AMINO ACIDS

SAM CA/MS
WITH THE DOCTOR: $545.00
WITH THE NURSE: $474.00

ALL OTHER SAMS
WITH THE DOCTOR: $440.00
WITH THE NURSE: $367.00
**SOLUTIONS OF PEPTIDES**

**MAIN CLINICAL INDICATIONS:**

| Solution of Peptides RA®          | Rheumatoid Arthritis and other autoimmune joint diseases |
| Solution of Peptides SL®          | Systemic Lupus                                           |
| Solution of Peptides AL®          | Allergies and conditions caused by underlying mechanism of allergy (e.g. bronchial asthma, etc) |
| Solution of Peptides GD®          | Complex of Geriatric Disorders                           |
| Solution of Peptides HS®          | Broad Spectrum Immunomodulator:                          |

  - Hashimoto Thyroditis
  - Primary Myxoedema
  - Thyrotoxicosis
  - Pernicious Anaemia
  - Autoimmune Atrophic Gastritis
  - Addison’s disease
  - Insulin dependent Diabetes Mellitus
  - Goodpasture’s Syndrome
  - Myasthenia Gravis
  - Pemphigus Vulgaris
  - Pemphigoid
  - Sympathetic Ophthalmia
  - Phacogenic uveitis
  - Autoimmune Haemolytic Anaemia
  - Active Chronic Hepatitis (Hbs Ag negative)
  - Idiopathic Thrombocytopenic Purpura
  - Idiopathic leucopenia
  - Ulcerative Colitis
  - Sjorgen’s Syndrome
  - Dermatomyositis
  - Scleroderma
  - CFS (only the spectrum of “chronic fatigue syndrome” cases which are caused by impaired immune system)
Summary of points to remember when treating patients with the Solutions of Peptides:

1. The Solutions of Peptides should never be violently shaken as the peptides are rather fragile and could be denatured by such a treatment. In order to agitate the sediment on the bottom of the ampoules, the solution should be “washed” in-and-out of the ampoule when being aspirated into a syringe.

2. Candidates for treatment with the Solutions of Peptides have to be free from any immunosuppressive medication, such as corticosteroids, cytotoxic immunosuppressants such as Methotrexate etc.—for at least a month before commencing treatment with the Solutions of Peptides.

3. The Solution of Peptides should always be administered “on empty stomach” — at least six hours after the last meal was consumed by a patient. Following the injection, the patient should not digest any fatty meal for another at least one hour.

4. The Solutions of Peptides should NOT be administered to patients who are under visible stress (whose adrenal gland is “over productive”). It is better to send such patient home and to treat him the following day.

5. The Solutions of Peptides should always be administered by a deep intra muscular injection — never intravenously.

6. The first injection (and only the FIRST injection) of the Solutions of Peptides should be repeated in one week’s time. After then the injections should be repeated every three weeks, NEVER more frequently — even if some symptoms recur before this minimal obligatory interval of three weeks between treatments.

7. Should the patient stop responding — or should the period of patient’s response to treatment shorten — never try to decrease the intervals between treatments. The correct step in such a case is to interrupt treatment for at least six weeks (until all the proliferating cells return to resting state) and then restart the treatment as before. During the six weeks treatment-free interval the patient may take some non-steroid analgesics should symptoms necessitate medication.

8. After nine months of continuous treatment the therapy should be stopped for at least six weeks — as some patients’ condition stabilizes completely in approximately that period of time and they do not require any further treatments. If signs or symptoms return, the therapy should be resumed as before. This, of course, does not apply to patients being treated for problems associated with ageing — who require continuous treatment.

9. The Solutions of Peptides should never be administered if the prospective patient suffers from a serious disseminated bacterial or fungal infection. The treatment can be safely administered only after such an infection had been brought under control.
Medical Breakthrough in Oxford

Medical researchers in the ancient university city of Oxford, England, in association with a group of their Swiss colleagues, completed a medical research venture which had lasted for over twenty five years. The result of this project is a new, completely non-toxic and extremely effective therapeutic approach to some of the most serious diseases which could not be effectively treated in the past. This research conclusively ascertained that the cause of many serious chronic diseases is an underlying disorder of the immune system.

