

Anti-Stroke Therapy

Serrapeptidase Enzyme

Introduction

This organic material (insect enzyme protein) is not a human food, not a drug, not a medicine by itself. It is a harmless protein needed in the silkworm life cycle to open an escape port for the mature pupa to take up life as an adult silkworm. It breaks apart only dead tissue. Taking as little as 10 mg. half an hour before a meal three times a day can assist the immune system. If you are not sick, it can be used as a preventative measure against the ill effects of a diet rich in partially hydrogenated fats.

To determine whether you are the victim of hydrogenated fats, read the labels of everything you eat that has a label. If the words "partially hydrogenated" appear anywhere on the label, you are ingesting the single most effective means of coating your entire cardiovascular system of arteries and capillaries with patching plaster (cholesterol) and calcium (artery hardening). The degeneration of your blood delivery system is everywhere in your body- from the scalp to the soles of your feet, especially including the hair thin capillaries in your brain.

Probably the easiest way to get a stroke, or series of strokes (that may go unnoticed), is to eat candy bars all day, and slather margarine on everything instead of bovine milk butter. Hydrogenated fats are also called "trans-fatty acids." Biochemistry literature is soaked in research proving beyond argument that trans-fatty acids are anti-nutrition toxins that cannot be digested normally and directly cause hardening of the arteries throughout the body.

***Hydrogenation* is the chemical process of superheating a vegetable oil in the presence of hydrogen with nickel as a catalyst. An extra hydrogen atom is injected into each molecule of vegetable fat. This stiffens the otherwise liquid vegetable fat. Between the super heat and the extra atom, a never before seen non-food ingestible is created.**

If you take serrapeptase as suggested here, add in a 1/4 teaspoon (1 gram) of calcium ascorbate (which is the real vitamin C) crystals dissolved in distilled water along with at least 500 milligrams (1/8 teaspoon) of any bioflavanoid (such as quercetin) at the same time you ingest the

serrapeptase. This will trigger growth of healthy new tissue as the old crud is dissolved out. Moreover, it will detoxify a variety of toxins that will be freed from the plaque to float around looking for a new home inside your pipes.

Serrio Peptidase (Serrapeptase) is the protein enzyme silk worms use to dissolve their cocoons so they can emerge as moths.

Serrapeptase is an anti-inflammatory proteolytic enzyme. It has the anti-inflammatory effects of the non-steroidal anti-inflammatories such as *aspirin*, *Motrin™*, and *Naprosyn™*, but without their side effects e.g., stomach ulceration, and kidney failure. Serrapeptidase is used, by European physicians, for a wide variety of conditions, including: sinusitis, fibrocystic breast disease, post-trauma swelling, arthritis, idiopathic edema, cystitis, epididymitis, post-surgical trauma. See the Medline research citations below.

REPLACES BY-PASS SURGERY

Serrapeptase slices and dices only *dead* tissue. "Dead tissue" has no living cells in it. The late alternative medicine renowned internist physician, Dr. Hans Nieper, M.D., (1928-1998) of Germany, pioneered the use of this enzyme in clearing arteries and capillaries of accumulated cholesterol-loaded plaque. In this extraordinary application of an inexpensive and entirely safe food grade natural protein, Dr. Nieper fed the protein to a small group of men scheduled for artery by-pass surgery by him. He delighted in presenting a pair of 70 year old former gymnasts doing handsprings who previously could barely walk to the door unaided, and suffered extreme chest pains.

Hans Nieper's Cardiovascular Therapy Protocol:

The astounding results of this no-side-effects therapy are documented in a paper by Dr. Nieper published by the Brewer Science Library, Wisconsin. In curing nearly completely blocked arteries without surgery or balloons, Dr. Nieper included Magnesium orotate, bromelain, L-carnitine, Thiamine chloride (Vitamin B1) and selenium. If you are attempting to avoid heart by-pass surgery, an entirely experimental non-approved surgical procedure with a 5% or higher mortality rate, with this enzyme, there is lots more to the Nieper protocol than merely popping a couple of tiny white pills several times a day. Brewer will sell a true copy of Nieper's Therapy for a few dollars. www.mwt.net/~drbrewer/brew_art.htm.

