

INTRODUCTION TO THE NEW VITAMIN Mi

By: Dr. Maurice Finkel, Editor, *Australasian Journal of Health & Healing*

Editor's Comment: We are over 15 years into the production of this Journal, and only now can we see a good upturn in interest in what we are trying to do. I believe that it all started about a year ago, when I discovered the FAX number of Dr. Hans A. Nieper of Germany. Since about 1975, I had heard of this man and his work in the field of cancer. So I sent him a copy of our Journal. He liked it and started to send me materials for publication. Many of you have been following him through our magazine. Recently he wrote me a letter and I will quote from it for your information:

Dear Dr. Finkel, Please find enclosed more ammunition for your excellent Journal. It should put you in position to give Australia a boost. Please consider: Australia has space and many beauties, an ideal place to offer modern medicine to those from the Asian areas. Here in Hannover, Germany, we are constructing a new hospital to serve patients from North America and the oil rich Arabic nations. A jet ticket to anyplace is much cheaper than falling into the hands of backward medical crackpots. The progress we now make in chronic cancer therapy is crucial. Unquote. What he is saying is that what Germany is now doing in this area of medicine, is what we could be doing in Australia; bringing in much needed dollars into our national treasury. From a purely economic point of view, treatment centers here in Australia could attract huge numbers of people from Asia for the kind of treatment they cannot get in their own country for cancer and other diseases of degeneration. But this cannot be the kind of treatment Australians presently receive from the medical establishment. Despite what is read and heard about in our media, our treatment is not a success. It could be a success, but the medical establishment would have to change its ideas dramatically. To do this, may I suggest that our federal Health Minister first correspond with Dr. Nieper to find out in what way he might allow himself to be used as a consultant. Perhaps a working party of really qualified people whose minds are not set in concrete could visit him in Germany. He has ideas with a really high rate of success, which could completely revolutionise how cancer is treated in Australia. Of course this would mean abandoning a large fraction of the kind of treatment we are now using here. Even if one experimental treatment centre were established in Australia, it could possibly turn around our balance

of payments. In the book titled: The Topic of Cancer, the author Dr. Dick Richards stated the following:

Dr. Hans Nieper, M.D. has worked in many parts of the world, notably the UK, USA and now in the Department of Medicine, Silbersee Hospital in Hannover, Germany. The field of alternative medicine where it is applied to cancer has many people of heart, fire and imagination. If there is a zone where it is weakest, it is in the scientific and especially biochemical aspects. Nieper fills this gap single handed. His command of technical data is enormous. His mercurial intellect near miraculous—he must rank among the senior echelons of the new fight against cancer. (Unquote).

In this issue of the Journal, we publish *The New Vitamin Mi*, by Hans A. Nieper. He talks about the cure of such diseases like multiple sclerosis, asthma, and diabetes. He talks about how the circulation moves on a magnetic cushion, and how red cells bigger than capillaries squeeze through these vessels by slimming down. The old (set in concrete) medicine has to be replaced by doctors who have to learn a great deal more about physics than they do about drugs, surgery and the like. Doctors who cannot learn about these things will have to retire and a whole new breed of doctor will take their place. Furthermore the suppression of these new doctors and their ideas has to stop. Here in Australia—and especially in America, they live in fear of losing their license to practice medicine if they do not toe the orthodox line. Doctors have been fined and gone to jail for giving unorthodox treatments. In the USA, agents of the FDA have engaged local police and entered the offices of such doctors with guns drawn—leading the poor doctor to the car handcuffed like a common criminal!!! Locally, some alternative style doctors are harassed by government agencies for “overservicing.” Let me say, there is a new medicine known already 20-30+ years just waiting to be picked up. The old medicine has to at least incorporate or it will be lost to the bin of antiquity where it should have gone years ago. May I suggest to these readers to let your health ministers know about what is written here.

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By

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In the spring of 1961 the Swiss industrialist Bernauer visited me, recommended by Dr. Kohler, Alsbach, with whom I have had a very fruitful scientific collaboration. Bernauer, owner of Wolo AG in Zurich, asked me:

"A married couple, Ferrari, has been studying the substance called 2-aminoethanol phosphate or in short colamine phosphate. Dr. Kohler in Alsbach has referred me to you, because I wonder if it would make sense to make an iron salt or an iron complex compound of it."

