenchyme

This protocol should be repeated every 12 months in basically healthy patients, who want to avoid colds and flues during the winter season. The best time to do this treatment is in fall. I do it instead of a flu vaccination.
In patients with HIV, it must be repeated every 5-6 months, depending on the patient. Other products may need to be added such as liver, lungs and skin.

Case Histories

A dear friend of mine, **Markus**, 38 years old, suffered from many severe colds with bronchitis every winter, that necessitated the use of many different antibiotics. He missed work for several months every winter. Even though he was a skeptic, I convinced him to try cell therapy. I gave him Thymus and Lymph nodes beginning of October, before the start of winter season. After winter had passed I asked him, how many colds he had suffered. He told me he only had one slight cold not requiring any antibiotics all winter and he only missed 2 days of work.

Rick was a 24 year old actor to be. He had been recently diagnosed with HIV. He came to see us in Switzerland and my father started him on the above cell therapy protocol every 6 months. During this time he was free from infections, active in body building and modeling. He was also taking HGH as his levels were very low. After 4 years Rick had a severe financial setback and could no longer afford treatment. He passed away 2 years later.

3. Congestive Heart Disease

The objective of the treatment is to improve heart muscle function by all means with a positive influence on the heart muscle, including testosterone in men, HGH and Thyroid. Organs suffering negative effects from CHD must be treated as well.

Day	Products injected
1	Heart or Heart Myoblasts, Testes in men, Pituitary, Thyroid
2	Mesenchyme, Kidney, Lung, Liver

The interval to the next treatment depends on the patient's condition. It can be anywhere from 4 -12 months.

Case Histories

Ernst was the father of a very good friend of mine. He was 65 when he suffered a massive heart attack while visiting his son in Florida. The damage was in the left lateral portion of his heart. He suffered from pulmonary edema and was very short of breath. Getting out of bed in the morning or doing any activities was impossible for him. He was used to walking his dog every day and now he was confined to his home. Routine medications such as diuretics were of little help. His prognosis given to him by his cardiologist was very poor.
I gave him the above treatment protocol and used a combination of Human growth hormone as well as CoQ10, Magnesium and L-Carnitin 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 IgF-I, was 4 units daily for the first month followed up with 2 units daily for the next 4 months. He felt more vigorous and could follow his daily activities as before.

When I met **Walter** (58) he had already been suffering from CHD for many years. His condition worsened every few months. He was used to renovating his house by himself, but had to call his son for help as he was short of breath most of the time. His condition was complicated by Diabetes, Hypertension, atrial fibrillation and smoking. I spoke to his cardiologist who confirmed that there was nothing more he could do besides putting him on a heart transplant list.

I treated him with the above protocol as well as HGH, Coenzyme Q10 and Magnesium. The patient was not able to inject himself with HGH and thus had to stop it after 1 month.

His condition stabilized enough so he could again do part of his renovation work himself. The treatment was 8 years ago and the prognosis for 5 year survival was poor. He is still alive and active today.

4. Liver Damage

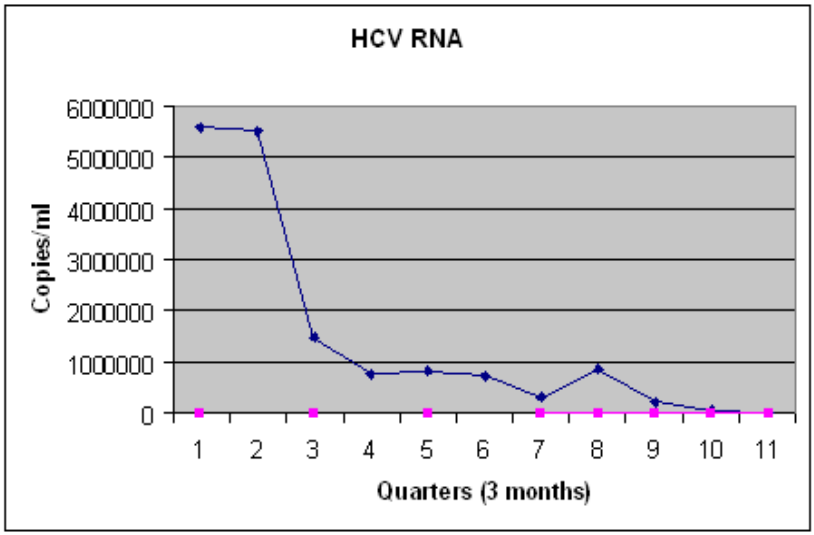
In patients with liver damage due to infection with a hepatitis virus, chemicals and alcoholism, the objective is to treat the damaged liver cells and , as is the case with infection, to boost the immune system. As long as the liver is not in complete failure with cirrhosis in the last stage, portal hypertension and ascites, cell therapy can help restore some liver function.