The human body possesses the ability to distinguish between “self tissues” and “non-self tissues”. The inner surveillance of the human body and the process of rejecting anything that the surveillance system marks as “non-self” take place through a very complex mechanism. For this reason, we will have to greatly simplify the explanations and examples which follow:

The “normal” immune system is an amazing instrument of unlimited capabilities, fulfilling myriad tasks in order to protect each individual from all imaginable threats. But the minutest deviation in the many functions of the immune system can be disastrous.

The immune system is a successor of ancient defense mechanisms in more primitive organisms than mammals. It sometimes overreacts, goes into panic, becomes literally berserk. For example, if the body detects lipopolysaccharide endotoxin, the product excreted by some strains of often harmless Gram-negative bacteria, it turns on every defense at its disposal: it will bomb, defoliate, blockade, seal off and destroy all tissues in that area - causing fever, haemorrhage, necrosis and shock. And yet, there is nothing poisonous about this endotoxin itself - - but the body most surely, if mistakenly – believe that the endotoxin poses an extreme threat to its existence.

The most devastating failure of the immune system is cancer. Everybody develops some cancer cells continuously throughout life—but the immune system normally detects these cells and destroys them in the very early stages during the proliferation, before they can develop and cause problems. For variety of reasons, the immune system sometimes fail to perform this task.

The body also sometimes produces antibodies against its own tissues-as if these normal tissues were foreign intruders. This invariably leads to development of a serious chronic disease. These diseases (such as Rheumatoid Arthritis, Glomerulonephritis, Addison’s Disease, Multiple Sclerosis, Systemic Lupus, Myasthenia Gravis, various disorders of blood, the endocrine system, the intestines, etc) are virtually untreatable by today’s medicine—apart from relieving the pain, inflammation and other symptoms. What’s more, the afflicted patients are, almost without an exception, variously harmed by these “treatments of symptoms”.

For example, a patient suffering from Rheumatoid Arthritis is often prescribed corticosteroids (such as Prednisone). Corticosteroids do not influence the course of the disease itself – but just “cover” some of the patient’s symptoms. These drugs indiscriminately suppress the entire defense system of the body, leaving the patient exposed to the myriad of intruders such as viruses, bacteria and, the most serious threat of all, destroys his defenses against cancer.

And, on top of it, the manufacturer’s of corticosteroids list themselves among the side-effects of corticosteroids the following problems:
“Accumulation of fluid that can lead to a heart failure; osteoporosis leading to spontaneous fractures of bones; susceptibility to all forms of viral and bacterial infections including often fatal septicaemia, tuberculosis, disseminated fungal infections etc. – with frequent deaths recorded in patients who contract the common children disease varicella; eye diseases such as glaucoma and cataract; sugar diabetes; mental and neurological disturbances; acute pancreatitis; increase of blood coagulation leading to thrombo-embolic complications which could result in deaths” etc. etc. (Martindale, “The Complete Drug Reference”, 32rd Edition, pages 1010 and 1011).

There is no need to add anything to this account.

Naturally, this very group of devastating diseases had been the main focus of attention of the Oxford medical researchers. Solutions of Peptides had finally been developed for several serious diseases which could not be effectively treated until now.

Subsequent clinical trials, where more than 15,000 patients had been treated, established the fact that this form of therapy is completely safe (there had been no fatalities associated with the treatment - and not even one single adverse reaction was recorded which would necessitate a discontinuation of the treatment, throughout the entire five years of clinical trials.)

The clinical trials also demonstrated the astonishing efficacy of this new therapeutic regimen; 96 per cent of patients responded to the therapy, most within days of being commenced on the treatment.

The Solutions of Peptides are administered by intra muscular injections. In almost all cases, the effect takes place within one or two days following the first treatment.

The treatment is then repeated every 21 to 28 days – until the condition “stabilizes” – i.e. until the immunologically competent cells, coming to the circulation from the bone marrow, become free of the immunogenic sites that stimulate the production of unwanted antibodies (this usually happens after nine to ten treatments).

