



THE ROAD TO HEALTH . .

Using The Clark Method Newsle

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by Bonnie O'Sullivan

Dear Friends,

“Only three 5 mg tablets of Serrapeptase daily for 12 to 18 months are sufficient to remove fibrous blockages from constricted coronary arteries.” —Dr. Hans Nieper

Serrapeptase — The Silkworm-Butterfly Enzyme

Upon receiving my copy (from England) of Christine Thorne's newsletter, Infectious Diseases, Toxins and Natural Remedies early in March 2004, I read it immediately (to order her NL email Christine at chris@IDTNR.f9.co.uk). The articles about the silkworm-butterfly enzyme, Serrapeptase, which sounded so perfect for my daughter, Sandy, motivated me to call every health food store in the bay area looking for it. Only one store had it and within the hour I was on my way to San Francisco to make my purchase. That afternoon, Sandy and I began taking Serrapeptase tablets and she noticed a reduction in her whole-body-pain soon after taking her first tablet! By the next day (after only 3 tablets) Sandy's deep chest cough was much better and her whole outlook on life had improved.

Preventing a heart attack or stroke is my main reason for taking it so I didn't expect a quick change; however, in 3 days I stopped craving dairy products (have I lost an allergy?).

In this issue I have reprinted Christine's collection of articles for you and made the highest quality Serrapeptase available to you through this newsletter (please see page 12).

How A Tiny Chinese Silkworm Has The Power To Ease My Asthma

Daily Mail, November 12, 2002 (extracts):

When keen athlete Stephen Kershaw was laid low by a bad bout of asthma he sought help from a treatment using the Chinese silkworm. Scientists have recently discovered that the tiny creature produces a unique enzyme, which has anti-inflammatory action. “I was wheezing a lot, producing a lot of phlegm and having difficulty breathing. It lasted 4 months and I just wasn't able to get well. I was in a difficult position because I needed to go back on the oral steroids to improve my asthma but doing that would affect my diabetes.”

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Newcastle GP Dr. Kamal Anand offers alternative treatments as well as traditional. Dr. Anand suggested a remedy involving taking a capsule containing the silkworm enzyme.

After a week Stephen's condition had improved enough for him to put off going back on steroids.

The enzyme Serrapeptase is made by bacteria that live in the gut of the silkworm and is secreted in its saliva. It has anti-inflammatory qualities that have been used in the treatment of arthritis.

Serrapeptase eats away at the cocoon of the silkworm and eventually allows it to fly away as a butterfly. According to scientists the enzyme, which has only recently been isolated, attacks dead tissue, eating it up and also blocks chemicals that produce inflammatory responses.

Besides feeling better Stephen's lung capacity had improved. Dr. Anand had measured what is known as the peak flow reading. In a healthy teenager a score of 600 would be expected.

Before becoming ill Stephen's peak flow had topped 450 but had dropped to 380. "He was finding breathing quite an effort when he came to see me," says Dr. Anand.

"But there was significant improvement in his peak flow, which went back to over 400 within a short time. The enzyme in the Serrapeptase capsule has reduced the inflammation and has also eaten away at the phlegm, which was obstructing his breathing."

The Worthy Worm

Therapy Weekly, September 2002

By David Potterton (extracts)

Serrapeptase is said to digest non-living tissue such as blood clots, cysts and arterial plaque and to block the inflammatory process. There is a story of a young woman who suffered back pain for six years as the result of a motorcycle accident. But after taking Serrapeptase for only 10 days her pain disappeared.

Apart from sports injuries and other causes of pain, the enzyme is being heralded as a treatment for conditions such as arthritis, fibromyalgia, chronic obstructive pulmonary disease, inflammatory bowel disease and even multiple sclerosis.

Serrapeptase has been used in Asia and the Far East for over 25 years.

A controlled trial in Germany studied the effect of Serrapeptase on ankle swelling caused by trauma. The study involved 66 patients treated surgically for rupture of the lateral ligament. They were randomized into three groups, one of which received Serrapeptase.

In the group receiving the test substance postoperative swelling had decreased by 50% by the third postoperative day. In the other two groups (who had leg elevation and bed rest with and without the application of ice) no reduction in swelling had occurred at that time. (Editor's Note: The study also included carpal tunnel syndrome patients.)

