The Naturopathic Approaches to Peyronie’s Disease

William Bodri
*The Skeptical Nutritionist*
*Naturopathic Educator*
Copyright

Copyright © 2004, William Bodri
All rights reserved in all media


Top Shape Publishing, LLC
1135 Terminal Way Suite 209
Reno, Nevada 89502

No part of this book may be reproduced, stored in a retrieval system, or transmitted by any means, including but not limited to electronic, mechanical, digital copying, printing, photocopying, recording, or otherwise without written permission from the author.

www.TheSkepticalNutritionist.com
Health Disclaimer

This information should not be construed as medical advice or instruction, and is not intended to replace the attention or advice of a physician or other health care professional.

No actions should be taken based solely on the contents of this book. The information within is for education purposes only, and should not be interpreted as a recommendation for a specific treatment plan, nor should this information be used in place of the medical opinion of a qualified health care professional.

Anyone who wishes to embark on any dietary, drug, exercise, or other lifestyle change intended to treat or prevent a specific condition should first consult with and seek clearance from their doctor; readers who fail to consult appropriate health authorities assume the risk of any injuries.

The author and publisher are not responsible for any errors or omissions in this book. Please call a health professional immediately if you think you may be ill.
# Table of Contents

Introduction .................................................................................................................. 5  
Vitamin E and Vitamin C in Tandem .............................................................................. 9  
Nattokinase and Lumbrokinase: The Natural Clot and Fibrin Busting Enzymes .......... 26  
Serrapeptase, “The Second Gift From Silkworms” .......................................................... 38  
The ION Blood Panel .................................................................................................... 56  
Para-aminobenzoate, or PABA .................................................................................... 89  
Thacker’s Formula ......................................................................................................... 93  
Alter Your Diet By Avoiding Your Food Sensitivities ..................................................... 102  
Colloidal Copper Spray for Scar Tissue ........................................................................... 117  
Oral and Intravenous Chelation for Calcified Plaques ..................................................... 122  
Summary ....................................................................................................................... 139
Introduction

Peyronie’s disease, which was first described in 1743 by the French surgeon, Francois de la Peyroine, is a condition where a plaque or hard lump forms on the erection part of the penis, and which can develop into hardened fibrotic tissue or scar.

Cases can range from mild to severe and while the plaque itself is benign, or noncancerous, the fibrotic, palpable plaques that eventually harden cause curvature or bending of the penis and diminished rigidity.

When a man becomes excited and the penis fills with blood, his penis typically elongates and becomes rigid. If a fibrotic region or scar forms in the lining of the penile tissue, the scar cannot expand as much as the surrounding tissue. It forms a restriction that prevents the penis from expanding in that area, and this results in a curvature at the point of the restriction.

In other words, when the penis becomes erect, the scar tissue pulls the affected area off at an angle causing a curved penis.

The most common areas for the Peyronie’s plaques are (1) on the top of the shaft, which causes the shaft to bend upward, (2) on the underside, which causes the penis to bend downward, and on (3) both the top and bottom of the penis, which tends to shorten the penis.

In addition to the deformities, the plaques can cause painful erections, difficulties in maintaining an erection or in achieving an erection. The pain, bending, and emotional distress can interfere with sexual intercourse. Usually the pain decreases over time but the bend in the penis can make sexual intercourse difficult or uncomfortable, and the loss of the ability to have an erection can prevent intercourse altogether. The real goal of therapy is to keep or restore sexual function.

Peyronie’s disease affects about 1 percent of men (estimates are between .39 and 3.5%), but the figure is probably underreported because of the embarrassment most men feel about this condition. It occurs most often in men between the ages of 45 and 65 (75% of cases fall within this range), with the average age of onset being 53 years. It can also affect both younger and older men.
No one knows for sure what causes the disease though it often follows a trauma (injury) that causes bleeding inside the penis. Many patients can recall an invasive procedure, blunt trauma to the penis or an injury during intercourse at the site of the subsequent plaque formation. A medical procedure, such as catherization or cystoscopy (the surgeon looks into the bladder following a prostatectomy) can also cause such injuries.

This trauma explanation does not explain why some cases of Peyronie’s disease heal within a year or so, while others cases continue to develop slowly. When the condition persists for years, the plaque often becomes a tough, fibrous tissue and calcium deposits may form.

Another theory is that it is due to an autoimmune disorder, wherein the man’s immune system does not respond properly, which causes the plaque to form in the penis. Yet another theory is that it is a collagen abnormality, with collagen being the substance that builds and remodels connective tissue.

Some drugs can cause Peyronie’s disease as a side effect, namely blood pressure and beta blocker heart medications, glaucoma drugs, and pharmaceuticals used to treat multiple sclerosis and seizures.

In general, the disease starts as a small bump on the penis shaft below the skin, which can eventually grow into a flat deposit as large as a silver dollar in diameter. This “plaque” invades and replaces the elastic covering of the penis with inflexible material.

About 30% of the men who experience Peyronie’s experience hardened tissue and loss of elasticity in other body areas, such as the hands or feet. One such condition is Dupuytren’s contracture, which entails a cord-like thickening across the palm that causes the fingers to pull inward, and Ledderhose’s disease. There is a 10-40% chance that the descendant of a Dupuytren’s contracture sufferer will develop that problem, and a 15% (16-20%) chance that a man so afflicted will develop Peyronie’s disease.

In about half of the cases, Peyronie’s disease does not worsen. In most cases the curvature of the penis remains static as the scar matures though for some men, it becomes worse as fibrosis sets in and the scar contracts and hardens. In about 25% of cases the scarring leads to calcification of the area and when the fibrosis becomes calcified, the angulation becomes quite stable.
The disease often regresses in men who are less than 50 years old, and who have discrete plaques that are less than 2 cm long that are soft and without extensive calcification. About 20-50% of men who have Peyronie’s disease experience spontaneous remission. A review of Peyronie’s patients in 1990 by Gelbard et al found that 40% felt that the disease worsened over time, while 13% felt it improved and 47% noted no change (stable symptoms).

The disease process takes about 12 months to stabilize and during this time may disappear without treatment. For all intents and purposes, we can say the condition then has an acute and chronic, stable or mature phase.

The acute phase lasts for the first 18-24 months, wherein there is a changing inflammatory pattern involving pain, penile curvature and changing nodules. The chronic phase can be marked by stable plaque, calcification, and penile angulation. The loss of an ability to have erections is often associated with the chronic phase.

Whether or not the onset of deformity associated with the active phase is sudden or gradual, the pain involved with the disease usually resolves and the process seems to stabilize after 12 to 18 months. A relatively quiescent second maturing phase follows characterized by progressive deformity and a mature scar. While painful erections usually resolve in time, penile deformity does not.

Because the plaque of Peyronie’s disease often disappears without treatment, medical experts sometimes recommend a wait-and-see approach, suggesting waiting 1 to 2 years or longer before attempting to correct it surgically. During that wait, patients usually pursue nonsurgical and noninvasive options, some of which involve treatments that have unproven effectiveness. During this time, I particularly recommend nutritional and dietary modifications to maximize the chances of Peyronie’s disappearance.

Ordinary medicine finds the condition particularly difficult to treat, and often resorts to surgery if the condition progresses. The purpose of this book is to review the literature on naturopathic approaches to Peyronie’s disease, as well as nutritional findings.

In particular, we will discuss:
The Naturopathic Approaches to Peyronie’s Disease

- A particular form of vitamin E that should be taken for the disease, and in a particular way
- Two fibrin-busting substances -- nattokinase and lumbrokinase -- that are known to increase blood flow to the penis, improving erections, and eat away at fibrotic tissue
- A yet more powerful anti-fibrotic enzyme -- serrapeptase -- in an enzyme cocktail that may prove useful in helping eliminate Peyronie’s plaques, eating away at excess fibrin and cleaning the blood of floating immune complexes
- Bloodwork tests you can order to determine your own personal nutritional and biochemical status, and from the findings thus proceed with guidance for naturopathic, biochemical modulation of the disease
- A B-vitamin protocol that has proved useful in some cases of Peyronie’s
- Dietary advice on the specific foods to eliminate from your diet in order to minimize inflammatory responses, and permit your body’s full energies to be devoted to internal healing rather than fighting off other subclinical allergic reactions
- A castor oil based formula you can rub on the penis that has proven helpful in breaking up Peyronie’s plaques
- A metal spray that softens scar tissue
- An intravenous or oral procedure, using EDTA, physicians sometimes use to help remove tissue calcification

All together you'll have nine different approaches for Peyronie's disease (though actually more are discussed) that can be used together to help maximize your chances for eliminating the condition.
Vitamin E and Vitamin C in Tandem

Let’s say you just discovered you have Peyronie’s disease, and it’s in the early stages. Many cases of Peyronie’s are self-limited and actually resolve themselves and go away by themselves, and the disease usually takes about 12 months to stabilize.

Why, how … who knows?

If your Peyronie’s is due to some biochemical abnormality in the body that could be modulated through nutritional vitamin and mineral supplementation -- just as high cholesterol is now being modulated with folic acid, vitamins B12- and B6 due to the biochemical tie-in with “homocysteine” -- you’d want that biochemical abnormality found and corrected.

I’ll tell you how to find out if there is any APPARENT abnormality in your blood work that your doctor might miss, but not in this chapter.

If the condition that’s starting is due to some diet tie-in -- because of what you eat -- I’ll tell you how to find that out, too.

People always think that if they have an underlying genetic condition that a particular disease outcome is fated, but actually your genes are “triggered” or “express” themselves based on what you wash over them, namely what you eat. In other words, change your diet and you can correct or prevent the expression of certain genes. For example, if you have poor genes for heart health and watch your diet, heart problems may never materialize.

Now pharmaceutical companies don’t want people to become too knowledgeable about this -- about the fact that what you “wash over your genes” due to your diet (the foods you eat) can control gene expression, but that’s the truth of the matter and what control of medical conditions through diet and supplements is all about.

When you take vitamin E or C or B or whatever, you are actually flooding your blood stream with these nutrients that will activate certain biochemical reactions which are controlled by genes. In other words, you modulate or control gene expression by what you eat. The cellular receptor sites on the surface of cells are actually activated
by these substances, and they, in turn, are what trigger gene expression and biochemical reactions. So what you eat becomes your destiny.

The same logic of a diet tie-in may hold for Peyronie’s disease, but no one knows. I don’t know either and cannot say one is there. However, I can talk about what YOU, because of your own biochemical individuality, specifically should not eat because it may be contributing to ill health in general, and perhaps this condition.

Somehow, in some way what you eat may tie-in to the expression of Peyronie’s and later we’ll talk about how to identify those SPECIFIC foods that are bad for you based on your own biochemical individuality. I’ve seen cases whether changing the diet reverses arthritis, allergies, headaches, MS, cancer, … and I’ve even been told of cases where diet changes stopped epileptic seizures.

Changing your diet can affect what happens to your penis!

So while no one has done research on this yet, I’m going to tell you how you can find out any foods bad for you FOR CERTAIN. Whether it contributes to Peyronie’s or not, at least you’ll have the information and staying away from those foods will do wonders for your health anyway.

If your Peyronie’s is due to a circulatory mishap that will eventually resolve itself, as in many cases it does, you’d want to know how to maximize your chances of helping the condition go away naturally.

That’s where vitamin E comes in and your initial doctor’s visit.

In most cases, if you are just seeing your doctor for the first time with a mild case of Peyronie’s that’s just started, he or she is going to tell you, “Take 400 IU of vitamin E three times a day, and let’s see what happens.”

The vitamin E is cheap, it won’t hurt you, it may help your heart and has all sorts of other positive circulatory system effects. It helps dissolve circulatory blockages. Quite a few studies suggest that taking vitamin E above the RDA will provide beneficial effects in preventing a number of degenerative conditions, especially those related to vascular and circulatory problems.

Peyronie’s disease, to some extent, falls into this category.
Many men have reported that this vitamin E advice alone has helped them and using it, their Peyronie’s disease resolved itself over time when they were using 1000-1500 IU of vitamin E, in divided doses throughout the day. However, no one yet has actually proved that these reversals were due to the vitamin E. Also, no one has tested whether taking the vitamin E in one mega-dose is a better protocol.

The initial use of vitamin E for Peyronie’s was reported by Scott and Scardino in 1948, who treated 23 patients with 200-300 mg per day (“A new concept in the treatment of Peyronie’s disease,” South Med J, 41:173, 1948). Early studies on its use in Peyronie’s found that 91% of patients reported a decrease in plaque size and 78% experienced a decrease in penile curvature.

A 1990 review by Gelbard et al found no significance difference between Peyronie’s groups treated and not treated with vitamin E as regards their perceptions of pain, bend, the ability for intercourse, and over-all perception of the disease progression. Pryor and Farrel reported that 25% of patients taking vitamin E noted an improvement in pain, but minimal effects on plaque size or penile curvature.

In a 1987 study, Devine et al reported a resolution of plaques (20%) and curvature (33%) with vitamin E therapy. However, in 1993 with a follow-up study, Devine and Snow reported at a National Institutes of Health conference on Peyronie’s disease that a small scale study of 105 patients treated with oral vitamin E had the following response: there was a 99% reduction in pain, a 13% reduction in penile curvature, but 70% of patients were found to have no objective improvement in their symptoms.

Here is a summary of the results of these vitamin E studies:

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients</th>
<th>Improvement in Pain</th>
<th>Plaque Size Improvement</th>
<th>Improved angulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scardino</td>
<td>23</td>
<td>100%</td>
<td>91%</td>
<td>78%</td>
</tr>
<tr>
<td>Chesney</td>
<td>58</td>
<td>82%</td>
<td>82%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Pryor</td>
<td>40</td>
<td>35%</td>
<td>Minimal</td>
<td>10%</td>
</tr>
<tr>
<td>Devine</td>
<td>107</td>
<td>99%</td>
<td>20%</td>
<td>33%</td>
</tr>
</tbody>
</table>

The Devine and Snow reported improvements give hope for Peyronie’s disease sufferers but larger controlled studies have not been completed to substantiate the effectiveness of this treatment.
Nevertheless, because it’s so cheap, so easy, the side effects are virtually nonexistent, it's the first thing you should try. Taking vitamin E doesn't rule out trying other things at the same time, and this is the first, easiest, simplest thing to try.

But keep reading, because there is a special type of vitamin E I suggest you use.

Before we go further, there are some other tie-ins you should know about that provide some logic to the vitamin E therapy.

In treating fibrocystic breast disease -- which involves cysts, tissue thickening and fibrosis (scar like connective tissue) -- Dr. Jonathan Wright, MD, has long used vitamin E (along with selenium and either evening primrose or black currant oil, in addition to iodine and magnesium) supplementation.

I'm not saying there is a tie-in between fibrocysts and Peyronie’s but pointing out the use of vitamin E once again on a fibrocystic, hardening disease.

That's the point.

There is also a condition called Raynaud’s syndrome -- where the small arteries, especially in fingers and toes, spasm with possible blood vessel scarring -- that may hold analogous lessons for Peyronie’s treatment. Vitamin E has been found to have a direct therapeutic effect in Raynaud's disease (Matoba 1977). In this study, however, vitamin E was combined with vitamin C.

That's the other big part of this first naturopathic home remedy for Peyronie’s disease, which is the fact that vitamin E should probably be taken with vitamin C. Your doctor is unlikely to tell you this, but there are good reasons for the suggestion.

First is the fact that vitamin C helps regenerate the effectiveness of vitamin E in the body, which is just a basic biochemistry fact. The two vitamins recycle each other, which is one reason for the combo suggestion. It means that the vitamin E may stay active longer.

Vitamin E and vitamin C together also help prevent LDL cholesterol from oxidation, and that helps prevent plaque buildup in arteries. But the big information on vitamin C is the following.
In 1989, Linus Pauling, the eminent American scientist and two-time Nobel Prize winner, announced that the deposits of plaque seen in atherosclerosis were not the cause of heart disease, but were actually the result of our bodies trying to repair the damage caused by a long term vitamin C deficiency.

Basing his theory on a number of important scientific findings, Pauling believed that plaque is the body's attempt to reinforce and patch weakened blood vessels and arteries that would otherwise rupture. So in terms of Peyronie's disease, the idea that plaque may form due to a trauma to the penis may have merit according to this theory.

One finding that contributed to Pauling's theory was the discovery that the plaque deposits found in arteries are made up of a special form of cholesterol called lipoprotein (a) or Lp(a). Lp(a) is a special form of LDL cholesterol -- not ordinary LDL cholesterol -- that forms the thick sheets of plaque that obstruct arteries. In a later chapter we'll discuss Lp(a) and how you can measure it in your own blood to see if any of this discussion has relevance.

Another finding central to Pauling's theory was the observation that plaque deposits are not formed randomly throughout the circulatory system. For instance, in 1985, a team of researchers verified that plaque only forms in areas of the artery that become damaged. It appears in areas of high mechanical stress -- in our case, perhaps the penis.

Now we all know that cracks can form in a garden hose that has become weak and worn from constant bending and high-pressure. Bend a metal paper clip several times and it soon breaks at the weakest juncture. Similarly, cracks and tears often form in the lining of our arterial walls, especially from trauma. As these tiny cracks open up they expose strands of the amino acid lysine (one of the primary components of collagen) to the blood stream.

The lysine in these strands then attracts the Lp(a) cholesterol, which is especially 'sticky' and attracted to lysine. Drawn to the break, Lp(a) begins to collect at the spot and attach itself to the exposed strands. As lipoprotein(a) covers the lysine strands, more free lysine floating in the blood is drawn to the growing deposit and the plaque deposit grows and grows.

Over time, this process continues to escalate as lysine and Lp(a) are both drawn from the blood to build ever-larger deposits of plaque. As the plaque grows, this
process gradually reduces the inner diameter of the blood vessels and restricts its capacity to carry the blood.

In considering this newly described process of plaque formation in atherosclerosis, Pauling recognized that there was a great similarity to the underlying processes seen in scurvy, which is a deficiency of vitamin C. First of all, all animals that can internally manufacture their own vitamin C (humans, apes and guinea pigs are the only ones who cannot) do not experience cardiovascular disease. Secondly, the only animals that do produce Lp(a) are those which, like man, have also lost the ability to produce their own vitamin C -- namely apes and guinea pigs once again.

Pulling all this information together, Pauling reasoned that the ability to form plaque is really our body's own attempt to repair damage caused by a long-term deficiency of vitamin C, so in Peyronie's disease I would increase the vitamin C supplementation.

When our arteries became weak and began to rupture, the body responds by 'gluing' the damaged areas together with Lp(a) to prevent us from experiencing a slow death due to internal bleeding. In essence, plaque is the body's attempt to patch blood vessels damaged by low-level vitamin C deficiency. Accordingly, Linus Pauling believed that conventional 'triggers' of plaque formation, such as homocysteine and oxidized cholesterol, are actually just additional symptoms of vitamin C deficiency.

Do you see the relevance for vitamin C supplementation with Peyronie's?

Peyronie's disease actually has a collagen component to it, which we'll discuss later, and research conducted with animals that cannot make their own vitamin C found that when vitamin C levels are reduced, collagen production drops. Blood vessel walls also then have a tendency to become thinner and weaker, so the collagen production is abnormal.

When these animals are deprived of vitamin C, other studies show that they increase blood levels of Lp(a) and form plaque deposits to strengthen arteries and prevent vessel ruptures. In short, more vitamin C means more collagen and less plaque, and the arteries are kept open.

Taking all this into account, Linus Pauling therefore recommended people take vitamin C to prevent atherosclerosis, along with the amino acids lysine and proline to help remove existing plaque and strengthen weak and damaged arteries. In telling
people to take lysine and proline, he hoped it would act to release lp(a) from plaque formation and prevent the further deposition of it.

Our bodies produce collagen from lysine and proline. Pauling reasoned that by increasing concentrations of lysine and proline in the blood, Lp(a) molecules would bind with the free lysine, rather than with the lysine strands exposed by the cracks in blood vessels. He was basically giving the Lipoprotein(a) a different target to attack than the lysine sticking out of arterial walls.

The Linus Pauling recommendations for the reversal of atherosclerotic plaque involve tremendously high amounts of vitamin C, proline and lysine, and vitamin E. He recommended five to ten grams (5,000-10,000 mg) of vitamin C daily, 3 grams of lysine and proline twice a day, and 800-2,400 IU of vitamin E.

While I am not recommending this protocol or these amounts, I wanted you to know about this underlying mechanism and call attention to the recommendation of taking vitamin C along with E, as well as raise a flag about lp(a), lysine and proline. When later we talk about ION panel results, we will encounter these blood factors once again and will then find out whether we should consider lysine and proline supplementation.

Now the other big reason you should probably be taking vitamin E and vitamin C together is because of a famous landmark study published by JAMA - the Journal of the American Medical Association -- in 1997.

When this study was published it really made the news because JAMA is the mouthpiece of the AMA which tends to despise the use of natural supplements for anything. Pharmaceuticals are almost always its recommended solution to anything so when the AMA admits that vitamins or supplements do anything, you have to pay attention.

What they did in this study was take 20 people and randomly divide them into three groups. One group was given a high fat content breakfast to eat. A second group was given a low fat content breakfast. A third group was fed a high fat content breakfast, but were pre-treated with 1000 mg of vitamin C and 800 units of vitamin E.

At the end of the meal, the blood flow through the brachial artery in the arm of each participant was measured.
Now, Peyronie's is not a disease that is directly related to cholesterol, but it is related to vascular issues, fibrotic tissue, blood flow, inflammation and plaque so I want you to think of the analogous logic here. Nothing can be said definitively because practically nothing has been studied with Peyronie’s, but there are already good reasons for taking vitamin C and E together and you should consider this study as well.

Think about your problem and ponder its implications.

After eating the high fat meal, the first group experienced a reduction in blood flow in the arm of 28% and significant restriction of blood flow for the next 4 hours. The low fat meal group experienced no change in blood flow whatsoever, but those who ate the high fat meal AND took the vitamin E and C supplements did not experience any reduction of blood flow in the arm either.

Get it?

Maybe taking vitamin E will not help clear up the condition, but if there some relationship to plaque deposition as the Peyronie’s plaque starts to get larger, this study also suggests that it’s probably wise to be taking the vitamin E with vitamin C together.

This combo is certainly not going to hurt you, as millions of people take the two vitamins together every day. I’m just worried you might be someone who doesn’t take multivitamins at all and who will simply go out, buy a cheapo brand of vitamin E, and then suffer because they didn’t do everything possible to reverse the condition or prevent it from getting worse by taking C along with it.

This study is just another reason why you should consider taking both vitamin E and C together. As to lysine and proline, we’ll have to wait for another chapter to find out.

However, there’s yet another thing you should know about vitamin E and C that your doctor is not likely to tell you, which is why you’re buying this book.

You’re not going to find this tip in some website article or discussion board because those folks are not nutritionally trained and do not know how everything links together. You see, the power of nutritional and naturopathic remedies is in the www.TheSkepticalNutritionist.com
details and if you don’t know the following facts, you may be putting yourself at risk for the progression of Peyronie’s disease when vitamin E could actually help you.

Here’s the tip.

**You should buy natural vitamin E, not synthetic vitamin E and only one specific brand of vitamin E.**

GNC and other companies manufacture those cheap brands of vitamin E by going out to the lowest bidder to fulfill their supplement requirements, and instruct them to fill their capsules at the lowest possible cost, which means they contain the lowest quality ingredients.

That means little or no biological activity at all .. that might even be the type they used in those studies.

People buy this cheap stuff and wonder why nutritional supplements don’t work, whereas you get what you pay for. You should know from buying shoes that you can buy expensive shoes that are comfortable and will last for years, and cheap ones that may look good but are dead in months.

Vitamins are no different -- you get what you pay for.

I can tell you loads of stories of buying nutritional products (remember, this is my field) where the capsules do not contain any of the active ingredients on the bottle labels … or the quality of those ingredients are so low while fulfilling the label claim of being present … so there’s absolutely no therapeutic effect to the bottle at all.

That’s why nutritionists prefer certain brands of products over others, and I’ve spent years collecting the inside information from my peers on which ones work and which ones don’t.

I’m called “The Skeptical Nutritionist” because I doubt everything, but am willing to try anything logical. You have to distrust manufacturer claims because they are trying to sell you something, and yet be open to everything but test everything, and remember that not everything works for everybody. Always use logic, and try to tie the pieces together, just like Linus Pauling, because your doctor isn’t trained to do so nor has the time to do so.
Sometimes things only work under certain conditions and when it comes to a relatively unstudied condition like Peyronie’s disease, you have to be willing and open to test and try everything ... but do it logically, safely and without jumping to conclusions. Always use your head and remember that none of the information in this book is to be considered medical advice, so before trying anything you should always check with your doctor.

Now I always have to tell people that nutritional supplements might be the answer to their specific health condition, and yet a “correct” supplement may fail at producing therapeutic results -- whereas it normally would -- if any of the following conditions happen … some of which constitute “self-sabotage.”

Believe me, I’ve seen enough cases of self-sabotage -- taking the right supplement in the wrong way to totally destroy any possibility it could help you -- to know I should pass along these warnings.

Reading these you can see how some apply to taking vitamin E for Peyronie’s disease:

- A supplement can work, but if the patient uses a lower quality brand other than the quality level recommended, the supplement might show no effectiveness whatsoever even though the protocol may be correct and work (as an example, this especially applies to saw palmetto for the prostate since if you buy the cheap berries you’ll get no therapeutic result whatsoever)
- A supplement may work, but if the patient doesn’t follow the protocol you give them and refuses to take the supplement or doesn’t take things on schedule (one day on, another day off, etc.), they won’t get well either; they’ll never get well by what they don’t do … and consistency in taking supplements is part of the game plan
- A supplement/protocol may work, but if a patient does not give it enough time to kick in then they won’t experience the therapeutic results yet, and they may therefore lose patience and give up on the protocol (saying it doesn’t work) before it’s proper to make such a conclusion; you have to give up impatience and give every protocol “time enough” to work
- A supplement might work, but the typical potency/dosage recommended might not be strong enough for this person (dosages are usually adjusted by weight) and therefore it may fail to produce a response simply because you didn’t take enough
The supplement might work, but another necessary co-factor for its effectiveness might be missing in this person’s biochemistry (due to an underlying nutritional deficiency) preventing its effectiveness

The supplement might work, but it could be that it’s not being absorbed by the patient due to their own peculiar digestive deficiencies (which create more and more problems as people get older)

The supplement might work, but its effectiveness might be being counteracted by another substance or medicine taken at the same time

The point is that you’re probably getting little or no therapeutic result at all when you buy a cheapie brand of vitamins at a health food store, and in terms of countering Peyronie’s disease, I’m telling you now NOT TO BUY A CHEAP BRAND OF VITAMIN E.