Conventional medicine, as with many other illnesses, has no treatment for liver disease. Concomitant treatment must be infusions of Plaquex, essential phospholipids with a high content of phosphatidylcholine. Supplements with Silymarin, Silibinin and SOD are a must as well. If a viral infection is the cause, hyperbaric ozone treatments should be done as well.

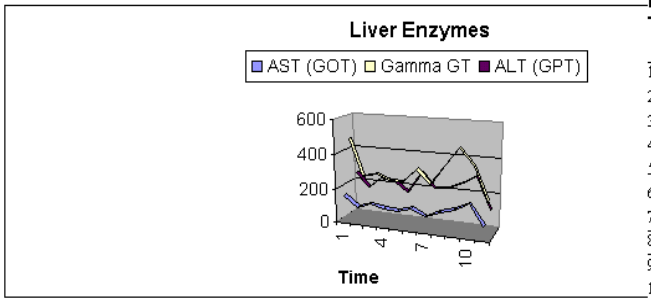
Day	Product injected
1	Liver, Pancreas, Placenta
2	Thymus, Adrenal cortex

Case History

Peter was 56 years old and feeling fatigued most of the time. He was not able to run his computer company and keep up with the latest developments. He suffered from non insulin dependent diabetes that didn't respond well to oral antidiabetic drugs and he was an alcoholic.
A thorough blood screening revealed a hepatitis C infection that he may have picked up decades ago after World War II in Germany, when such infections were rampant.
The virus load was over 6 million copies and his liver enzymes were all elevated. I treated him with the above fetal cell therapy protocol, Plaquex infusions, hyperbaric ozone treatments and supplements including Silibinin and Sylimarin. He did not stop drinking alcohol during all this time. After two and a half years of intensive treatment, the virus load came down to almost zero and his liver enzymes came down significantly. The GGT came down from 480 to 80 and the ALT from 240 to 120. Unfortunately Peter stopped coming to the office and his condition worsened with increased alcohol consumption. He developed liver cancer one and a half years after his last office visit and subsequently died.
This goes to show that patient participation in battling a disease or aging is extremely important.



The virus count went from almost 6 million to 0



Point in Time	Date	Total Number of Ozone Treat-ments
1	22.9.98	0
2	12.11.98	0
3	1.12.98	4
4	29.12.98	6
5	10.2.99	9
6	31.3.99	16
7	8.6.99	23
8	23.9.99	37
9	10.2.00	51
10	4.9.00	69

Improvement of liver enzymes

5. Auto Immune Diseases

Cell therapy works well not only in stimulating a weakened immune system, but balancing an over reactive immune system such as is the case in auto immune diseases. Treatment focuses on the immune system and all organs damaged by the overactive immune system. In most cases cell therapy can't heal the disease, but bring about a vast improvement and stabilize the immune system.
The following auto immune diseases respond quite well to cell therapy:

Rheumatoid arthritis
Lupus
Hashimoto thyreoidits
Addison's disease
Reiters Disease
Colitis Ulcerosa
Eczema

The protocol always contains the products listed under Day one. The products on the other days depend on the affected organ.

Standard Auto Immune Protocol

Day	Product injected
1	Thymus, Adrenal Cortex, Spleen, Lymph nodes

Rheumatoid Arthritis:	add Cartilage and/or any similar products such as joint or spine.
Lupus:	add mucous membranes, skin, placenta and hematopoietic cells, e.g. bone marrow
Hashimoto Thyreoiditis:	add Thyroid
Addison's disease:	add Diencephalon, Pituitary
Reiter's Disease:	add cartilage, conjunctiva, mucosa of the urinary tract, diencephalon
Colitis Ulcerosa, Crohn's:	add mucous membranes of the gastrointestinal tract, liver, diencephalon, colon, skin, placenta
Eczema:	add skin, mucous membranes

The frequency of treatment depends on the patients' condition. The earliest repetition should be done at 4 months. These patients need to be monitored at frequent intervals and their progress should be documented.

