HIV/aids
Clinical Evaluations

Conducted By: The Cellogic Project

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CELLOGIC™ CORPORATION

-CONFIDENTIAL-

Safety Evaluation of Cytolog™ on HIV Positive Cohorts

Protocol # HIV-1

Principle Investigator: **Robert L. Brandt, Jr., MD**
51 East Stewart Street
Dayton, Ohio 45409

Sponsor:

Safety Evaluation of Cytolog™ on HIV Positive Cohorts, Protocol Number HIV-1

I. INTRODUCTION

History and General Information

With the vision of preserving wellness, Cellogic™ Corporation has introduced Cytolog™ - a product which is both available and affordable to those in need.

Cytolog™ is a product of extensive research, conducted by the Cellogic™ Corporation, Cincinnati, Ohio and is a proprietary product, which is presented through a unique and technically sophisticated state-of-the-art delivery system. The company believes that Cytolog™ has useful clinical bioactivity.

Fundamentally, Cytolog™ is a food (nutritional supplement/nutraceutical), not a drug, and as such does not belong to any pharmacologic class. It contains no additives of any kind. The product has a two-prong effect, thereby, Cytolog™ is comprised of two parts - Cytolog™ I and Cytolog™ Forte II. The product is a natural blend of refined lacteal micronutrients whose primary task is to maintain cellular wellness.

Cytolog™ I is a liquid containing specialized informational proteins believed to function as the operating "software" in all mammalian species, including humans. These informational proteins (infopeptides™), which appear to trigger cellular response, seem to hold great promise for the maintenance of wellness and the management of infectious (viral, bacterial) and non-infectious (autoimmune) disease.

Cytolog™ Forte II is a dry powder, which when reconstituted in water or milk, confers the added boost of complete nutritional enrichment so vital to the homeostatic principle and so crucial to maintaining cellular wellness.

The presence of all players involved in the routine metabolic processes of a healthy cell ensure that optimal conditions of cellular well-being will be achieved.

Additional information on Cytolog™ is presented in **Attachment 1.**

Cytolog™ is produced and processed in the United States. The product meets or exceeds current U.S., or International Good Manufacturing Practices (GMP), or International Organization for Standardization (ISO) regulatory requirements, for food grade items. Rigorous testing to ensure product quality is conducted.

Through research and extensive surveys, it is observed that Cytolog™ possesses biologically useful activity. Diseases of particular interest are those that fall into the following category:

- Allergies
- Autoimmune
- Viral
- Bacterial diseases unmanageable through antibiotic therapy
- Reproductive disorders
- Digestive disorders unrelated to enzyme production

Safety

Cytolog™ is a normal food substance and as such is as safe for human consumption as any other food. The safety of Cytolog™ has been further verified over the years by distributing it in the United States as a food product. Cellogic™ Corporation, from an ongoing survey in Belize, South America, has accumulated many case history reports on human subjects using Cytolog™ as a food.

In numerous and ongoing studies overseas, no evidence of adverse effects, attributable to Cytolog™ have been observed.

Since Cytolog™ is a food and not a drug, metabolism and excretion are non-issues. There are no known drug interactions. The only contraindication identified thus far is intolerance to milk or milk products.

Rationale for Present Study

There is an imminent need for additional lines of nutritional defense against the potential ravages of both infectious and non-infectious disease processes which currently plague the people of all nations of the world, people from all walks of life, people at all stages in the life cycle, and which promise to incur irreversible harm to human health and well-being.

Nutrition Associated Immune Deficiency Syndrome (NAIDS) is, in fact, the greatest threat to our global population and the initiating syndrome for a myriad of other menacing and currently unmanageable disease states.

Many agents for the treatment of acquired immunodeficiency syndrome (AIDS) caused by human immunodeficiency virus (HIV) are becoming available for testing, including vaccines, antiviral drugs, immunostimulating agents, and other drugs. We have no reason to suspect, nor do we claim, that Cytolog™ is a cure or prevention for AIDS.

However, we have reason to expect that regular consumption of Cytolog™ may prevent certain opportunistic infections, since inherent in Cytolog™ are some of infopeptides™ that instruct the host to defend itself. Therefore, these infopeptides™, in conjunction with the complete energy, protein, vitamin, mineral and other novel components present in the product, may alleviate or improve some of the symptoms associated with opportunistic and bacterial infections, such as with diseases like AIDS.

If our hypothesis is correct, we should detect improvement in cohorts drinking Cytolog™. If our hypothesis is incorrect, then we will have simply given a significant nutritional boost to the individuals involved in this study.

II. OBJECTIVES

The purpose of this study is to evaluate the safety and the effect of Cytolog™ on patients infected with HIV infection, over a period of thirty days, for the following:

- patients' tolerability of the product
- an improvement in the quality of life as observed by the patient herself/himself
- ascertainment of disease progression or clinical deterioration (the development of HIV-related features, for instance, incidence of chronic diarrhea, nausea, vomiting, etc.)
- an improvement in the nutritional status as an indirect marker of improved quality of life, by monitoring various nutritional indices
- an improvement in the performance of the patients' immune system and function, by monitoring laboratory indices and clinical incidence of opportunistic infection.

III. STUDY SUMMARY

This is an open-label intervention/prospective trial, to determine the effect of Cytolog™, in approximately 15 HIV seropositive subjects (or patients).

To qualify for entry, patients must have been either pre-diagnosed as HIV seropositive and/or have symptoms, and satisfied the inclusion and exclusion criteria.

Patients will give Informed Consent, see the physician or his/her representative for testing and evaluation, and be eligible for a 30 day treatment period.

Patients who qualify at study initiation will receive Cytolog™, in the form of a liquid and dry powder, and will be instructed to take one serving of each, twice daily.

IV. STUDY POPULATION

At the initial visit, study candidates are subject to the following inclusion/exclusion criteria:

Inclusion Criteria

1. If available, patients' pre-diagnoses report as HIV seropositive.
2. Patient's who are symptomatic or asymptomatic.
3. Patient's who are 16 years of age or older.

Exclusion Criteria

1. Patient's treated with any other investigational drug(s) within the last 30 days before starting the study.
2. Patient's with a history of milk intolerance.

V. STUDY DESIGN

This study is a single-center, open label trial, comprised of a 30 day treatment period. Patient's will obtain Cytolog™ supplies (to last for the entire study), at the beginning of the study, so as to minimize interference in the patients' daily routine. The sequence of events is outlined on the study flow chart, Table I, and presented in **Attachment 2.**

At the initial study visit, Informed Consent (provided in **Attachment 3**) will be obtained, and the patient's inclusion and exclusion criteria reviewed. A brief physical exam will be performed, to assess the severity of the disease and the patient's weight. At the discretion of the physician, a blood sample may be withdrawn, to measure the patient's CD4+ cell counts.

A follow up assessment of any adverse experiences will be monitored at the end of 30 days. At the follow up visit, the physician or his/her assistant will fill out a "Symptom Assessment Form" (presented in **Attachment 4**), for each patient.

Information regarding the patients' survivability, disease progression, weight, and performance status will be obtained, and recorded on the Symptom Assessment Form.

VI. METHODS

HIV Status: Clinical Assessment

The patients entered into the study may have been pre-diagnosed as HIV seropositive.

The following clinical symptoms will be evaluated:

- Diarrhea
- Nausea
- Vomiting
- Fever
- Cough
- Tuberculosis
- Fatigue/Malaise
- Paraesthesia

The following physical findings will be evaluated:

- Weight
- Height
- Skin rash
- Herpes zoster
- Lymphadenopathy
- Hair changes
- Oral thrush or leukoplakia
- Liver or spleen enlargement
- Chest examination

Laboratory Testing

At times 0 and 30 days, blood samples, on select patients, when feasible and at the discretion of the physician, will be withdrawn to ascertain the following information:

- t-Lymphocytes
- Patients CD4+ cell counts
- White blood cell count
- Red blood cell count
- Hemoglobin
- Hematocrit
- Sedimentation rate
- Chest X-ray

Test Product

The test product is provided as a two part system. Cytolog™ I is provided as a liquid, which is to be taken orally, twice a day (5-10 ml) and immediately afterwards, the dry powder - Cytolog™ Forte II is to be reconstituted, and taken orally. The use instructions are presented in Attachment 5.

Both products are packaged in individual containers and clearly distinguished from each other. The clinic will instruct and explain to the study participants, procedures to reconstitute the dry powder, in clean potable water (preferably filtered or distilled).

Adverse Experiences

Patients will communicate with the physician on a weekly basis as to their progress. At the end of the month, patients will be questioned concerning any adverse experiences. Each complaint will be documented in the Symptom Assessment Form.

At any time during the month, patients may discontinue from the study if they suffer any adverse experience that is deemed unacceptable to the patient or the investigator.

Withdrawal from the Study

Patients may be discontinued from the study if:

1. Compliance with the test product is not achieved on two consecutive days;
2. The patient has an adverse experience that is unacceptable to the patient or investigator;
3. The physician decides it is in the patient's best interest;
4. The patient decides to withdraw for any reason.

Case Report Forms

All pertinent data on each patient will be legibly written on the Symptom Assessment Form and other case report forms. All case report forms must be stored at the site and made available for monitoring throughout the study.

Pregnancy

If pregnancy occurs during the study, patients will be withdrawn immediately.

Concomitant Medications

Other medications may be required during the trial for the treatment of opportunistic or bacterial infection, and subsequently for secondary prophylaxis. This will be permitted, but details will be recorded in the Symptom Assessment Form.

VII. DATA ANALYSIS

The clinical, physical and laboratory measures obtained from the patients' Symptom Assessment Form/case report forms, will be analyzed by appropriate descriptive and non-descriptive statistics.

VIII. INFORMED CONSENT

Each patient must give written informed consent to the investigator at the initial visit. A copy of the consent form will be maintained on file in the patient's permanent medical records.

IX. CONFIDENTIALITY

Confidentiality of Data

By signing this protocol, the investigator affirms to the Sponsor that he will maintain, in confidence, information furnished to him by the Sponsor.

Publication of a summary of the study to the Sponsor, in the customary manner, is permissible in view of the Sponsor, if it is consistent with the preceding affirmation.

However, any outside publication resulting from this study must be reviewed and approved by the Sponsor in advance of submission. This review is necessary to prevent premature disclosure of trade secrets or otherwise patentable material. This is in no way intended to restrict publication of facts or opinions formulated by the investigator.

Confidentiality of Patient Records

By signing this protocol, the investigator agrees that within local regulatory restrictions and ethical considerations, the Sponsor may consult and/or copy source documents (e.g., dispensing records, patient's medical records, etc.), in order to verify case report form data.

CELLOGIC™ CORPORATION

INFORMED CONSENT

TITLE: Safety Evaluation of Cytolog™ on HIV Positive Cohorts

SPONSOR: Cellogic™ Corporation

PROTOCOL NO: HIV-1

INVESTIGATOR: Robert L. Brandt, Jr., M.D. - Dayton, Ohio

INTRODUCTORY PARAGRAPH

Before agreeing to participate in this safety study, it is important that the following explanation of the proposed procedures be read and understood. It describes the purpose, procedures, benefits, risks, discomforts and precautions of the study. It also describes alternative procedures available and the right to withdraw from the study at any time. It is important to understand that no guarantee or assurance can be made as to the results. It is also understood that refusal to participate in this study will not influence standard treatment for me.

OBJECTIVES OF THE STUDY

I _____, agree to participate in a medical safety study, the purpose of which is to learn whether Cytolog™ is beneficial in the treatment of my disease and is also safe to consume.

Cytolog™ is a normal food substance, presented to me in a unique two-part delivery system. Cytolog™ I contains a special nutrient liquid that is derived from the cow's pre-milk and Cytolog™ Forte II is a nutritionally complete powder, which when mixed with water, becomes a vanilla tasting drink. This product has been shown to cause no harm to humans. The product may be sold commercially as a nutritional supplement.

PROCEDURES

I have been told that individuals previously diagnosed as HIV positive, will be included in the study, which will last for 1 month. This study will consist of two visits to the clinic.

During the first visit I will be interviewed by the physician or his/her representative, to determine my eligibility and willingness to participate in the study.

If I have tested positive for HIV, have no milk intolerance, or am not pregnant (if I am a female), I will be eligible.

If I qualify for the study, I will be issued a month's supply of product which I will be asked to take twice a day. I will be instructed to return all my used and unused containers at the end of the month.

At this initial visit, a blood sample (about one tablespoon) will be collected to measure my cell counts and blood protein levels. My general health and weight will also be assessed.

At the end of 1 month, my disease status and weight will be monitored and additional blood samples (about one tablespoon), will be collected to again assess my cell counts and blood protein levels.

I will be asked general follow up questions regarding the product.

If I notice any side effects during the course of the study or I wish to withdraw for any reason, I should contact my doctor or his/her representative at 513-247-0108.

RISKS AND PRECAUTIONS

The risks associated with taking Cytolog™ are minimal. Some individuals have gained weight. Some have experienced that their diarrhea are eased - in most cases, the product has been beneficial as to the "quality" of life. However, if I become intolerant to the milk powder (Cytolog™ Forte II), I will notice abdominal (stomach) discomfort.

The other risk involved associated with this study include those of blood drawing. Blood drawing may cause minor pain and discomfort and may result in bleeding or bruising and, rarely, infection at the site where blood is taken. I am aware that a small number of people sometimes faint when blood is drawn.

My participation in the study may also involve risks which are currently unforseeable. Further, I cannot participate in this safety study if I am currently participating in another research study.

NEW FINDINGS

I will be told about important new information which may influence my willingness to continue participation in the study.

PREGNANCY

Cytolog™ is a normal food substance and as such is as safe for human consumption as any nutritional supplement product. However, pregnancy may complicate the interpretation of the study results.

If I am a woman of child bearing potential, I will not participate in this research study unless I am using a form of birth control approved by Dr. Brandt. I agree to inform Dr. Brandt immediately if: 1) I have any reason to suspect pregnancy; 2) I find that the circumstances have changed and that there is now a risk of becoming pregnant; or 3) I have stopped using the approved form of birth control.

BENEFITS/ALTERNATIVE PROCEDURES/TREATMENTS

There are currently medications available to treat my condition, such as oral tablets, nasal sprays, etc. The doctor has discussed alternative treatment and I may choose to be treated with them rather than participate in this safety research program. I may receive no direct benefit from participating in this program.

CONFIDENTIALITY OF RECORDS

The information obtained in this study will be kept strictly confidential, except as required by law. However, the investigator participating in the study together with the scientific staff at Cellogic™ Corporation will have access to this information. The US Food and Drug Administration (FDA) may also request to review the records. Since this study involves food articles regulated by the FDA, the FDA may choose to inspect records identifying me as a subject in this investigation. If the results of the study are published, however, I will not be identified by name.

AVAILABILITY OF INFORMATION

Any questions that I may have concerning any aspect of the investigation will be answered by Dr. Brandt.

COMPENSATION

The cost of all medical examinations, study products, tests, and other direct expenses will be assumed by Cellogic™ Corporation.

INJURY

All decisions concerning injury, compensation and medical treatment occurring during or caused as a direct result of my participation in this safety research will be made on an individual basis, and determined solely by the Company. If I believe that I have been injured as a result of this safety research, I will contact Dr. Brandt. The Company believes that no injury shall arise from this study, therefore, the chance of injury, and any compensation to me is minimal.

THE RIGHT TO WITHDRAW

I am free to withdraw from this safety study at any time without loss of benefits to which I am otherwise entitled.

Should I wish to withdraw, I have been assured that standard therapy for my condition will remain available to me. I will be informed of the probable consequences of my withdrawal from the study.

PHYSICIAN REMOVAL

The study physician can stop my participation at any time if it appears to be medically harmful to me, if I fail to follow directions for participation in the study, if it is discovered that I do not meet the study requirements, or if the study is canceled.

ACKNOWLEDGMENT

I have read and understand the preceding information. I have had opportunity to ask questions and all of my questions have been answered to my satisfaction. This form is being signed voluntarily by me, indicating my agreement to participate in this program, until I decide otherwise. If I desire, I will be given a signed copy of this agreement.

LEGAL POSITION OF THE COMPANY

By participating in this nutritional safety study, I understand that I will hold harmless, the Company and persons involved directly with the Company, of any and all legal issues arising from this study, since this is simply a *safety* study, in that the product has been shown to be safe for human consumption. Therefore, neither the Company, nor myself, is open to any risk on the safety of this product.

WITNESSING AND SIGNATURES

Subject's signature Date

Investigator Date

Witness Date

Visit ☐

Follow-up form

Date of Visit	Patient Number	Patient's Name

Symptoms Assessment Form

Clinical Symptoms

	Yes	No	Severity: Severe	Moderate	Mild	None
▪ Diarrhea	☐	☐	☐	☐	☐	☐
▪ Nausea	☐	☐	☐	☐	☐	☐
▪ Vomiting	☐	☐	☐	☐	☐	☐
▪ Fever	☐	☐	☐	☐	☐	☐
▪ Cough	☐	☐	☐	☐	☐	☐
▪ Tuberculosis	☐	☐	☐	☐	☐	☐
▪ Fatigue/malaise	☐	☐	☐	☐	☐	☐
▪ Paraesthesia	☐	☐	☐	☐	☐	☐
▪ Disturbed sleep	☐	☐	☐	☐	☐	☐

Weight _____ **Height** _____

Physical Findings

	Yes	No	Severity: Severe	Moderate	Mild	None
▪ Skin rash	☐	☐	☐	☐	☐	☐
▪ Herpes Zoster	☐	☐	☐	☐	☐	☐
▪ Lymphadenopathy	☐	☐	☐	☐	☐	☐
▪ Hair changes	☐	☐	☐	☐	☐	☐
▪ Oral Thrush	☐	☐	☐	☐	☐	☐
▪ Leukoplakia	☐	☐	☐	☐	☐	☐
▪ Liver enlargement	☐	☐	☐	☐	☐	☐
▪ Spleen enlargement	☐	☐	☐	☐	☐	☐

Chest Examination: Describe _____

Comments on disease progression/severity _____

Additional adverse experiences: _____

Laboratory Testing (if applicable)

- T-lymphocytes _____ _____
- CD4+ cell counts _____ _____
- WBC Count _____ _____
- RBC Count _____ _____
- Hemoglobin _____ _____
- Hematocrit _____ _____

Sedimentation rate _____ _____

Chest X-ray, Describe:

CELLOGIC™ CORPORATION

CYTOLOG™

This multi-use kit contains the following:

- One container of liquid Cytolog™ I
- One container of powdered Cytolog™ Forte II

Instructions on how to use and mix the nutritional supplement

CYTOLOG™ I

1. Use cleanliness throughout.
2. Carefully open the container containing the liquid
3. Withdraw 5 - 10 mL of the liquid into a teaspoon
4. Transfer the withdrawn liquid into your mouth
5. Store the liquid portion of the product under refrigeration.

CYTOLOG™ FORTE II

6. Carefully open the container containing the powder
7. Pour three heaping tablespoons into a glass and suspend the powder in about 8 oz of filtered or distilled water. Stir the resultant reconstituted powder for 30-40 seconds, to form a uniform suspension. The suspended liquid will be milky and provides a creamy vanilla taste.
8. Drink the entire glass.
9. Close the powder container and store in a cool, dry place.

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
022296	120765	BJW	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	(N)	SEV	MOD	MILD	
NAUSEA	(Y)	N	SEV	(MOD)	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	(Y)	N	SEV	(MOD)	MILD	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	(Y)	N	SEV	(MOD)	MILD	
PARATHESIA	(Y)	N	SEV	(MOD)	MILD	

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PHYSICAL ASSESSMENT

WEIGHT 114# HEIGHT 6'

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	MOD	(MILD)	
HAIR	N	(ABN)	SEV	MOD	(MILD)	
MOUTH	N	(ABN)	SEV	MOD	(MILD)	
LYMPHA-DENOPATHY	N	(ABN)	SEV	(MOD)	MILD	
LIVER	N	(ABN)	SEV	(MOD)	MILD	
SPLEEN	N	(ABN)	SEV	(MOD)	MILD	
CHEST	(N)	ABN	SEV	MOD	MILD	

9

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 17

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
03-05-96	013163	DLB	RL Brandt

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	(Y)	N	SEV	(MOD)	MILD	
NAUSEA	Y	(N)	SEV	MOD	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	Y	(N)	SEV	MOD	MILD	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	Y	(N)	SEV	MOD	MILD	
PARATHESIA	Y	(N)	SEV	MOD	MILD	

1

PHYSICAL ASSESSMENT

WEIGHT 175.5 HEIGHT 72"

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	MOD	(MILD)	– SEBORRHEA
HAIR	N	(ABN)	SEV	MOD	(MILD)	– THINNING
MOUTH	N	(ABN)	SEV	MOD	(MILD)	– THRUSH
LYMPHA-DENOPATHY	N	(ABN)	SEV	(MOD)	MILD	– ↑ all areas
LIVER	(N)	ABN	SEV	MOD	MILD	
SPLEEN	(N)	ABN	SEV	MOD	MILD	
CHEST	(N)	ABN	SEV	MOD	MILD	

5

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 6**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
4-4-96	013163	DCB	BRANDI

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

WEIGHT 177.5 HEIGHT _____

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 TOTAL SCORE: 5

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
~~GRU~~ 3/5/96	02/16/44	GRU	RLB

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	4

PHYSICAL ASSESSMENT

WEIGHT 175# HEIGHT 6'

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	8
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 12

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
032596	10263	DCH	BRANDT

SYMPTOM ASSESSMENT

Clinical Symptoms						Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

Loose/Formed Stool's

PHYSICAL ASSESSMENT

WEIGHT: 150# HEIGHT _____ 1

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	5
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 6

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
030596	08 2857	LEY	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	(N)	SEV	MOD	MILD	
NAUSEA	Y	(N)	SEV	MOD	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	(Y)	N	SEV	(MOD)	MILD	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	(Y)	N	SEV	(MOD)	MILD	
PARATHESIA	Y	(N)	SEV	MOD	MILD	4

PHYSICAL ASSESSMENT

WEIGHT 174# HEIGHT 5'6"

	Normal	Abnormal	Severity			Comments Description
SKIN	N	(ABN)	SEV	MOD	(MILD)	
HAIR	(N)	ABN	SEV	MOD	MILD	
MOUTH	(N)	ABN	SEV	MOD	MILD	2
LYMPHA-DENOPATHY	N	(ABN)	SEV	MOD	(MILD)	
LIVER	(N)	ABN	SEV	MOD	MILD	
SPLEEN	(N)	ABN	SEV	MOD	MILD	
CHEST	(N)	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 6

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
04/08/96	042759	PCS	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB MAC	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

6

WEIGHT 135.5 HEIGHT _____

	Normal	Abnormal		Severity		Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

6

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 12

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
4/02/96	082857	Ley	BRANDT

SYMPTOM ASSESSMENT

Clinical Symptoms						Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

WEIGHT 180 lbs HEIGHT _____

1

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

2

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 3

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
021496	081062	TAR	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

6

WEIGHT 183# HEIGHT 6'

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	3
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 9**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
03 28 96	09175	JLJ	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

7

PHYSICAL ASSESSMENT

WEIGHT 175 # HEIGHT _____

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

7

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 14**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
02-16-96	042759	PCS	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	(Y)	N	(SEV)	MOD	MILD	3 3
NAUSEA	(Y)	N	(SEV)	MOD	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	Y	(N)	SEV	MOD	MILD	
TB – MYCOBACT AVIUM	(Y)	N	SEV	(MOD)	MILD	2
FATIGUE	(Y)	N	SEV	(MOD)	MILD	2
PARATHESIA	Y	(N)	SEV	MOD	MILD	10

PHYSICAL ASSESSMENT

WEIGHT 130# HEIGHT 5'6

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	(MOD)	MILD	
HAIR	N	(ABN)	SEV	(MOD)	MILD	
MOUTH	N	(ABN)	SEV	MOD	(MILD)	
LYMPHA-DENOPATHY	N	(ABN)	SEV	MOD	(MILD)	
LIVER	N	(ABN)	SEV	MOD	(MILD)	8
SPLEEN	N	(ABN)	SEV	MOD	(MILD)	
CHEST	(N)	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 18**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
03-11-96	07 11 66	JRG	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	(Y)	N	SEV	(MOD)	MILD	
NAUSEA	(Y)	N	SEV	(MOD)	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	Y	(N)	SEV	MOD	MILD	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	(Y)	N	SEV	(MOD)	MILD	
PARATHESIA	Y	(N)	SEV	MOD	MILD	

6

PHYSICAL ASSESSMENT

WEIGHT 123# HEIGHT 5' 11"

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	MOD	(MILD)	Seborrhea
HAIR	N	(ABN)	SEV	MOD	(MILD)	Thinning
MOUTH	(N)	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	(N)	ABN	SEV	MOD	MILD	
LIVER	(N)	ABN	SEV	MOD	MILD	
SPLEEN	(N)	ABN	SEV	MOD	MILD	
CHEST	(N)	ABN	SEV	MOD	MILD	

2

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 8**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
GRJ 4/29/96	021644	GRJ	R Brandt

SYMPTOM ASSESSMENT

Clinical Symptoms						Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	2

PHYSICAL ASSESSMENT

WEIGHT 171 # HEIGHT _____

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	4
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 6**

UNIVERSITY OF NAIROBI

COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF MEDICAL MICROBIOLOGY

Telephone: 719628, 714851
Telegrams: "Medken" Nairobi

P.O. Box 19676
NAIROBI,
KENYA

Nairobi April 3, 2000

File

Proposed Study Budget

Re: Laboratory Test: Initial 20 patients

1. Laboratory tests : these will be supported by the donations to be secured in the USA by Mr. James Stephen Matthews.

Viral load

CD4/ CD 8 Counts

Full Haemograms

Liver functions test

Urea/electrolytes

Consummables

2.Logistic support	***$ 1,000.00***
Received	***$ 500.00***
To pay at the end of the study	***$ 500.00***

Dr. Job Bwayo

Chairman of Medical Microbiology Department

DEPARTMENT OF MEDICAL MICROBIOLOGY
COLLEGE OF HEALTH SCIENCES
03 APR 2000
P. O. BOX 19676
NAIROBI
KENYATTA NATIONAL HOSPITAL

BANK ROUTING INFORMATION
FOR

WESTERN BIOMEDICAL RESEARCH INSTITUTE

Bank Name:	**Charter One Bank**
Bank Address:	**144 E. Front St.** **Perrysburg, Ohio 43551**
Bank Phone:	**419-874-1640**
Bank Officer:	**Jan Tehansky**
Bank Routing:	**241070417**
Account Name:	**Western Biomedical Research Institute**
Account No.:	**0780019638**
Contact Person at WBRI:	**Dr. James De Franco, M.D.**
Phone:	**419-872-2347**

UNIVERSITY OF NAIROBI

College of Health Sciences

DEPARTMENT OF MEDICAL MICROBIOLOGY

Telephone: Nairobi 714851, 714852
Fax:712007

Kenyatta National Hospital
P.O. Box 19676
Nairobi, Kenya

DATE 29/08/2000

IN VITRO EFFECTS OF INFOPEPTIDES ON HIV-1 REPLICATION

Objective:

To find out whether Infopeptides inhibit binding of HIV-1 on CD4 positive cells.

Procedure:

- HIV-1 isolated and quantified using Roche Amplicor kit.
- PBMCs isolated from normal HIV-1 negative individuals will be used for the culture.
- Three sets of experiments will be set up.
- PBMCs culture and Infopeptides will be incubated for four hours before adding the virus from plasma of HIV-1 infected individuals.
- PBMCs and virus will be incubated for four hours prior to addition of Infopeptides.
- Controls will be;
  (i) PBMCs with medium (negative control)
  (ii) PBMCs with virus (positive control)
- For each set of experiment aliquot supernatant will be collected every 12 hours for 72 hours.
- Viral quantitation will be done by HIV P24 assay and viral load using Roche Amphicor.

UNIVERSITY OF NAIROBI

COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF MEDICAL MICROBIOLOGY

elephone: 719628, 714851
elegrams: "Medken" Nairobi

ile

P.O. Box 19676
NAIROBI,
KENYA

Nairobi April 3, 2000

To Whom It May Concern

Re: Viral load and Cd4/Cd 8 count kits

Dear Sir/Madam,

We are conducting an evalution study in HIV/AIDS among the prostitutes in Nairobi Kenya and would appreciate a donation of 40 kits for Viral load and CD 4/ CD 8 counts.

These donations can be given to Mr. James Stephen Matthews who will forward them to us.

Hoping to hear from you soonest, we remain sincerely yours,

DEPARTMENT OF MEDICAL MICROBIOLOGY ★ COLLEGE OF HEALTH SCIENCES ★ 03 APR 2000 ★ P O BOX 19676 NAIROBI ★ KENYATTA NATIONAL HOSPITAL

Dr. Job Bwayo

Chairman of Medical Microbiology Department

KENUGAT HEALTHCARE SERVICES

P.O Box 20835, Tel. 219930/224468

Hazina Towers11th Floor, Wing A, Monrovia Street Nairobi, Kenya

November 1, 2000

To whom it may concern,

Kenugat Healthcare Services, in cooperation with the Cellogic Project, wishes to initiate a homebased adjunctive care service to those suffering from HIV/AIDS in Nairobi, Kenya as a means of providing the additional services and therapeutics needed to deal with the most advanced stages of the disease.

It is assumed that, no matter how effective the supplementation of Infopeptides may prove to be, there will remain a need for additional services to those individuals with advanced disease and limited resources in the City and surrounding areas.

The program is primarily focused on benefiting the patients, with secondary benefit to the Cellogic Project and Kenugat Healthcare Services. To provide these services through the first 24 month period we will require material and financial support in the following amounts:

Office space	$ 9,600.00
Transportation for mobile health teams	$ 48,000.00
Administrative and medical personnel	$ 96,000.00
Medications	$ 50,000.00
Total of estimated costs	**$ 203,600.00**
Contingency	$ 20,300.00
Grand total	**$ 223,900.00**

Dr. Peter Kiama Wangai, MBchB(uon)

UNIVERSITY OF NAIROBI

College of Health Sciences

DEPARTMENT OF MEDICAL MICROBIOLOGY

Kenyatta National Hospital
P.O. Box 19676
Nairobi, Kenya

Telephone: Nairobi 714851, 714852
Fax:712007

Budget:

REAGENT	Quantity	COST
• RPMI 1640	10L	$6.50
• pipette tips	4 X 1000	$15
• Fetal calf serum (FCS)	500ml	$270
• 24-well flat bottom plates	50 pcs	$84
• Ficoll-hypaque	500ml	$385
• 15 ML centrifuge tubes	100 pcs	$32
• 50ml centrifuge tubes	100pcs	$52
• serum vials	200pcs	$39
• P24 EIA Kit	1 kits	$415
• Viral load monitor Kit- Roche	1kits	$2250
• Ethanol	2.5 L	$65
• Isopropanol	2.5 L	$58
• Needles	100	$7
• **Vacutainer tubes**	**100**	**$18**
TOTAL COST		**$3696.6**

Personnel:

- Technician time = $ 250/day for 10days = $2,500
- **Supervisor time = $ 200/day for 10days = $2,000**

TOTAL COST $4,500

TOTAL COST= $8,196.5

Dr. A. O. Anzala.

Laboratory Director

OMU ANZALA, MBChB.PhD

CURRICULUM VITAE

DATE OF BIRTH : SEPTEMBER 9TH 1961
CITIZENSHIP : KENYAN
BUSINESS ADDRESS : DEPATMENT OF MEDICAL MICROBIOLOGY,
UNIVERSITY OF NAIROBI,
P.O. Box 19676,
Nairobi
Tel: 717694,714613,712550
Fax: 717694
E-mail: anzala@africaonline.co.ke

EDUCATION:

1996-1998 :Postdoctoral Fellow. Molecular Immunology Group, Institute of Molecular Medicine, Oxford University, Oxford UK.

1991-1996 : PhD Candidate. Department of Medical Microbiology, University of Manitoba, Winnipeg, Canada.

July 1991 : Diploma in Epidemiology, Tufts University, Medford, MA

1980-1986 : MBChB, University of Nairobi, Nairobi, Kenya

1974-1979 : Alliance High School Kikuyu

PROFESSIONAL EXPERIENCE:

1986 - 1987 :Medical Officer (I) Machakos Hospital, Kenya.

1987 - 1988 :Medical Officer (II) Kapsabet Hospital, Kenya.

1989 – 1991 :Research Doctor Department of Medical Microbiology, University of Nairobi.

1989 - Present :Lecturer. Department of Medical Microbiology, University of Nairobi.

1998 - Current :Consultant Virologists/ Immunologist – Medical Research Council (UK) on HIV/AIDS VACCINE in Kenya.

AWARDS:

1996 The Rockefeller Foundation African Science-Based Development Career Award.

1994 The Rockefeller Foundation African Dissertation Award.

MEMBERSHIP IN PROFESSIONAL ORGANISATION

Registered Member of Kenya Dentist and Medical Board.
Members of Kenya Medical Association.

PUBLICATIONS:

1. Nagelkerke NJD, Plummer FA, Holton D, **ANZALA A.O**, Manji F, Ngugi NE, Moses S. Transition Dynamics of HIV disease in a cohort of African prostitutes: A Markov model approach. AIDS 1990; 4(8): 743-747

2. Moses S, Plummer FA, Ngugi EN, Nagelkerke NJD, **ANZALA A.O**, Ndinya-Achola JO. Controlling HIV in Africa: Effectiveness and cost of an intervention in a high frequency STD transmitter core group. AIDS 1991; 5(4): 407-11.

3. Kreiss JK, Ngugi E, Holmes K, Ndinya-Achola J, Waiyaki P, Roberts PL, Ruminjo I, Sajabi R, Kimata J, Flemming TR, **ANZALA AO**, Holton D, Plummer F. Efficacy of nonoxnol-9 contraceptive sponge use in preventing heterosexual acquisition of HIV in Nairobi prostitutes. J Amer Med Assoc 1992; 268(4): 477-82.

4. **ANZALA AO**, Nagelkerke NJD, Bwayo JJ, Holton D, Moses s, Ngugi EN, Ndinya-Achola JO, Plummer FA. Rapid progression to disease in African sex workers HIV type I infection. J Infect Dis 1995: 171(3): 686-9.

5. Bwayo JJ, Nagelkerke NJD, Moses S, Embree J, Ngugi EN, Mwatha A, Kimani J, **ANZALA AO**, Choundhri S, Ndinya- Achola JO, Plummer FA. Comparison of the declines in CD4 counts in HIV-1-seropositive female sex workers and women from the general population in Nairobi, Kenya. J. AIDS Human Retrovirol 1995; 10:457-61.