In 1939-41, the world-famous biochemist Erwin Chargaff had reported on that substance, identifying it as a partial component in the structure of cell membrane. I had been well aware of the continuing research of the Ferraris' and of Dr. Harkness for some time. My answer to Mr. Bernauer was that I would consider ferrous salt in such a compound rather risky, and testing would be immensely difficult. In fact, iron-EAP, as colamine phosphates are called (for short), had never been produced as far as I knew at that time. I did not involve myself any further in this matter, although I did conceive of iron-ototate later in another type of so-called mineral transport substances, the ototates. Iron-ototate is still marketed today (by an U.S. owned company) in Eschwege, W. Germany.

Still, on the same day, I asked Dr. Kohler to produce, not the ferrous salt, but calcium, magnesium, and potassium salts of the colamine phosphates.

From the beginning, these new substances were special to me since they deviated considerably from the "electrolyte carriers" previously developed by me, e.g. the magnesium salts of the aspartates, arginates, para-aminobenzoic acid and some peptides. During a meeting at the firm of Trommsdorf in Aachen in 1962, Dr. Kohler proudly reported that he already had several kilos of potassium, magnesium, and calcium-EAP, and that this would perhaps develop into something "really big." I didn't see at the time where the appropriate application might be, but Kohler was obviously correct in his premonition. It

took some 25 plus years following Dr. Kohler's death until the EAP salts would turn into a biologically active substance of the dimension not yet fathomable.

Following the cell membrane model of the Swiss scientist Buchi, colamine phosphate is integrated into the cell membrane in a way that it is localized on the outside on the external cell membrane, mainly at the entrance Spots into the so-called free lipid pore. From communications by Dr. Pressman, New York, we know today that colamine phosphates are part of the so-called neurotransmitters, i.e. substances necessary for conducting an electric signal to biological structures. In addition, the substance is obviously necessary to retain said charges, especially of calcium, on the membrane surface. The resulting change is extremely significant because, in this way, the cell membranes can function like an electric condenser, except that the areas containing the charge do not consist of metal as they do in technology but of biologically retained (bound) calcium linings.

Colamine phosphate salts, and calcium salt, in particular, are therefore indispensable in supporting the condenser function of the cell membrane. We will refer back to this life-deciding factor later.

Clinical Testing

From approximately 1963 on, we started to apply calcium and magnesium-EAP clinically with the intention of protecting the cell membranes against unwanted intruders, e.g. antibodies, toxins and viruses. These unwanted intruders can only enter through the so-called free lipid pore of the cell membrane, at whose entrance – as mentioned before – the colamine phosphate is in position. We presumed, therefore, that the supply of calcium EAP would have a special sealing function because of the rejective effect of calcium.

Our expectation proved to be correct. Already in 1971, Monninghoff, Munster, W. Germany, published electron microscopic research demonstrating in a spectacular manner how the sealing of cell membranes with calcium-EAP (and also with calcium aspartate) could prevent penetration of

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peroxidase granules. Peroxidase granules can be followed very well by electron microscopy in an experimental setting since they provide a highly suitable testing model.

Application in Multiple Sclerosis

By 1967, the following results were obtained after administering over 50,000 daily doses. The disorders of patients with multiple sclerosis improved considerably. As treatment, calcium-EAP was given both intravenously (usually 400 mg three times a week) and in tablet form (approx. 1.5 g. per day). In the case of multiple sclerosis, cell membrane damage exists throughout the body, showing especially in myelin, a multiple condenser winding around the central nerve fiber. Multiple sclerosis is not a neurological disease, but a generalized disease of the cell's membrane system. It also affects the bone matrix system, the kidneys, the membranes of the pulmonary alveoles, the urinary tract system, the inner linings of little vessels, the membranes of red blood cells as well as many other sites.

Furthermore, it was evident that the consequences of viral infections could be drastically reduced by the Mi therapy, as demonstrated in 1969 by a control group (personnel of two department stores). Likewise, aggressions on cell membrane, such as by ouabaine or Strophanthine which was injected next to the vein could be reduced by this treatment. Considerable improvement was noted in patients suffering from chronic kidney illnesses. Rheumatoid disease, i.e. Boeck's Sarcoidosis, and other hard-to-cure disorders such as tuberous sclerosis and leukodystrophy also improved significantly. I reported this in the leading French pharmacodynamic journal *Agressologie* more than 20 years ago.

In spite of these and other publications which resulted out of the research of Dr. Kohler, in spite of the research at the Medical School, University of Hannover, on the coagulation platelets (which were extremely positive) and the already mentioned publications on the electron-optical findings by Dr. Monninghoff, the clinical application of Calcium-EAP progressed relatively slowly. A

special variant, a mixture of calcium-EAP, magnesium-EAP and potassium-EAP excelled in calming and harmonizing the nerves of excited patients, especially children. This compound is effective on the diseases mentioned just as pure calcium-EAP is.