You might as well be throwing your money down the toilet if you do that and since this is your penis and sex life, PAY TOP DOLLAR. Buy the best natural vitamin E and C on the market and give it a try. Don’t be penny pinching when it comes to this but give this remedy every chance possible to work.

What is the brand I prefer: A.C. Grace brand vitamin E (“Unique E”). You can find it on the web.

Why am I so insistent on this point that your doctor won’t even mention?

Because he doesn’t know that the natural vitamin E works, whereas the synthetic cheapy brands have less biochemical activity, and this brand, in particular will work if vitamin E is going to work at all.

If you want therapeutic results, get the natural stuff and get this brand.

Synthetic vitamin E has lower biological activity than natural vitamin E and is less bioavailable. That’s been proven in several studies (see VERIS Research studies if you’re interested) which suggest that the bioavailability of natural vitamin E is over twice that of synthetic compounds.

In fact, a recent review of over 30 studies by Robert Acuff, professor and Director for Nutrition Research at East Tennessee State University, found that natural vitamin E delivers at least twice as much impact as synthetic E, and the natural one is clearly the one our bodies are meant to use.
Other studies by Maret Traber, at the Linus Pauling Institute (Oregon State University), found that synthetic E does not stay in the body nearly as long as natural vitamin E, making it a much less effective protector ... and not as likely to do you good if there is good to be had from vitamin E for Peyronie’s disease. The body seems to preferentially excrete the synthetic form, which is just another example proving that the natural form is the one our bodies are designed to use.

But guess what?

When you buy vitamin E at the drug store or health food store, you’re probably buying the synthetic one without knowing it.

Furthermore, vitamin E is actually a complex of molecules. So far they’ve found eight fractions of vitamin E, called tocotrienols and tocopherols, in the vitamin E complex. I’ve been in his field for a quite awhile and every few years they find a new fraction and new therapeutic use for it.

You’re not going to get all these fractions (alpha, beta, gamma and delta tocopherols and tocotrienols) with the synthetic vitamin E, because the synthetic type you usually buy in stores, called dl-alpha-tocopherol, isn’t exactly the same thing. So if you are looking for a therapeutic result and want to maximize your chances of vitamin E doing something for you, then by all means buy natural and buy the best one on the market -- A.C. Grace’s “Unique E.”

I could go into the difference between the types of vitamin E you’re going to find on the market -- synthetic (dl-alpha tocopherol), esterified (d-alpha-tocopherol), and mixed tocopherols -- but this isn’t important. What you want is a my recommendation that gives you the best shot at resolving your situation and making your Peyronie’s go away.

Absolutely the best vitamin E on the market, without argument -- and I mean THE BEST which no one can challenge -- is the AC Grace “Unique E” brand because it is the only pure form vitamin E available.

A.C. Grace, in Big Sandy, Texas only makes vitamin E and they’ve been doing that since 1962, so they have lots of therapeutic results with this supplement. They produce, through a distillation process, the natural form as found in nature and used by your body, and it provides the synergistic benefits of the entire E complex.
I sound like a commercial, but you got to use this one for maximum results -- I don’t make money out of it but just tell you what works.

Unique E is a triple distilled, high concentrate formula (no fillers, oils, colors, additives), that provides high anti-thrombotic (anti clotting) activity -- which is what you want for Peyronie’s disease -- and full antioxidant protection. Because of its purity, it’s up to 275% more expensive than cheapo brand vitamin E but if vitamin E is going to work, this one will do it.

Get this one!

If vitamin E is going to work for any sort of heart or circulatory condition, help your friends and tell them to get THIS BRAND, too.

Doctors who use about one Unique E capsule per 40 pounds of body weight (men over 50 should take one extra capsule), with the whole dosage taken at one time that the A.C. Grace brand has been reported to dissolve fibrocystic breast tumors within 10-14 days, and scar tissue (from prior surgery and even heart attack) within 6 months to a year and a half. Incredible, it can even get rid of heart tissue scars after 6 months or more of the right dosage, and if that isn’t beneficial for Peyronie’s, I don’t know what is.

Your doctor will know the maximum dosage of Unique E that’s safe for you.

There’s a reason that you should take your capsules of A.C. Grace Unique E vitamin E all at once (ingest them all together at the same time). From practical experience, they’ve found it’s sort of an “all or nothing” supplement in that half a dose does not produce half the result you want. You need to take enough of a dosage to “spill over the top of the dam” to get the result you’re after, because it’s that extra that spills over the top that produces the extra therapeutic result you are seeking.

What this means -- that your doctor won’t tell you -- is that you can go wrong three ways with vitamin E. If (1) you don’t take a high enough dose you don’t get the spillover effect, (2) if you split the dose you never get to the top of the dam, and (3) if you take the wrong form it’s just useless.

Vitamin E does not stay in the body and in as little as 3-5 days it’s gone from your bloodstream. The protective and preventative effects then disappear as well, so you
need to keep taking it as along as you desire its benefits, especially since the average American diet provides only about 7-10 IU of vitamin E daily.

Also, you should know that vitamin E won’t make you feel sick, but those who report that it does are actually getting sick from rancid vegetable oil in cheapo vitamin E capsules. Synthetic doses of vitamin E can cause palpitations and upset stomach but not the natural form of Unique E.

In short, I want you to use nothing but the A.C. Grace Unique E, which is a nutritionist’s open secret. If vitamin E is going to do anything for you with Peyronie’s disease, it’s THIS BRAND that will.

I hope I’ve done my best to convince you to spend the money and get the “Unique E” brand.

Now about the vitamin C …

People also always ask me which one to take. Don’t go cheapy on yourself with vitamin C as well. It’s the same old story, you pay for what you get, so get a good one.

I always recommend **Rainbow Light Ultra Gram C** because it’s a full spectrum product (like the A.C. Grace E) that comes with essential mineral chelates (calcium, magnesium, zinc, copper, manganese, potassium) that provide nutritional support, citrus bioflavonoids, and rutin, hesperidin co-factors necessary for absorption. It’s a really good combo product.

The other vitamin C I equally recommend is **Supergram III Vitamin C**, “the real vitamin C.” This one also delivers vitamin C as a complex of ascorbates so it can be taken in megadoses without side effects.

Remember the logic here: you want to give yourself every chance possible to make the nutritional, therapeutic work for you, and this brand of vitamin C will do that for you. Vitamin C recycles vitamin E, so it keeps your vitamin E active longer and both, together, help prevent further progression of plaque.

The only real question I always wonder about to myself is whether the fat soluble form of vitamin C -- ascorbyl palmitate -- can be of some help to the Peyronie’s condition, but that’s just my own musing.
Vitamin C is a water soluble vitamin whereas vitamin E is fat soluble. Recently I’ve been noticing that the fat soluble antioxidants, like alpha lipoic acid and vitamin E and benfotiamine (fat soluble B-1) -- are actually the ones helping the most with vascular conditions, so I wonder whether the fat soluble form of C can help in combo with the water soluble form. That’s why the question appears to my mind.

Unfortunately, the studies are inconclusive as to whether your body can even use the fat soluble form of vitamin C, and whether it’s entirely converted or fractionally converted to the water soluble form, but that question always remains in my mind as something for researchers to work on. You should just ignore it, and simply think of what I wrote as something I only wanted to document.

For now, however the conclusion is the following.

**When your doctor tells you to take vitamin E, take natural vitamin E, not synthetic, and hopefully the A.C. Grace form, “Unique E.” In addition to that, take the Rainbow Light Ultra Gram C or Supergram III Vitamin C.** If the vitamin E therapy can actually help eliminate Peyronie’s symptoms -- you know, the old “spontaneous remission” sort of thing likely to happen in the first year or so -- this will maximize your chances of that happening.

That’s your first bit of inside information on how to naturopathically attack Peyronie’s disease, using what research has already provided but going further to maximize your chances for a favorable response. As stated, many men do report that with the vitamin E alone the situation resolves itself, and now you’re stacking the odds in your favor with this extra info that a doctor couldn’t tell you.

If you take this form of vitamin E together with vitamin C, you’re going yourself your best chances.

**REFERENCES:**

www.ACGraceco.com

www.TheSkepticalNutritionist.com
Boonmark NW; Lou XJ; Yang ZJ; Schwartz K; Zhang JL; Rubin EM; Lawn RM. Modification of apolipoprotein(a) lysine binding site reduces atherosclerosis in transgenic mice. J Clin Invest 1997 Aug 1;100(3):558-64.


Klezovitch O; Edelstein C; Scanu AM. Evidence that the fibrinogen binding domain of Apo(a) is outside the lysine binding site of kringle IV-10: a study involving naturally occurring lysine binding defective lipoprotein(a) phenotypes. J Clin Invest 1996 Jul 1;98(1):185-91.


Phillips J; Roberts G; Bolger C; el Baghdady A; Bouchier-Hayes D; Farrell M; Collins P. Lipoprotein (a): a potential biological marker for unruptured intracranial aneurysms. Neurosurgery 1997 May;40(5):1112-5; discussion 1115-7.


www.RainbowLight.com

Shinozaki K; Kambayashi J; Kawasaki T; Uemura Y; Sakon M; Shiba E; Shibuya T; Nakamura T; Mori T. The long-term effect of eicosapentaenoic acid on serum levels of lipoprotein (a) and lipids in patients with vascular disease. J Atheroscler Thromb 1996;2(2):107-9.


Stubbs P; Seed M; Moseley D; O’Connor B; Collinson P; Noble M. A prospective study of the role of lipoprotein(a) in the pathogenesis of unstable angina. Eur Heart J 1997 Apr;18(4):603-7.

Nattokinase and Lumbrokinase: The Natural Clot and Fibrin Busting Enzymes

Maybe at one time or another you’ve watched the popular Japanese cooking show on TV called *Iron Chef*.

In this show the Japanese host unveils a secret ingredient to two chefs, who are then usually given about one hour of cooking time to come up with a series of dishes containing that ingredient and accent its flavor. The inventive dishes are then judged for their flavor and presentation after the cooking time is up.

*Iron Chef* is an absolutely wonderful show to get your mouth watering, and there’s one particular cooking battle that for some reason has always stuck in my mind. That was the cooking battle involving a special Japanese ingredient called “natto.”

Maybe I always liked that particular show because the word “natto” is so easy to remember. Anyway, that show always struck me and it turns out that natto is one of the keys to our objective of cleaning our arteries.

Natto is a traditional Japanese food made from soybeans that is often referred to as “vegetable cheese” because it actually takes like cheese. It’s been used for over 1,000 years in Japan (maybe even 2,000 years) and is made from boiling soybeans and fermenting them with special bacteria—*Bacillus natto*.

Natto is important to us, in our first step for cleaning our arteries, because it turns out that natto contains a natural blood clot busting agent. Dr. Hiroyuki Sumi of the Department of Chemical Technology at Kurashiki University of Science and Arts in Japan examined nearly 200 different foods and found that natto contained the highest fibrinolytic activity.

Japanese and Western researchers have found that natto contains a proven fibrinolytic clot busting enzyme, called *nattokinase*, that not only prevents blood clots from forming inside our veins and arteries, but actually dissolves fibrous clots that have already formed.
If Peyronie’s disease is actually caused by an injury to the penis, which some doctors believe, wherein a blood clot starts forming leading to the accumulation and growth of fibrotic tissue, nattokinase is a very easy natural remedy to try. I’ve had good success with it for all sorts of other vascular problems and increasing blood circulation to all the extremities.

Presumably vitamin E works because it helps with blood flow to the region and dissolving fibrotic accumulations, and if that’s the case, nattokinase works wonders in both dissolving internal fibrin and restoring blood flow to all sorts of organs. I have plenty of feedback on this account. After a few days use, many men call me up telling of stronger erections due to better blood flow to the penis. You see, nattokinase will help open up all the tiny capillaries to/in the penis that close up due to smoking or clogging due to diabetes.

Only one substance in our bodies dissolves clots – plasmin – but nattokinase works even better than plasmin and it turns out we can actually eat it to reverse atherosclerosis. So the hope for it helping Peyronie’s disease is not unfounded.

Studies show that nattokinase can successfully dissolve blood clots associated with heart attack and stroke, and so it promises a great impact on increasing the blood flow throughout your body, particularly to the penis. Whenever I put someone on nattokinase, after about a month they can feel the blood circulation everywhere -- and their face even becomes little red due to the increased circulation -- and many report better erections.

One problem with erections as men get older, and especially those who smoke or have diabetes, is that the small capillaries to the penis become blocked with deposits over time, which doctors treating diabetes usually handle through EDTA intravenous chelation.

I have not heard of anyone using EDTA chelation for Peyronie’s disease, but have had quite a bit of feedback from ordinary men telling me that after 1-2 months of use they now wake up with an erection like they used to when they were younger, and it’s all due to increased blood flow.

Nattokinase also enhances the body’s production of both plasmin and other clot dissolving agents in addition to directly dissolving blood clots and fibrin accumulations on arterial walls. Therefore it works in two ways: (1) by dissolving clots directly and (2) enhancing the body’s own clot-dissolving capabilities.
Because fibrin may play a role in the progression of Peyronie’s disease, a trial period of 4-6 months on nattokinase may be warranted by your doctor.

One of my clients, who had developed a scar and fibrotic tissue on his penis from unusual Asian martial arts practices that involved lifting weights tied to the penis, found that his long-term condition disappeared after only 2 weeks on nattokinase!

His teacher had told him that when fibrotic tissue formed on the penis due to those particular exercises, no type of Chinese medicine could then help restore the tissues back to normal. So while the Chinese medical pharmacopoeia knew of nothing that could help, Allergy Research nattokinase, at 4 capsules per day, eliminated his condition.

By the way, nattokinase is also one of the few possible natural agents for countering aging, memory loss, senility and dementia caused by poor blood flow to the brain. It also addresses the causal factor of poor blood flow to the extremities that can cause pain and related difficulties.

If you are biochemically prone to Peyronie’s due to some blood clotting mis-function that for some reason has been triggered and localized in the penis, a therapeutic protocol on nattokinase may actually help to clean up the damage already done that would have progressed to other areas had you not been tipped off from the disease and taken steps to intervene in the condition.

All throughout this book we will be talking about the possible biochemical basis or causes behind Peyronie’s disease, but since there are few studies in this area we have to go by common sense.

By clearing the fibrin accumulation that collects on the endothelial cells of arterial walls due to aging, nattokinase helps restore normal oxygen and nutrient transfer to our body’s cells and helps in the removal of cellular waste products. That makes it one heck of a potential “scrubbing” substance.

Now remember that when the blood flow to our tissues becomes blocked, the oxygen supply to that region gets cut off … and the tissues die or harden or balloon out due to the obstruction. By working to reopen arterial blockages that inhibit blood flow to body tissues, nattokinase holds the exciting promise of possibly restoring lost function and even lowering blood pressure.
That’s how it works.

One study that administered nattokinase to high blood pressure patients -- for only 4 days – found that 80% of the volunteers experienced approximately a 10% drop in both systolic and diastolic blood pressure.

That’s such a great result that this product is going to scare the heck out of the drug companies that make high blood pressure medication. Remember that if you dissolve the clots inside your veins and arteries, you’re getting rid of the problem for good whereas with blood pressure medication, you usually have to keep taking it forever because you never address the root of the problem.

Peyronie’s disease, by the way, has been linked to hypertension (high blood pressure).

Another fact is that nattokinase seems to work even better than the drugs Alteplese (t-PA) or Abbokinase (urokinase) which are injected into your system when you’re sent to the hospital suffering a heart attack. The effect of these clot-busting drugs lasts only a few minutes, whereas the effect of nattokinase has been determined to last from 8 to 12 hours in your system!

These clot busting drugs also suffer from the fact that they have to be taken intravenously, they’re incredibly expensive, and they often fail because a heart attack or stroke victim’s arteries have hardened far beyond the point where these conventional clot-dissolving agents can effectively treat them. Nattokinase, on the other hand, has been shown to help prevent hardening on as little as an oral dose of 100 mg a day!

Is nattokinase safe?

Well, natto itself has been eaten in Japan for well over a thousand years and there are no studies showing it harmful in any way.

Bingo, we have another winner!

Natto isn’t readily available in this country, however, and you would need about 100 grams (3.5 ounces) a day to get enough nattokinase to clean your arteries and improve your general blood circulation.
What you can do, however, is buy Allergy Research Group Nattokinase capsules or Nutricology Nattozyme and, with your doctor’s permission, give the product a go. You only need about 4 capsules a day to start cleaning your arteries of clots, and most people report that they can feel the results in less than one month. I am sure that other suppliers of nattokinase offer just as good a product.

I've tried nattokinase myself and could actually feel my fingers and toes get slightly warmer due to new blood flow in less than a week’s time, so I know from personal experience that it works. I also felt my legs get sore inside after the second or third day of use, and the soreness went away after a few more days.

I believe this soreness happened because blood clots in my legs were dissolving (one of the most frequent area for clots), and the arteries and veins weren’t used to the extra blood flow. Therefore they needed a few days to adjust to the new rush of blood volume, at which point the soreness went away.

I have a particularly sensitive body to nutritional substances, which is why I always test them on myself and why I can sense these things. I am also in pretty good shape to begin with, which means that I don’t always get any major results from the nutritional products I test. So I love it when I get dramatic results on myself like this.

It’s even better when I get favorable reports from friends, such as when I tell folks who’ve suffered congestive heart failure to get on CoQ10 immediately, or diabetics to start taking alpha lipoic acid to get rid of their neuropathy. One nattokinase manufacturer reported to me that people less sensitive than myself, and who have major circulatory problems, are generally getting very good results in less than one month’s time.

That’s fantastic, especially when you consider that it only involves swallowing a few capsules every day (a painless solution) and that relatively long lasting change is the possible result. I’ve had other people call me up and explain they were waking up with full erections after nattokinase use, and they, too, experienced more color in the face.

Trying nattokinase is your first possible step to dissolving fibrotic tissue and increasing the blood flow to your penis and the general blood flow throughout your body.
There is another natural clot busting product available other than nattokinase called lumbrokinase from China. "Boluke" is one registered name for the product, and you can buy it from Allergy Research as well.

This enzyme product is also reported to help improve blood circulation in the extremities, and is made from earthworms. According to an ancient Chinese medical publication, Ben Cao Gang Ma, the earthworm was traditionally used to improve patient blood circulation because it could unblock the body’s meridians and channels.

Charles Darwin, of all people, even observed that earthworm digestive fluids could dissolve fibrin, which plays a role in the progression of Peyronie’s disease. In the 1980’s, Japanese researchers (once again) extracted a fibrin dissolving enzyme from earthworms containing six proteolytic (protein cleaving) enzymes, which they collectively named “lumbrokinase,” and since 1992 it has been extensively studied in China.

When I lived in Hong Kong some years ago I was an advisor to a venture capital group that funded the professors in China who were developing this product, which is now being used in a number of Chinese hospitals.

While at times lumbrokinase worked miracles in helping restore the blood flow through blocked arteries for stroke victims, the batch quality for lumbrokinase was hard to maintain. Some batches of product showed very little therapeutic effect, and sometimes none at all, because they lacked sufficient quantities of the active ingredient (the polypeptide chains) that must be extracted from the earthworms.

The Chinese joked that the earthworms “didn’t want to cooperate” in producing the enzyme all the time! Hence the product quality varied dramatically from batch to batch and could not be consistently maintained.

That’s the inside story from years ago … of course things now could be different because with time always comes progress. So maybe the lumbrokinase product has improved since that time, but based on my initial experiences with the Chinese inventors and having spent several years working in China and sorting through various claims for all sorts of Chinese businesses, I would rather put my own money on the nattokinase made from soybeans rather than as yet trust in this product and product claims.
You see, the “Skeptical Nutritionist” (me) is still … skeptical.

Anyway, that was several years ago … and now is now. Since then there have been four phases of clinical studies at hospitals in Beijing, with very positive results. I don’t doubt these positive results, but just wonder if they are able to consistently produce the same product quality. With nattokinase, coming from a vegetable product, I have no doubts but then again there is need and use for lumbrokinase because it works by a different mechanism.

Lumbrokinase’s method of action is that it activates fibrinolysis (dissolving of fibrotic tissue, which is what you want in Peyronie’s) by increasing t-PA activity. It contains a plasminogen activator (e-PA) which is similar to actual plasminogen activator (t-PA) so it activates plasminogen and dissolves fibrin directly. Lumbrokinase even decreases your plasma fibrinogen levels, and you can expect a 10-20% drop in those levels in 4 weeks time when you are on a full dose of 2 capsules three times daily, but that’s expensive!

There is currently no data on lumbrokinase’s effect on atherosclerotic plaques. Those plaques consist of a mixture of cholesterol, minerals, cells and other substances besides fibrin, and lumbrokinase may not be able to reduce them on its own. The enzyme is more likely simply to help prevent further plaque formation or re-formation in combination with other treatments. There is, however, evidence showing that lumbrokinase has a synergistic effect when combined with antibiotics in the killing of bacteria with a protective bio-film (e.g. nanobacteria) which may play a role in the atherosclerotic process.

Lumbrokinase is far more expensive than the nattokinase and I’ve actually seen positive nattokinase results. However, I’m not ruling lumbrokinase out. In fact, it is reported to be similar to nattokinase in breaking up and dissolving unhealthy coagulation of the blood and in enhancing fibrinolytic activity.

It primarily dissolves fibrin and fibrinogen. Some report that it is even more powerful than nattokinase, so it’s my duty to report this option to you. It’s possible for it to be cleaved and rendered inert when you use it with other enzyme products, so try to keep some time spacing between taking it and other enzyme products.

Over 60,000 people have used lumbrokinase to date (mainly in China) without any hemorrhage or side effects, so it is known to be non-toxic and it is safe. It’s stable against heat and works in a wide range of pH.
Since nattokinase is a vegetarian product made from soybeans, the product quality is far easier to maintain and positive results are something I can actually attest to myself. I'm not writing off lumbrokinase for good – mind you -- but since you purchased this ebook I consider you my client, and it’s my job to protect you.

If you take a look at the definition of the word “client” you’ll see it refers to “a person who is under the protection of another.”

Well, I hate people spending money on things that don’t work or buying things when they don’t have to -- though in the case of Peyronie’s we simply have to buy and try what’s logical since virtually nothing has been ruled out yet, so I’m trying to help guide you through this fray. Lumbrokinase is much more expensive than nattokinase so I’d say try the natto first.

I’ve tried nattokinase and personally found it to be a stronger supplement for me, based on my own biochemical individuality, but I have seen lumbrokinase do wonders for stroke victims. Naturally stroke is different than Peyronie’s, but this stuff does slowly dissolve fibrotic tissue. What we’d need is a good study with a protocol of vitamin E, vitamin C and nattokinase or lumbrokinase.

The reason you would want to try either of these two clot busting, fibrin dissolving enzymes is precisely because they would help increase blood flow to the penis and help dissolve any micro-blood clots and fibrin related accumulations that may be playing a role in Peyronie’s plaque.

Logically, this probably has more value in the early stages of the disease rather than the later stages.

Some published researchers (CJ Davis as well as CJ Devine, KD Somers, SG Jordan and SM Schlossberg) believe that either a single or repeated episode of flexion or trauma to the tunica albuginea of the penis results in a tear and bleeding that forms a clot, and from there the fibrin deposition grows to produce full blown Peyronie’s.

Obviously, the use of these substances is directed precisely at this agency!

No one has done any studies on these two substances, but combined with vitamin E, they are a quite logical avenue to pursue.
The Naturopathic Approaches to Peyronie’s Disease

NATTOKINASE:


LUMBROKINASE:


Serrapeptase, “The Second Gift From Silkworms”

The following supplement has an exciting story and I’ve just started testing it, but have to let you know everything about it.

Everyone knows about silkworms, in that the caterpillar spins a cocoon of silk that is harvested, washed and turned into silk.

I lived in Asia for awhile and visited China extensively, including getting to see parades of thousands of silkworm growing women who would travel to certain shrines in China offering their thanks for a good silkworm harvest. It’s an amazing site to see thousands -- yes, thousands -- of women lined up for miles marching to a temple, having traveled from all over China.

That’s fine and dandy, but what does the silkworm have to do with your Peyronie’s disease?

It has to do with the fact that silk is incredible tough substance. It’s heard to break silk, so how does the silkworm eat through its cocoon to emerge as a moth?

It does it by secreting an enzyme from it’s intestine called “serrapeptase.” Silk is stronger than any scar tissue or mammalian tissue so anything that dissolves away silk is a super strong fibrinolytic agent. That’s why we have interest with it for Peyronie’s disease.

Serrapeptase can be produced via a bacterial organism (Serratia E15), and clinical studies have found that it is fibrinolytic, anti-edemic and anti-inflammatory properties. In Germany (Anaflazyme) it’s used to remove arterial plaque and in Japan (Danzen) it’s used as an anti-inflammatory. In Europe, it’s a common treatment for inflammatory and traumatic swellings, and for post-operative pain … it is an anti-inflammatory pain-killer.

People who use serrapeptase after operations tend to be more rapidly pain-free.

Various tests have shown that it can help dissolve blood clots, scars and fibrin accumulations, and even cause varicose veins to shrink. Testimonials of people
using various serrapeptase formulations talk of amazing results, even for things such as cystic breast disease, sinusitis, cosmetic scars, and infections.

In particular, serrapeptase has been used to successfully treat fibrocystic breast disease. In one double-blind study published in the *Singapore Medical Journal*, 70 patients were divided into two groups, one of which was given serrapeptase. Over 85% of those receiving the enzyme reported a moderate or marked improvement in their condition.

Dr. Hans Nieper, MD a famous internist and medical research from Germany, studied the effects of serrapeptase on plaque accumulations in the arteries, and found that over time it will break down atherosclerotic plaque. If it can dissolve away silk, which is an incredibly tough substance that’s promising. The enzyme digests non-living tissue, clots, cysts, arterial plaque and inflammation.

As you know, part of the Peyronie’s presentation is plaque accumulation, and even if the Peyronie’s composition is different, this is relevant and of interest to us, especially as it helps fibrocystic breast disease.

