



## CELL THERAPY AND HORMONES THERAPY

If the brain runs short of fats and ketones, it can swap to short chain fatty acids (which come from the large bowel fermenting soluble fibre and can provide up to 500kcal a day) or worst, sugar. The trouble with sugar is it is a short term fuel, like running on reserve tank. The brain is constantly assessing the fullness of the tank and if the tank starts to run low, the brain stimulates the release of adrenaline - this will bring blood sugar up for the brain but one then suffers from the adrenaline effects.

Prebiotics (as soluble fibre in vegetables especially pulses, vegetables, nuts and seeds or as fructo-oligosaccharides). Prebiotics feed bacteroides in the large bowel which ferment to produce short chain fatty acids – when blood sugar levels fall mitochondria happily swap to SCFAs as a fuel source. Indeed over 500kcal a day can be generated in this way. SCFAs help to prevent hypoglycaemia especially during sleep.

Additional supplements - niacinamide and chromium are particularly helpful. I recommend taking a high dose for two months. Both these supplements have a profound effect on blood sugar levels to stabilise them but sometimes have to be given in high doses initially to kick start the necessary mechanisms. By this I mean niacinamide 500mgs, 3 daily at mealtimes and possibly double this dose. Rarely, niacinamide in these doses can upset liver enzymes but this is accompanied by nausea – so if you feel this symptom, reduce the dose to 500mgs daily. Niacinamide is a really interesting vitamin – it shares the same action as diazepam (Valium) to produce a calming effect which is not addictive. I suspect it works because so much anxiety is caused by low blood sugar and niacinamide helps prevent this.

adrenal

Adrenal problems and cortisol - the job of the adrenal gland is to produce the stress hormones to allow us to move up a gear when the stress comes on. Cortisol raises blood sugar levels. It is largely excreted during mornings and declines as the day progresses - this is why we should feel at our best early in the day, and blood sugar problems get worse as the day progresses. Often people compensate for this by eating more as the day goes on and explains why many hypoglycaemics do not need or eat breakfast with supper being the largest meal of the day. Changing all of the above will help. But it may be appropriate to do an adrenal stress profile and

actually measure output of the stress hormones cortisol and DHEA since a small supplement may be very helpful.

Nickel toxicity. Nickel toxicity is a very common problem and nickel is a substance often found stuck onto DNA. . Nickel biochemically looks very much like zinc and so enzymes which normally incorporate zinc into them, in the presence of zinc deficiency, will take up nickel instead. This prevents the enzyme or the hormone from functioning normally. Clinically nickel toxicity often presents with hypoglycaemia.

Fructose intolerance. Fructose is fruit sugar generally perceived to be a healthy alternative to glucose. No problem if one is tolerant of fructose or if it is taken in small amounts, but intolerance of fructose or excessive intake can result in hypoglycaemia. This is because the control mechanisms that apply to glucose are bypassed if the system is awash with fructose. In fructose intolerance (aldolase type B deficiency), fructose-1-phosphate builds up because it inhibits glycogen phosphorylase which is essential for the provision of glucose from glycogen and it also inhibits fructose-1,6-bisphosphatase which is essential for provision of glucose from protein and fat. This combination can result in severe hypoglycaemia because it means effectively the body cannot mobilise glucose from stores in the liver for when blood sugar levels fall. This combination can lead to severe hypoglycaemia.

Even if the enzyme works perfectly well, excessive fructose intake will stress the same pathways. Sugar stores in the liver cannot be mobilised. Because liver uses up short chain fatty acids for the production of glucose to try to avoid this hypoglycaemia, this tendency can be measured by looking at short chain fatty acids in the blood and also measuring levels of fructose-6-phosphate which gets induced in this situation. These three metabolic problems i.e. levels of short chain fatty acids, levels of fructose-6-phosphate and LDH isoenzyme (indicative of liver damage), can help diagnose this problem.

I recommend people avoid tropical fruit (high fructose), and go for berries which are low fructose but rich in goodies!

Failure to tackle hypoglycaemia will result in Diabetes. Indeed diabetes is an inevitable consequence of Western diets and lifestyles. On current figures 50% of the UK population will be diabetic by the year 2030.

Initial complications.

The problem for the established hypoglycaemic is that it may take many weeks or indeed months for the liver to regain full control of blood sugar and therefore the symptoms of hypoglycaemia may persist for some time whilst the sufferer continues to avoid sugar and refined carbohydrate. This means that when you change your diet you will get withdrawal symptoms and it may take many weeks of a correct diet before these symptoms resolve. This type of addiction is very much like that which the smoker or the heavy drinker suffers from.

