Live Cell Therapy by Karl Loren

I have personally received many treatments of "cellular therapy" and believe them to be of great value.

Cellular Therapy

Not all disease is resolvable through cleansing, chelation and catalytic oxidation, especially if the DNA code is damaged by genetic mistakes, ionizing radiation or other environmental challenges. 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. The Enderlein endobiont process of internally developing self destructive microbes embedded as endogenous retroviruses into the gene code could re-establish disease if the body's milieu were incorrectly maintained. Gene damage and endogenously coded microbes would not be corrected by catalytic oxidation. Three well proven therapies exist to relieve these two burdens: Heteronucleic Cell Therapy, Enderlein Isopathic (pleomorphic) Therapy and Natural Hormone Replacement.

Cells, which energetically resonate (vibrate) within a nutritive, electromagnetically semi conductive, connective tissue milieu (matrix), are the organizational units of life itself. The human body contains some four trillion cells, which all arose after conception from one unified cell through multiple cycles of division. This process of cellular renewal continues throughout life, as old and weak cells are replaced by new ones. In healthy young individuals the division of cells takes place regularly in an energetic and balanced bio-terrain. However, as we grow older, this process begins to slow down. The increased pollution, solvents, heavy metals, parasites, stress, improper nutrition, smoking, processed sugar and alcohol tend to suppress this renewal process even more. As a result of dehydration, toxicity, acidity and oxidation, nature's oscillating biological clock becomes disrupted, leading to a gradual malfunction of our connective tissue matrix, the organs, and immune system, of which cells are the building blocks.

Most of us want a long meaningful life, but almost nobody wants to be burdened with poor health, degeneration, or pain as they age. Throughout history, man has searched for the proverbial "fountain of youth". Classical medicine has indeed brought us a longer life expectancy through high technology and acute crisis management. However, it is the knowledge gained from empirical, bio-energetic and integrated biological medicine which can impart a longer life with vitality. We are all aware of show business personalities and other celebrities of our time, for whom the aging process appears to have stopped. They continue to be attractive, look well and are in great shape. Certainly, healthy nutrition, exercise and plastic surgery play an important role. With more than mere appearance, these famous people continue to exude an aura and body language that identifies them with younger age groups. The reason is that many of them frequent the famous spas or medical centers in Europe, including the Niehans, Filatov and Paracelsus Clinics, which specialize in regeneration and, specifically, in the medically respected technique of Heteronucleic Cellular Therapy (HCT). "Heteronucleic" means genetic material from another mammalian species. "Cellular" means whole lyophilized (freeze dried) fetal or cellular extracts are employed therapeutically. HCT has made it possible for these celebrities to maintain a very active lifestyle that otherwise would be impossible. The recipients seem to retain the vitality of youth, making it possible to enjoy the fruits of success well into their senior years.

Aging is one of the most natural processes and, strictly speaking, defines earthly life's time limit.

All earthly life is subject to wear and deterioration, a process which, in fact, begins shortly after birth. Mankind has always dreamed of halting the degenerative aging process and turning back the clock to attain eternal youth. Nature, of course, always denied us fulfillment of this age old wish. Recently, epoch making advances in medical science have assured us that the average life expectancy will become significantly longer. As a result, our organism will be subjected to a significantly longer period of wear. Although the degenerative aging process is inevitable, it can be reduced or dramatically slowed with a specific cell therapy in the context of detoxification, bio-terrain correction, and biological therapy. American allopathic drug based medicine today is at the avant-garde in the crisis transplantation of hearts, kidneys and livers. However, the allopathic physician usually treats the symptoms of aging and disease with artificially synthesized, frequently toxic, chemicals which are not found in the natural body. Allopathic medicine utilizes a single chemical or treatment series of chemotherapy to enhance or to inhibit a particular enzyme, cellular substrate or organ function, hoping to alter the perceived symptom or disease state. The allopathic physician works with toxins, so he must constantly evaluate the risk to benefit relationship of a single drug, or worse, a combination of drugs. HCT, on the other hand, purports to supply non-human, low antigenic, fetal genetic cellular components (DNA, RNA, and inducer proteins) by tissue injection to renew biological function. Pharmaceuticals tend to work symptomatically and not causally. In effect, the drugs only work as long as we are taking them, whereas HCT, as a biological treatment, has a longer term effect without the fear of dangerous side effects.

