

## The Problem of "Untreatable" Diseases and the Latest Developments Regarding this Falsity

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This topic was especially exciting to me, as I have been trying for years - along with many experienced cell therapists - to call much deserved attention upon the results of controlled treatment of diseases which are, as per conventional medicine, not treatable any more. Because, how often do we medical practitioners stand helpless before a patient. In clear text, this means that in principle there are no "u n t r e a t a b l e" diseases but, despite the advances made by clinical medicine in many fields, there are unfortunately still quite a large number of i n c u r a b l e diseases. Therefore - as I shall illustrate with some types of diseases - we are not always as helpless as it seems, especially when one only relies on therapeutic "one-way" streets. This brings me to my subtitle: "The Latest Developments Regarding this Falsity".

The fact that the admission of the lyophilisate-preparations, produced according to the specifications of the Federal Office for Public Health and continuously controlled, has been suspended - and not banned, mind you! - is based on the following facts which are generally unknown, but long since disproved as fears and falsities:

1.  
The injection of xenogenic, animal proteins, if carried out with the necessary precautions, does not lead to serious complications, such as shock, anaphylaxis and allergies. More than 5 million injections of "Sicczell", administered over 45 years have proved this definitely. Even an opponent as uncompromising as Prof. Kanzow had to admit this after his clinical experiments. By the way, all the studies carried out in this field since 1958 (Möse, Wenig and Stein, Buscha as well as the Nobel price winner Medawar) have shown, that foetal cells only possess a minimal antigenic effect which is clinically irrelevant. In the studies done by Buscha with live cells the following remarkable fact was noted: more than half of the 54 patients who belonged to the control group showed above normal titers against sheep erythrocytes, which probably indicates a disturbed functioning of the intestinal mucosa of the patients.

Let me add, in this context, a little known historical fact.



Prof. Charles Brown-Séquard (18181-1894)\*, professor for Experimental Medicine in Paris, informed on the 1/6/1889 a learned audience about the result of an experiment on himself. After previous animal experiments he had administered himself 8 subcutaneous injections of a full extract of adult dog testicles - mixed in a glycerin solution. He then experienced, at the age of 72, a very unusual revitalization. Before the experiment he used to suffer so much from physical and mental exhaustion that he was only able to work in the laboratory for a few hours each day; after the injection however he felt very fit again (1). - This sensational report of an internationally highly esteemed and critical scientist, understandably motivated imitators, such as his successor Serge Voroneff and the Viennese physiologist Steiner and others, so that, in the end, his lecture signaled the starting point of modern endocrinology. But only the publications of Niehans and his efforts for the production of lyophilisate-preparations and their exact dosing and evaluation led to worldwide application. An important contribution was also made by the results of the experiments carried out by the Viennese physiologist Kment and his school, to which I will come back later when discussing the treatment of gerontological problems.

With this short overview I would like to point out that there is international agreement concerning the matter of lack of antigenicity in foetal tissue.

2.

The assertion that there has been no basic research conducted and there is no proof of the effects is refuted by more than 1500 experimental and clinical works, carried out in Germany and abroad, which, with an, as it seems, "incurable" consequence are neither noted nor clinically verified. I would like to quote the following examples from these works for a better understanding:

As all radioactive markers have shown (2), **distribution in the organism** after implantation occurs in up to 65 to 70% in the corresponding organs, due to the specificity of the cell structures of the corresponding organs (3), whereby it is interesting to note that disease-affected organs show a higher absorption rate. This organ-specific process tallies with the well-known incorporation of, e.g. iodine into the thyroid gland. Two more examples taken from the vast amount of basic research will further illustrate this:

The addition of spleen cells to an egg to be incubated, results in the embryo developing a spleen sixteen times larger than normal (4) and: Langer von Langendorff (New York) (5) was able to completely regenerate dying fibroblast cultures by adding foetal fibroblasts.

\* The Brown-Séquard's syndrome is well-known: Disseminated sensitivity disturbances due to medullary hemisection after injury or tumour etc.



These two examples indicate the **action** and you will now understand better the **p r i n c i p l e o f c e l l t h e r a p y**, which consists in stimulating regeneration of immature or functionally disturbed organs by injection-implantation of foetal cells or tissue suspensions: for example in cases of disease-related underfunctioning of organs (chronic hepatitis, hepatoses, cirrhosis of the liver [Dufeck, Vienna]), osteomyelitis, osteoporosis (Schenck, Vienna), infertility (Camerer), therapy-resistant crural ulcer (field study). A further aim consists in stimulating vitalizing effects in age-related underfunctioning and on symptoms of regression as in cerebral degradation, Alzheimer's disease, Parkinson's disease, as well as increasing resistance by immunomodulation, as part of the adjuvant cancer therapy.