Success With Multiple Sclerosis

At first, the main area of application of calcium-EAP was multiple sclerosis. In the 24 years since 1964, approx. 2,280 patients were treated with multiple sclerosis, about 800 of them from North America. The results observed over 24 years were good and interesting in many respects and unquestionable better than any other known treatment of MS. Since the positive effect on MS cases was evident around 1966, the German Health Authority in Berlin approved the claim labeling "Multiple Sclerosis" on packages and brochures, identifying calcium-EAP.

The fact that this therapy did not gain faster acceptance over a long period of time is certainly related in part to a libellous and perfidious campaign against me and this treatment by the German MS Association. Even the American MS Association had chimed in from time to time but ceased this activity in 1987 as a consequence of better findings, in contrast to the German MS Association. (Not to be confused with the independent German self-help groups).

In 1986-87, Dr. Morrissette conducted a retrospective poll of patients in the USA who originally had begun this treatment with us in Germany. Just under 300 patients were entered in this study showing that 82% of them had had a positive benefit from this therapy. When the treatment had begun in the early stages, this positive result rose to 92% of these patients. If the treatment was interrupted, the disease would erupt anew, which was to be expected (as in 20 of 28 cases where injections were stopped).

The long-term observation of calcium-EAP effect on MS patients in such great numbers produced an entire series of additional, highly relevant phenomenon that are extremely fascinating. First of all, for all

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practical purposes, patients under this treatment hardly age, neither in their outward appearance nor by any other criteria like tissue elasticity, skeletal firmness, absence of osteoporosis, etc.

While formerly one-third of all MS patients would die of lost nerve functions and another one-third of increased tendency to bone fractures and the last one-third of kidney failure, only two patients out of 2,200 did this. Unusual bone fractures and problems with kidney functions were not observed at all. Second to myelin of the nerve fibers, the kidneys are especially endangered in MS because the electrostatic defense against ascending bacteria that can damage the kidneys is not longer adequate because of insufficient membrane polarization in the cellular system of MS patients.

In the U.S., some 24 million people suffer from decalcification of the bone system; some 1.45 million experience spontaneous bone fractures every year. In my opinion, there is no alternative to calcium-EAP for treatment of bone decalcification.

[On the basis of this observation, treatment has begun with calcium-EAP decalcification diseases including true osteoporosis not related to multiple sclerosis. The net results are apparently striking. I feel that the energetic membrane impairment in osteoblasts and of the bone matrix tissue is the true and deeper cause for decalcification diseases including osteoporosis. It is well known that these ailments are not under control. Therapy with conventional calcium salts fail as well as does hormone therapy, not speaking of the extremely risky fluoride therapy which may increase the cancer and leukemia risk and threaten the heart muscle's integrity. In the U.S., some 24 million people suffer from decalcification of the bone system; some 1.45 million experience spontaneous bone fractures every year. In my opinion, there is no alternative to calcium-EAP for the treatment of bone decalcification.]

Success With Asthma

Although we had known in principle and published the protective effects on bone structure, kidneys, lungs and other organs for some 20 years, these questions were reviewed more intensively in the last 15 years. The result was exceedingly interesting. In asthma, e.g. a disturbance of the gas exchange on the membranes of the lung alveole cells is very important. If this sensitive gas transfer system is impaired (namely the assimilation of oxygen into the blood and the release of carbon dioxide into the exhaling air) serious problems will arise.

Regular treatment with calcium-EAP apparently results in normalizing the membrane functions in the cells of the lung alveoles, so that the gas exchange can largely recover. This outcome did not become evident until an effective gas analysis technology was introduced in recent years. The result: Now, we almost have no asthma patients left, especially none of younger or middle age.

For instance, because of the excessively high level of carbon dioxide in the blood, a constrictive reaction of the lung vessels and small airways will result, which in turn will become evident as a set of asthmatic symptoms. In addition, there will be long-term degeneration of the lung, turning either into emphysema with a loss of alveoles or into a tendency of scarring in the connective tissue causing fibrosis in the lung tissue.

Regular treatment with calcium-EAP apparently results in normalizing the membrane functions in the cells of the lung alveoles, so that the gas exchange can largely recover. This outcome did not become evident until an effective gas analysis technology was introduced in recent years. The result: Now, we almost have no asthma patients left, especially none of younger or middle age. A few weeks after beginning therapy with calcium-EAP, asthmatic reactions will subside and almost disappear. However, additional factors come into play that cannot be elaborated here.