The evidence to suggest serrapeptase’s role in preventing and reversing plaque buildup is not extensive yet, but I have to report it because this is one of the most exciting findings I’ve in nutrition.

Right now I’m trying various serrapeptase formulations on myself to see the results, and because I’m a nutritionist and author I’m given access to the most powerful formulations. As of yet I have nothing personal to report though I have read Dr. Ward Dean’s report of a person who cured themselves of Peyronie’s at 3 capsules a day for three months.

Further studies should be done on protein dissolving action of serrapeptase on breaking down Peyronie’s disease plaque. Here’s the full story on the enzyme and my recommendation.

There are various pure formulations of serrapeptase you can easily buy on the web, though not all products have the same therapeutic effect. The enzyme activity of serrapeptase is measured in units and clinical studies are based on the ratio of 10 mg of serrapeptase equaling 20,000 units of activity, so when you are purchasing the product you want to be sure that the ratio of mg to units is 10 mg for every
20,000 units, or 5 mg for 10,000 units and so on. The average dose, therefore, is 20 mg–or 40,000 units.

The recommended dosage is 10-30 mg per day. For prevention you want to take 10 mg, but for actual fibrocystic breasts and cardiovascular problems, the recommended dosage is 20 mg daily. You have to take Serrapeptase on an empty stomach, which means at least two hours after eating, and no food should be consumed for a half hour after taking Serrapeptase.

You can get various pure formulations out there, but I would recommend getting an enzyme complex formulation that contains serrapeptase and other factors, such as Vitalzym. They also have a new one called Vitalzym-X with the only difference being a more stable form of serrapeptase within it.

But let’s take a moment to talk about why -- for Peyronie’s and because of common sense -- why it might be more favorable to take a complete enzyme formulation for the condition that contains serrapeptase as one of the ingredients. Remember, we want the highest chances that doing something will help us, so let’s reason out what an enzymatic combination can do for us and Peyronie’s disease.

Remember that no one knows about all the underlying biochemical pathways that have gone awry for Peyronie’s. Previously we mentioned Linus Pauling and his emphasis on vitamin C with vitamin E, and his focus on Lp(a) and how it could be modulated by lysine.

In the next chapter we’ll talk about homocysteine -- which causes cholesterol to stick to the walls of arteries -- and how it can be modulated to prevent plaque from forming in arteries, as well as how to reduce levels of lipoprotein(a) in the blood.

We’ll also talk about how to reduce fibrinogen levels in the blood, and how that helps avoid fibrotic accumulations. After all, these may play a role in the progression of Peyronie’s but even if they don’t, they do play a role in vascular disease and the testing we specify will identify if you should be attacking them.

To date, no one has done any studies on these factors and any role they may play in Peyronie’s, but it makes sense that some of these same pathways may be involved with the disease. After all, plaque starts to accumulate and stick, and gets bigger and bigger and bigger without getting dissolved. It hardens and then we have scar tissue, pain, and deformity.
Whether it’s this type of plaque or that type, this type of excess collagen or that type, this type of scar tissue or another, this type of fibrotic accumulation or another, something goes wrong that involves inflammation, the healing response, blockage, fibrotic tissue, the vascular system, immune response and blood. So let us investigate those mechanisms, already known for other vascular problems, that may play a role in the disease.

It turns out that Vitalzym is very much related to a product I know extremely well – Wobenzyme which has been used for several decades by athletes and has hundreds of scientific studies proving its effectiveness in cleaning the blood and promoting healing from within.

Wobenzyme, which contains a cocktail of enzymes, has been hands-down proven to reduce inflammation, speed wound healing (including fractures and bruises), bruising and stiffness.

We are going to discuss this product Wobenzyme – which I am NOT recommending you take – in order to gain insight on complex formulations like Vitalzym that contain serrapeptase, only because there is far more research evidence on this older product. When there’s not much research out there on something new you have to be logical, and borrow from what’s relevant.

Why discuss Wobenzyme if I’m not recommending it for Peyronie’s disease? Because I want to borrow from the scientific proof of this product’s effectiveness – due to hundreds of scientific studies that have been performed on Wobenzyme over the years -- to introduce the logic behind the Vitalzym formulation containing serrapeptase.

I want to reference the preponderance of data available on an old product to explain the reasoning behind the new product, though of course in a few years enough new studies will come out that I won’t have to do that any longer. Yet if we wait … what does that do for your Peyronie’s condition right now … especially when this approach is safe, logical, and offers a good potential when you are running out of time?

For God’s sake it’s your penis and sex life!
To understand either Wobenzyme or Vitalzym, and how they lead to greater health, we must first go over a very useful short refresher course in biology. This lesson will also help us in later chapters.

As you well know from high school biology, our blood circulates throughout our body via a complex system of blood vessels called veins, arteries and capillaries. Red blood cells in the blood, called erythrocytes, carry and deliver oxygen to all the body tissues and cells through arteries, while our veins collect and return the oxygen-depleted blood back to our heart.

Circulatory problems in the body can appear when either our veins or our arteries somehow become blocked or overly constricted. Tiny capillaries get blocked off as well if they get filled with cholesterol, plaque, blood clots, fibrotic tissue and other junk such as floating immune complexes.

There are lots of possible causes behind these obstructions and restrictions, but the point that is key to health and rejuvenation is better blood flow circulation along with cleaner blood free of all sorts of garbage, and anything we do that increases blood flow and elimination from our organs and tissues is helpful.

That’s why people often look better when they take a product such as nattokinase, that natural blood clot buster enzyme made from soybeans, that dissolves all the blood clots in the body that accumulate over time that interfere with macro and micro-circulation. But if we could also find substances that could help “clean” the blood of floating complexes that might lay down in fibrotic accumulations, that would be excellent.

We want substances or procedures that will produce systemic results and improve the circulation to tissues, as well as healing and the ability to cart away wastes (fibrotic accumulations). We want better blood flow everywhere, not just to our penis, because if something is happening to the penis there is a good chance the biochemistry is off that could be producing unfavorable, but unseen results elsewhere as well.

Yet if we are doing something to increase blood flow to the penis so that it brings in more nutrients, washes out more wastes and helps with the dissolution of obstructions, it would be nice if those same results were being experienced by our other internal tissues.
Remember to think systemically rather than just locally when it comes to health because that’s where we’re going to get the best response for overall general health improvement.

“Kill two or three bird with one stone,” is my preferred approach whenever possible.

By addressing a systemic problem, it’s possible that we might start addressing various physical problems that seem to have an unknown origin, though of course we’re concentrating on Peyronie’s here.

So what we should be looking for is a substance or combination of substances that can scrub all our arterial walls clean from the inside, sort of like the popular drain cleaner, “Roto-Rooter,” in order to help improve our blood circulation … and substances that can break apart all the dirty junk floating around in our blood so that the liver and kidneys can more easily capture it, detoxify it, process it and excrete it … and so that plaque and fibrin doesn’t accumulate in any particular places (namely the penis, and elsewhere) and fibrinolytic factors can actually reach accumulation sites and be encouraged to break them down.

Clean pipes, clean water and a cleaning agent is what we’re asking for.

Nattokinase is one of those natural substances you can try that helps get rid of internal blood clots in the veins and arteries, as mentioned, but what about various other complexes that are contaminating your arterial walls and floating around in your blood?

They might not be contributing to Peyronie’s, because they certainly contribute to atherosclerosis.

Hence we move on to the topic of enzymes … and then serrapeptase again.

Enzymes are biocatalysts. They are compounds within our bodies that help other chemical reactions take place. In our bodies there are roughly about 3,000 known enzymes involved in over 7,000 biochemical reactions that regulate our physiology, including those involved with digestion.

Vitamins and minerals are co-enzymes, which means they help enzymes to work. Also, without the enzymes they can’t do anything either, because it’s the enzymes that do the job of speeding up the chemical reactions. You need magnesium to
activate 2,600 enzymatic pathways in the body, and zinc activates about 600 of them. In time we'll discover more. You need the enzymes to make these reactions work and you need minerals to empower the enzymes.

There are many different types of enzymes in our bodies but probably the most important category of enzymes are the protein eating, or “proteolytic” enzymes that cleave proteins apart. Breaking fibrin deposits apart is a proteolytic, or fibrinolytic reaction.

A few major proteolytic enzymes get turned into the 3,000 other enzymes through chemical reactions in the body, so the proteolytic enzymes are “mother” enzymes at the top of the enzyme production chain.

When various proteolytic enzymes get into the bloodstream, they can actually help clean the blood by cleaving apart foreign proteins that don’t belong there that they come into contact with. Afterwards those residues, when they reach the liver, are much more easily excreted by the body.

In basic research from dozens of clinical studies carried out over the years, products (i.e. Wobenzyme) that supply a cocktail of mixed proteolytic enzymes to the bloodstream have been found to degrade harmful, abnormal immune complexes circulating in the blood that actually precipitate autoimmune diseases.

In other words, they have been positively proven to help clean your blood, and if Peyronie’s has an autoimmune component, this may help.


Enzymes are part of the body’s defense mechanism against inflammation because they eat away at circulating immune complexes (CIC) in the blood called prostaglandins. The body produces these circulating immune complexes in response to harm or injury, and they cause inflammation.

Some of these CIC’s are necessary for life, such as those involved in maintaining your kidneys, liver and lining of your intestines, but enzymes are smart enough to
eat away at the ones that don’t belong in the blood and in that way they lower pain and inflammation.

Enzymes also eat away at fibrosis, which is internal scar tissue your body forms as part of the body’s repair mechanism. Your body gets rid of these internal scars using enzymes to cleave them apart but as you get older, it stops making the quantity of enzymes you had when you were younger.

In fact, somewhere between 27-35 your body’s enzyme levels start dropping precipitously, and that’s the age bracket I’ve always seen health crises first appear in people. A variety of reasons contribute to this -- toxic buildup in your body, lack of good nutrition, your hormone production drops and your enzyme levels fall off. They all start kicking in around that age bracket.

Remember when you were young and cut yourself on some sharp object and the scar healed almost invisibly?

As you get older, however, scars that form become thicker, harder, much less pliable, much more visible and unsightly than those formed in our youth. In fact, autopsies of our internal organs will show tremendous fibrotic tissue accumulations strangling the organs of seniors. It’s a product of aging -- the fibrotic tissue accumulates internally.

When the body experiences cuts or damage -- as some people theorize is the cause of Peyronie’s disease, it packs the wound with fibrin to give the tissues something to grow on. Enzymes then eat or chip away at any excess fibrin and the tissue grows on what’s remaining.

As we get older, because we have less enzymes in our system the second step of chipping away excess fibrin deposits is not as efficient and so scar tissue tends to builds up … especially after surgery. You can even strangate organs with surgical scars and while bodywork may help break them up, you’re not likely to find a bodyworker (massage therapist) willing to work on your penis. In France that’s probably possible but not here, so, you have to turn to enzymes as a way of eating away fibrin.

As you get older, it’s a well known fact that some of your internal organs, such as the thymus gland, also tend to shrink and even harden due to a decrease in blood flow
and due to the build up of fibrotic tissue. As they shrink and “dry up” like raisins, their ability to function optimally decreases dramatically.

Women see this aging -- caused by a buildup of fibrous tissue -- via the fact that they develop conditions like fibrocystic breast disease, fibroids and endometriosis, but it also happens for our blood vessels which build up atherosclerotic plaque.

That’s why we’ve been discussing protocols for these conditions, as they have some relevance to Peyronie’s disease.

The good news is that this fibrotic tissue can be eaten away by enzymes even years after it first forms – whether it’s in the tissues or skin.

Doctors in Europe and Asia have known this for years and extensively used enzymes in their healing protocols to do this. That’s why we find nattokinase, lumbrokinase and serrapeptase being used everywhere else other than in the US, because US physicians aren’t taught about these things and tend to depend on pharmaceuticals.

One of the reasons raw food diets work for a lot of diseases is also because they supply abundant measures of these enzymes for the body.

Your blood is the piping system that delivers nutrients and oxygen to cells and the sewage system that the cells use to wash away their metabolic wastes and dead debris. Enzymes run around in the blood destroying immune complexes that shouldn’t be there and getting rid of excess fibrin that builds up with age.

If your body’s quantity of enzymes drops, or your liver is overwhelmed so that it cannot clean out the blood the first time it passes through, the blood gets filled with these extra things floating around until it gets a chance to detoxify them and excrete them. That’s what Chinese medicine calls dirty blood that’s responsible for rashes, blemishes and all sorts of skin conditions and inflammatory responses.

But if you can clean the liver, get rid of the backlog, clean the excretion channels of elimination and supply the enzymes, you can alleviate part of this problem.

Do you see where we are going with this?

Here’s another benefit of enzymes.
They help render inert viruses in your body, which bolsters your immune system. When your body is relieved of viral load, the immune system can devote its energies into all sorts of other avenues that help with healing, and can experience rejuvenation. If infection is playing a role in localized inflammation -- as doctors are beginning to suspect for heart disease and atherosclerosis -- enzymes can help.

Here’s how it works.

Viruses replicate in our cells by latching onto them through a protein-coated cell wall. If you don’t stop the replication process, soon all your blood and cells will be filled with viruses and that’s what kills you. For instance, imagine that viruses are particles of sand which replicate and create more and more sand in your body, filling up everything with sand until nothing else will work.

That’s how viruses will kill you.

Here’s how to stop viruses.

Simply destroy that exterior protein coating of the virus that lets it attach itself to cell walls and you will render it inert. Proteolytic, fibrinolytic enzymes will do that and because they can tell which substances are supposed to be in your body and which are not, an abundance of enzymes in the bloodstream will help destroy these pathogenic invaders.

When you consume a lot of these enzymes you will lower your viral load so you don’t get sick because what’s left of your immune system can deal with.

With that our basic science lesson is finally finished, but how is that going to help us? Sorry but we needed this background so you can appreciate the logic behind the approach we’re discussing, and for further chapters down the line. Without double blind studies to depend on, that’s all we can rely on so it’s time to talk about some specific enzymes that may help with Peyronie’s disease.

One of the other natural substances that can produce systemic results by helping to clean all our arteries and veins from the inside is **bromelain**, which is an enzyme extracted from pineapples.
Pineapples have been used for centuries as a digestive aid, for improving the texture of the skin and for promoting the healing of wounds. Bromelain itself is used in exactly the same ways—it is commercially used as a component of many cosmetics, it’s used as a meat tenderizer, and it’s used as a dietary supplement to help with digestion.

Bromelain has strong anti-inflammatory properties, which is why my dentist in Hong Kong prescribed it for me to treat the swelling he caused when he removed my wisdom teeth. Because of these anti-inflammatory properties, it’s very helpful in healing minor injuries, in particular muscle sprains and the pain, swelling and tenderness that accompanies injuries.

Here’s the neat thing that’s helpful to us …

Bromelain is a natural blood thinner that counteracts excessive platelet stickiness, which in effect means it’s a kind of natural blood thinner. In addition to keeping blood platelets from sticking, it has also been found to break down arterial clots and plaque and to help clots from forming in the first place!

Chinese researchers at the University of Iowa have found that bromelain mobilizes deposits in our blood vessels and carries them off. This means that any intensive, long-term therapy with bromelain can help "clean out" our coronary arteries from the inside, which certainly seems like a much more intelligent approach than undergoing a bypass operation.

Why fix just one artery if you have a chance to naturally clean them all?

Continuous large doses of bromelain can help dissolve obstructive deposits in the aorta and in leg arteries, which tend to cause pain, as well as blood clot residues, thus saving many a leg from amputation and even restoring them to normal functioning.

Perhaps it will or will not help destroy the fibrin accumulates involved with Peyronie’s in the penis, but stay patient, as we’re not done yet.

Bromelain works in much the same way as the pharmaceutical drugs streptokinase and urokinase which dissolve clots in heart patients by breaking down fibrin protein. Bromelain stimulates the production of more of the body’s plasmin, which in turn helps break down clots.
It’s also such a great help with inflammation that arthritis sufferers tend to use it instead of aspirin and NSAID medications. In Europe it’s readily used to decrease symptoms of angina and thrombophlebitis.

Does all this information mean I want you to run out and start consuming bromelain?

No!

My rule for health and beautification is avoid taking a single substance when helpful combinations of synergistic substances are available. If you’re going to spend your money and take anything for your health or beauty, you should consider taking a mixture of similar substances that act in the same way bromelain does in cleansing your arteries.

Bromelain is just the start.

Remember that In the health field it pays to always think systemically, and to always think about taking a combination of cooperative substances for problems instead of single ingredients … that is, whenever you can find those combinations. To get rid of Peyronie’s you want to put all the cards in your favor as much as possible, and a synergistic enzyme cocktail for breaking up fibrotic tissue is the way to go … if you can find an appropriate one.

So remember the rule: Always look for combinations of substances that work together.

So for this task we come to Wobenzyme (or Woebenzym) which contains various combinations of enzymes, including bromelain, that work together to clean our arteries and blood of debris.

Without a doubt the most popular of these combo products -- having the longest history of usage, dozens and dozens of scientific studies attesting to its effectiveness, and extremely wide usage in Europe by professional athletes – is the German product Wobenzyme.

Wobenzyme is composed of a variety of enzymes that have been shown to act like a biological "vacuum cleaner" to rid the blood of circulating immune complexes and other harmful proteins. Its enzymes have been shown to reduce internal
inflammation, break down aberrant proteins (circulating immune complexes that cause inflammation) that may arise during various diseases, and party dissolve thrombi.

It’s proven … it works. That’s the point -- enzyme cocktails WORK!

Here’s a list of the ingredients that Wobenzyme contains and what they actually do:

- **Bromelain** – strengthens the human immune system, supports anti-inflammatory activity, reduces joint swelling and inhibits excessive blood clotting
- **Pancreatin** – helps reduce joint discomfort and swelling
- **Chymotrypsin** - helps enhance blood circulation by keeping blood flowing freely
- **Papain** - exhibits strong anti-inflammatory activity
- **Trypsin** - boosts immune system activity, accelerates repair of injuries and helps maintain healthy circulation
- **Rutin** - scavenges free radicals and acts as an anti-inflammatory by inhibiting the enzymes that produce inflammation

Because it contains all these various proteolytic enzymes, which act to cleave other proteins apart and clean the blood in that manner, Wobenzyme has STRONG fibrinolytic power.

In basic research and dozens of clinical studies carried out over the years, Wobenzyme has also been found to degrade harmful and abnormal immune complexes circulating in the blood that actually precipitate autoimmune diseases. These circulating immune complexes also thicken the blood, and overly thick blood is a potential trigger for an array of diseases.

Wobenzyme has also been shown to lower C-reactive protein levels in the blood (C-reactive protein measures the body’s overall level of inflammation) and we’ll discuss this in a later chapter. It definitely helps blood circulation and the fact that it’s used all over Europe attests to its proven abilities as well.

Wobenzyme proves that enzyme cocktails work … don’t let your doctors po-pooh them or the following approach. *All those Germans and Europeans cannot be wrong!*
Hundreds of published scientific studies and clinical experience have therefore shown that an enzymatic cocktail combination can help quickly reduce inflammation, swelling, and internal bleeding. They can help clean your arteries of debris and your blood of circulating immune complexes that cause autoimmune reactions.

They support healthy blood flow by breaking down the necrotic matter that accumulates in the blood and blood vessels. They support the body’s natural blood thinning process. They even mobilize the immune system and speed up the body’s recovery and repair process, especially when it comes to sprains and strains.

So much for the most studied enzyme combination available on the market. It works, it’s effective but it’s not the one we want. We want one with even SUPERIOR fibrinolytic properties. We want one which has serrapeptase in the mixture, and so we come to Vitalzym.

Vitalzym is a readily available nutritional supplement containing a combination of various enzymes, including bromelain, that work together to clean our arteries and tissues and blood of debris.

Like Wobenzyme, Vitalzym’s mixture has also been shown to act like a biological "vacuum cleaner" to rid the blood of circulating immune complexes and other harmful proteins, and more importantly … to eat away at fibrotic scar tissue! Plastic surgeons who perform cosmetic surgery even prescribe it after operations to help prevent scar tissue from forming!

The enzymes in Vitalzym have been shown to reduce internal inflammation, break down aberrant proteins (circulating immune complexes that cause inflammation) that may arise during various diseases, and party dissolve thrombi. The enzymes in Vitalzym include:

- **Bromelain** – an enzyme that digest protein that helps reduce harmful prostaglandins that cause pain and inflammation and block the absorption of nutrient through body tissues strengthens the human immune system, supports anti-inflammatory activity, reduces joint swelling and inhibits excessive blood clotting

- **Rutin** – a bioflavonoid (nature’s super anti-oxidant) that strengthens and improves blood vessel permeability, used to treat hemorrhoids and varicose veins scavenges free radicals and acts as an anti-inflammatory by inhibiting the enzymes that produce inflammation
The Naturopathic Approaches to Peyronie’s Disease

- **Papain** – an enzyme made from papayas that has a soothing effect on the stomach, speeds wound healing, and reduces swelling and scarring exhibits strong anti-inflammatory activity
- **Protease** – an enzyme that digests proteins, helps reduce pain, inflammation and the symptoms of food allergies or autoimmune diseases
- **Amylase** – an enzyme that ensures carbohydrates are broken down before absorbed as fat
- **Lipase** – an enzyme that helps break down fat and controls cholesterol and triglyceride levels
- **Amla** – a rich source of vitamin C found naturally in the gooseberry that’s useful for stomach problems, anemia, gynecological problems, and nose bleeds
- **Serrapeptase** – a protein digesting enzyme that helps reduce pain and inflammation, digests dead tissues, blood clots, cysts, and arterial plaque; used to treat fibrocystic breast disease, bronchitis, arterial blockage and is used as an alternative to aspirin and ibuprofen. It’s a peptidase anti-inflammatory agent that replaces trypsin and chymotrypsin derived from bovine sources

Basically, the combination of enzymes within Vitalzym is just the sort of natural cocktail that we’re seeking to clean our blood and arteries and tissues and attack the Peyronie’s plaque formation, if it can.

Enzymes will eat away fibrin from post operative scar tissue, fibromyalgia, atherosclerotic plaque in the arteries so there is hope. **Serrapeptase**, the ingredient we’re especially counting on, has even been called “the poor man’s chelation therapy” because of what it does for eating away at plaque, and in Vitalzym we’ve bundled it with other such agents to maximize our chances of a therapeutic effect.

Do you see the logic now?

Together they constitute a collection of “broad-spectrum biological response modifiers” that act in large number of beneficial ways, and we’re hoping that some of those ways are involved in the reversal of the disease. We don’t know that for sure, but there’s hope and logic here.

Now the recommended dosage for Vitalzym is 3 capsules, 1-3 times daily on an empty stomach, 30 to 45 minutes before a meal or 60 minutes after a meal, with

**www.TheSkepticalNutritionist.com**

- 52 -
water. You can take it safely with other nutritional supplements, but not with blood thinning drugs like Warfarin or Coumadin.

Those are the standard dosage recommendations for maintenance, meaning for those who don’t have any complaints. For Vitalzym, there is an initial “activation dose” -- an initial high level starting dosage to prove to you the product is working. A doctor can help you determine that dosage, but basically, you start taking 3 capsules, 3 times a day, between meals. If in 3 days you don’t feel any benefits, you increase the dose to 4 capsules, 3 times a day for 3 days. You keep increasing the number of capsules until a benefit is felt, usually between 3-5 capsules.

I don’t have much experience with the product yet, but really felt a big lift in my entire system at just 3 capsules … and the “lift” was not slight but EXTREMELY notable. Now I’m just waiting to see if it improves my skin or dissolves away scar tissues as many people mention.

The enzymes within Vitalzym are extremely safe, so it’s another product I would put in your arsenal.

That makes it vitamin E plus C, nattokinase, lumbrokinase, and the serrapeptase found in Vitalzym because we’re going for a cocktail formulation that might have all sorts of related, contributory effects to Peyronie’s.

That’s the ideal situation, and now we have a number of different ways to approach Peyronie’s disease during the period your doctor says to wait (which is usually 1-2 years) before considering surgery.

At least now you have something you can do that makes sense and can possibly help eliminate the plaques, problem and pain … and in the next chapter we’ll uncover a way to determine an approach that is even more targeted based on your own body and biochemistry. Because it’s specific to your own personal biochemical individuality we cannot go into any one protocol, however, we can uncover the way to determine which products or substances you might want to pursue to maximize your chances of favoring dealing with the disease.

REFERENCES:

www.TheSkepticalNutritionist.com


Panagariya A, Sharma AK. A preliminary trial of serratiopeptidase in patients with carpal tunnel syndrome. *J Assoc Physicians India*; 1999; 47 (12); 1170-1172.


The number of medical conditions managed by, and even reversed by nutritional substances is astronomical.

There are so many conditions that have an underlying cause based on body biochemistry and that biochemistry can be altered, modulated, even “fixed” through nutritional supplementation.

Sometimes a medical condition simply needs more of a particular vitamin or mineral to stabilize because the conditions “burns” it up, and supplying more returns things to normal. “Genetic predispositions” are commonly managed through nutritional substances, too.

Now, Peyronie’s disease may indeed be one of these conditions, but no one has done the nutritional and bloodwork studies to find out. So there’s nothing I can say on this account EXCEPT … I can teach you how to see for yourself and intervene specifically for any of your own nutritional stores that are deficient and any biochemistry that has gone awry which can be modulated.

If through an RBC blood analysis you find that your body is lacking sufficient stores of some particularly level of vitamin or mineral, perhaps THAT is contributing to Peyronies … and supplementing with that missing factor may help reverse the condition.

When you think about it, that’s what vitamin E supplementation is all about. It’s about insufficient vitamin E to dissolve the Peyronie’s plaque, and with the really high powered vitamin E that I’ve recommended you consume, you’ve upped your chances considerably of dissolving that plaque.

But there are other factors to consider as well that tie-in with fibrin, calcium and plaque deposits.

When people have high cholesterol -- they take steps to reduce the chances of cardiac events by supplementing with high doses of folic acid, vitamin B-6 and vitamin B-12 to modulate homocysteine, the “glue” that binds cholesterol plaque to the walls of arteries. If you reduce levels of homocysteine, then less plaque forms.
This same type of biochemical detective work -- with remedy -- is what YOU can do hand-in-hand with a nutritional doctor (or on your own if you’re smart enough) once you have information on the levels of various enzyme, mineral, amino acid, and fatty acid are in your blood, and know how they play a role in various biochemical pathways.