Italian microbiologists say that biofilm formation is one of the most widespread mechanisms of bacterial resistance and a common cause of treatment failure in prosthetic device infections. They made various attempts to develop ways of inhibiting these biofilm-embedded bacteria. They found in seven different experiments that Serrapeptase greatly enhanced antibiotic activity and inhibited biofilm formation.

The ability of Serrapeptase to remove mucous in conditions such as emphysema, Bronchiectasis [(pronounced bron-kee-ek'-tas-is) is a disorder of the airways within the lungs] and bronchitis may also be of interest. A team at the University of Naples evaluated the efficacy and tolerability of Serrapeptase in a multi center, double blind, placebo controlled study of 193 subjects suffering from acute or chronic ear nose or throat disorders. After three or four days significant symptom regression was observed in the Serrapeptase treated patients as compared to placebo.

Hilary Freeman speaks to Lea Verity whose life has been transformed by Serrapeptase

Daily Express, February 5, 2002 (extracts):

For more than 25 years Lea Verity suffered severe pain in her jaw and numbness in her face following a playground accident she had when she was just six. The accident caused damage to the tissues in her jaw, leading to inflammation around the joint, muscle spasms and a trapped nerve. The condition — TMJ (temporo-mandibular joint syndrome) — made it painful for her to eat or even smile.

She spent many nights curled up in agony with a hot water bottle pressed to her face, as conventional pain killing tablets didn't help.

However, today Lea, 32, a sports center manager from Doncaster, Yorkshire, is completely free of pain. She has been taking SP-Zyme, a supplement containing the naturally occurring enzyme, Serrapeptase, for the past two months and her symptoms have disappeared almost overnight.

Serrapeptase is already widely used in Europe, Japan and the US as an alternative to anti-inflammatory medications such as Aspirin, Ibuprofen and NSAIDS (non-steroidal anti-inflammatory drugs).

Serrapeptase works by digesting tissue, such as scars, and blocking the chemicals that cause inflammation. This makes it an effective treatment for any condition caused by inflammation.

Research in Germany and Japan has shown Serrapeptase can dissolve breast and ovarian cysts, ease symptoms of arthritis, speed the healing of torn ligaments and sports injuries, and aid post-operative healing. People with carpal tunnel syndrome or RSI, asthma, sinusitis, ear infections and migraine have also benefited from taking it.

Recent studies show it helps to dissolve blood clots and arterial plaque, protects against strokes and shrinks varicose veins. It also appears to help cure infections by making

antibiotics work more effectively.

“Serrapeptase is useful in any disease or condition caused by dead tissue, mucous or clotted material,” says Jeannette Manning, a naturopathic nutritionist from San Diego, California, who has used the enzyme on many of her patients. “It dissolves damaged cells without harming healthy tissue, drains away mucous and, by blocking the chemicals that cause inflammation, stops pain.”

Lea had given up any hope of recovery before she tried it. “I had what felt like a permanent earache and sometimes I’d get sharp, stabbing pains, which literally took my breath away,” she says. “The pain made me squint, affecting my eyesight and I couldn’t feel one side of my face. At its worst, it became impossible to open my jaw. I couldn’t even pry it open with my hands.

“Neither doctors nor dentists knew how to help me. They implied my problems were psychological. All they could do was prescribe course after course of Ibuprofen, which made no difference.

“Even when I was finally diagnosed with TMJ a year ago, which doctors can’t cure, my only options were strong painkillers and potentially risky surgery with a low success rate. I hated being dependant on painkillers and was getting unpleasant side-effects, such as indigestion pains and excess stomach acid.

“After just a few days I started to notice an improvement,” she says. “The feeling in my face seemed to be coming back and the pain wasn’t as bad. After two weeks, I stopped taking Ibuprofen. I couldn’t believe it — I was pain-free, the stiffness in my jaw had gone and all the feeling in my face had returned. SP-Zyme achieved more in weeks than years of orthodontic treatment.”

Lea’s life has changed dramatically since taking Serrapeptase. “I’ve reduced my dose and still have no symptoms,” she says. “My stomach problems have disappeared, and I haven’t noticed any side-effects at all and I feel more energetic.”

Serrapeptase, The “Miracle” Microbial Enzyme

HealthSavers.Info (extracts):

Chances are you haven’t heard about Serrapeptase, the proteolytic enzyme, until now. It’s only been available as a nutritional supplement in the U.S. for the past two years. Yet for over 30 years, Serrapeptase has been gaining wide acceptance in Europe and Asia as a potent analgesic and anti-inflammatory drug. It’s been used to promote wound healing and surgical recovery.