Be aware that many American doctors, unknowingly and without study, have referred to HCT as an "unscientific" treatment. Those physicians are not aware of, or refuse to read, any of the over 1000 scientific publications that have already been written in the field of HCT. Nor are they aware of the over 8,000,000 patients that have already safely received HCT in Europe, in centers which are under Swiss, Russian and German government sanction. On the other hand, such uninformed critique disappears when we refer to the treatments used today by allopathic physicians, such as hormones and enzymes, which are extracted from animals, or to collagen, which is injected by plastic surgeons to smooth out wrinkles. Non-human (lamb) fetal cellular and extract therapies were first developed in Germany, Russia and Switzerland in the 1920's. The rationale of HCT is to approach chronic viral, degenerative, congenital, allergic, and some cancerous diseases from an entirely different direction than that of allopathic pharmaceutical (drug oriented) medicine. Fetal lamb freeze dried (lyophilized) cells (or filtered liquid extracts) seem to induce tissue specific structural and functional regeneration in disorders related to the connective tissue, neurological, vascular, respiratory, digestive and immune systems. The HCT therapy in either form is not new, and is allowed by the FDA for use by licensed physicians in investigational protocols under natural products guidelines. Delay in generalized acceptance and application in the United States of HCT has been related to the failure of university teaching centers to instruct in this modality, to pharmaceutical industry influence, and to the fact that nearly all the literature was previously in German. A wealth of peer reviewed basic science and clinical publications around the world now document the mechanism of action and efficacy of HCT in a number of forms, regardless of terminology.

The two pathways to health are not mutually exclusive, nor should they be considered necessarily competitive. Allopathic regimes tend to work better against emergency or acute problems such as trauma, rapid tissue failure, acute inflammation and infection. HCT is more oriented to chronic degenerative diseases, non-healing wounds, immune incompetence, virus related tumor therapy, disturbed childhood development, premature aging, chronic allergies, and

endocrine (glandular) dysfunction. Neither therapeutic philosophy can assure a trouble free life, claim miraculous cures, guarantee success, or insure against any adverse reaction or complication. Even when applied with wisdom, competence, and the best of intent, all human therapies can fail, complicate, or hasten death.

The History Of Cell Therapy

The search for the beginning of cell therapy goes back thousands of years. In the Eber Papyrus of medicine written in 1600 B.C., the Egyptian hieroglyphists recommended the injection of animal organs to improve human vitality. Physicians first started to transplant tissues about 2,000 years ago. In the Middle Ages Paracelsus, the Swiss philosopher and physician, seriously turned to the cell, the organizational unit of all life, to observe for the first time, that "like heals like". At the end of the 19th century, the Paris physiologist, C. E. Brown-Sequard, recognizing the potency of cellular therapy, injected himself with an extract made from the testicles of a young bull. His virility was subjectively increased due to the testosterone in the extract. In the late 19th century, remarkable research by the French Nobel laureate Dr. Alexis Carrel not only stunned the medical world but had a profound effect on Paul von Niehans MD. Carrel, the father of cellular biology, discovered the potentially immortal nature of cells by keeping alive the fragments of a chicken heart 25 years after the fowl had died. This accomplishment was performed by combining cellular material from different hearts (and thus with different heart beats) into one cell culture.