What we’re looking for is some deviation in your status of minerals and vitamins and other factors that might tie in to Peyroine’s, so here’s how you do it: You get a blood test … but not just any old blood test.

You ask your doctor to help you get a specific blood test.

You need to get your doctor to order an ION panel, which is the least expensive, most comprehensive, and most technically accurate laboratory test I know of to assay your vitamins, minerals, fatty acids, amino acids, organic acids, heavy metals and more.

If you’ve got a disease then something is off, and this panel will tell you about your underlying biochemistry. Then you can go about nutritional modulation of your condition.

A full ION (individual optimal nutrition) panel includes:

- Functional Deficiencies Marker for Vitamins B1, B2, B3, B5, B6, B12 and Folic Acid
- Vitamins A, E, B-Carotene and Coenzyme Q10- (serum)
- Essential Elements- (plasma)
- Amino Acids - (fasting plasma)
- Fatty Acids - (plasma)
- Organic Acids - (overnight urine)
- Lipid Peroxides (TBARS)- (serum)
- Homocysteine- (serum)

How do you order the ION Panel? Through MetaMetrix Labs at 800-221-4640. It's a $1200 value which costs about $600.

Let me give you an idea of how this might work, using vascular disease as an example, because no one has done any such study for Peyronie’s disease yet to
know the exact blood levels of substances we should be interested in. We’re at the stage with this disease where we can only do detective work.

Let’s say you have heart disease or vascular disease.

With heart disease, the lab tests will probably show deficiencies of the mineral magnesium, the amino acids carnitine and taurine, and fatty acids and other important substances commonly associated with heart disease.

Pick up any nutritional medicine book and you’ll find that these substances, including COQ10, are used to modulate cardiovascular conditions so that they do not express itself … and that’s what you do!

Here’s the procedure: Test the blood and urine … note the excesses and deficiencies … examine the biochemistry … and then logically intervene with nutritional modulation.

Let’s say you have an immune disorder, as another example.

From this blood panel, you’d probably find lots of deficiencies, including the mineral zinc which, as you know, plays a role in over 600 enzyme reactions in the body. Zinc plays a BIG role in immune regulation.

So what do you do? Supplement with zinc! Opti-zinc, in particular.

Now it doesn’t make sense to throw supplements at a condition unless you already know what level of those substances your body already has in its stores, or suspect particular biochemical pathways that might be involved in the expression of that disease, or without knowing they would indeed work for that condition.

Only this type of approach can help you go through this maze and find something the Peyronie’s doctors have not, as I’m sure they are NOT used to this type of analysis.

Only top nutritionists, naturopaths and experts in functional medicine do this sort of thing. Your ordinary urologist isn’t going to have a clue about this.

Make the mental leap … if there is an underlying biochemical condition contributing to Peyronie’s that’s tied into the over expression of certain blood chemicals, or...
requires the presence of extra substances in order to be resolved, this may be the only way to find out, and thus finding out, you can learn how to modulate things to halt and help reverse the progression of the disease.

I’m making a leap here, so if you don’t want to read anymore of this chapter then just skip it and proceed to the next, but I believe this digression on vascular disease will help.

Frankly, no one knows why Peyronie’s disease progresses or resolves itself, but I personally suspect it is partially due to vascular and inflammatory healing mechanisms, and perhaps there’s an immune system component.

The microscopic examination of hardened tissue in cases of Peyronie’s disease is consistent with cases of severe inflammation of blood vessels (vasculitis), so suspicion that the condition may have a vascular (i.e., pertaining to blood vessels) cause is not unfounded.

Diabetes, which often leads to blood vessel disease, is also considered a risk factor and similar diseases that involve hardening of tissues are tied-in to immune responses as well.

I am particularly interested in seeing any involvement with copper levels, along with proline and lysine levels (amino acids), because proline, lysine, copper and vitamin C are building blocks for healthy collagen.

We’ll get to copper later but lysine, if you remember, was cited by Linus Pauling as an activator for Lp(a) and has a tie-in to vascular disease, whereas here it appears again as regards collagen.

Vitamin C we already know is a must, but here we’re wondering about lysine … yet I have no laboratory data or studies in front of me to say anything one way or another. I can only tell you how I think. Once you have a full blood test panel and knowledge of biochemistry, your doctor will be able to go through a similar analysis and perhaps rule this out immediately. Without the tests in front of me, I can only explain the logic.

So let’s get back to collagen and Peyronie’s disease …
Collagen is a major constituent of our body’s connective tissue, skin, cartilage, tendon and bone and comprises approximately 30% of all the protein in the human body.

Collagen proteins are fibrous and they are responsible for the “toughness” of tissues … without collagen, tissue would have the consistency of Jell-O. You can see I’m interested in the tie-in to collagen because it is one of the major components of the Peyronie’s condition.

There are actually 14 types of collagen in the body, and Luangkhot et al reported that Peyronie’s men have more type III collagen (the type that gives shape and strength to organs) in their tunica albuginea as compared to type I collagen (it makes up the connective fibers in the skin, tendons and ligaments). Chiang et al also found increased type III collagen.

Another study, “Isolation and characterization of collagen in Peyronie's disease” (by Somers KD, Sismour EN, Wright GL Jr, Devine CJ Jr, Gilbert DA, Horton CE. J Urology 1989 Mar;141(3):629-31), reported:

Peyronie's disease is characterized histologically by excessive collagen deposition in the lesion. We examined the collagen types in Peyronie's disease plaque tissues compared to unaffected tissues from the same patient, other control tissues, and Dupuytren's contracture. Gel electrophoresis of pepsin-solubilized collagen demonstrated the presence of type I collagen and an increased content of type III collagen in plaque tissue. Increased type III collagen was detected in apparently normal tissue adjacent to the plaque and in Dupuytren's lesion, confirming previous findings. Although the cause of excessive collagen accumulation of Peyronie's disease is unknown, the results suggest an imbalance in the regulation of extracellular matrix production leading to pathologic fibrosis.

My interest in copper will be understood in a later chapter, but my preliminary interest can be understood by the fact that copper is essential for healthy collagen production, which we know plays a role in Peyronie’s disease.

Furthermore, copper deficiency in animals causes fragile bones and heart enlargement -- an increase in the size of the heart … and even aneurysms.
As to collagen, when the level of copper inside skin cells increases, healthy collagen production goes up.

Collagen synthesis is complicated but vitamin C, along with copper, work together to create strong collagen. Collagen is initially made as a preprocollagen, which is converted to procollagen and then hydroxylated, glycosylated, wound into a helix then clipped into collagen molecules, assembled into collagen fibers and cross-linked into final form.

The hydroxylation of collagen is dependent on vitamin C, and the final cross-linking of collagen depends on the enzyme lysyl oxidase, which uses copper as a cofactor. That’s the copper involvement.

Copper peptides applied to the skin have also been shown to promote collagen synthesis and also may prove effective in smoothing wrinkles. Smoothing wrinkles, eh? Along with vitamins B-5, C, zinc, magnesium, and manganese, copper is a principle agent involved in wound repair and repairing damaged tissue, which may (or may not) play a role in Peyronie’s.

As stated, copper is very important in wound repair because it creates cross-links in collagen and elastin that give the proteins strength. Remember, collagen and elastin are parts of the elements that give the body structure, such as tendons and the skin. Without these proteins, the human body would disintegrate into a puddle like Jell-O.

Copper is involved with wound repair and Peyronie’s disease is often viewed as “an exaggeration of the wound repair process … linked to penile trauma.” Graziottin et al (“Peyronie’s Disease,” Brazilian Journal of Urology, vol 27(4): 326-340, July-August 2001) writes:

Contemporary thinking suggests Peyronie’s disease represents a localized aberration of the wound healing process. Pathologically, Peyronie’s plaques begin with fibrin deposition and end up like scars. Clinical data, anatomical pathology, and bioengineering analysis all implicate trauma as an initiation factor in Peyronie’s disease. Fibrin deposition is recognized as one of the initial consequences of microvascular injury, and it may be the precursor to Peyronie’s plaque formation.
If there is a copper deficiency involved with Peyronie’s disease, the ION panel will find it, and that may be part of the cure.

Now let me digress for a moment, as I warned, and talk about another area -- vascular disease -- so you can see how I’m thinking. I want you to understand how to think, and I’m hoping you’ll find something in your blood work that ties into this discussion that can help with your case of Peyronie’s.

From this discussion you’ll understand what I’m saying and understand how nutritional modulation of an underlying blood chemistry problem can modulate a problem. I’m guessing there is probably a tie-tin with Peyronie’s but this work will have to be done by researchers.

Now when people are dealing with vascular disease in general, hypercoagulability is the problem they have to deal with in order to prevent clogged arteries.

What is hypercoagulability? It is the increased tendency for your blood to become too viscous. The problem is that when it becomes abnormally thick it forms clots too readily inside your blood vessels.

In other words, if your blood “thickens” it increases your chances for blood clots in your veins and arteries, which produces the condition called “thrombosis” or “phlebitis.”

Of course the problems associated with thickened blood are even more complicated than that.

First, thickened blood is more difficult to pump and since blood is the major carrier of oxygen and nutrients, hypercoagulability can impair muscle, nerve, and organ function simply because not enough blood makes its way through your tiny capillaries. That in turn can cause pain, such as a headache or fibromyalgia, and can contribute to a host of other chronic conditions.

Since hypercoagulability means that the blood becomes thicker because of excess fibrin complexes formed in the blood, we also have to consider what this excess fibrin accumulation means. **Fibrotic tissue, of course, plays a role in Peyronie’s disease.**
When fibrin coats the walls of the blood vessels, they’ll be blocked from releasing heparin, the body’s natural blood thinner. In addition, viruses and bacteria will be able to hide underneath the fibrin complexes where they’re shielded from antibiotic and antiviral treatments, and thus you’ll never be able to get rid of them.

So that’s another bad outcome of hypercoagulability.

Obviously, blood clots due to hypercoagulability are a dangerous matter. They may play or not play a role in the initial formation of Peyronie’s disease. Perhaps even infection plays a role, too. The question for vascular disease is, how do we prevent hypercoagulability?

By our favorite means … by attacking the causes.

Hypercoagulability is just part of the inflammatory response itself. When you have inflammation in the body, that inflammation can cause hypercoagulation (without blood clots) and then plaque formation. Initially, the inflammatory response can come from anywhere ... from viruses, bacteria, autoimmune diseases like arthritis ... from all sorts of causes. Whatever the cause, anything that activates the process of inflammation can then activate a state of hypercoagulability.

Altogether, the regulation of blood coagulation is very complex and involves the balance of more than a dozen protein and enzyme factors. Only special tests can determine if a someone is deficient in these factors, and doctors don’t normally run these special exams. Hence the ION panel.

How do you know if you have hypercoagulability?

The first method is that you can actually test for hypercoagulability with a blood test that measures the "sed-rate". The sed rate, or erythrocyte sedimentation rate, measures the rate at which blood cells separate from the plasma of your blood and then settle. If the sed rate is less than 5 it generally indicates hypercoagulability.

You can also be suffering from hypercoagulability if you have chemistry abnormalities with any of the following blood measures:

- Elevated fibrinogen
- Elevated homocysteine
- Elevated Lp(a)
• Elevated C-reactive protein (hsRP)
• Elevated triglycerides (and high blood sugar)

Let’s go into a few of these factors ...

**Fibrinogen**

Fibrinogen is a protein made in your liver that plays a role in proper blood clotting and platelet aggregation. If the fibrinogen level in your blood gets too high, it can play a key role in producing vascular disease because high levels of fibrinogen promote blood clots … that lead to arterial occlusion … that accelerate atherosclerotic plaque formation … and which promote damage to arteries.

Incidentally, people overly fixate on cholesterol in their blood, but fibrinogen is probably a bigger risk factor for heart disease than cholesterol ever was. A large number of studies have shown a stronger correlation, or association, between cardiovascular deaths and fibrinogen levels than for cholesterol.

One such study involving 3043 angina sufferers, who were followed for 2 years, even found that fibrinogen levels were an independent predictor of heart attack and sudden death. Studies reported in the *New England Journal of Medicine* also showed that individuals with high levels of fibrinogen in their blood were more than twice as likely to die of a heart attack. Another study of two hundred stroke victims found a link between fibrinogen blood levels and stroke mortality.

The studies go on and they tell us that fibrinogen levels, when high, indicate a higher risk of stroke and heart attack.

Okay, so why do fibrinogen levels rise?

Infections tend to increase fibrinogen levels, so once again we want to get rid of hidden infections. Nutrient depletion can increase your blood fibrinogen levels, and so can homocysteine which we want to lower because of its own contributing causes to arterial blockage. So we’ll get to homocysteine next.

**Homocysteine**

Homocysteine is another related risk factor for vascular disease, and it is just an amino acid that’s produced in your body as a result of metabolism. When your body
has enough of the right nutrients, namely folic acid along with vitamins B-12 and B-6, homocysteine is converted to cysteine and other substances. When these cofactors are absent, however, it builds up to toxic levels in the blood.

These high levels of homocysteine have been correlated with arterial damage and blood clotting.

One study of nearly 14,916 men without any history of heart disease, but having extremely high homocysteine levels, found that they were three times more likely to have a heart attack over a five year period, and that this increased occurrence was independent of their blood lipid levels. Another study in the *European Journal of Clinical Investigation* found that 40% of stroke victims had elevated homocysteine levels whereas only 6% of a control had elevated levels. In another clinical study involving 21,500 men in England, who were followed for nine years, the homocysteine blood levels were higher in men who died from heart disease than those who did not. In fact, the higher the homocysteine levels, the higher the risk of dying from heart disease. Yet another study from Norway found that the risk of death – for known heart patients – was directly related to homocysteine levels in the blood. Another multi-country study, done in 1997, showed that the death rate from heart disease is directly related to blood homocysteine levels once again. It’s also been implicated in strokes caused by tears in arterial walls.

All right, all right. Enough is enough.

Homocysteine can damage the inner lining of arteries causing narrowing and hardening of the arterial walls and it also increases the tendency to excessive blood clotting, which diminishes the flow of blood throughout the body.

Does it play a role in Peyronie’s?

I don’t know but if a doctor did a homocysteine test on quite a few subjects, we’d find out pretty quickly and then the rest of this information on modulating it becomes priceless.

You know, *as a man you should get your blood homocysteine levels checked anyway* as the test costs just a few dollars (usually less than $30). If your levels are high, I’d take the appropriate nutritional factors … AND the vitamins E, C, nattokinase, etc. and see how things go.
I’m not saying this is the cause of Peyronie’s disease … I’m just telling you how to do this.

You can manage, that is “lower” homocysteine levels, very simply through the adequate intake of B-vitamins and higher levels of folic acid.

**Lipoprotein(a), or Lp(a)**

Now we’re down to lipoprotein(a), which is one of the components of cholesterol … it’s Linus Pauling time again.

Lipoprotein is a sticky lipoprotein, similar in structure to LDL cholesterol, which easily gets tied up in blood vessels where it causes LDL, calcium and other bloodstream substances to accumulate and form occlusions.

Lipoprotein(a) has been called one of the most important predictive factors of stroke and heart attack. The risk of a heart attack nearly triples when Lp(a) levels fall in the highest 20% of its range. It’s also a predictor of the recurrent narrowing of blood vessels (restenosis) and premature hardening of the arteries in other parts of the body.

Do you see why I’m telling you all this? I wouldn’t be surprised if, following my proddings, doctors found a relationship here.

We’re not going to go into all the studies on Lp(a), but I will mention one interesting point. Japanese researchers, in trying to determine why heart attacks usually occur in the early hours of the day, found that high levels of lipoprotein(a) were the distinguishing factor between those who suffered heart attacks during the 6-hour morning peak period and at other times.

That has nothing to do with Peyronie’s disease, but is just interesting to know and important to you as a man. Frankly, heart disease is a killer disease and all this extra information I’m giving you may end up saving your life! That’s another reason I’m going into it … I’m not padding the book.

This particular chapter may not help you with your Peyronie’s (though I suspect strongly it will), yet with heart disease killing men, this information may save your life … especially as it’s something doctors won’t tell you.
In any case, lipoprotein(a) is another component of your blood that should be managed, through nutritional means, in order to lower your risk of heart attack and stroke and manage vascular conditions.

**C-Reactive Protein and Inflammation**

C-reactive protein is the final blood component we are going to specifically discuss. Though we briefly touched upon it earlier, now it’s time for the details.

We already know that the cholesterol myth is starting to fall away, and attention is starting to focus on inflammation as a driving force in the process of heart disease rather than cholesterol. Since C-reactive protein measures inflammation, it’s receiving quite a lot of attention for insight into heart disease.

Peyronie’s disease may have tie-ins with C-reactive protein as well.

After all, if Peyronie’s disease is initially caused by a microvascular trauma, and if bleeding results in the fluid and fibrinogen in the subtunical layers, the initial fibrin may be part of the initial wound healing response that involves pain, hematoma and inflammation.

*The tunica albuginea has a unique anatomy in that it has sublayers of dense fibrous tissue and the lack sufficient vascularity in this region may “trap” the inflammatory reaction, which may prolong the process to months or years … and therefore foster the formation of Peyronie’s plaque.*

If that’s the case, everything we’ve gone over so far will probably help.

Anything we can supply to the body, in terms of supplements, to help blood flow and resolve fibrin and inflammation might therefore help the condition, and if we use nattokinase to open up blood flow of the tiny capillaries to the penis, we can maximize the chances that the supplements will reach that area and do their work. After all, if they cannot reach an area because blood flow is blocked, they are useless.

As an example, people commonly take glucosamine sulfate and chondroitin sulfate for arthritis, but if they don’t move (exercise) those painful joints to get more blood
flow to the affected area, taking the supplements is worthless as they’ll never reach
the focal area of inflammation.

Back to vascular disease and C-reactive protein …

Here’s its relationship to heart disease: Two separate medical studies recently
published in the New England Journal of Medicine reported that C-reactive protein
(CRP), the marker for systemic inflammation inside the body, is a strong predictor of
heart attack and stroke. In one study, individuals with the highest CRP values had
three times the incidence of heart attack and two times the incidence of stroke. Thus
in general, large studies have shown that high levels of CRP can raise your risk of
cardiopulmonary disease several-fold.

That’s all you really need to know.

Another analysis evaluated inflammation levels in over 28,000 healthy women and
found that for women, C-reactive protein was the most predictive marker for future
cardiac events such as heart attacks. Women with the highest CRP levels, as
compared to those having the lowest CRP levels, had a greater than fourfold risk of
experiencing a cardiac event.

Wow! Who cares about cholesterol with biomarker forewarnings like that?

Hence like most of these other measures, CRP has been found to be an
independent predictor of coronary risk that actually has more predictive value than
cholesterol.

In fact, a consensus is building that C-reactive protein is the best measurement for
predicting future coronary risk (although evidence is mounting that interleukin-6,
which stimulates the liver to make CRP in the first place, is another powerful
contender). It seems that cholesterol filled arteries do not pose any real danger
unless there is also inflammation, which weakens plaques and makes them more
vulnerable to bursting or closing off an artery.

Some researchers even theorize that aspirin helps reduce cardiovascular risks only
because its anti-inflammatory effects lower the C-reactive protein levels of the blood!
High C-reactive protein levels have also been linked with Alzheimer’s disease, type
II diabetes, and depression.
Taking the ION panel set of tests will tell us if you have elevated C-reactive protein levels, and thus inflammatory, that’s calling for intervention.

**INFECTION**

Here’s some other interesting news to help start tying things together again. The evidence also suggests that previous infections of our old friends, *Chlamydia pneumoniae* or *H. Pylori*, may be the initial triggers of the chronic inflammation that CRP detects, and so we’ve come around in one full circle.

If doctors are this “off” about heart disease, imagine that they might be missing important components regarding your Peyronie’s condition. I cannot sit silent and leave this chapter unwritten if it can possibly help you, so bear with me even if none of this ever turns out to have a bearing on Peyronie’s. If I didn’t take all the extra work writing it, I’d be failing my responsibility to you to help the best way I can, even if that means prodding the doctors to look further and consider this or that they wouldn’t normally consider. I’m trying to do you the biggest favor.

We’ve talked about hypercoagulability, but haven’t talked too much about prevention or management of the condition. A good question to ask is whether there any natural substances that can help prevent hypercoagulation and clotting of the arteries? We want to get rid of infections, reduce inflammation, reduce clotting, lower cholesterol … all sorts of good stuff.

How do we do it?

Actually, there’s too many substances to list them all, so let’s just follow our normal rule and concentrate on those substances which do multiple “good things” by being useful for variety of reasons. That’s why I previously stressed Vitalzym as an enzyme cocktail instead of just taking one factor and hoping,

We're in luck because a wide variety of micronutrients are antioxidants and anticoagulants, so we can hit two birds with one stone. We can counteract various procoagulant factors naturally and safely through the following supplements:

- **Fibrinogen** – curcumin, bromelain, garlic, fish oils, Wobenzym
- **Homocysteine** – folic acid, B12 and B6, trimethylglycine
- **Lipoprotein(a)** – niacin (or inositol hexanicotinate), vitamin C, lysine and proline, fish oil, avoid trans fats
The Naturopathic Approaches to Peyronie’s Disease

- C-reactive Protein – vitamin E, borage oil, fish oil, DHEA, nettle leaf
- Blood viscosity – bromelain and Wobenzyme
- Platelet aggregation – curcumin, gingko biloba, ginger, garlic, vitamin E

I don’t think we need to go into all these ingredients, or even need to expand upon the list.

All I wanted to do was show you how to (1) do blood work, (2) find out what’s off, (3) make the biochemical pathway connections, and then (4) supplement intelligently to intervene where necessary to maximize your chances of a favorable resolution.

I’m hoping you can do the same thing for your own Peyronie’s.

I could write pages talking about garlic and the fact that countless studies show that garlic lowers infection, lowers blood pressure and cholesterol, and makes the blood less likely to clot or agglutinate. I could mention that bromelain decreases fibrinogen concentrations.

A discussion on vitamin E and C could take days …

One study we didn’t previously discuss involved individuals who were given 600 mg of vitamin C, 300 mg of vitamin E, 27 mg of beta-carotene and 75 mcg of selenium, platelet aggregation (clot forming ability) fell 24%, lipid peroxidation fell 20%, and clot production fell 51%.

No drug on earth has this power, which is why a lot of firms are afraid of lots of information coming out on multivitamins.

All these reports simply tell you that:

(1) If you have elevated blood factors that indicate some problem, then you should take an appropriate supplement full of ingredients targeted for that condition,

(2) You should measure your blood chemistries to get this valuable information using a lab like Metametrix, or another one called Great Smokies. They both offer full blood panels, urine analysis, hair mineral analysis, amino acids and fatty acids, etc.

www.TheSkepticalNutritionist.com
The whole point of this chapter is to tell you that there might be a biological relationship between Peyronie’s disease and blood markers such as this, which then can be lowered through appropriate supplementation.

We don’t know that for sure, but the purpose of this detour has been to show you how it’s done for vascular disease, and propose this step-by-step model of intervention as something that can be followed for Peyronie’s disease.

Whether or not it’s possible, that’s more than what the doctors are doing.

With blood test results in your hand, you can then consider the need for appropriate supplementation to help your condition.

The supplementation might be a substance like Wobenzyme, a strong multivitamin, or a targeted multivitamin/multimineral supplement or specific nutrients so the point is to be in the know and identify your risk rather than spend your money uselessly.

As a “naturopathic educator” concerned about a condition for which we know little, this is the best thing I can do for you.

Doctors are notoriously behind-the-times when it comes to applying the results of the latest research in the nutritional or complementary health field, but if you insist on taking these tests you’ll be sure that you are doing the best you can for your condition.

You’re the one who has to pay for any mistakes of omission in the end, so trust to your own wisdom to decide whether you are doing everything you can do.

Remember it’s your penis and your sex life, so proceed with wisdom, common sense an cautiously. Try to get to the root of the problem to solve the situation.

**Arterial calcification of plaque**

There’s one more interesting topic I want to bring up, which is that there’s even a tie-in between infection and calcification of arteries that doctors are now discovering.

With Peyronie’s disease, the plaques eventually start to calcify, so while I don’t think this necessarily applies, this may be of interest.
Years ago when I was first entering the health care field, a number of individuals suggested that there might be an infective – a bacteriological or viral – cause of cancer and heart disease. The hypothesis got people wondering because it was logical, but no real evidence was ever found to support it. Since nothing conclusive was ever found along these lines, the hypothesis was eventually dismissed.

Nowadays people don’t think that the topic is so funny anymore because various infective organisms are being implicated in a wide number of health conditions. For instance, *H. Pylori* bacteria is now known to play a significant role in the cause of stomach ulcers, which doctors once thought were totally due to excess acid production.

It’s now well known that inflammation plays a major role in heart disease. It’s also been well proven that a number of bacterial organisms and viruses, like *herpes simplex*, can make their way from our mouth (food intake, or tooth and gum infections) or sinuses to our coronary arteries where they damage the arterial walls.

*H. Pylori* itself – our ulcer bug -- can ride piggyback in white blood cells and then land on the walls of coronary arteries where it will start drilling holes in the arterial walls. *Chlamydia pneumoniae* and cytomegalovirus are also known to build up colonies in arterial walls and cause damage.

*Chlamydia pneumoniae* in particular, which is the common cold and flu bug that often causes sinus and throat infections, has already been flagged as a big contributor to hardening of the arteries.

It tends to make its way to our arteries where it finds a spot on the artery wall. Then it begins to drill in and establishes a small colony, producing a sore spot that festers for years inside the body. That produces inflammation and obstruction.

When they drill in, these little critters also damage the area between cells in our arterial walls where we normally make heparin sulfate, our own natural blood thinner. That’s one reason why these damaged areas of inflammation produce dangerous blood clots that can end up killing … these critters actually end up inhibiting our ability to dissolve blood clots in our bodies. They wrap themselves with little cocoons that our bodies have difficulty destroying.

Perhaps an infection component like this is why the Peyronie’s situation doesn’t always resolve itself -- because a focal infection forms in some people that never
The Naturopathic Approaches to Peyronie’s Disease

goes away because of poor circulating and a depressed immune system -- while for others it does.

Our body, in its haste to respond to the threat of all these various invaders which like to “dig in,” sends in cholesterol as a sort of Band-Aid to plug the leaks they make and patch up the damage they cause. Like the Lone Ranger, cholesterol comes galloping to the rescue, as Linus Pauling mentioned. It’s used to patch things up.