The only contraindication for this treatment is any concurrent treatment with any and all immunosuppressive drugs (such as corticosteroids or cancer chemotherapeutic drugs, e.g. Cyclosporin or Methotrexate) which would render the immune system of the body unable to recognize the antagonist peptides – the active ingredient of the Solution of Peptides.

This therapeutic modality is presently confined to only few selected medical centers - and it will be so for approximately another one year. Only limited amount of this therapeutic material can be produced and so only those patients who do not respond to the various symptomatic treatments currently available are normally chosen for this therapeutic regimen.
Circular Dispatch No. 2  
(Only to Physicians Practicing in the USA)

The present lack of laboratory facilities in the United States makes it prudent to exclude from the List of Clinical Indications some conditions which can be effectively treated only under the continuous guidance of various laboratory investigations before the commencement of treatment and throughout the duration of treatment.

Our firm and unequivocal assertion is that the majority of serious disorders have their roots in clinical or sub-clinical allergies of a long duration. We have demonstrated the accuracy and consistency of this premise beyond a shadow of doubt.

When are the Solutions of Peptides distinctly indicated?

The Solution of Peptides AL® is the most effective instrument for eliminating abnormal responses to normal environmental antigens, thus eradicating not only the demonstrable allergies - such as anomalous responses to food antigens, antigens in the air, contact antigens etc. – but also the cascade of diffuse abnormalities within the organism which are the consequences of these chronic allergic responses and also fully developed serious disorders which are the final stage of this pathological process.

Use of the Solutions of Peptides AL® is fully and unreservedly indicated for treatment of:

a.) all true, overt and covert, allergic conditions;
b.) organic abnormalities which are the consequence of chronic allergic disturbances of the immune system and
c.) fully developed diseases resulting from chronic immunological pathologies as a consequence of untreated allergies over a long period of time

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The Solution of Peptides SL® is the only known instrument today for controlling systemic lupus erythematosus in all its forms.

Use of the Solution of Peptides SL® is unreservedly indicated for treatment of all forms of systemic lupus erythematosus.

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Solution of Peptides GD® addresses some symptoms and signs commonly associated with advanced age such as limited mobility, stiffness, excessive tiredness, anorexia with resulting loss of weight, dehydration owing to a lack of sensation of thirst with resulting disorders of the genitor-urinary tract and lack of mental alertness.
Solution of Peptides GD® is not a “rejuvenation product” and it is not intended for treatment of fully defined organic diseases.

**Use of Solution of Peptides is conditionally indicated for treatment of some symptoms and signs commonly associated with advanced age.**

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Solution of Peptides RA® had been developed for management of patients suffering from true (i.e. seropositive) rheumatoid arthritis. Patients suffering from this disease have been the largest single group treated with the Solutions of Peptides, amounting altogether to more than 15,000 individuals.

The full effectiveness of the Solution of Peptides RA® for treating rheumatoid arthritis has been demonstrated to be approximately 80%. For no explicable reason some individuals fail to respond to this treatment (the percentage is approximately 20 out of each 100 patients). The patients who do respond often achieve a remarkable recovery, unthinkable previously.

Almost all patients who failed to respond had a previous history of an abuse of their immune system with some form of immunosuppressive treatments, such as corticosteroids, methotrexate etc, often over long period of time.

We have concluded that a history of any immunosuppressive treatments is at least a partial contraindication for commencing patients suffering from rheumatoid arthritis on treatment with the Solution of Peptide RA®.

**Use of Solution of Peptides RA® is conditionally indicated for treatment of some carefully selected patients suffering from rheumatoid arthritis.**

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Solution of Peptides HS® had been designed as broad-spectrum immunomodulator, intended for modulating several diseases resulting from the presence of auto-antibodies in organism.

In order to achieve the best results with the use of Solution of Peptides HS® it is essential that each patient is precisely classified prior to his treatment and the subsequent treatment is conducted in exact chronological cycles as determined by the results of continuous laboratory testing throughout the duration of treatment.