6. Kimani J, Bwayo JJ, **ANZALA AO**, Maclean I, Mwatha A, Choudhri SH, Plummer FA, Ronald AR. Low dose erythromycin regimen for the treatment of chancroid. East Afr Med J 1995; 72(10): 645-8.

7. Fowke KR, Nagelkerke NJD, Kimani J, Simosen JN, **ANZALA AO**, Bwayo JJ, MacDonald KS, Ngugi EN, Plummer FA. Resistance to Hiv-1 infection among persistently seronegative prostitutes in Nairobi, Kenya. Lancet 1996; 348:1347-51.

8. Bwayo JJ, Kimani J, Nagelkerke N, Kakai R, Plummer F, **ANZALA AO**. Are there long term survivors among the HIV-1 infected Africa female commercial sex workers? East Afr Med J (submitted).

9. **ANZALA AO, Simonsen JN, Kimani J, Ball TB, Ngugi EN, Bwayo JJ, Nagelkerke N, Kakai NJD, Plummer FA. Role of sexually transmitted infections in accelerated HIV-1 disease progression. (In press, JID).**

10. **ANZALA AO, Ball B, Rostron T, Smith M, O'Brien S, Plummer F, Rowland-Jones SL. The allele of the CCR2 chemokine receptor is strongly associated with delayed disease progression in a cohort of African sex workers. (June 1998, The Lancet).**

11. **Mark A Luscher, Gregory Choy, Ephantas Njagi, Bwayo JJ, ANZALA AO, Ndinya-Achola J, Kelly MacDonald et al. Naturally Occurring IgG Anti-HLA Alloantibody Does Not Correlate with HIV Type 1 Resistance in Nairobi Prostitutes. Aids Research and Human Retroviruses Vol.14, Number 2, 1998.**

12. **Kenneth E. Robbins, Leondios G Kostrikis, Teresa M. Brown, ANZALA AO, Sunny Shin, Francis A Plummer, Marcia L Kalish. Genetic analysis of human immunodeficiency virus type 1 strains in Kenya: A comparison using phylogenetic analysis and combinational melting assay (COMA). (In Press)**

ABSTACTS:

1. **ANZALA A, Plummer F, Wamola I, Ndinya-Achola JO, Waiyaki P, Kreiss J. Progression to disease in women with known duration of HIV infection. V International Conference on AIDS, Montreal, Quebec, June 4-9 1989.**

2. **Nagelkerke N, Manji F, ANZALA A, Waiyaki P, Plummer F. Heterogeneity in the incubation time of AIDS: Correlation of a stochastic serial compartment model and empirical data. IV International Conference on AIDS and Associated Cancers in Africa, Marseille, France, October 18-20, 1989. Abstract #026.**

3. **ANZALA A, Wambugu P, Bosire M, Ngugi EN, Waiyaki P, Plummer FA. The rate of development of HIV-1 related illness in women with known duration of infection. VI International Conference on AIDS San Francisco, CA, June 20-24, 1990.**

4. **Wambugu P, Plummer FA, Holton D, ANZALA AO, Gilks C, Bosire M, Ngugi EN. Clinical manifestations of HIV-1 infection among women working as prostitutes in Nairobi. VI International Conference on AIDS, San Francisco, CA, June 20-24, 1990.**

5. **Plummer FA, Holton D, ANZALA AO, Wambugu P, Ngugi EN, Ndinya-Achola JO. Rapid development of symptomatic disease in East African prostitutes.**

Laboratory of Tumor Cell Biology Annual Meeting, Bethesda, Maryland, August 11-17, 1990.

6. **ANZALA AO**, Plummer FA, Wambugu P, Nagelkerke NJD, Ndinya-Achola JO, Bwayo J, Ngugi EN. Incubation time to symptomatic disease (SD) and AIDS in women with a known duration of infection. 7th International Conference on AIDS Florence, Italy, June 16-21,1991. Abstract TU.C.103.

7. Kimani J, Maclean I, **ANZALA AO**, Ronald A, Plummer F. Media comparison for the isolation of Haemophilus ducreyi (Hd). VIII International Conference on AIDS/III STD World Congress, Amsterdam, The Netherlands, July 19-24, 1992. Abstract #PoB3506.

8. Fowke K, **ANZALA AO**, Simonsen JN, Nagelkerke NJD, Ngugi EN, Plummer FA. Heterogeneity in susceptibility to HIV-1 in continuously exposed prostitutes. VIII International Conference on AIDS/III STD World Congress, Amsterdam, The Netherlands, July 19-24, 1992. Abstract #PoC 4026.

9. Ronald A, Kimani J, **ANZALA O**, Maclean I, Melissa M, Plummer FA, Treatment of chacroid with a 5-day low dose erythromycin regimen. VIII International Conference on AIDS/STD World Congress, Amsterdam, The Netherlands, July 19-24, 1992. Abstract #PoB 3374.

10. Maclean I, Kimani J, **ANZALA O**, Tyndal M, Plummer FA, Ronald A. Serological diagnosis of Haemophilus ducreyi (HD) infection (chancroid). VIII International Conference on AIDS/III STD World Congress Amsterdam, the Netherlands, July 19-24, 1992. Abstract #PoB 3518.

11. **ANZALA AO**, Plummer FA, Ngugi EN, Emonyi W, Kreiss Jk, Ndinya-Achola JO. Rapid development of symptomatic HIV-1 related diseases in prostitute in Nairobi, Kenya. VII International Conference on AIDS/III STD World Congress, Amsterdam. The Netherlands, July 19-24, 1992. Abstract# PoC 4353.

12. Simonsen JN, Fowke K, Nagelkerke NJD, **ANZALA AO**, Emonyi W, Bwayo JJ, Ngugi EN, Plummer FA. Evidence for resistance to HIV-1 among continuously exposed prostitutes. Research Conference on Immunologic and Host Genetic Resistance to HIV Infection and Disease, Bethesda, MD, February 25-27, 1993.

13. Fowke K, Nagelkerke NJD, Simonsen JN, **ANZALA AO**, Emonyi W, Bwayo JJ, Ngugi EN, Plummer FA. Evidence for resistance to HIV-1 among continuously exposed prostitutes. NIH AIDS Postdoctoral Meeting (Keystone Symposia on "Frontiers in HIV Pathogenesis"), Albuquerque, NM, March 28-April 4, 1993.

14. Nagelkerke NJD, Plummer FA, Mwatha T, **ANZALA A**, Ndinya-Achola JO. Time for HIV-1 seroconversion to CDC-IV disease in Nairobi prostitutes. 9th

International Conference on AIDS/4th STD World Congress, Berlin, Germany, June 7-11, 1993.

15. Fowke KR, Staney LA, Simonsen JN, Nagelkerke NJD, Nath A, ANZALA AO, Oyugi J, Plummer FA. HIV-1 resistant prostitutes: An innate mechanism? First National Conference on Human Retoviruses and Related Infections, Washington, DC, December 12-16, 1993. Abstract#153.

16. ANZALA AO, Ndinya-Achola JO, Ngugi EN, Simonsen JN, Kreiss JK, Plummer FA. Rapid progression to disease in African prostitutes with HIV-1 Infection. First National Conference on Human Retroviruses and Related Infections, Washington, DC, December 12-16, 1993. Abstract #149.

17. Fowke KR, Staney LA, Simonsen JN, Nagelkerke NJD, Nath A, ANZALA AO, Oyugi J, Plummer FA. HIV-1 resistant prostitutes: An inmate or acquired mechanism? Canadian Society for Immunology Meeting, Le Chantecler – Sainte-Adele, Quebec, March 11-14, 1994.

18. Fowke KR, Slaney LA, Simosen JN, Nagelkerke NJD, Nath A, ANZALA AO, Oyugi J, Plummer FA. HIV-1 resistant prostitutes are not protected through an inmate mechanism. Canadian Association for HIV Research – Fourth Annual Canadian Conference on HIV/AIDS Research, Toronto, ON, June 1-3, 1994.

19. Plummer FA, Simonsen JN, Fowke KR, MacDonald KS, Kimani J, ANZALA O, Ngugi E. Epidemiology and Immunogenic studies of highly exposed, commercial sex workers. 7th International Congress for Infectious Diseases, Hong Kong, June 10-13,1996.

20. ANZALA AO, Kimani J, Ball B, Ngugi EN, Bwayo JJ, Plummer FA. Alterations in HIV-1 plasma viremia, CD4 counts and Th2 cytokines with acute sexually transmitted infections (STI). XI th International Conference on AIDS, Vancouver, BC, July 7-12, 1996.
21. Kimani J, Kaul R, Njagi E, MacDonald K, ANZALA O, Nagelkerke N, Bwayo JJ, Plummer F. Correlates of long-term survival and immunologic non-progression among HIV-1 infected sex workers in Nairobi. XI th International Conference on AIDS, Vancouver, BC, July 7-12, 1996.

CURRICULUM VITAE

NAME:	DR. KIAMA WANGAI PETER
DATE OF BIRTH:	1970
ID NO:	10967225
PLACE OF BIRTH:	DIVISION - THIKA DISTRICT - KIAMBU PROVINCE - CENTRAL COUNTRY - KENYA
RELIGION:	CATHOLIC
NATIONALITY:	KENYAN
SEX:	MALE
MARITAL STATUS:	MARRIED
CONTACT ADDRESS:	BOX 886 THIKA, KENYA
PROFESSION:	MEDICAL DOCTOR

WORKING EXPERIENCE

Internship, Kenyatta National Hospital, 1998-1999

Research on HIV/AIDS, Majengo Clinic, Nairobi

EDUCATION

University of Nairobi:-

Bachelor of Medicine and Bachelor of Surgery (MBChB)
1990-1996

High School:-

Nyeri High School
Box 337
NYERI, Kenya
Kenya Advanced Certificate of Education (KACE), 1988-1989
3 Principals, 1 Subsidiary

Telegrams: "MEDSUP", Nairobi

P.O. Box 20723, Nairobi

Ref. KNH/DD(CS)36A/Vol.II/176

Date 20th April, 1999

The Permanent Secretary
Ministry of Health
P.O. Box 30016
NAIROBI.

RE: RELEASE OF MEDICAL OFFICER INTERN
DR. KIAMA WANGAI PETER - P.NO. 9611075

This is to inform you that Dr. Kiama who has been doing his internship in this Hospital has successfully completed the same.

He is therefore, hereby released back to you for necessary deployment.

DR. C.J.N. OMONDI
DEPUTY DIRECTOR, CLINICAL SERVICES

ORIGINAL

DC 22/4/99
Nº 11445

THE MEDICAL PRACTITIONERS AND DENTISTS BOARD

OFFICIAL RECEIPT FOR DOCTORS ONLY

Received from DR. P W. KIAMA

Kenya Shillings (in words) Three Thousa only

on account of Registration

KSh. 3000/=

Cash/Cheque No./~~M.O.~~

Signature of the Cashier

GPK 5117—150 Bks.—1/96

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1054 RESULT: Typical (Atypical) or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-17	4-25	5-11	5-18	5-26	____
Clinical Symptoms						
• Diarrhea	3	2	1	3	3	____
• Nausea	3	2	1	3	3	____
• Vomiting	3	2	1	3	3	____
• Fever	3	0	1	3	3	____
• Cough	0	0	0	0	0	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	0	0	0	0	0	____
• Parasthesia	0	0	0	0	0	____
Score:	12	6	4	12	12	____
Physical Findings						
• Skin Rash	3	2	3	3	3	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	1	1	1	1	1	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	4	3	4	4	4	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1		Poor Appetite	Sick Looking
Exam 2		Poor Appetite	Improving
Exam 3	Apthous ulcers	Poor Appetite	Improving
Exam 4		Poor Appetite	SICK LOOKING
Exam 5		Poor Appetite	GIS AND ESOPHAGITIS
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1850 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	6-21	7-5	7-19			
Clinical Symptoms						
• Diarrhea	0	0	0			
• Nausea	0	0	0			
• Vomiting	0	0	0			
• Fever	0	0	0			
• Cough	0	0	0			
• Tuberculosis	0	0	0			
• Fatigue/Mailaise	0	0	0			
• Parasthesia	0	3	3			
Score:	0	3	3			
Physical Findings						
• Skin Rash	1	0	0			
• Herpes Zoster	0	0	0			
• Lymphadenopathy	0	2	1			
• Hair Changes	0	0	0			
• Oral Thrush	0	0	0			
• Leukoplakia	0	0	0			
• Liver Enlargement	0	0	0			
• Spleen Enlargement	0	0	0			
Score:	1	2	1			

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Dry Mouth 1524
Exam 2			Doing Well
Exam 3			Doing Well
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
022696	10264	DCH	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

7

PHYSICAL ASSESSMENT

WEIGHT 150# HEIGHT 5'8"

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

6

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 13

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
032196	120765	BJW	BRANDT

SYMPTOM ASSESSMENT

Clinical Symptoms						Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	2

PHYSICAL ASSESSMENT

WEIGHT 120 HEIGHT _____

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	5
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 TOTAL SCORE: 7

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1266 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	3-31	4-26	5-15	6-2	6-16	7-21
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	0
• Nausea	1	0	0	0	0	0
• Vomiting	0	0	0	0	0	0
• Fever	0	0	0	0	0	0
• Cough	0	0	0	0	0	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	1	0	0	0	0	0
• Parasthesia	0	0	0	0	0	0
Score:	2	0	0	0	0	0
Physical Findings						
• Skin Rash	3	1	0	3	3	3
• Herpes Zoster	0	0	0	0	0	0
• Lymphadenopathy	0	0	0	0	0	0
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	6
• Spleen Enlargement	0	0	0	0	0	0
Score:	3	1	0	3	3	3

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			2,7
Exam 2		SKIN PROBLEM	MARKEDLY IMPROVED STOPPED STEROID FOR SLE
Exam 3			Doing Well - CT Cytology
Exam 4			
Exam 5			
Exam 6			BP 190/100 Put on Drugs

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 546 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	3-28	4-14	4-20	5-2	____	____
Clinical Symptoms						
• Diarrhea	3	2	0	0	____	____
• Nausea	3	0	0	0	____	____
• Vomiting	0	0	0	0	____	____
• Fever	3	2	0	0	____	____
• Cough	0	0	0	0	____	____
• Tuberculosis	0	0	0	0	____	____
• Fatigue/Mailaise	3	2	0	0	____	____
• Parasthesia	0	0	0	0	____	____
Score:	12	6	0	0	____	____
Physical Findings						
• Skin Rash	3	0	0	0	____	____
• Herpes Zoster	0	0	0	0	____	____
• Lymphadenopathy	3	3	0	0	____	____
• Hair Changes	1	0	0	0	____	____
• Oral Thrush	1	0	0	0	____	____
• Leukoplakia	0	0	0	0	____	____
• Liver Enlargement	0	0	0	0	____	____
• Spleen Enlargement	0	0	0	0	____	____
Score:	8	3	0	0	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Weight loss-severe 110 #
Exam 2		Dizziness	No complaints
Exam 3			Decided to go home to Tanzania
Exam 4			Left for Tanzania
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1787 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	5-9	6-28	7-13	____	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	____	____
• Nausea	1	0	0	0	____	____
• Vomiting	0	0	0	0	____	____
• Fever	0	0	0	0	____	____
• Cough	1	0	0	0	____	____
• Tuberculosis	0	0	0	0	____	____
• Fatigue/Mailaise	1	0	0	0	____	____
• Parasthesia	0	0	0	0	____	____
Score:	3	0	0	0	____	____
Physical Findings						
• Skin Rash	0	0	0	0	____	____
• Herpes Zoster	0	0	0	0	____	____
• Lymphadenopathy	0	1	1	1	____	____
• Hair Changes	0	0	0	0	____	____
• Oral Thrush	0	0	0	0	____	____
• Leukoplakia	0	0	0	0	____	____
• Liver Enlargement	0	0	0	0	____	____
• Spleen Enlargement	0	0	0	0	____	____
Score:	0	0	0	0	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			2048
Exam 2			NO Complaints
Exam 3			Doing well
Exam 4			Doing well
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 300 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th	7th	8th
Date:	4-2	4-5	4-19	4-25	5-11	5-17	5-25	___
Clinical Symptoms								
• Diarrhea	3	0	0	0	0	0	0	___
• Nausea	3	0	0	0	0	0	0	___
• Vomiting	3	0	0	0	0	0	0	___
• Fever	3	0	0	0	0	0	0	___
• Cough	0	0	0	0	0	0	0	___
• Tuberculosis	0	0	0	0	0	0	0	___
• Fatigue/Mailaise	1	1	1	1	1	1	1	___
• Parasthesia	0	0	0	0	0	0	0	___
Score:	13	1	1	1	1	1	1	___
Physical Findings								
• Skin Rash	0	0	0	0	0	0	0	___
• Herpes Zoster	0	0	0	0	0	0	0	___
• Lymphadenopathy	2	2	2	2	2	2	2	___
• Hair Changes	0	0	0	0	0	0	0	___
• Oral Thrush	0	0	0	0	0	0	0	___
• Leukoplakia	0	0	0	0	0	0	0	___
• Liver Enlargement	0	0	0	0	0	0	0	___
• Spleen Enlargement	0	0	0	0	0	0	0	___
Score:	2	2	2	2	2	2	2	___

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			128#
Exam 2			Clinical Malaria
Exam 3			No Complaints
Exam 4			
Exam 5		Poor Appetite	
Exam 6		Body Pains	No Complaints

REMARKS:

7dys 70 60 90

V.- ✓ ✓

Cou

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 495 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4/4					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	0					
• Vomiting	0					
• Fever	0					
• Cough	0					
• Tuberculosis	0					
• Fatigue/Mailaise	0					
• Parasthesia	0					
Score:	0					
Physical Findings						
• Skin Rash	2					
• Herpes Zoster	0					
• Lymphadenopathy	2					
• Hair Changes	0					
• Oral Thrush	0					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	4					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Thrush 130#
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1772 RESULT: Typical, (Atypical) or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	5-2	5-16				
Clinical Symptoms						
• Diarrhea	0	3				
• Nausea	2	3				
• Vomiting	3	3				
• Fever	2	3				
• Cough	0	3				
• Tuberculosis	0	0				
• Fatigue/Mailaise	3	3				
• Parasthesia	2	3				
Score:	12	21				
Physical Findings						
• Skin Rash	0	0				
• Herpes Zoster	0	0				
• Lymphadenopathy	2	3				
• Hair Changes	0	3				
• Oral Thrush	2	3				
• Leukoplakia	0	0				
• Liver Enlargement	0	0				
• Spleen Enlargement	0	0				
Score:	4	9				

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1		MENINGITIS	SENT HOME TO 121##
		Cryptococcal	TANZANIA
Exam 2		MENINGITIS	SENT HOME TO
		Cryptococcal	TANZANIA
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

VI. HOBBIES:

Swimming, walking, travelling, listening to soft music and contacting people.

VII. REFEREES:

- **Dr. Robert L. WATT, International Consultant, 1208, West Lincoln Highway, Coatesville, PA 19320-1838, USA. Phone: 1-610-384-6508; Fax: 1-610-384-6373**
- **Mr. Ward ROOFTHOOFT, International Marketing Consultant, Den Abt 145, B-2340 Beerse, BELGIUM. Phone: 323-312-2197; Fax: 323-312-1169.**
- **Dr. MTANA LEWA, International Consultant, PO. Box 60763, Nairobi-Kenya. Phone: 254 -2 -334 933.**

I undersigned that the above information is true.

Pascal GISENYA BAGIRE,

Pharmacist.

Visit to MEDS/Nairobi, Joint Medical Stores/ Kampala, BUFMAR/ Kigali, SANRU/ CEPAM/ Kinshasa, and MSD/ Dar-es-salaam to assess their needs in Medicines in order to establish their annual consumption and how to efficiently supply them better.

5. March 1996: SOUTH AFRICA- LESOTHO

Visited main Pharmaceutical Industries in South Africa (SADI, QUATROMED, CIBA GEIGY, GAREC, ETHICALS SA, ADCOCK INGRAM,) and in Lesotho (LPC) to find out how these factories can supply AMFA.

6. May 1996: MOMBASSA Kenya

I actively participated at The Pharmaceutical Society of Kenya annual meeting and was appointed Associate Member.

7. June 1996: ZAMBIA- ZIMBABWE

I visited other potential factories, members of the ITC syndicate; GAMMA (Ndola, Zambia), CAPS (Harare, Zimbabwe), and DATLABS (Bulawayo, Zimbabwe) to find out the possibilities of supplying the sub-Saharan market.

8. July 1996: Kinshasa Congo.

I visited the Congolese Church of Christ authorities to discuss the supply of all the Christian Hospitals in the Country.

9. November 1996: CHIKANKATA (ZAMBIA):

Attended a course on Hospital Drug Management and Rational Use.

10. December 1996: NAIROBI (Kenya):

*** Director of the Pharmacy Department (1993- 1995).**

*** Principal of the Pharmacy Assistants School (1993- 1995).**

1996- 1997: AFFORDABLE MEDICINES FOR AFRICA (AMFA):
Nairobi- Kenya

Regional Director for East and Central Africa in charge of the following tasks:

- Marketing: customers contact in the region
- Suppliers contact throughout Africa

1997-TO DATE: SmithKline BEECHAM INTERNATIONAL
Nairobi Kenya

Consultant for Rwanda, Burundi and Democratic Republic of Congo in charge of the following tasks:
- Marketing for branded, consumer and generic products
- Promotion and sales for the above products.

V. WORKSHOPS /SEMINARS AND VISITS

1. June 1982: CME NYANKUNDE (Congo)

Facilitator in a Seminar for Health Centre Managers Training in Drug Management.

2. August 1993: Kinshasa (Congo)

Facilitator in a Seminar for the Church of Christ (Protestant Church) Buying Groups Directors in Drug Management.

3. February 1995: South Africa

Guided visits to South African Community based projects: Johannesburg, Bloemfontein, East London.

4. February 1996: KENYA -UGANDA-RWANDA-CONGO-TANZANIA

Attended a workshop with ITC syndicate and we discussed various possibilities of co-operation within the region.

11. March 1997: NAIROBI (Kenya):

I participated at the Community Health Care First International Conference.

12. January 1998: Mombassa (Kenya):

I participated at the SmithKline Beech International East Africa Sales Conference.

13. June 1999: Mount Kenya Safari Camp (Kenya):

I participated in the SmithKline Beecham International Team Building Conference.

14 July 1999: Nairobi (Kenya):

I participated in a SmithKline Beecham International training in Profession Selling Skills.

15. July 1999: Nairobi(Kenya):

I participated in the training for SmithKline Beecham International Managers in Business Today Management.

16. October 1999: King of Prussia, PA (USA):

I visited SmithKline Beecham International Reasearch and Development Headquarters for a seminar.

V. PROFESSIONAL SKILLS:

- Computer illiterate: DOS, WINDOWS 3.1, WORD PERFECT 6.0, WORD, LOTUS 123, EXCEL, E-MAIL, POWER POINT
- Fluent in French, English, Swahili, Kinyarwanda, Kirundi, Lingala, Kikongo, Luganda, Runyankole, Rutooro, Runyooro, Rukiga;
- Associate member of the Pharmaceutical Society of Kenya;
- Member of the Pharmaceutical Society of Congo.
- Member of the Christian Pharmacists Fellowship International

CURRICULUM VITAE

I. PERSONAL INFORMATION

NAME : PASCAL GISENYA BAGIRE
DATE OF BIRTH : MARCH 11 TH. , 1954
MARITAL STATUS : MARRIED (3 DAUGHTERS: 14, 11, 4; AND 1 SON: 4 MONTHS.)
NATIONALITY : CONGOLESE
RELIGION : CHRISTIAN, PROTESTANT
ADDRESS : PO. BOX 47214 NAIROBI KENYA
TELEPHONE : 254 2 575930 (HOME)
254 2 534241/5(OFFICE)
FAX : 254 2 575930(HOME)
254 2 543204(OFFICE)
E-MAIL : PascalGisenya@maf.org(HOME)
pascal.g@africaonline.co.ke(OFFICE)

II. CAREER OBJECTIVE

*** To undertake the overall management of Pharmaceutical business with specific emphasis in the efficient, professional distribution of medical and surgical products/ equipment.**

*** To offer Pharmaceutical Services with specific emphasis on the production and supply of essential drugs.**

III. ACADEMIC BACKGROUND

1. Primary Education:

1961- 1967: Goma (Congo) : Congolese Certificate of Primary Education
Grade "A"

2. Secondary Education:

1967- 1973: Goma (Zaire) : State Diploma of Secondary Studies: " Grade B"

3. University Education:

1974-1979: Kinshasa (Zaire) : Pharmacist Degree: " Grade C".

IV. WORKING EXPERIENCE

1979- 1982: EVANGELICAL MEDICAL CENTER: Nyankunde (Congo)

Assistant Director of the Pharmacy Department in charge of:

- Production: sterile (intravenous fluids) and non sterile (lab reagents, ointments, external use solutions) production for 10 hospitals and 100 health centers;
- Distribution of medicines in the Local Hospital (220 beds);
- Pharmacology teacher in the nursing school.

1982-1986: BUNIA, ISIRO (Congo):
Managing Director of several Public Chemists.

1986-1992: KINSHASA (Congo):

*** Pharmacist in Charge of medicines and medical supplies for several public companies: Congolese railway company (SNCZ), explosives national company (AFRIDEX).**

*** Pharmacist in Charge of the Congolese Church of Christ buying group (CEPAM) distributing medicines and medical supply to all the Church Hospitals in the Country (85 hospitals and 500 health centers).**

1992-1995: EVANGELICAL MEDICAL CENTER: Nyankunde (Congo):

*** Pharmacist in Charge of the drug distribution in the Local Hospital and the training of nurses and Pharmacy assistants: (1992-1993);**

*** Pharmacist in Charge of the sterile production (intravenous fluids, injections,) and non-sterile production (powders, solutions, creams and ointments. etc.) for 25 hospitals and over 150 health centers.**

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1102 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-25	6-21	7-11	____	____	____
Clinical Symptoms						
• Diarrhea	0	0	0	____	____	____
• Nausea	0	0	0	____	____	____
• Vomiting	0	0	0	____	____	____
• Fever	0	0	0	____	____	____
• Cough	0	0	0	____	____	____
• Tuberculosis	0	0	0	____	____	____
• Fatigue/Mailaise	3	0	0	____	____	____
• Parasthesia	0	0	0	____	____	____
Score:	3	0	0	____	____	____
Physical Findings						
• Skin Rash	1	1	3	____	____	____
• Herpes Zoster	0	0	0	____	____	____
• Lymphadenopathy	0	0	0	____	____	____
• Hair Changes	0	0	0	____	____	____
• Oral Thrush	0	0	0	____	____	____
• Leukoplakia	0	0	0	____	____	____
• Liver Enlargement	0	0	0	____	____	____
• Spleen Enlargement	0	0	0	____	____	____
Score:	1	1	3	____	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			ON ARVH RETROVIRAL 154#
Exam 2			NO ADDITIONAL SIDE EFFECT (ADVERSE)
Exam 3			ON ALLEGRIL RX
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 47 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-24	5-9	5-19	6-29	7-24	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	3	____
• Nausea	0	0	0	0	2	____
• Vomiting	0	0	0	0	2	____
• Fever	0	0	0	0	3	____
• Cough	0	0	0	0	0	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	0	0	0	0	0	____
• Parasthesia	0	0	0	0	0	____
Score:	0	0	0	0	9	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	0	1	0	0	0	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	0	1	0	0	0	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1		Assault	Weight Down 105#
			Malaria
Exam 2			No weight changes
Exam 3		Body Pain	Weight Down
			Malaria
Exam 4		Assault Again	Weight Down
			Malaria
Exam 5			Gastroenteritis
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1902 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	4-28	5-4	7-19	____	____
Clinical Symptoms						
• Diarrhea	0	0	0	6	____	____
• Nausea	2	0	0	0	____	____
• Vomiting	0	0	0	0	____	____
• Fever	1	0	0	1	____	____
• Cough	0	0	0	2	____	____
• Tuberculosis	0	0	0	0	____	____
• Fatigue/Mailaise	2	0	0	3	____	____
• Parasthesia	0	0	0	0	____	____
Score:	5	0	0	6	____	____
Physical Findings						
• Skin Rash	0	0	0	0	____	____
• Herpes Zoster	0	0	0	0	____	____
• Lymphadenopathy	3	2	1	3	____	____
• Hair Changes	0	0	0	0	____	____
• Oral Thrush	3	0	0	3	____	____
• Leukoplakia	0	0	0	0	____	____
• Liver Enlargement	0	0	0	0	____	____
• Spleen Enlargement	0	0	0	0	____	____
Score:	6	2	1	6	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			NGELER CAME BACK 99#
Exam 2			Adding WEIGHT 101#
Exam 3			STILL IMPROVING
Exam 4			SICK, STOPPED + ON NEW RX
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 38 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	5-8	6-14			
Clinical Symptoms						
• Diarrhea	0	0	0			
• Nausea	0	0	0			
• Vomiting	0	0	0			
• Fever	0	0	0			
• Cough	2	0	3			
• Tuberculosis	2	0	0			
• Fatigue/Mailaise	2	0	0			
• Parasthesia	0	0	0			
Score:	6	0	3			
Physical Findings						
• Skin Rash	2	0	0			
• Herpes Zoster	0	0	0			
• Lymphadenopathy	2	1	1			
• Hair Changes	0	0	0			
• Oral Thrush	2	0	0			
• Leukoplakia	0	0	0			
• Liver Enlargement	0	0	0			
• Spleen Enlargement	0	0	0			
Score:	6	1	1			

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			121#
Exam 2			Doing Well on Cytolog
Exam 3			Doing Well
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1732 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	4-18	5-23			
Clinical Symptoms						
• Diarrhea	0	0	0			
• Nausea	0	0	0			
• Vomiting	0	0	0			
• Fever	0	0	0			
• Cough	0	0	0			
• Tuberculosis	0	0	0			
• Fatigue/Mailaise	0	0	0			
• Parasthesia	0	0	0			
Score:	0	0	0			
Physical Findings						
• Skin Rash	0	0	0			
• Herpes Zoster	0	0	0			
• Lymphadenopathy	0	0	0			
• Hair Changes	0	0	0			
• Oral Thrush	0	0	0			
• Leukoplakia	0	0	0			
• Liver Enlargement	0	0	0			
• Spleen Enlargement	0	0	0			
Score:	0	0	0			

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			BP 200/120 121
Exam 2			HYPERTENSION IMPROVING ON Cytolog
Exam 3			BP WELL CONTROLLED
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 265 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	5-5	5-16	6-26	____	____
Clinical Symptoms						
• Diarrhea	3	0	0	0	____	____
• Nausea	3	0	0	0	____	____
• Vomiting	3	0	0	0	____	____
• Fever	0	0	0	0	____	____
• Cough	0	0	0	0	____	____
• Tuberculosis	0	0	0	0	____	____
• Fatigue/Mailaise	3	0	0	0	____	____
• Parasthesia	3	0	0	0	____	____
Score:	15	0	0	0	____	____
Physical Findings						
• Skin Rash	0	0	0	0	____	____
• Herpes Zoster	0	0	0	0	____	____
• Lymphadenopathy	0	0	0	0	____	____
• Hair Changes	0	0	0	0	____	____
• Oral Thrush	0	0	0	0	____	____
• Leukoplakia	0	0	0	0	____	____
• Liver Enlargement	0	0	0	0	____	____
• Spleen Enlargement	0	0	0	0	____	____
Score:	0	0	0	0	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Rx for Sciatica
Exam 2			OK
Exam 3			OK
Exam 4		Peptic ulcer dis	
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI; KENYA	PATIENT'S NAME /ID: RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-20	5-16	6-5	7-5	7-17	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	____
• Nausea	0	0	0	0	0	____
• Vomiting	0	0	0	0	0	____
• Fever	0	0	0	0	0	____
• Cough	0	0	0	0	0	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	0	0	0	0	2	____
• Parasthesia	0	0	0	0	0	____
Score:	0	0	0	0	2	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	0	1	1	1	1	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	0	1	1	1	1	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Dry Mouth 176#
Exam 2		HEAD Aches	Doing Well
Exam 3		Poor Appetite	Doing Well on Cytotec
Exam 4			Doing Well
Exam 5			BP 150/100 Drugs
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1464 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-19	4-25	5-10	6-10	7-10	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	____
• Nausea	1	0	0	1	1	____
• Vomiting	0	0	0	0	0	____
• Fever	0	0	0	0	0	____
• Cough	0	0	0	0	3	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	1	0	0	1	3	____
• Parasthesia	1	0	0	1	1	____
Score:	3	0	0	3	8	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	2	1	0	2	2	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	6	____
Score:	2	1	0	2	2	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			
Exam 2			IMPROVING but POOR APPETITE
Exam 3			MARKEDLY IMPROVED
Exam 4			
Exam 5		PNEUMONIA	
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1401 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-13	4-26	5-11	5-25	6-19	6-30
Clinical Symptoms						
• Diarrhea	3	0	0	0	0	0
• Nausea	3	0	0	0	0	0
• Vomiting	3	0	0	0	0	0
• Fever	3	0	0	0	0	0
• Cough	3	0	0	0	0	0
• Tuberculosis	3	0	0	0	0	3
• Fatigue/Mailaise	0	0	0	0	0	0
• Parasthesia	0	0	0	0	0	0
Score:	18	0	0	0	0	3
Physical Findings						
• Skin Rash	0	0	0	0	0	0
• Herpes Zoster	0	0	0	0	0	0
• Lymphadenopathy	0	0	0	0	0	0
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	0	0	0	0	0	0

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1	TB-3		NO ADVERSE EFFECT
Exam 2	TB-3		NO ADVERSE EFFECT
Exam 3	TB-3		NO ADVERSE EFFECT
Exam 4	TB-3		NO ADVERSE EFFECT
Exam 5			NO ADVERSE EFFECT
Exam 6	TB-3		TB - ANTI-TB

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1875 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-11	5-10				
Clinical Symptoms						
• Diarrhea	0	0				
• Nausea	0	0				
• Vomiting	0	0				
• Fever	0	0				
• Cough	0	0				
• Tuberculosis	0	0				
• Fatigue/Mailaise	0	0				
• Parasthesia	0	0				
Score:	0	0				
Physical Findings						
• Skin Rash	0	0				
• Herpes Zoster	0	0				
• Lymphadenopathy	0	0				
• Hair Changes	0	0				
• Oral Thrush	0	0				
• Leukoplakia	0	0				
• Liver Enlargement	0	0				
• Spleen Enlargement	0	0				
Score:	0	0				