6. Kidney Disease

Particularly glomerular defects respond well to cell therapy. These include glomerulonephritis, diabetic nephropathy, damage due to hypertension and nephrotic syndrome.
Patients with acute kidney failure and pyelonephritis should not be treated by cell therapy, but by allopathic means (dialysis, transplant and antibiotics).
The treatment protocol must of course include kidney. Other organs should be used if they are involved in either the cause of the illness or if they are damaged secondarily to the illness.

Day	Products injected
1	Kidney, Adrenal Cortex, Mesenchyme
2	Placenta, Artery (blood vessel)

If the cause is an auto immune disease, the basic protocol for auto immune disease must be added with Thymus, Adrenal Cortex, Spleen and Lymph nodes.
If the cause is diabetes mellitus, then the protocol for diabetes must be added.
If the cause was an infection, then Thymus must be added.

Case History

Rubin was a basically healthy 65 year old patient. He came for a rejuvenation treatment and his lab report showed elevated kidney parameters (Urea and Creatinin both 50 % above norm) in his blood chemistry for the past 10 years, we added kidney to his rejuvenation treatment. The reason for this elevation was unknown.
When his family physician rechecked his blood chemistry several months later, the kidney parameters had normalized for the first time in 10 years. He couldn't believe that cell therapy had cured his patient and rechecked the parameters, which of course came back within normal range again. His physician preferred to look upon it as "spontaneous healing" rather than accepting cell therapy as the reason for his cure.

7. Diabetes

Type I or Insulin dependent diabetes

The standard treatment is insulin, but insulin doesn't cure diabetes and doesn't prevent complications of diabetes. Cell therapy can't replace insulin treatment, but it can help lower the required insulin dosage and it can help prevent secondary complications. It works best if it is given early after diagnosis.

Day	Products injected
1	Pancreas,Liver,Adrenal cortex
2	Hypothalamus, Placenta, Gastrointestinal mucosa
3	Retina, Artery, Kidney

Day 1 and 2 consist of products for the base treatment. Day 3 is the prevention of the most common complications of diabetes. If the cause of diabetes is an auto immune disease, then the auto immune protocol must be added to the below treatment protocol.
It is important that the patients monitor blood glucose levels very closely, as hypoglycemic episodes are possible within 8 -10 days after cell therapy. This is due to insulin released by implanted beta island cells that are damaged during implantation.

The increase of C-Peptide and reduced dosage of insulin as well as prevention and even improvement of secondary complications are the goal of this treatment. Abandonment of insulin therapy is usually not possible.

Type II or non Insulin dependent diabetes

Most patients with beginning type II diabetes are usually middle aged. Many of them have gone through major stress situations in life and many are still in them. Their adrenal cortex was forced to produce vast amounts of cortisol during their stressful years and are slowly burning out. At the same time the sex hormones are no longer secreted at the same levels, as when the patients were younger. In an attempt to produce more sex hormones and cortisol, the body makes more cholesterol. Ergo we find elevated

cholesterol levels in the serum of middle aged patients, that fit the above profile. The years of stress and elevated cortisol production have the patients looking like a Cushing's syndrome. Body fat is mostly around the mid section, some even show fat accumulation in the area of the seventh cervical vertebra, the so called buffalo's neck, typical to Cushing's disease. Often we can see the moon face as well.

It is the time when non traumatic tears of the Achilles tendon occur. This metabolic situation causes the insulin receptors in cell membranes to lose their affinity for insulin. Glucose has trouble entering the cells where it is needed and most patients have no energy, no drive and feel very fatigued. In an effort to push glucose into the cells, the body makes more and more insulin, thereby lowering the sensitivity of insulin receptors even more. The elevated insulin levels lead to more fat accumulation around the mid section and the vicious circle continues.

The treatment can't be to increase insulin as this will only amplify the vicious circle. Treatment must include the adrenal cortex, liver, the gonads and most of all stress reduction. Pancreas should be given especially in the later stages, as the pancreas burns out with time.