Cholesterol is therefore simply a compensatory mechanism sent to plug up arterial holes. If you didn’t have cholesterol to plug up these leaks then you’d bleed to death. So rather than take drugs to lower cholesterol, you should be looking to get rid of the causes that create the holes in the first place! You should be trying to figure out why your body has decided to make such high levels at all.

You should be asking, “Why is my cholesterol so high in the first place? What purpose is it serving that my body has deemed it necessary to produce such high quantities for the blood?”

Our body, in an attempt to wall off these bugs to prevent them from spreading, tends to form excessive blood clots around these local sites of inflammation. The scene is one of chaos, sort of like a Roman army that surrounds and then besieges a city. Soon you have a big patched mess of fibrinogen, platelets and cholesterol forming blood clots surrounding an area of infection to seal it off.

Calcium is eventually attracted to these areas where it hardens into plaque, and then you slowly get hardening of the arteries coming into the fray. Clearing away part of this calcium matrix restores some flexibility to the arteries, which leads to increased blood flow.

These abnormal clots – which are technically called thrombosis – obstruct blood flow, and I don’t have to tell you that they tend to form just where you don’t want them to be.

You really want to do everything in your power to prevent them from forming in the first place (or you want to dissolve them if you can through natural means, as we’ve been describing) because abnormal clots can break off and travel elsewhere in the body to cause disaster.

Is Peyronie’s one of these situations? I don’t know.
However, you now know another reason why we discussed how to dissolve these blood clots and restore elasticity to your veins and arteries. This vascular problem is serious, and it accumulates with age. Perhaps that’s why the average age of Peyronie’s disease onset is 53 years!

About 500,000 people a year in the U.S. die from coronary artery disease and over 150,000 die from strokes. Cancer death counts don’t even come close to the number of yearly deaths involving thrombosis in some form or another.

What’s ultimately behind this thrombosis?

Well, many factors can cause these blood clots.

The causal factors include excess platelet aggregation or platelet stickiness (adhesiveness) of the blood, excess fibrinogen in the blood, and hypercoagulability (viscosity) of the blood, which is a “thickening” of the blood. I’ve mentioned these earlier and the importance of your individual biochemistry because perhaps there is a tie-in with Peyronie’s.

Other major causes include alterations in arterial blood flow causing arterial thrombosis, sluggish blood flow that causes venous thrombosis (especially in the lower extremities) and injury to the (endothelium) cells that line our arteries and veins and our heart.

Get this … all these outcomes can happen as a result of infections. To be precise, they can happen as a result of inflammation caused by infection!

But here’s what I really wanted to tell you, primarily because Devine reported that radiographs of the penis in advanced cases of Peyronie’s showed that 20-25% have calcification, and 25% have frank bone.

On the topic of infection, we didn’t even mention a big culprit scientists have recently discovered -- a tiny bacteria called *Nanobacterium sanguineum* (or “Nanobac”) that researchers now believe may be the main culprit behind coronary artery calcification itself, and which may possibly play a big role in heart attacks.

Here’s the scoop on this bug, which might be a part of the problem.
The Nanobac bacteria lives inside our cells and is so tiny (.05 microns) that it cannot be seen with regular microscopes and readily passes through filters used to sterilize vaccines and medications.

That’s tiny—this bug can go anywhere!

What this tiny bacteria does is secrete a calcified suit of armor to protect itself from our immune system, and doctors are finding that this calcification is not only the cause of coronary heart disease but plays a role in cataract formation, kidney stones, calcified tendons, and other forms of calcification in the body. If you have any of these other conditions, it should get you thinking about connecting the dots.

The evidence is mounting so quickly that Nanobac is now suspected to be one of the main culprits behind some of these hidden infections in the body that cause the inflammation and hypercoagulability of the blood responsible for triggering heart attacks. But Nanobac doesn’t take all the honors itself because we already know that other critters can play a role as well.

For instance, the death rate from heart attack and stroke jumps skywards during flu season and increases dramatically for people who have just experienced a respiratory infection … especially among the elderly. Since heart attacks and strokes seem to occur more frequently in people with recent infections, especially respiratory infections, the flu bug is implicated in the problem … something you already know.

Digging deeper into the problem, studies show that people who catch the flu bug tend to have much higher levels of CRP or C-reactive protein, which is a marker of internal inflammation triggered by infection. Researchers therefore believe that elevated levels of C-reactive protein may accelerate vascular inflammation and trigger specific mechanisms that cause the blood to coagulate more.

That’s what can cause a heart attack.

Since inflammation plays a role in both heart attacks and unstable angina, researchers have been collecting all sorts of evidence, linking the pieces together, and paying a lot of attention to the idea that infections may be contributing to these conditions.

The idea even helps explain why most angioplasty or bypass operations are rather worthless in that within six months after these procedures have been performed,
over 40% of the people have already started to experience reclothing in their blood vessels. It happens because the operation has done nothing to correct the underlying pathology.

Okay, so now the scientists think that infections can cause internal inflammation and other biochemical changes within your body, which under the right conditions, can trigger a heart attack or stroke.

Because of the potential link between infections and the inflammation involved in heart disease, investigators have logically started testing whether clearing infections with antibiotics can benefit heart disease patients.

The approach is logical but so far, the results for most of these studies are inconclusive.

However, in one study of 148 patients who experienced a heart attack or an episode of severe, heart-related chest pain (Circulation April 2, 2002), half were given a 3-month course of the antibiotic Zithromax (clarithromycin) and the other half were given an inactive placebo. Those given the antibiotic were 41% less likely to have another cardiovascular "event" during the next year and a half than patients who received the placebo. The apparent beneficial effect began when patients started taking the antibiotic, but this effect did not diminish after the patients stopped taking it.

Unlike other studies that tested the effectiveness of short-term antibiotic treatment, these researchers evaluated the effects of a 3-month course of this antibiotic, which is a pretty long time. That gives this study some credence.

If you’re ever going to do such a thing, however, you’re going to have to take probiotic supplements afterwards because the antibiotics will kill a large number of the beneficial bacteria in your intestines. You absolutely need those bacteria to produce biotin and for all sorts of other reactions.

Now the results of this one study are not enough to confirm the major hypothesis researchers have as to the cause of heart attacks and stroke – internal infection and inflammation. And that’s not even our primary topic of interest, which is Peyronie’s disease, but I warned you about making this side journey for other purposes. You need to collect lots of evidence and then weave it all together to understand these
types of situations, just as Linus Pauling (*two time* Nobel prize winner) did! But we’ve established that infection and inflammation are a big cause of heart disease.

The questions now remaining are how to determine if you have signs of internal inflammation and infection, and then what to do about it?

Specifically, how do you tell if you have bacteria or viruses contributing to coronary artery disease?

To determine whether there’s inflammation from all these bugs (or from other causes), nothing beats the blood measurement we’ve introduced called C-reactive protein (hsCRP or CRP for short), which measures signs of chronic, low-grade inflammation in the body. Ten studies so far—including some in the US and Europe—have shown that C-reactive protein is a powerful predictor of a future coronary event.

Perhaps there’s even a tie-in with Peyronie’s disease.

When C-reactive protein levels are high, there’s definitely inflammation in the body that could be disrupting plaque buildup in arteries sparking a rupture that can cause sudden clotting, and then stroke or heart attack.

But that’s not the only blood measure to look at. To get a complete picture of what’s going on, you have to get a blood test, such as a Cardiovascular Risk Profile from labs like *Great Smokies* (www.gsdl.com) or *MetaMetrix* (www.metametrix.com), and look to see whether your blood is showing elevated signs of blood fibrinogen, C-reactive protein or LP(a).

Your physician can also measure bacterial and viral titers to determine what organisms your body is trying to fight off.

I’ve never heard of anyone doing this for Peyronie’s so I’m doubtful there’s an infective organism involved, and yet I haven’t heard of anything to totally rule it out wither. Frankly, though, I simply feel it’s the biochemistry of the wound healing, inflammatory response combined with poor vascular blood flow to the region. Nevertheless, after you have all this information, you can then determine the next course of appropriate action.
Doctors have come up with various tetracycline (antibiotic) protocols to kill some of these organisms in the coronary arteries, but remember that (1) not all heart bugs are killed by tetracycline and (2) tetracycline-class antibiotics can cause auto-immune problems on their own such as the overgrowth of yeast in the gut, especially if they have to be taken over a long period of time.

That’s why it’s best to do as much testing as possible before you jump to conclusions and try out an antibiotic based approach. You must really see if the need is actually warranted.

Two things you can and should do are change the biological terrain the bugs live in, and attack the bugs. This addresses the big question as to why your immune system is so low in the first place so that they were able to get a foothold in your system.

Part of the answer always lies in a poor diet and malnutrition, including vitamin and mineral deficiencies, since those are the factors affecting your internal biological terrain. The pH balance of your blood, because of the food you eat, usually plays a role as well. The problem is not so much the infection but the biological terrain itself, meaning your internal biochemistry. You have to fix the terrain that supports these bugs, and make their living less hospitable if you want to get rid of them completely.

You do that by taking the steps you would normally take to get healthy.

As to attacking the bugs themselves, you can go after them directly by using natural substances like colloidal silver (only the brand made by Purest Colloids, whose particles are about 2-3 atoms across), and substances that systemically bolster your immunity and raise your immune function.

These substances include beta glucan derived from mushrooms, colostrum and colostrum based transfer factors, vitamin C, and bug fighting antibody immunoglobulins (such as in the product Immune26).

As a national service in case of an emergency, I’ve written another book like this one on how to naturally kill all sorts of viruses, bacteria, even fungus when pharmaceuticals fail, and you can look for it if you get into trouble.

Another popular product to try is Olivirex (Bio-Botanical Research 800-775-4140) together with Kyolic garlic liquid (1 teaspoon 4X), which works wonders against viruses and internal infections.
Quite a few studies have shown an ever growing list of benefits behind taking garlic which helps lower cholesterol, lowers homocysteine, kills \textit{H-pylori}, and reduces the platelet stickiness of your blood (making it less likely to clot).

Many organisms – which cause hidden infections – surround themselves with thickened blood as a protective mechanism, and thinning the blood through garlic removes their shielding so that your immune system and other agents can go after them. That’s one of the reasons garlic is so effective as an anti-infective agent. Of course the enzymes in \textit{Vitalzym} or \textit{Wobenzyme} do that as well, and there’s evidence that \textit{lumbrokinase} can do this, too.

Remember that when we do turn to taking a supplement for our health, we would like multiple benefits so that we can attack many different culprits or conditions at once, and garlic is one of those substances that does everything we’re looking for it to do.

In the Middle Ages garlic was even put into the wine that gravediggers drank to keep themselves from getting a plague that killed the citizens of Europe. During World War I and II, many soldiers were also given garlic to help prevent gangrene.

Garlic consumption is one way to help fight infection and inflammation. Obviously when you take something like nattokinase to remove blood clots and Wobenzyme or Vitalzym to remove floating immune complexes from the blood, you’re going to be opening up enclosures wherein infections had been quietly brewing, and you want to be taking substances like mushrooms, colloidal silver, and other immune enhancing extracts to help kill off the culprits when they’re finally exposed or released into your system.

This is another reason to consider taking something like Vitalzym or Wobenzyme for several months because many infectious organisms in your body hide behind soluble coatings made of fibrin which can be broken down by the materials in Vitalzym and Wobenzyme.

When the coatings break down, that’s when you’ll be able to finally destroy these infections. Once again, however, you will need large doses of Wobenzyme to get the job done and when it starts working, you better have a pumped up immune system ready to deal with the pathogens you expose. And you better be detoxed as well so that your body can handle the onslaught of killed pathogens.
The moral is that when you do these protocols you want to be taking anti-infective agents and you want to be somewhat detoxed. That’s one of the reasons we went about cleaning out your kidneys and liver because when you start killing these critters, you want your body to be able to handle the increase in toxic load.

Everything in these protocols tends to help everything else, but you have to go about accomplishing your objectives in a balanced way.

**BLOOD EXAMS**

The last thing I want to teach in this very long chapter -- which you’ll probably be using for life even after your Peyronie’s goes away (an unexpected gift to you) -- is how nutritionists are taught to read a regular blood exam because this might be helpful.

On this, ordinary physicians also haven’t a clue.

It turns out that a number of doctors and universities have developed "optimal" ranges for your blood work numbers.

I’ve studied everything available on this material over the years -- spending **thousands of dollars** in the process -- and have written a book on these ranges and what they suggest you need to take when things are "off."

If you want to study this field, I suggest the work of Dr. Harry Eidinier, Abrishamian, Jack Tipps, Cessna and others, which all support the fact that the "optimal ranges" can be used to spot subclinical conditions that stump the doctors. In other words, regular blood work figures can be “off” and knowledge of what’s behind those figures can gives clues to the underlying cause of the condition, and how to treat it.

That’s what I taught you how to do with a ION panel, but now I want to just give you this information for a regular blood panel … what they call a SMAC panel or blood chemistry.

For instance, did you know that when your blood work shows that uric acid levels are less than 1.8, cholesterol is less than 140, triglycerides are less than 40 and lymphocytes are less than 20 simultaneously, you better ask your physician for an AMAS test for cancer.
High uric acid levels naturally correspond to gout, high chlorides and low CO2 levels simultaneously can indicate "chemical sciatica" (back pain that stumps the doctors since MRI, CATSCAN, and MEGs will be normal), high creatinine levels often tell you that you have prostate problems, and BUN can be used to tell if you are gluten sensitive.

Knowing this information, you also know how to nutritionally intervene for the disease. For instance, gout can be helped with a variety of nutrients. The amino acids alanine, aspartic acid, glutamic acid and glycine which constitute protein, have been shown to lower uric acid levels. Folic acid inhibits xanthene oxidase, the enzyme responsible for producing uric acid. An ION panel would give you guidance as to whether you should follow these approaches.

See how this is all tying together?

While drugs such as the anti-inflammatory colchicine are standard treatment for gout, they also do nothing to lower the uric acid levels that cause it in the first place. Rather, they just block the inflammatory process of the condition whereas various nutriceutical agents can also attack the inflammatory condition as well as lower uric acid levels in the first place.

For instance, EPA, an omega-3 EPA fatty acid, helps limit the production of leukotrienes that cause inflammation … as does our friend, vitamin E. Bromelain, another friend, is also an effective anti-inflammatory agent as well as quercetin, which inhibits inflammatory production and uric acid production as well. In fact, quercetin acts in similar fashion to the gout drug allopurinol.

Since uric acid is the by-product of high purine diets, gout patients are also advised to avoid high purine foods such as organ meats, meat in general, shellfish, yeast, poultry, herring, sardines, mackerel, anchovies, beans, peas and spinach.

Anyway, that's how it's done. That's how to use knowledge of the condition, along with blood work and ION panel figures, to determine how to nutritionally intervene for Peyronie's disease.

Do you know why I focused on gout?

Because in a study of “Etiological Factors in Peyronie's disease” (Muralidhar, S; Kumar, B; Sharma SK; Sharma M; Mandal AK; International Journal of Dermatology,
Aug 1997; 36(8)579-581), there is a correlation between Peyronie’s disease and high uric acid levels seen in gout, high blood cholesterol and high blood pressure levels.

Also, colchicine therapy has been tried for Peyronie’s disease. Akkus et al, in an uncontrolled study, showed a decrease in Peyronie’s disease plaque sizes and an improvement in penile curvature in approximately 50% of the 24 patients they treated. The study was, “Is colchicine effective in Peyronie’s disease? A pilot study”, *Urology* 44:291-295, 1994. The recommended dosage was .6-1.2 mg daily during the first week of treatment followed by an increase to 1.8-2.4 for 3 months.

Colchicine is prescribed by a doctor, so we won’t discuss it in this book. I just want you to see the tie-ins and to know that it is an anti-inflammatory agent that can increase collagenase activity (which breaks down collagen) and reduce collagen synthesis.

However, I will provide my standard chart on the results of studies on colchicine use for Peyronie’s therapy so you can review its effectiveness:

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients</th>
<th>Improvement in Pain</th>
<th>Plaque Size Improvement</th>
<th>Improved angulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akkus</td>
<td>24</td>
<td>78%</td>
<td>50%</td>
<td>37%</td>
</tr>
<tr>
<td>Kadioglu</td>
<td>60</td>
<td>95%</td>
<td>NR</td>
<td>30%</td>
</tr>
<tr>
<td>Flores</td>
<td>59</td>
<td>71%</td>
<td>47%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Another prescribed medication is verapamil, which is a calcium channel blocker that has been found to induce increased collagenase activity.

Some doctors inject it directly into the Peyronie’s plaques, and one report found that the penile shaft has narrowed in 100% of patients, but the penile curvature has only improved in 42% of respondents. However, 58% of patients have reported improvements in sexual performance, and 83% overall have noted the arrest of the disease with no recurrence of the symptoms or deformity within an 8 months follow-up period.

Other studies have been done as well, including one by Lasser et al where 55% of men reported significant reductions in plaque size, softening (55%), decreased
curvature (50%) and pain resolutions (100%). Rehman et al studied verapamil usage when the Peyronie’s plaque was not calcified and penile angulation was less than 30 degrees, finding beneficial results.

The goals of verapamil treatment (bi-weekly injections into the tissues for 24 weeks) are to stabilize the disease process and reactivate a normal remodeling of the penis due to plaque removal, yielding a gradual improvement in deformity.

Doctors are developing all sorts of verapamil therapies, and therapies involving injecting collagenase (which breaks down collagen) into the Peyronie’s plaques, and because they will tell you about these options they can administer they are outside the scope of this book. I’m not going to comment on them or rate them because this book is about the naturopathic remedies for Peyronie’s, and you can find lots of medical information on these other therapies on the web.

Now let’s turn back to an ordinary blood test.

Want to know some of the “optimal ranges” for blood chemistry figures ... the figures you should look at whenever you are sick with ANY condition?

The “optimal figures” are a bit more complicated than the following listing since the numbers change based on your age and weight and sex, but here’s a good set of optimal reference ranges to keep handy.

Knowing something is "off" will tell you what to look up on the internet, and knowing this you may be able to spot something the doctors miss:

<table>
<thead>
<tr>
<th>Chemistry Panel</th>
<th>Optimal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>80 - 100</td>
</tr>
<tr>
<td>Carbon Dioxide</td>
<td>26 - 31</td>
</tr>
<tr>
<td>Sodium</td>
<td>135 - 142</td>
</tr>
<tr>
<td>Potassium</td>
<td>4.0 - 4.5</td>
</tr>
<tr>
<td>Chloride</td>
<td>100 - 106</td>
</tr>
<tr>
<td>Phosphate</td>
<td>3.4 - 4.0</td>
</tr>
<tr>
<td>Calcium</td>
<td>9.4 - 10.0</td>
</tr>
<tr>
<td>Magnesium</td>
<td>&gt; 2.0</td>
</tr>
<tr>
<td>Serum iron</td>
<td>80 - 100</td>
</tr>
<tr>
<td>BUN</td>
<td>10 - 18</td>
</tr>
<tr>
<td>Test</td>
<td>Reference Range</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Creatinine</td>
<td>0.8/0.9 - 1.1</td>
</tr>
<tr>
<td>Uric Acid</td>
<td>females 3.0 - 5.5, males 3.0 - 5.9</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>150-220</td>
</tr>
<tr>
<td>HDL</td>
<td>&gt; 55</td>
</tr>
<tr>
<td>LDL</td>
<td>&lt; 120</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>70 - 110</td>
</tr>
<tr>
<td>Total Protein</td>
<td>6.9 - 7.4</td>
</tr>
<tr>
<td>Albumin</td>
<td>4.0 - 5.0</td>
</tr>
<tr>
<td>Globulin</td>
<td>2.4 - 2.9</td>
</tr>
<tr>
<td>Total Bilirubin</td>
<td>0.1 - 1.2</td>
</tr>
<tr>
<td>Alkaline Phosphatase</td>
<td>70 - 100</td>
</tr>
<tr>
<td>AST (SGOT)</td>
<td>10 - 30</td>
</tr>
<tr>
<td>ALT (SGPT)</td>
<td>10 - 30</td>
</tr>
<tr>
<td>LDH</td>
<td>140 - 200</td>
</tr>
<tr>
<td>GGTP</td>
<td>10 - 30</td>
</tr>
<tr>
<td>WBC</td>
<td>6.0 - 7.5 (5.0 - 8.0)</td>
</tr>
<tr>
<td>RBC</td>
<td>4.0 - 4.9 (3.9 - 4.5 females; 4.2 - 4.9 males)</td>
</tr>
<tr>
<td>HGB</td>
<td>13.8 - 14.9 (13.5 - 14.5 females; 14.0 - 5.0 males)</td>
</tr>
<tr>
<td>HCT</td>
<td>37 - 45 (37 - 44 females; 40 - 48 males)</td>
</tr>
<tr>
<td>MCV</td>
<td>82.0 - 89.9</td>
</tr>
<tr>
<td>MCH</td>
<td>27.0 - 31.9</td>
</tr>
<tr>
<td>RDW</td>
<td>&lt;= 13.0</td>
</tr>
<tr>
<td>Platelets</td>
<td>150,000 - 450,000</td>
</tr>
<tr>
<td>Basophils</td>
<td>0 - 1%</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>24 - 44</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>40 - 60</td>
</tr>
</tbody>
</table>

Here’s how nutritionists use this sort of information to intervene in conditions.
When glucose is high, they often suggest the need for extra thiamin, and sometimes B-12, for the individual. When the anion gap is high (>12), that's another call for thiamin as well.

High uric acid levels suggest vitamin B-12 is needed and molybdenum. A high MCV (mean corpuscular volume level) suggests B-12 is warranted as well, as does RDW above 13. If you have multiple factors suggesting a B-12 deficiency, including nervous disorders, well then you look into B-12!

Low albumin levels suggest vitamin C is needed.

Low alkaline phosphatase suggests a zinc deficiency.

High calcium levels suggest excessive intake of vitamin D.

When SGOT/AST is low, vitamin B-6 is warranted. The same goes for low SGPT/ALT or GGTP -- they suggest vitamin B-6 supplementation as does a high homocysteine score. A low MCV also says investigate the need for vitamin B-6.

Naturally, it's always more complicated than this.

Nutritionists take those general possibilities and filter the (combine them) together with other information on the presentation of the condition to come up with diet and supplement recommendations.

At least, that's what they do if they don't have direct ION panel information.

An ION panel will tell you exactly what's off with your body's blood levels of substances and biochemistry, but the point is that an ordinary blood test, if read in the right way, and taken in combination with knowledge of the condition, can also suggest some basic nutritional factors to look into, too.

Be careful jumping to conclusions -- by no means am I saying that "low alkaline phosphatase definitively means a zinc deficiency," as an example, but that does become one of the first things to consider when you see a low ALK PHOS score on a blood chemistry ... especially if it ties in with other conditions such as spots on the fingernails (a typical sign of zinc deficiency), immune dysfunction and so forth.

See how it works?
Nutritionists and naturopaths are taught to read things this way, but doctors are not. It’s not that it doesn’t work … they just haven’t had the training. Medical schools teach them what drugs to use whereas this is more like detective work … and it’s actually the reason why they went to school to become a doctor in the first place, but they aren’t taught this and doctors rarely learn it on their own. Like me, they’d have to spend thousands of dollars to do so.

If all doctors learned how to do this, however, and figure out the underlying biochemistry (ex. Zinc is needed for ALK PHOS, and ALK PHOS does this and that in the body, and therefore XXX and YYY and ZZ should be off if it’s missing, and therefore supplementation should restore QQQ and KKK, etc.), we’d have a medical system that’s far more effective.

I want you to get an ION panel done so you can find out exactly what’s off inside you -- if there is anything -- and then take the results to a sharp-eyed, nutritionally trained biochemical doctor who might be able to spot why your Peyronie’s is progressing.

But my purpose in giving you all this information is for a number of reasons besides that.

First, it’s a present. It’s a favor to you.

You can use it throughout your life, even when your Peyronie’s is resolved, to help you know something else is off. The list of ranges is invaluable, so you’re getting more than a book on Peyronie’s disease.

Second, I want to help you spot something that may be impacting your Peyronie’s NOW, and if this list can help in that direction I’ve done my share to help. I don’t know if it can help but you’ll have it anyway, which is why I’ve made the long effort. If it doesn’t help then simply ignore it or don’t use it -- no harm done. So don’t complain … it’s EXTRA.

Doctors don’t know about these “optimal” numbers but use the blood chemistry ranges of high and low that are particular to each laboratory’s exam, which are so broad that they don’t tip you off about any subclinical indications that are linked to an underlying biochemical pathology.
Peyronie’s disease progression, which no one has figured out, might be due to something subclinical like this.

Hundreds of disease conditions are due to subclinical factors and can be helped when appropriate nutritional modulation comes into play. But first you have to spot it and only these “optimal” reference ranges will help.

Once again you have to figure out if the information is relevant because, for instance, a “high” or “low protein” level in your blood may tell you nothing about the disease at all. So don’t overreact just because something is out of optimal range. Without the specific, exact information of the ION panel, there’s just a slim chance that the ordinary blood chemistry info of a SMAC is of any help.

Third and last, I want you to have another way of confirming the results from an ION panel. For instance, if the ION panel shows you low on zinc and your blood test ALK PHOS reading is off, too, now you know why … you are low on zinc. Remedy? Correct the condition.

The solution in that case is to supplement with zinc, of course, and probably a cocktail of zinc compounds to maximize your chances of absorption. If the person has trouble with wound healing, or fingernail problems, or immune problems, the zinc tie-in has now been confirmed and can be alleviated.

Presumably, we’re looking for something “odd” about your biochemistry that ties in to Peyronie’s disease, and so the ALK PHOS example and all these other examples is just illustrative of how doctors make findings and then write papers, come up with protocols, and thus help lots more people.

Though nobody has found anything yet or published any papers on the topic, this is how you do it for your own individual case, and doctors reading this will now have a roadmap as to what they can do to help get to the heart of the problem with Peyronie’s … and eventually help more people.

You start with one patient, learn something, and then another and another and another until you know a lot. When they publish more along these lines, I’ll simply go back and rewrite this chapter.
Plenty of people on Peyronie’s bulletin boards argue that more money should be spent on research for the disease, but no one talks about research directions. This is one of the avenues they should pursue. I’ve practically given it to you.