Recent Japanese patents even suggest that oral Serrapeptase may help treat or prevent such viral diseases as AIDS and hepatitis B and C. But perhaps its most spectacular application is in reversing cardiovascular disease. In fact, Serrapeptase appears so effective in unblocking carotid arteries that one researcher — Dr. Hans Nieper, the late, eminent internist from Hanover, Germany — called it a “miracle” enzyme.

[Editor's Note: Hans A. Nieper, M.D., an internist from Hannover, Germany studied the effects of Serrapeptase on plaque accumulations in the arteries. A book about Dr. Nieper's work, *The Curious Man: The Life and Works of Dr. Hans Nieper* (Avery Penguin Putnam, December 1998), provides insight into his studies.]

If this all sounds a little too miraculous to be true, read on. There's a solid scientific rationale for each of these health benefits, and they all have to do with the fact that Serrapeptase is "proteolytic" — literally, protein dissolving.

Proteolytic enzymes (also known as *proteinases* or *peptidases*) are ubiquitous in nature, being found in animals, plants, bacteria, and fungi. Human beings produce such well-known peptidases as trypsin and chymotrypsin to help digest our food, but we also generate countless others to control virtually every regulatory mechanism in our bodies.

For example, various peptidases are involved in initiating blood clotting (thrombogenesis) and also in dissolving clots (fibrinolysis); in evoking an immune response and quelling it; and in both promoting and halting inflammation. The mechanism in each case is the ability of the enzyme to cut or cleave a protein target into two or more pieces, usually at very specific cleavage sites. The same mechanism makes it possible for peptidases to inactivate HIV, the AIDS-associated virus, by pruning the viral proteins necessary for infectivity.

The medical use of enzymes as anti-inflammatory agents goes back many years. In the early 1950s it was discovered that intravenous trypsin could unexpectedly relieve the symptoms of many different inflammatory conditions, including rheumatoid arthritis, ulcerative colitis, and atypical viral pneumonia. Subsequently, intramuscular enzyme injections were found to be beneficial in counteracting post-surgical swelling (edema), treating thrombophlebitis and lower back strain, and rapidly healing bruises caused by sports injuries.

At that time the mechanism of the anti-inflammatory effect remained obscure. Today it is believed to involve degradation of inflammatory mediators, suppression of edema, activation of fibrinolysis, reduction of immune complexes (antibody-antigen conglomerates), and proteolytic modification of cell-surface adhesion molecules which guide inflammatory cells to their targets.' (Such adhesion molecules are known to play an important role in the development of arthritis and other autoimmune diseases.)

It's also thought that the analgesic effect of proteolytic enzymes is due to their cleavage of bradykinin, a messenger molecule involved in pain signaling. However, according to another theory, peptidases such as trypsin may be acting not as anti-inflammatory agents but rather as *accelerants* of the inflammatory process, thereby shortening its duration. Whatever the mechanism, many studies of proteolytic enzymes over the years have demonstrated their effectiveness in relieving pain and inflammation independently of steroids or non-steroidal anti-inflammatory drugs (NSAIDs).

Fortunately we don't need to rely on intramuscular injections any more to enjoy the

benefits of proteolytic enzymes. Around 35 years ago researchers showed that enterically-coated enzymes such as trypsin, chymotrypsin or bromelain were orally active. Oral proteolytic enzymes have been used successfully ever since for inflammatory conditions. Recently the intestinal absorption of orally administered Serrapeptase has also been demonstrated.

To achieve an ideal therapeutic effect, however, it is essential that any enzyme preparation be properly enterically coated so as to release the enzymes in the intestines (where they can be absorbed) and not in the stomach (where they can be digested).

The proteolytic enzymes in common use today derive from bacteria (Serrapeptase grown from *Serratia marcescens* cultures), plants (bromelain from pineapple stem and papain from papaya), and animal sources (trypsin and chymotrypsin from hogs or cattle). They're all generally useful, but for many applications Serrapeptase appears to be the most useful of them all. In one study Serrapeptase was compared to trypsin, chymotrypsin, and pronase (another microbial peptidase) in a rat model of scalding, which is known to induce abnormal activation of fibrinolysis. Serrapeptase was far more effective than any other enzyme in repressing fibrinolysis in this model, in agreement with its documented clinical efficacy as an anti-inflammatory agent.