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1		DISCRISY	IMPROVED ON CYTOLOG
Exam 2			MODERATELY IMPROVED ON CYTOLOG
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1560 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-20	4-25				
Clinical Symptoms						
• Diarrhea	0	0				
• Nausea	1	1				
• Vomiting	0	0				
• Fever	0	0				
• Cough	1	1				
• Tuberculosis	0	0				
• Fatigue/Mailaise	2	2				
• Parasthesia	0	0				
Score:	4	4				
Physical Findings						
• Skin Rash	1	1				
• Herpes Zoster	0	0				
• Lymphadenopathy	1	1				
• Hair Changes	0	0				
• Oral Thrush	1	1				
• Leukoplakia	0	0				
• Liver Enlargement	0	0				
• Spleen Enlargement	0	0				
Score:	3	3				

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			200 mg
Exam 2			Withdrew after 1 week
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1824 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	0					
• Vomiting	0					
• Fever	0					
• Cough	0					
• Tuberculosis	0					
• Fatigue/Mailaise	0					
• Parasthesia	1					
Score:	1					
Physical Findings						
• Skin Rash	0					
• Herpes Zoster	0					
• Lymphadenopathy	0					
• Hair Changes	0					
• Oral Thrush	0					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	0					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			MOUTH ULCERS + LEG PAIN GOING DOWN
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 249 RESULT (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th	7th	8th
Date:	4-18	4-25	5-2	5-16	5-25	5-29	7-19	7-22
Clinical Symptoms								
• Diarrhea	2	0	0	0	0	0	0	0
• Nausea	2	0	0	0	0	0	0	0
• Vomiting	0	0	0	0	0	0	0	0
• Fever	0	0	0	0	0	0	0	0
• Cough	0	0	0	0	0	0	0	0
• Tuberculosis	0	0	0	0	0	0	0	0
• Fatigue/Mailaise	1	0	0	0	0	0	0	0
• Parasthesia	0	0	0	0	0	0	0	0
Score:	5	0	0	0	0	0	0	0
Physical Findings								
• Skin Rash	1	0	0	0	0	1	0	0
• Herpes Zoster	0	0	0	0	0	0	0	0
• Lymphadenopathy	2	1	0	0	0	1	1	0
• Hair Changes	0	0	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0	0	0
Score:	3	1	0	0	1	1	1	0

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			
Exam 2			Doing Well
Exam 3			
Exam 4			Doing Well
Exam 5		GENERALIZE PUNTS	SKIN ALLERGIES - Doing well with Cytolog
Exam 6		RUNNY NOSE	Sick with MALARIA but doing well GENERALLY

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 887 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	5-12	5-30	6-9	7-11	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	____
• Nausea	1	0	0	0	0	____
• Vomiting	0	0	0	0	0	____
• Fever	0	0	0	0	0	____
• Cough	0	0	0	0	0	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	1	0	0	0	0	____
• Parasthesia	1	0	0	0	0	____
Score:	3	0	0	0	0	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	0	0	0	0	0	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	0	0	0	0	0	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1	SPONDYLOSIS SEVERE		150*
Exam 2		JOINT PAIN	DOING WELL
Exam 3			BP 140/90
Exam 4			DOING WELL NO COMPLAINTS
Exam 5			BP High
Exam 6			Rx Asthma ACUTE ASTHMATIC ATTACK

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: /324 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

w b a

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-17	5-2	6-12	7-19	___	___
Clinical Symptoms						
• Diarrhea	0	0	0	0	___	___
• Nausea	1	0	0	0	___	___
• Vomiting	0	0	0	0	___	___
• Fever	0	0	0	0	___	___
• Cough	0	0	0	0	___	___
• Tuberculosis	0	0	0	0	___	___
• Fatigue/Mailaise	1	0	0	2	___	___
• Parasthesia	1	0	0	0	___	___
Score:	3	0	0	2	___	___
Physical Findings						
• Skin Rash	2	2	1	0	___	___
• Herpes Zoster	0	0	0	0	___	___
• Lymphadenopathy	2	1	0	2	___	___
• Hair Changes	0	0	0	0	___	___
• Oral Thrush	0	0	0	0	___	___
• Leukoplakia	0	0	0	0	___	___
• Liver Enlargement	0	0	0	0	___	___
• Spleen Enlargement	0	0	0	0	___	___
Score:	4	3	1	2	___	___

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			1214
Exam 2		SKIN PROBLEM	DOING WELL WITH Cytoleg
Exam 3		SKIN RASH	SKIN PROBLEM Cytoleg
			CIGRED UP
Exam 4			DOING WELL.
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1740 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd (20)	3rd (60)	4th (90)	5th	6th
Date:	4-17	5-17	6-6	7-12	____	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	____	____
• Nausea	0	0	0	0	____	____
• Vomiting	0	0	0	0	____	____
• Fever	0	0	0	0	____	____
• Cough	0	0	0	0	____	____
• Tuberculosis	0	0	0	0	____	____
• Fatigue/Mailaise	2	0	0	0	____	____
• Parasthesia	0	0	0	0	____	____
Score:	2	0	0	0	____	____
Physical Findings						
• Skin Rash	0	0	0	0	____	____
• Herpes Zoster	0	0	0	0	____	____
• Lymphadenopathy	0	0	0	1	____	____
• Hair Changes	0	0	0	0	____	____
• Oral Thrush	0	0	0	0	____	____
• Leukoplakia	0	0	0	0	____	____
• Liver Enlargement	0	0	0	0	____	____
• Spleen Enlargement	0	0	0	0	____	____
Score:	0	0	0	1	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			LOW CD4 MILD CONJ/43 4
Exam 2			NO PROBLEM DOING WELL
Exam 3			
Exam 4			DOING WELL
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1317 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-11					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	0					
• Vomiting	0					
• Fever	0					
• Cough	0					
• Tuberculosis	0					
• Fatigue/Mailaise	0					
• Parasthesia	0					
Score:	0					
Physical Findings						
• Skin Rash	3					
• Herpes Zoster	0					
• Lymphadenopathy	2					
• Hair Changes	0					
• Oral Thrush	0					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	5					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			WITHDRAW AFTER 1 WK NO REASON
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1825 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-12	5-3	____	____	____	____
Clinical Symptoms						
• Diarrhea	0	0	____	____	____	____
• Nausea	2	0	____	____	____	____
• Vomiting	0	0	____	____	____	____
• Fever	1	0	____	____	____	____
• Cough	0	0	____	____	____	____
• Tuberculosis	0	0	____	____	____	____
• Fatigue/Mailaise	2	2	____	____	____	____
• Parasthesia	0	2	____	____	____	____
Score:	5	4	____	____	____	____
Physical Findings						
• Skin Rash	3	0	____	____	____	____
• Herpes Zoster	0	0	____	____	____	____
• Lymphadenopathy	0	0	____	____	____	____
• Hair Changes	0	0	____	____	____	____
• Oral Thrush	0	0	____	____	____	____
• Leukoplakia	0	0	____	____	____	____
• Liver Enlargement	0	0	____	____	____	____
• Spleen Enlargement	0	0	____	____	____	____
Score:	3	0	____	____	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			DROPPED OUT OF 163 M STUDY ORI 1ST Bottle of Cyblog
Exam 2			NOT DOING WELL STARTED ON TB RX
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1873 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	1					
• Vomiting	0					
• Fever	1					
• Cough	2					
• Tuberculosis	0					
• Fatigue/Mailaise	1					
• Parasthesia	0					
Score:	5					
Physical Findings						
• Skin Rash	0					
• Herpes Zoster	0					
• Lymphadenopathy	2					
• Hair Changes	0					
• Oral Thrush	3					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	5					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1295 RESULT: Typical, Atypical or (Incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	6-2	7-24			
Clinical Symptoms						
• Diarrhea	0	0	0			
• Nausea	0	0	0			
• Vomiting	0	0	0			
• Fever	0	0	0			
• Cough	0	0	0			
• Tuberculosis	0	0	0			
• Fatigue/Mailaise	0	0	0			
• Parasthesia	0	0	0			
Score:	0	0	0			
Physical Findings						
• Skin Rash	2	2	2			
• Herpes Zoster	0	0	0			
• Lymphadenopathy	2	2	2			
• Hair Changes	0	0	0			
• Oral Thrush	0	0	0			
• Leukoplakia	0	0	0			
• Liver Enlargement	0	0	0			
• Spleen Enlargement	0	0	0			
Score:	0	0	0			

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1		2 URTI	109#
Exam 2			WITHDREW AFTER 7 DAYS
Exam 3		2 URTI	
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 256 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	5-15	5-25	____	____	____
Clinical Symptoms						
• Diarrhea	0	0	0	____	____	____
• Nausea	0	0	0	____	____	____
• Vomiting	0	0	0	____	____	____
• Fever	0	0	0	____	____	____
• Cough	0	0	0	____	____	____
• Tuberculosis	0	0	0	____	____	____
• Fatigue/Mailaise	2	0	0	____	____	____
• Parasthesia	2	0	0	____	____	____
Score:	4	0	0	____	____	____
Physical Findings						
• Skin Rash	0	0	0	____	____	____
• Herpes Zoster	0	0	0	____	____	____
• Lymphadenopathy	1	0	0	____	____	____
• Hair Changes	0	0	0	____	____	____
• Oral Thrush	0	0	0	____	____	____
• Leukoplakia	0	0	0	____	____	____
• Liver Enlargement	0	0	0	____	____	____
• Spleen Enlargement	0	0	0	____	____	____
Score:	1	0	0	____	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			134#
Exam 2			
Exam 3			POLYMENORRHEA RX
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 605 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	4-18	5-5	5-16	7-5	7-19
Clinical Symptoms						
• Diarrhea	3	2	0	0	0	0
• Nausea	1	0	0	0	0	0
• Vomiting	0	0	0	0	0	0
• Fever	3	2	0	0	0	0
• Cough	0	2	1	0	0	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	3	2	0	0	0	0
• Parasthesia	3	2	1	0	0	0
Score:	13	10	2	0	0	0
Physical Findings						
• Skin Rash	3	2	1	0	0	0
• Herpes Zoster	2	0	0	0	0	0
• Lymphadenopathy	3	0	0	0	1	1
• Hair Changes	3	0	0	0	0	0
• Oral Thrush	2	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	13	2	1	0	1	1

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			
Exam 2		ARTHRITIS	ON ANTI TB
Exam 3			DOING WELL - ANTI TB
Exam 4			ON ANTI-TB BUT DOING WELL
Exam 5		ARTHRITIS	
Exam 6		ARTHRITIS	DOING WELL

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1756 RESULT: Typical, Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	0					
• Vomiting	0					
• Fever	2					
• Cough	0					
• Tuberculosis	0					
• Fatigue/Mailaise	2					
• Parasthesia	0					
Score:	4					
Physical Findings						
• Skin Rash	0					
• Herpes Zoster	0					
• Lymphadenopathy	2					
• Hair Changes	0					
• Oral Thrush	0					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	2					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			NEVER CAME BACK 12/4
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 935 RESULT (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-20	4-25	5-2	6-2	7-11	____
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	____
• Nausea	0	0	0	0	0	____
• Vomiting	0	0	0	0	0	____
• Fever	0	0	0	0	0	____
• Cough	2	2	2	2	2	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	0	0	0	0	0	____
• Parasthesia	0	0	0	0	0	____
Score:	2	2	2	2	2	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	0	0	0	0	0	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	0	0	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	0	0	0	0	0	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			RU - Asthma - Acute
Exam 2			RU - Asthma - Acute
Exam 3			RU - Asthma - Acute
Exam 4			RU - Asthma - Acute
Exam 5			RU - Asthma - Acute
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1296 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-25	4-27	6-21	6-28	7-12	____
Clinical Symptoms						
• Diarrhea	3	1	0	0	0	____
• Nausea	0	0	0	0	0	____
• Vomiting	0	0	0	0	0	____
• Fever	1	0	0	0	0	____
• Cough	0	0	0	0	0	____
• Tuberculosis	0	0	0	0	0	____
• Fatigue/Mailaise	3	0	0	0	0	____
• Parasthesia	0	0	0	0	0	____
Score:	7	1	0	0	0	____
Physical Findings						
• Skin Rash	0	0	0	0	0	____
• Herpes Zoster	0	0	0	0	0	____
• Lymphadenopathy	0	1	1	1	1	____
• Hair Changes	0	0	0	0	0	____
• Oral Thrush	2	1	0	0	0	____
• Leukoplakia	0	0	0	0	0	____
• Liver Enlargement	0	0	0	0	0	____
• Spleen Enlargement	0	0	0	0	0	____
Score:	2	2	1	1	1	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Low CD-4
Exam 2			Improved Ambulatory Now
Exam 3		Fatigue, Fever	
Exam 4			Patient Doing Well
Exam 5			Doing Well
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 115 RESULT (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	5-16	5-28	6-21	7-5	7-19
Clinical Symptoms						
• Diarrhea	2	0	0	0	0	0
• Nausea	2	0	0	0	0	0
• Vomiting	0	0	0	0	0	0
• Fever	0	0	0	0	0	0
• Cough	0	0	0	0	2	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	2	0	0	0	2	0
• Parasthesia	0	0	0	0	0	0
Score:	6	0	0	0	4	0
Physical Findings						
• Skin Rash	1	0	0	0	0	0
• Herpes Zoster	0	0	0	0	0	0
• Lymphadenopathy	1	1	0	1	1	0
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	2	1	0	1	1	0

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			128#
Exam 2			Doing Well
Exam 3			Doing Well on Cytolog
Exam 4		MOUTH ULCERS	150#
Exam 5			Doing Well
Exam 6			Doing Well

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 755 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	4-25	4-27	____	____	____
Clinical Symptoms						
• Diarrhea	2	0	0	____	____	____
• Nausea	2	0	0	____	____	____
• Vomiting	0	0	0	____	____	____
• Fever	1	0	0	____	____	____
• Cough	0	0	0	____	____	____
• Tuberculosis	0	0	0	____	____	____
• Fatigue/Mailaise	2	0	0	____	____	____
• Parasthesia	2	0	0	____	____	____
Score:	9	0	0	____	____	____
Physical Findings						
• Skin Rash	2	0	0	____	____	____
• Herpes Zoster	0	0	0	____	____	____
• Lymphadenopathy	2	1	0	____	____	____
• Hair Changes	0	0	0	____	____	____
• Oral Thrush	2	0	0	____	____	____
• Leukoplakia	0	0	0	____	____	____
• Liver Enlargement	0	0	0	____	____	____
• Spleen Enlargement	0	0	0	____	____	____
Score:	6	1	0	____	____	____

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			99#
Exam 2			WAS VERY SICK BUT NOW IMPROVING
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 115 RESULT (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18	5-16	5-28	6-21	7-5	7-19
Clinical Symptoms						
• Diarrhea	2	0	0	0	0	0
• Nausea	2	0	0	0	0	0
• Vomiting	0	0	0	0	0	0
• Fever	0	0	0	0	0	0
• Cough	0	0	0	0	2	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	2	0	0	0	2	0
• Parasthesia	0	0	0	0	0	0
Score:	6	0	0	0	4	0
Physical Findings						
• Skin Rash	1	0	0	0	0	0
• Herpes Zoster	0	0	0	0	0	0
• Lymphadenopathy	1	1	0	1	1	0
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	2	1	0	1	1	0

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			128#
Exam 2			Doing Well
Exam 3			Doing Well on Cyclolog
Exam 4		MOUTH ULCERS	150#
Exam 5			Doing Well
Exam 6			Doing Well

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1359 RESULT: Typical, Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th	7th	8th
Date:	4-10	4-17	4-26	5-10	5-30	6-7	7-5	___
Clinical Symptoms								
• Diarrhea	0	0	0	0	0	0	0	___
• Nausea	1	0	0	0	0	0	0	___
• Vomiting	0	0	0	0	0	0	0	___
• Fever	1	0	0	0	0	0	0	___
• Cough	2	0	0	0	0	0	2	___
• Tuberculosis	2	0	0	0	0	0	0	___
• Fatigue/Mailaise	2	0	0	0	0	0	2	___
• Parasthesia	1	0	0	0	0	0	0	___
Score:	9	0	0	0	0	0	4	___
Physical Findings								
• Skin Rash	0	0	0	0	0	0	0	___
• Herpes Zoster	0	0	0	0	0	0	0	___
• Lymphadenopathy	2	1	1	1	1	1	1	___
• Hair Changes	0	0	0	0	0	0	0	___
• Oral Thrush	0	0	0	0	0	0	0	___
• Leukoplakia	0	0	0	0	0	0	0	___
• Liver Enlargement	0	0	0	0	0	0	0	___
• Spleen Enlargement	0	0	0	0	0	0	0	___
Score:	2	1	1	1	1	1	1	___

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			On Anti-TB 137 M
Exam 2			On Anti-TB
Exam 3		Poor Appetite	On Anti-TB
Exam 4		Poor Appetite	On Anti-TB; Bad Dreams
Exam 5		Poor Appetite	On Anti-TB
Exam 6			On Anti-TB, No Compliments
7	Pleurisy		On Anti TB

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 406 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

30 60 90

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-5	4-19	4-24	5-9	6-28	7-12
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	0
• Nausea	0	0	0	0	0	0
• Vomiting	0	0	0	0	0	0
• Fever	0	0	0	0	0	0
• Cough	0	0	0	0	0	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	1	0	0	0	0	0
• Parasthesia	1	0	0	0	0	0
Score:	2	0	0	0	0	0
Physical Findings						
• Skin Rash	1	0	0	0	0	0
• Herpes Zoster	0	0	0	0	0	0
• Lymphadenopathy	2	0	0	0	1	1
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	3	0	0	0	1	1

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			134#
Exam 2			MARKED IMPROVEMENT DIARRHEA, ABD/NECK PAIN 134#
Exam 3		Eye Discharge	Conjunctivitis RE
Exam 4			No Compliants
Exam 5			Doing Well
Exam 6			Doing Well

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
02-22-96	091751	JLJ	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	(Y)	N	(SEV)	MOD	MILD	
NAUSEA	(Y)	N	SEV	MOD	(MILD)	
VOMITING	(Y)	N	SEV	MOD	(MILD)	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	(Y)	N	SEV	(MOD)	MILD	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	(Y)	N	(SEV)	MOD	MILD	
PARATHESIA	Y	(N)	SEV	MOD	MILD	

10

PHYSICAL ASSESSMENT

WEIGHT 163# HEIGHT 6 ft

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	(MOD)	MILD	NON SPECIFIC SEBORRHEA
HAIR	N	(ABN)	SEV	MOD	(MILD)	Thinning
MOUTH	(N)	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	(ABN)	SEV	(MOD)	MILD	generalized
LIVER	(N)	ABN	SEV	MOD	MILD	
SPLEEN	(N)	ABN	SEV	MOD	MILD	
CHEST	~~N~~	(ABN)	SEV	(MOD)	MILD	CHRONIC Δ'

7

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE: 17**

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
041596	071166	JRG	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

WEIGHT 179# HEIGHT _____ 2

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	2
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 4

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1128 RESULT: (Typical) Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th	7th	8th
Date:	4-4	4-25	5-11	5-22	6-19	7-5	7-19	
Clinical Symptoms								
• Diarrhea	0	2	2	0	0	0	0	
• Nausea	1	2	1	1	1	0	0	
• Vomiting	0	0	0	0	0	0	0	
• Fever	1	1	1	1	1	0	0	
• Cough	1	1	1	1	1	0	0	
• Tuberculosis	0	0	0	0	0	0	0	
• Fatigue/Mailaise	1	1	1	1	1	0	0	
• Parasthesia	0	0	0	0	0	0	0	
Score:	4	7	6	4	4	0	0	
Physical Findings								
• Skin Rash	0	0	0	0	0	0	0	
• Herpes Zoster	3	3	3	3	3	0	0	
• Lymphadenopathy	3	3	3	3	3	1	1	
• Hair Changes	0	0	0	0	0	0	0	
• Oral Thrush	0	0	0	0	0	0	0	
• Leukoplakia	0	0	0	0	0	0	0	
• Liver Enlargement	0	0	0	0	0	0	0	
• Spleen Enlargement	0	0	0	0	0	0	0	
Score:	6	6	6	6	6	1	1	

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			116 kg
Exam 2			OK
Exam 3			GE TREATED
Exam 4			RX FOR ULCER
Exam 5			NO PROBLEM
Exam 6			DOING WELL

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1419 RESULT: (Typical), Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-4	4-25	5-16	5-24	6-11	7-13
Clinical Symptoms						
• Diarrhea	0	0	0	0	0	0
• Nausea	2	2	2	2	3	0
• Vomiting	0	0	0	0	0	0
• Fever	0	0	0	0	2	0
• Cough	0	0	0	0	3	0
• Tuberculosis	0	0	0	0	0	0
• Fatigue/Mailaise	3	3	3	3	3	0
• Parasthesia	0	0	0	0	0	0
Score:	5	5	5	5	11	0
Physical Findings						
• Skin Rash	0	0	0	0	0	0
• Herpes Zoster	3	3	3	3	3	0
• Lymphadenopathy	3	3	3	3	3	0
• Hair Changes	0	0	0	0	0	0
• Oral Thrush	0	0	0	0	0	0
• Leukoplakia	0	0	0	0	0	0
• Liver Enlargement	0	0	0	0	0	0
• Spleen Enlargement	0	0	0	0	0	0
Score:	6	6	6	6	6	0

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			2424
Exam 2			ZOSTER STILL BAD
Exam 3			ZOSTER RESOLVING
Exam 4			BP CHECK. DOING WELL
Exam 5		PNEUMONIA	SICK LOOKING
Exam 6			OK

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
042296	010665	KAT	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

↑energy

PHYSICAL ASSESSMENT

WEIGHT 183 ~~ff~~ HEIGHT _____

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

Mod=2 Mild=1 TOTAL SCORE: 1

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
031496	010665	KAT	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
PARATHESIA	Y	N	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

WEIGHT 176.5 HEIGHT 6' 2"

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 2

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
2/26/96	030564	TSM	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	N	SEV	MOD	MILD	
NAUSEA	Y	N	SEV	MOD	MILD	
VOMITING	Y	N	SEV	MOD	MILD	
FEVER	Y	N	SEV	MOD	MILD	
COUGH	Y	N	SEV	MOD	MILD	
TB	Y	N	SEV	MOD	MILD	
FATIGUE	Y	N	SEV	MOD	MILD	
ARATHESIA	Y	N	SEV	MOD	MILD	

3

PHYSICAL ASSESSMENT

WEIGHT 175 # HEIGHT 6'

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	ABN	SEV	MOD	MILD	
HAIR	N	ABN	SEV	MOD	MILD	
MOUTH	N	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	ABN	SEV	MOD	MILD	
LIVER	N	ABN	SEV	MOD	MILD	
SPLEEN	N	ABN	SEV	MOD	MILD	3
CHEST	N	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 6

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
3/25/96	030564	TSM	BRANDT

SYMPTOM ASSESSMENT

		Clinical Symptoms			Comments
DIARRHEA	Y N	SEV	MOD	MILD	
NAUSEA	Y N	SEV	MOD	MILD	
VOMITING	Y N	SEV	MOD	MILD	
FEVER	Y N	SEV	MOD	MILD	
COUGH	Y N	SEV	MOD	MILD	
TB	Y N	SEV	MOD	MILD	
FATIGUE	Y N	SEV	MOD	MILD	
PARATHESIA	Y N	SEV	MOD	MILD	

1

PHYSICAL ASSESSMENT

WEIGHT 181 # HEIGHT 6'

	Normal Abnormal	Severity			Comments/ Description
SKIN	N ABN	SEV	MOD	MILD	
HAIR	N ABN	SEV	MOD	MILD	
MOUTH	N ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N ABN	SEV	MOD	MILD	
LIVER	N ABN	SEV	MOD	MILD	
SPLEEN	N ABN	SEV	MOD	MILD	
CHEST	N ABN	SEV	MOD	MILD	

3

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 4

PROTOCOL: HIV-1

DATE OF VISIT	PATIENT #	INITIALS	INVESTIGATOR
040196	081062	TAR	BRANDT

SYMPTOM ASSESSMENT

			Clinical Symptoms			Comments
DIARRHEA	Y	(N)	SEV	MOD	MILD	
NAUSEA	Y	(N)	SEV	MOD	MILD	
VOMITING	Y	(N)	SEV	MOD	MILD	
FEVER	Y	(N)	SEV	MOD	MILD	
COUGH	(Y)	N	SEV	MOD	(MILD)	
TB	Y	(N)	SEV	MOD	MILD	
FATIGUE	Y	(N)	SEV	MOD	MILD	
PARATHESIA	Y	(N)	SEV	MOD	MILD	

PHYSICAL ASSESSMENT

WEIGHT 189# HEIGHT 6' 1

	Normal	Abnormal	Severity			Comments/ Description
SKIN	N	(ABN)	SEV	MOD	(MILD)	
HAIR	N	(ABN)	SEV	MOD	(MILD)	
MOUTH	(N)	ABN	SEV	MOD	MILD	
LYMPHA-DENOPATHY	N	(ABN)	SEV	MOD	(MILD)	
LIVER	(N)	ABN	SEV	MOD	MILD	
SPLEEN	(N)	ABN	SEV	MOD	MILD	3
CHEST	(N)	ABN	SEV	MOD	MILD	

Severity Category: Severe = 3 Mod = 2 Mild = 1 **TOTAL SCORE:** 4

KEMRI IMMUNOLOGY LABORATORY REPORT

Patient Name: DANIEL OPIYO **Age:** A **Sex:** M

CCR P/No:

Imm. Lab. No:

Date: 31/8/00

		Normal Range
CD3 Absolute count (Cells/µL)	891	690 - 2540
CD4 Absolute count (Cells/µL)	33	410 - 1590
CD8 Absolute count (Cells/µL)	733	190 - 1140
CD4:CD8 Ratio	0.05	0.8 - 4.2

Laboratory: CBRD- Immunology

Signature: For Immunology

Date: 31/8/00

Cytolog Study: VIRAL LOAD

ML NO.	DATE	CD4+ Cells/cumm	Clinical score	VIRAL LOAD (RT-PCR) Detection level 400 - 750000
ML 142	28/3/2000	74	12	92448
	20/04/2000	153	8	9755
	22/05/2000	121	8	247 642
	29/06/2000	78	4	232
851				
ML 755	10/4/2000	274	12	28049
	27/4/2000	282	8	660 591
ML 546	28/3/2000	245	18	33093
	20/4/2000	409	12	171 141
	3/5/2000	194	8	112 532
ML 605	4/4/2000	218	24	4 894
615				
	27/4/2000	172	18	3 831
490				
	26/5/2000	178	8	1 160
443				
ML1443	13/4/2000	60	18	275 665
	5/6/2000	47	8	37913
ML1401	13/4/2000	101	12	55 823
	23/6/2000	117	8	61 290
ML 1419	4//4/2000	211	18	59821
	6/6/2000	291	8	124 515
ML1295	6/4/2000	249	24	40381
	5/6/2000	271	8	63 297

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 800 RESULT: Typical, Atypical or (incomplete)	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-18					
Clinical Symptoms						
• Diarrhea	0					
• Nausea	0					
• Vomiting	0					
• Fever	0					
• Cough	0					
• Tuberculosis	0					
• Fatigue/Mailaise	0					
• Parasthesia	0					
Score:	0					
Physical Findings						
• Skin Rash	3					
• Herpes Zoster	0					
• Lymphadenopathy	2					
• Hair Changes	0					
• Oral Thrush	0					
• Leukoplakia	0					
• Liver Enlargement	0					
• Spleen Enlargement	0					
Score:	5					

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			Withdrew Dec 90 152 N.E.
Exam 2			
Exam 3			
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

PROTOCOL: HIV-1 CLINICAL EVALUATION NAIROBI, KENYA	PATIENT'S NAME /ID: 1865 RESULT: Typical, Atypical or Incomplete	INVESTIGATORS: Dr. Peter Kiama, M.D. Dr. Joshua Kimani, M.D.

SYMPTOM ASSESSMENT FORM

60

EXAMINATIONS	1st	2nd	3rd	4th	5th	6th
Date:	4-14	6-6	6-21			
Clinical Symptoms						
• Diarrhea	0	0	0			
• Nausea	1	0	0			
• Vomiting	0	0	0			
• Fever	0	0	0			
• Cough	2	1	1			
• Tuberculosis	0	0	0			
• Fatigue/Mailaise	1	0	0			
• Parasthesia	0	0	0			
Score:	4	1	1			
Physical Findings						
• Skin Rash	0	0	0			
• Herpes Zoster	0	0	0			
• Lymphadenopathy	0	0	0			
• Hair Changes	0	0	0			
• Oral Thrush	0	0	0			
• Leukoplakia	0	0	0			
• Liver Enlargement	0	0	0			
• Spleen Enlargement	0	0	0			
Score:	0	0	0			

CLINICAL OBSERVATIONS:

	Chest:	Adverse Experiences:	Comments:
Exam 1			blood made HGB Number 132
Exam 2		Loss of Appetite	STOPPED CYTOLOG
Exam 3			STOPPED CYTOLOG
Exam 4			
Exam 5			
Exam 6			

REMARKS:

SEVERITY INDEX: 3 = Severe, 2 = Moderate, 1 = Mild, 0 = None

Names	organization	Sex	Cytolog no.bottles	Principal Symptom	Comments
Anne Marie	Philibert	F	3	HIV:paraesthesie, weight loss	after 3 bottles the patient is extremely doing well
Jean De Dieu	Philibert	M	3	HIV:TB	after 3 bottles the patient is extremely doing well
Claudine	Archbishop	F	2	HIV:weakness	after 2 bottles the patient is doing well
Faith	Archbishop	F	1	HIV:lack of appetite	appetite restored, doing well
Emmanuel 1	Archbishop	M	3	psoriasis	significant skin improvement
Emmanuel 2	Archbishop	M	2	HIV	appetite restored, doing well
Emmanuel 3	Archbishop	M	1	HIV:Mouth thrush	thrush resolved appetite resorted, doing well
Philip's son	AIDS commission	M	2	eczema	significant skin improvement
Charles 1	Military	M	2	ankle arthrosis	significant improvement
Charles 2	Military	M	2	vitiligo	significant skin improvement after 2 nd bottle
Charles 3	Military	M	1	vitiligo	significant skin improvement after 1 st bottle
Charles 4	Military	M	1	HIV	just started 1 st bottle
Charles 5	Military	M	1	HIV	just started 1 st bottle
Francoise	AVEGA	F	2	HIV:paraesthesie, weight loss	appetite restored, doing well but lacks food
Petronilla	AVEGA	F	2	HIV:paraesthesie, weight loss	appetite restored, doing well but lacks food
Total			28		



What is the Project?

The Cellogic Project involves the evaluation of specialized proteins, recently discovered in colostrum, that are believed to function as the operating "software" of mammals, including man. These informational proteins may hold great promise for the maintenance of wellness and the management of many forms of infectious and non-infectious disease.

ELEMENTS OF THE OPERATING THEORY

1. Warm blooded animals, including man, rely on a common protein vocabulary for the maintenance of wellness.

2. This vocabulary is made up of "words" which are comprised of combinations of individual amino acids.

3. These "words" act as commands or advisories to regulate and coordinate the functions of the various systems of the body.

4. The individual amino acid combinations may be formed and maintained in various locations throughout the body, but are present in their entirety in certain fractions of blood, egg and milk.

5. The developing fetus receives its first exposure to the vocabulary through the placental blood.

6. The newborn ingests additional amounts of the vocabulary through the mammary secretions, principally through the colostum.

7. The vocabulary is provided in the mammary secretions in the form of larger peptide agglomerates, which separate and define themselves in the digestive tract of the newborn.

8. "Recognition" may take place at specific receptor sites on cells in the mouth and digestive tract.

9. The function of the receptor sites in the intestine is diminished with time as the informational proteins are denatured by digestive influences.

10. Receptor sites in the mouth remain functional but recognition of the vocabulary, as it provided in milk and colostrum, is impaired.

11. Recognition by receptor sites in the mouth is possible at any age, providing the agglomerated peptides are processed into their relevant subcomponents prior to administration.

12. Recognition involves interaction between individual peptides and their specific receptors located on the surface of the cell.

13. Peptide production takes place within the cells. (ribosomes)

14. While the supplementation of the protein vocabulary may enhance the response to any pathogen, its primary application should be the regulation of intracellular events such as the activation of defense against viral entry and the functions associated with various nongenetic disorders.

15. The prognosis for patients suffering from conditions responsive to the protein vocabulary will be limited by the extent of permanent tissue damage as well as any factors which may impair an individual's ability to respond such as emotions in the case of asthma and psoriasis.

16. Informational proteins will not resolve the first cause of genetic disorders, however they may be useful in activating secondary strategies to reduce or eliminate some of the symptoms.

17. Diseases caused by hot agents (Viral) should respond quickly and dramatically to strategies encoded in the protein vocabulary.

18. Diseases caused by slower viruses should provide larger windows of opportunity for the effective use of the protein vocabulary.

19. Septecemias and infections within cell masses should respond more satisfactorily than infections on the surfaces of the respiratory tract or the skin.

