Myogenous and Neuro-myogenous Diseases - Clinical Experiences With REGENERESEN®

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The referent, with a long standing experience in the application of REGENERESEN, including on himself, started with a general outline of myogenous and neuro-myogenous diseases.

The many varieties of these diseases, often summarily called muscular atrophies, which can be met with only limited therapeutical possibilities, are not as rare as many believe. They are not very conspicuous because of their generally very furtive and painless outset. Children with normal intelligence and adults of all ages can be affected.

The 327 cross-striate muscles make up the biggest human organ, making up 42 to 47 per cent of the human body, and containing a third of the circulating blood. Two thirds of all metabolic processes take place in these muscles.

Muscular dystrophies are primary degenerative diseases originating in the muscle; atrophies with a neural or spinal cause are of a secondary nature. Leading symptoms of many muscular diseases are weakness and muscular atrophy with an increasing loss of mobility, leading finally to a total paresis.

For the assessment of therapeutical success the following parameters should be used:

- mobility
- muscular power and activity
- active and passive flexibility of the extremities
- muscular tonus
- coordination
- walking manner and possible length of walking
- manner of lying and sitting.

Of course there are also objective parameters as:

- muscular enzymes in the blood serum (creatine-kinase MM)
- muscular enzymes in the urine (3-methyl-histidine)
- electromyogram
- biopsy of the muscle.

No causal treatment yet exists, most kinds of muscular diseases being hereditary. But there are symptomatic measures, among these the REGENERESEN. They were pointed out to the referent by parents of his patients. After critical deliberations he decided to do a preliminary trial with the REGENERESEN, led by the following facts:

1. An important factor with all myogenous and neuro-myogenous diseases is the impaired protein synthesis in the muscular fibres.
2. RNA is one of the essential substances of the cell. The protein synth-

esis depends on RNA; in case of an impaired protein synthesis there exist repairing mechanisms, depending on RNA as well. Thus a therapeutical influence of a RNA-application (in form of the organ-specific REGENERESEN) seemed possible.

Patients with neurogenic muscular atrophies were regularly treated with the following REGENERESEN:

- 10 ampoules of *spinal cord*
- 2 ampoules each of *diencephalon, pituitary, lymph nodes, thymus,* and *musculature.*

Patients with muscular dystrophies were treated with:

- 10 ampoules of *musculature*
- 2 ampoules each of *diencephalon, pituitary, lymph nodes, spinal cord,* and *thymus.*

The injections with two ampoules each were given at least two times a week.

The results of the REGENERESEN-therapy were partly very impressing, but there were also patients who did virtually not respond to the treatment.

Compared with an untreated muscular dystrophy, the ability to walk could be conserved for one to two, sometimes even for four to six years. For the patient, this means in many cases the longer conservation of other mobility functions, too.

Injections of REGENERESEN are without risk in the referent's experience; they were well tolerated and free of side-effects even with a continuous application.