By the way, in case you've got a good eye for details, you might have noticed that a few paragraphs back we said the *activation* of fibrinolysis, not its repression, is one of the likely anti-inflammatory mechanisms of Serrapeptase. The truth is that Serrapeptase, like other peptidases, can have seemingly contradictory effects at different times under different circumstances. The essential point of the study just cited is that Serrapeptase and the other peptidases inhibited *abnormal* activation of fibrinolysis, and that this was a sign of their anti-inflammatory activity.

In other circumstances Serrapeptase is definitely fibrinolytic, i.e., clot busting, and it is this property that makes it so useful in treating cardiovascular disease. According to Dr. Hans Nieper, only three 5 mg tablets of Serrapeptase daily for 12 to 18 months are sufficient to remove fibrous blockages from constricted coronary arteries, as confirmed in many of his patients by ultrasound examination. But that's still not the whole story: Serrapeptase may well offer additional cardiovascular benefits not considered by Nieper.

In particular, researchers have recently proposed that inflammation contributes to the development of arterial blockage. In one study, subjects with higher levels of CRP (C-reactive protein, a marker for systemic inflammation) were found to have a greater risk of future heart attack and stroke, independently of other risk factors such as smoking, high blood pressure, or cholesterol levels. Eighteen subjects with the highest levels of CRP who also used aspirin, however, showed dramatic decreases in their risk of heart attack, leading the researchers to speculate that the effectiveness of aspirin in preventing heart attack is due as much to its anti-inflammatory activity as to its anti-clotting effects.

Serrapeptase, like aspirin, is both anti-inflammatory and anti-clotting; unlike aspirin, however, Serrapeptase can melt through existing fibrous deposits. Serrapeptase also lacks the

serious gastrointestinal side effects associated with chronic use of NSAIDs such as aspirin. This combination of properties makes Serrapeptase just about the perfect remedy for warding off cardiovascular disease, better even than the proverbial aspirin a day. It's beginning to look more and more as though Dr. Nieper was right — Serrapeptase is indeed a "miracle" enzyme.

For optimal results in unclogging arteries Nieper suggests combining Serrapeptase with other nutritional factors, including bromelain, magnesium, carnitine, and selenium. To avoid possible pulmonary and ileal irritation, Nieper also recommends not exceeding a dose of about three tablets per day for long-term continuous use.

Because Serrapeptase is a blood-thinning agent, it's wise to consult your physician if you're already taking any form of anticoagulant therapy (or, for that matter, if you suffer from any serious illness).

Despite these cautions, however, Serrapeptase has an excellent tolerability profile in general. The Japanese company that first developed Serrapeptase, recommends up to six 5 mg tablets per day — two tablets three times a day, between meals for short-term treatment of acute inflammation due to surgery, wound healing, sinusitis, cystitis, bronchial asthma, bronchitis, and breast engorgement in lactating women.

On a personal note, we are pleased to add our own anecdotal experience — Serrapeptase has come to our rescue three times in recent years, providing quick healing from two bike accidents and one car crash when we were rear-ended by an out-of-control auto. In each instance, six tablets a day were effective in relieving the pain and reducing the swelling.

If you're already taking proteolytic enzymes such as bromelain or trypsin for sports injuries, arthritis, multiple sclerosis, or any other condition including PMS, try adding or substituting Serrapeptase. You just might be amazed with the results. And if you're not already taking proteolytic enzymes — what are you waiting for?

There's a miracle named Serrapeptase waiting to happen for you now.

A Potent Proteolytic Enzyme

www.vitasentials.com/serrazyme.htm (extracts)

(Editor's Note: Twenty-three References are available at this Website.)

The inflammatory response is an important mechanism for protecting the body from attack by invading organisms and faulty cells. In the case of immune dysregulation, the body loses its ability to differentiate between innocuous and potentially dangerous substances. This defective mechanism results in a wide array of autoimmune diseases such as allergies, psoriasis, rheumatoid arthritis, ulcerative colitis, uveitis, multiple sclerosis and some cancers.

Standard drug therapy for inflammatory-mediated diseases and trauma include steroids and non-steroidal anti-inflammatory agents (NSAIDs). Both classes of drugs offer temporary, symptomatic relief from swelling, inflammation and accompanying pain without treating the underlying condition. These drugs may also be immunosuppressive and cause dangerous side effects. The conscientious physician must weigh the benefits and long-term risks associated

with the use of NSAIDs, especially in cases of rheumatoid arthritis. If left untreated, the inflammatory process itself can lead to limitation of joint function and destruction of bone, cartilage and articular structures.