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We have seen that the use of colamine phosphate salts to normalize the gas exchange in the lung constitutes the most important basic treatment in overcoming asthma and degenerative lung disease. For such patients, this therapy seems indispensable.

Along with the disorder of the gas metabolism mentioned above, there is often an undesirable mobilization of calcium from the bones which tend to decalcify. This tendency resulting from carbon dioxide stress in the blood is likewise prevented by calcium-EAP.

Success With Diabetes

During the late 1960's and early 1970's, we noticed that patients with more or less severe disorders of diabetes obviously felt better when treated with calcium-EAP. The metabolism improved, tolerance to sugar improved, and the kidneys especially appeared to react favorably to this treatment.

In diabetes, so common today, the actual problem is not the increased blood sugar level, but the consequences resulting from it. Excessive levels of glucose will produce unacceptable sugar deposits in numerous structures of the organism ranging from the red blood hemoglobin to the cell membranes such as of the vessel and capillary systems. It is the resulting degeneration of the small vessels, especially, that can turn diabetes into an often severe illness in a long, drawn-out process that will often not surface until after twenty or thirty years.

These damages can easily be followed when observing the small vessels of the retina and its dependent structures. In the United States, diabetes is the second most frequent cause of blindness. This retinitis is called "diabetic retinopathy." Intellectual activity, i.e. the ability to use the brain, can be impaired considerably by such damage to small vessels caused by diabetes. Even the larger vessels such as the aorta, the heart arteries, and especially the neck's carotid artery whose correct bilateral function is indispensable for the blood supply to the brain, as well as the arteries in the pelvis and legs, are especially affected by diabetes.

The kidneys are the organs most endangered by diabetes on a long-term basis. The glomeruli which, in principal, constitute a small vascular bundle are slowly destroyed by the burden of glucose. It is a diabetic's fate to frequently suffer kidney failure and to be connected to a dialysis machine. We have observed in 24 years of administering calcium-EAP, especially in MS patients, that diabetic retinopathy will practically not occur in diabetics. Having collaborated with several ophthalmologists in Germany, and also in the United States, we are now certain that this therapy is extremely effective in retaining the function of the retina.

The kidneys as well are apparently protected in a manner unimaginable up to now with the administration of calcium-EAP (in connection with the effect of magnesium orotate) to both the diabetic and the patient with high blood pressure whose kidneys are also at risk. It is interesting that apparently there is not only a protective function, but initial forms of diabetic kidney damage demonstrated by high blood pressure and loss of protein in the urine, will disappear after a while when calcium-EAP is applied. In principle, this tendency is easy to monitor and control in reliable ways by observing blood pressure and urinalysis.

Alone, the prevention of diabetic retinopathy by the use of colamine phosphate salts has understandably given satisfaction to me and my collaborators. One of the best ophthalmologists, Dr. Morgan Raiford, Atlanta, Georgia, tirelessly emphasizes this great triumph at conventions in the U.S. The obvious control and early involution of diabetic nephropathy, i.e. the kidney disease of the diabetic, as well as the kidney disease of the high blood pressure patient are a proud result of this research. For therapy, 400 mg calcium-EAP are given intravenously about 1-3 times per week and, in addition, about 1.5-2 g of calcium-EAP and/or magnesium-potassium-EAP are administered daily in tablet form.

It is of great interest that the regulation of blood glucose levels is improved in the

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diabetic (Type 2) by colamine phosphate salts. For the common diabetic Type 2 at an advanced age, it is not merely a question of reduced insulin production, but rather of an inability to regulate the glucose transport into all cells. If such patients eat too many carbohydrates, the blood sugar rises excessively. If, on the other hand, they do not eat, the blood sugar level declines too far, resulting in a craving for chocolate and concentrated carbohydrates. When treated with calcium-EAP, this phenomenon practically disappears, obviously because the cell membrane-bonded regulation of the cells can return to greater normality. This phenomenon is of great interest, scientifically speaking.

In connection with treating side effects of diabetes, we have found a considerably increased need of vitamin C, especially for the kidney. It appears that more vitamin C is assimilated when calcium-EAP is artificially introduced into membrane systems. This is why this treatment should be combined with larger doses of vitamin C. The vitamin C deficiency known as scurvy is also a disease of the cell membranes by the way.

The discovery of a demonstrably successful protection from the side effects of diabetes is a source of some pride to me and my collaborators. Have you any idea of the gigantic number of people, especially in the civilized world, who seriously has to count on a reduced life-span because of diabetes? In this area, the use of calcium and magnesium-EAP would mean a preventative and protective medicine in the best sense of the word.