This excludes treatment of inflammatory diseases with unclear genesis as well as allergic diathesis, acute stress situations, coronary heart disease with unstable and stable angina pectoris, decompensated hypertension and decompensated renal insufficiency. This roughly covers the **i n d i c a t i o n s** and **c o n t r a i n d i c a t i o n s** of cell therapy.

3.

The case in which a patient's death was blamed on cell therapy and which was also the reason why the Federal Office for Public Health suspended the admission of cell preparations in 1987 was a false premise because the patient's death - as was shown in the posthumus investigation by the prosecution - was however caused by an allergy against a broad spectrum sulfonamide, prescribed by a clinic as a treatment for pyelocystitis. Hence it was possible to rule out cell therapy as being the cause. - When comparing the side effect rate of cell implantations (local erythemas, hardly 1 day slight temperature) with the side effects of a chemo-antibiotic-therapy you will realize that through the latter they are far more. This is made clear very impressively in a compilation done by H. Kewitz in the magazine *Deutsches Ärzteblatt*, No. 28/29 dated 11/7/87, p. 27 (e.g. 20 deaths per 1 million penicillin injections).

4.

The last reason given for the ban of the admission, though, was the statement of Prof. Harald zur Hausen, Director of the German Cancer Research Institute (Heidelberg), who in 1987 at the Medica claimed that he had found evidence of a series of viruses in the cells, which were potentially pathogenic for man, and therefore one had to fear disseminated encephalopathies through the slow viruses with their long latency periods. However later, as the central accuser in prosecution against cell therapy, he did confess to the investigating committee of the Federal Office for Public Health as **n o t** having carried out any such studies. I spare me and you any comment.

Seven virologists, including Prof. Straub of the Federal Institute for Virus Research (Tübingen), dissociated themselves, as did the German Society for Veterinary



Medicine (Bad Homburg) during its conference in spring 1993, from such panicmongering. All veterinary virus research scientists continue to rule out the possibility of a transmission of epizootic diseases such as scrapie and others, or that they could be the cause of the Jakob-Creutzfeldt disease.

Otherwise, how would you explain the fact that there was not one single case of such transmission of epizootic diseases in 5 decades when more than 5 million implantations were carried out? How would you explain the fact that between 1970 and 1973, when cell therapy was applied daily on a large scale, there were only 97 cases of the Jakob-Creutzfeldt disease, a number far below statistical expectations. All this rules out any correlation with cell implantations. (Prof. Diringer, Robert-Koch Institute of the Federal Office for Public Health, published in the magazine *Deutsches Ärzteblatt*, No. 19, dated 10/12/1993, p. 22-28). The same applies for all the other animal organic preparations. E.g. insulin, previously obtained from pig pancreas, for decades prolonged the life of millions of diabetics without causing any such complications, the suture material cat-gut obtained from cat intestine and the implantation of cardiac valves of pigs, which for a long time now has been a routine operation. In none of these cases have any similar complaints given any cause for such fears.

In view of the fact that BSE (bovine spongiform encephalopathy) in England gives rise to new fears, you can't help wondering why nobody listens to the real experts in this field - the veterinary virus research scientists - nor respects their experience and knowledge.

Ladies and gentlemen, I had to comment in advance these "latest developments of the falsity", so that especially those not familiar with this therapy would gain confidence in a therapeutic method, which was even then able to help critical conventional medical practitioners, among whom I count myself, in a provable manner in the treatment of so-called "untreatable" diseases when the previous clinical treatment had been unsuccessful. And that is what I would like to report on, now:

As a late returnee from a prisoner-of-war camp in Siberia, in 1950 I suffered from dystrophy caused by lack of proteins and vitamins accompanied by hemihyperhidrosis which was a symptom of an endocrine disorder, from pulmonary tuberculosis (they had locked me up in an earth bunker, together with 80 patients with open tuberculosis, in order to force me - of course without success - to act as an informer). I also suffered from tiredness, easy exhaustion and it took all my energy to attend to the increasing number of patients in my practice. When special tonics and a diet rich in vitamins did not help, my brother-in-law, Prof. Rietschel (Herford), a clinically experienced cell therapist, advised me to undergo a "Sicczell" therapy. 8 days after this therapy (3 ampoules testis, 1 ampoule hypothalamus) I experienced an incredible revitalization and felt like a youth of sixteen years of age. This remarkable state lasted for about 6 weeks and,



over the years, it enabled me to go mountaineering in the Himalaya and helps me today at the age of 80 to feel quite fit and energetic.