If your circulation around your heart is so bad that your life is at risk moment to moment, you need to have an informed medical physician close by along with a syringe filled with magnesium sulfate ready for injection to keep you alive during a heart attack. You will have to go outside the mainstream American Medical Association allopathic roster. A good place to start is the American College for Advancement of Medicine (www.acam.org). This is the largest group of nutritionally based physicians.

You may be promoted into a 30 treatment course of EDTA intravenous chelation therapy to clear your pipes. Nieper's enzyme protocol discussed here appears to be at least as effective, far cheaper, non-invasive, and totally without adverse side effects. You should keep searching ACAM's roster to find one that knows of Nieper's Therapy. Perhaps a combination of the two therapies will be your salvation. If you are already a heart disease case, you need informed assistance. Both types of therapy will open up your pipes everywhere in your body, especially including your brain where nothing else can help.

(*Bombyx*), insect and source of commercial silk and an important member of the family Bombycidae (order Lepidoptera). Because of its centuries-old role in sericulture (silk production), the native Chinese silkworm has been introduced throughout the world and approaches complete domestication. The adult attains a wingspan of 40 to 50 millimeters (about 2 inches) and has a thick, hairy body. In its brief adulthood of two or three days, it does not eat and seldom flies. The female lays between about 300 and 500 eggs.

Besides its natural food of mulberry leaves, the silkworm may sometimes eat the foliage of the Osage orange or lettuce. The pale naked larva has a characteristic caudal (posterior) horn. It attains a maximum length of 75 mm (about 3 in.) during a 45-day growing period. Pupation occurs within a cocoon that is made of one continuous white or yellow silken thread, averaging about 915 meters (1,000 yards).

The thread is preserved intact for commercial use by killing the pupa with hot air or steam. The giant silkworm moth, or saturniid moth, species belong to the family Saturniidae. www.brittanica.com

Serrapeptase references:

Serrapeptidase is an enzyme derived from silk worms. It is marketed in Asia under the trade name Danzen and in Europe as Anaflazyme. It has many clinical uses including:

- **as an anti-inflammatory agent (particularly for post traumatic swelling)**
- **for Fibrocystic breast disease**
- **for Bronchitis (Serrapeptase loosens and expels mucous)**

Serrapeptase digests dead tissue, blood clots, cysts, and arterial plaque. The late German physician Dr. Hans Nieper, used serrapeptase to treat arterial blockage in his coronary patients. A doctor who requested anonymity calls serrapeptase "miraculous". Dr X claims serrapeptase protects against stroke and is more effective and quicker than EDTA chelation treatments in removing arterial plaque. He also reports that serrapeptase dissolves blood clots and causes varicose veins to shrink or diminish. Dr X excitedly told of a woman scheduled for hand amputation and a man scheduled for bypass surgery who both recovered quickly without surgery after treatment with serrapeptase.

1.. Kee WH, Tan SL, Lee V, Salmon YM. The treatment of breast engorgement with Serrapeptase (Danzen): a randomized double-blind controlled trial. Singapore Med J. 1989;30(1):48-54.

2. Mizukoshi, D. et al. A double-blind clinical study of serrapeptase in the treatment of chronic sinusitis. Igaku Ayrni 109:50-62.1979.

3. Carratu, L. et al. Physio-chemical and rheological research on mucolytic activity of serrapeptase in chronic broncho-pneumopathies. Curr.Ther. Res. 28(6):937-951. 1980.

4. Braga, P.C. et al. Effects of serrapeptase on muco-ciliary clearance in patients with chronic bronchitis. Curr. Ther. Res. 29(5):738-744,1981.

5. Mazzonie, A. et al. Evaluation of serrapeptase in acute or chronic inflammation of otorhinolaryngology pathology: a multicentre, double-blind randomized trial versus placebo. J. int. Med. Res. 18(5):379-388,1990.

6. Conticello, S. et al. La serrapeptase in ORL Nuova Clin. ORL 31:15-20,1979.

7. Pallotti, S. et al. Valutazu-one della'attivita fibrinolytica della serrapeptase. Farmaci 3:163-173,1982.

8. Kakinumu, A. et al. Regression of fibrinolysis in scalded rats by administration of serrapeptase. Biochem. Pharmacol. 31:2861-2866,1982.