20. All tissues are within the influence range of the protein vocabulary.

SUMMARY OF CONDITIONS REPORTED RESPONSIVE TO CYTOLOG LIQUID

Rev. Feb. 10, 2000

CONDITION	ANECDOTAL	CLINICAL
Allergy	X	X
Arthritis (Osteo)	X	X
Arthritis (Rheumatoid)	X	X
Autism		X
Benigh Prostatic Hyperplasia (inflammatory aspect)	X	X
Burns (1st, 2nd & 3rd Degee)	X	X
Cancer (Adjunctive)	X	X
Celiac Sprue	X	X
Chickenpox	X	X
Chronic Fatigue	X	X
Colds	X	X
Corneal Regeneration (immediate posttraumatic)		X
Denge Fever	X	X
Diabetes Type II	X	X
Diarrhea (Viral & Bacterial)	X	X
Encephalitis (H. Zoster)	X	X

CONDITION	ANECDOTAL	CLINICAL
Endometriosis (inflammatory aspect)	X	X
Fibromyalgia	X	X
Flu	X	X
Guillain Barre' Syndrome		X
Hemolytic Anemia	X	
Herpes Simplex I	X	X
Herpes Simplex II	X	X
HIV/Aids	X	X
Hypertension	X	X
Idiopathic Thrombocytopenia Purpura	X	X
Kuru (Prion Disease)		X
Lupus (Systemic)	X	X
Lupus (Discoid)	X	
Lymphoma		X
Mononucleosis	X	X
Multiple Schlerosis	X	X
Myasthenia Gravis		X

CONDITION	ANECDOTAL	CLINICAL
Parvo (Canine)	X	
Perthes Disease	X	
Pharangitis (Viral and Bacterial)	X	X
Plantar Warts	X	X
Porpheria		X
Psoriasis	X	X
Rabies		X
Raynaud's Phenomenon		X
Respiratory Infections (Viral & Bacterial)	X	X
Sarcoidosis	X	
Shingles	X	X
Sjogren's Syndrome	X	
Spinal Muscular Atrophy	X	X
Thrombocytopenia (Lupus)		X
Tuberculosis		X

CONDITION	PROBABILITY OF RESPONSE
SACROILIITIS (INFECTIOUS)	MODERATE
SALPINGITIS	MODERATE (AS SUPPORTIVE)
SARCOIDOSIS	LOW TO HIGH-PTC
SCARLET FEVER	MODERATE (AS SUPPORATIVE)
SCHONLEIN PURPURA	MODERATE
SCLERITIS	MODERATE
SCLERODERMA	MODERATE-PTC
SCROFULA	MODERATE (AS SUPPORTIVE)
SEIZURE, FEBRILE	MODERATE TO HIGH
SEPTICEMIA	MODERATE (AS SUPPORTIVE)
SERUM SICKNESS (ANTISERUMS)	MODERATE
SEZARY SYNDROME	MODERATE
SHIGELLOSIS	MODERATE TO HIGH
SHINGLES	MODERATE-TIMING
SHY-DRAGER SYNDROME	MODERATE-PTC
SICK BUILDING SYNDROME	MODERATE
SINUSITIS	LOW TO MODERATE
SJOGREN'S SYNDROME	MODERATE TO HIGH
SLEEPING SICKNESS	MODERATE-PTC (AS SUPPORTIVE)
SLOW VIRUS DISEASES	MODERATE TO HIGH-PTC
SPONDYLITIS	MODERATE
SPRUE, TROPICAL	MODERATE TO HIGH-PTC
STAPHYLOCCAL INFECTIONS	MODERATE (AS SUPPORTIVE)
STEVENS-JOHNSON SYNDROME	MODERATE
STOMATITIS	MODERATE TO HIGH
STREPTOCOCCAL INFECTIONS	MODERATE (AS SUPPORTIVE)

CONDITION	PROBABILITY OF RESPONSE
SYCOSIS VULGARIS	MODERATE TO HIGH
SYDENHAM'S CHOREA	MODERATE TO HIGH
SYPHILIS	LOW TO HIGH-PTC
TEMPORAL ARTERITIS	MODERATE TO HIGH
TENOVAGINITIS	MODERATE
THROMBOCYTOPENIA (SPECIFIC CAUSES)	MODERATE TO HIGH
TONSILLITIS	MODERATE TO HIGH
TOXOPLASMOSIS	MODERATE
TRAVELERS' DIARRHEA	MODERATE
TUBERCULOSIS	HIGH (AS SUPPORTIVE)
TULAREMIA	HIGH (AS SUPPORTIVE)
TYPHOID FEVER	HIGH (AS SUPPORTIVE)
ULCERATIVE COLITIS	MODERATE TO HIGH
URETHRITIS, NONSPECIFIC	MODERATE
URTICARIA	MODERATE
VAGINITIS	MODERATE
VINCENT'S DISEASE	MODERATE TO HIGH
VITILIGO	MODERATE TO HIGH-PTC
VULVITIS (SPECIFIC CAUSES)	MODERATE
VULVOVAGINITIS	MODERATE-FUNGAL
WARTS	MODERATE
WATERHOUSE-FRIDERICHSEN SYNDROME	MODERATE (AS SUPPORTIVE)
WEGENER'S GRANULOMATOSIS	MODERATE TO HIGH-PTC
WHIPPLE'S DISEASE	MODERATE (AS SUPPORTIVE)
YELLOW FEVER	MODERATE TO HIGH

CONDITION	PROBABILITY OF RESPONSE
HAND-FOOT-AND-MOUTH DISEASE	HIGH
HASHIMOTO'S THYROIDITIS	MODERATE TO HIGH-PTC
HEMOLYTIC-UREMIC SYNDROME	MODERATE TO HIGH
HEPATITIS (VIRAL)	MODERATE TO HIGH-PTC
HEPATITIS (AUTOIMMUNE)	MODERATE TO HIGH-PTC
HERPANGINA	HIGH
HERPES SIMPLEX I	MODERATE TO HIGH
HERPES SIMPLES II	MODERATE TO HIGH
HERPES ZOSTER	MODERATE TO HIGH
HISTIOCYTOSIS X	MODERATE PTC
HISTOPLASMOSIS	LOW TO MODERATE-FUNGAL
HIV	LOW TO HIGH-PTC
HODGKINS DISEASE	MODERATE TO HIGH-PTC
INFLUENZA	HIGH-TIMING
KAWASAKI DISEASE	HIGH
KERATOCONJUNCTIVITIS	MODERATE TO HIGH
KERATOCONJUNCTIVITIS SICCA	MODERATE TO HIGH
KURU	MODERATE TO HIGH-PTC
LASSA FEVER	HIGH
LEGIONNAIRES' DISEASE	MODERATE TO HIGH
LEPTOSPIROSIS	MODERATE
LICHEN PLANUS	MODERATE TO HIGH
LISTERIOSIS	MODERATE TO HIGH
LUPUS ERTHREMATOSUS	MODERATE TO HIGH-PTC
LUPUS PERNIO	MODERATE TO HIGH
LYME DISEASE	MODERATE TO HIGH-PTC

CONDITION	PROBABILITY OF RESPONSE
LYMPHOGRANULOMA VENEREUM	MODERATE TO HIGH
MASTITIS	MODERATE TO HIGH
MALARIA	MODERATE TO HIGH
MELIOIDOSIS	MODERATE TO HIGH
MENINGITIS (VIRAL)	MODERATE TO HIGH
MENINGITIS (BACTERIAL)	MODERATE TO HIGH
MESENTERIC LYMPHADENITIS	MODERATE TO HIGH
MONONUCLEOSIS, INFECTIOUS	HIGH
MORPHEA	MODERATE-PTC
MOTOR NEURON DISEASES	LOW TO HIGH-PTC
MULTIPLE SCLEROSIS	LOW TO HIGH-PTC
MUMPS	HIGH
MYASTHENIA GRAVIS	LOW TO HIGH-PTC
MYOSITIS (VIRAL)	HIGH-TIMING
MYOSITIS (AUTOIMMUNE)	MODERATE TO HIGH-PTC
NEPHRITIS (INFECTIOUS)	MODERATE TO HIGH
NEPHRITIS (IMMUNE REL.)	MODERATE TO HIGH
NOCARDIOSIS	MODERATE TO HIGH-PTC
NONSPECIFIC URETHRITIS	MODERATE TO HIGH
OPTIC NEURITIS	MODERATE-PTC
ORCHITIS (VIRAL)	MODERATE TO HIGH-TIMING
ORNITHOSIS	MODERATE
OSTEOCHONDRITIS JUVENILIS	MODERATE TO HIGH
OSTEOPOROSIS	MODERATE-PTC (AS PREVENTATIVE)
PAGET'S DISEASE	MODERATE TO HIGH-PTC
PANCREATITIS (VIRAL)	HIGH

CONDITION	PROBABILITY OF RESPONSE
PARALYSIS (PERIODIC)	MODERATE
PARKINSON'S DISEASE (DEGENERATIVE)	MODERATE-PTC
PELVIC INFLAMMATORY DISEASE (INFECTIOUS)	MODERATE TO HIGH
PEMPHIGOID	MODERATE TO HIGH
PEMPHIGUS	MODERATE
PERIARTERITIS NODOSA	MODERATE TO HIGH-PTC
PERICARDITIS (INFECTIOUS)	MODERATE TO HIGH-PTC
PERIODONTITIS	MODERATE TO HIGH
PERIPHERAL VASCULAR DISEASE (SPECIFIC CAUSES)	MODERATE-PTC
PERITONITIS	MODERATE (AS SUPPORTIVE)
PERTHES DISEASE	MODERATE TO HIGH-PTC
PEYRONIE'S DISEASE	MODERATE TO HIGH-PTC
PHARYNGITIS	MODERATE TO HIGH
PHLEBITIS	MODERATE TO HIGH
PITYRIASIS ROSEA	MODERATE TO HIGH
PLEURISY	HIGH (AS SUPPORTIVE)
PLEURODYNIA	MODERATE TO HIGH
PNEUMOCYSTIS PNEUMONIA	MODERATE TO HIGH
PNEUMONIA	MODERATE (AS SUPPORTIVE)
POLIO	MODERATE TO HIGH-PTC
POLYCYSTIC DISEASES (KIDNEY AND OVARY)	MODERATE-PTC
POLYMYALGIA RHEUMATICA (SPECIFIC CAUSES)	MODERATE-PTC
POLYMYOSITIS	MODERATE-PTC
POMPHOLYX	MODERATE

CONDITION	PROBABILITY OF RESPONSE
POSTPARTUM DEPRESSION	MODERATE TO HIGH
POSTPARTUM HEMORRHAGE	MODERATE TO HIGH
PRECLAMPSIA	MODERATE TO HIGH
PREMENSTRAL SYNDROME	HIGH
PROCTITIS	MODERATE
PSITTACOSIS	MODERATE TO HIGH
PSORIASIS	MODERATE-EMOTIONAL FACTORS
PUERPERAL SEPSIS	MODERATE
PYELONEPHRITIS	MODERATE
Q FEVER	MODERATE
RABIES	MODERATE TO HIGH
RAYNAUD'S DISEASE	LOW TO MODERATE
RAYNAUD'S PHENOMENON	MODERATE TO HIGH
REITER'S SYNDROME	MODERATE TO HIGH
RELAPSING FEVER (SPIROCHETE)	MODERATE TO HIGH
RESTLESS LEGS	HIGH
RETINITIS	MODERATE
REYE'S SYNDROME (FEBRILE STAGE)	MODERATE TO HIGH-PTC
RHUEMATIC FEVER	MODERATE TO HIGH
RHEUMATOID ARTHRITIS	MODERATE TO HIGH-PTC
RHEUMATOID ARTHRITIS, JUVENILE	MODERATE TO HIGH-PTC
RHINITIS, ALLERGIC	HIGH
RHINITIS, VIRAL	HIGH
ROCKY MOUNTAIN SPOTTED FEVER	HIGH (AS SUPPORTIVE)
ROSACEA	MODERATE
RUBELLA	MODERATE TO HIGH

CONDITION	PROBABILITY OF RESPONSE
CARDITIS (MOST CAUSES)	MODERATE TO HIGH
CARIES, DENTAL	HIGH (AS PREVENTATIVE)
CELIAC SPRUE	MODERATE TO HIGH
CHICKEN POX	MODERATE TO HIGH
CHLAMYDIA	MODERATE
CHALOASMA	LOW TO MODERATE
COLDS	HIGH-TIMING
COLITIS	MODERATE TO HIGH
CORONARY HEART DISEASE	HIGH (AS PREVENTATIVE)
CRADLE CAP	MODERATE
CREUTZFELDT-JAKOB SYNDROME	MODERATE TO HIGH-PTC
CROHN'S DISEASE	MODERATE-PTC
CROUP	MODERATE
CRYPTOCOCCOSIS	MODERATE-FUNGAL
CYSTITIS	MODERATE
CYTOMEGALOVIRUS	MODERATE TO HIGH-PTC
DENGUE	MODERATE TO HIGH
DERMATITIS HERPETIFORMIS	MODERATE
DERMATOMYOSITIS	MODERATE-PTC
DERMATOPHYTE INFECTIONS	MODERATE-FUNGAL
DIAPER RASH	HIGH
DIARRHEA	MODERATE TO HIGH
DIPTHERIA	MODERATE
DRESSLER'S SYNDROME	MODERATE TO HIGH
DUODENITIS	LOW TO MODERATE

CONDITION	PROBABILITY OF RESPONSE
DYSENTERY	MODERATE-LRG ORGSM
DYSMENORRHEA	MODERATE TO HIGH
ECLAMPSIA	MODERATE
ECZEMA	MODERATE
EMPHYSEMA	MODERATE-PTC
ENCEPHALITIS	MODERATE TO HIGH
ENDOCARDITIS	MODERATE
ENDOMETRIOSIS	HIGH
EPIDIDYMO-ORCHITIS	MODERATE
EPIGLOTTIDITIS	MODERATE
EPISCLERITIS	MODERATE
EPSTINE-BARR VIRUS	MODERATE TO HIGH
ERYSIPELAS	MODERATE (AS SUPPORTIVE)
FAMILIAL MEDITERRANEAN FEVER	MODERATE
FEVER BLISTERS	MODERATE (AS PREVENTATIVE)
FIFTH DISEASE	MODERATE TO HIGH
FOOD ALLERGY	MODERATE
GIARDIASIS	LOW-LRG ORGSM
GINGIVITIS	HIGH
GLANDERS	MODERATE
GLOMERULONEPHRITIS	MODERATE TO HIGH-PTC
GOODPASTURE'S SYNDROME	MODERATE TO HIGH-PTC
GRAFT-VERSUS-HOST DISEASE	LOW TO MODERATE
GRAVES' DISEASE	MODERATE
GRIPPE	MODERATE TO HIGH
GUILLIAN BARRE SYNDROME	MODERATE TO HIGH-PTC

CYTOKIN PROGNOSIS
(AS PREDICTED BY THE OPERATING THEORY)

CONDITION	PROBABILITY OF RESPONSE
ACANTHOSIS NIGRICANS	LOW-GENETIC+PTC
ACHALASIA	MODERATE-PTC
ACHLORHYDRIA	MODERATE-PTC
ACNE	HIGH
ACROCYANOSIS	HIGH
ACROMEGALY	LOW-PTC
ACROPARESTHESIA	MODERATE
ACTINOMYCOSIS	LOW-FUNGAL
ADDISON'S DISEASE	LOW-PTC
ADENITIS	HIGH
ADENOMATOSIS	LOW-PTC
AIDS	MODERATE TO HIGH-PTC
ALLERGIES	HIGH
ALVEOLITIS	MODERATE TO HIGH-PTC
ALZHEIMER'S DISEASE	MODERATE-PTC
AMEBIASIS	LOW TO MODERATE-LRG ORGSM
AMEBIC DYSENTERY	LOW TO MODERATE-LRG ORGSM
AMYOTROPHIC LATERAL SCLEROSIS	MODERATE-PTC
ANEMIA, APLASTIC	MODERATE
ANEMIA, HEMOLYTIC	MODERATE
ANGINA	MODERATE
ANGIOEDEMA	HIGH
ANKYLOSING SPONDYLITIS	MODERATE TO HIGH

CONDITION	PROBABILITY OF RESPONSE
ANTEPARTUM HEMORRHAGE	MODERATE TO HIGH
AORTITIS	MODERATE TO HIGH
ARACHNOIDITIS	MODERATE
ARTERIOSCLEROSIS	MODERATE-PTC
ARTERITIS	MODERATE TO HIGH
ARTHRITIS (EXCLUDING GOUT)	MODERATE TO HIGH-PTC
ASPERGILLOSIS	LOW-FUNGAL
ASTHMA (BRONCHIAL)	MODERATE-EMOTIONAL FACTORS
ATHEROSCLEROSIS	MODERATE-PTC
ATOPY	HIGH
BABESIOSIS	MODERATE
BARTONELLOSIS	MODERATE
BEDSORES	MODERATE
BEHCET'S SYNDROME	MODERATE TO HIGH
BILIARY CIRRHOSIS (PRIMARY)	MODERATE
BLACKWATER FEVER	MODERATE
BLASTOMYCOSIS	MODERATE-FUNGAL
BLEPHARITIS	MODERATE TO HIGH
BRAIN HEMMORRHAGE	MODERATE
BRONCHIOLITIS	MODERATE TO HIGH
BRONCHOPNEUMONIA	MODERATE
BUERGER'S DISEASE	LOW TO MODERATE-PTC
BYSSINOSIS	MODERATE
CANCER (ALL FORMS)	MODERATE (AS SUPPORTIVE) HIGH (AS PREVENTIVE)
CANDIDIASIS	LOW TO MODERATE-FUNGAL
CANKER SORES	MODERATE TO HIGH

INFOPEPTIDES: The software of the Cell?

PREFACE

e particularly memorable episode of Seinfeld the story began at the end and progressed
vards to the beginning. The story of infopeptides, from the original discovery through product
opment and testing, might prove a bit tedious for the average reader without a glimpse of the
:s experienced by the fortunate few who were given access to this amazing "class of proteins".
e who insist on beginning at the beginning may turn to page eleven.

CASE HISTORY NO. 1

and Shelly V. took their three month old daughter Libby to the pediatrician with what they
ght were the symptoms of a cold. While being examined by the doctor the child stopped
hing. She was immediately resuscitated and sent by ambulance to one of the area's premier
itals specializing in the treatment of children. Upon admission the child was determined to be in
al condition with a diagnosis of viral respiratory infection.

ix days Libby lay under heavy sedation, her fragile life supported by an elaborate system of
lator, tubes and monitors. Her parents waited outside through every one of those days hoping
st word of encouragement from the doctors. Then finally, on the sixth day, they were told
their child was in decline with little prospects of recovery.

ıkfully the story of Libby's life doesn't end here. During those six days John and Shelly had been
g more than just waiting. They had become aware of Cytolog infopeptide liquid from one of
's college roommates who happened to be a neighbor of the researcher responsible for the
nal discovery. They had been advised by a physician, familiar with the product, that even the
test exposure to the informational protein could induce a rapid recovery, even, under such
:me circumstances.

0:00 PM, on what might have been Libby's last night, her parents were given the opportunity to
duce a small amount of the infopeptide liquid into her mouth by means of a moistened swab.
was a night neither John or Shelly will ever forget. For John it was a long one but for Shelly it
the first rest she had been allowed in a week. She dreamed her child had recovered and indeed
irst news she received upon awakening confirmed that miracles can happen and little bodies can
mplish great things. Libby had recovered within hours following a single administration of
›log.

ler's note: The story of Libby V. was chosen for three reasons. First, because her response was
icted by the physician, second, because it was consistent with those observed in Third World
ngs and third, because it took place in a hospital specializing in the care of children after the
urces of that institution had failed to bring about a recovery.

CASE HISTORY NO 2.

1996 Jean U. came to the beautiful city of Antiqua, Guatemala to die. At 50, she had lived well yond the expectations of one born with the rare genetic disorder known as Werdnig-Hoffman's isease or Spinal Muscular Atrophy. Two of her siblings, born with the disease, died before the age 'four. But Jean had more than survived. She had gone beyond the struggle to breath and swallow id manage within the constraints of a wheelchair. Jean had become an educated person. With a .D. in Psychology she had established and maintained a successful practice throughout most of her lult life. Now, with the disease so advanced and the pain so unrelenting it seemed that the time id come to prepare for the inevitable.

i February of 1997 a friend brought news that a physician in Guatemala City was conducting a udy involving patients with Rheumatoid Arthritis. She went on to say that the subjects in the study id experienced a dramatic reduction in pain. Jean didn't have arthritis but she did have pain. o with little more than a remote possibility to reduce her level of sciatic pain Jean and her friend set ut to meet this doctor and do whatever was necessary to gain access to whatever was helping his atients. Dr. Alejandro Nitsch proved to be a compassionate man. Jean and her friend returned ome with a bottle of Cytolog and a full measure of Dr. Nitsch's prayers.

efore reading the entries Jean made to her log during her six weeks on Cytolog it is important to nderstand that Spinal Muscular Atrophy is a disease characterized by decline not improvement and iat she had lived with and learned to accommodate that decline for almost 50 years. Out of respect or Jean's efforts to record a careful account of her experience her log is presented in its entirety. : provides a real time perspective on a miracle.

Notes from Jean U. (March 19, 1997):

'eb. 27,/ Start Cytolog at measurement 5 (1 teaspoon). Chronic sciatic pain (right leg), chronic ow back irritation and recent shoulder-neck pain stop (not to return). Other discomfort from sitting a wheelchair remains.

'EB 28-Mar. 3,/ Increased mild tingling throughout body. Startled response to loud noise. Caretakers notice it is easier to move me- I'm not so limp. More energy. In my tilting wheelchair or 10 hours on Saturday with no sciatic pain.

Mar. 4,/ Physical therapy and acupuncture treatment with Dr. Caceres. He reports more body warmth and muscles feel less "stringy". The night tingling becomes so intense that it is difficult to sleep.
Night and some day tingling are this intense for five days and sleep is difficult.)

Mar. 5,/ Clear increase in muscle usage. Able to use hands and arms more. Able to produce stronger motion in waterbed. Flexing of muscles in legs visible. Notice that I no longer awaken in the morning with pain (for past ten years it has been the awareness of pain which woke me up each morning).

9-10,/ Very small increases in muscle usage noted each day. I feel like I sit straighter. Ability
ıp on toilet without the use of a pillow (lost about 10 years ago) returns. Am able to do craft
ies that I have lost over the past three years. More stamina-need fewer rest periods.
ing seems deeper. Coughing/clearing throat easier. Friends notice I am warmer to the touch
y coloring is not so blotchy. Able to move feet a little. More sensitive to start of pain from
irculation when I sit in wheelchair and able to flex muscles to increase circulation and head of
sed pain.

11,/ Physical therapy and acupuncture treatment with Dr. Caceres. He reports even more body
h and muscles feel like they have a little more mass. Treatment less painful. That night
tic increase in heat produced by my body.

12-13,/ Increase Cytolog from 5 to 7.5. Continue with greater body heat (especially at
-warmth feels good and body state more relaxed. Increase in alertness. Rest times in day now
eeded when I haven't slept well at night. Have gained 5 pounds in past month(bad). Notice
in is less dry and less "baggy". Ability to do crafts still improving and am able to keep at it
before muscle movement begins to fatigue. Notice that over past two weeks my metabolism
to have improved so that I am having a bowel movement daily rather than every three days
nore hungry)
been taking NO MORE pain medication, not even a Tylenol before I go to bed.

14,/ Increase Cytolog to 5 twice per day (6:00 A.M. and sometime between 5-7:00 P.M.)
seems stronger. Good day but at night too alert. Lots of muscle tension (distracting but not
l). Sleep difficult.

15,/ In morning sleepy but feeling good. Feel "stronger." While sitting on toilet chair (feet
ouch floor), able to produce an obvious rocking motion in the trunk of my body and am able
t my legs in a small swinging motion(right leg side to side-left leg front to back). also able to
arms more. (I lost such motion about 5 years ago.) Tingling, which had continued but
ıe less noticeable, increases in intensity again (in morning). Night time, begin with mild
ch flu (others in house have it). Feel weaker, but not as weak as I felt before the Cytolog.
heat and tingling stop for about six hours. When heat starts again, I feel better, like I have
ed the corner of the flu.
ɔain associated with the flu also stops when heat begins. Tingling does not begin. Bad night
ightmares that my body is in sections that must be connected.

16,/ Slept late. Still feel a little weaker, but heat and mild tingling present. Nausea present until
ay. After nausea goes, feelings of strength seem to return . Disturbed by nightmares of night
and decide to do some hypnosis to re-integrate my body image. My body is different now and
ns to be having an effect on my psyche. Feel better after the hypnosis and realize the feelings
ly tension relate to muscle tone that I did not have before. Feel good in the afternoon -
etic. Am using my wrists more - don't need supports under them when I type on the computer
vo pencils (still need supports for my arms). Can take lots of deep breaths and no longer
te my trunk is collapsing inward.

7,/ Tried old, non-tilt wheelchair for a few hours. After half an hour intense pain begins. Not :, but still horrible; pain meds. don't even help. After out of chair, legs tingle intensely and pain immediately. In afternoon use tilting wheelchair with no pain.

8,/ Treatment with Dr. Caceres. Again treatment hurts less. He says I am warmer, and my s smoother. Veins in my arms are easier to see, and he wonders if my blood volume is sing. Blood pressure: 110/80. Turning on my left side and working the right side also went . After, the tingling more intense again. Am having some muscle spasms in my feet... Feels e to have muscle activity there. Lots of tingling in my hands during the night.

9,/ Feel good in morning. Able to sit in non-tilt chair, using added pillow underneath, for an with minimal pain, but then chair breaks, nearly causing a serious accident on ramp. My heart rapidly after that, causing tingling in my hands again. Later, when on computer, am definitely ; faster with my two pencils. Able to open heavy books (couldn't for 4-5 years) and use a rs I could not squeeze before.

0-22,/ Still lots of energy. Am now accustom to tingling and heat because only feel them I think about them. Thus, am sleeping well at night. Other strange sensations, however: there's sure from the inside, where muscles would be, as if something is expanding or pushing rd. It's unpleasant as if it should hurt, but there is no pain. And my brain seems to be ng certain movements I couldn't do before; I still can't do them but I start to before I see can't (Examples: reaching for something that's too far away or moving my leg because it's nfortable). So strange, I am used to be in tune with myself (even though the tune has always slow waltz!). Am doing a lot, but nothing I can point to as an improvement over three days ast night I dreamt that I could feed myself again - nice... Lost two of the five pounds I gained.

3-26/ Went to Itzapa. Used old chair and did okay combined with pain med. Able to tolerate urs. (Before Cytolog, could only tolerate 1 hour.) Went in pool and able to do so much Now can move right arm in arc (in January could move just a little), can move left arm some nd can swivel hips. Can't unbend legs yet. Had treatment with Caceres on Monday before into pool. Tuesday able to feed myself! (Lost that 14 years ago.) Must prop arms with a towel, but am able to use wrists to manipulate fork. Don't get tired either! Realize movement rning in the exact same order it was lost. Next should come ability to raise hands (use arms). rushing teeth with arms propped. Before the Cytolog, when brushing teeth, both hands had to d up by the wrists and even then it was difficult. Got bad sunburn in Iztapa - Could Cytolog me more susceptible to sunburn?

7-29,/ Feeding myself all meals and even popcorn, which means coordinating fingers and g closer to mouth. Can't pick up glass for drinks; remember that I used to use a straw - should t again. Having muscle discomfort, especially in my arms. I think it relates to using the s more. Am using my left arm more to support activities (propping, it too); for a long time it ; if I didn't have a left hand because it was so useless. Sleeping well. Sliding my right arm n lying down, move it without using my fingers so much to help it along. This batch of g does not taste so strong and seems diluted.

wonder if they are different because of processing. Changes seem to be coming in patterns: more ramatic after a session with Caceres (he feels it is the acupuncture which pushes the Cytolog along but *noticeable* improvement about every three days.

Mar 30 - APR 1,/ Yesterday increased Cytolog to 12.5 spread over three times per day. Can now ise my right lower arm into the air when laying down. It must have a push from my fingers, obbles some, and veers in: but I can bring it to my shoulder by itself! Treatment with Caceres this orning. He says that my joints are looser, more movable. We're going to try some acupuncture aily for four days

Mar 30 - APR 1 (cont.) My skin is healing nicely after that terrible sunburn and I'm finally starting o peel. Sleeping so well, I figured out, in part because I am now moving a little in my sleep! Able to ft my head a little and slide it, shift my frame just a little, and shrug my shoulders. Would be onderful if I was able to turn in bed a little again. We'll see...

APR 2-5,/ Did acupuncture the four days with no particular improvement except that I am getting a ttle reaction at the needle insert. Progress continues although it is not as dramatic. Bringing my ight hand up better (not so wobbly), and now am moving my arm and lifting it a little from the ropping. Much more strength in my neck. Overall body strength improving. Was another bad old/flu in the house and again I didn't catch it (No longer must live in fear of a sneeze!) Sleeping ell except that I'm still getting some aching in my muscles as I use them more (good sign!)

APR 6-9,/ More movement in left arm/hand. Able to slide it 8 inches to a new position when lying own. Joints even more flexible - opening mouth wider and turning head better. Caregiver noticing y arms are even stronger in exercises. Using lower prop when feeding self (pulling in my hand still nore). Night after treatment with Caceres, again I felt a strong "expanding" sensation from within. Activity seems to help. (This is a change from when activity tended just to tire me. Maybe now I ave enough of what ever the Cytolog gives me to sustain me in activity so the muscles can get the enefit of the stimulation.) Progress continues more steadily now although slower. Just to be mproving at all is fantastic. New bottle of Cytolog; this one taste stronger.

APR 10-13,/ Now improvement seems to center on trunk. Am hitting the headrest of my chair ifferently so am a little taller. My stomach muscles seem to be kicking in (my abdomen is firmer), which should help my breathing. In beginning March, I had tried to learn bead sewing, but it was just oo hard and I gave up in frustration; tried it again and now I can do it with no problem. -Not only m I stronger, but using two hands is a great help! Had stomach flu again, but taking Cytolog eemed to calm my stomach. Slept a lot that day.

APR 14-16,/ Stomach still not feeling right. Continued progress with trunk of body. No longer feel ike I'm a sack of corn meal. My body now has more structure and holds itself "together" better. I sit nuch better in the bathtub, with better balance. Also, when in the chair, beginning to raise lower ight arm (bending at elbow). Only goes up less than an inch, but it is a beginning. Caceres very leased at treatment - says there is even more muscle mass, and he was able to do a more strenuous workout. In one week jaw opens tiny bit more at the dentist - 19mm to 20mm.

CASE HISTORY No 3

W. was a regular guy. He loved his beer, he loved his new wife and he loved the wonderful s and cakes she baked for him daily. But Pete's life was not a bed of roses. As a landscape ner/installer he understood and accepted the pain he felt when his rheumatoid arthritis acted up. bothered him most were the frequent and unexplained stomach cramps and diarrhea that ed as much a part of his life as the beer and the cake and the bread. The mystery was solved Pete's doctor gave him the bad news: He had become intolerant of gluten, the sticky onent in wheat and other grains comprised of the proteins gliaden and glutenin. No more beer, , cakes, noodles or anything else derived from grains. Pete had biopsy confirmed Celiac se. There was more bad news. This rare disease was without a cure and could be managed hrough the strict avoidance of most everything Pete loved (except his wife). But Pete was not regular guy, he was a lucky guy. Two weeks after his diagnosis and within a few days of ning bored with rice everything Pete learned of a product made from colostrum that had been ted to induce recovery from Celiac Disease.

n a week he was on Cytolog and beer and cake and bread. His belly and his bowels seemed Within two weeks the arthritis pain seemed so much less. After two months Pete's blood test rmed that he no longer produced antibodies to gluten. Within three months Pete was off og and has remained symptom free for nearly five years.

ote: Pete's story was chosen for two reasons. It is consistent with the majority of other og/Celiac evaluations and because it demonstrates the likelihood that multiple conditions can nd simultaneously.

CASE HISTORY No 4

n F. was only 5 when he began to experience sharp pains in his left hip. The slightest burst of h energy could send him to his bed with discomfort that would last for hours. When it became that their son was not suffering from the results of a minor injury, Ron and Debbie sought the e of a specialist who lost no time in diagnosing the problem. Shaun was suffering from a what rare developmental disorder known as Perthes disease. It is generally believed that, in ondition, inadequate blood supply to the hip joint predisposes the area to pain by retarding ties associated with growth and healing. The recommendations of Shaun's doctor were that tivities be severely restricted for a period of several years. Not an easy task for parents of an etic little boy.

aun's case it was a coincidental relationship between his aunt and a friend involved in the early rch on infopopeptides that allowed him an early release from what must have seemed like the ood equivalent of house arrest. Within one day after receiving Cytolog Shaun was noticeably ved. Within two days he was able to sustain normal levels of activity without pain.

loctor speculated that Cytolog must be influencing the circulatory service to the hip joint.

Whatever the mechanism of response it was clear that the first cause of the condition had been addressed. Shaun required supplementation of the infopeptide on and off for a period of about three years following his original diagnosis.

Reader's note: Shaun's case has been chosen because it represents a class of conditions involving delayed or impaired physical development. His response was typical for that general category of conditions.

CASE HISTORY No. 5

Sally C.suffered from a severe form of the condition known as fibromyalgia rheumatica. As she approached her 80th year there seemed little hope for a return to the quality of life she knew before her wheelchair and oxygen tank.

Sally's frail appearance belied her strong character and determination but character and determination had proven of little help until her doctor presented her with Cytolog in early November of 1996. Her response was dramatic. Within three months all significant evidence of her disease had disappeared. Her pain abated, her energy returned and her blood tests showed that her SED rate had declined from a clinically significant 67 to a comfortably normal 12.

Today Sally presents herself as a picture of health and hope to those who have witnessed her wonderful recovery. She has in all ways returned to her quality of life and in the process returned a measure of that same quality of life to all those who love her.

There is a story behind the story of Sally C. It is one of a caring physician who, through her own initiative, sought out an answer when there seemed to be none. God Bless you Dr. Theresa Quinlen.

Reader's note: Sally's story was selected because her experience was consistent the majority of those who evaluate Cytolog for fibromyalgia.

CASE HISTORY No. 6

School was out but 18 year old Hank C. felt terrible. He was weak, his muscles ached, he had an unrelenting fever, a sore throat and a rash. A blood test confirmed Hank had mononucleosis. His doctor said he should expect to be down for a long time, perhaps months.

For three weeks Hank went from bed to couch, barely aware of anything beyond his misery. On or about the 22nd day his uncle sent him a bottle of Cytolog with the assurance that he would experience an immediate recovery. Hank's uncle was not a fortune teller. He had spent a major portion of four years pouring the infopeptide solution into the mouths of fevering children in Central America as part of the initial evaluation of the discovery.

By the summer of 1996 her weight had declined to under ninety pounds and her world had been reduced to what she could experience from whatever position she had been placed in.

Then in September something occurred that completely altered Suzan's life. A couple from the U.S., she had known for many years, came to visit her. They brought with them several bottles of a clear liquid they referred to as informational protein. The product and its capabilities were quite familiar to them. As it turned out they were shareholders in the Company that manufactured it. They went on to explain why they felt she would benefit and ultimately convinced her to try it.

What follows is an excerpt from the Christmas card Suzan sent her friends six weeks after that visit:

"I must tell you what a difference Cytolog has made to my life & well being & thank you both very much for your kindness & support."

"Its hard to believe but there was a change almost overnight & from the time when it came I am walking without a stick, have gained 3 kgs. in weight & am ecstatically happy."

In her last report Suzan describes herself as completely recovered with a weight of 125+ pounds.

Reader's note: Suzan's story was selected because it was dramatic but at the same time representative of those reported by others with MS. The fact that she is a friend of one of the owners was an additional consideration.

CASE HISTORY No. 9

Maxine P. was a missionary in Belize during the period that Cytolog evaluations were being conducted in the Mayan villages in the Toledo district. She listened intently to discussions regarding the theory of infopeptides before disclosing that, although she had been blessed with good health for most of her life, she had recently been diagnosed with diabetes (type II) and that since then she had noted a number of symptoms she associated with that disease.