In the absence of this pre-requisite it has to be accepted that certain conditions should not be treated at all (such as insulin dependent diabetes mellitus, thyrotoxicosis, multiple sclerosis etc.) while other conditions can be treated only with the recognition of the fact that the treatment may not yield its full potential.

Having said that, I would like to add that such “blind” therapy, conducted by physicians with no access to our laboratory facilities, brought some excellent results in controlling many cases of Hashimoto thyroiditis, Addison’s disease, myasthenia gravis, idiopathic thrombocytopenic purpura, ulcerative colitis, Sjorgen’s syndrome and immunologically based chronic fatigue syndrome.
Solution of Peptides HS® can also be used for attempts at controlling many other disorders which cannot be treated with any of the specific Solutions of Peptides listed above. In such cases the treating physician has to be guided in all his decisions by the clinical signs and symptoms of the patient throughout the treatment.

Owing to the present absence of proper laboratory facilities in the USA the use of the Solution of Peptides HS® should be limited to experimental treatment of autoimmune disorders which do not belong to the categories listed above. Treatment of some conditions which necessitate continuous laboratory screening during the treatment should not be attempted (multiple sclerosis, diabetes mellitus, thyrotoxicosis, etc).

**SP-CV** for use following MI and for prevention of fibrosis of myocard in several other cardiac conditions (e.g., while most 40% of post-MI patients untreated or treated “conventionally” either died or developed further serious problems within 3 years following the onset of their coronaries, 94% of our own group of patients, treated with monthly injections of what we now call SP-CV (lab designation PR17), remained free from any further problems throughout the same period of time. And, on top of it, which is much more difficult to enumerate, their appearance and demeanor is incomparably “healthier” in comparison with the anxious “invalid-like” look of the untreated patients (we have refused to conduct any double-blind trials—but used instead patients from Ward 6 as the “other” group).

**SP-PF** for use in a number of pulmonary conditions, which normally result (or may result) in pulmonary fibrosis. We used them partially for simultaneous treatment of patients undergoing radiotherapy for malignancies (mainly Hodgkin’s and non-Hodgkin’s lymphomas but also some primary and secondary pulmonary malignancies) and in a number of pulmonary diseases - with very good results.

**SP-CH** for use in treatment of all forms of chronic hepatitis (our own experience has been mainly in treatment of Hepatitis C - but, in smaller numbers, also in management of other liver diseases which often result in progressive fibrosis).

**SP-EA** for prevention of negative environmental impact during a fast change of antigenic flora, such as during traveling to far away countries (you would be surprised how may permanent – and I mean permanent – damages are the result of even a short exposure to certain antigens, both in the air and, much more seriously, in food). The SP-EA is an absorber, not a therapeutic peptide. It is meant to help people who are otherwise free from any disease-but, when they suddenly change their antigenic environment (such as during long distance travel, especially to countries where the antigenic load is famously heavy, such as Mexico and other Latin American countries, Africa, etc.) they may be exposed not only to the dangers of a temporary reaction (diarrhea, etc.) but also, in more cases than it is generally recognized, to some permanent – and often serious – damages to the immune system. This often expresses itself as a parasitic infestation: again – the cause and effect are usually muddled – doctors chase the parasites, not realizing they are just an effect of the real disorder (being a dumping ground for difficult cases from the entire former British Empire, with all of its hundreds of millions living in unusual climatic conditions, our hospital sees fair numbers of these “persistent parasitic infestations”, often leading to deterioration and death despite of indiscriminately heavy use of all the very toxic antihelmic drugs etc.; you should see how quickly the “clear themselves” once their immune system is returned to its normal function).
So-the SP-EA is only an absorber, both prophylactic (if one is sure of the tendency of the patient to react abnormally to the change of antigenic milieu) and therapeutic (when the reaction has already recently occurred). I should not be used instead of SP-AL, which is meant to address the same problem “from the inside”, with the intention of eventual stabilization. Like any immunomodulator on this planet, it does influence other immune mechanisms in the body, including the imprint of the various patterns resulting from administration of SPs. For this reason, the three weeks intervals between administration of this peptide and any other peptides should still be observed. SP-EA peptide is not suitable for addressing the various chronic damages that had already occurred by an unfortunate exposure to pollutants.