Electromagnetic Forces

We also have cause to suspect that the provision of converted energy from condenser systems is required to sufficiently activate gene-reparative mechanisms of cell plasma. These mechanisms, called oncostatins, can either block or extinguish genetic derailments on the way to a cancerous cell disorder. Therefore, it is significant to maintain an optimal condenser capacity of cell membranes for cancer. [It has been reported on repeated occasions in the scientific press that a high

intake of calcium decreases the risk of colon cancer. We have observed that the recurrence of colon polyps in the cases of their earlier removal is seemingly suppresses.]

Do you know how long approximately the entire human vessel and capillary system is? Estimates vary between 40,000 and 50,000 kilometers. You will wonder how a small human heart can pump the blood through such an immensely long and intertwined arterial system with relatively minimal power. The admirable answer is demonstrated on the testing grounds of the company Messerschmitt-Bolkow-Blohm. Their magnetic train is suspended and moved by an electromagnetic cushion, practically without friction. This is exactly how it works with the red blood particles which are larger than the diameter of the smallest capillaries. The blood particles then must momentarily "slim down" to squeeze through the passage.

During the last 24 years, we have been able to observe that for patients taking calcium and magnesium-EAP, the development of thrombosis, circulation problems, high blood pressure and the progression of varicose veins is almost entirely eliminated.

Only the fact that all blood particles move on an electromagnetic cushion makes this low power drive system possible. The electrostatic or magnetic gap depends on the condenser structure of the cell membranes which have a corresponding double-layer.

Everyone will recognize that a loss of the electrostatic quality of the cell membranes must be catastrophic for the circulatory system. Increased resistance, high blood pressure, more clotting, deposits on the vessels, varicose veins, etc. will result as well as life-threatening thrombosis.

During the last 24 years, we have been able to observe that for patients taking calcium and magnesium-EAP, the development of thrombosis, circulation problems, high blood pressure and the progression of varicose veins is almost entirely eliminated.

This is surely related to the fact that by administering EAP salts, the condenser

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functions of the cell membrane systems are repaired and maintained at an optimal level. This is true even for older patients. Naturally, this is accompanied by genuine youthfulness of the biological frame and certainly a substantially-increased life span. Calcium and magnesium EAP is also remarkable effective against damage from extreme exposure to the sun, in particular, sunburn. Fortunately, cell aging caused by exceedingly strong light and UV radiation is prevented, or at least contained, by this therapy. This would mean that a longer life span could be attained for people living in sunny zones of the earth.

A New Vitamin

Lately, we have often asked ourselves the question whether or not colamine phosphate salts, especially calcium-EAP and magnesium-EAP should be designated as vitamins, or as an “essential nutrient” (indispensable nutrition factor). Dr. Don R. Davis, scientist at the renowned Clayton Foundation Biochemical Institute at The University of Texas, Austin, Texas, defines vitamins as such substances that a) are dispensable for the organism, and b) must be introduced from outside since they are not created by the organism.

On the other hand, Dr. Leibovitz, collaborator of Linus Pauling on his outstanding book on carnitine, explains that vitamins can no longer be categorized as before according to criteria of indispensable need and indispensable supply from without.

Dr. Leibovitz states correctly that vitamin B3, for instance, can be generated in the human body if a sufficient amount of tryptophane is administered. The D vitamins are also routinely produced within the human body. Even vitamin C is synthesized by all higher species except man, some primates, and guinea pigs are unable to do this.

Also carnitine, vitamin Bt, which can be routinely synthesized in the liver and the muscles, has to be regarded as a vitamin because of its typical function on one hand, and because of its latent dependency on an outside supply on the other.

Dr. Leibovitz also shows that the artificial introduction of such vitamins or “essential

nutrients”—which are indeed in part formed within the body can further optimize the condition and functions of the body. He doubts that creation has constructed and equipped man and other species in an optimal way on its own accord, and that it is possible to optimize our existence and physical integrity. Thus our life span could be far beyond the natural given standard by using well-known means from creation. Personally, I concur completely with Dr. Leibovitz’s judgment.

From this perspective, we must rank the colamine phosphate salts among the vitamins or the “essential nutrients.” Scientifically, they do not fit the framework accepted for conventional medicines, for instance, even less those having toximolecular structures and limited pharmaco-dynamics.

At the convention at the Waldorf Astoria at the end of June 1987, I proposed to name the new metabolic colamine phosphate salts “the membrane-integrity factor” or simply vitamin Mi.

Since then it appears that the term “membrane integrity factor” was well chosen and lucid enough, so that both physicians and educated laymen get an understanding of the function of this new vitamin. This would be important for widespread application and significant progress in protective and preventative medicine.

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