With time the regime can be relaxed, but a return to excessive sugar and refined carbohydrate means the problem starts again. Finally, many sufferers of hypoglycaemia may need something sweet to eat immediately before and during exercise, until the body learns to fully adapt.

### Test for hypoglycaemia

Measuring blood sugar levels is not a terribly useful test for hypoglycaemia, partly because the levels fluctuate so much and partly because by the time one gets the symptoms of hypoglycaemia, the blood sugar levels have started to correct. A much better test would be to measure short chain fatty acids in blood collected in the morning before breakfast. The test should be done as follow:

It is important to continue your usual diet – indeed, there are no special dietary instructions for the test, but the blood sample must be taken between 9 –12 hours after a meal;

2 ml of blood taken into a fluoride oxalate tube and posted off in an envelope to Acumen.

### Related Tests

Short chain fatty acids

Fructose-6-phosphate

LDH isoenzymes - includes Cell free DNA free of charge

Fructose investigations (F6P, SCFA, LDH-isoenzymes) - all three above tests

Tests

Test results and what they mean

Allergies, autoimmunity and infections

Bowel problems

Breathing problems

Cancer

Children's problems

Fatigue

Heart disease and circulation

Hormonal problems

Joints, muscles and bones

Neurological problems

Nutrition, vitamins, minerals and diets

Skin problems

Sleep problems

Symptoms

Toxic problems: pollution and poisonings

Urinary tract

Women's health, fertility and healthy babies

## WHAT IS CELL THERAPY?

The basic theory behind cell therapy was stated best by Paracelsus, a 16th-century physician who wrote: "Heart heals the heart, lung heals lung, spleen heals spleen; like cures like." Paracelsus and many other early physicians believed that the best way to treat illness was to use living tissue to rebuild and revitalize ailing or aging

tissue. Modern orthodox medicine lost sight of this method, so it now uses chemicals to interrupt or override living processes. While chemicals and drugs work only until they are broken down by the body's metabolic processes, cell therapy has a long-term effect, because it stimulates the body's own healing and revitalizing powers.

Doctors who practice cell therapy believe that cell therapy acts like an organ transplant and actually makes the old cells to "act younger." This biological "lesson" is not quickly forgotten by the cells.

In Europe, the effectiveness of cell therapy is widely accepted. In West Germany, for example, more than 5,000 German physicians regularly administer cell therapy injections. A great proportion of those injections are funded by the West German social security system. Several million patients the world over have received cell therapy injections since the mid-1950's.

Swiss physician Paul Niehans discovered the beneficial effects of live cell therapy quite by accident. In 1931, Niehans was summoned by a colleague who had accidentally removed a patient's parathyroid glands during the course of thyroid surgery. So vital are these glands to life that there was little chance that the woman could survive the day without them. A successful transplant was the only chance the surgeon had of saving her. So Niehans, who had a reputation for therapeutically transplanting organs and glands, was called in.

On his way to the hospital, Niehans stopped off at the abattoir, where the animals he used in his revitalization experiments were slaughtered. He obtained fresh parathyroid glands from a steer and proceeded to the hospital, fully intending to perform a parathyroid transplant.

However, when Niehans arrived, one look at the patient- who was violently convulsing -told him that there was simply not enough time to perform the operation. The woman would not survive long enough.

But Niehans had an idea. He used a surgical knife to slice the steer's parathyroid glands into finer and finer pieces, taking care not to mash the individual cells. He then mixed the pieces in a saline solution and loaded it into a large hypodermic needle. To the shock and dismay of his colleagues, Niehans injected the mixture into the fatally ill woman.

Immediately, her convulsions ceased. Her condition improved- and continued improving. To everyone's surprise, including Niehan's, she recovered. Niehans

wrote, many years later, "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 a reaction but the effect lasted, and longer than any synthetic hormone, any implant or any surgical graft."

Longer indeed. The woman went on to live another 30 years, well into her 90s.

Thus was born cell therapy. At his Clinique La Prairie in Montreaux, Switzerland, Dr. Niehans went on to administer live cell injections to thousands and thousands of patients, including many of the crowned heads, presidents, Pope Pius XII, and several Hollywood stars. Reprinted with permission, FOREVER YOUNG E. Michael Molnar, M.D. 1985, p.p. 79-91

*"Sila share kepada kenalan anda tanpa mengubah sebarang informasi dalam artikel"*



[www.marissa-esthetic.com](http://www.marissa-esthetic.com)

Semenyih (HQ) : 03-87234808/013-2448484

Selangor : 03-31413729

Melaka : 06-3170412/013-3386698

Shah Alam : 019-3963678

Bandar Baru Bangi : 03-89252334

Kuantan : 017-3581619

Nilai : 012-3585949\*Kelantan : 017-3581610