**SP-AU** addressing the complex of abnormalities present in organisms of autistic children. We never had any time to talk about our work with autistic children while in Toronto. We found a number of interesting facts, e.g. the presence of mercury does not seem to be necessarily related to overexposure -- but to a decreased ability of the body to get rid of the deposits - and, when the immunological problems are fixed, the mercury level goes down spontaneously.

### IMPORTANT PEPTIDE INFORMATION

**Dear MD One/HealthCare Partner Peptide Patient,**

We continue to learn how to maximize the likelihood of your having the best possible response to peptide shots. As such, the instructions prior to taking a peptide shot have been further extended.

**PRESCRIPTION DRUGS:**

- **Many drugs (including hormone preparations)** are now either known or suspected to interfere with getting the best possible response from a peptide shot. **Each patient taking peptides will need his HCPFM doctor’s specific recommendations as to which drugs to avoid** for three days prior to having a peptide shot. Unless otherwise instructed, patients may resume their drugs following a one hour fast after their peptide shot.

- **Drugs that you may not take at all during peptide therapy** are: Corticosteroids (including Prednisone), anti-metabolites (including methotrexate) and immunosuppressive drugs (including Imuran, RhoGAM, and cyclosporin).

- **If you are prescribed a new drug by a physician outside of HCPFM during the course of your treatment,** please call and tell the staff one to two weeks before your next scheduled peptide shot to inform us of the name and dosage of your new drug. We will call you back with your doctor’s specific recommendations.

**SUPPLEMENTS AND OVER-THE-COUNTER PRODUCTS THAT MAY INTERFERE:**

- **Enzymes.** Enzymes “eat up” the base of peptides that is intended to prolong the peptide’s action. Avoid taking digestive enzymes (protease, lipase, amylase, pepsin) for three days before and two days after your peptide shot. Enzymes are in many over-the-counter digestive aids and anti-inflammatory formulations. **HCPFM products** that contain enzymes are: Betaine HCl with Pepsin, Bio Enzymes,
BioGest, Bromase, Buluoke, Dipan, FYI, Lipase, Nattokinase, Protease, Serenaid, Similase, Vitalzyme.

- **Saw Palmetto.** Avoid taking supplements that contain Saw Palmetto, an herb prescribed for men who have enlarged prostates that interfere with normal urination and for male pattern baldness. This herb is widely used in over-the-counter prostate formulations.

- **Antihistamines.** Many antihistamines are sold over-the-counter...please inform your doctor as they also need to be avoided. **HCPM products** that act like antihistamines are: Stinging Nettles, Allergiplex, Quercitin (MaxiFlav), and D-Hist.

- For patients who don’t take any prescription drugs and enjoy fairly good overall health, the best preparation for taking a peptide shot is to simply take no nutritional supplements whatsoever for three days prior to their peptide shot.

**OTHER INTERFERING FACTORS:**

- **Stress** (including physical trauma and psychological or emotional upsets) at the time of your peptide shot can stop the expected benefit.

- An acute overwhelming infection prevents peptide shots from working. If you have an infection, please call to cancel and reschedule your peptide shot.

The requirements for a 6-hour fast before a peptide shot followed by a 1-hour fast after the shot have not changed. Drink plenty of plain, pure water during your fast because dehydration interferes with the body's chemical processes.
# Symptoms Log for Peptide Evaluation

Patient Name: _____________________________________

Date: __________________________      Tel #: _____________________

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<th>Complaint</th>
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SYMPTOMS LOG INSTRUCTIONS

• Please have Symptoms Log filled out and bring it with you on your first SAM injection
  o List under “Complaint,” your chronic symptoms even if not related to your diagnosis. Example: headache, runny nose, joint pain (not arthritis, migraines, or allergies).
  o Write under “Severity,” how severe the symptom is numbering from 1 (not too bad) to 10 (severe).
  o Specify under “How Often,” the frequency of the symptom. Example: once a week, daily, or every 3 months.