NSAIDs are among the most widely prescribed drugs for rheumatoid arthritis and other inflammatory joint conditions. Their effects are mediated through inhibition of the biosynthesis of prostaglandins. They work by irreversibly blocking cyclooxygenase, the enzyme that catalyzes the reactions of arachidonic acid to endoperoxide compounds. The neurological and gastrointestinal side effects of these agents have been reviewed in considerable detail. All of the NSAIDs, with the exception of Cytotec, inhibit prostaglandin E₁, a local hormone responsible for gastric mucosal cytoprotection. A common side effect from these medications is gastric ulcers. More serious adverse reactions such as blood dyscrasias, kidney damage and cardiovascular effects have been noted. Most physicians rotate among the ten most widely prescribed NSAIDs, as soon as one causes side effects or stops working.

The search for a physiologic agent that offers anti-inflammatory properties without causing side effects may have ended with the discovery of the Serratia peptidase enzyme (Serrapeptase or SP). This anti-inflammatory agent is in wide clinical use throughout Europe and Asia as a viable alternative to salicylates, Ibuprofen (sold as an OTC in the U.S.) and the more potent NSAIDs. Unlike these drugs, SP is a naturally occurring, physiologic agent with no inhibitory effects on prostaglandins and devoid of gastrointestinal side effects.

SP is an anti-inflammatory, proteolytic enzyme isolated from the microorganism, Serratia E15. This enzyme is naturally present in the silkworm intestine and is processed commercially today through fermentation. This immunologically active enzyme is completely bound to the alpha 2 macroglobulin in biological fluids. Histologic studies reveal powerful anti-inflammatory effects of this naturally occurring enzyme.

The silkworm has a symbiotic relationship with the Serratia microorganisms in its intestine. The enzymes secreted by the bacteria in the silkworm's intestine have a specific affinity to avital tissue and have no detrimental effect on the host's living cells. By dissolving a small hole in the silkworm's protective cocoon (avital tissue), the winged creature is able to emerge and fly away.

The discovery of this unique biological phenomenon led researchers to study clinical applications of the SP enzyme in man. In addition to its widespread use in arthritis, fibrocystic breast disease and carpal tunnel syndrome, researchers in Germany have used SP for atherosclerosis. SP helps to digest atherosclerotic plaque without harming the healthy cells lining the arterial wall.

Today, researchers consider atherosclerosis an inflammatory condition similar to other degenerative diseases. Some immunologists are even categorizing atherosclerosis as a benign tumor. Hardening and narrowing of the arterial wall is a cumulative result of microscopic trauma; inflammation occurs in the presence of oxidized lipids. SP doesn't interfere with the synthesis of cholesterol in the body, but helps clear avital tissue from the arterial wall. It is

important to note that cholesterol in its pure state is an antioxidant and a necessary component of the major organ systems in the body. The use of medications that block cholesterol biosynthesis may eventually damage the liver and compromise anti-oxidant status of the eyes, lungs and other soft tissues.

While studies with SP in the treatment of coronary artery disease are relatively new, a wealth of information exists regarding its anti-inflammatory properties. SP has been used as an anti-inflammatory agent in the treatment of chronic sinusitis, to improve the elimination of bronchopulmonary secretions, traumatic injury (e.g. sprains and torn ligaments), post-operative inflammation and to facilitate the therapeutic effect of antibiotics in the treatment of infections. In the urological field, SP has been used successfully for cystitis and epididymitis.

In a double-blind study, the anti-inflammatory enzyme, SP, was evaluated in a group of 70 patients with evidence of cystic breast disease. These patients were randomly divided into a treatment group and a placebo group. SP was noted to be superior to placebo for improvement of breast pain, breast swelling and in duration with 85.7% of the patients receiving SP reporting moderate to marked improvement. No adverse reactions were reported with the use of SP.

The mechanisms of action of SP at the sites of various inflammatory processes consist fundamentally of a reduction of the exudative phenomena and an inhibition of the release of the inflammatory mediators. This peptidase induces fragmentation of fibrinose aggregates and reduces the viscosity of exudates, thus facilitating drainage of these products of the inflammatory response and thereby promoting the tissue repair process. Studies suggest that SP has a modulatory effect on specific acute phase proteins, which are involved in the inflammatory process. This is substantiated by a report of significant reductions in C3 and C4 complement, increases in opsonizing protein and reductions in concentrations of haptoglobin, which is a scavenger protein that inhibits lysosomal protease.