Maxine received enough Cytolog for a two month period with the understanding that she would be meticulous in her use of the product and report any results at the end of the period.

Her report was as follows:

"I have been taking the product Cytolog for a couple of months and have noted a great difference in my energy level. I do not get tired so fast and can now go all day without sleeping for several hours in the afternoon."

"I have also noted a difference in my sleeping pattern. I can now fall to sleep & sleep thru the night most of the time without taking Deseryl (a muscle relaxant)"

in two hours after taking the first dose of Cytolog Hank experienced what seemed to be a plete recovery. He felt fine. He felt hungry. A trip to the doctor and a second blood test rmed that the infection had been indeed resolved.

er's note: Hank's story was selected because his response was consistent with all other reported ations of Cytolog involving mononucleosis and because he is a nephew.

CASE HISTORY No 7

3 years of recurring stomach cramps, diarrhea and vomiting Pat L.was finally diagnosed with n's disease. This would have been a difficult diagnosis for anyone but for Pat it was even more ematic. From experience she knew that she could not tolerate many of the drugs and hetics commonly employed in the management of this disease in its later stages.

elt her safest strategy would be to control her diet, be careful to manage stress and endure as as possible before making the really risky decisions. Pat hung on in this mode for nearly two until one day, in 1997, a friend told her about infopeptides and directed her to a source of log.

in a few days on Cytolog Pat had clear indication that she was benefiting. Her Crohn's related toms continually improved until she had the sense that her condition was under complete ol. Then she noticed that her rheumatoid arthritis was significantly better, esophageal spasms gone and the mysterious water blisters she had observed on her skin were gone as well. Pat happy camper.

thing went along well until, on a recent trip to Europe, Pat ran out of Cytolog and thought she make it back before anything happened. She didn't make it. Within a week or so her Crohn's d symptoms returned, her arthritis became worse, her esophageal spasms came back as did the blisters.

this writing Pat is back on the product and, hopefully, on her way out of the woods for good.

er's note: The prognosis for individuals with Crohn's disease who evaluate Cytolog seems less ctable than those with most other conditions. This may be related to previous surgeries that produced scar tissue or adhesions, the accumulated effects of anti-inflammitory steroids or ic infections associated with diverticulitis.

CASE HISTORY No.8

a L.lived in the beautiful Chianti Region of Italy. Unfortunately her ability to enjoy the ures of the countryside had been limited for nearly thirty years. Suzan had multiple schlerosis. e years advanced the disease gradually took her coordination and strength until she became ident on her family for assistance in nearly every aspect of her life.

INTRODUCTION

n 1990 an independent researcher in Ohio literally stumbled upon what may prove analogous to the loly Grail for those who dream of an "alternative to medicine".

hroughout the 1980's a media focus on the relationship between diet and health intensified research fforts in many areas of animal agriculture. It was in that climate that our researcher was at work ooking for alternatives to the use of antibiotics in livestock. Of particular interest were natural roducts derived from blood and milk. The initial spark came when he noted that the most eneficial products in his evaluations were those from which factors most likely to provide benefit ad been removed. Specifically, he found that when the sera of blood, milk or colostrum were rocessed to the point where the immunoglobulins and lactoferrin were removed, the resulting quids became more valuable. As the project progressed it became apparent that there existed, just eneath the biologically active portion of these raw materials, another strata of proteins with ompletely different functions and characteristics.
hrough a combination of separation technology, analysis and observation, our researcher pursued he tiny peptides he was sure existed just this side of free amino-acids and molecular oblivion. Vithin a matter of months a technique was developed that isolated a class of proteins from normal ovine colostrum that could be defined by their molecular weight, their lack of biological activity in he classical sense and their ability to induce benefit at extremely low levels of administration.

he conclusion that these peptides were informational in their function, developed from a rather traightforward series of assumptions:

1. That both wellness and recovery reflect the dynamic processes of our functionally competent or normal cells.
2. That wellness is more than the lull between storms. In humans, homeostasis requires the appropriate and coordinated functioning of trillions of cells.
3. That some dominant influence on our functionally competent cells inclines us toward wellness. This would require some form of communication or advice and perhaps, some form of informational media.

Vhat if these peptides were that media and advised every function of every well cell? The answer, nfopeptides the software of the cell.

rom this simple framework of belief evolved what came to be known as "the operating theory", a roup of twenty assumptions that have guided the evaluation of the informational peptide solution nd provided reasonably accurate prognoses for those who have received it. Since the original liscovery, clinical research has been carried out in eleven countries. The settings, which were hosen to reflect the varied circumstances of First and Third world populations, have provided mple opportunity to challenge and confirm the operating theory.

n the spring of 1992, the Cellogic Project provided 124 individuals experiencing a variety of chronic r recurring conditions with a quantity of Cytolog adequate for a two week period. Responses were ecorded in the following manner: (0) for no benefit, (1) for some benefit, (2) for a significant benefit nd (3) for a complete resolution of symptoms.

skin problem I was having with a water blister similar to impetigo has disappeared, no new
eaks since taking Cytolog."

, last but not least, is the drop in my sugar glucose level from 158 to 113."

CASE HISTORY No.10

last case history was an egg it would be a double yolker. It is the story of two doctors, two
als, two patients, a similar strategy and a similar outcome.

octors were Dr. Anthony Freeman DO and Dr. Rudolph Garcia-Gallont.

ospitals were Berger Hospital in Ohio and Hospital Herrera-Llerandi/Amedesqua in
mala.

atients were women with life threatening conditions whose inability to produce adequate levels
telets put them at risk of internal hemorrhage following appropriate treatment.

rategy was to administer Cytolog liquid to induce an increase in platelets sufficient to mitigate
k of hemorrhage.

utcome in both cases was a dramatic increase in circulating platelet counts to a level that could
cribed as "high normal".

om March of 1993 to March of 1996, monthly evaluations of Cytolog were carried out in remote eas of Central and South America by members of the Cellogic Project. These settings were ıosen because of the high incidence of viral diarrhea and viral respiratory conditions in infants and ildren. Typical recovery intervals were as follows: one to four hours for respiratory conditions ıd four to forty eight hours for diarrheas.

ıroughout 1994, Dr. Boris Castillo, MD., of Guatemala City was engaged in the evaluation of fopeptides. Besides the usual reports of efficacy with common viral and rheumatic conditions, Dr. astillo described the positive response he observed in a patient with Kuru, a rare prion disease ıilar to Creutzfeldt-Jakob syndrome.

. the summer of 1995, Dr. Bernardo Meza, MD., of La Loma Luz Adventist Hospital in the Cayo istrict of Belize reported the results of his use of the infopeptide solution. Dr. Meza observed ıefit in patients suffering from many of the conditions listed above but added that when a woman : had diagnosed with Lymphoma received Cytolog she experienced a dramatic reduction of two ajor clinical manifestations, fever and pain.

ı the spring of 1996, Dr. Estuardo Tercero, MD. of San Juan De Dios Hospital in Guatemala City, ported a number of successful applications of the infopeptide supplement consistent with those eviously reported. One particularly impressive case involved a 17 year old boy who had been lmitted with post-chicken pox encephalitis. Immediately following the administration of Cytolog s fever abated and his seizures ceased. A CAT scan taken during his 14 day hospitalization vealed no apparent damage associated with the event.

uring this same period, Dr. Gilbert De Leon, MD., of Guatemala City, was reporting good success ith his evaluation of Cytolog. His pediatric practice provided him the opportunity to document, in clinical setting, responses similar to those that had been observed earlier when the product was rovided to fevering children in the remote jungle villages

ı mid 1996, funds were made available to begin advanced clinical and institutional studies. Since ıen, Drs. Alejandro Nitsch M.D.and Fabiola Nitsch MD., of Guatemala City, have served as chief ıvestigators, designing and conducting protocols that have yielded the best evidence yet of the alue of infopeptides in rheumatoid arthritis, osteoarthritis and infant viral diarrhea. In their first udy they report that 10 out of 12 patients with rheumatoid arthritis and 9 out of 10 patients with steoarthritis showed clinical improvement within a two to six week period. In the article titled Bovine Lacteal Derivate (Cytolog) , Some Considerations" Drs. Nitsch suggest that, consistent ith the original theory, "since the product has no demonstrable biological activity, the proposed ıechanism of action (function) of infopeptides is the induction of cytokine synthesis by the host (i.e. true immunomodulator)-- allowing the organism to recuperate or reorient its immunologic ıemory. This results in appropriate responses to autoimmune conditions."

sults of this study are outlined below.

ing	Condition	(0)	(1)	(2)	(3)	Inconclusive
	Arthritis	14	5	12	17	9
	Hypertension		1	4	3	1
	Allergies		3	11	6	1
	Celiac Sprue	1		2	6	1
	Endometriosis				3	2
	Prostatitis/BHP				3	
	Psoriasis	1	1	3		
	Colds				4	
	Herpes Simplex 1				1	
	Lupus (Discoid)				1	
	Sarcoidosis			1		
	Premenstrual Syndrome				4	
	Perthes Disease				1	
	Sjogren's Syndrome				1	

liately following this initial study, Dr. Max Sawaf, MD. of Long Beach, California, while ng certain portions of the invitro investigations, had the opportunity to provide the product to tients in Washington State that suffered from Celiac disease. In both cases the diagnosis had onfirmed by biopsy. After four days of supplementation with infopeptides, both patients began sume normal diets without any evidence of intolerance. After six weeks blood taken from both uals was submitted to Vijay Kumar Ph.D. of Buffalo, NewYork and found to be negative to r antibody tests. Dr. Kumar's comments were "These negative tests for IgA class endomysial dies and IgA class antibodies to reticulin and normal levels for IgG and IgA class antibodies to , when taken together are not suggestive of a diagnosis of dermatitis herpetiformis/Celiac e."

equent clinical evaluation was carried out in the spring of 1993 by Dr. Anthony Freeman, DO. leville, Ohio. It involved 17 patients with conditions that had proved unresponsive to tional therapies. The reporting format was identical to the one listed above. The results were ows.

ing	Condition	(0)	(1)	(2)	(3)
	Rheumatoid Arthritis			2	3
	Allergies		3		
	Fatigue	1	2	1	
	Hypertension	1			
	Endometriosis		1		
	Lupus		1		

. 1988- Julius, Janusz, Lisowski, Journal of Immunology, Vol. 140, p1366-71 Dept. of Microbiology and Immunology, McGill University, Montreal, Quebec, Canada: A colostral protein PRP) that induces the growth and differentiation of resting B lymphocytes. "PRP (Proline-rich Polypeptide) is the first protein of mammalian origin that induces the growth and differentiation of reacting B lymphocytes. PRP has been isolated from sheep and cow's colostrum PRP is not species pecific. Spleanocytes from neonatal mice responded robustly to PRP with the growth and ifferentiation of contained B cells to plaque formation. PRP did not induce detectable lg isotype witching".

. 1989- Toluyama and Tokuyama, Dept of Molecular Immunology, Cancer Research Institute and Dept. of Nuclear Medicine, Kananawa, Japan Harwood Academic Publishers, UK. Cellular Biology Report 13, P P P 251-58; " Bovine Colostric Transforming Growth Factor-B-Like peptide induces rowth inhibition and changes morphology of human osteogenic sarcoma (cancer) cells." TgF B roduced cell destruction in certain human cancer (sarcoma) cells in cell culture growth experiments n Japan.

. 1990- Tokuyama, et al., Dept. of Molecular Immunology, Cancer Research Institute and Dept. of Nuclear Medicine, Kananawa, Japan. Harwood Academic Publishers, UK. Reported two new roteins discovered in Bovine Colostrum: BC-1 and BC-2 Belong to a new class of mitogen nhibitors. Reported that through biological activities resemble TGF-B. Showed inhibitory effect on ome sarcoma (cancer) tumor cells lines in sutro.

. 1991- Bocci, Bremen, Corradeschi, Luzzi and Paulesu, Journal Biology Regul. Homeost. Agents Oct-Dec. 5 (4): 141-4 Reported: A. Immunoglobulins can not be received through the placenta. B.Colostrum has a well acknowledged crucial value for the survival of animal species. C. Presence of 4 Cytokines verified in bovine colostrum: Interlukin 1&6, tumor necrosis factor and interferon gamma. D. Exert an important immunostimulatory role particularly on the oropharyngeal-associated ymphoid tissue. E. Administration can provide benefits in aged or immunodeficient people. F. Nature has used the oral route for the development of the immune system since the origin of mammals(safe and effective). G. Oral administration of immonofactors is very simple, inexpensive, ree of side effects and may be vastly beneficial in veterinary and HUMAN medicine to correct mmunodeficiency.

. 1993- Tokuyama and Tokuyama, Journal of Dairy Research, Vol 60: 99-109 (Printed in Great Britain) Dept. of Nuclear Medicine, Faac. Med. Dept. Mol. Imm. Cancer Research Institute. Kanazawa Univ. Japan reported: A. Bovine Colostrum contains TGF-B. B. Exerts positive egulatory effects on accumulation of extracellular matrix proteins. C. Suppressive effect on cytoxic nonocytes. D. Potent inhibiting effect on generation of cytoxic T Lymphocytes, NK and LAK cells. E. Anti-inflammatory.

ruary and March of 1996, a thirty day "safety study" was conducted by Dr. Robert Brandt n Dayton, Ohio. In that study twelve patients with advanced HIV disease were given ptides in conjunction with a powdered nutritional supplement containing no therapeutic es. During the month in which that study was conducted Dr. Brandt observed a 63% ion in the clinical symptoms assessment score for those individuals receiving two istrations of infopeptide solution per day.

the fall of 1996, infopeptide solution has been used by a number of other physicians in the l States including Dr. Theresa Quinlin of Canal Winchester, Ohio. Dr. Quinlin reports success nfopeptides in the treatment of viral illnesses, autoimmune disorders, and fibromyalgias. log is very helpful with any acute viral disease-- like chicken pox. I see fewer pock marks and ts recover in three days, not ten days." Dr. Quinlin reports using infopeptides with success in atients with chronic fibromyalgia. One patient with polymyalgia rheumatica experienced a eduction in pain and a normalization of her SED rate from 72 to 13. She also cites dramatic vement in shingles and flu cases, success in treating gastritis where all other strategies failed, ssive use as an anti-inflammatory treatment, and treatment for bronchitis and viral pneumonia. escribes the infopeptide treatment as "truly miraculous" against oral herpangina in infants.

early 1997, many more doctors have become aware of infopeptides through the interest and s of two highly respected scientists, Stephen Levine Ph.D., of San Leandro, California and d Takemoto, of Scottsdale, Arizona. Today these men provide a ready and reliable conduit ghwhich information passes to health care professionals throughout the United States, Europe apan.

all this, it is assumed that the informed reader is left with a thirst for some real science. For interested enough to undertake the effort, there are any number of references that stop just of suggesting the existence of an informational protein vocabulary. In 1997, Candace Pert, provided a comprehensive scientific interface with the publication of her best selling book ecules of Emotion".

PUBLISHED INTERMEDIATE OBSERVATIONS

80-Wada et al, Infection and Immunity, 29 pp 545-550 "Neutralizing Activity Against ridium Difficile Toxins in the Supermatants of Cultured Colostral Cells." Colostrum immune s neutralize crude toxins.

83- Staroscic et al., writing for Molecular Immunology state "a small-chain, polyprotein-rich le in colostrum has the same ability to regulate the activity of the immune system as the ones of the thymus gland. It activates an under-active immune system, helping move it into n against disease-causing organisms. It also suppresses an overactive immune system, often in autoimmune diseases." In another review, S. Hopkins and N. Rothwell, writing in Trends in oscience, suggest "links to inflammation, nervous disorders, and even sleep patterns".

hibits anchoraage dependent cell growth of human osteosarcoma (cancer) cells (76% ition). G. Mediator of fibrosis and angiogenisis (Roberts et al., 1986), wound healing(Sporn et 983) and bone formation(Centrella et al., 1987)

)94- Chaumell, Liolet, Kogbe, Adv. Exp. Med. Biol. Report of clinical study Vol. 350 pp 99 Reported effective treatment of eye infections with bovine colostrum lactoserum i.e.: ction of glaucoma, scaring after injury or surgery, reduction in eye lesions. Also reported: ıce News vol. 133 p 195 Breast Milk stimulates immunity: "Researchers reporting evidence colostrum stimulates babies own immune systems. Speeds maturation of B. Lymphocytes (a of white blood cell) and primes them for production of antibodies, according to M. Julius of ill University, Montreal. March 1 Journal of Immunology reported sheep's colostrum enhances /th and differentiation of cultured white blood cells.
lar activity in cow's and human colostrum. Substance can also activate macrophages".

)95- Bhora, et al., Jour. Surg. Res. Vol 59 p 236-44: Effect of growth factors on cell feration in human skin: " The failure of chronic wounds to heal is a major medical problem. ies suggest an important role for growth factors in promoting wound healing. Conclusion:)blast growth factor IGF-1 and epithelial growth factor are important for wound healing." tment implications for trauma and surgical wounds, accelerated healing possible.

CURRENT SCIENTIFIC INTERFACE

'-Candace B. Pert, Ph.D., a neuroscientist whose career began with the discovery of the e receptor provides a broad and comprehensive interface between the "Operating Theory" he leading edge of molecular biology in her book "Molecules of Emotion". The references, h are too numerous to note, can be represented by a quotation from page 65, " you need to v the alphabet before you can learn to read. Amino acids are the letters. Peptides, including)eptides and proteins, are the words made from those letters. And they all come together ake up a language that composes and directs every cell, organ and system of your body"

e end, one will find that the scientific interface, though widening, remains too narrow to explain at has been reported here. The reason for this is that infopeptides are not a product of our ce. They do not reflect the limits of our understanding or even the limits of our ability to ılate. They are the product of our shared evolutionary experience and in that respect are more inherited than a prize won. It is important that while our scientific inquiry proceeds we remain ful of those who await the availability of this wonderfully safe and efficacious substance.

CYTOLOG LIQUID
TYPICAL EVALUATION PROTOCOLS

CATEGORY 1: ALLERGIES

Typical dose: 5ml.
Typical administrations per day: 2
Typical interval to initial response: 1-3 days
Typical interval to benefit plateau: 3-7 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 2: ARTHRITIS

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-21 days
Typical interval to benefit plateau: 42-56 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 3: BENIGN PROSTATIC HYPERPLASIA

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: 14-28 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATAGORY 4: CANCER (ADJUNCTIVE USE ONLY)

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: n/a
Typical response: A noticeable improvement in overall condition
No modification to treatment protocol.

CATEGORY 5: CELIAC SPRUE

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 5 days
Typical interval to benefit plateau: 5 days
Typical response: 2-4
No relaxation of dietary restrictions should be made before day 4. Normalization of diet should not become permanent unless blood tests return negative for all antigens.

CATEGORY 6: CROHN'S DISEASE

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: 42-56 days
Typical response: 2-4
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 7: DIABETES TYPE II

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 1-7 days
Typical interval to benefit plateau: 14-28 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 8. HYPERTENSION

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-days
Typical interval to benefit plateau: 28-56 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 9: LUPUS (DISCOID AND SYSTEMIC)

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: 28-58 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 10: MULTIPLE SCLEROSIS

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-28 days
Typical interval to benefit plateau: 28-180 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 11: PERTHES DISEASE (ACTIVE)

Typical dose: 5 ml.
Typical administrations per day: 2
Typical days to initial response: 1-2
Typical days to benefit plateau: 7-28
Typical response: 3-4
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 12: PREMENSTRUAL SYNDROME & ENDOMETRIOSIS

Typical dose: 5 ml.
Typical administrations per day: 2
Typical days to initial response: 1-2
Typical days to benefit plateau: 14
Typical response: 2-4
Use of this product may be limited to post ovulation period.

CATEGORY 13: PRION DISEASES (KURU AND CREUTZFELD-JAKOB SYNDROME)

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 12-28 days
Typical interval to benefit plateau: 28-56 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 14: PSORIASIS

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 3-7 days
Typical interval to benefit plateau: 14-28 days
Typical response: 2-3
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 15: SJOGREN'S SYNDROME

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau 14-28 days
Typical response: 3-4
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 16: SPINAL MUSCULAR ATROPHY

Typical dose: 5 ml.
Typical administrations per day: 2
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: 180 days
Typical response: 1-2
Increased consumption of water should be encouraged in adult patients with this disease.

CATEGORY 17: THROMBOCYTOPENIA (IDEOPATHIC AND AUTOIMMUNE)

Typical dose: 5 ml
Typical administrations per day: 2
Typical interval to initial response: 1-2 days
Typical interval to benefit plateau: 4-10 days
Typical response: 3-4
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 18: TOPICAL APPLICATIONS (BURNS, WOUNDS, INFECTIONS, INSECT BITES, DIAPER RASH AND HERPETIC LESIONS)

Typical method of administration: Spray or apply with a sterile pad to affected area.
Typical administrations per day: 3-5 as needed
Typical interval to initial response: 4-24 hours
Typical interval to benefit plateau: Variable with condition
Typical response: 3-4
Typical observations include accelerated healing and reduced tendency to scar.

CATEGORY 19: ACUTE VIRAL INFECTIONS

Typical dose: 5-10 ml.
Typical administrations per day: 2-3
Typical interval to initial response: 4-24 hours
Typical interval to benefit plateau: 2-7 days
Typical response: 3-4
No reduction or elimination of other therapeutics until justified by condition of patient.

CATEGORY 20: CHRONIC VIRAL INFECTIONS

Typical dose: 2.5-5 ml.
Typical administrations per day: 3-4
Typical interval to initial response: 7-14 days
Typical interval to benefit plateau: 28-90 days
Typical response: 2-4

Curriculum vitae
Dr. Mario Alejandro Nitsch Montiel

MD degree: University of San Carlos (USAC), Guatemala, C.A.
Date: June, 12th 1985. License No.: 5730.
Grade Thesis: Hepatocellular Carcinoma at Aldea La Espinilla, Rio Hondo, Zacapa*.
Postgraduate studies: Residence on Internal Medicine, at Roosevelt Hospital, Guatemala city (1984-1987).
Member of Guatemalan College of Medicine.
Member of Guatemalan Association of Internal Medicine.
Clinical research on Nutritional Biochemistry at Institute of Nutrition of Central America and Panama, under the direction of Oscar Pineda PhD (1989-90).
Author of multiple clinical investigations since 1983 (while still medical student) to 1987, most of them presented at National College of Medicine, and National & Central American Internal Medicine Meetings.
MD thesis advisor in 1986 (Community Acquired Pneumonia in the Elderly), and 1987 (HIV in Drug Addicts).
Director of Early Intervention on Acute Myocardial Infarction Program in Guatemala,1995.
On private practice since 1991, co-founder of Lion's Club Heart Clinic in Coatepeque, Quetzaltenango, Guatemala (1992).
Consultant on Internal Medicine and Intensive Care Unit at Puerto Barrios Hospital, Izabal, Guatemala (1993-1995).
Co-Director of Private Diabetes Educational Program (since july 1996)
On course research:
Effect of Trimetazidine on AV Conduction Disturbances (Preliminary report presented at 1st. Intercontinental Cardiology Congress, Panama, Nov. 14-18, 1996).
Data Base on Acute Myocardial Infarction in Guatemala, C.A. (on

curriculum vitae

Fabiola Prado de Nitsch, MD

MD degree: University of San Carlos (USAC), Guatemala, C.A.
Date: June the 14th 1984. License No. 5308.
Grade Thesis: BCG Response in Infants.
ECFMG and FMGEMS approved (above 90%) 1985.
Postgaduate Studies: Residence on Internal Medicine at Mount Sinai Hospital, Cleveland, Ohio, USA. BE on Internal Medicine.
Member of Ohio State Medical Association until 1995.
Member of Guatemalan College of Medicine.
On Part Time Private practice since 1988.
Part Time on Home Schooling (1991-1995).
Co-Director Private Diabetes Educational Program (since July 1996).

Clinical Efficacy of Bovine Colostrum Derivate on Rheumatic Diseases (on Course).
Clinical Efficacy of Bovine Colostrum Derivate on Acute Diarrhoea in Children (on course).

***Grade thesis has become a classic reference for Guatemalan literature on Type B Hepatitis and Hepatocellular Carcinoma.**

ɔw is Cytolog administered?

most cases oral administration is preferred. Amounts from 1/4 to 1 teaspoon are placed in the h and held or circulated for a few seconds prior to swallowing.

Cytolog safe?

ıe safety of this product has been demonstrated in physician monitored safety studies and in al use. As with any food, should evidence of intolerance develop it is recommended that the f Cytolog be discontinued until an adequate assessment of the circumstances can be made.

Cytolog available?

vailability is limited but growing. Look for continued improvement in access and supply over ext six to twelve months.

Revised 6/6/98

SUMMARY OF CYTOKIN EVALUATIONS

CONDITION: ARTHRITIS REVISED: 6-15-93

PARTICIPANT #	SEX	AGE	COMMENTS	RESPONSE CODE
1-3	M	60+		3
1-4	M	50+		3
1-5	M	60+	HIP DEGENERATION	0
1-6	F	60+		2
1-7	M	50		1
1-12	M	70+	SHOULDER DEGENERATION	2
1-13	F	70+		2
2-4	F	60+	OSTEO ARTHRITIS	0
2-5	M	50+		3
2-7	F	40+		3
2-8	F	50+		2
2-9	M	40+		3
2-14	M	60+	SPINAL DEGENERATION	0
3-8	M	40+		3
3-9	F	40+		2
3-10	M	50+		3
4-2	F	50+		2
4-3	F	50+		0
4-8	F	20+		3
4-12	M	60+		3
4-14	F	50+	COMPLEX HISTORY	0
5-3	F	40+	INFORMATION UNAVAILABLE	INC

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

5-9	F	70+	ALZHEIMER'S	2
5-14	F	70+		
7-15	M	50+	OSTEO ARTHRITIS	0
7-7	M	50+		1
7-13	F	80+		3
8-3	F	60+		2
8-4	M	60+		2
8-6	M	80+	OSTEO ARTHRITIS	0
8-11	M	70+	MULTIPLE CONDITIONS	1
8-13	F	40+		0
8-11	F	40+	PSORIATIC ARTHRITIS	INC
9-3	F	80+		2
9-4	F	70+		INC
9-14	M	60+		1
10-6	M	40+		3
10-7	M	60+		0
10-11	F	70+		INC
10-12	F	30+		3
11-4	F			
11-5	F	50+	COMPLEX HISTORY	0
11-16	F	50+		0
12-1	M	50+		0
12-14	M	80+		0
12-15	F	80+		0
13-2	M	50+		3

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

13-4	F	50+	1
13-12	F	70+	INC
13-14	F		
14-11	M	50+	
14-14	F	50+	2
14-16	M	40+	3
14-17	M		
15-1	F		
15-10	M	50+	3
16-2	M	40+	3
1610	F	50+	2

CONDITION: HYPERTENSION REVISED 6-15-93

4-7	M	60+	3
6-9	F		
6-11	M	40+	3
7-13	F	70+	2
10-3	M	50+	3
11-1	M	50+	2
12-3	M	40+	2
12-9	F	60+	2
13-4	F	50+	1

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

CONDITION: ALLERGIES REVISED 6-15-93

5-8	F	40+	2
7-2	F	50+	1
7-3	F	50+	2
7-10	M	20+	3
7-12	F	40+	1
8-1	F		
8-8	M	10+	3
10-4	F	50+	3
10-10	M	50+	2
11-9	M	20+	2
12-4	F	20+	3
12-5	F	50+	2
12-9	F	60+	3
13-5	F	20+	1
13-8	M	20+	2
13-9	M	40+	2
14-13	M	50+	2
14-14	F	50+	2
14-15	M	20+	2
15-2	F	10+	3
16-12	F	30+	2

RESPONSE CODE: NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

CONDITION: CELIAC DISEASE REVISED 6-15-93

6-1	F	70+	2
9-2	F	70+	0
10-8	F	20+	3
13-3	F	40+	3
14-16	F	40+	3
15-3	F	40+	
16-2	M	40+	3
16-10	F	50+	3
16-11	M	10-	3
16-14	F	10+	2

CONDITION: ENDOMETRIOSIS REVISED 6-15-93

2-12	F	30+	3
2-15	F	20+	3
10-13	F	20+	
11-15	F	20+	
16-13	F	40+	3

CONDITION: BENIGN PROSTATIC HYPERPLASIA REVISED 6-15-93

9-14	M	60+	3
10-2	M	70+	3
16-15	M	70+	3

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

CONDITION: PSORIASIS REVISED 6-15-93

5-11	F	40+		0
8-5	M	50+		2
9-8	F	60+	SEVERE PUSTULAR	2
9-16	F	30+		2
12-2	F	50+		1

CONDITION: VIRAL REVISED 6-15-93

1-2	FAMILY		COLDS	3
1-3	FAMILY		COLDS	3
3-4	FAMILY		COLDS	3
-10	FAMILY		COLDS	3
8-2	M	50+	HERPES SIMPLEX 1	3

ABOVE DOES NOT INCLUDE HIV AIDS OR CHRONIC FATIGUE SYNDROM.

CONDITION: DISCOID LUPUS (LESIONS) REVISED 6-15-93

6-12	M	20+	HIV POSITIVE	3

CONDITION: SARCOIDOSIS REVISED 6-15-93

11-8	M	20+		3

PMS/MENOPAUSE REVISED 6-15-93

3-2	F	20+	PREMATURE MENOMAUSE	INC
6-7	F	40+	NIGHT SWEATS	3
9=11	F	30+	PMS(ANXIETY+SORE BREASTS)	3
10-5	F	40+	NIGHT SWEATS	3
12-4	F	20+	PMS(ANXIETY)	3

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICATN, 3-COMPLETE

CONDITION: PERTHES DISEASE REVISED 6-15-93

6-5 M 10- 3

CONDITION: DRY MOUTH REVISED 6-15-93

11-10 M 50+ 3

RESPONSE CODE: 0-NONE, 1-SOME, 2-SIGNIFICANT, 3-COMPLETE

CYTOKIN WOULD BE USED IN CONJUNCTION WITH OTHER MEASURES IT MAY PROVIDE A PERCEIVABLE BENEFIT WHICH COULD THEN JUSTIFY ITS USE ALONE UNDER MORE SCIENTIFICALLY APPROPRIATE CIRCUMSTANCES.

IT SHOULD ALSO BE NOTED THAT FROM THE EXPERIENCE TO DATE CYTOKIN DOES NOT REQUIRE ADDITIONAL MEASURES TO CONTROL DISEASE BECAUSE IT DEALS DIRECTLY WITH THE FIRST CAUSE. THERE HAVE BEEN NO INCIDENCES OF RECURRENCE OF SYMPTOMS IN INDIVIDUAL WHO ACHIEVED A SYMPTOM FREE STATUS AND NO WORSENING OF SYMPTOMS IN THOSE WHO HAD REPORTED SOME IMPROVEMENT IN THEIR OVERALL CONDITION.

OUR ASSERTION THAT THE PRODUCT CONTAINS NO ACTIVITY AND DOES NOT ACT DIRECTLY ON SYMPTOMS IS CONSISTENT WITH THE FACT THAT A REASONABLE PERCENTAGE OF THOSE WHO ACHIEVED A SYMPTOM FREE STATUS WERE ABLE TO REMAIN SYMPTOM FREE AFTER THEY DISCONTINUED TAKING CYTOKIN.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: EDUARDO Alfaro Phone: - -

DATE: Oct. 95. SEX: M AGE: 24

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: AIDS. Pulmonary TB. + Pericarditis.

DURATION OF ILLNESS: +/- 6 mo.- (End stage).

DURATION OF TREATMENT WITH INFOPEPTIDES: TWO Weeks.-

DOSIS ADMINISTERED 5 ml ml each ~~12~~ 24 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 3 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. _____ B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Untreatable diarrhea and fever dissapeared.-

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

NOTE: THIS IS A RARE DISEASE THAT AFFLICTS BOYS BETWEEN 5 AND 10 YEARS OF AGE RESULTING IN DAMAGE TO THE HIP JOINT RESULTING FROM A RESTRICTION OF BLOOD SUPPLY TO THE HIP SOCKET AND FEMUR HEAD. THE OPERATING THEORY SUGGESTS THAT CYTOKIN INSTRUCTS THE ARTERIAL CAPILLARIES IN THAT AREA TO OPEN AND ALLOW NORMAL CIRCULATION TO BE RESTORED.

THE CONDITIONS DESCRIBED HERE INCLUDE ALLERGIC, INFECTIOUS AND AUTOIMMUNE DISEASES AS WELL AS SOME WHOSE CAUSE IS NOT UNDERSTOOD AT THIS TIME. THE RANGE OF DISEASE CONDITIONS RESPONSIVE TO CYTOKIN SUGGESTS THAT IT PROVIDES A TRULY COMPREHENSIVE ARRAY OF MODULATORY INFLUENCES AND THAT THOSE INFLUENCES SEEM TO FOCUS ON INTRACELLULAR EVENTS. NOT MENTIONED ABOVE ARE THOSE INDIVIDUALS WHO HAVE EXPERIENCED RELIEF FROM SYMPTOMS NOT ATTRIBUTED TO A SPECIFIC AILMENT.

THE FOLLOWING IS A PARTIAL LIST OF DISEASES WITH SOME PROBABILITY OF RESPONSE TO CYTOKIN THAT HAVE NOT BE EVALUATED AT THIS TIME:

1. * MULTIPLE SCLEROSIS
2. * ALD
3. * ADDISON'S DISEASE
4. * JUVENILE DIABETES MELLITUS
5. * MYASTHENIA GRAVIS
6. * GRAVES DISEASE
7. * IDEOPATHIC THROMBOCYTOPENIC PURPURA
8. * PEMPHIGUS VULGARIS
9. * CROHN'S DISEASE
10 * GOODPASTURE'S SYNDROME
11.* HASHIMOTO'S THYROIDITIS
12.* PERNICIOUS ANEMIA
13.* POSTSTREPTOCOCCAL GLOMERULONEPHRITIS
14.* SCLERODERMA
15.* SJOGREN'S SYNDROME
16.* SPONTANEOUS INFERTILITY
17.* HIV

18.* VIRAL ENCEPHALITIS

19.* HEPATITIS B INFECTION

20.* PSEUDOMONAS INFECTIONS (BURN PATIENTS)

* EARLY USE SHOULD BE THE PRIMARY FACTOR DETERMINING THE PROGNOSIS FOR THESE AND MOST AUTOIMMUNE AND VIRAL DISEASES.