Day	Products injected
1	Adrenal Cortex, Liver, Pancreas
2	Testes/Ovary, Placenta
3	Skeletal Muscle, Diencephalon
4	Retina, Artery, Kidney

These patients need a complete hormonal work up and hormones must be substituted if a sufficient increase is not observed 3 – 4 months after cell therapy. As long as these patients have too much insulin and cortisol, they are not able to lose weight. Stress reduction is the most important treatment of all, possibly an anti-cortisol such as Procaine can be given.

Case History

Sam was a 69 year old patient with blood sugar levels of up to 250 mg%. He was taking Metformin 500 mg twice daily. Over a period of 3 months he received 30 Plaquex infusions, cell therapy and bio resonance therapy. During the treatment period blood sugar and glycohemoglobin levels were monitored constantly and it became possible to slowly reduce the Metformin dosage until it was elimiated. The patient was then instructed to eat normally, including sweets containing sugar. Two months following this treatment program, the patient's blood sugar levels dropped dramatically to 100-110mg % before meals and post prandial to 130-150mg %.

8. Andropause/Menopause

In the beginning stages of andropause and menopause cell therapy can, through the revitalization of the gonads as well as the hormone axis, increase the secretion of sex hormones. Cell therapy is the preferred treatment before beginning hormone replacement therapy. This applies not only to sex hormones, but all other hormones as well.
It is important to include the hypothalamus and adrenal cortex as well as placenta and pituitary with the gonads.

Andropause Protocol

Day	Products injected
1	Hypothalamus, Adrenal Cortex, Pituitary, Placenta
2	Testes, Vesicula seminalis, Prostate, Corpus Cavernosum

Menopause Protocol

Day	Products injected
1	Hypothalamus, Adrenal Cortex, Pituitary,
2	Ovary, Corpus Luteum, Placenta

The hormones should be rechecked 3-4 months after cell therapy. If the levels have come up sufficiently, a repeat treatment may be needed in about 6 -12 months. The patients will come to your office on their own when they feel the levels falling again. If the levels didn't come up, which can happen in older patients, who have been in menopause/andropause for a while, HRT will be the next step.

It is useless to treat patients over 60 years of age with this protocol as their glands can't be revived enough to produce hormones.

Case History

Leonard was a 54 year old patient who had low sex drive, difficulty building muscle mass and sleeping problems. His lab results showed a low of normal testosterone level. On my recommendation he opted for cell therapy before trying hormone replacement therapy. Four months after the injections a new lab test showed the testosterone in the middle of normal range.

9. Neurological Diseases

The best results in patients with central neurological disorders such as Parkinson's, postoperative coma, traumatic brain injuries and so on are achieved with cell transplants applied intrathecally via lumbar tap. This can't be done by every doctor and in every medical practice. Most doctors are limited to applying cell therapy by intramuscular injections. The results are not as dramatic as with intrathecal application, but there are improvements.

Parkinson's Protocol

Day	Products injected
1	Substantia nigra if available, Diencephalon, Cerebellum
2	Medulla spinalis, Placenta, Cortex cerebri, Skeletal Muscle

Amyotrophic Lateral Sclerosis Protocol

Day	Products injected
1	Diencephalon, Cerebellum, Skeletal Muscle, Liver
2	Medulla spinalis, Placenta, Cortex cerebri,
3	Thymus, Medulla Oblongata, Hypothalamus

Multiple Sclerosis Protocol

Day	Products injected
1	Skeletal Muscle, Liver, Gastrointestinal Mucosa
2	Thymus, Spleen, Hypothalamus, Medulla spinalis
3	Placenta, Adrenal Cortex, Mesenchyme

Myasthenia Gravis Protocol

Day	Products injected
1	Skeletal Muscle, Liver, Gastrointestinal Mucosa
2	Thymus, Spleen, Hypothalamus, Medulla spinalis
3	Placenta, Adrenal Cortex

Some explanations regarding the choice of products are necessary: auto immune processes are suspected in some neurological diseases and thus thymus and spleen are necessary. Environmental taxation of the gastrointestinal tract is suspected in MS for example and thus the mucosa of the gastrointestinal system should be regenerated.