This crucial experience, naturally led me to applying cell therapy in practice, to carrying out experimental stress studies (6) and a blind test at the Skin Clinic of Würzburg University (Director Prof. Schürmann, andrologist and senior physician outside lecturer Doepfmer) (7, 8, 9, 10, 11). The patients in this blind test were infertile men who wanted to have a child and who had been treated by this clinic, so far without success. We started out with 3 patients. Standard therapy consisted of: 2 ampoules testis (à 150 mg), 1 ampoule masc. placenta (150 mg), 1 ampoule hypothalamus (100 mg) and 1 ampoule masc. adenohipophysis (à 60 mg). Neither the patient nor the attending physician in the Clinic knew which preparations had been injected. Treatment was paid for by the health insurance and the "Siccazell" preparations had been put at our disposal gratuitously by the manufacturer. All the andrological examinations (incl. testicle biopsy etc.) were carried out in the Clinic by the same andrologist, who had supervised the prior unsuccessful treatment. Before administering the cell injections two semen analysis at intervals were done per patient. Later checkups were done for months in the Clinic. - Hence we had a **controlled study in the sense of a simple blind test**. When, after 3 or 4 months these patients, up to then therapy-resistant, showed a noticeable improvement or normalization of the semen analysis, including fertility, the attending andrologist Doepfmer phoned to ask me what preparations had been injected. I asked him to be patient because I wanted to control more patients, without them being influenced. After the first publications, reporting fertility, a total of 22 couples came to me (most of them, only for a short-term treatment, though). We were able to help 19 couples to have 32 babies! This result overreached the data published in the relevant literature up to date. It was rejected by the Federal Office for Public Health without any discussion as being too "optimistic", despite the fact that München University Veterinary Clinic as well as the state-owned Centre for Artificial Insemination in Neustadt/Aisch later confirmed this fertility scheme to be highly effective. (For details see the different publications.) Maybe it would have been possible to improve these positive results if the outpatients had come for treatment two or three times instead of just once. This can be concluded from the improved results of semen analysis of the highly infertile patients after repeated implantations.

Infertility in man and woman, by the way is not merely a simple organic, but quite often also a psychological problem, which requires one to spend a lot of time and patience with both partners. In this context, according to my experience, abnormal positions of the uterus, quite often are not sufficiently taken into account. The deaths, closely followed by one another, of Prof. Schürmann and the outside lecturer Doepfmer - who soon after the start of the test had been appointed to Bonn Clinic - due to illness and



injury was tragic for patients as well as for therapy itself. Then the planned further control by clinical research was made impossible.

Bearing in mind the latest developments I would like to add the following:

Research on neuroimmunopsychobiology (12) showed that in some men semen maturation and with it fertility are reduced simply because of an ergotropic stress reaction. Previous animal experiments had shown that stress causes insufficient blood supply to the testicles as well as a disturbance of the regulatory system from hypophysis to periphery. Behaviour therapy means were applied to teach men how to handle stress situations, which - without any further treatment - in some led to an improvement of the semen analysis and a successful fertilization. - The correlation between stress and hypertension is better known, but exactly because of that I would like to stress on the importance of an in-depth conversation on how to handle stress. Smoking should be banned and consumption of alcohol restricted.

Now I would like to turn to a different topic, namely the serious problems with which we are confronted as a consequence of the growing "inverted" age pyramid, and hence the increase of encephalotrophic processes and Alzheimer's disease. In this context what seems to suggest itself is the revitalization phenomenon, which was experimentally verified by the Viennese school of Kment and Hofecker and has proven worthwhile in decades of application in practice. Just think of the examples of Brown-Séquard and myself. Currently there is no therapy with similar effectiveness in cases of diminishing physical and mental vitality. This revitalization is not limited to gerontological problems but can be observed in all diseases after treatment, since foetal cells, irrespective of their organ specificity and immunostimulating effect, considerably improve the general condition. This is very helpful in chronic diseases, especially in the case of tumour patients. The clinical long-term study at Heidelberg University Gynaecology Clinic may serve as an example. This study showed a significant improvement in quality of life and a prolongation of life in patients with metastasized breast cancer (not published yet).