Presumably, if a nutritionally oriented doctor starts doing this and works with lots of Peyronie’s patients they’ll eventually find some correlations between some blood work figures, figure out some biochemistry that might have gone haywire, publish the information, test it, and if successful it will become part of the standard protocol for Peyronie’s, just as vitamin E has become.

All it needs is a few patients.

I don’t see clients anymore so my job is to publish information like this that might help you out, and show you how it works in order to “force the market” into catching up with what’s available out there in testing, and thereby help more people in the process.

I haven’t seen any Peyronie’s blood work or full spectrum ION panels myself to come to any conclusions, but it’s my job to let you know of this tool, tell you how it can be used and possibly prove helpful in your condition.

The point is, if there is an underlying biochemical abnormality or nutritional deficiencies that are inhibiting biochemical pathways and are involved with this disease, and if those markers are ones typically measured, you’ll find whether their levels are off through the ION panel.

You’ll need to go to a nutritionally oriented (alternative, complementary, comprehensive, naturopathic, functional medicine ) doctor to interpret this if you go this route -- remember that the best doctors have usually been trained in biochemistry -- because they’ll know what to do.

REFERENCES:

MetaMetrix Labs  www.metametrix.com

Great Smokies Laboratory  www.gSDL.com
Para-aminobenzoate, or PABA

One of the nutritional substances that has been studied for its possible beneficial effect on Peyronie’s disease is POTABA, or potassium aminobenzoate. Although studied, the beneficial effects have yet to be positively proven, but here’s the story in case you want to try it.

PABA is a member of the B-vitamin family. The idea behind taking it is that it has anti-fibrotic activity (which is why we previously covered nattokinase, lumbrokinase and serrapeptase enzymes on this account) due to its help in increasing oxygen uptake at the cell membrane. That, in turn, enhances the cellular activity of oxygen-dependent monoamine oxidase which, in turn, prevents or causes regression of tissue fibrosis.

Thus the idea behind PABA supplementation is that it may prevent or even reverse the accumulation of abnormal fibrous tissue .. something our other enzyme combinations can also do. Unfortunately, it’s rapidly excreted through the urine, so dosages are taken every 3 hours when someone is trying PABA for some health protocol.

The standard dosage for potassium aminobenzoate, or POTABA, is 12 grams daily, divided into 6 doses of four 500-mg tablets (24 tablets). That’s a huge number of pills to be taken during the course of treatment, so compliance with the protocol is an issue.

Cost is an issue as well, and there are reported side effects so enthusiasm for this approach is not high.

Studywise, Zarafonetis and Horrax were the first ones to report on the treatment of Peyronie’s with PABA. Twenty-one (21) patients were treated with Potaba for period ranging from 3 months to two years. In 18% of those patients, the Peyronies deformity resolved itself completely in 18 months time. For 82% of the men, there was an improvement in penile curvature. As to the Peyronie’s plaque, itself, it resolved completely in 11% of the men. All together, there were reductions in plaque size for 76% of the study group.

The best news to report is that the pain of the condition went away for all patients.
Another review study by CC Carson of 32 Peyronie’s patients, treated for a minimum of 3 months with 12 grams daily of POTABA, and followed for 8-24 months, found that 8 out of 18 experienced reductions in penile discomfort. That’s almost 50% of the study group whereas the previous study reported a 100% response in pain reduction.

There was a decrease in penile plaque size for 18 of 32 patients, and an improvement in penile angulation in 18 of 31 patients … all following the same 12 grams/day protocol for 3 months. Eight of those 31 patients reported complete resolution of penile angulation, and no one reported any adverse effects.

While these numbers sound impressive, we are talking about only a few people. What we really need is a well controlled, double blind study with an adequate number of subjects. Only then will we be able to differentiate between whether POTABA is really helping and whether these men experienced a spontaneous remission.

Various studies have been done on POTABA, and here is a summary of the results in table format:

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients</th>
<th>Improvement in Pain</th>
<th>Plaque Size Improvement</th>
<th>Improved angulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zarafonetis</td>
<td>21</td>
<td>100%</td>
<td>76%</td>
<td>82%</td>
</tr>
<tr>
<td>Hasche-Klunder</td>
<td>25</td>
<td>100%</td>
<td>100%</td>
<td>71%</td>
</tr>
<tr>
<td>Riley</td>
<td>18</td>
<td>100%</td>
<td>11%</td>
<td>75%</td>
</tr>
<tr>
<td>Carson</td>
<td>32</td>
<td>44%</td>
<td>56%</td>
<td>58%</td>
</tr>
</tbody>
</table>

There’s more hope than just this, however, because of the following larger study performed with POTABA for a similar hardening condition.

Another study on the use of POTABA comes from treating scleroderma, a skin condition involving hardening and fibrosis (hardened cells in normally elastic tissues of the body) for which there is no satisfactory treatment.

Ninety percent of 224 patients treated with the 12 gram/day regime of POTABA experienced moderate or marked skin softening if they continued for 3 months or longer. Among a comparable group of 96 patients who did not take POTABA, less
than 20% had mild or moderate improvement to skin softening and the end of follow-up.

These findings were significant, but nonconclusive as well. Preliminary studies have reported that treatment with PABA was helpful, yet a double blind study found that supplementation will PABA did not lead to improvement.

Because so many pills are involved, every few hours, definitely cost and compliance is an issue. My first choice would be to use an enzyme cocktail like Vitalzym with nattokinase and the vitamin E and C protocol, but this has more studies behind it, for sure.

PABA is readily available in health food stores, but POTABA, the potassium salt version used in these studies, is only available by prescription. Typically in medical studies the researchers want a very pure pharmaceutical extract, so that’s probably why they used prescription grade POTABA rather than just the PABA you can buy from a vitamin manufacturer.

The two branded versions for POTABA (potassium para-aminobenzoate) that I know of are M2 Potassium (Miller Pharmacal) and Potaba (Glenwood, Englewood, NJ).

REFERENCES:


The Naturopathic Approaches to Peyronie’s Disease

Thacker’s Formula

Of all the naturopathic things you can possibly do, the following protocol will seem the most suspicious to people, and yet it’s probably the most powerful thing you can do for advanced cases of Peyronie’s disease.

Like most remedies, there’s a story behind it.

When I was first developing protocols for Peyronie’s, I said to myself, “Hey, castor oil will probably work for this. After all, I’ve seen castor oil packs dissolve all sort of hard cysts and lumps in the body. I even had one patient with a 2 inch by 4 inch hard lump inside her abdomen practically shrink by two-thirds in only four days using a castor oil pack. It probably works on Peyronie’s plaques.”

When I started doing research on Peyronie’s disease I found a Peyronie’s discussion board (http://www.biospecifics.com/forum/listThreads.asp?forumID=14) where the Thacker’s Formula, involving castor oil application to the skin, was one of the most discussed remedies ... with the most reported positive responses ... and yet it was deemed the most skeptical remedy even though all these others were reporting positive results where everything else had failed them.

You would think the opposite, but I’ve seen this sort of reaction time and again in this field where the one thing most likely to help is the one thing most often turned down.

To me it was obvious that the problem lie in the fact that they didn’t know how the formula was derived, or why, and were just hoping for some miracle other than this topical application. But the logic behind Thacker’s formula -- once you know the sources -- is so strong that I would advise anyone with Peyronie’s to try it.

Let’s go into the components of Thacker’s formula and then draw together those components to tell you what it is and how to use it directly to break up the Peyronie’s patches.

The first ingredient of Thacker’s formula is castor oil, made from the castor bean. Now the use of castor oil on the skin was first popularized by the American clairvoyant Edgar Cayce, who during trance readings, would tell people to take pure
unbleached wool cloth, soak it in warm castor oil, place the soaking wool on top of a hardened cyst or other condition, and wrap it with a heating pad to keep it warm.

After a few hours you could take it off, wash the area, and then repeat it when necessary to break up tissue congestion.

Today you can wrap the soaking flannel with a sheet of plastic, so that the whole process is less messy, and place a hot water bottle on top of it to help the oil soak in and penetrate the body’s tissues. The heat helps with the oil’s transdermal absorption.

The castor oil pack was prescribed for all sorts of situations involving inflammation, congestion, blocked lymph flow and eliminations such as gall bladder inflammation, appendicitis, cirrhosis, scleroderma, colitis, colon impaction, cysts and other conditions that needed to be “broken up.” The sticky oil was always washed away using a baking soda and water wash.

I have seen it countless times dissolve cysts and other hard lumps in the body where I did not think such a thing was possible, so I never cease to be amazed at the powers of castor oil.

There are entire books on this special oil (see Dr. William McGarey’s *The Oil That Heals*) and how it’s used as a naturopathic treatment for all sorts of conditions.

No one really know why castor oil does what it does while other oils do not … penetrating deeply into tissues and breaking up areas of congestion. If you want to find out more you can read McGarey’s book, which might be a smart thing to do if you are worried because as part of Thacker’s Formula, you’re going to be applying it to your penis.

I personally believe its ability to break up tissue congestion is because of the particular chemical composition of castor oil, for it is the only oil known that contains ricinoleic acid. Somehow the ricinoleic component must be doing the trick.

Historically, castor oil has been tremendously successful as a topical treatment for all sorts of skin conditions including ringworm, keratoses (wart-like, noncancerous skin growths), skin inflammation, abrasions, acne, warts, calluses, muscle sprains, ligament sprains, ringworm and cysts. It’s quite safe as a topical application, just sticky or messy.
It's also particularly useful for encouraging increased lymph channel drainage around the cells to which it is applied, which promotes the drainage of toxins ... and it also tends to increase the lymphocyte count of the blood. Usually when it's applied it’s done in conjunction with heat because it needs help for penetrating into the body.

Generally, for these conditions the affected area is wrapped each night in a castor oil-soaked cloth, kept warm so the oil can penetrate deeply into the tissues, and over time the congestion diminishes.

Amazing as it sounds, hardened areas usually become progressively softer with daily use. Yes I’ve seen this dozens of times and use it on myself.

Castor oil is the first component of Thacker’s formula but to make Thacker’s formula, you need the purest, highest quality of castor oil available. The place to get it is through the Heritage Store in Virginia Beach, Virginia (800-862-2923) which offers 100% organic, pesticide free, cold pressed without hexane castor oil.

Don’t buy your castor oil elsewhere.

The next component of Thacker’s formula is pure DMSO, one of the most studied and least understood pharmaceutical compounds of our time (40,000 articles have been written on its chemistry and over 11,000 on its medical applications).

DMSO, or dimethyl sulfoxide, is a chemical compound containing sulfur that has an extremely high ability to pass through tissue membranes, and carry other drugs with it! You can use it by itself on your skin as an analgesic (though it smells like rotten eggs), or use it to ferry other materials much deeper into your body.

This stuff is amazing because if you have a sprained ankle, just put DMSO on it -- and nothing else -- and in an hour you’ll see the swelling go down. It has pain-relieving, collagen-softening, and anti-inflammatory characteristics. It’s been used by various Olympic and sports teams to reduce painful muscle inflammations, and it’s one of the main non-steroidal anti-inflammatory agents they give to race horses.

They are not going to give it to million dollar racing horses if it weren’t safe.

In the medical condition of scleroderma -- where excess collagen builds up in the body and the skin becomes dense, leathery, hardened and fibrous (just like the
Peyronie’s plaques) -- it’s been applied to soften the skin and found to be the only treatment that does anything to help relieve the condition.

Arthur Scherbel, MD, of the department of rheumatic diseases and pathology at the Cleveland Clinic Foundation, ran a DMSO study on 42 scleroderma patients who had already exhausted all other possible therapies without seeing relief. He and his colleagues concluded that 26 of the 42 patients showed good or excellent improvement of their scleroderma. The DMSO was applied to the affected areas of the skin, with initial concentrations ranging from 30-60% solutions and increased to 70-100% solutions as tolerated. The DMSO was allowed to penetrate the skin completely, which took about 30 minutes.

A regimen of 3 DMSO treatments daily was continued for about 3 months until skin softness was returned to normal, after which the treatments were reduced to two and then only one per day. As stated, excellent or good results were seen in 26 patients --16 had mild scleroderma, 8 had moderate scleroderma and 2 had a severe condition. Three patients went into remission, and two patients showed decreased calcinosis.

DMSO is readily used as a pharmaceutical agent in Russia (and far too many other countries to mention as well), and another double-blind study on 20 patients at the Institute of Rheumatology AMS USSR found that scleroderma treatment with 50% DMSO led to decreases in skin density and edema as well as increased blood flow to the skin and muscles.

Yet another study (Murav’ev et al 1989) showed its therapeutic effect in Raynaud’s, rheumatoid arthritis and scleroderma was linked to its normalizing action on fibrin and micro-circulation.

Published articles have shown DMSO beneficial in all sorts of conditions -- Raynaud's syndrome, lupus, rheumatoid arthritis, degenerative arthritis, interstitial cystitis, ulcerative colitis, diabetic ulcerations, burns, scar tissue and as an adjunct to plastic surgery. It’s considered a therapy for many conditions where there is no other therapy. Its abilities to soften scar tissues are well documented and noted.

In short, it’s safe to apply it to your skin … but you want the purest quality possible,
By itself it has tremendous membrane penetrative abilities that can lead to skin softening (think Peyronie’s plaques here) and when combined with other agents, it helps “transport” or “carries” them to penetrate deeper into the skin.

Thus, logically speaking, teaming it up with castor oil would naturally improve castor oil’s own penetrative abilities to seep into tissues and break up congestion.

Can you see where we are leading?

Now for the third component of Thacker’s formula -- apple cider vinegar.

The reasoning behind this component of the formula has honestly got me stumped, but I have a suspicion that it also came from the famous Edgar Cayce remedies.

Usually people drink apple cider vinegar to help with arthritis and joint stiffness, but in the Thacker’s formula it’s applied directly to the skin as part of the mixture.

Edgar Cayce once developed a formula for a sprained tendon and in his instructions he advised people to “Make a saturated solution of apple cider vinegar and salt. Then soak a white cloth in this solution and wrap it around the affected area, above and below. Put a piece of plastic around this and a heating pad on top. Leave it on for 1 1/2 hours and then massage the area with Egyptian Oil, which is a combination of five different oils. Do this four nights in a row, leave it off two nights and then repeat until you are healed.”

Perhaps the Thacker’s formula was originally developed out of the logic of castor oil and apple cider vinegar, with DMSO added in to “carry” the ingredients further into the Peyronie’s plaques.

Regardless, postings indicate that the formula takes time but it does work, yet like most of the Edgar Cayce remedies, the key to its effectiveness is consistence and persistence … and compliance may be an issue with putting this messy and smelly concoction on the penis.

With that ingredient list behind us, here’s the story of the Thacker’s formula along with how to make it and apply it.

From what I understand -- and I hope I’m transmitting this story correctly -- a doctor named Thacker developed this Peyronie’s formula years ago because he and
members of his family suffered from Peyronie’s disease, perhaps because of a genetic predisposition. It’s said that the original formula was also used on men with Dupuytren’s contracture, which is a related hardening condition.

The formula was made by combining high quality DMSO with castor oil and apple cider vinegar in a 70-20-10 proportion (for instance, using a 10 ml syringe you would mix 7 ml DMSO + 2 ml apple cider vinegar + 1 ml castor oil), which was not to be compromised.

Just as with a castor oil pack, you would first warm the formulas, take this combination and soak uncolored flannel with it (just as described in the Edgar Cayce readings for all castor oil applications), and then wrap it around the penis on the plaques, holding it in place with rubber bands.

Also, just as with a castor oil pack, you had to keep the flannel soaked during application because you wanted enough of the material to penetrate the skin and plaques as much as possible.

You would apply it to the skin for 2-3 hours (no more) so the mixture could soak in. You’d do this once daily (probably before bedtime if that’s most convenient) and consistently -- and then you would wipe off the excess after you remove the cloth.

The only problem .. other than the smell of the DMSO and bit of messiness …is that you have to do this religiously, and most people will not want to follow those particular instructions yet they are part of the protocol. As with most naturopathic protocols, you cannot just do it whenever you like and hope it works (and then complain when it doesn’t) but have to keep up with the schedule.

If the DMSO is initially too strong, you can cut its concentration and slowly work up to using a stronger solution, just as was done in the studies with DMSO and scleroderma.

Also, you can premix the formula for several days but it must be kept sealed and you cannot refrigerate premixed batches of the formula.

Thacker is also reported to have stated that if you get redness or blistering on the penis from using the formula -- which usually happens as an initial reaction to the DMSO until you get used to it -- diaper rash medicine can be used to ease the problem and correct it.
It may take several months to start seeing results, and then once the plaques start getting softer and breaking up the progress starts to proceed quickly. Penile curvature will slowly return to normal as the plaques subside, and you slowly get better erections.

Frankly, if you have advanced Peyronie’s disease, I really feel this is your best shot at breaking up the plaque because other oral therapies (PABA, vitamin E, nattokinase etc.) will spend a lot of their energies working elsewhere in your body, and not necessarily on your Peyronie’s plaques.

This formula -- of proven softening agents -- is applied directly to the Peyronie’s lesions and so it will be directly administered to the plaque. If it can soften the tissues, you’ll find out in several months time during which period you should be working on your Peyronie’s from the inside as well … using high dosage vitamin E, fibrinolytic agents, and even POTABA if you desire.

The idea is to work on both inside and outside to go after the disease, and this formula gives you a good shot at it. Later we’ll talk about another substance you can spray on your penis which might help, but because of the proven effects of DMSO to soften tissue and carry other substances with it, and the abilities of castor oil to break up all sorts of tissue congestion, putting these two together is, in my view, a stroke of genius.

Like all things you won’t know if it works unless you try it, but when you read Peyronie’s discussion boards you’ll find that this therapy -- out of all of them -- has the best response of any listed. When you combine it together with the other options I’ve listed … the right type of vitamin E, an enzyme cocktail, blood clot and fibrin busting agents, an elimination diet … your maximizing your chances of a favorable response. This may take 3-4 months time with advance Peyronie’s, but in my view the formula is a very good recommendation.

One more thing … I just found a similar DMSO protocol by Dr. Alan Gaby and Dr. Jonathan Wright in their “Nutritional Therapy in Medical Practice” 1998 report for professional practitioners. Within it they recommend the following protocol for Peyronie’s: “Topical DMSO (50-70%) combined with vitamin E and potassium iodide (SSKI),applied twice daily. Clean area of application (and applying hand) thoroughly before applying DMSO, as DMSO can carry dirt and microorganisms through the
skin into the bloodstream.” The doctors also recommend PABA, 1-2 g, 4X along with 800-1600 IU of vitamin E daily.

REFERENCES:


The etiology of Peyronie’s disease is still a mystery to researchers.

No one knows for sure how and why it occurs, why it progresses, and why for some people it resolves itself while for others it does not.

All along I’ve felt there must be an inflammatory, wound healing biochemical component behind the disease. In recommending the ION panel, I’ve also provided a way to gain insight into nutritional deficiencies or excess along with possible biochemical mechanisms, and how to modulate them through various supplements. In fact, I’ve gone out of my way to discuss similar circulatory and vascular problems, as well as related collagen and connective tissue issues, in hopes of giving clues to physicians and researchers.

I hope that by examining your own ION panel in light of this knowledge, you might see something “off” and create an intervention scheme through nutritional modulation that will -- when done in conjunction with the other steps mentioned -- maximize your chances of seeing a reversal of your Peyronie’s disease.

This, in fact, is how functional or complementary medicine is practiced to help people.

When you are trying to help someone beat some illness, you don’t just throw supplements (vitamins and minerals and herbs) at them but first try to determine the individual’s nutritional status, and from there then supplement accordingly.

For many diseases we know the biochemistry involved in the disease expression, but in this case we do not. However, with this knowledge and knowledge of typical vascular, circulatory and other diseases, we can make some reasonable guesses and use them to guide our supplementation efforts.

No doctor can say more or promise more, as this is entirely uncharted territory. I certainly cannot either … therefore we must proceed by logic and analogies. Whatever approach you choose to take, my advice holds to always check things with

www.TheSkepticalNutritionist.com
your doctor and ask for their approval. Remember that none of this is to be considered medical advice -- the good old legal disclaimer.

Also remember that whenever a disease has no known good protocol, you must rely on logic, common sense, and biochemical understanding to do what you can … but to do that you need information, which is what the ION panel supplies.

Only with information can you intervene intelligently, … which is the nutritional, naturopathic, practical approach to health. Presumably that’s why you bought this book.

The only other alternative is to do nothing, so in reading this don’t complain that “nothing is proven” because you knew that in the first place … and you ARE doing everything you can do. It’s just too bad that scientists, doctors and medical researchers haven’t found out more.

Nevertheless, getting this book and reading it and making the connections shows you’re doing what you should be doing, and are trying to go beyond our current state of knowledge. That’s how the frontier pushes forward. Hopefully you’ll share your results with others.

And … you already have your vitamin E plus C, and enzyme therapies, plus more is coming!

Now as a nutritionist I have used hundreds of herbs and supplements over the years to help people with their various health conditions, but my attitude on these “green pharmaceuticals” is that you should use them when you need them, but try to use as few as possible, and strive as much as possible to cure your health conditions through your diet.

Your diet usually contributes to your underlying pathological condition because what you digest becomes nutrients in your bloodstream, and it’s what you wash over your cells through your blood that tells your cells what biochemical reactions to trigger, through the mechanism of genes which control all that information, so what you eat affects the expression on any hereditary factors that are lying latent.

That’s heresy to doctors, but it’s the view of functional medicine experts (Jeffrey, Genetic Nutrioneering) and researchers such as Bruce Lipton … use nutritional supplements to wash over cells and cause them to over- or under-express certain biochemical reactions.
What you wash over your cells also triggers, or makes possible, normal biochemical reactions. Dietary deficiencies impair those reactions from taking place, such as not getting enough magnesium or zinc in the diet. So watching your diet is a crucial key to many health conditions.

Fine and dandy, so how does that relate to Peyronie’s disease?

In other words, what is the proper diet for a Peyronie’s patient?

Generally for the diet, I usually tell people three general, golden rules. In fact, these three simple rules encompass most of the recommendations you’ll find among top nutritionists -- especially for losing weight -- and you cannot go wrong following them:

(1) Dramatically reduce your consumption of sugar and sweet tasting foods (sodas, sugar, ketchup, milk … anything that tastes sweet except for fresh fruits and stevia) and

(2) Dramatically reduce your consumption of processed grain products, especially, but not limited to, those made of wheat flour (pasta, bread, crackers, bagels, etc.) because these are foods that quickly turn into sugar in your body (they’re “high glycemic” foods). Even better … a “No Grain” diet like Dr. Mercola says.

(3) Substitute good fats for bad fats in your diet (like butter for margarine and olive oil or coconut oil for soybean, corn, sunflower, safflower and other oils)

However, as nice sounding as that is, it’s too general and probably useless information for Peyronie’s. You’ll lose weight on it, YES, and it will help a number of health conditions such as arthritis, but probably won’t do a lickety-split for Peyronie’s.

What I think we must do is identify the specific foods that may be contributing to your problem, as those food offenders may be affecting your underlying biochemistry (that may be contributing to an expression or progression of the disease) and may explain why some people experience a resolution of the problem while others do not.

I think that part of the problem may have to do with avoiding food allergies and sensitivities, as this normally plays a big role in the expression of many diseases.
and may play a role here just through the angle of general health and its inability to resolve the situation.

What really tips me in this direction is that Peyronie’s disease sometimes clears up all by itself, and for some people it does not. I also suspect a number of biological pathways are involved, as I mentioned, and I know that the efficiency of many of these are affected by the diet.

Hence my suspicions.

Yet even if I’m wrong, the following recommendations on diet are not likely to hurt you, and will probably help you in all sorts of other areas of your health. The only thing it will set you back is some money for the testing.

As stated, there’s no basis for saying diet plays a role in the expression or resolution of Peyronie’s disease, but we cannot rule it out either. Most of all, this suspicion just makes sense … especially as the condition often resolves itself .. the idea that eating better may help in overall health to the extent that it can get a handle on and lick the condition. Understand?

So this approach will not hurt and it certainly will alleviate other conditions you might have that are not Peyronie’s. It is the one secret rule doctors rarely mention even though it can solve a bundle of seemingly unrelated health conditions. It can succeed in producing “cures” where everything else fails ... hence my preoccupation with this recommendation.

Let’s explore this avenue.

Before I begin, let me ask you a quick question to set the stage. In fact two questions.

Do you know of someone who is allergic to alcohol or shellfish or some other food to the extent that eating just one bite … one tiny bite … can send them to the hospital?

(I do … I’ve seen a friend sent to the hospital three times, and get the adrenaline spike to the heart, because people slipped shrimp into her food and she’s deadly allergic.)
… Or, is there any food that you loved when you were younger but which you cannot eat now because it gives you perhaps a stomach ache, headache, makes you itch, causes pimples or hives or produces some other type of reaction? (Pizza anyone?)

If so, that’s because you probably suffer from some sort of food intolerance -- perhaps due to your genetics or a weakened immune system and digestion – and you’re probably slightly allergic to the substance. Now you’re older and your vitality, digestive capabilities, immune system, hormones and enzyme levels have declined, so the food sensitivity shows.

In fact, you might have been sensitive to that food when you were younger without knowing it because you were young and healthy and that overflow of robustness helped mask the reaction.

Or maybe it’s just that your internal biochemistry has indeed changed with age …

You see... biochemistry once again!

Regardless of the reasons, now that you’re older and your immune system, digestive capabilities, enzyme levels and vitality are declining, your body is broadcasting a highly recognizable lesson that can no longer be masked … “Stay away!” it’s saying. “That food is no good for you! Don’t eat it.”

Once you know of this “food offender,” does that mean you should eat less of that particular food until you reach the point where it seems like you no longer experience the reaction and can still enjoy it?

No!

It means you should avoid that food entirely, and not eat it at all!

That’s the nutritional rule -- not less, but ZERO. You don’t eat less of something that’s hurting you, but stop eating it entirely. Just because it is destroying you “under the radar” where you don’t notice it doesn’t mean you should eat it. Who knows what undeciphered problems it is causing to be expressed!

What this scenario tells us is that some foods are bad for you and if they are bad for you, then no amount of those foods are good.

www.TheSkepticalNutritionist.com
Furthermore, if you can identify the particular foods that cause unfavorable reactions in your body due to your unique biochemistry, then avoiding them … by eliminating those foods from your diet … will often produce a tremendous improvement in your health condition.