In the 1920's in Odessa, Russia, an ophthalmologist, Vladimir Filatov initiated the application of fetal cellular and aloe plant extract therapies for non-specific rejuvenation of chronically ill patients. His earliest claimed successes were in reversing retinitis pigmentosa and involutional retinal macular degeneration. In the 1930's, Professor Paul Niehans, a greatly respected Swiss surgeon, became increasingly interested in endocrinology (the study of ductless glands), while serving as head of staff at one of the renowned hospitals in Switzerland. Specifically, he studied the work of colleagues who were experimenting with the implantation of animal glands into patients whose organs were not functioning properly. One of Dr. Niehans' first discoveries was that cells derived from the organs of an unborn, cancer resistant, fetal sheep could be injected into the human body without triggering the natural defense mechanism that acts to reject foreign protein. In the 1950's, later scientific studies on cellular recognition mechanisms proved his observations. Niehans proved that genetically determined tissue compatibility antigens (a membrane bound substance which the body uses to determine self vs. foreign) develop only near birth. It is the absence of these antigen factors that a) enables the fetus to develop without rejection by the mother, and b) allows a host to accept unrelated fetal cells without triggering the adverse immune reactions that normally would occur.

The first use of modern cell therapy by Niehans occurred when he was referred an emergency post thyroidectomy patient in 1930 with "severe post-operative parathyroid tetany". The Swiss surgeon ground up the parathyroid glands of a newborn ox into tiny pieces, made a suspension with physiological saline solution and injected it into the patient's pectoral muscles. As Niehans later wrote: "I thought the effect would be short-lived, just like the effect of an injection of hormones, and that I should have to repeat the injection. But to my great surprise, the injection of fresh cells not only failed to provoke an immune reaction, but the effect lasted, longer than any synthetic hormone, any implant or any surgical graft. Twenty-six years passed and the patient was still free from cramps in 1956". In the forty years following his first successful experiments, Professor Niehans applied his discoveries in cellular therapy over 50,000 times. Included among Niehans patients were such celebrities as Jan Paderewski, Gloria Swanson, Somerset Maugham,

Charles Chaplin, Robert Cummings, Paulette Goddard, Konrad Adenauer, Joan Crawford, Charles de Gaulle, Dwight and Mamie Eisenhower, Dolores Del Rio, Winston Churchill, Charles Boyer, Bernard Baruch, the Duke and Duchess of Windsor, Joseph Kennedy, Noel Coward, and many others of equal fame. In 1953 Dr. Niehans was called to the bedside of a dying Pope Pius XII. In gratitude for the successful result of his own cell therapy, the Holy Father admitted Professor Niehans to membership in the Papal Academy of Sciences. The renown created by enthusiastically reported results on these celebrities reached other European physicians, who, consequently, clinically substantiated Dr. Niehans' results. Cellular therapy was on the way to becoming an accepted regenerative technique in Europe, but not in the drug industry influenced United States.

Niehans continued his research and work into the 1960s, publishing extensively, only interrupted by World War II. His major opus on the theory and practice of cellular therapy was published in German in 1954. Niehans collaborated with Bauer of the Clarens Clinic in Switzerland in studying the therapeutic effects of live and preserved cells. Niehans in 1949 conducted research into the cancer resisting properties of fetal mesenchyme cells within a well regulated connective tissue matrix. Niehans later developed the freeze-drying process of fresh cells termed lyophilization. The Swiss surgeon used cells from the frontal brain to treat mongolism. He used skin and eye cellular extracts to treat albinism, injected liver cells to treat cirrhosis, and utilized testicle to treat impotence. An aging movie star (Chaplin) claimed that he had fathered two children during a three year period following treatment at the Niehans clinic in Switzerland. A Swiss publisher, Thorne, in 1967 released the English version and update of Niehans' original work (Cell Research and Cellular Therapy), which also included papers by researchers from Germany, Austria, Greece and Spain.