Case History

Ian was a 40year old patient in the United Kingdom. He was diagnosed with Parkinson's disease several years ago and came to see us, when he heard about cell therapy and HGH. He was very much homebound as he had trouble walking. We treated him with cell therapy as well as HGH as his levels were low. The combination helped him get a job and go to work again. We had to repeat the cell therapy once every 6 months in order to maintain the improvement achieved.

10. Osteoarthritis

This is the most common complaint in any medical office. Obesity and sports trauma account for most of the cartilage lost in weight bearing joints.

As long as there is some cartilage left in the joint, a combination of cell therapy, hyaluronic acid injections and supplements can bring about pain relief, mobility and postponement of joint replacement.

Day	Products injected
1	Joint **or** Cartilage, Osteoblasts and synovial cells
2	Mesenchyme, Placenta, Skeletal muscle
3	Adrenal cortex

Adrenal cortex is added as most patients come to the office after a long time of suffering inflammation which taxes the adrenal cortex with producing cortisol, thus it must be revitalized.

11. Pulmonary Disease

The basic concept of treatment as with all others above is to treat the cause (allergy, auto immune, external toxins) and the damaged organs.

Asthma Protocol

Day	Products injected
1	Lung, Adrenal cortex, Thymus, Mesenchyme
2	Intestine, Placenta, Heart, Liver
3	Diencephalon, Spleen

Allergic Asthma could be a risk for an allergic reaction to cell therapy, although I have never witnessed this during my years in practice. As a precaution antihistamines can be given along with an injection of cortisone prior to injecting the cell therapy products.

Emphysema Protocol

Day	Products injected
1	Lung, Thymus, Mesenchyme
2	Hypothalamus,Placenta, Heart, Liver

12. Skin Disorders

The products used to treat skin disorders have the nice “side effect” of revitalizing the skin. It becomes more elastic and firm. The blood flow is improved letting it appear rosier, dryness disappears, nails get stronger and sometimes hair even reverts back to its original color.

Skin Protocol

Day	Products injected
1	Skin, Placenta

The treatment concept is as with all others to treat the cause with the appropriate protocol and the affected organ with the appropriate products. If the cause is auto immune, then the auto immune protocol must be used as well as skin products. If burns caused damage to skin, thymus, hypothalamus and mesenchyme might be added.

13. General Revitalization

There are standard protocols that should be used for rejuvenation. These protocols however should be expanded or changed depending on any specific health problem the patient has.

Standard Protocol

Day	Products injected
1	Testes/Ovary depending on the sex of the patient, Pituitary, Adrenal Cortex
2	Hypothalamus, Pineal Gland, Thyroid
3	Thymus, Liver, Heart, Kidney
4	Placenta

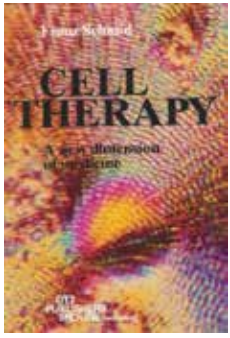
If the patient has for example trouble with osteoarthritis, cartilage should be added. If the patient has an auto immune disease, the standard auto immune protocol should be added.

Please remember the Pyramid:

Resources

Cell Therapy

Books: Cell Therapy A new Dimension in Medicine
Prof. Franz Schmid, 1983 has been out of print for many years.
This is still the most complete book ever written about cell therapy.



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Plaquex Therapy

Studies: available for download on **www.plaquex.net**

Products: **Plaquex Oral** is available from **www.biorica.biz** Doctors should write to **info@biorica.biz** to get the special doctors prices

Plaquex IV is available from AnazaoHealth. US doctors order from the Nevada office and Canadian doctors order from the Tampa office. Both orderforms are available for download on **www.plaquex.net**.

Brigitte's Artwork is available as greeting cards from **www.biorica.biz**

Cardio Crusaders Test Equipment:

RPG Medical Holdings Inc.
www.rpgmed.com

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This book is intended for practicing physicians in need of guidance to implement cell therapy in their office. It describes a short history of both treatments as well as some scientific background.

The main part of the book are the nuts and bolts instructions detailing treatment protocols, preparation and follow up of patients, possible side effect and how to deal with them.

There are case histories to illustrate both treatment modalities. At the end resources help find the right products, books and service.

ISBN 978-1-4507-9538-8
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