IN SUMMARY DISEASES OF PARTICULAR INTEREST ARE THOSE THAT FALL INTO THE FOLLOWING CATEGORIES:

A. ALLERGIC

B. AUTOIMMUNE

C. VIRAL

D. BACTERIAL DISEASES UNMANAGEABLE THROUGH ANTIBIOTIC THERAPY

E. REPRODUCTIVE DISORDERS

F. DIGESTIVE DISORDERS UNRELATED TO ENZYME PRODUCTION

G. DISEASES OF UNKNOWN CAUSE

CONDITIONS PRESUMED TO BE UNRESPONSIVE FALL INTO THE FOLLOWING TYPES:

A. THOSE WHOSE SYMPTOMS ARE ASSOCIATED WITH PERMANENT TISSUE CHANGE RESULTING FROM INJURIES OR AUTOIMMUNE DISEASE.

B. THOSE INVOLVING GENETIC DEFECTS

C. THOSE CAUSED BY LARGE ORGANISMS SUCH AS PARASITES THAT DO NOT ATTACK INDIVIDUAL CELLS

D. FUNGAL DISEASES

E. DISEASES THAT INVOLVE JUSTIFIED RESPONSES TO TOXIC SUBSTANCES

AS WE CONSIDER THE PROSPECTS FOR SUCH WIDE EVALUATION OF CYTOKIN IT IS IMPORTANT TO REMEMBER THAT IT IS WITHOUT ACTIVITY OR TOXICITY. IT IS THEREFORE COMPATIBLE WITH ANY AND ALL PREEXISTING THERAPIES. UNDER CONDITIONS WHERE

ALLERGIES - OF THE 20 INDIVIDUALS WHO EVALUATED CYTOKIN FOR ALLERGIES 6 REPORTED COMPLETE FREEDOM FROM SYMPTOMS, 11 REPORTED A SIGNIFICANT IMPROVEMENT AND 3 REPORTED SOME IMPROVEMENT.

NOTE: THIS VARIATION MAY BE DUE TO EMOTIONAL FACTORS, A HYPERSENSITIVITY TO ENVIRONMENTAL IRRITANTS OR THE TIME REQUIRED FOR THE NORMALIZATION OF TISSUES OF THE SINUSES AND LUNGS.

CELIAC DISEASE (NO KNOWN CURE) - OF THE 9 INDIVIDUALS WHO EVALUATED CYTOKIN FOR CELIAC DISEASE 6 REPORTED A COMPLETE RECOVERY, 2 REPORTED A SIGNIFICANT IMPROVEMENT IN THEIR TOLERANCE FOR GLUTEN AND 1 REPORTED NO CHANGE IN SENSITIVITY TO FOODS CONTAINING GLUTEN.

ENDOMETRIOSIS (NO KNOWN CURE) - OF THE 3 WOMEN WHO EVALUATED CYTOKIN FOR ENDOMETRIOSIS ALL REPORTED A COMPLETE RESOLUTION OF SYMPTOMS.

BENIGN PROSTATIC HYPERPLASIA - OF THE THREE MEN WHO EVALUATED CYTOKIN FOR BPH ALL REPORTED A COMPLETE RESOLUTION OF SYMPTOMS.

PSORIASIS - OF THE 5 INDIVIDUALS WHO EVALUATED CYTOKIN FOR PSORIASIS NONE REPORTED A COMPLETE RESOLUTION OF SYMPTOMS, HOWEVER 3 REPORTED A SIGNIFICANT IMPROVEMENT, 1 REPORTED SOME IMPROVEMENT AND 1 REPORTED NO IMPROVEMENT.

NOTE: EMOTIONAL FACTORS SEEMED TO EFFECT THE SEVERITY OF SYMPTOMS IN SEVERAL OF THESE CASES.

VIRAL INFECTIONS:
COLDS - 4 FAMILIES EVALUATED CYTOKIN FOR USE IN THE EARLY STAGES OF COLDS AND FLULIKE CONDITIONS. ALL REPORTED THE VIRAL EPISODES HALTED WITHIN AN HOUR OR SO AFTER TAKING THE PRODUCT WITH NO FURTHER MEDICATION NECESSARY.

HERPES SIMPLEX 1 - 1 INDIVIDUAL SUFFERING FROM HERPES SIMPLEX ONE REPORTED EXCELLENT RESPONSE TO CYTOKIN AND FREEDOM FROM THE CONDITION WHILE TAKING THE PRODUCT.

HIV/AIDS - 12 INDIVIDUALS WITH ADVANCED AIDS (T CELLS WELL UNDER 100) REPORTED SOME IMPROVEMENT IN SPECIFIC SYMPTOMS SUCH AS THRUSH, CYTOMEGLAVIRUS, NON SPECIFIC DIARRHEA AND NUROPATHY.

NOTE: SINCE CYTOKIN INFLUENCES IMMUNE COMPETENCE THROUGH DIRECTING IMMUNE RESOURCE ITS REAL VALUE SHOULD BE IN EXCITING INTRACELLULAR DEFENSES AGAINST THE INVADING VIRUS, PREVENTING THE ONSET OF CLINICAL SYMPTOMS AND HALTING OR REDUCING THE DECLINE OF T CELLS IN HIV POSITIVE PATIENTS.

SEPTEMBER 1, 1993

DEAR JOHN,

THIS IS A CONTINUATION OF MY COMMUNICATION TO YOU OF AUGUST 30, 1993.

CONDITIONS KNOWN TO BE RESPONSIVE (CONTINUED):

LUPUS - ONE OF THE HIV PATIENTS WHO TOOK CYTOKIN ALSO SUFFERS FROM DISCOID LUPUS. HE FOUND THE LESIONS DISAPPEARED WHILE TAKING CYTOKIN AND RETURNED WHEN THE PRODUCT WAS WITHHELD. ACCORDING TO THE OPERATING THEORY WE MUST CONSIDER THIS AS EVIDENCE THAT RHEUMATOID ACTIVITY CEASED DURING THE PERIOD CYTOKIN WAS USED. DR. ANTHONY FREEMAN REPORTED THAT CYTOKIN SEEMED RESPONSIBLE FOR THE NORMALIZATION OF PLATELETS IN A SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT HE HAD HOSPITALIZED FOR THE TREATMENT OF BLOOD CLOTS IN HER LEGS. NO OTHER MEDICATION WAS GIVEN DURING THE THREE DAY PERIOD OF HOSPITALIZATION WHEN HER PLATELET LEVELS WENT FROM 50,000 TO 130,000.* THIS RESPONSE ALLOWED DR. FREEMAN TO SAFELY AND SUCCESSFULLY ADMINISTER THE ANTICOAGULANT THERAPY THAT ALLEVIATED THE CLOTTING CONDITION.

SARCOIDOSIS - ONE INDIVIDUAL DIAGNOSED WITH THIS CONDITION HAD BEEN IN DECLINE UNTIL HE BEGAN TAKING CYTOKIN. WITHIN A MATTER OF 10 DAYS TO 2 WEEKS HE BEGAN TO PERCEIVE AN IMPROVEMENT WHICH HAS CONTINUED TO THE PRESENT TIME. AT THIS TIME HE IS ESSENTIALLY FREE OF SYMPTOMS.

NOTE: THIS IS A POTENTIALLY LIFE THREATENING ILLNESS THOUGHT TO RESULT FROM EXPOSURE TO TOXIC SUBSTANCES SUCH AS MOLD TOXINS OR CHEMICALS. OVER TIME IT CAUSES THE DESTRUCTION OF ORGANS INCLUDING THE LIVER AND LUNGS. THERE ARE NO SATISFACTORY TREATMENTS FOR SARCOIDOSIS.

PMS/MENOPAUSE - TWO WOMEN SUFFERING FROM PREMENSTRUAL DISCOMFORT INCLUDING ANXIETY AND SORENESS OF THE BREASTS REPORTED NO SYMPTOMS WITHIN HOURS AFTER TAKING CYTOKIN. TWO WOMEN EXPERIENCING NIGHT SWEATS, THOUGHT TO BE ASSOCIATED WITH MENOPAUSE, REPORTED RELIEF WHEN THEY TOOK CYTOKIN. ONE WOMAN DIAGNOSED WITH A RARE CONDITION KNOWN AS PREMATURE MENOPAUSE EXPERIENCED NO CHANGE DURING THE TWO WEEKS SHE TOOK CYTOKIN.

PERTHES DISEASE - ONE SEVEN YEAR OLD BOY DIAGNOSED WITH THIS CONDITION REMAINS SYMPTOM FREE AS LONG AS HE TAKES CYTOKIN. THE PAIN RETURNS WITHIN A WEEK AFTER HE DISCONTINUES THE PRODUCT.

PHYSICIAN'S SUMMARY OF CYTOKIN EVALUATIONS

PHYSICIAN NAME: Dr. Anthony Freeman DATE: 3-2-93

SUBMITTED BY: _____

PATIENT #	SEX	AGE	CONDITION	RESPONSE CODE
1	F	67	R.A	3
2	M	49	RA	2
3	F	22	Allergy	1
4	M	3	Allergy	1
5	F	32	Fatigue	1
6	F	44	HTN	1
7	F	40	Fatigue	2
8	F	52	Lupus	2
9	F	43	Fatigue	1
10	F	21	Endometriosis	2
11	F	58	Lupus	2
12	F	36	R.A	3
13	F	38	RA	3
14	F	69	Fatigue	2
15	F	48	Allergy	1
16	F	72	R.A	2
17	F	32	Fatigue	0
18				
19				
20				
21				
22				

RESPONSE CODE: 0-NONE 1-SOME 2-SIGNIFICANT 3-COMPLETE

AUGUST 30, 1993

DEAR JOHN,

TODAY I WOULD LIKE TO PROVIDE YOU WITH A SUMMARY OF THE CONDITIONS THAT HAVE RESPONDED TO CYTOKIN, A LIST OF THE CONDITIONS WE BELIEVE WOULD RESPOND AND A GENERAL DESCRIPTION OF THE TYPES OF CONDITIONS WE FEEL WOULD NOT BE RESPONSIVE.

CONDITIONS KNOWN TO BE RESPONSIVE:

RHEUMATOID ARTHRITIS (NO KNOWN CURE) - OF THE 48 ARTHRITIC INDIVIDUALS WHO EVALUATED CYTOKIN, MOST CAN BE PRESUMED TO HAVE SUFFERED FROM RHEUMATOID ARTHRITIS. 16 REPORTED A COMPLETE RESPONSE WITH NO RECURRING SYMPTOMS. 12 REPORTED A SIGNIFICANT REDUCTION IN SYMPTOMS. 6 REPORTED SOME REDUCTION IN SYMPTOMS. 14 REPORTED NO IMPROVEMENT DURING THE 12 DAY EVALUATION AND WERE THEREFORE NOT PERMITTED TO CONTINUE.

BASED ON THESE REPORTS WE ARE MAKING THE FOLLOWING ASSUMPTIONS:

1. 29% OF REPORTING PATIENTS EITHER HAD SOME OTHER FORM OF DEGENERATIVE CONDITION OF THE BONES OR JOINTS, SUCH AS OSTEO ARTHRITIS, OR HAD SUCH EXTENSIVE DESTRUCTION TO THEIR JOINTS RESULTING FROM RHEUMATOID ACTIVITY THAT NO PERCEIVABLE BENEFIT COULD BE NOTED.

2. 10% OF REPORTING PATIENTS HAD EXTENSIVE DAMAGE BUT HAD BEEN EXPERIENCING ENOUGH PAIN DUE TO RHEUMATOID ACTIVITY TO REPORT SOME RELIEF.

3. 25% OF REPORTING PATIENTS HAD SOME DAMAGE BUT MOST OF THEIR DISCOMFORT HAD RESULTED FROM RHEUMATOID ACTIVITY. THIS ALLOWED A SIGNIFICANT IMPROVEMENT IN SYMPTOMS.

4. 33% OF REPORTING PATIENTS WERE EARLY ENOUGH IN THE COURSE OF THE DISEASE THAT NO SIGNIFICANT TISSUE CHANGE HAD TAKEN PLACE AND SO WERE ABLE TO ACHIEVE A COMPLETE RESOLUTION.

IN SUMMARY CYTOKIN MAY WELL BE COMPLETELY EFFECTIVE IN HALTING THE PROGRESS OF RHEUMATOID ARTHRITIS AND ELEVATING THE SYMPTOMS WHICH ARE DIRECT EXPRESSIONS OF RHEUMATOID ACTIVITY.

HYPERTENSION - OF THE 8 INDIVIDUALS WHO EVALUATED CYTOKIN 3 REPORTED A NORMALIZATION OF BLOOD PRESSURE, 4 REPORTED A SIGNIFICANT IMPROVEMENT AND 1 REPORTED SOME IMPROVEMENT.

NOTE: THIS VARIATION IN RESPONSE IS PROBABLY DUE TO INDIVIDUAL FACTORS SUCH AS A THICKENING IN THE WALLS OF THE CIRCULATORY SYSTEM. SOME THIRD PARTY INFORMATION SUGGESTS THIS THICKENING MAY BE REDUCED OVER TIME WITH CONTINUED USE OF THE PRODUCT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: No special tests were done.

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 2 weeks.-

Physician in charge : A. Nitsch.-

Comment and consultation:

- Patient was on end stage.- He died
- Three weeks after the Treatment.-

GUATEMALA

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Hanna Alway Phone: 332615

DATE: April 15/96 SEX: F AGE: 32

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: SLE.

DURATION OF ILLNESS: 18 months.-

DURATION OF TREATMENT WITH INFOPEPTIDES: 3 months.-

DOSIS ADMINISTERED 5 ml each ~~12~~ 24 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 3 Weeks.- DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Pdn. 20mg/day. B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

(A) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

(a) **All the laboratory findings became normal.**

b. **Some parameters improved.**

Explain: _____

_____

c. **There were no modifications with treatment.**

d. **Symptoms worsened with treatment.**

Total time of treatment: 3 months.-

Physician in charge : A. Mitsch.-/C. Mitch.

Comment and consultation:

ANA were ⊕ on Jan '96:-
" " ⊖ on March '96.-

~~OA~~ Tests done ~~on~~ in USA Labs.-

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: ~~Hon~~ Ildaura Gonzales Phone: _____

DATE: feb. 96. SEX: F AGE: 32

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: SLE.

DURATION OF ILLNESS: 1-2 yrs.-

DURATION OF TREATMENT WITH INFOPEPTIDES: 3 months.-

DOSIS ADMINISTERED 5 ml each ~~12~~ 24 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 weeks.- DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Pdn 40mgs./day. B. flurbiprofen 100 mg 1310/T

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Pain Crisis ~~a~~ improved. Pdn was lowered to 20-15 mg/day.-

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 3 months.

Physician in charge : A. Mitsch.-/C. Mitsch.-

Comment and consultation:

* Lab Control is to be done on May 96.-

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

(Hospitalized)

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Oscar René Phone: _____

DATE: 31-1-96 SEX: M AGE: 17

ETHNIC BACKGROUND: ~~Post~~ Chicken pox ~~encephalitis~~

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Post-chicken pox encephalitis

DURATION OF ILLNESS: 24 hrs

DURATION OF TREATMENT WITH INFOPEPTIDES: 4 days

DOSIS ADMINISTERED 10 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: _____ / _____ DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. none B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: improved awareness
no more seizures were observed

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

Remarks: Dr. Tercero informed that patient was treated a total of 14 days, all symptoms dissappeard.

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Oscar Ruiz Pastor Tel: HC 238001
Fecha: 31-1-96 Sexo M Edad 13 Raza Cubano

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Encefalitis post-varicela

Tiempo de padecer la enfermedad 24 hs
Duración del tratamiento con ***InfoPeptidos*** 14 días.
Dosis administrada 10 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 1 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: NINGUNA c:
b: d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron.
b) Mejoría de algunos síntomas y signos.
Especifique: Mejoró estado de conciencia
No presentó más convulsiones.
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio:

a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 4 días al momento

Médico Tratante: E. Tarcaro

Otros Comentarios: Dr. Eduardo Tarcaro, Tels: 387408
316166
349819
300085.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Carmen Ruiz Phone: _____

DATE: Feb. 2, 96 SEX: F AGE: 60

ETHNIC BACKGROUND: Caucasian

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Herpes Zoster, right arm, neck, back

DURATION OF ILLNESS: 96 hrs.

DURATION OF TREATMENT WITH INFOPEPTIDES: 2 days to date

DOSIS ADMINISTERED 10 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: _____ DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Riburivirina B. Indometacin } without

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Pain persists — blisters improved

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. **All the laboratory findings became normal.**

b. **Some parameters improved.**

Explain: _____

_____

c. **There were no modifications with treatment.**

d. **Symptoms worsened with treatment.**

Total time of treatment:

Physician in charge : E. TERCERO

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Carmen Muxi Tel:
Fecha: 2-feb-96 Sexo F Edad 60 Raza Blanca

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Herpes Zoster Brazo Derecho, Cuello, espalda

Tiempo de padecer la enfermedad 96 horas
Duración del tratamiento con ***InfoPeptidos*** 2 días. a la fecha
Dosis administrada 10 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 1 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: Ribavirina c: Indometacina } Gin Mermia
b: d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron.
(b) Mejoría de algunos síntomas y signos.
Especifique: Menos Vesículas
Persiste el dolor
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio:

a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso

Médico Tratante: E. Tercero

Dudas, Comentarios: Dr. Eduardo Tercero. Tels: 347408
316146
348819
306003.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: María Rosa Mena.- Phone: _____

DATE: _____ SEX: F AGE: 67

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: R.A. (Diagnosed +/- 6 yrs ago).-

DURATION OF ILLNESS: 6 yrs.-

DURATION OF TREATMENT WITH INFOPEPTIDES: Since March. '96.-

DOSIS ADMINISTERED 5 ml each ~~12~~ 24 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 5-6 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. PdN 5/10mg B. Ibuprofen 600 T.I.D.-

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Subcutaneous nodules dissappeared.- Pain was ~~A~~ Reduced a lot.- Patient Refers to improvement of cubital deviation.

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

June 14/'96: Patient Remains free of symptoms. (Pain Swelling). her activity has increased a lot.- A. Mitsch.-

Dr. M. Alejandro Mitsch Monreal
Médico y Cirujano
Col. No. 5730

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Edgar Hernandez Arana-- Phone: _____

DATE: 10 / abril / 96. SEX: M. AGE: 67

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Rheumatoid Arthritis.

DURATION OF ILLNESS: 12 yrs.

DURATION OF TREATMENT WITH INFOPEPTIDES: Since abril 10th.-

DOSIS ADMINISTERED 5 ml each ~~12~~ 24 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 10 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Medrol® 6mg/day. B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Patient has lowered the steroid dosage. without pain. (after two weeks on Tx)--

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment:

Physician in charge : NITSCH, A.

Comment and consultation:

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME Gracely Barrundia de Izaguirre Phone: 720331

DATE: 26 April 1996 SEX: F AGE: 60

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Rheumatoid Arthritis.

DURATION OF ILLNESS: 20 ys.-

DURATION OF TREATMENT WITH INFOPEPTIDES: _____

DOSIS ADMINISTERED 5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: _____ DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Pdn 5mg/d. B. MTX 2.5mg TID.-

C. Aspirin. 1-2/qd.- D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME Gracely Barrundia de Izaguirre Phone: 720331

DATE: 26 April 1996 SEX: F AGE: 60

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Rheumatoid Arthritis.

DURATION OF ILLNESS: 20 ys.-

DURATION OF TREATMENT WITH INFOPEPTIDES: _____

DOSIS ADMINISTERED 5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: _____ DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Pdn 5mg/d. B. MTX 2.5mg TID.-

C. Aspirin. 1-2/qd.- D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: ~~May~~ June, 3/96: Patient Reports pain Relief for the first time in the last 3 yrs.- on On physical Examination

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT. Knee edema dissappeared she She's Taking 10 ml/day since May the 2: 1996.- &.-

Dr A. Nitsch. Dr. M. Alejandro Nitsch Montiel
Médico y Cirujano
Col. No. 5730

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment:

Physician in charge : Nitsch, A.

Comment and consultation:

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Edgar Hernandez Arana Phone: _____

DATE: April 16/96 SEX: M AGE: 67

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: Rheumatoid Arthritis

DURATION OF ILLNESS: 12 yrs.

DURATION OF TREATMENT WITH INFOPEPTIDES: beg. April 5/96

DOSIS ADMINISTERED 5 ml each 12 hours. 24

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 10 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Mediol @ 6mg/day B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: Patient is getting lower steroid dosage. no pain after 2 wks. of treat.

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

Dr. A. Nitsch

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: María Teresa Borda de Sn Juan Phone: _____

DATE: April. 96. SEX: F. AGE: 65

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: OA.

DURATION OF ILLNESS: 10 yrs. -

DURATION OF TREATMENT WITH INFOPEPTIDES: _____

DOSIS ADMINISTERED 5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 40 DAYS. ✓

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. Glucosamine 400mg TID. B. Ibuprofen. 400 mg TID. -

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

June 10.'96> Patient reports no pain.. Can walk 1½ without pain.. She uses no more Advil's.- improvement (amazing).-!!

DR. A. NITSCH -5370

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: Sandra Gonzalez Phone: —

DATE: JAN. 15 96 SEX: F AGE: 17

ETHNIC BACKGROUND: MAYA

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: HEMOCYTOCLASTIC VASCULITIS

DURATION OF ILLNESS: 1 MONTH

DURATION OF TREATMENT WITH INFOPEPTIDES: 10 DAYS

DOSIS ADMINISTERED 10 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 4 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. PDN-1 DOSE 50 mg. B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

A. ALL SYMPTOMS AND SIGNS DISAPPEARED.

(B.) IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: BLISTERING * IMPROVED BUT DID NOT DISAPPEAR.

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

* LESIONS.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: LAB. RESULTS PENDING

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 15 DAYS

Physician in charge : E. TERCERO

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Sanchez Gonzalez Tel: ——
Fecha: 15-enero Sexo F Edad 17 Raza indigena

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Vasculitis leucocitoclastica

Tiempo de padecer la enfermedad 1 mes
Duración del tratamiento con *InfoPeptidos* 10 dias.
Dosis administrada 10 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 4 dias.

Otras drogas que se utilizaron concomitantemente con *InfoPeptidos:*

a: Prednisona 100 mg b: 50 mg
b: d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron.
(b) Mejoría de algunos síntomas y signos.
Especifique: Mejoraron las lesiones de Piel Pero No desaparecieron.
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio:

a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique: Pendientes de efectuar.
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 15 días.

Médico Tratante: E. Tercero.

[illegible], Comentarios: Dr. Eduardo Tercero, Tels: 347409
316146
340819
700003.

TERCERO

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Jose Leon Tale Tel:
Fecha: 24-1-96 Sexo M Edad 45 Raza ladino

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Herpes Simplex bucal

Tiempo de padecer la enfermedad 2 meses
Duración del tratamiento con *InfoPeptidos* 7 dias. (a) ?
Dosis administrada 10 ml/ cada 12 horas.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: ANA LUISA CORDOVA Phone: 355368

DATE: JAN. 29, 96 SEX: F AGE: 30

ETHNIC BACKGROUND: LADINO

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: ASTHMATIC BRONCHITIS

DURATION OF ILLNESS: 24 HRS.

DURATION OF TREATMENT WITH INFOPEPTIDES: 7 DAYS

DOSIS ADMINISTERED 10 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 3 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. SALBUTAMOL INHALATOR B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

(A.) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 7 DAYS

Physician in charge : E. TERCERO

Comment and consultation:

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 1 WEEK

Physician in charge : GILBERT DE LEON

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:

Nombre Luis Jose Roa Tel: —

Fecha: 18 Enero 96 Sexo M Edad 1a Raza _____

Datos Sobre el Tratamiento y la Enfermedad Tratada:

Diagnostico: Examenes Sub/To

Tiempo de padecer la enfermedad 4 dias

Duración del tratamiento con ***InfoPeptidos*** 8 días.

Dosis administrada 2.5 ml/ cada 12 horas.

Tiempo en que se observó una respuesta clinica al tratamiento: 2 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: Dretaminofen c: _____

b: _____ d: _____

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron. ✓

b) Mejoría de algunos síntomas y signos.

Especifique: _____

c) No hubo modificaciones con el tratamiento.

d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio: — no hubo laboratorios

a) Todos los marcadores de la enfermedad se normalizaron.

b) Algunos parametros mejoraron.

Especifique: _____

c) No hubo modificaciones con el tratamiento.

d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 1 semana

Médico Tratante: Gilbert a de León

Dudas, Comentarios: Dr. Estuardo Tercero, Tels: 347408
318146
349819
300003.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: SILVIA SERAVIA DE PINEDA Phone: 20844

DATE: JAN. 16, 96 SEX: F AGE: 25

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: PRIMARY ACUTE HERPETIC GINGIVOSTOMATITIS

DURATION OF ILLNESS: 24 HRS

DURATION OF TREATMENT WITH INFOPEPTIDES: 5 DAYS

DOSIS ADMINISTERED 10 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. _____ B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

(A) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Ana Luisa Cordero Tel: 355368
Fecha: 29-1-16 Sexo F Edad 30 Raza Ladina

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Bronquitis Asmatiforme

Tiempo de padecer la enfermedad 24 hrs.
Duración del tratamiento con *InfoPeptidos* 7 dias.
Dosis administrada 10 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clinica al tratamiento: 3 dias.

Otras drogas que se utilizaron concomitantemente con *InfoPeptidos:*

a: Salbutamol → inhalada c:
b: d:

Respuesta Clinica al Tratamiento Observada:

(a) Todos los sintomas y signos desaparecieron.
b) Mejoría de algunos sintomas y signos.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio:

a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 7 dias

Médico Tratante: E. Tercero

Dudas, Comentarios: Dr. Eduardo Tercero. Tels: 3874[illegible]
3181[illegible]
3498[illegible]
3000[illegible]

Lv like Reaction at the end of treatment!!

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: LUIS JOSE ROCA Phone: ____

DATE: JAN. 18, 96 SEX: M AGE: 1 YEAR

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: EXANTHEM SUBITUM

DURATION OF ILLNESS: 4 DAYS

DURATION OF TREATMENT WITH INFOPEPTIDES: 8 DAYS

DOSIS ADMINISTERED 2.5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. ACETAMINOPHEN B. _____

C. _____ D. _____

CLINICAL REPONSE TO TREATMENT:

(A.) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: NO LAB TEST

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment:

Physician in charge : GILBERT DE LEON

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Silva Sonia de Pinion Tel: 20849
Fecha: 16/01/96 Sexo F Edad 2 a 9 Raza _____

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Gingivo estomatitis herpetica

Tiempo de padecer la enfermedad 24 hrs
Duración del tratamiento con ***InfoPeptidos*** 5 dias.
Dosis administrada 10 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clinica al tratamiento: 2 dias.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: _____ c: _____
b: _____ d: _____

Respuesta Clinica al Tratamiento Observada:

(a) Todos los sintomas y signos desaparecieron. ✓
b) Mejoria de algunos sintomas y signos.
Especifique: _____
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio: → no se efectuo ningun laboratorio
a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique: _____
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso _____

Médico Tratante: Gilbert de Leon

Dudas, Comentarios: Dr. Eduardo Torcaso, Tels: 347408
316146

NOTA: Madre de la niña
Silvia Pinel de Pinion

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: SERGIO GORDILLO Phone: —

DATE: JAN. 22, 96 SEX: M AGE: 2 YEARS

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: UPPER RESPIRATORY INFECTION

DURATION OF ILLNESS: 48 HOURS

DURATION OF TREATMENT WITH INFOPEPTIDES: 5 DAYS

DOSIS ADMINISTERED 2.5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 DAYS DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. ACETOMINAPHEN B. _____

C. LORATADIN (?) D. _____

CLINICAL REPONSE TO TREATMENT:

(A.) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. **All the laboratory findings became normal.**

b. **Some parameters improved.**

Explain: _____

_____

c. **There were no modifications with treatment.**

d. **Symptoms worsened with treatment.**

Total time of treatment:

Physician in charge : GILBERT DE LEON

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Sergio Gordillo Tel:
Fecha: 21/01/96 Sexo M Edad 22 Raza

Datos Sobre el Tratamiento y la Enfermedad Tratada
Diagnostico: infección respiratoria superior

Tiempo de padecer la enfermedad 48 horas
Duración del tratamiento con ***InfoPeptidos*** 5 días.
Dosis administrada 2.5 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 2 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: Bencetacil-flex c:
b: Ibuprofeno d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron. ✓
b) Mejoría de algunos síntomas y signos.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio:
a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso DIAS

Médico Tratante: Silvat de León

Dudas, Comentarios: Dr. Estuardo Tercero, Tels: 347408
349819
300003.

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: JOSE EDUARDO BARRERA Phone: —

DATE: JAN. 20, 96 SEX: M AGE: 1yr. 6mos.

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: UPPER RESPIRATORY INFECTION

DURATION OF ILLNESS: 3 DAYS

DURATION OF TREATMENT WITH INFOPEPTIDES: 5 DAYS

DOSIS ADMINISTERED 2.5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. DICLODHERSON (?) B. CATAPLAM (?)

C. SAME AS ABOVE D. _____

CLINICAL REPONSE TO TREATMENT:

(A) ALL SYMPTOMS AND SIGNS DISAPPEARED.

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: _____

_____

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: _____

_____

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 5 DAYS

Physician in charge : GILBERT De LEON

Comment and consultation:

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Jose Eduardo Barrera Tel: —
Fecha: 20 Ene 96 Sexo 18 6m Edad ___ Raza ___
MASC.

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Infección respiratoria Superior

Tiempo de padecer la enfermedad 3 días
Duración del tratamiento con ***InfoPeptidos*** 5 días.
Dosis administrada 2.5 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 2 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: Diclofenac c: ___
b: [redacted] d: ___
(Catapres)

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron. ✓
b) Mejoría de algunos síntomas y signos.
Especifique: ___
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio: ——
a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique: ___
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 5 días

Médico Tratante: Gilberto de León

Dudas, Comentarios: Dr. Eduardo Tercero, Tels: 347408
316146
349819
300003.

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Silvia Pineda Zaravia Tel: 20844
Fecha: 16.1.96 Sexo F Edad 1. 11 me Raza ladina

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Gingivo estomatitis herpetica

Tiempo de padecer la enfermedad 48 horas
Duración del tratamiento con ***infoPeptidos*** 5 días.
Dosis administrada 2.5 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 2 días.

Otras drogas que se utilizaron concomitantemente con ***infoPeptidos:***

a: Acetaminofen c:
b: d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron. ✓
b) Mejoría de algunos síntomas y signos.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio: → no se efectuo ningún laboratorio
a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso

Médico Tratante: GILBERTO DE LEÓN

Dudas, Comentarios: Dr. Estuardo Tercero, Tels: 347408
316148
348819
300003.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: NO LAB. TESTS

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment:

Physician in charge : GILBERT DE LEON

Comment and consultation:

MOTHER ALSO SUFFERED SAME PROBLEM

REPORT OF PATIENTS TREATED WITH INFOPEPTIDES

GENERAL INFORMATION ABOUT THE PATIENT:

NAME: JONATHAN (ILLEGIBLE) Phone: _____

DATE: JAN. 1, 96 SEX: M AGE: 4 YEARS

ETHNIC BACKGROUND: _____

DATA REGARDING TREATMENT AND TYPE OF ILLNESS:

DIAGNOSIS: BRONCHIAL HYPERACTIVITY / UPPER RESP. INFECTIO

DURATION OF ILLNESS: 72 HOURS

DURATION OF TREATMENT WITH INFOPEPTIDES: 8 DAYS

DOSIS ADMINISTERED 2.5 ml each 12 hours.

TIME ELAPSED AFTER TREATMENT UNTIL CLINICAL RESPONSE TO TREATMENTS WAS OBSERVED: 2 DAYS.

OTHER DRUGS THAT WERE PRESCRIBED ALONG WITH INFOPEPTIDES:

A. ACETAMINOPHEN B. _____

C. SALBUTAROL D. _____

CLINICAL REPONSE TO TREATMENT:

(A.) ALL SYMPTOMS AND SIGNS DISAPPEARED. (Re: respiratory infect

B. IMPROVEMENT OF SOME SYMPTOMS AND SIGNS:

Explain: coughing diminished

C. THERE WERE NO MODIFICATIONS WITH TREATMENT/

D. SYMPTOMS WORSENED WITH TREATMENT.

REPORTE DE PACIENTES TRATADOS CON *INFOPEPTIDOS.*

Datos Generales del Paciente:
Nombre Johnatan chajon Tel:
Fecha: 22/6/96 Sexo M Edad 4a Raza

Datos Sobre el Tratamiento y la Enfermedad Tratada:
Diagnostico: Hiperreactividad Bronquial / Infeccion respiratoria superior

Tiempo de padecer la enfermedad 72 horas
Duración del tratamiento con ***InfoPeptidos*** 8 días.
Dosis administrada 2.5 ml/ cada 12 horas.
Tiempo en que se observó una respuesta clínica al tratamiento: 2 días.

Otras drogas que se utilizaron concomitantemente con ***InfoPeptidos:***

a: Acetaminofen c:
b: Salbutamol d:

Respuesta Clínica al Tratamiento Observada:

a) Todos los síntomas y signos desaparecieron. ✓ (a la infeccion respira
b) Mejoría de algunos síntomas y signos.
Especifique: Disminuyo TOS
c) No hubo modificaciones con el tratamiento.
d) El cuadro empeoró con el tratamiento.

Comportamiento de los datos de laboratorio: — no fue dado
a) Todos los marcadores de la enfermedad se normalizaron.
b) Algunos parametros mejoraron.
Especifique:
c) No hubo modificaciones con el tratamiento.
d) Empeoraron con el tratamiento.

Tiempo total de seguimiento del caso 8 DIAS

Médico Tratante: Gilbert de Leon

Dudas, Comentarios: Dr. Eduardo Tercero, Tels: 347408
316146
349819
300003.

LABORATORY FINDINGS:

a. All the laboratory findings became normal.

b. Some parameters improved.

Explain: NO LAB TEST

c. There were no modifications with treatment.

d. Symptoms worsened with treatment.

Total time of treatment: 8 DAYS

Physician in charge : GILBERT DE LEON

Comment and consultation:

ABSTRACT
PEPTIDES IN CANCER
PRELIMINAR DATA

Dr. Alejandro Nistch, M.D. Internal Medicine
Guatemala, Central América
*Dr. Nitsch is a graduate from the University of San Carlos of Guatemala School of Medicine. Has a PostGraduate training in Internal Medicine at Roosevelt Hospital, Guatemala, Central America. Currently he holds an Internal Medicine private practice, and coordinates a diabetic medical attention center.