In the 1970's, at the University of Heidelberg, Drs. H. Lettre and F. Schmidt demonstrated, by radioactive marking and tracing of cells, that injected fetal cells invariably ended up in the target organ, i.e., heart to heart, liver to liver. This landmark research did much to prove that animal cellular material was indeed transported by the human host's blood to counterpart organs and tissues. Their proof included tagging of the material by radioactive isotopes, monitored with a Geiger counter, and verified with a total body radioactive scan (Lettre), which proved conclusively that most of the material reached only the target organ. This mechanism of cellular homing and recognition relates to the unique vibrational frequencies ("tensegrity") emitted by the DNA coils and membrane fiber optics in all living cells, as described by Tesla and Lakhovsky in the 1920's. Like seeks out the resonance of like and congregates with like due to vibrational signals, not chemical or mechanical binding sites.

Mathematics, wave mechanics, and biophysics all hold precedence over biochemistry, and "medicine". Since the 1970's a revolution in the sciences has occurred whose reverberations will topple the chemical and mechanical concepts of biological order. In the new paradigm (system), mathematics identifies seven dimensions to unify kinetic, electrical, magnetic, gravitational, tachyonic and mass energies into a cohesive field theory of universal energy. Quantum mechanics, as presented by Baum and Schaumberg, displays electrons and protons not as classical particles, but as tornado like spiraling clouds of compressing and expanding energy density with spin and vibration. Photons of light, gravitons of attraction, and phonons of sound are but sub-components of these spiraling vibrational clouds. All vibrations react with and interact with all other vibrations in this universe. That makes the universe and all beings within it, a hologram, according to Talbot. These quantum mechanics concepts prove true into

biological structures. Wlodzimierz Sedlak, a Polish priest and biophysicist, from the 1960's through the 1980's prolifically wrote about biological structures as diode resonators (cells), intracellular interferometers (mitochondria), inductance emission coils (DNA), fiberoptics (tubules), and phonon resonators (membranes). Popp of Germany proved that DNA when coiled emits far UV light upon stimulation by laser emission from mitochondria. Cells emit powerful UV light when uniting (conception), dividing or dying (necrotic radiation). This coherence (strict light and electromagnetic organization) of cells causes unique cells to vibrate at specific frequencies like radio transmitters. These vibrational signatures, according to Frölich, communicate throughout the superconducting, semi-solid plasma of our liquid crystal connective tissue matrix.

Cells do not randomly traverse the body looking to lock onto binding sites. They home into each other like airplanes to a radio beacon. The recipient's macrophage cells that now contain the fetal DNA resonate at the exact frequency of the target cells, if the target organ is somewhat functional. The incorporation of the fetal cells into target tissues is the same as the conglomeration of cells into tissues. They join like similar voices into sections of a choir. Dissonance (like a bad voice) induces disease, allergy and loss of group cohesiveness (cancer). Fetal cell therapy adds new strongly resonant "voices" to perk up an aging or sickly tissue "choir", thus maintaining a harmonious vibrational order (homeostasis) that is life in the quantal hologram. Fetal cell therapy is extremely scientific and compatible with the most basic laws of the biophysics of life.

Dr. Kment's extensive animal work in Austria in the 1970's indicated that cellular therapy improved cognitive abilities, connective tissue elasticity and tissue respiration. Furthermore, aging animals injected with fetal cells from other species "drew more significantly closer to the state of the young control animals". By the late 1970's, cell therapy clinically was "working", both empirically, from clinical observation, and by various monitoring techniques. Like did affect like, and the overall implication for a non-linear open system model of cellular organization and interaction was vast. Improvement in a wide range of pathologies, degenerative diseases and inborn genetic errors occurred. Yet Kment still did not know exactly how the therapy "worked" with cellular transplants of fetal glands from other species. The genetic information is transferred to somatic cells, but is not incorporated into the genome (genes) for transfer to offspring. The incompatibility of addressing sequences at both ends of an animal gene of interest (LTR code) would allow utilization in the current cells, but would prevent permanent familial genetic cures. HCT is not amenable to simplistic linear double blind studies where all relationships in a test are controlled, such as in a drug study. Therefore, the drug agencies and universities lack a standard by which to judge efficacy. They are simply in the wrong paradigm.

