

Cellular Therapy

By Thomas Nissen, N.D.

Not all disease is resolvable through cleansing, chelation and catalytic oxidation, especially if the DNA code is damaged by genetic mistakes and ionizing radiation. Even if the disease process is arrested, residual tissue damage from previous therapy, inflammation, anoxia, and focal circulatory failure could leave tissue unable to recover to full function.

INTRODUCTION

In plain terms, Cellular Therapy means that cells and minute cell unions are suspended in a natural solution and by injection are given to the patient. Thus Cellular Therapy is a treatment based on biological substances conveyed in a suspension containing hundreds of thousands of cells and minute cell unions. The cell components allow defective cells in the human body to revitalize by supplying the patient's ailing or defective organ with valuable biochemical substances. These biochemical substances supply the building "bricks" for the defective organ to begin functioning correctly. It is the practice of the future, perfectly suits the problems of our time and the near future: Degenerative Diseases. As human life-expectancy is increasing, optimization of health is of major importance.

The "Pharmacon" in the classic form of Cellular Therapy is a lyophilisate of tissue-particles. Deep-frozen and dried cellular material is used without any additives. This material has no toxicity at all. The therapeutic value of this material consists of a high content of biochemical substances, enzymes and the concentrated energetic power of foetal cells. For years scientist have debated weather or not the use of human cell is the material of choice. German research has proven that cells can be used from any mammalian source; the therapeutic value is the same. The use of human tissue can be dangerous (zoonosis, the transfer of diseases to the same species) and is morally wrong.

THE THERAPEUTICAL MATERIAL

The solution used in cell therapy is a resuspension of many millions of cells. Every 100mg of freeze dried concentrate contains from 70-180 million cells; the amount is dependant on the individual cells type. All human and animal organ cells are formed according to a similar basic plan, and have the same subunits which perform the same functions. Even in specific organs there is no major difference between the cells of humans and those of animals.

There are three different techniques in cell therapy. Carried out correctly, each method is successful in principle, but different in quality and quantity. These three technical procedures are the "Fresh Cell Method", the "Ice Cell Method" and the "Dry Cell Method". Originally, Niehans used only the so-called fresh cells. However, he soon recognized the following disadvantages:

With the "Fresh Cell Method" it is impossible to control sterility during the time required to remove the cells from animal to the human. Even with optimal technical organization, the time involved in the process of removing the cells from the animal and their injection into the human is at least one to two hours. Should more than 20 minutes elapse, however, the cells start to decompose as self-digestion starts in. Because of these disadvantages, the "Fresh Cell Method" is only used in a few private clinics.

In the "Ice Cell Method" deep-freezing is introduced between extraction of the cells from the animal and their injection into the patient. This makes it possible to test the cell material for

sterility. The disadvantage of this method, however, is that deep-freezing and subsequent thawing of the material activate physical processes which change the final structure of the cells and so impair their therapeutic efficacy.

The “Dry Cell Method” is the most commonly used in the whole world today. This method guarantees a high concentration of biochemical substances, enzymes, sterility, easy transportation and use. Freeze-drying is accomplished through the dehydration of frozen material under high vacuum (lyophilisation).

To date, no better means has been found for preserving tissue. It enables the preservation of specific biochemical cell compounds and microscopic and sub microscopic structures in their original state.

From 1949 on, Niehans developed and improved the method of freeze-drying for conserving cell preparation in his own laboratory. From 1954 to 1963 he transferred the production of dry cell preparation under license to the Heidelberg firm, Rhein-Chemie GmbH. Since 1966, production has been continued under the most modern technical conditions by Cytobiologische Laboratorien GmbH in Walldorf near Heidelberg.

The donor animals come from private herds which are carefully supervised by veterinary surgeons and kept in strict quarantine six weeks before use. No chemical or pharmacological substances are added during the extraction and processing of organ tissues, nor does a denaturing sterilization of the cell material occur. The cell content in cell preparations remains biochemically and structurally unchanged so that the complete medical effectiveness is preserved. It was the development of dry cells which first enabled every general practitioner to make use of cell therapy. With these preparations the doctor is independent of the abattoir and the ampoules of cell preparations will keep for at least ten years – even under tropical conditions – because they are filled under vacuum.

PREDISPOSITION FOR THERAPEUTIC RESULTS

According to the principles of efficacy a positive result can only be expected when:

Structural defects and/or functional weakness exist on a cellular or macromolecular level as the incorporation of the donor cells cannot take place without a “niche” to fit into. · A therapeutic material is offered which is adequate in relation to primary cell-defect in the recipient.

INDICATION OF CELLULAR THERAPY

In theory Cellular Therapy can be used to treat any disease (as we are treating at the cellular level) but great advances and research has been achieved in the treatment of the following:

Degenerative Diseases – Parkinson’s Disease, Multiple Sclerosis, Liver Disease, Arthrosis, etc.

Premature Ageing with Loss of Vitality

Congenital and perinatal disorders and disabilities

Multiple Handicaps and Disorders – Cerebral Palsy, Infantile Brain Injuries, Strokes

Auto-immune Diseases – Asthma, Crohn’s Disease, Arthritis

Chromosome Anomalies – Down’s Syndrome, Noonan’s Syndrome, etc.

Hormonal Dysfunction – Pre-Menstrual Syndrome, Impotence, Loss of Libido

Embryo-fetal disorders (fetal alcohol-syndrome and others)
 Prematurity and immaturity
 Infantile cerebral paresis
 Several multiple handicaps and disorders
 Disorders and diseases of the central nervous system (maturation disorders, degenerations accident and stroke lesions)
 Endocrine Disorders
 Cardiovascular Disorders
 Diseases of bones, joints, and connective tissues, osteoporosis, arthrosis,
 Liver diseases, chronic hepatitis
 Lung-diseases, emphysema, asthma, fibrosis
 Kidney diseases, nephrosis, chronic nephritis
 Skin diseases
 Disorders of the Immune-system
 Age-dependant functional impairments
 Concomitant Tumour Therapy

SIDE – EFFECTS

Foetal cells contain a high concentration of biochemical substrates, enzymes; they have no toxicity. The antigenic potential is much lower than in adult-cell-material. But under certain circumstances there can occur the following side-effects:

1. A more or less pronounced local reddening and swelling
2. Pain at the injection site, usually lasting for 2-5 minutes
3. Rise in temperature (0,5 –1,5 Celsius) on the first and second day after the implantation
4. A feeling of lassitude, tiredness, desire to sleep, distaste for alcohol
5. Sublingual: Nearly no side-effects

CONTRA – INDICATIONS

To avoid unexpected side-effects cell-implantations (or sublingual) should not be carried out under the following conditions:

1. During acute or chronic bacterial infections. (In chronic infections lasting for many years and no longer responding to chemotherapeutics, an exception to the rule can be made. In such cases, the weakened natural resistance of the body can be activated by revitalizing the patient through cell therapy and by strengthening those organs and organ systems which supply resistance.
2. During acute viral infections
3. Before and after vaccinations (4 weeks)
4. In acute allergic-hyperergic conditions

5. In terminal stages of disease (when a “last try” is attempted)
6. Cell therapy is also inadvisable as long as the body still contains disseminating foci of infection. Festering teeth, a chronically inflamed appendix or chronic inflammation of the tonsils or gall bladder, for example, would fall into this category.

Today there are over 1400 scientific publications and more than 50,000 medical reports which record the effectiveness and successes of cell therapy degenerative diseases and premature aging. In the frame of a holistic medico-biological concept cell therapy will be more and more a guideline for the medicine of the future.