In this context, I would now like to say something on Alzheimer's disease. It is known that till today conventional medicine is not able to help in these cases which is why one wonders why the controlled treatment results obtained by Wolf (13-16) did not give rise to more extensive studies. Wolf treated 148 middle-aged and elderly patients, all suffering from encephalotrophic processes with cell therapy. He made repeated detailed reports accompanied by catamnyses on 26 patients over 20 years. - After having clinically controlled two of my own patients with Alzheimer's disease I agree with his statement, that only a very early treatment can have any success in this progressive disease. Let me describe to you the following case:



A woman, today aged 67, has been under treatment since 1955. Medical history: Two sisters of the mother fell ill and died of Parkinson's disease. Both parents died of progressive dementia; the father aged 63, the mother aged 66. The patient herself is permanently ill, frequent anginas, nervous disorders, headaches, in 1968 Boeck's disease, since 1974 relapsing bronchitis with asthmatic symptoms. In 1975 cervical myelopathy due to a herniated nucleus pulposus made necessary a fusion operation of the cervical spine; already at the age of 49 progressive symptoms of a genetically determined cerebral atrophy. Numerous stays in clinics and sanatoria, "Piracetam", "Cerebrolysin" injections, continuous drip with "Dusodril", "Acithaemyl" did not improve the cerebral degradation. Diagnosis in the clinic: Alzheimer's disease is suspected. At the age of 55, with the patient, mother of two, not being able to do any house-work any more, cell therapy was advised. On November 18, 1982 the patient receives the following "Sicczell" preparations: fet. mesencephalon (100 mg), fem. fet. hypothalamus (100 mg), fet. diencephalon (100 mg), total fet. ovary (120 mg), fem. fet. placenta (100 mg).

8 days after implantation the patient spontaneously comes into my practice and is able to speak without stuttering, shows almost no signs of anomia any more, and feels "light and free" in her head again. The tinnitus surium has disappeared. All this makes her feel euphoric. This surprising improvement lasted for 3 years. Afterwards cell injections were repeated. This time the same success only set in after 2.5 weeks but it lasted for 5 years. This means that she received the same implantation dose only in 1990 again when her state had become worse, and up to day she is free of all her prior symptoms. After the follow-ups in the clinic - on the phone the fellow doctor talks about a "miracle" - it has been concluded that, with the given course of illness, it could not have been Alzheimer's disease...(8).

Be that as it may: the encephalotrophic process which started at the age of 49 indicated Alzheimer's disease, as it was originally suspected by the clinic. Even if today, due to the course and the present clinical findings, the diagnosis is not believed to be true any more there is no doubt that the patient aged 67 today is much fitter than she was at 49 years of age, that she has already survived her parents and that it was possible to achieve this surprising result over 39 years with a follow-up treatment of only 3 "Sicczell" administrations. Anyway: the revitalizing and regenerative effect in clinically controlled cases of infertility was so unambiguous, that just for ethical reasons it is irresponsible, that such an effective therapy is withheld from patients in an otherwise hopeless situation and that it is not even tested.



Ladies and gentlemen, for lack of time I am not able to present to you further examples of controlled cases, with "Resistozell" as adjuvant therapy, or adult leucemia or some isolated observations as in the cure of Werlhof's disease, chronic herpes zoster and the considerable improvement in a progressive scleroderma (17).

All these illnesses are generally classified as the so-called "u n t r e a t a b l e" diseases. The fact that, until recently, it was nevertheless possible to help the affected persons and that today the same application is banned in research and practice is not only ethically irresponsible but also inconceivable.

After Prof. O. Westphal, former Director of the German Cancer Research Institute (Heidelberg) and former Director of the Max Planck Institute for Immunology (Freiburg) and his team of researchers, according to his recent publication in the magazine *Experimental Cell Research* 1990, No. 189, p. 202-207, were themselves convinced of the growth impulses of embryonal sheep cell extracts on ageing fibroblast cell cultures, and so closed the circle of highly regarded scientists from Brown-Séguard to Westphal, I sincerely hope and wish that this insight and understanding - in the interest of our patients - will soon be accepted in official circles as well.

I would like to conclude with the following statement: those who continue to oppose cell therapy can only be seen as on par with those physicians and psychiatrists, who 150 years ago warned us against the railway with the logic that travelling at such high speeds would surely make the passengers go mad!

For literature see German version.