The cell therapy developed by Prof. Niehans, using fresh cells, is today only of historical medical value, and has since been further improved, partly by Dr. Niehans himself and later by other specialists in this field. With the help of a well-known food processor, Dr. Niehans eventually developed the freeze-dried or lyophilized cells, making it possible to pre-test for antigens, to store and then to delay ship them anywhere in the world. As a contrast, whole mature organ transplant operations require that the host's immune system be overridden with immune suppressive drugs, which open the body to invasive diseases. Yet with HCT, fetal cells are not recognized by the body as being foreign. The fetal cell components remain non-inflammatory and can revitalize specific worn or ailing tissues. HCT also completely avoids the moral and viral infection dilemmas of human cell injection.

While HCT specialists were working in Europe along the lines suggested by the late Dr. Paul Niehans of Switzerland, the allopathic orthodox U.S. community in the 1980's had begun to move into the arena through various alternate routes. Many of these physicians and scientists were seemingly oblivious to the fact that they were simply corroborating the theories and postulates of the "unorthodox" European cellular therapy and solid state biophysics pioneers of decades earlier. American medical orthodoxy regards Parkinson's as an incurable condition. Yet, a wheelchair bound victim of Parkinson's was the first American to undergo what the American medical establishment decided to call "human fetal cell transplantation therapy" by the late 1980s. This new designation, along with the earlier "tissue transplantation therapy", it was apparently hoped, would distance this "serious" line of medical research from "live cell" or "cellular" therapy, the European animal embryo based treatments the allopathic industrial cartel in the United States had long written off as medium tech quackery. Ongoing orthodox research into the Parkinson case had shown that, since the 1989 injection of brain tissue from an aborted human fetus, the patients' Parkinson's symptoms had lessened by half. Unfortunately for the pharmaceutical cartel, nothing about HCT is patentable, nor highly profitable, nor does it consign a patient to an endless expensive course of therapy.

In October 1991 and as a follow-up in February 1992, American researchers were also reporting early success with fetus - to - fetus cell therapy with a severe genetic abnormality, called Hurler's Syndrome. Ismail Zanjani of the University of Nevada at Reno reported that transplanted human fetal tissue had "taken hold" in an infant born a year before, with many of the child's blood making cells apparently the descendants of the transplanted tissue. The developing fetus had been injected with the fetal cells from an aborted human fetus in a controversial application of the therapy. The parents had lost two prior children to this mucopolysaccharidosis syndrome, which causes crippling skeletal problems, blindness and severe mental retardation. The case brought into the open the controversy over using human fetal tissue in experimental therapy. The U.S. government position in the early 1990's was that such a use might encourage abortions and illegal traffic in human fetuses.

In the late 1980's, Dr. Mitchell Golbus, of the University of California at San Francisco, had unsuccessfully attempted to transplant adult tissue into human fetuses to cure genetic conditions. The fact that an American university would try to inject adult cells demonstrated just how provincial the orthodox U.S. healthcare system could be. For classical European HCT practitioners, who utilize animal embryonic, fetal or placental tissue injected subcutaneously into the gluteal region, the interest of American funded research into human cell therapy borders on the laughable. Why the utilization of aborted human tissue exclusively in the U.S. research? And why the direct grafting into the brain or any other organ, at best a risky and potentially dangerous maneuver? The 1980's, the decade in which the Western orthodoxy began to co-opt or "legitimize" cell therapy (that is, to find some way to fit it into the allopathic paradigm and alter semantics while doing so), began with the work of Dr. Michael Osband (New England Journal of Medicine,1981): Ten of 17 children treated for the immunosuppressive condition called Histiocytosis X underwent complete remission after being treated with daily intramuscular injections of thymus extract from five day-old calves. This was the first reported use of a crude form of non human live cell therapy under controlled conditions conducted within the U.S.