The latest emphasis in cancer therapy research is directed towards the use of basic peptides with known anti tumoral, anti-inflammatory, analgesic, and anti-metastatic effects, such as interferons and cytokines. There is much interest on cytokine 10, because of its marked anti metastatic effect and low toxicity. The results seem to indicate these specific peptides may be the future therapeutic basis of many cancers.

Bovine colostrum is a well-defined source of several of these peptides. In this trial, we used a specific orally administered colostrum derivative. Because of the absence of side effects or toxicity, it is an excellent option for the ancillary treatment of cancer patients.
Clinical evaluation of the use of new adjuvant therapies in cancer is conflictive, because it involves suffering patients and concerned relatives. Nevertheless, we present a small series of five patients with end stage disease (gastric, breast, liver, and ovarian carcinomas, rhinoepithelioma, and AIDS) treated with this specific colostrum derivative.
The expected effects were reduction or disappearance of pain, fever and diarrhea, and increase in appetite.
The obtained response was a marked improvement in quality of life in all five patients. For the patients and their families, these effects, though not a cure, are very significant. Further clinical trials are needed to determine the effects of colostrum derived peptides as adjuvants in early stages of disease.

2

Guatemala, 23 de octubre de 1998

To: Stephen Levine, PhD
From: Alejandro & Fabiola Nitsch, MD
Cytolog research progress:

Multiple Sclerosis experience:

C v de A 48 ys., old woman. She was diagnosed MS 18 ys. ago. She received multiple treatments (prednisone, carbamazepine, etc) with minimal or no improvement, so she stopped taking them about 3 years ago. The clinical course of disease was: she lost vision on left eye (disease initial setting), and subsequently other symptoms appeared affecting her left arm. Every 2 or 3 months she used to suffer from relapses, which included weakness, numbness, contractures affecting right arm also. On September 1997, she was referred to our office and decided to start Cytolog on January 1998. For the last 10 months she has been almost free from relapsing symptoms. She recovered right arm strength and function, and the disease seems to stabilize on her left arm disfunction. She also refers to be much more energetic, and has recovered normal activity in householding.

As we have been discussing with a group of neurologists about Cytolog`s properties, we have prepared a protocol for an initial clinical observation with MS patients. Our target group are patients suffering from frequent relapses, which seems to be the most suitable group to show the Cytolog effect. Our hypothesis is that it is possible to stop disease progression in these patients. It will take us a couple of weeks to get an agreement with the neurologists to start this trial.

Guillain Barré Syndrome initial trial, has been done at Children´s Rehabilitation and Infectious Diseases Hospital (Public Hospital). Includes 4 months clinical follow up with electromyographic evaluation of six children suffering the G. Barré syndrome (autoinmmune disease triggered by a viral infection, affecting the axon and myelin from peripheral nerves). We are trying to identify if there is a beneficial effect from Cytolog, improving nerve recovery. Right now we have been following 2 girls (11 and 6 years for the last 10 and 8 weeks). Both seem to show shorter recovered time, but we still need to compare them with other patients. As a surprise we have found a family suffering a disease that resembles Spinal Muscular Atrophy. There is no previous known report about it in Guatemala. We still need to confirm it. We have a very enthusiastic Cytolog partner who attends this hospital, Teyda Villate, MD, she is a physiatrist.

Cytolog as a Coadyuvant Treatment on Acute Diarrhoeal Disease in children trial, was conducted on 1997-98, at an Outpatient Clinic from the University of San Carlos, located at La Verbena, Guatemala city, in cooperation with Rocael Hurtado, MD (Pediatrician). We included 12 children (3 to 15 months) suffering acute diarrhoeal disease. They were classified (as viral, protozoal, or bacterial infection) according to laboratory findings, and were followed for 4 days. They received routine treatment (oral rehydration, and antibiotics if indicated). Cytolog spray was applied by mouth three times a day (4-5 applications each time). Findings: Pathogenic agents: 7 were diagnosed as viral, 2 as E. Coli, 2 E. hystolytica, 1 C. Difficile. Results: 50% (6) normalized bowel transit within 24 hours. 83 % (10) normalized bowel transit within 48 hours. 1 patient with amoebal disease and 1 patient with C. Difficile, failed to respond adequately. This report is almost ready to be submitted. We are trying to rise funds for a bigger trial.

We are encourage to continue looking for optimal Cytolog use. God Bless you,

Best regards,

Alejandro & Fabiola Nitsch, MD

Guatemala, October 24, 1998

To: Steven Levine, PhD/ The Cytolog group
c/o Richard Bronson(707)944-7531
From: Alejandro & Fabiola Nitsch, Guatemala
Re: Notes on Cytolog research progress

1. Pediatric Guillain Barré Syndrome: Initial trial.

Guillain Barré Syndrome is an autoimmune disease possibly triggered by a viral infection, which affects both axon and myelin components of the peripheral nerves, causing an acute state of painful paralysis. It has several different degrees of severity. Conventional therapy includes intravenous immunoglobulins during the first 3-5 days of disease. Severe cases, specifically those not treated with immunoglobulins, tend to have prolonged recovery phases, taking as long as 12-18 months to achieve a functional state. Some patients do have permanent nerve damage. (In Guatemala, immunoglobulins are very expensive for a lot of people, and in many cases the most affected patients are the ones who can't afford to pay for them).

We received financial help from John Mann, who was interested on a child who had G.B. Sx some time ago, but when the hospital authorized us to use Cytolog, this patient had already been discharged. By this time we had been authorized to work on a G.B. protocol with Dr. Teyda Villate, a MD/physical therapy attendant at the Children's Infectious Disease and Rehabilitation Hospital, a public institution in Guatemala City. Patients enter the hospital right after the Syndrome is settled (between the 8th and 10th day of disease, depending on the severity), and thus this excludes us from observing the effects of Cytolog on the truly acute phases of the disease process. (In order to do this, we would have to pay a species of "fee for right of research" to Roosevelt hospital, and pay all participant physicians as well). Our working hypothesis is that Cytolog reduces nerve recovery time after severe injury. We're set to include six patients in the study, and follow them over 16 weeks.

The study was started on August 3, 1998 with two patients.

The first patient was Mauro, a 5 y.o. boy who had severe nerve damage on both hands, with no evidence of improvement after a long time of physical therapy and rehabilitation procedures. He was given 6 weeks of Cytolog and was then discharged from the hospital. We have not been able to document any benefit, although it seemed to us that he did show a clinical improvement before he left. We're still pending follow-up on this case.

The second case is Cristina, an 11 y.o. girl who had a severe case of G.B. approximately 1 y. ago. The family couldn't pay for the immunoglobulins. She has severe bilateral peroneal nerve damage, with bilateral "dropped foot", that makes it difficult for her to walk. The baseline EMG at study entrance was only slightly different than the one done after six weeks of therapy, but it meant a rather significant change in prognosis, that is, the possibility of nerve recovery was evident on the second exam, and not on the first one. Cristina is due to go for her third EMG next week. We saw some evidence of clinical improvement last week—she has gained lateral toe movement (which she had totally lost), and the dropped feet seem to be less dramatic. We're really enthusiastic and full of expectations.

The third case is Patricia, a 6 y.o. girl also with severe disease, who entered the study about 4 weeks later. She did receive immunoglobulins. When she arrived to the hospital, she could only move her eyes, and was suffering both because she was separated from her family and was in severe pain. EMG showed severe nerve damage. After she was started on Cytolog, the pain disappeared and her mood improved immediately. Close to her eighth week of therapy, she is now able to turn herself in bed, and soon will be seated on a wheelchair. This seems to be a rather rapid course for a severe case. We're planning to document this not only with her EMG reports but also comparing this outcome with those obtained on similar cases.

2. The diarrhea trial, though small, had significant results. Bowel habits were back to normal at 24 hours in half of the cases and in 83% (10 out of 12 patients) in 48 hours. The best result is that pediatricians are now open to explore Cytolog's uses in diarrhea and other diseases as well.

3. I will comment on the MS and possible SMA cases on a future occasion.

4. We're very interested on Cytolog research, but we certainly need your financial support, since this is a highly time-and-effort-consuming activity. You should consider it as an investment, aiming towards a documented and well-defined use of Cytolog.

A scientific basis opens a world of possibilities for you. Currently, scientists are attempting to find a natural compound with the characteristics and efficacy we have seen in this product. Nevertheless, their means are very expensive and not feasible on a short-term basis for the vast majority of people.

We strongly believe Cytolog represents a breakthrough in the modern use of Biologic Response Modulators in clinical therapy, and it's much more than a potent natural antiinflammatory and analgesic substance. Thus,

these data promise to be relevant in the beginning of a completely new therapeutic system, and will have a tremendous impact on the future of your Corporation.
These facts should be kept in mind when planning on a research budget.
Please do take a serious look into our request.
Sincerely,

Alejandro & Fabiola Nitsch
Office fax (502)333-7035
Home Ph. No. (502)368-3003

CLINICAL OBSERVATION

PLATELET COUNT IMPROVEMENT

USING CYTOLOG

(CASE REPORT)

Patient: L.S.W.

Age: 68

Sex Female, American citizen visiting Guatemala.

Attending physicians: Dr. Alejandro Nitsch & Dr. Rudolph Garcia Gallont.

Admitted to Hospital Herrera-Llerandi/Amedesgua, Guatemala on 6/24/98 and discharged on 7/4/98.

Diagnosis:

1. Intestinal obstruction due to old surgical scars.
2. Chronic pancytopenia, of unknown etiology.
3. High blood pressure.
4. Atrial fibrillation.

Established Therapy:

1. Surgical intestinal resection, with termino-terminal anatomosis.
2. Cytolog
3. Zestril (lisinopril)
4. Digoxin

Comment:: The idea of supplementing Cytolog was done with the theoretical goal of increasing the platelet count. A substantial increase was expected during the next 5 to 7 days after starting it. Nevertheless, the increase in White Blood cells correlated with the clinical finding of phlebitis in the left arm, and fever on the first day after surgery.

- June 24, 1998: WBCC: 2,800 Hgb: 10.1 g/dl Lymph: 57% Seg: 30% Immature forms: 12%
  - Platelet count: 101,000
- June 25, 1998: Hgb: 9.2 g/dl (transfused 2 units of cryoprecipitates pre-op and 2 units trans-op, and 1 unit of packed cells)

- June 26, 1998: WBCC: 13,000 Hgb: 10.6 g/dl Lymph: 15.2% Seg: 65.6% Immature forms: 19%
  - Platelet count: 85,000 Started Cytolog 5 ml po bid.
- June 27, 1998: WBCC: 11,600 Hgb: 10.7 g/dl Lymph: 19.4% Seg: 62.5% Immature forms: 18%
  - Platelet count: 86,000
- June 28, 1998: WBCC: 6,500 Hgb: 11.8 g/dl Lymph: 21.4% Seg: 61.3% Immature forms: 17.3%
  - Platelet count: 103,000
- June 29, 1998: WBCC: 4,400 Hgb: 11.0 g/dl Lymph: 28.1% Seg: 52.4% Immature forms: 19.5%
  - Platelet count: 125,000
- July 1, 1998: WBCC: 3,500 Hgb: 10.8 g/dl Lymph: 42.9% Seg: 38.8% Immature forms: 18.3%
  - Platelet count: 171,000
- July 24, 1998:
  - Platelet count: 128,000 Peripheral blood smear: compatible with pernicious (megaloblastic) anemia.

Remarks: According to the patient, during at least the last two years, the platelet count had never been above 100,000. Although this was an expected response, this is the first time we observed its response clinically. The case was discussed with the Chief of the ematology Department, who agrees this in not a usual response, and it is worthwhile repeating this experience with other patients. He is willing to try the product on his patients.

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& HEALTH CENTER
T.E.Q. & ASSOCIATES, INC. - A PROFESSIONAL CORPORATION
TERESA E. QUINLIN, M.

January 29, 1997

Steve Matthews
23200 Alkire Road
Circleville OH 43113

Dear Doctor Matthews:

Enclosed is my brief but exciting experience with Cytolog. I wa introduced to this purified colostrum product via a patient in lat October, early November. Through the auspices of Steve Matthew and hi group, he has been able to supply me with limited the Cytolog that I us to treat my patients both with acute viral illnesses as well a autoimmune disorders and fibromyalgias. The response to my patient have been overwhelmingly positive, more than any medication that I hav ever seen or used.

An example, a lady by the name of Sally Clark, she has been on it fo documented polymyalgia rheumatica. Her sedrate began at the sedrat level of 65. Her most recent value in mid-January where her sedrate i down to 13 with almost nearly 90% reduction in her joint and muscl pains. Hopefully, in the next three weeks, I hope to see tota resolution since her sedrate has just now come down into the norma range.

For acute viral illnesses, some documented have been shingle cases witl dramatic improvement of radicular pain as well as resolution o shingles, improvement with chicken pox. Flu has dramatically improve within 48-72 hours. Also in a couple of cases, it was treated for poo digestive processes. An example, is Joey Clarkson as well as a boy named who was so intolerant to digestive products he was having stomacl pains all the time. Both had immediate resolution of their gastritis symptoms and ability to eat after one dose of the Cytolog product.

Which has been very impressive to me to see how it has worked well in anti-inflammatory conditions, autoimmune conditions as well as fibromyalgias. The two patients that are the most adamant, as you can see by their personal letters, are Eleanor Mapes and Sue Aufderhaar. Also I found quite ironic that both these patients were also on nutrasweet compounds. One of which has refused to give up the consumption, but the other one that has given up, has not had recurrence of the fibromyalgias. Unfortunately the one lady who continues to use

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the nutrasweet, she seems to need the Cytolog to remain functional. She is yet to acquisition that that compound, even in limited usage, is causing the underlying problem. But the Cytolog still seems to override it creating a resolution of the muscle aches and pains. Both these ladies see the same chiropractor and massage therapist and so have a pretty good baseline concerning those treatments. It is the Cytolog alone that crested them through their disease process allowing them to remain symptom-free.

In addition, I have a lady by the name of Fern Gearhart, who has terrible recurrent bronchitis that is secondary to COPD. Since she had used Cytolog, she has not nearly had the return rate of infectious disease parameters since that time.

It seems the ones that didn't have as dramatic improvement, are the ones that I could not give more than one or two doses. The people who were able to stay on it three to five days, came out with near total resolution of symptoms within the week, such as the chicken pox, shingles, etc.

We did have documented viral pneumonias also on chest x-ray. We had one acutely ill young boy who was seen at the local emergency room, diagnosed with viral illness, placed on antibiotics. He came into the office wheezing with high fevers, antibiotics were stopped, Cytolog was the only compound given from that point on. Follow-up 24 hours later, he was completely free of any clinical pneumonia signs and afebrile.

Several times we used it on oral herpangina for the younger infants that presented and had, within a 24 hour period of time, freedom of fever. Within a three day period of time, they had resolution of nearly all the ulcerative lesions in the mouth. For any mother who has to deal with this disease condition, that is truly miraculous.

If I can be of any further assistance in clinical information, please do not hesitate to let me know. The product has responded so well, that I would like to share this information to help with the knowledge base being obtained through the various clinical trials.

Sincerely,

Teresa E. Quinlin, M.D.

TEQ/ck

DATE VITALS	SUBJECTIVE FINDINGS	ASSESSMENT &

11/18/96 ASHLEY HOUSEHOLDER CYTOLOG

Severe exudative pharyngitis, dose of Cytolog 2.5 ml. with a dose be repeated in an hour. Recheck the next day. Patient is 95% resolv on the pharyngitis exudative. Signs, temperature none. Clinical: 10 imp. Grandmother phoned the next day stating, WEd. 11/20, complaini of aches and pains, low grade temp. difficulty swallowing. Patie reassessed. Pharyngitis symptoms were even more improved. Pustul areas 100% resolved. Tonsils one-half size. She had a little exudati viral lesion, three aphthous sort-of ulcers on the peritonsilar pala region and a follicular eczema rash on her dorsum of feet, buttock legs, one on her trunk. One or two lesions on neck. Redosed agai third night in a row, 2.5 ml., to be followed an hour later. Wi reassess her in a.m.
TEQ/ck

11/21/96 MELISSA SIMONS CYTOLOG

Treating her for Raynaud's phenomena with a borderline positive ANA. She will be placed on two 5 ml. twice a day with a recheck ANA in a week. TEQ/ck

11/21/96 DAVID CARROLL CYTOLOG

Age 13, history of asthma. Was seen at the ER a week ago, was placed on steroids and inhaler, has bronchitis and asthma. Hyssop was given as well as Cytolog.
TEQ/ck

11/26/96 COLLIN SENG.

Wa doing OK x2 days with Cytolog. Now complaining of loose cough, fever. TEQ/ck

11/26/96 SHARON TOWNSEND CYTOLOG

Clinical shingles. One 5 ml. Cytolog for three days.
TEQ/ck

11/26/96 LINDSEY GRAY CYTOLOG

24 hour improvement. No fever. Slight diarrhea. Herpangina, oral blisters resolving, two more doses given.
TEQ/ck

11/27/96 MELISSA SIMONS CYTOLOG

Raynaud's phenomena resolved. Recheck her ANA titer today and she has no further joint pain after being on the Cytolog.
TEQ/ck

DATE VITALS	SUBJECTIVE FINDINGS	ASSESSMENT & PLAN

11/27/96 LINDSEY GRAY CYTOLOG

Patient is continuing to improve. Only a few blisters left.
TEQ/ck

11/30/96 MELISSA SIMONS CYTOLOG

Follow-up ANA came back normal.
TEQ/ck

12/2/96 ERIC HOLLENBACH CYTOLOG

They followed back in for a recheck on his asthma. He took the Cytolog and by the next day he was 100% cured.
TEQ/ck

12/4/96 SALLY CLARK CYTOLOG

The Cytolog is starting to show good improvements, less pain in the distal leg in ascending order. TEQ/ck

12/5/96 MELISSA SIMONS CYTOLOG

Comes in - Her Raynaud's phenomena is 100% abated. Her ANA has reverted back to normal. In fact, her joint pain, neck and cervical discomfiture improved being on the Cytolog. We are going to try to access more of the samples so she can be on it a little bit longer.
TEQ/ck

12/7/96 ERIC HOLLENBACH CYTOLOG

He has not needed to use his asthma inhalers since he has had the Cytolog.
TEQ/ck

12/6/96 LISA JONES CYTOLOG

are going to start her on Cytolog for ulcerative colitis.
TEQ/ck

12/9/96 LISA JONES CYTOLOG

talked with her. The Cytolog has improved her already in two days. She is noticing a change in her type of blood. It seems to be improved after only two days dosing. TEQ/ck

12/9/96 MARY SNYDER CYTOLOG

Cytolog given for most likely a viral infection.
TEQ/ck

PATIENT NAME _____ TERESA L QUINLI

DATE SUBJECTIVE FINDINGS

12/9/96 EMMA WAGNER'S Niece, Barbara, did not take the Cytolog for her scleroderma.
TEQ/ck

12/10/96 ALEX KINNETT CYTOLOG

His dermatitis was most likely roseola, has made dramatic improvement. Two more doses of Cytolog given. TEQ/ck

12/10/96 MARY SNYDER CYTOLOG

She had a total of 8 doses and broke a very high fever.
TEQ/ck

12/11/96 ROSE BRUNO-BEACH CYTOLOG

She is improving.
TEQ/ck

12/11/96 PAT FAGAN CYTOLOG

He has 80% improved after four doses of Cytolog.
TEQ/ck

12/11/96 MEGAN SIMONS CTYOLOG

Has fever, red rosy cheeks, general malaise, achiness, sinus congestion pustular tonsils, negative strep. Will put her on Cytolog.
TEQ/ck

12/11/96 PAM POLING CYTOLOG

SHe took three of the Cytologs but vomited afterwards with 50% improvement of viral pharyngitis.
TEQ/ck

12/11/96 ALEX KINNETT CYTOLOG

His rash is gone after use of the Cytolog.
TEQ/ck

12/14/96 FAGANS CYTOLOG

Judy Fagan, Mike Fagan and Pat Fagan's fever was down within 24 hours from the Cytolog.
TEQ/ck

12/14/96 MIRIAM KRAFT CYTOLOG

She was given four Cytologs.
TEQ/ck

TIENT NAME_____ TERESA E QUINLIN, M

ATE SUBJECTIVE FINDINGS

12/16/96 HEIDI FOWLER

Two doses of Cytolog given for sinus congestion and discharge.
TEQ/ck

12/30/96 BARB ATKINSON CYTOLOG

Had positive borderline ANA as well as viral illness. I will see her back in 3-4 weeks.
TEQ/ck

2/31/96 Zoe Barnharts daughter, Kathy, had a neighbor whose child s comatose at Children's with viral meningitis. I gave them two doses f Cytolog and asked them to report if improvement.
EQ/ck

1/2/97 SALLY CLARK CYTOLOG

Her sedrate is nearly down to normal.
TEQ/ck

/2/97 MIRIAM KRAFT CYTOLOG

ıe had marked improvement in the viral illness with the doses of rtolog. TEQ/ck

./2/97 HEIDI MOUNT

he was so much improved from the use of cytolog.
EQ/ck

/4/97 LAURA STRAIT CYTOLOG

e cytolog did not help her.

/97 JOHN WILLIAMS CYTOLOG

cytolog did not help symptoms much.
'ck

)7 TAMBRA LAMB CYTOLOG

lidn't like the taste and it didn't seem to be that effective for

Another fibromyalgia patient, ELEANOR MAPES, is improved. She mistook by dosing as _____ four every 12 hours and only took one a day three days, but had dramatic improvement. TEQ/ck

1/16/97 TINA RUTHERFORD CYTOLOG

Worked well for her.
TEQ/ck

1/16/97 JENNIFER MAAG CYTOLOG

Was given six cytologs.

1/20/97 BARB ATKINSON CYTOLOG

It is helping, positive ANA, mouth ulcers. MOuth ulcers resolving with three doses.
TEQ/ck

1/22/97 CAROLYN WASEM CYTOLOG

The cytolog completely took away her radicular symptoms secondary to shingles.
TEQ/ck

X

1/27/97 MARLENA KINCAID CYTOLOG

She returned for reassessment because she didn't notice improvement with it.
TEQ/ck

3

DATE VITALS							
DATE	SUBJECTIVE FINDINGS	AGE	DOSE		Response		Symptoms
1	Sally Clark	2/2/18					Fibromyalgias
20 12-11	" "		4 Doses				
18 12-11	Judy Fagan						
20 12-11	Ashley Hauschildt / Meghan Simons	2	2.5 ml.		95%		severe bronchitis pharyngitis
20 12-11	Pam Poling	/			100%		Sob Vomited afterwards
20 12-11	Angela Wyttenbach / Ariel Kinnett	17	1				
21 12-11	Ashley Hauschildt / Judy, Pat, Mr. Fagan		1	split dosing + Glyssop			rash, sore throat, coughing, fever down w/i 24 hr.
21 12-14	David Cassell / Miriam Kraft	13					Asthma
21 12-14	Melissa Simons	31	2-5 ml.		100%		redness, Hand + feet Raynauds Phenomena
23 12-19	Heidi Fowler / Miriam Kraft		/		2		Sinus cong.
25 12-20	Lyle Fowler / Miriam Kraft		/		3		Sinus cong. Swelling, Stiff, Immunesys. Viral pharyngitis
26 12-20	Lindsey Gray / Gayley Clark		1 in.				Cerebral Illness.
26 12-20	Glen Seegmiller				OK		Clinical Pneumonia
26 12-30	Lindsey Gray	DNB	Atkinson	2			Pos. HNA - viral illness
26 12-30	Sharon Townsend / Eleanor Mapes	35	1-5 ml x 3 days		3		Shingles Yeast vag. dermatitis
2 12-31	Melissa Simons / Joseph Clarkson				1		Cystic Fibrosis - GI
2 12-31	Eric Hollenbach / Zoe Barnhart				2/100%		RSV Daughter Kathy neighbor
2 12-31	Sally Clark / Jordan Mount				making improvement		Child w/ viral meni. Viral illness
2 12-31	Tish Quinlin / Heidi Mount		/		3		Acute Viral Illness
1 1-1	Melissa Simons / Gibbons				100%		Bronchospasm.
1 1-1	Jeff / Grant Gearhart				4		Has not need inhalers since [illegible] Headache
1 1-2	Tawna Strait				2		Ulcerative Gingivitis
1	Risa Jo / Heidi Mount						Improving 95% 95% improved
1	Mary Kay / Sarah Sorgo				2		Viral Strep
1	Donald / Geoffrey Morris					flu	Acute Viral Illness
1	Chris Nichols / Bethany Muller				2 ea.		Improve Gradient prof
1	Kay Bindy / Brad Hitz				1		Sinusitis / Bronchitis cong.
1	Pat Dorothy Clark		4			flu	Sedate mostly nor
1	Peter Poling / Hughes	34	4		4		Sinus Illness
1	Rob Brooke / Becci Strait						Improved did not help.
	Dan Kasan				81%		81% improved

DATE / VITALS	SUBJECTIVE FINDINGS		ASSESSMENT & PLAN
1-7	Beatrice Russell	3	Flu
1-8	Carolyn Wilsem	3	Shingles
1-8	Tamara Lamb		Med ineffective
1-11	Amy Hewett	3	Rash, impetigo, URI
1-11	Brett Cornett	3	Viral pharyngitis
1-13	Marlena Kinkaid	6	
1-16	Tina Rutherford		Worked well
1-16	Jennifer Mace	6	
1-19	Karen Justice		lupus
1-20	Carolyn Wilsem	3	Shingles
1-30	Barb Atkinson	Helping w/ pts ADA/ Mountaineers	
1-21	Tyler Collins		Chicken pox
1-21	Tabitha Collins	1	URI
1-22	Jody Beatty		
1-22	Carolyn Wilsem	100%	radiculitis symptoms/shi
1-22	Michael Fagan	1 week	Viral
1-23	Anne Ridenour	3	Viral URI
1-23	Elizabeth Ridenour	3	viral URI
1-23	Sherry Miller	6	Viral pneumonia
1-23	Michael Fagan		fever broke, more energy
			Clinical Mono
1-25	Larry Perry		+ Epstein Barr
1-25	Carolyn Tussing	6	leg weakness
1-25	Jody Beatty		Clinical mono
1-25	Krystyl Kimmerer		Viral / Epstein Barr
1-27	Gianna Thompson	4	+ Epstein Barr / lym
1-27	Irene Clark		Hives
1-27	Hannah Lipka	2	
1-27	[illegible]	2	[illegible]

John A. Walck, M.D., P.C.

Family Practice

3000 Limited Lane NW, Suite 100 - Olympia, WA 98502

Phone: (360) 357-5355 Fax: (360)786-9689

Lifestar International Inc. 1/6/99

RE: USE OF CYTOLOG FOR TREATMENT OF PLANTAR WARTS

To Whom It May Concern:

Please be advised that I had occasion to see a patient for untreated plantar warts. On initial evaluation she had quite severe involvement primarily on the one foot, although the other was also involved with fewer scattered lesions. On the foot with the most severe condition, she had two primary clusters of warts, one cluster measuring about 1.5 cm in diameter, the other measuring about 7 mm in diameter, each one being made up of numerous warts. In addition, she had other more scattered lesions, some large and some small.

We initially did one session of cryotherapy with debridement, and on the second visit, considering the options, and the extent of the condition, I decided that a trial of Cytolog may well be worthwhile, although apparently there had been no previous case reports.

I advised the patient to apply the Cytolog spray orally as well as directly onto the sole of each foot after she had roughened up the skin with an emery board.

She came in to see me two weeks later, reporting the warts had started to turn black by about 5-7 days, and in fact on closer inspection, the warts looked somewhat opaque and all of them had thrombosed vasculature evident, suggesting they were already in a gangrenous state. Debridement on that first visit showed that the lesions were in fact necrotic, and in fact one lesion seemed to simply shell out of its "nest" leaving a crater in the epidermis.

The patient was rechecked two weeks later after continuing the same protocol for that time, and lesions were unchanged. They continued to be necrotic, again debridement was carried out and more of the lesions simply shelled out.

At this time the patient has stopped the protocol and we will be observing closely for recurrence.

At this point, I must say that this would represent a rather radical therapy since conventional means would have undoubtedly required a messy surgical excision or a very lengthy (8-12 months) duration of either cryotherapy or chemical therapy.

It is likely that therapeutic goals had already been achieved by the first week when the patient first noticed the vasculature of the lesions to be blackened and thrombosed. Further observation will be carried out with subsequent cases.

Yours sincerely,

John A. Walck, M.D.
JAW/lmm

DAVID F. PHILLIPS
2331 - 47th Avenue
San Francisco 94116
May 10, 1993

TEL: 415-753-6190
FAX: 415-753-1950

Dr. Lisa Capaldini
533 Castro Street, SF

Dear Lisa,

The news continues to be good. The graph is still falling, even though I have been at 60 mg for three weeks so far rather than one. Here are the figures since last time. (I take so many readings each day because each reading is usually lower than the last, which reassures me, which reduces stress...)

4/28	168/108; 161/108; 163/104; 138/80![1]	
4/29	186/102; 161/98; 156/99.	
4/30	168/103; 163/99	
5/ 1	151/93; 188/94	(Lowest dia. and sys. yet) (1st day all dia. below 100)
5/ 2	161/111; 165/112; 166/109; 173/104; 155/108	
5/ 3	150/88; 152/104; 144/97	(Lowest dia. and sys. yet)
5/ 4	166/108; 157/104; 149/100; 148/102	
5/ 5	163/101; 152/97; 153/101; 142/90	(acupuncture) (lowest sys. yet)
5/ 6	170/108, 162/105; 152/100; 154/100	
5/ 7	150/99; 153/96; 152/93	(all dia. below 100 again)
5/ 8	158/104; 160/100; 155/96; 145/96	
5/ 9	162/98; 156/100; 152/92; 148/102; 145/96	
5/10	172/104; 169/100; 153/98; 152/100; 157/91	(lowest dia. without acupuncture)

When I called you this morning one of the things I wanted to ask was whether, when I raise the Procardia from 60mg at night to 90mg, I should take the extra 30mg in the morning or at night. But as the graph is perhaps still dropping, I'm inclined to wait a while and not increase the dosage until I've got the maximum bang for the 60mg I'm now using.

Also I'm losing weight, exercising (brisk walk) at least an hour every day, and my work and stress levels have been lower recently. I am still taking homeopathic sulfur, which is supposed to help. Also I take an occasional klonopin (maybe 2 a week, when muscles ache with workstress). So all that helps. And the colostrum supplement might help too. The fact that my current B/P levels, while high, are (1) no

1. This last figure (below normal!) was taken as I was emerging from a deeply relaxing snooze full of acupuncture needles, with stress in the minus numbers. So I don't count this one as I track "lowest yet" readings. Even so, it is the first normal

longer immediately dangerous and (2) still falling, makes me somewhat more willing to experiment with other methods before raising the dose.

Speaking of colostrum, thank you for getting in touch with Steve Matthews. The plan I worked out with him is to wait until the B/P stops falling and then, instead of going to 90mg of Procardia, stay with 60mg and take the supplement instead of the increase. The primary course is 12 days, and the secondary course is more. We'll see what happens-- if it works as hoped, and takes my levels 10 points below normal, we can discuss tapering off the Procardia. If not, we'll see where we are-- maybe at least we won't need to raise the dose.

So I'm sticking to the program, keeping good records, and I'll keep you posted. Otherwise I feel just fine.

David Phillips

cc: Steve Matthews

2331 - 47th Avenue
San Francisco 94116
May 31, 1993

TEL: 415-753-6190
FAX: 415-753-1950

To Lisa Capaldini MD and Steve Matthews:

I have been taking the colostrum supplement for almost two weeks now, while continuing homeopathic sulfur and without altering my 60 mg dosage of Procardia-XL. The results are quite promising-- the numbers continue to fall, and some of the numbers are new lows. Here are the figures since my last bulletin. The multiple readings are all taken one after the other-- as long as the numbers keep dropping I keep taking readings. The first systolic reading is usually much higher than those which follow.

5/19	164/104; 157/103; 156/97 ; 156/103; 150/90	First colostrum today. Last figure taken after acupuncture.
5/20	155/102; 155/102; 144/100; 147/98 ; 144/98	
5/21	174/104; 154/105; 148/100; 152/97	A day of high anxiety.
5/22	159/99 ; 144/94 ; 148/92 ; 152/92	Diastolic nice and low.
5/23	166/103; 166/102; 158/104	
5/24	156/99 ; 161/105; 158/102; 148/100	
5/25	156/107; 159/101; 150/99	
5/26	152/90 ; 138/89 ; 141/95	Lowest dia and sys readings yet.
5/27	160/92 ; 149/96 ; 137/91 ; 144/89	Lowest systolic yet.
5/28	160/95 ; 144/93 ; 154/96	
5/29	155/96 ; 142/96 ; 140/94 ; 143/92	
5/30	175/98 ; 142/94 ; 145/93 ; 136/88 ; 132/88 ; 138/87	Lowest dia and sys readings yet.
5/31	158/95 ; 150/96 ; 135/88 ; 140/90	

LISA: These readings are so encouraging that I plan to continue the present regimen for a while. I will ask the pharmacy to call you for a Procardia refill so I'll have it when I begin to run low. The figures might be slightly influenced by my practice since 5/19 of taking readings right after getting up rather than waiting 15 minutes, but even so it looks good, the trend is still down, and the figures are close enough to normal to permit some more experimenting.

STEVE: Although the first bottle was only supposed to last 12 days, it has lasted me 14 days and I have a few days left. Perhaps taking my two teaspoons a day out of real teaspoons rather than measuring spoons accounts for this, and also for the slower than usual appearance of results. Nevertheless the results seem real enough. I will call you tomorrow (or please call me when you get this fax) and we'll discuss delivery of the second bottle. Also I will send in the release, which I have thoughtlessly left unposted at my office.

David Phillips

2331 - 47th Avenue
San Francisco 94116
June 15, 1993

TEL: 415-753-6190
FAX: 415-753-1950

To Lisa Capaldini MD
and Steven Matthews
by facsimile

Dear Lisa and Steve,

The news of the colostrum supplement continues good. While taking a teaspoonful twice a day, my blood pressure stayed on a downward trend, systolic in the 140s and sometimes in the 130s, diastolic in the 90s and sometimes in the 80s. Then there was an interruption in the supply and my b/p went back up again, about 10 points on average for each number. The correlation is not exact, but still I find this rise potentially more significant than the drop-- if b/p falls when we add it and rises again when we take it away, a connection seems more likely. Nothing else changed-- Procardia-XL still at 60 mg each night, and homeopathic sulfur once a day as before.