9. Marly, M. Enzymotherapie anti-inflammatoire a l'aide de la serrapeptase: resultats cliniques en traumatologie et en ORL. C RTherapeut. 3:9-19,1985.

10. Odagiri, J. et al. Clinical applications of serrapeptase in sinusitis. Med. Consult. New Remedy 6:201-209, 1979.

11. Yamazaki, J. et al. Anti-inflammatory activity of TSP, a protease produced by a strain of Serratia. Folia Pharmacol. Japon. 6^302-314,1967.

12. Elies, W. et al. Akute und subakute Entzündungen der Nassenbenholen. Z. Allmeimed. 4:92-95, 1987.

13. Harada, Y. Clinical efficacy of serrapeptase on buccal swelling after radical operation for chronic sinusitis. Igaku Ayumi 123:768-778.1982.

14. Matsudo, A. et at. Effect of serrapeptase (Danzen) on inflammatory edema following operation for thyropid disease. Med. Consult. New Remedy 18:171-175, 1981.

15. Perna, L. Osservazioni cliniche sul trattamento in doppio cieco con Serratio peptidasi, nella rinite perenne nella rinitie cronica riacutizzata con sinusopatia. nella bronchite cronica riacutizzata. Riv. Pat. Clin.Tuberc. Penumol. 56:509-516,1985.

16. Fujitani, T. et al. Effect of anti-inflammatory agent on transfer of antibiotics to the maxillary sinus mucosa in chronic sinusitis. Otorhinolaryngol. Clin. North Am. 66:557-565. 1976.

17. Tago. T. and Mitsui, S. Effects of serrapeptase in dissolution of sputum, especially in patients with bronchial asthma. Jap. Clin. Exp. Med. 49:222-228, 1972.

18. Tomoda, K. and Miyatam K. Some information on the composition of tracheal secretions before and after the administration of serrapeptase. Exper. Ther. 477:9-16, 1972.

19. Kase, Y. et al. A new method for evaluating mucolytic expectorant activity and its application. II. Application to two proteolytic enzymes, serrapeptase and seaprose. Arzneimittelforschung 32:374-378,1982.

20. Marriott, C. Modification of the rheoloical properties of mucus by drugs. Adv. Exp. Med. Biol. 144^75-84, 1982.

21. Majima. Y. et al. Effects of orally administered drugs on dynamic viscoelasticity of human nasal mucus. Am. Rev. Respir. Dis. 141:79-83.1990.

22. Miyata, K. Intestinal absorption of serrapeptase. J ApplBiochem. 1980;2:111-16.

23. Aso T. et al. Breast engorgement and its treatment: Clinical effects of Danzen (serrapeptase) an anti-inflammatory enzyme preparation. The world of Obstetrics and Gynecology (Japanese). 1981;33:371-9.

24. Esch PM, Gemgross H. Fabian A. Reduction of postoperative swelling. Objective measurement of swelling of the upper ankle joint in treatment with serrapeptase-a prospective study (German). FortschrMed. 1989; 107 (4):67-8, 71-2.

25. Majima Y, Inagaki M, Hirata K. Takeuchi K, Morishita A, Sakakura Y. The effect of an orally administered proteolytic enzyme on the elasticity and viscosity of nasal mucus. Arch Otorhinolaryngol. 1988;244(6):355-9.

26. Selan L, Berlutti F, Passariello C. Comodi-Ballanti MR, Thaller MC. Proteolytic enzymes: a new treatment strategy for prosthetic infections? Antimicrob Agents Chemother. 1993; 37(12):2618-21.

27. Koyama A, Mori J, Tokuda H, Waku M, Anno H, Katayama T, Murakami K, Komatsu H, Hirata M, Arai T, et al. Augmentation by serrapeptase of tissue permeation by cefotiam (Japanese). Jpn JAntibiot. 1986; 39(3):761-71.

The treatment of breast engorgement with Serrapeptase (Danzen): a double-blind controlled trial.