Carpal tunnel syndrome is a form of musculoligamentous strain caused by repetitive motion injury. Individuals who work at keyboard terminals are particularly susceptible to this condition. While surgery has been considered the first line treatment for carpal tunnel syndrome, recent studies reveal that the use of anti-inflammatory enzymes (e.g. SP and bromelain) in conjunction with vitamins B2 and B6 are also effective.

In a study of chronic bronchitis, conducted by a team of otolaryngologists, the SP-treated group showed excellent results compared with the placebo group in the improvement of loosening sputum, frequency of cough and expectoration. Other improvements included the posterior nasal rhinorrhea and rhinostenosis. The administration of SP reduces the viscosity of the nasal mucus to a level at which maximal transport can be achieved. It has also been demonstrated that the simultaneous use of the peptidase and an antibiotic results in increased concentrations of the antibiotic at the site of the infection.

SP digests non-living tissue, blood clots, cysts, and arterial plaque and inflammation in all forms. The late German physician Dr. Hans Nieper used serrapeptase to treat arterial

blockage in his coronary patients. 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. Nieper 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.

Several research groups have reported on the intestinal absorption of SP. SP is well absorbed orally when formulated with an enteric coating. It is known that proteases and peptidases are only absorbed in the intestinal area. These enzymes are mobilized directly to the blood and are not easily detectable in urine. Other enzymes with structural similarities have been reported to be absorbed through the intestinal tract. Chymotrypsin is transported into the blood from the intestinal lumen. Horseradish peroxidase can cross the mucosal barrier of the intestine in a biologically and immunologically active form. Several studies have appeared so far which refer to the systemic effects of orally given proteases and peptidases (e.g. SP), such as repression of edema and repression of blood vessel permeability induced by histamine or bradykinin. These enzymes also affect the kallikreinkin system and the complement system, thus modifying the inflammatory response. *In vitro* and *in vivo* studies reveal that SP has an aspecific, anti-inflammatory effect, superior to that of other proteolytic enzymes. A review of the scientific literature, including a series of controlled, clinical trials with large patient groups, suggests that Serrapeptase is useful for a broad range of inflammatory conditions. If one considers the fact that anti-inflammatory agents are among the most widely prescribed drugs, the use of a safe, proteolytic enzyme such as SP would be a welcome addition to the physician's armamentarium of physiologic agents.

How Does Serrapeptase Work?

From: Crohns.net (extracts)

Serrapeptase, technically known as Serrato Peptidase, is a unique and very powerful proteolytic (protein digesting) enzyme. Specific bacteria found in the gut of silkworms and used to "digest" their cocoons manufacture it. Serrapeptase is now synthesized and sold for medicinal purposes in Europe and Japan under the registered name Danzen® and sold under a variety of names including, Danzen™, Aniflazym™, and SerraZyme™. In the US Serrapeptase is sold as a nutritional supplement.

Most of the scientific research done on Serrapeptase has shown it to be a powerful antiinflammatory substance. It is used as an alternative to NSAID's (non-steroidal anti-inflammatory drugs) for both rheumatoid and osteoarthritis. Serrapeptase also relieves pain and reduces swelling. Perhaps the most exciting benefit comes from the clinical application of Serrapeptase for cardiovascular problems. European physicians including the late Dr. Hans Nieper, successfully used Serrapeptase to reduce the levels of arterial plaque and improve blood flow and cardiac function.

Serrapeptase reduces inflammation in three ways:

1. Breaks down the insoluble protein by-products of blood coagulation known as fibrin.

2. Thins the fluids formed from inflammation or injury and facilitates their drainage which speeds the tissue repair process.
3. Serrapeptase alleviates pain by inhibiting the release of specific pain-inducing amines known as bradykinin. The cardiovascular effects are due to the remarkable ability to break down dead or damaged tissue without harming living tissue. Atherosclerotic plaques can be slowly dissolved without harming the inside of the arteries.

Who Should Use Serrapeptase?

If you have an inflammatory condition like arthritis, sinusitis, fibrocystic breasts or you regularly take pain medication such as aspirin or NSAID's then a trial with Serrapeptase is highly recommended. If you have known cardiovascular disease then it is prudent to discuss Serrapeptase with your physician so that your progress can be monitored. If a decision is made to use Serrapeptase, it can be used in conjunction with EDTA chelation therapy and may enhance the outcome. At least 10 mg of Serrapeptase daily is recommended for anyone over the age of 40 years who is interested in preventing arterial plaques.