In 1983, the American Paralysis Association convention was told that cells taken from human aborted fetuses and injected into animals had provided evidence of being useful in repair of spinal cord accidents and degenerative diseases. In January 1988, The Los Angeles Times

reported on the work of Dr. Kevin Lafferty, of the University of Colorado Medical Centre, who saw "good results" in 6 of 17 diabetic patients treated with "implanted cells" from fetal pancreases. The Times also reported that about 200 patients worldwide had received fetal liver cells, primarily to restore bone marrow loss as a result of cancer therapy. Furthermore, Robert P. Gale, M.D., of UCLA, had implanted fetal liver cells into six radiation victims of the (then) Soviet Union's 1986 Chernobyl nuclear disaster. (Here was an ironic case in which American researchers were utilizing a form of therapy the American medical establishment still considered to be unproven at best, quackery at worst, to help save lives in a foreign country!)

The Processing Of Fetal Heteronucleic Cellular Therapy (HCT)

The preparations of the fetal lamb injection cellular therapies currently are from unborn sheep organ cells rendered low antigenically by flash freezing (cryopreservation) or freeze-drying (lyophilization). The cells are then sterilized, and placed into vacuum filled, sealed vials. Liquid, sterile, highly filtered extracts of the fresh fetal cells utilize promoter materials to induce the short term therapeutic effects with near elimination of the danger of allergy, rejection, or infection. Dry extracts of non fetal young lamb tissues are sometimes enterically coated for oral ingestion as adjunctive therapy for control of an overactive immune system or allergies. Sheep fetal cells from one isolated strain of artificially inseminated animals have proven to be the most genetically similar to human cells, the most therapeutically effective, and the least adverse with extremely rare complications. The extraction and processing of the fetal tissue is accomplished without any denaturation or additives, according to extremely strict German government purity regulations.

Depending upon the particular human disease or degeneration, one or more cell types are injected deep subcutaneously into the gluteal region. No material is placed into blood vessels or organs. The implanted material within eight hours is ingested and processed by the recipient's defensive tissue macrophages. Tissue macrophages are multi-potential cells that serve as blood colony forming units, immune processors, tumor inhibitors, pathogen destroyers, toxin removers, brain cell supports, and hormone regulators depending on location, age, and stimulus. Nearly all modes of current genetic or immune therapy utilize the resources of the macrophages. Because of phylogenetic (evolutionary) similarity to human cells, and by a fortuitous radiofrequency homing mechanism, the injected fetal lamb nuclear DNA, ingested by macrophages, generates codes to target tissues for incorporation and cellular regeneration. The recipient cells must be non-toxic, viable, and capable of incorporation and regeneration (chemotherapy, heavy metals and steroids exert a very negative influence against HCT). If these criteria are met, the vastly superior fetal potential for growth and replication is imparted to the target cells. Through replication of correct DNA code, temporary repair of genes, inhibition of virus and enhanced intercellular communication, the therapeutic effect is passed throughout the target tissues, but not to sperm or ova (reason unknown). This process may take weeks to months and may require more than one injection or oral adjunctive therapy.

Dosage and Application of HCT

In the course of HCT treatment, between one and six cellular or ultra filtrate liquid preparations can be implanted by deep gluteal subcutaneous injection. The patient's case history is thoroughly reviewed and basic blood, urine, and organ specific tissue chemistry tests are performed. Detailed written and oral informed consent for explanation of expected course, goals, alternatives, benefits and risks are obtained and signed in all cases.

The exposed rubber stopper of the glass vial is pierced and the saline is injected to liquefy and reconstitute a cell suspension. After skin preparation with antiseptic and local anesthetic, all the selected preparations are implanted in one session by deep gluteal subcutaneous injection into separate sites. The patient must be kept under observation for one half hour in case of rare acute allergic reactions, and then they should take it easy for three days. Additive nutritional, chelation, and detoxification therapies may also be recommended. Oral enterically coated cellular therapy capsules may also be prescribed long term, starting one month after injections, to modify the response. Chemotherapy, radiotherapy, heavy metal contact and high dose steroids are not encouraged with HCT, because they are destructive and response limiting, and not regenerative in their mechanisms. Within 24 - 96 hours an expected cycle of euphoria and well being, interrupted by chills, mild muscle cramps and low grade fever (similar to those found with inoculations and vaccinations) might occur and should not provoke worry.