Author: Kee WH, Tan SL; Lee V, Salmon YM Source:Singapore Med J, 30(I):48-5s4
1989 Feb

Abstract

We evaluated an anti-inflammatory enzyme drug Danzen (Serrapeptase) Takeda Chemical Industries, Ltd.) on 70 patients complaining of breast engorgement These patients were randomly divided into 2 groups, a treatment group and a placebo group. A single observer, unaware of the group the patients were in, assessed the severity of each of the symptoms and signs of breast engorgement before treatment

was commenced, and daily for 3 days, during which therapy was administered. Danzen was noted to be superior to placebo for improvement of breast pain, breast swelling and duration and while 85.7% of the patients receiving Danzen had "Moderate to Marked improvement, only 60.0% of the patients receiving placebo had a Similar degree of improvement. "Marked improvement was found in 229% of the treatment group and 2.9% of the placebo group. These differences were statistically significant (P less than 0.05), No adverse reactions were reported with the use of Danzen (Serrapeptase). Danzen (Serrapeptase) is a safe and effective method for the treatment of breast engorgement.

Reduction of postoperative swelling objective measurement of swelling of the upper ankle joint in treatment with serrapeptase.

Author: Esch PM, Gerngross H, Fabian A Source: Fortachr Med,107(4):67.8, 71-2 1989 Feb 10

Abstract

Using a quantitative standardized procedure, the swelling of the ankle produced by supination trauma was measured. In the 66 patients with fresh rupture of the lateral ligament treated surgically at our Department between December 1986 and April 1987, a prospective study of the effect of serrapeptase (Aniflazym) on postoperative swelling and pain was carried out in 3 randomized groups of patients. To the group receiving the test substance, the swelling had decreased by 50% on the third post-operative day, while in the other two control groups (elevation of the leg, bed rest, with and without the application of ice) no reduction in swelling had occurred at that time. The difference is statistically significant ($p = 0.013$). Decreasing pain correlated for the most part with the reduction in swelling Thus, the patients receiving the test substance more) rapidly became pain-free than did the control groups. On the basis of these results, serrapeptase would appear to be an effective preparation for the port-operative reduction of swelling, in comparison with the classical conservative measures for example, the application of ice.

A multi-centre, double-blind study serrapeptase versus placebo in post-antrotomy buccal swelling

Author: Tachibana M, Mizukosi O, Harada Y, Kawamoto K, Nakai Y Source: Pharmatherapeutica, 3(8):526-30 1984

Abstract

A multi-centre, double-blind, placebo-controlled trial was carried out to investigate the clinical efficacy of the anti-inflammatory enzyme serrapeptase in a total of 174 patients who underwent Caldwell-Luc antrotomy for chronic empyema. Eighty-eight patients received 10 mg serrapeptase 3 times on the day before operation, once on the night of the operation and 3 times daily for 5 days after operation, the other 86 received placebo. Changes in buccal swelling after operation were observed as a parameter of the response to treatment. The degree of swelling in the serrapeptase-treated patients was significantly less than that in the placebo-treated patients at every point of observation after operation up to the 5th day (p less than 0.01 to less than 0.05). Maximal swelling throughout all the post-operative points of observation was also significantly smaller in size in the serrapeptase-treated group than in the placebo-treated group. No side effects were reported.

Intestinal absorption of serrapeptase in rats.

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Abstract

A sensitive sandwich enzyme immunoassay (e.i.a) for serrapeptase (TSP), an orally available anti-inflammatory proteinase, was established using affinity-purified anti-TSP rabbit IgG and its Fab fragment conjugated with horseradish peroxidase as the first and the second antibodies respectively. TSP in the plasma was determined by the e.i.a. after its oral administration (100 mg/kg) to rats. The peak concentration was observed between 30 min and 2 h after administration. TSP in the plasma samples was trapped in a microtitre plate coated with the affinity-purified anti-TSP rabbit IgG, and the hydrolysis of a synthetic fluorogenic substrate, butoxycarbonyl-Glu (benzyloxy)-Ala-Arg-4-methylcoumaryl-7-amide, by the trapped TSP was fluorometrically measured (proteinase assay). The values obtained by the e.i.a. and those obtained by the proteinase assay correlated well for various plasma samples. These results indicate that orally administered TSP was absorbed from the intestinal tract and transferred into the circulation in an enzymically active form.