That's a noted nutritional finding.

… You might even turnaround a condition that no doctor has been able to help you with.

Whether it’s a “food allergy,” “food intolerance,” “food offender” or “food sensitivity” or “digestive difficulty” for some food … the rule is to **just avoid that particular food!**

The existence of “**food offenders**” may sound like science fiction … and certain doctors may snicker at this … and Peyronie’s disease aside as well, but correcting your diet and avoiding food offenders is often the biggest single thing you can do to optimize your health … especially when you realize all the junk we eat today, how it is loaded with chemicals we cannot detoxify or eliminate from our systems, and how nutritionally deprived it is.

In short, Peyronie’s disease or not, you must identify and then stop eating those foods to which you are *innately sensitive* because that sensitivity is messing with your system and producing all sorts of results. Peyronie’s disease may, or may not, be one of them in some way or another.

Foods may be contributing to the condition, or contributing to your *inability to naturally reverse the condition.*

If you follow this rule of eliminating food offenders, you'll usually lose start to lose weight almost instantly since most people are actually intolerant of the very foods which cause them to gain weight. The weight gain is often a reaction to eating the wrong foods, so you can convince yourself there’s something to this.

That’s also a great *side benefit* of this approach I’m going to be teaching you.

Eliminating these foods, once they are identified, has also been known to totally eliminate high blood pressure, depression, arthritis, headaches, depression, even epileptic fits … and none of this is science fiction.
The results seen are often miraculous, but they are real and true and existent. They are well documented.

When people normally follow an elimination diet that eliminates their true food sensitivities, they usually report effortless weight loss, tremendous energy gain, a clear up of long standing health conditions and an increase in mental acuity without any special efforts … except the act of eliminating the food offenders from the diet.

Just ask anyone who has a food allergy and then eliminated the offender from his or her diet.

Let them tell you it was all in their head!

Since no one can tell you the proper diet to follow when you have Peyronie’s disease, let’s take this approach and attempt to discover what YOU should avoid eating because you are allergic or sensitive to those foods -- which are producing destructive reactions/responses within your body -- and hope that by relieving these burdens on your body’s immune system that you are giving it a better chance to devote its energies to fighting off, correcting or dealing with the Peyronie’s rather than having to constantly deal with immunological, inflammatory response caused by food.

We can discover those foods by identifying your food allergies or sensitivities.

Remember the logic here -- you’re trying not to spread your soldiers too thin, but limiting the number of wars they are fighting and fronts they are fighting on so that they can attack one particular position en masse.

In so many medical conditions, science knows that what you eat can contribute to a worsening of your condition. By removing those food offenders, the underlying condition often goes away. If it doesn’t go away, a good diet will usually produce benefits in other areas of life anyway because you’re then eating what you should be eating and avoiding what you should be avoiding. Also, while removing food offenders from your diet will not necessarily stop the progression of a disease, it will not lead to the progression of the disease either.

So if there is a specific diet wrong for you (biochemically) that is contributing to your Peyronie’s in some indirect way -- because there’s no direct way I can possibly think
of -- here’s the way to possibly find it … which is through a lab test that checks your blood for an immune response to foods.

There’s only one blood test I recommend in America for finding your food allergies (I don’t recommend skin testing) and there’s only one laboratory I recommend you do it through to test for food intolerances.

As an expert in the nutrition field, I recommend only this one particular lab because it’s the only one in the entire United States whose quality control measures insure consistent lab results from test to test.

No other lab in America has such high quality standards and documented reproducibility like this one, so you can really trust the results it produces.

In addition, the test is so effective in over 95% of cases that they even offer a guarantee!

If you want to find out the foods you should be avoiding, I strongly recommend you have your doctor order a special ELISA IgG antibodies blood test from Immuno Laboratories and they will arrange to test your reaction to 115 different foods and scientifically identify the food intolerances you may have.

You can contact Immuno Labs at 1-954-486-4500 or search www.betterhealthusa.com for more information.

This is the one dietary investigation you should really perform in your life, especially if you have some sort of other chronic condition as well, because eliminating identifiable food offenders will relieve such a big burden on your digestive and immune system, and once that burden is lifted it can often produce dramatic changes in your health.

Perhaps Peyronie’s disease is one of those underlying conditions, and perhaps not. But if we logically use vitamin E therapy, nattokinase and streptokinase, and remove food offenders from the diet that are wacking up our immune and digestive systems … and messing with our biochemistry by throwing substances into our blood stream that our bodies don’t want there … then we’re probably doing everything logical we possibly can to help our condition resolve itself.

We should perform this last step for our general health anyway.
If we furthermore find, through an ION panel, that we seem to be missing vital
nutrients that are at deficient levels ... or over abundant ... or biochemical reactions
are astray ... that gives us a chance at proper supplementation or figuring out the
biomechanism that may be playing a part in expressing Peyronie’s.

No matter what you eat, you should be avoiding the food allergens that cause
trouble for your immune system anyway ... with or without a Peyronie’s disease tie-in. Food can be a medicine or a toxin, a poison or a cure, and this TEST is the one
sure way to discover which foods are toxic to your system.

The beauty of discovering what foods aren’t good for you is that it will help you with
all sorts of other conditions such as unexplainable headaches, irritable bowel
syndrome, skin problems, hyperactivity, depression, tiredness, sinus problems,
problems with focus and attention, and being overweight. Even if Peyronie’s isn’t
helped, you’ll know which food you should avoid to help clear up these conditions.

Once people discover the foods they should avoid and then avoid them, time and
again I’ve found these and other unexplainable conditions disappear.

That’s right. Disappear ... gone ... forever.

I’m hoping there is a similar component to your general health that explains why
some people have Peyronie’s disease resolve itself and others do not, which is why
I’m not talking about any specific diet but just talking about removing YOUR personal
food offenders for your own particular individual biochemistry and heredity.

What you must avoid eating is different than what I must avoid eating -- because our
biochemistry and genes are different -- so this is how to approach the problem.

Think of the desired healing outcome in this way.

If you stop taxing your body with immunological responses to foods it doesn’t like,
your immune system will finally be freed up enough to go after and then repair a
whole host of other long standing health conditions.

Perhaps Peyronie’s is one of those situations that is malfunctioning but if not, there’s
nothing lost. However, if your immune system is constantly engaged in producing
reactions to foods it doesn’t like, it’ll get stretched thin and you’ll experience a whole host of conditions that just shouldn’t appear.

If your doctor orders the Immuno Laboratories test for you, you can discover and then eliminate those foods that are provoking unhealthy reactions within your body.

Maybe that will put you in the category of people whose Peyronie's resolves by itself, and maybe not, but since this is your penis and sex life at stake you should want to do as many things as possible, and stack as many chips as possible in your favor.

At least, that’s my thinking.

So when you take the supplements we’ve discussed as well, then you’re following this route and doing the best you can.

Getting the Immuno Lab test is a powerful thing you can do.

Honestly, the power of this test is hard to believe.

The Immuno Lab test is such a powerful factor for your overall health that I begged and pleaded with the owners of this famous lab to do something to help you afford to get tested, and what a deal they are going to give you.

I had to chase these guys for months to get them to agree to something … that’s how much I like this test as a nutritionist and believe it will help you. It can do miracles for you if you indeed have a hidden food sensitivity that you’re not aware of.

Unfortunately, a food tolerance test like this can cost six, seven, eight or even nine hundred dollars in a doctor’s office. However, if you use the coupon provided at the back of this book when you call in, the firm will test you for their absolute rock bottom physician’s price of $546 (which is what physicians are charged before they add on their own fees), they will provide you with FREE nutritional counseling support for an entire year.

Here’s the cool part. They will even send someone to your own home or office to draw your blood for the test and they’ve agreed to waive the normal $55 fee for this service.
For something like this that can radically affect your health, this is a great deal. In fact, it’s a fantastic deal and I encourage you to take advantage of it for yourself and your family because food is your best medicine … or worst poison … and finding out “which is which” and acting accordingly is the best thing you can do to avoid or eliminate all sorts of illnesses.

This test can be the equivalent of a “miracle drug,” and you should think of the test and the counseling as an investment that’s going to keep paying you back over a 20, 30, or even 40-year period! Rarely will you find something as powerful as this for the potential good it can do for your health.

This could be the one solution you’ve been looking for that none of the traditional doctors are going to tell you about, so I cannot keep recommending it enough. I don’t know if it will help your Peyronie’s condition, but here’s the reasoning from another angle as well.

When I originally got into the field of nutritional consulting, I was surprised when medical doctors would tell me that their pharmaceutical cures would not completely work, and in fact would fail, if the individuals seeking treatment did not change their diets. Even famous Chinese doctors trained in acupuncture and herbal medicine have told me that their natural herbal remedies would fail if the diet wasn’t changed as well.

This was a shocking admission as I used to think their herbal concoctions would cure people just by themselves.

“No,” they would tell me, “for this stuff to work, 80% of the time you have to alter the diet. That’s when you’ll get the true cures.”

Hence here’s the big secret to the field of alternative, complementary or naturopathic medicine: You can take every supplement, herb, homeopathic remedy or medicine that’s appropriate to your condition, but 70 to 80 percent of the time the “cure” will not work -- it won’t really take hold -- unless you change your diet!

Hence my emphasis on a possible Peyronie’s disease tie-in, and if it’s not there, a change in diet to help you get better in other ways, anyway.

Your diet is the major factor affecting your body’s biochemistry because it affects the nutrients you provide your cells, the materials running through your blood stream.
cause cellular reactions to take place, it all affects the underlying acid-base balance of your blood that regulates enzymatic responses, and so forth.

In other words, if you want to change the underlying physiological condition of your body, you must change your diet … which is what diet modification for certain disease conditions is all about anyway.

There is no other way around this.

Whether it's herbal medicine, vitamins or minerals, homeopathic medicines and so forth, changing your diet is **basic** because food is your strongest and best medicine, or worst poison … and you’re throwing it at yourself every day.

Get this …

The following information is also another mind-blower, as I’ve often stated.

You are not so much a product of your genes as you are a product of your diet -- your genes are not your destiny. You can have lousy genes for cancer or heart disease or whatever … and never see those conditions appear.

Why?

Because it's the chemicals that you wash over your cells (which have receptors sticking out that activate the genes internally) due to your diet that will activate your genes to express themselves … for better or worse.

Now there is a slight Peyronie’s tie-in to this concept.

Peyronie's disease has a slight tendency toward hereditary inheritance because it occurs more frequently in men with family members who have the condition or a connective tissue disorder (e.g., systemic lupus erythematosus), and because it is associated with Dupuytren's contractures and human leukocyte antigen B7 (HLA-B7). Therefore researchers do suspect there is a genetic component to this condition.

Researchers think that cases of Peyronie’s that develop over time may be caused by an inherited abnormality of human leukocyte antigen B7 (HLA-B7), suggesting a genetic link. So that hereditary component is either genetically or biochemical
pathway related, both of which states can sometimes be altered through supplements or the diet

… particularly by avoiding food offenders!

That may explain part of the etiology of the disease, and since we can partially control gene expression through diet, I’m saying “avoid the food factors that are bad for you” because they may, in some unknown way, be contributing to the disease directly or indirectly.

Even if doctors were to start studying this today as regards Peyronie’s disease (which they are unlikely to do), it would take 20-30 years for them to make very solid connections between these possibilities, so just put on your thinking cap, do what’s logical, take the Immuno Labs test, avoid your food sensitivities, do everything else possible, and see what happens. It won’t hurt (except for the money) and certainly will help improve your areas of health, so why not do it, especially if you are over 40 years old when all those other factors of decline start kicking in?

Sickness often comes down to diet — the components of your diet are what you wash over the receptors of your cells that cause your genes to activate in the first place. If you flood your blood stream with trash, your cells will pick that up and express themselves in negative ways, but if you wash your receptors with wonderful life-giving nutrients, you can stem off disease and decline.

Moral?

Stay away from the trash. Stay away from the food offenders. Use the Immuno Labs test -- the most powerful, consistent, dependable one I know -- to find them and avoid them like the plague.

To beat the genetics of any potential hereditary illness, you should therefore make sure your genes are exposed to good supplements and good foods that are broken down by your digestive system and delivered throughout your body to all your cells via the blood.

Part of this equation means avoiding the bad stuff. I have absolutely no way to determine the good stuff for Peyronie’s, so that’s why I’m emphasizing this approach to stay away from the bad stuff.
Let me say it again. Your food can be a cure or a poison. Let’s take the approach of staying away from the poisons just in case they may be helping the expression of Peyronie’s or delaying our ability to beat it in some direct or roundabout way.

If you eat the right stuff it’ll be a blessing to your health whereas eating the wrong stuff will be a curse, so the big task is to identify what you should and shouldn’t be eating.

I can only surmise what’s BAD for you … and therefore possibly for Peyronie’s disease, so that’s our approach by taking the Immuno Labs blood test. You can use the results for other areas of your health as well.

The Immuno Labs deal is so fantastic that I even encourage you to take advantage of it for yourself and your family because food is your best medicine … or a poison … and finding out which is which and acting accordingly is the best thing you can do to avoid or eliminate all sorts of illnesses. This knowledge can radically affect your health.

Do it for your whole family if you can afford it, especially for children. As a side issue, you’d be surprised how much hyperactivity or ADHD is really just a function of the diet, and how many illnesses or strange conditions just disappear when the food offenders are removed from the diet.

Why wouldn’t you want to know which foods are secretly making you sick and contributing to low immunity, unexplainable aches and pains, and embarrassing weight gain that requires a whole new wardrobe and keeps you from the beach?

If you’ve ever wondered about what diet is right for you, please take my advice, do this one test and save yourself years of tears, grief and hassle. Just decide for yourself you’re going to do something about this.

I cannot promise you this will help with Peyronie’s disease. In fact, I have no information either way except my own nutritional and naturopathic counseling experience. However, this could be the one solution you’ve been looking for that none of the traditional doctors is going to tell you about, so I cannot keep recommending it enough.
REFERENCES:

www.betterhealthusa.com
The Naturopathic Approaches to Peyronie’s Disease

Colloidal Copper Spray for Scar Tissue

Time for copper.

We previously went over the relationship between copper and collagen formation, and discussed the fact that unusual collagen formation is seen in Peyronie’s patients.

If a RBC blood cell analysis with copper levels, or hair analysis of copper levels or ION panel mineral analysis is performed showing copper levels are low, you have reason to consider supplementation.

But there’s another reason as well … something I saw first hand on a number of people.

There’s a company in New Jersey -- Purest Colloids -- that produces a revolutionary form of copper, namely colloidal copper particles, in liquid or spray form, that are only two atoms wide! This spray … of what feels and tastes like water … contains copper particles so tiny – just a few atoms wide -- that they slide right into skin cells without any need of active transport.

When a copper particle is only one or two atoms wide they can do this, and only one company in the world makes a product with this capability – Purest Colloids of New Jersey.

Search the internet for articles on copper and you’ll see how important copper is to the skin. Copper, plus vitamin C and proline, help form the collagen base that keeps your skin firm. Many cosmetics use copper for just this reason but the type of copper they use is very inefficient at entering your skin cells and being used by those cells to build collagen.

Topical application of colloidal copper helps to stimulate growth of the underlying collagen layer which produces smoother, firmer, and younger looking skin. Copper helps smooth fine lines and wrinkles and can be used on dry and normal skin. Repeated topical application will even out skin pigmentation and help age spots to fade.
Copper has all sorts of other uses in the body, such as softening your arteries, but we’re just interested in its effects on your appearance. Nonetheless you should know that lysyl oxidase, which contains copper, is required for the cross-linking of collagen and elastin, which are essential for the formation of strong and flexible connective tissues. Some of this information we already covered, and now you’ll see why again.

A number of reactions essential to normal function of the brain and nervous system are catalyzed by copper containing enzymes. Copper is involved in respiration and the synthesis of hemoglobin. It is essential in the production of collagen and the neurotransmitter noradrenalin. It is an important blood antioxidant and prevents the rancidity of polyunsaturated fats.

Copper is involved in numerous enzyme systems that break down or build up body tissues. It plays a role in the production of the skin pigment melanin by converting the amino acid tyrosine. The mineral is essential for the synthesis of phospholipids, which are a component of the myelin sheath that surrounds nerves.

Copper may provide benefit against pollution exposure and possibly protect against carcinogenesis and tumor growth. While this action is unproven in humans, animal studies have shown that copper may protect against chemically induced cancers and some RNA viruses (Kirschmann, 1996).

There’s a RDA (recommended daily allowance) of 2 mg per day for ingested copper, and that one day’s requirement of 2 mg is more than you’ll find in an entire bottle of Purest Colloids copper spray for the skin.

In short, copper is safe, you need it, you’d have to use several bottles of copper spray just to get the one day RDA minimum requirement of copper. So don’t worry about overdoing it as it’s safe to spray on your skin.

… Now we’re coming to the Peyronie’s tie-in.

When I put together a book like this one I usually spend thousands of dollars in research costs, and hundreds of hours in research and personal experience. Just to visit my office would cost $150/hour, and you get several hours worth of information for a fraction of that cost which touches so many different areas -- more than you paid for -- which is why I’ve switched to this direction.
Anyway, I want you to know that I am one of the few visitors who has personally seen the production facility where this high tech colloidal solution is manufactured and it’s amazing. Purest colloids has perfected a process where copper particles just 1-2 atoms wide are produced and available in a liquid spray that for pennies, you simply spray on your skin.

Perfectly safe – an entire bottle is less than 1 day’s RDA for copper, you can even eat it to help rejuvenate the cells of arterial walls, which are similar to skin cells. It makes arteries and veins more flexible, too.

The important thing is what I’ve seen it do for hardened scars and fibrotic tissue. I have seen hard, angry red scars from surgery … nearly 3/8ths of an inch thick … lose all their “fire” in just two to three applications where everything else I’ve tried for months has failed. This was an unbelievable result for my own eyes but on top of it, over time I’ve seen those same tough and fibrous scars -- even several years old -- actually become as soft as the surrounding tissue!

Unbelievable …as soft as the surrounding tissue!

When I saw this for myself, it got me to thinking that there might be some tie-in for copper and the hardening or scarring in Peyronie’s disease. Perhaps using the spray on the hardened, scar tissue of the penis will soften it, or taking it internally might supply copper that helps.

But I wouldn’t do it at all unless I was first tested for my copper levels.

My reasoning behind the testing is that if copper increases collagen formation, perhaps it would make the situation worse … or perhaps its presence … along with vitamin C, vitamin E, proline, and lysine, would normalize it.

In correspondence with Loren Pickart PhD -- skin, scar, copper peptide and collagen expert -- I received the response that, “In our studies, we found that GHK-Cu [human copper peptide complex, the complex being glycyl-l-histidyl-l-lysine:copper(II) … and note the lysine again] both stimulated collagen synthesis and breakdown at the same time. This may be the way that remodeling works - kind of a sloppy system that is removing protein and adding protein simultaneously. Generally, the system seems to end up adding new protein and skin but it may be possible to switch the balance to more breakdown.”
The latest thinking on this issue can be found in an article, “Skin remodeling with copper peptides,” found at http://www.skinbiology.com/2004RussiaSkinRemodeling.html (see the English version below the Russian literature).

Perhaps that's why the colloidal copper spray on scars can break the scars down and remolds the tissues for studies with GHK-Cu, a more complicated molecule, found that when simply applied to the skin's surface, it removed scar and damaged tissue, stimulated the degradation of existing collagen and creation of new collagen, and acted as a non-steroidal anti-inflammatory.

Those are all the things we want, so for more information, see www.scar-reduction.com.

I was not going to list this information -- the use of colloidal copper spray on Peyronie’s lesions and the internal ingestion of colloidal copper -- but once again decided that it might prove useful to someone. If I'm ever proved correct, my simple observation may be one of the best discoveries for Peyronie’s scars and plaques ever, but once again I would only use this under the advisement of a physician as I'm always cautious.

Anyway, the same nutritional factors keep popping up time and again, so all we need is a smart doctor to do the tests and link things together.

We now have Vitalzym to do its job from the inside -- along with vitamin E, vitamin C, nattokinase/lumbrokinase, and Thacker's solution or possibly colloidal copper spray to do its job from the outside.

That’s really as much as anyone can give you, but it’s a lot … and simply more than a urologist saying, “Just go home and take some vitamin E.”

REFERENCES:


Oral and Intravenous Chelation for Calcified Plaques

I have no opinion on this next suggested remedy for the calcification experienced in late stage Peyronie’s, but feel bound to mention it and discuss it a little.

Some doctors have reported using intravenous chelation for Peyronie’s disease but I feel that if it had produced excellent results they would have made more of it. Not having found any such descriptions, and having talked to a chelation expert, I’m quite skeptical on both the intravenous and oral approaches to the disease using chelation.

Nevertheless, here’s the therapy and mechanism.

EDTA chelation therapy is a hot topic of contention in the health field today.

I was first introduced to EDTA chelation therapy back in the late 70’s when I had a high school job working in a health food store. The owner of the store, Mr. Bunn, had heart problems, and one day – after not seeing him for several months – he reentered the store with a new spring in his step and looking as radiant as could be.

There was a very noticeable change in his energy level, stamina, and mental acuity. Furthermore, the change was so readily apparent to everyone as he went about his daily activities that I asked him what had happened.

I knew that no vitamins could have produced the results I was seeing in him ... remember that he was the owner of an organic health food store selling vitamins and minerals, so he was already doing everything possible in that area. His simple response was that he had undergone a number of weekly treatments of chelation therapy.

“Bill,” he said, “I feel like a new man or ‘younger man’ and have more energy than I did 20 years ago. It’s been a miracle for me. Look how different I am. I really wish more people knew about this.”

When I was in my thirties I underwent a series of preventative EDTA chelation treatments myself as part of a detoxification regime after returning to the States from
several years overseas. Even though I was perfectly healthy and had no signs of vascular disease, I thought so highly of this therapy that I did it as a preventative measure.

It cost me some money, but I still count it as one of the really smart decisions I have made in my life. Unlike a lot of people, I always spend money on prevention. In a few years I’m even planning to undertake a number of preventative chelation treatments again.

Just as my physician said would happen, the first time I went for a series of treatments I slowly experienced a tremendous lift in energy as my blood vessels gradually regained their elasticity, and I expect the same sort of positive experience in the future when I do the therapy for a second time. You have to remember that there was a noticeable result for someone in their thirties who didn’t even have any signs of vascular disease!

The current thinking in the alternative health care field is that any individual over the age of forty should have a series of at least twenty EDTA treatments simply to restore some degree of their youthful vitality lost due to the normal process of aging and arteriosclerosis.

Chelation therapy as “antiaging medicine” makes more sense than hormone therapy because who knows what levels of hormones you need? Who knows if you should even be mucking with your hormones? Everyone, on the other hand, can benefit from their arteries being cleaned of gunk, who knows if you’re creating more harm than good when you start playing with the level of hormones in your body?

Naturally a person who already has signs of cardiovascular disease will require more than twenty treatments chelation treatments. What you can expect to experience as a result of the therapy will depend upon your initial conditions, but it has been known to end of a variety of bothersome symptoms such as angina chest pain, leg pain, dizziness, cognitive impairment, and fatigue attributable to less blood flow going to vital organs. It’s even been known to stem off gangrene and save people from amputations brought on by diabetic complications.

Since that time when I underwent chelation treatment myself, I’ve seen the great results chelation has done for other people despite naysayers claiming it’s “unproven.” I have therefore recommended it to a great number of people over the years.
The feedback I get back is always nothing but positive, and I hear loads of stories about my friends sitting in the therapy room and listening to other patients tell how their own doctors pooh-poohed this therapy … but that it had saved their lives!

This shows you that you sometimes have to take your health into your own hands, and it also illustrates how little medical professionals know at times.

It’s really true that people who undergo chelation therapy often do so against the advice of their physician or cardiologist, who usually shout something like “Quackery, pure quackery.”

Many tell the very same story in that their doctors advised them to undergo a coronary bypass operation or angioplasty, perhaps for the second or third time, and they finally realized they were doing nothing about their underlying condition. Unless it was a lifesaving emergency, they realized they really should be trying to attack the root of their problems.

In a large number of cases, individuals come in for chelation because of the recommendation of someone else who has already been successfully chelated and had their life turned around as a result. Their positive experience often gave people enough hope to try it, and when you read all the web information available on chelation you’ll wonder why most doctors don’t know too much about it.

On the safety of chelation, you have got to remember that bypass operations tend to fail quite often because they never correct the conditions which caused the clogging of arteries in the first place, and replacing six to eight inches of clogged arteries doesn’t do a damn for the miles of other clogged arteries in the body.

Studies have also shown that most heart attacks aren’t even caused by clogs in the major arteries, but by occlusions in the tiny blood vessels elsewhere which only chelation and substances like nattokinase and lumbrokinase and Wobenzyme or Vitalzym can reach.

That’s right … about 85% of sudden fatal heart attacks or strokes are due to the rupture of “vulnerable plaque.” This is non-calcified arterial plaque and blood clots that don’t even show up onangiograms and other types of vascular tests.

Imagine that! This means that heart surgery is usually addressing the wrong type of plaque!
Chelation therapy is a very simple process. To undergo chelation, you simply sit in a chair and relax as a painless IV drip of an amino acid called ethylene-diamine-tetra-acetic acid (EDTA) is infused slowly, about a drop per second, into your blood.

It’s just that simple -- a painless IV drip – no pain, no nothing. Just time on your hands.

A single treatment lasts about three hours, so you can sit there watching television, reading a book, chatting, meditating or whatever … it’s a way to force you to catch up on your quiet time.

While it travels in the bloodstream, the EDTA molecules handcuff calcium in the blood and on arterial walls, and the handcuffed culprit is then treated like a prisoner who is carted out of the body through the urine.

The EDTA infusion also bonds with unwanted metals in the body and quickly carries them away through the urine as well. Within 24 hours, 99% of the EDTA leaves the body through the urine.

Most of the minerals and trace elements essential for our health are more tightly bound within the body than the calcium plaques in the arteries, but the intravenous EDTA is great at removing abnormally located metal ions such as copper and iron, lead, cadmium, aluminum, mercury and other metals.

Medical science now thinks that excess iron deposits put you at risk for cardiovascular disease and cancer as well, so chelation helps reduce your iron load and the theoretical risks of these diseases. It’s one sure way to help detoxify your body of these metals.