Repeat treatment with the same cells following the initial injection course in the first month should only be undertaken after six months, with rare exceptions of more frequent implantation in serious diseases, such as cancer and A.I.D.S. Again, HCT is not like allopathic drug maintenance, because constant levels of artificial chemicals are unnecessary to its mechanism of tissue function restoration.

Side-Effects, Contraindications and Risks of HCT

In the event of redness, swelling, and local pain at the implantation site, cool moist compresses, relief of pressure, and oral pain medication should be of benefit. The risk of sterile abscess due to cellular debris is slight and self resolving. Acute allergic reactions with the freeze-dried preparations or ultra filtrates (unlike fresh cell preparations) are exceedingly rare, but manageable with antihistamines, steroids, and intravenous volume fluid expansion. Late onset autoimmune, demyelinating and bacterial diseases from ill prepared fresh cells did occur in rare instances forty years ago because of lack of standards and therapeutic abuse. Death directly attributable to therapy could occur, but so far has not been documented with proper administration in the world literature or from the major European clinics.

A published review by the manufacturer (Cytobiopharm, GmbH of Heidelberg, Germany) and my search of world medical literature on HCT since 1950 sought any serious long term complication reports. Only three cases of inflammatory nerve disease appearing within six weeks of injection of dry cells could be documented, but not necessarily related to the injection. In comparison to over 8 million treatments, the risk is not statistically measurable. Chemotherapy and radiation, now routinely practiced, are far more toxic and potentially life threatening. The transmission of any pathogenic virus or A.I.D.S. from fetal sheep freeze-dried cellular or ultra filtrate injection has never occurred and is scientifically considered extremely improbable or impossible.

Injections of either therapy are contraindicated in the presence of a severe allergic disposition, acute infections, and active inflammation. Other causes for rejection from HCT therapy include recent cardiac or cerebral infarction, acute pulmonary edema, acute cardiac decompensation, bleeding tendencies, illicit drug use, active alcoholism, ongoing chemotherapy, decompensated liver cirrhosis, dental amalgam toxicity, or severe kidney failure. Despite any demands for treatment, the physician has the sole right to withhold therapy if he judges a beneficial effect improbable, the patient to be at increased risk, or incapable of following instructions. HCT is not a miracle, panacea, or cure all - no permanent assurances of a disease free, uncomplicated status

can be implied from any discussions or due diligence readings.

Indicated Conditions and Syndromes for HCT

Cell therapy is indicated for, but not limited to the following conditions and diseases:

General loss of vitality	Degenerative disease of bones and joints
Neuro-vegetative disorders with depressive moods	Diabetes Mellitus
Chronic brain disease in children, either acquired or due to birth defect	Down's Syndrome (Mongolism)
Chronic disease of the colon (colitis)	Disturbances of the thyroid gland
Chronic gastrointestinal problems	Female hormonal insufficiency, infertility, and menopausal problems
Chronic infections of the respiratory tract, ears and sinuses	Growth disturbances (infants, children, adolescents)
Chronic liver disease	Insufficiency of digestive enzyme production or malabsorption
Chronic myocardial degeneration	Lack of immune response in cancer patients
Chronic obstructive pulmonary disease	Lack of resistance to recurrent infections
Chronic skin disease, such as psoriasis and eczema	Male andropause, impotence and sterility
Circulatory disturbances due to low blood pressure	Malignant disease in early and advanced stages
Circulatory insufficiency of the brain with failure to concentrate	Nervous afflictions and degenerative brain syndromes
Circulatory insufficiency of the eyes and ear	Pain associated with degenerated intervertebral discs
Circulatory insufficiency of hands, arms, feet and legs	Poor healing of wounds and fractures