How Much Serrapeptase Should You Use?

The recommended dose range for Serrapeptase is 10-30 mg per day. For prevention, 10 mg daily. For arthritis, sinusitis, fibrocystic breast, bronchitis, and cardiovascular problems, 20 mg daily. For pain use 10-20 mg daily, starting with 10 mg and working up to 20 mg daily. For injury, trauma or post surgery recovery use 30 mg daily for 2 days then drop to 20 mg daily until swelling and pain is resolved.

Conclusion:

As we age we experience some profound alterations in the flesh, blood and bones that make up our bodies. Age brings potential inflammation, pain, arterial deposits and a host of other unwelcome changes. It is not often that a compound like Serrapeptase becomes available that can legitimately address so many health concerns. This enzyme is very powerful in very small doses and relatively inexpensive. We highly recommend a 3 month trial for anyone over the age of 40 years.

Safety:

We have two cautions about the use of Serrapeptase. Gastrointestinal irritation can occur in elderly individuals with long-term use. It is rare but it has occurred. There is also a possibility of increased susceptibility to infection of the lung with using Serrapeptase. This is also rare but is thought to be the result of the ability of Serrapeptase to thin mucus secretions. In most cases this is a highly beneficial response, but caution is advised especially if you have a history of lung problems.

Update on Sandy Petry, Bonnie's Daughter:

For many years — and a devastating diagnosis in July 2001 — Sandy's body has been fighting a bacterial infection called osteomyelitis of the jawbone that has caused her to have her teeth extracted and to lose much of her jawbone. The bacterial infection is causing a deep

chest cough, headaches, pain and swelling throughout her body, especially her breasts, painful lumps in her breasts, caustic yellow pus to drain from her ears that also causes spots of drainage that come and go, on her face, hands, arms, back, legs and feet, plus depression.

On March 15, 2004 Sandy saw an Oral and Maxillofacial Surgeon at the University of California in San Francisco who specializes in reconstructive facial surgery. She was referred to him after a bone scraping surgery on her lower right jawbone on February 11, 2004.

Sandy is scheduled for a CT scan of her sinuses on March 25th. She will see the UCSF surgeon again when he receives her scan. He recommended a change in her antibiotics: increase Clindamycin from 150 mg once a day to 300 mg 3 times a day and stop Rifampin.

On Thursday, March 18, 2004 Sandy began a course of 40 consecutive days of hyperbaric treatments at John Muir Hospital in Walnut Creek.

Sandy has continued to have PAP-IMI treatments and credits them for helping to keep her alive (please see Issue #54 for information about the PAP-IMI device).

We are praying the combination of antibiotics and Serrapeptase with hyperbaric and PAP-IMI treatments will kill off the bacteria in Sandy's jawbone and throughout her body.

Love,



Bonnie

Serrapeptase (SP) is Now Available from RTH

Serrapeptase is a nutritional supplement containing 5 mg of the purified enzyme, Serratio Peptidase (Serrapeptase or SP), in an enterically-coated tablet. Serrapeptase is anti-inflammatory, anti-edemic, breaks down fibrous masses, and acts rapidly. It can reduce swelling from injury or surgery and swelling due to water retention; it increases penetration of antibiotics into living tissue. The fibrinolytic properties of this enzyme suggest its use for destroying sclerotic plaques in arteries — there have been anecdotal reports of success, but so far no formal clinical trials. Because of its anti-inflammatory capabilities, Serrapeptase is often considered an alternative to salicylates and NSAIDS. It is also an effective treatment for the symptoms of acute or chronic ear, nose and throat disorders. Serrapeptase must be taken on an empty stomach: No food for 20-30 minutes after taking Serrapeptase, and do not take Serrapeptase 1½ to 2 hours after eating.

Serrapeptase, 1 bottle, 100 tablets: \$17.99 plus \$7.50 shipping (Total: \$25.49)

Serrapeptase, 3 bottles of 100 tablets each: \$51 plus \$7.50 shipping (Total: \$58.50)

Serrapeptase, 6 bottles of 100 tablets each: \$102 with no shipping (Total: \$102)

Place your order now: Call (800) 651-7080 or go to www.road-to-health.com on the Internet.

The Material in this letter is for educational purposes only and is not intended as a prescription for any illness.