In the heart itself, some heart disease conditions have as much as a 20,000 times increase in the level of toxic heavy metals as other organs, which by itself makes you wonder why chelation isn’t practiced more often. But being fair, most people never take preventative measures about their health, so they are unlikely to spend money on therapies of prevention like chelation.

There’s no doubt that EDTA chelation removes heavy metals from the body, which unfortunately accumulate inside us with age, and while the American Medical
Association has not yet approved chelation therapy for atherosclerosis, it does endorse its use for treating lead poisoning and other heavy metal poisoning.

That means it’s safe, and you can also know from this that it actually does indeed work. Furthermore, removing these unwanted metals helps restore enzyme systems to their proper functions.

But whether it will help with Peyronie’s disease and the Peyronie’s calcification I have absolutely no idea.

Of course, the chelation of heavy metals isn’t the only thing EDTA chelation therapy has been proven to do. In a 1989 double blind study of patients suffering from peripheral vascular disease who were treated with chelation therapy, 88% reported a marked improvement after only 10 treatments. Other reports have documented the following benefits:

- Improved cerebral arterial occlusion
- Improved memory and concentration
- Improved vision
- Normalization of cardiac arrhythmias
- Protection against iron poisoning

Brain function, kidney function, atherosclerosis, macular degeneration, arthritis, and heavy metal poisoning are all conditions that have been shown to be benefited by EDTA chelation.

Just think of any condition caused by poor blood flow and it’s a good bet it can be improved through chelation therapy.

The mechanism for how EDTA really works to clear your arteries is generally known, but not 100% understood. Of course that’s no reason to shy away because we have lots of medical treatments like this, including the usage of aspirin.

Aspirin was invented in 1890 and as you know, has been used successfully for over 100 years. However, during all that time nobody really knew how it actually worked even though everybody used it and benefited from it.
It was actually only until *Scientific American* magazine published an article in May of 1999 that the general public learned that scientists had finally figured out its working mechanism.

I was really excited when I read that article because I had known that we had been using aspirin for over a century and had no idea of its *modus operandi*.

Imagine that … we used aspirin for about a century before we understood how it actually worked. Yet all through that time no one complained that we shouldn’t use it until we understood fully how it worked.

Why is it that drug manufacturers make that complaint for the natural substances used in the therapeutic nutrition field that people have also used for centuries? If you can think of a good reason, then let me know.

As to EDTA chelation, the main theory is that it changes the calcium and magnesium in the wall lining of arterial cells, and performs most of its magic through that mechanism. People used to simplistically think that it acted as a sort of Roto-Rooter on atherosclerotic plaque so as to widen the diameter of occluded arteries. However, its mechanism is much more complex.

We do know that calcium tends to accumulate inside our cells with age, and this accumulation of calcium plaque not only disrupts enzyme systems but also leads to the contraction or constriction of blood vessel walls.

EDTA chelation does indeed help to remove this plaque, and when the inner calcium lattice that accumulates inside veins and arteries is removed, they gradually soften to regain a degree of their original elasticity.

Improving that elasticity is what leads to better blood flow.

Presto – through chelation we’ve therefore found a way to reverse hardening of the arteries, and perhaps this mechanism will play a role in the reversal of Peyronie’s disease.

After all, after the fibrous tissue in Peyronie’s initiates, calcium deposits start to form. That’s why some doctors have tried injecting calcium channel blockers directly into the plaque to investigate this mechanism as a possible cure.
Being coated internally with calcium plaque, blood vessels tend to lose their original flexibility with age and their inner diameter tends to shrink as they get clogged. That means less blood flow, mental impairment, less energy and cellular death. However, the return of elasticity to blood vessels has a positive impact on blood flow … and perhaps even moreso than simply increasing the inner diameter of the blood vessels themselves.

Another interesting thing is that EDTA chelation helps to remove calcium plaque on arterial walls and free floating calcium in the bloodstream, yet it leads to a recalcification of osteoporotic bones! So it’s not going to pull calcium out of your bones, but actually produces stronger bones.

Perhaps this is because when EDTA lowers blood calcium levels, that in turn stimulates the production of parathyroid glands hormones that tell the body to remove calcium from abnormal locations (such as inside the arteries) and redeposit it in locations where it should be, namely in your bones! But we don’t know for sure.

All we know is that chelation has been proven to recalcify your bones!

The action of EDTA has also definitely been shown to increase blood flow throughout the arteries and to increase the blood flow going to all organs. It stimulates the enlargement of small blood vessels so that they can serve as a collateral circulation route around any blockages, and this helps to render the blockages as irrelevant.

Because EDTA binds to calcium, it also allows magnesium to flow through cells more easily, too, and magnesium is well known for relaxing and opening blood vessels to greater circulation. So that’s another way in which it benefits your body.

Another benefit of EDTA chelation is that it serves as a powerful antioxidant and helps reduce the free radical damage of lipid peroxidation, which is known to be one of the causes of arterial damage.

EDTA also increases tissue flexibility by uncoupling age-related cross-linkages that build up over time and play a part in the eventual loss of skin tone and wrinkling. That’s an antiaging benefit all by itself.

EDTA also reduces the tendency of blood platelets to coagulate too readily. This tends to prevent blood clots from forming that can block the coronary arteries and
cause a heart attack. Of course you already know that nattokinase will help with that as well, and Wobenzyme to a lesser extent.

When you sit there and talk to the people undergoing chelation treatment, many will tell you stories that it helped their blood circulation so much that it made their angina go away, freed them from diabetic ulcers, or saved their gangrenous leg from amputation.

The stories I’ve personally heard for its circulatory benefits are amazing. You cannot dismiss them as a placebo effect. Try as you might, it’s impossible to do so. That’s why doctors continue to perform chelation therapy for circulatory problems, yet I have heard little about its use for Peyronie’s disease.

The American College for Advancement in Medicine (ACAM) (714-583-7666) is the national group of physicians who perform chelation, and you can check with them on this possibility and about the location of doctors who may offer treatment.

Because blood flow in blocked arteries gradually improves because of chelation, the oxygen giving blood flow gradually increases to the heart, brain, to the legs and all throughout the body so that symptoms affecting many different body regions often get better.

It’s also common for people to report a better memory and mental condition as the therapy progresses, perhaps because EDTA chelation removes harmful toxins from the bloodstream that would have affected the brain and nervous system, or simply because it increases the vascular blood flow to the brain.

The need for bypass surgery and balloon angioplasty often disappears entirely after chelation therapy, which unfortunately robs both the surgeon and hospital of their income, and many of those who have undergone the treatment will tell you that it has given them a brand new lease on life after their first, second, or third failed coronary bypass operation.

Why is chelation so darn effective?

Because unlike an operation, chelation therapy helps increase the blood flow through every blood vessel in the body from the top of the head to the bottom of the feet, including the ones too small for surgery or those located deep within the brain. Since it helps blood flow to the brain, it naturally helps with memory and cognition.
These are all the good things that we want, and the purpose for which we wrote this ebook in the first place. That’s what you’re here for … systemic improvements like this.

While nattokinase and lumbrokinase work on fibrin plugs and blood clots, chelation is working on mineral blockages in the vascular system.

Chelation therapy not only reduces the chance for heart attacks and strokes, but all sorts of other symptoms improve because the blood flow to diseased organs increases, the need for medication correspondingly decreases and your quality of life accordingly improves.

As you age, you have to consider that the smallest blood vessels are the ones likeliest to become blocked, especially when you have diabetes, and chelation therapy helps the blood flow through those vessels become normal again. To me this is really one of the best examples of antiaging medicine that works from the inside out. Nattokinase, Vitalzym, chelation … what a trio!

EDTA chelation therapy, administered by a properly trained physician in conjunction with a healthy diet, lifestyle and nutritional supplements, is an option that should seriously be considered by persons suffering from generalized atherosclerosis.

If you have coronary artery disease, cerebral vascular disease, or brain disorders caused by circulatory disturbances, you really should think about this option. It should also be considered for related ailments such as senility, dementia, and general physical decline. If you just want to undertake some preventative antiaging efforts, it is a winner again.

Blah, blah, blah, blah, blah … the benefits of chelation go on and on, and we could spend hours writing about its benefits.

Frankly, it’s really that good and if you want more information, there are tons of books and websites out there about it.

The files of thousands of doctors prove beyond the shadow of a doubt that intravenous EDTA chelation therapy is definitely able to help reverse arterial disease, and more than one million people have undergone chelation therapy without harm.
That’s a total of over twenty million treatments, so why are the naysayers still fighting over it, especially since people who undergo treatment pay for it with their own discretionary income?

I’ll tell you the truth … it threatens the vested interests and established money flows of the medical establishment … big medical business.

Chelation is so inexpensive and effective – a physician can do it in his own office -- that it threatens the multi-billion dollar hospital bypass business. Most of those highly paid cardiovascular surgeons would therefore gladly see it shut down.

Politically powerful medical groups and manufacturers of pharmaceuticals have consistently suppressed knowledge of chelation therapy, perhaps because the heart disease business of surgery and prescription drugs exceeds $40 billion per year!

Wow, what an income stream. I certainly wouldn’t want it threatened if I were on the receiving end!

Obviously, many hospitals, physicians, and pharmaceutical companies would experience a decline in their revenues and profits if chelation therapy were to become more popular.

Having worked in the chemicals business, I can tell you that when a new upstart competitor threatens a big organization with lots of capital equipment, the big guy will do everything possible to shut the little guy down, including going so far as to buy him out just to do it.

Frankly, the medical business is no different. First you have to recognize that it’s a moneymaking business despite all the touchy-feeling emotional advertising used to sell its products to the public. The controlling managers of this industry can be just as cut-throat and profit oriented as in any other business, and will do anything to promote their products and crush competitors, especially when big money is at stake. Don’t think otherwise.

I also fondly remember one time I interviewed an ex-cardiovascular surgeon for a venture capital project, and was told that this surgeon had performed over 3,000 coronary bypass operations. This surgeon didn’t know anything about my background because this was a venture capital setting, and when I asked him about
chelation therapy due to my curiosity for his response, all he could do is rant and rave against it and spout off all sorts of negative comments.

This guy was vehement.

After the interview I naturally checked out every single comment and claim he had made, and found none of them to be true! But if you had sat there listening to this “expert” you definitely wouldn’t have touched chelation therapy with a ten-foot pole.

Someone suggested that because his income had been threatened by this inexpensive therapy over the years (remember that a full set of chelation treatments might cost around $2,500 whereas a bypass costs far upwards of $50,000, with lots of money going to both the hospital and the surgeon) that it had warped his judgement over the years. After all, who wants to say that all the work they’ve been doing over the years was unnecessary or could have and should have been done cheaper?

I can buy that. I don’t know if it’s true, but I can understand the situation.

I’ve also been told that doctors typically have a hard time ever admitting they were wrong. They are trained to act like Gods, and they have a hard time changing old ways just like everyone else, so it was also suggested that this surgeon couldn’t admit -- after having performed so many intrusive operations -- that a safer and much cheaper alternative was available that seemed to solve the problems at the root.

Anyway, this cardiosurgeon had convinced himself that chelation didn’t work and was actually a health hazard. Like most doctors, he even overlooked the fact that bypass operations have about a 3% mortality rate, and that the complications rate following surgery approaches 35% and includes heart attacks, strokes, blood clots, mental impairment, infection, and prolonged pain. That’s not all … 5 years after surgery, 42% of bypass patients report a decline in intellectual abilities (which doctors like to downplay) although this number can be as high as 80%!

The AMA also admits that 44% -- that’s nearly HALF -- of all bypass operations are also done for inappropriate reasons, and the 1-in-25 mortality rate is accompanied by a 1-in-20 heart attack rate during the operation!

Yuuuch! Don’t send me there. Now you can see why I prefer preventative measures.
When you compare EDTA chelation therapy with other treatments, it is non-toxic and basically risk-free. The risk of significant side effects, when properly administered, is less than 1 in 10,000 patients, which means it’s at least 300 times safer than bypass surgery! That’s just in regards to side effects because there is not a single death from chelation therapy in 40+ years of successful use.

Those are the type of safety statistics drug companies would love to claim on TV, but they can’t. From a safety perspective, in reviewing these numbers I wouldn’t risk a bypass operation at all if I didn’t absolutely need it, but that conclusion comes from a host of other reasons as well.

To me, it just doesn’t make sense to ignore going after the underlying cause of arterial blockages and occlusions, and try to clean all the arteries everywhere instead of just the 6-8 inches of arteries involved in a bypass.

As to angioplasty, some 200,000 of them has proved that they often fail in less than one year, so why even bother? If you insert a “stent” inside an artery to keep it open, that doesn’t address the cause of the disease either and can even increase the formation of plaque.

Hmmm.

Just this past week I saw a program on the news show 60 minutes where some physician was recommending bypass surgery to almost everyone who came into his office – even people who didn’t need it. Everyone in the hospital kept mum about it because no one wanted to lose their jobs … and the hospital was happily reaping in the profits because of this surge of unnecessary surgery.

Hmmm, I wonder if the money involved had anything to do with this permissiveness? As they say about mice, when you see one in the house you can expect there are about 20 others around.

Now if more than one million patients have received more than twenty million EDTA infusions with no serious adverse effects -- when administered following the approved protocol – this is something the hospitals and insurance companies should be looking into. Safety certainly isn’t an issue and chelation certainly produces beneficial results, so those who have tried to attack chelation have had to come up with a different approach to try and crush it.
The opponents and critics of chelation used to say that chelation "does not work" or that chelation is "proven not to work," but because they’ve clearly lost on that front they have started to take a different tact.

Now they simply state that chelation therapy’s effectiveness is "unproven." What a great PR way to try to attack something … say it is “unproven.”

Unfortunately, people who swallow this line are ignoring their own smart buttons because what this charge ignores is the fact that coronary bypass surgery, angioplasty and most of all other therapies routinely used by medical doctors are also "unproven."

Yep, that’s right, they are unproven.

You cannot find any double-blind studies showing that these therapies work or even provide better quality of life than doing nothing or choosing other alternatives. However, people don’t apply those same standards of “proven” or “unproven” to these widely accepted money making therapies. They’re already standard practice, so people don’t apply to them the same set of standards they want to apply to chelation to get rid of it.

There are still lots of commonly accepted practices in use that are wrong, like when doctors used to perform surgery to take out tonsils, but you’re not likely to hear about them.

For instance, recently a number of studies were performed showing that sham surgeries produced just as many positive results as genuine surgeries which doctors recommended. In one study, many $5,000+ knee surgeries for osteoarthritis were shown to be just as effective as fake surgeries. Furthermore, an incredible number of surgeries for gall bladder removal, hysterectomies and even appendectomies each year have been found to be unnecessary as well.

I would like to think that doctors do not make so many mistakes, yet I can accept that they do make them. It’s a fact of life. Either doctors simply make an incredible number of bad decisions on their own as we all do (they’re not to be particularly blamed), and it’s even possible that monetary incentives helps sway them in that direction whether they are conscious about it or not.
My best friend tells me the story of how his knee once got hurt and he went to see a knee specialist. The knee surgeon, who only got about $80 for the visit, said that surgery was imperative. Not optional, imperative. My friend went home and did nothing at all and in less than two weeks time everything was back to normal. No pain, no problem, no nothing.

As he explained it to me … and this is using his own words rather than mine … “Whether the doctor really believed that he was giving me his best advice, or whether subconsciously the $5,000 he’d earn for surgery had biased him and his conclusions, I can’t know for sure. But it certainly is possible that these guys, after awhile, actually convince themselves that surgery is required when it isn’t. After all, the money is a powerful incentive, especially when you look at receiving $80 for a consultation versus $5,000 for an operation. Who knows when the self-deception tipping point comes?”

Some people say chelation is absolutely useless, and dismiss the great results people report as an expensive placebo effect. I say to that argument:

If people can buy a placebo that gets such great results, then by all means let them buy the placebo. Make it as widely available as possible. After all, it’s their money, their discretionary income. If people are considered smart enough to be able to vote for the leader of their country, they should be trusted enough to determine how they wish to spend their own health care dollars. If they make a mistake, they’re not hurting anyone but themselves, which is the common result of any bad purchase decision and an outcome which increases the stock of national wisdom. Furthermore, if you want people to become more responsible for their health care as a national goal, this is the only way to do it. You have to start somewhere and some time, so this is it … permit people to spend their income as they wish on health services. With internet information widely available today, there are no excuses for people not becoming informed about their choices.

Does that make sense?

I’ve never heard people complain about how others spend their money except as regards the health care field, where competition from these inexpensive natural therapies threatens the money flows to more expensive establishment options. Some of these folks even come up with the crazy excuse, “but you deny them access to good health care.”
What craziness. You don’t deny people anything. If they want to do this extra therapy, then by all means let them. You or I don’t have to pay for it – it’s their money.

The common man is smarter than what people think because people are voting with their wallets and are going to alternative health care practitioners. Why? Because they know that modern medicine is failing them.

Medicine, like all industries, does not like competition. That’s the real reason behind crazy comments that are actually about non-competition. And the only reason I’m going into this dialogue is to explain to you what you’re likely to encounter now that you’ve taken the proactive step of putting your health care in your own hands.

If you know some of this response ahead of time, you’ll be able to make more intelligent decisions about your health care options. Either way, what you do is always your own responsibility and as a medical disclaimer, you should always check out everything you wish to try with your doctor.

Getting back to EDTA chelation therapy ... even if you question whether EDTA chelation therapy actually does anything beneficial to help you, you cannot claim it does anything harmful to hurt you.

Dozens of clinical studies have been published to document its safety and effectiveness for the treatment of atherosclerotic arterial disease and age-related degenerative diseases.

Sorry, but you cannot dismiss it on that account.

Today, thousands of doctors in the world perform chelation therapy. These doctors are bright people ... they’re certainly not dummies. A lot of them graduated at the top of their class and since they were smart enough to become doctors in the first place or rise to the head of their class, they are certainly smart enough to know what they’re doing and to recognize a beneficial response when they see it in their patients.

Can they all be wrong?
Perhaps the best thing we can say about this therapy is that nearly 100% of these doctors choose to undergo chelation therapy themselves because the effects are so beneficial.

You will be hard pressed to find such high self-usage “approval” statistics for any other type of medical therapy! Think about it.

The clinical benefits you can receive from chelation therapy will definitely vary with the total number of treatments you undergo. They’ll also vary according to the severity of your condition being treated. On average, in general about 85% of chelation patients show very significant improvement in their conditions.

Here's my short conclusion – it’s beneficial, it works, you should consider it for the benefits mentioned if you need them, or for preventative purposes if you are over 40 and can afford it.

But as to Peyronie’s disease … I would not even consider it unless it was a mature stage condition with calcification, and even then I would ask the chelation doctor what his opinion was, and whether he or she thought it might be worthwhile. If you get an honest doctor you'll get an honest opinion.

My whole job here is only to educate you on this option, and the number of readers with late stage Peyronie’s and calcification are praying for advice on what to do. If you have acute phase Peyronie’s, there’s no way you can rationalize chelation at all so this information only applies -- if at all -- to mature stage sufferers. It’s simply another option to consider that your doctor would not normally tell you about.

Some people are now recommending “oral chelation” supplements instead of intravenous chelation, and the big question is whether oral chelation works.

Let’s put it this way … whether or not oral chelation works (there are indeed various supplements, such as vitamin C, that can mildly chelate substances out of the arteries), intravenous EDTA chelation therapy is so much better that any comparison between the two isn’t worthwhile.

If you have the money and the time and the desire, I would go for the intravenous EDTA chelation at a moment’s notice, no questions asked.

However, if I was undergoing intravenous chelation therapy I also would take various oral chelation supplements at the same time, because that would definitely help me
achieve a better final end result. But I would not rely on them just by themselves to produce the same end result. Those results just won’t happen through oral chelation.

In fact, I believe that all intravenous EDTA chelation therapy should be done concurrently with the oral consumption of the appropriate nutritional supplements for the coronary condition in question, and supplements that can assist in chelation. But I don’t believe all the hype about the effectiveness of oral EDTA chelation itself.

Anyway, here’s my conclusion on EDTA chelation therapy.

First, since it’s expensive and takes time, don’t expect immediate results from this sort of treatment even if it does work for Peyronie’s late stage calcification. To determine whether it’s worth your $2000+, take everything you’re reading and then do some more research, consult your own doctor, and then make your own informed decision.

I’d also consider doing the cheaper other things we mentioned ahead of time because they might produce the results you are seeking, or go a long way to producing them … especially the Thacker’s formula.

Definitely, without a doubt, EDTA chelation is a powerful way to help restore normal blood flow to blocked areas of the body, as are nattokinase and Vitalzym in some instances, but Peyronie’s is not really a blood flow problem! It’s a totally different situation.

I don’t think this will help resolve Peyronie’s plaques, and only a doctor who’s had the experience could say whether or not they have seen it help Peyronie’s calcification. Nevertheless people often discuss this option with Peyronie’s disease, I have read of it being used, and I wanted to give you as much background info as possible,

In the meantime, you already have the other options galore.

REFERENCES:

The American College for Advancement in Medicine (ACAM) (714-583-7666)
Summary

You might have thought this was going to be a short ebook, but it’s longer than expected because I tried to give you much more than your dollar’s worth and help you in other health areas as well.

Remember, I’m not saying “these recommendations are correct,” but I have done all I can to make sense out of the naturopathic protocols reported of Peyronie’s disease, and made some connections between Peyronie’s and the approaches used for related conditions.

Ultimately, since doctors can offer very little in terms of the standard medical OR naturopathic approach, you must take responsibility for your own health and approach Peyronie’s disease through logic, common sense and wisdom. Try to draw lessons from analogous conditions wherever possible.

As our knowledge base expands, we’ll know which conditions offer true analogous insights, and which do not. Until a lot of double blind studies come out, we have to go with what we’ve got.

Everything we’ve discussed can be further substantiated or dismissed, if you like, with a little bit of research on the internet and by running things past your doctor. I encourage you to do so.

We’ve gone over the various naturopathic ways to approach Peyronie’s disease that seem to make sense. That’s what we started out to do, and I hope you’re satisfied but to go over it once again, I’m going provide you with another short recap as follows:

First, take vitamin E with vitamin C - use the A.C. Grace Unique E and either Rainbow Light Ultra Gram C or Supergram Ill Vitamin C, as recommended.

Second, consider nattokinase to increase blood flow to the penis and dissolve any blood clots and contributing fibrin accumulations.
Yes, you can try lumbrokinase if you prefer, but my money is to first bet on the nattokinase. I’ve definitely seen it increase blood flow to the penis and to other extremities of the body. Individuals who have had scar tissue on their penis have personally told me it resolved those situations in days.

Third, try the serrapeptase enzyme through the enzyme supplement cocktail, Vitalzym. The verdict is still out on this one, but the logic and anecdotal reports are extremely promising. Not only might it start eating away at fibrotic scars, but I like the fact that we could be cleaning up floating CIC immune complexes that might tie-in to any autoimmune condition.

A blood panel ION test, from MetaMetrix labs may identify any underlying vitamin-mineral-amino acid-fatty acid deficiency you have that is contributing to the disease (let’s concentrate on lysine, proline, vitamin C, vitamin E, copper, and blood factors such as Lp(a), fibrinogen, etc.) and with our knowledge of biochemistry that’s related to circulatory, vascular, wound healing, immunological and connective tissue pathologies, this information may provide guidance to a skilled complementary physician who can help you choose appropriate supplements that may (or may not) help your Peyronie’s.

An Immuno labs ELISA food sensitivities test can also determine what foods to avoid that might, in some indirect or direct way, be contributing to the disease or the underlying biochemistry that’s affecting the expression of the disease. You’ll then have the option of targeted supplements, according to the findings of the ION panel, and just common sense to stay away from eating what’s hurting you.

What we’ve covered is already more than most doctors will or can ever tell you … but there’s more.

You also have the option of trying PABA, and then there’s Thacker’s formula which has worked for quite a few people.

If it was me, there’s absolutely no question that I would definitely use the Thacker’s formula as a primary tool because of what I know about and have seen castor oil do for all sorts of related conditions … and the DMSO just adds to it more “kick.” Putting the two together is logical … something I would not have thought of.

With Thacker’s formula working on Peyronie’s from the outside while you’re doing all this other stuff from the inside, WOW! you’re maximizing your chances to dissolve
the Peyronie’s plaques. If you also want to use verapamil or other injectable therapies, that’s your business.

There’s also colloidal copper to soften scarring … though I have no idea if it will help Peyronie’s specifically. I have only seen it do wonders for ordinary thick scars and the skin yet suspect it might be useful for the hardened collagen of Peyronie’s, and might soften it.

If you pursue some of these strategies under the supervision of your doctor … which I always recommend because I am not rendering medical advice nor prescribing treatment nor diagnosing … I’m hopeful you’ll end up seeing a great improvement in your overall condition.

Everyone is looking for a cure for Peyronie’s disease … and while science doesn’t have anything yet, this is the best naturopathic thinking we can presently offer. I sincerely hope it helps.

Best of luck to you and if something works, then let us know so we can add to the book and help others.

Yours,

Bill Bodri

*The Skeptical Nutritionist and Naturopathic Educator*
Immuno Laboratories Food Allergy Testing
Special Offer

Order this program through this ebook and you'll get a discount price, free blood draw and 365 days access to nutritional counselors who will help you interpret and use the results to get the results you want.

When you order today, you'll receive a FREE at home or office visit with a licensed professional to begin your testing, (the same people who perform physicals and lab tests for insurance companies) - a $55 value - and, you'll receive a special toll free number to call during regular business hours for support from certified nutritionists for a whole year (this benefit alone is worth your entire investment!).

Here are all the benefits which you'll receive...

115 foods tested by Immuno Laboratories, Fort Lauderdale, Florida. - pinpointing which foods are toxic to your particular system and which foods blend harmoniously.

Personalized service from a licensed professional, scheduled at your convenience in your home or office.

IMMUNO HEALTH GUIDE: Your step-by-step guide on how to implement your program - includes recipes, food combining, tracking forms and much, much more.

Handy reminder card: A laminated (credit card size) card for your wallet or purse so you'll always know which foods to avoid wherever you may be.

A full year of nutritional support: Call toll free or email our certified nutritionists.

Satisfaction guarantee: Just give the 90-day program a fair chance - you'll significantly feel better and experience the relief you expected or your program fee is fully refunded.

Call 1-954-486-4500