Contraindications To HCT

All acute infectious, toxic and inflammatory diseases with septic foci	Hyperthyroidism (overactive thyroid)
Recent myocardial infarction	Kidney failure
Totally decompensated organs and organ systems	

Preparation of the Cellular and Matrix Milieu for HCT

Cell therapy must always be part of an integrated, multi-dimensional biological therapy, because the body is an open thermodynamic system responsive to numerous internal and external influences. The outcome will be the better the more carefully the tissues are selected and the more this biological method is integrated into necessary nontoxic therapeutic measures. Prior to the introduction of fetal cells, a clean, hydrated and vibrant mesenchymal matrix must be provided to assure full macrophage processing, accurate homing, coherent integration and efficient informational transfer. Just like in house restoration and painting, its the quantity of the preparation work that demonstrates the quality of the work The physician must first eliminate all toxic foci such as dental amalgams, socket cavitations, abscesses, and interference scars (with neural therapy). Heavy metal chelation should relate to all tissue spaces (blood, mesenchyme, brain, lymph, and intracellular). The mesenchymal matrix is a semi-conductor semi-liquid crystal state plasma much like a biological computer chip, which is short circuited by heavy metal doping. As the metal is cleared and enzymes are unbound, all the beneficial trace elements in their orthomolecular (amino acid bound form) must be supplemented as co-factors.

The matrix must then be prepared by hydration, structural support, pi electron donation (linseed oil), and soliton (conductive molecule) introduction so that the macrophages with fetal nuclei can follow the homing frequency to the target tissue. The patient must drink only ozonated, filtered and electrolytically separated (high negative red-ox potential, pH 9-10) micro water. Silica dioxide supplementation expands the colloidal structural supports of the matrix. Intravenous, oral, transcutaneous and insufflational oxygenation infusions with Terpene, Porphyrin and Koch catalysts detoxify and eliminate stored solvents and wastes from the cells, mesenchyme and fat depots. Organic transitional elements such as Germanium Sesquioxide donate oxygen and electrons, chelate metals, buffer metabolic acidosis, control inappropriate cell division and provide more P-N junctions to the semiconductor plasma. Correction of liver and intestinal dysbiosis through parasite elimination, Elderberry cleanses, Wobenzym, and facultative aerobes/anaerobes (Lactobacillus salivarius, Bacillus subtilis, SBMO) is essential to toxin elimination, nutrient absorption, and vitamin B complex production by friendly symbiotic bacteria. Bacillus subtilis culture and bioterrain maintenance of matrix pH, Redox and Resistance by the BEV method of Vincent assures healthy pleiomorphic bacilli for mitochondria and aerobic respiration.

Ingestion of mucopolysaccharides and unsaturated cis - Essential Fatty Acids (per Joanna Budwig) will provide the necessary pi-electrons for the solitons, the substrates for DNA replication and the chain linkage for oxygen based electron transfer into the cell. Isopathic (Enderlein based) remedies would then be applied to eliminate flow blockade ("mochlosis" by fungal Mucor or Aspergillus or Candidal endobionts) and activate the macrophages (Arthrokelan U or Latensin). Now the therapist has cleared the path for donor cell processing, homing, incorporation, replication and informational transfer. Lakhovsky multi-resonance, Priore phase conjugate replica, VEGA magnetic, Schumann frequency harmonic, and mineral frequency far infrared energy devices may be applied in the future for intelligent biophysical resonance stimulation of the repairing organism. Again, the truth of the statement, "Success is dependent upon attention to detail" is applicable to bio-oxidative and cellular therapy. HCT is a restorative biological method that is fully dependent upon detoxification, removal of toxins and sepsis, matrix milieu balance, balanced intestinal biosis, electron donation, hydration, trace elements, correct nutrition, macrophage stimulation, DNA precursors, oxidation and vibrational resonance.