After a week or so of higher readings my b/p has begun to drop again, which is consistent with the Steve's theory that the supplement unlocks innate capacities of self-regulation rather than grossly subdues symptoms. At the moment my readings are in the low 140s over 90s, which is marginally elevated but nothing to worry about seriously and no reason to change the plan.

So I intend to continue as is, keep good records, and await resumption in the supply of colostrum. Lisa, you asked that I make another appointment, so I will see you on July 13. Steve, please call me when you know about the colostrum supply-- I will be traveling from June 24 to July 10, and to minimize the disruption and restart while on the road I may have to give you or Sharon special instructions for shipping.

Numbers follow. The systolic number for the first rading of most days is somuch higher than the others that I discount it.

David Phillips

Morning blood pressure readings: David Phillips

5/31 158/95 ; 150/96 ; 135/88 ; 140/90
6/ 1 151/96 ; 150/95 ; 142/93 ; 140/93 ; 144/94
6/ 2 182/95 ; 144/90 ; 144/94 ; 143/94
6/ 3 153/101; 144/98 ; 132/91 ; 149/92

Colostrum only once a day instead of twice, to conserve supply
6/ 4 167/106; 152/103; 147/102; 153/99
6/ 5 163/99 ; 164/95 ; 144/91 ; 138/94 ; 144/92
6/ 6 152/103; 144/107; 138/93 ; 140/96
6/ 7 146/98 ; 140/93 ; 138/87 ; 136/89 ; 133/93
6/ 8 154/104; 144/104; 152/108; 156/100; 152/103 A lot on my mind.

Colostrum now all gone
6/ 9 170/100; 160/104; 150/95 Last reading follows acupuncture.
6/10 172/103; 159/102; 154/100; 155/99
6/11 185/104; 164/100; 156/99 ; 152/100
6/12 [no data]
6/13 184/105; 169/105; 165/100; 163/104
6/14 150/91 ; 143/94 ; 143/88 ; 142/89 Back on track!
6/15 165/99 ; 149/98 ; 141/95 ; 140/90 ; 142/94

Blessings of Happiness, Health & Peacefulness...

Jim McPherson
219 E. Thompson Street
Philadelphia, PA 19125
(215) 425 - 0056

January 30, 1993

Following is a true and accurate account of my personal experience with the AIDS virus and the course I chose to pursue in its treatment. This information is being shared not to suggest that this regimen will work for everyone but with the hopes that others may find an element of hope in their own battle with this terrible disease.

Having always been an extremely energetic person all throughout my life, I found it quite unusual that during the summer months of 1992 I was continually feeling drained and weak. After just beginning a new job with a major national publication, I was tested and found to be HIV+. My initial medical tests to determine the extent of the illness showed that my CD4 count was at 72, classifying me as having full-blown AIDS. This was in early September, 1992.

Within about three to four weeks of my initial testing, I began to experience symptoms of the advancement of the disease including; severe night sweats, a continuous fever of 102+, constant and frequent diarrhea, difficulty in keeping food down, a general loss of appetite and an extreme weakness in my legs often with difficulty in walking. I also began to develop what appeared to be water blisters on various parts of my body, especially my hands and feet. I also had lost approximately 14 pounds within a 3 1/2 week period.

Already a believer of the benefits of natural products and their benefits to the human body, I had been taking a cold processed whole-leaf Aloe Vera concentrate (1,200 mg/day of the Active Ingredients) from Aloe Nique and a potassium mineral supplement manufactured by Matol Botanical, International called Km (2 1/2 ounces/day) which is formulated from 14 different botanicals. In addition to these, I began to take a combination of herbal extracts from Pure Herbs, Ltd. including myrrh (60 drops/day), hyssop (40 drops/day), broad beans (40 drops/day) and a formulation called B.P. - W containing bee pollen, buckthorn, greasewood, inkberry, peach leaf, prickly ash, red clover, and stillingia (60 drops/day). I also began an intake of bovine colostrum whey processed by Sterling Technologies (1 ounce/day), 35% food grade hydrogen peroxide (9-75 drops/day) and a brown powder lovingly known as Pygmy Dirt. This course of nutritional supplementation began approximately the second week of October.

The next series of diagnostic testing was done during the first week of November. Those results brought back the following positive information. When initially diagnosed by the American Red Cross as HIV+ in early September, it was also confirmed that I tested positive for Hepatitis B. The November test results showed no sign of Hepatitis B Surface Antigen. Even more encouraging was the fact that these early November test results showed a CD4 count of 810.

Physically, I felt much better than I had previously, with a lot of my strength and endurance returning. I still had some mild symptoms of night sweats and an occasional fever. The weakness in my legs and the diffulty in walking disappeared altogether. The blisters had almost totally dissipated and I began to gain much of my weight back.

I continued this treatment of herbal and nutritional supplementation and received my next series of diagnostic testing the second week of December with the good news that all of my blood counts were within acceptable range and with a CD4 count of 1092. By this time, physically I was feeling extremely well and almost back to the healthy, energetic level I had been accustomed to most of my life. Emotionally and psychologically, I was

Blessings of Happiness, Health & Peacefulness...

However, just after the previous series of tests were run in early December, one element of my treatmen changed with some highly noticeable side effects. Everything remained the same except that I no longer in- cluded the Bovine Colostrum in my therapy. Within about two and a half weeks after discontinuing the Co- lostrum, I began to experience severe and frequent stomach pains which accompanied a painful belching. In addition, I began to run a moderate fever which remained fairly constant and the return of the constant diarr When tested again on the 19th of January, 1993, my diagnostics showed a great reduction in my lymphocyte significant increase in my polys (indicating that my body was involved in combating an infection) and more significantly, a decrease in my CD4 count to 702.

Immediately after this series of tests was run, I returned to my original regimen including the Bovine Co- lostrum and within a period of 24-36 hours, my diarrhea dissipated and within 48 hours the remainder of my effects had gone and my strength and energy returned to normal.

In addition to this nutritional therapy that I make a part of my life, I am including daily exercises in medit tion and visualization as I know the powerful effect that these two practices can have on all aspects of life; spiritual, physical, mental and emotional.

I am continuing my nutritional and herbal supplementation therapy and will continue to be tested on a regular basis to chart the regression of this disease. I remain hopeful of the outcome. I have made a choice n to participate in the allopathic approach of AZT or DDI because of the numerous serious side effects and exp riences that others have had with those treatments.

Once again, I am not professing that the path I have chosen is the correct one for everyone suffering from AIDS or ARC, but am merely sharing my personal experiences in the hope that anyone who hears or reads of my experiences may gain some hope as to an alternative to the traditional medical therapies which seem to of little hope and many deleterious side effects.

I welcome anyone who wishes to receive more information to call upon me as I will be delighted to share t exact regulation of my regimen as well as to assist in locating sources of the individual components. I also caution anyone who wishes to pursue a similar therapy to be certain of the purity and strength of your supple- mentation simply because your life may very well depend upon it.

I hope the above information has been helpful and that it might bring a ray of hope to anyone who is dealin with this terrible disease. If my experiences can positively influence just a few people and help them reclaim their lives and their health, then perhaps the pain and the anguish that I have suffered will truly have had mean ing and purpose. I sincerely believe in a better tomorrow and I offer myself to help in any way possible to hel others live for their own "better tomorrows."

Sincerely,

Jim McPherson

Blessings of Happiness, Health & Peacefulness...

9104300 AREA/ROUTE/ST [illegible] PHBG
ONNIE L. VANUITERT, M
MOB 220
51 N. 39TH ST - STE 220
PHILADELPHIA, PA 19104

SmithKline Beecham
Clinical Laboratories
MICROFILM# 11069222952

T NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
PHERSON, JIM			33	M	

REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME
5004059	156398X		11/05/92	11/05/92	11/09/92	6:47AM

RKB

RPT STATUS	TEST	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE	SIT COD
FINAL						
)4) T-HELPER/INDUCER PANEL						
(CD4+ LYMPHOCYTES						KP
% HELPER CELLS (CD4+)	45			%	32-62	
ABSOLUTE CD4+ LYMPHOCYTES						KP
ABSOLUTE CD4+ CELLS	810			CELLS/MCL	400-1770	
LYMPHOCYTE CT, ABSOLUTE	1800			CELLS/MCL	960-4320	KP
WHITE BLOOD CELL COUNT	5.8			THOUS/MCL	3.8-10.1	
ENZYME						KP
ALKALINE PHOSPHATASE	79			U/L	20-140	
LACTATE DEHYDROGENASE	189			U/L	0-250	
AST (SGOT)	19			U/L	0-50	
ALT (SGPT)	25			U/L	0-55	
GGTP	60			U/L	LESS THAN 65	
BILIRUBIN, TOTAL	0.8			MG/DL	0.2-1.2	
PROTEIN, TOTAL	8.1			GM/DL	6.0-8.5	
ALBUMIN	4.5			GM/DL	3.2-5.5	
GLOBULIN	3.6			GM/DL (CALC)	1.5-3.8	
A/G RATIO	1.3			(CALC)	1.0 - 2.7	
SODIUM	139			MEQ/L	135-148	
POTASSIUM	4.7			MEQ/L	3.5-5.3	
CHLORIDE	101			MEQ/L	95-110	
CALCIUM	10.2			MG/DL	8.5-10.6	
PHOSPHORUS, INORGANIC	3.4			MG/DL	2.5-4.5	
MAGNESIUM	1.5			MEQ/L	1.2-2.0	

****
PLEASE NOTE CHANGE IN REFERENCE RANGE
****

IRON, TOTAL	103		MCG/DL	55-200
IRON BINDING CAPACITY	418		MCG/DL	250-425
% SATURATION	24.6		%	20.0-55.0
GLUCOSE	99		MG/DL	70-115
URIC ACID	6.8		MG/DL	4.0-8.5
UREA NITROGEN (BUN)	18		MG/DL	7-25
CREATININE	1.0		MG/DL	0.7-1.4
BUN/CREATININE RATIO	18.0		(CALC)	8.0-20.0
TRIGLYCERIDES		298 H	MG/DL	20-150
[illegible] CHOL, TOTAL	171		MG/DL	LESS THAN 200

Blessings of Happiness, Health & Peacefulness...

BONNIE L. VANUITERT, MD
MOB 220
51 N. 39TH ST - STE 220
PHILADELPHIA, PA 19104

SmithKline Beecham Clinical Laboratories

MICROFILM#

NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
HERSON, JIM			33	M	

REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	REPORT DATE	& TIME
5004059	156398X		11/05/92	11/05/92	11/09/92	6:47

KB

RT STATUS: FINAL	TEST	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE
, PLATELET CT & DIFF					
HITE BLOOD CELL COUNT	5.8			THOUS/MCL	3.9-10.1
ED BLOOD CELL COUNT			5.82 H	MILL/MCL	4.40-5.80
EMOGLOBIN (B)	17.0			G/DL	13.0-17.5
EMATOCRIT			50.5 H	%	41.0-50.0
CV	86.7			FL	80.0-100.0
CH	29.2			PG	27.0-33.0
CHC	33.6			%	32.0-36.0
LATELET COUNT	195			THOUS/MCL	130-400
EUTROPHILS	61			%	40-75
YMPHOCYTES	32			%	18-47
ONOCYTES	5			%	0-10
OSINOPHILS	1			%	0-6
ASOPHILS	1			%	0-3
ID PLASMA REAGIN (RPR)	NON-REACTIVE				NON-REACTIVE
ATITIS C ANTIBODY	NON-REACTIVE				NON-REACTIVE
ATITIS B SURFACE NTIGEN	NONE DETECTED				NONE DETECTED

>> END OF REPORT <<

Blessings of Happiness, Health & Peacefulness...

FAMILY CARE MED. CENTER
2404 W. LEHIGH AVE.
PHILADELPHIA, PA 19132

4386 001.001

Patient Name | Patient ID | | | | |
CW-656B | | | | 12/09/92 | KNONEY | 12546

Received | Reported | Status
12/10/92 | 12/15/92 | FINAL

Test	Out of Range	Within Range	Reference Range	Units
-LYMPHOCYTES, HELPER				
BC/PLATELET				
WBC			4.5-11.0	THOUS/
RBC			3.5-5.9	MIL/UL
HEMOGLOBIN			12.0-17.0	G/DL
HEMATOCRIT			36.0-55.0	%
MCV			80-99	FL
MCH			27.0-34.0	PG
MCHC			32.0-36.0	G/DL
[illegible]YS			40-66	%
BANDS			0-6	%
LYMPHOCYTES			24-44	%
MONOCYTES			5-13	%
EOSINOPHILS			0-5	%
BASOPHILS			0-2	%
PLATELET COUNT			140-440	THOUS/
T-LYMPHOCYTES, HELPER				PERCEN
CD4			537-1,571	CU.MM
CD4				

TEST PERFORMED AT: METPATH
ONE MALCOL[illegible]
TETERBORO,

** END OF

FAMILY CARE MED. CENTER
2404 W. LEHIGH AVE.
PHILADELPHIA, PA 19132

4386

001.001

CW-6568

01/06/93 (NONE) 131

01/06/93 01/06/93 PARTIA

	Out of Range	In Range	Reference Range	
-LYMPHOCYTES, HELPER				
BC/PLATELET				
BC			4.5-11.0	THO
BC			3.5 - 5.9	MIL
EMOGLOBIN			12.0-17.0	G/DI
EMATOCRIT			36.0-55.0	%
CV			80-99	FL
CH			27.0-34.0	PG
CHC			32.0-36.0	
OLYS				
ANDS			40-66	%
YMPHOCYTES			0-6	%
ONOCYTES			24-44	%
OSINOPHILS			5-13	%
ASOPHILS			0-5	%
LATELET COUNT			0-2	%
			140-440	THOU
-LYMPHOCYTES, HELPER		PEND		
TEST PERFORMED AT:		METEATH		
		ONE MALCOL		
		TETERBORO,		
V ANTIBODY (HTLV-III)				
IV ELISA				
* NO SPECIMEN RECEIVED.			NON-REACTIVE	
		END OF		

Blessings of Happiness, Health & Peacefulness...

FAMILY CARE MED. CENTER
2404 W. LEHIGH AVE.
PHILADELPHIA, PA 19132

4386 001.001

Patient Name	Patient ID				
W 6568				01/19/93 (NONE)	13514B(

Requested	Received	Status
01/19/93	01/21/93	FINAL

Test	Out of Range	Result	Units
LYMPHOCYTES, HELPER			
C/PLATELET			
BC		4.5-11.0	THOUS/U
BC		3.5 - 5.9	MIL/UL
EMOGLOBIN		12.0-17.0	G/DL
EMATOCRIT		36.0-55.0	%
CV		80-99	FL
CH		27.0-34.0	PG
CHC		32.0-36.0	G/DL
S	AB H	40-66	%
NDS		0-6	%
YMPHOCYTES	32 L	24-44	%
ONOCYTES		5-13	%
OSINOPHILS		0-5	%
ASOPHILS		0-2	%
LATELET COUNT		140-440	THOUS/U
-LYMPHOCYTES, HELPER			
CD4			PERCENT
D4		537-1,571	CU. MM

TEST PERFORMED AT: METPATH
ONE MALOOL
TE TERBORO,

END OF

A Centre For Meeting The Challenge of HIV/AIDS

Februaru 1, 1991

Sterling Technology
P.O. Box 496
Toronto, SD 57268
Attn: Randy Kjelden

Dear Randy:

I would like to take this opportunity to thank you for introducing us to the "colostrum"products you're producing. Our organization deals with a large number of People Living With AIDS (PLWA's) and we have been able to share your products with quite a few of them. After having people using colostrum for several months, I can tell you that they have all noticed certain benefits from it. Below are some of the results that have been reported:

1. Every person using colostrum has reported a total or nearly complete elimination of diareah within the first few days of being on it. No one has had any further problems with diareah unless they ran out of the colostrum.

2. Approximately 90% of the people taking colostrum have reported an increase in their appetite and a significant weight gain.

3. Everyone has reported an increase in their energy level.

4. Those people who are taking AZT reported that when they started taking colostrum, the stomach aches they were having because of the AZT went away.

5. A number of people have reported that because of the previously mentioned benefits, that they have experienced an improvement in their emotional well being.

As you can imagine, these benefits have been greatly welcomed by the people with HIV/AIDS. Again, thatk you and I will definately recommend the colostrum products to those people we serve.

Sincerely,

Steven Kats, Ex. Director
The Aliveness Project

730 East 38th Street Minneapolis, MN 55407 (612)822-7946

Testimonial for COLOSTRUM

Since reading an article regarding COLOSTRUM and its beneficial advantages for people who need that energy boost and most important the weight gain I have been fortunate to be the proud owner of approx. 13 pounds in the past three weeks. My appetite for food has been high. My attitude about cooking good nutitional meals has returned. The other significant change is my energy levels. I feel more alert and eager to accomplish tasks normally that make me feel exhausted. Also by staying up during the day I feel I rest better.

Incidentally, before beginning to take COLOSTRUM I discussed this with my physician; Dr. Scott Strickland and recieved quick approval. COLOSTRUM has been a godsend. I would strongly support research of COLOSTRUM.

At present, the only drawback to COLOSTRUM is the expense. Since COLOSTRUM is a natural food nutrient it is not available in most pharmacies. Therefore this product is not considered for medicinal purposes and not covered by insurance. If COLOSTRUM could be covered under a persons insurane it would again be beneficial to those on fixed or limited incomes.

I can only hope a study is done about COLOSTRUM and that the information is available to those who need this product. I appreciate your time and future efforts inthis study.

Thankfully;

Randy Bohlman

Randy Bohlman

If you wish to contact me further please feel free to contact me at my home--612-929-9521.

Daniel A Martin

To whom it may con
Mothers Birth is a ver
good Vitamin and I
think it will be ver
good for H & V poste
because it gives you
stamina and energy it
keeps you up and awa
when alot of peop
had colds and I did
catch any cold.

Thank You
& God Bless You

1/8/90

To whom It may Concern

My name is Simon Roberts I am one of the interns at Teen Challenge I also Am HIV Positive. My job here at Teen Challenge is to take the Guys here to the doctor, welfare, or any other appoint they may have. When some of these guys get into the car they are very sick. I am grateful to be taking Colostrum. I believe that if I wasn't taking it. I would have gotte a lot of the colds some of the students hav

I've had the flu once and I am certain that the Colostrum help my body fight off the virus because it could have been a lot worse I am writing this letter hoping that you will make it availble to everyone.

Respectfully

Simon Roberts

Taking a Proactive Role with SMA:

NUTRITIONAL THERAPIES

Can Cytolog provide increased strength?

by June Price

When Jean Uelmen complained of severe sciatic pain, her doctor wondered if Cytolog might help. Its developer, Steve Matthews, told the doctor by phone that he was confident the product would eliminate Jean's sciatic pain but would do nothing to improve her SMA-II weakness.

But Steve Matthews was wrong. Not only did Jean's pain quickly dissipate, she actually felt stronger! They closely monitored changes in Jean's improving condition over the months to follow. A year and a half later, Jean continues to experience greater strength and mobility.

A decade of development

In the late 1980's, Steve Matthews was researching the benefits of cow colostrum, a thin, yellowish fluid secreted by the mammary glands at the time of giving birth that is rich in antibodies and minerals. Colostrum precedes the production of true milk. Working with scientists, the colostrum was ultra-filtrated until only a class of small proteins remained. Each protein was then further separated into "info-peptides," or informational proteins, which are "read" by the cells (not ingested into them) in effect "reprogramming" cells to work more effectively. The product was named Cytolog.

To test Cytolog's benefits, Steve took it to Central America and third world countries where local physicians gave it to patients who had auto-immune and inflammatory diseases like rheumatoid and osteoarthritis, multiple sclerosis, lupus, fibromyalgia, scleroderma, and HIV. The results were positive.

Enter Jean Uelmen, who retired from her clinical psychology practice in Los Angeles and moved to Antigua, Guatemala where she met one of the doctors participating in the Cytolog project. She carefully chronicled her daily progress while taking Cytolog and was enthusiastic about the results. As example, she was able to feed herself for the first time in 14 years. She also had improved range of motion, sat straighter, had greater physical endurance and had fewer colds.

We shared news of Jean's success with one woman who decided to see if Cytolog would help her 7 year old daughter who has Type I/II SMA. The improvements were immediately noticeable. The mother spread the word to other parents. Soon 15 more SMA children were also taking Cytolog. All reported significant increases in strength within a few short weeks as well as one unexpected perk: less joint contractions! Careful monitoring and measuring by physical therapists bore out the yet-unexplained reduction in contractions.

I was a bit scared when my legs began to tingle and feel warm

---

In January, Mary Jane Ausse and I met Steve Matthews whose enthusiasm to help children and adults with SMA was most evident. We agreed to try Cytolog, hoping to replicate Jean Uelmen's results.

Not knowing what to expect, I was a bit scared when my legs began to tingle and feel warm a day after beginning the supplement. I discovered this was a common response to Cytolog. I also had bleeding gums (something I never had) which Steve said was due to improved blood flow and circulation from the product. Within a day or two, each of these symptoms diminished or disappeared. Beyond this, I did not feel notably stronger though I seemed to have some increased endurance.

Mary Jane, on the other hand, felt absolutely no improvement whatsoever and discontinued Cytolog after 30 days.

By this time, a select number of other adults were also trying Cytolog. Most said it gave them some increased

(Continued on page 7 – CYTOLOG)

CYTOLOG— continued from page 3

strength, although none had the degree of improvement reported in Jean or the children. Most reported a general increase in body warmth which all agreed was a welcome occurrence during the winter.

Why were all the children improving but not all of the adults? Why did some of the adults seem to do so much better than others? Why did some have no improvement at all? And why was Jean experiencing so many more positive changes than any of the adults?

Water, water...

Steve and I theorized it had to do, in part, with water intake. Steve said water is essential to healthy cell growth and to the metabolism of nutrients into that cell. Since Cytolog works at the cellular level, it would not be absorbed properly (if at all) if there was insufficient water intake. This may, in part, explain why Mary Jane had no response to the product. (She drinks only tea and shakes, no actual water at all, and must conserve liquid intake since toilet use is impossible during the day.)

With this in mind, participants were asked to increase their water consumption when taking Cytolog. Almost all reported greater results with this combination. One woman said that, when dressing, she could lift her arms over her head for the first time in years, as example.

But it goes without saying, more drinking equals more peeing, and for most of us, this is simply not an option. The above-mentioned woman is one example of this. At first, she and her husband made allowances for the extra bathroom trips, but when golfing season came, her husband was gone long hours so she had to withhold liquids. The benefits of Cytolog soon became negligible.

All this might lead some to ponder if simply drinking more water may be sufficient, in itself, to increase strength. If water improves cellular activity and this may result in increased circulation, perhaps this is what helps muscles to display greater strength. Maybe Cytolog, by itself, does nothing.

...getting off the toilet or shower chair had become frighteningly difficult.

Many, like my sister Jo Ann, would vehemently disagree. Jo Ann — like Jean Uelmen and other participants — did not need to change their daily routine; it was already good. These adults drink sufficient amounts of water, eat a healthy diet and even get daily therapy of some type.

Jo Ann, a 39 year old SMA-III, lives independently in her modified apartment. Although difficult, she still manages to stand herself up for transfers.

But, recently, getting off the toilet or shower chair had become frighteningly difficult. She often broke into a sweat, began shaking uncontrollably, then weakened to the point of being unable to lift herself up.

Cytolog changed all that. Using it daily, she rarely has any of these problems anymore and finds it considerably easier to self-transfer. When the Cytolog is out-of-stock or unavailable, her strength immediately declines once again.

It's no cure

Most of us don't expect to find a cure for SMA but always hope for *something* that will provide just an ounce more strength than we had yesterday. For some, that "something" is Cytolog.

There is also anecdotal evidence that Cytolog prevents or reduces colds and illnesses. In the ten months I've been taking it, this has definitely been the case with me — reason enough to continue taking it.

There are no scientific studies which demonstrate Cytolog's effectiveness with SMA, and there are no promises it will help you, personally. But it is available for sale to anyone who wants to try it.

Cytolog is not a drug but is a nutritional supplement. It has no known side-effects.

How to take Cytolog

Cytolog is in a stable spray form. It's best to spread out doses during the day (optimally: 3 squirts, 4-5 times a day). Steve emphasizes that Cytolog is *not* a homeopathic product so does not need to be held under the tongue or taken between meals.



HOW TO ORDER CYTOLOG

A one month supply of Cytolog costs $60 (plus $3 shipping) and can be ordered from Cellogic Corporation Nutritional Support System, P.O. 825, Circleville, OH 43113 or by calling 740.477.2474. If no answer call 740.474.2580. (This is the veterinary products number but the staff can take your Cytolog order.)

Has chronic stress impaired your health?...page 3 Reduce your dependence on NSAIDs...pag

HSI HEALTH SCIENCES INSTITUTE

Vol. 3, No. 10 MEMBERS ALERT April 19

Private access to hidden cures...powerful discoveries...breakthrough treatments... and urgent advances in modern, underground medicine

Health Sciences Institute Editorial Panel

The Health Sciences Institute network of medical experts stretches from New York, New York to Petaling Jaya, Malaysia; from Portland, Oregon to Wiesbaden, Germany. Our editorial panel members are practicing physicians and health professionals who offer the revolutionary treatments of tomorrow...today.

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Medical Director, Preventive Medical Center of Marin, Inc.
San Rafael, California

(continued on page 8)

Test-guided nutrition: the new science of natural healing

New technology allows you to detect and correct hidden hormonal and metabolic disorders

It's amazing what you can learn to put up with—chronic digestive problems, nagging fatigue, headaches, body aches, etc. Over time, it's easy to forget what it feels like to be truly healthy. You may have accepted a gradual decline in your health as an inevitable part of getting older, but poor health is *not* normal—at any age.

Kenneth J. is a typical example. President of a prominent national foundation, Kenneth suffered from long-standing digestive difficulties: "I took heavy doses of Metamucil every day for at least 25 years and used antacids almost every day. I was on this routine for so long that I came to accept it as normal."

Recently, Kenneth sought help from a natural-medicine practitioner for overwhelming fatigue. "I was having difficulty sleeping, and I was always tired during the day. I hoped to get help for my sleep disorder and tiredness, but I didn't really give much thought to the digestive disorders—since they had been with me since at least my early 20's. I am now 67."

You may have accepted a decline in your health as an inevitable part of getting older, but poor health is not normal—at any age.

Cutting-edge diagnostic testing revealed that Kenneth had serious hormonal imbalances caused by adrenal exhaustion—probably the cause of his fatigue. But much to his surprise, other tests revealed that he was also hosting a parasite. Kenneth began a program of nutritional supplements to restore adrenal function and to eliminate the parasite. The difference he felt surprised him.

"I still have difficulty believing the difference in my sense of well-being. I am sleeping better than I have in many years, and my energy levels are good. I have taken no Metamucil and almost no antacids...the constipation is completely gone. But this is not the most important difference. I now realize (and with some shock) that I have not truly felt well for much of my life. I never realized that there was a whole new dimension to daily activity

(continued on page 2)

Dear Member,

I have a confession to make. Nutritional supplements have taken over my kitchen. The counter is crowc with dozens of powerful, cutting-edge formulas that the Health Sciences Institute has researched and docum ed...new discoveries that can strengthen my immune system; reduce my risk of cancer, arthritis, osteoporosis Alzheimer's disease; and increase my stamina, energy, metabolism, and powers of concentration. Who would want all of these wonderful benefits?

Month after month, our research uncovers powerful healing formulas. If you have been a member for many months or years, you have personally witnessed the discovery of dozens of exciting new breakthroughs. But it wc unrealistic to think that anyone could or should include every HSI breakthrough as part of his own personal hea regimen...the cost alone would prohibit it. So how do you know which supplements you really need? How do yc know that they are actually helping you?

To optimize your health, you need more than an ever-growing collection of miracle nutrients. You also need way of evaluating your current health status and a way of identifying and prioritizing those therapies that are mos appropriate. Then, once you've committed to a particular program, you need some way to measure its effectivene

That's why I'm so excited about test-guided nutrition, the revolutionary new approach that tailors your nutri program to your individual biochemistry and allows you to monitor the effectiveness of the supplements you are taking. These are the same sophisticated tests being used by a select group of cutting-edge physicians to take the guesswork out of natural therapies.

"Test-guided nutrition is an important breakthrough, because it brings some objectivity to the process," says I medical editor Dr. Martin Milner. "You can identify which areas of the body are not functioning well and focus y nutritional support on them. Then, you can repeat the tests and see very objectively whether these areas have improved."

Clearly, it's an idea whose time has come. See our article for details on putting this new technology to work for you (and on how your doctor can get more information on this important new development in advance underground medicine).

Until next month,

Karen M. Reddel

Karen M. Reddel, Publisher

P.S. Test-guided nutrition will be the theme of the upcoming HSI Symposium and Wellness Retreat in Sanibe Harbour, Florida (June 23-27, 1999). You can take advantage of state-of-the-art testing as well as the expertise of c own HSI panelists and physicians, all while enjoying a four-day getaway at a top-rated resort. The entire package i available to members only for just $1,299. See the enclosed brochure for details or phone our conference office toc at (800)926-6575 or (561)243-6276 or fax (561)278-8765 to request your free information package.

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Our Mission

The Health Sciences Institute is dedicated to uncovering and researching the most urgent advances in modern underground medicine. Whether they come from a laboratory in Malaysia, a clinic in South America, or a university in Germany, our goal is to bring the treatments that work directly to the people who need them. We alert our members to exciting breakthroughs in medicine, show them exactly where to go to learn more, and help them understand how they and their families can benefit from these powerful discoveries.

How to contact the Health Sciences Institute

To contact the Health Sciences Institute members services hotline, please call (410)895-7904 or write to Health Sciences Institute, 105 W. Monument Street, Baltimore, MD 21201. International subscribers, please call (410)783-8440 or fax (410)783-8438.

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and alertness. I have no more gas, stomach problems, or discomfort after eating, but this is not really it. There is a positive sense of enjoyment and well-being."

Kenneth is one of thousands of people who have achieved a new standard of health and vitality through an innovative approach called *test-guided nutrition.* In recent months, we've focused on a number of testing options that give you direct access to important information about your health, such as the ALCAT test for hidden food sensitivities (1/98), hair tissue analysis for mineral and heavy metal status (8/98), and parasite screening (6/97).

This month, we want to share with you a new breakthrough in test-guided nutrition called the Foundational Health Program, developed by Dr. William Timmins, widely respected as an authority in cutting-edge laboratory diagnostics and nutritional medicine. Based on 15 years of clinical and research experience, the Foundational Health Program is a three-step approach to optimal health.

This unique, scientific approach has charted incredible results in resolving long-standing chronic illness, even when other conventional or holistic approaches have failed.

Proponents of anti-aging and longevity medicine are also using the Foundational Health Program to detect and correct subtle malfunctions before they can evolve into life-shortening illnesses. Jerry Stine is the founder of Lifespan Institute, a research and education institute that offers nutritional consultation and personalized wellness programs. Since its inception in 1987, the Lifespan Institute has pioneered the use of test-guided nutrition as a tool for life extension, antiaging, and performance improvement.

"The Foundational Health Program is a huge advance in assessing and designing precise longevity and health-optimizing programs," says Stine. "Based on the most current research on human biochemistry and nutritional therapy, this approach enables our clients to have a greater understanding of the complex biochemical systems affecting their health."

Whatever your goals, the testing component of e Foundational Health Program provides objective eedback that allows you and your health practitioner to evaluate the success of nutritional or other therapies

The benefits of test-guided nutritio

1. **Healing:** Identify and correct the underlying causes of illness.
2. **Prevention:** Detect problems early, before symptoms and/or diseases develop.
3. **Feedback:** Help determine if your health program is working.
4. **Wellness:** Optimize health and promote longevity.

and to fine-tune protocols as your needs change.

Step One: Functional Diagnostic Testing pinpoints hidden dangers

A new generation of sophisticated, noninvasive tests can quickly and accurately evaluate key biological functions like digestive efficiency, detoxification, adrenal function, and oxidative stress. Although frequently ignored by conventional medicine, problems in these key areas can hasten aging and may ultimately lead to serious degenerative diseases like cancer, diabetes, heart disease, and arthritis.

For example, a lack of digestive enzymes may prevent you from absorbing important disease-fighting nutrients, your immune system might be weakened by overworked adrenal glands, or your cells could be overwhelmed by environmental toxins that your liver isn't able to process.

There are hundreds of different laboratory tests that can reveal important information about your health, but this type of testing (especially when not covered by health insurance) can be extremely costly. In the Foundational Health Program, Dr. Timmins has devised an innovative combination of tests that delivers the most relevant and important information about your health in the most cost-effective way possible.

The program uses two specially designed test panels, the Functional Adrenal Stress Profile and the Metabolic Assessment Profile.

Has chronic stress stripped your adrenal glands?

The **Functional Adrenal Stress Profile** measures the levels of cortisol and DHEA, hormones that are

order for you to get an accurate picture of how well your adrenal gland is functioning, these two hormones must be evaluated in relationship to one another.

Cortisol is produced by the adrenal gland in response to stress. By stimulating your central nervous system, cortisol prepares your body to protect or defend itself. The problem is that most of us have too much stress in our lives...including that caused by physical stressors like allergens and pollution as well as emotional and psychological stress. The result of this near-constant stress is permanently elevated cortisol levels, which negatively affect virtually every aspect of health.

Digestive problems can play a major role in the development of joint disease, cancer, heart disease, respiratory problems...and many of the problems associated with aging.

Elevated cortisol levels impair the body's ability to regulate blood sugar, get quality sleep, repair cellular and tissue damage, balance other hormones, maintain bone mass, support immune function, handle inflammation, and detoxify. Over time, chronically elevated cortisol levels lead to adrenal exhaustion, setting the stage for countless serious medical conditions.

DHEA is widely known as an anti-aging hormone. In fact, it plays many crucial roles, one of the more important of which is to counterbalance the effects of too much cortisol. When cortisol levels are too high for too long, DHEA levels tend to drop off and the aging process accelerates.

By evaluating cortisol and DHEA levels, the Adrenal Stress Profile can pinpoint the extent to which healthy adrenal function may have been compromised by excessive stress. The test requires four saliva samples collected at specific times throughout the day. This method reveals daily fluctuations in your hormone levels, providing a real-life assessment of how your body is adapting to whatever stress you face in your life.

A second test, called the Metabolic Assessment Profile, provides crucial information about three critical functions: oxidative stress, liver detoxification, and protein digestion. Weaknesses in these important areas can not only cause disease but also prevent true and permanent healing. The Metabolic Assessment Profile

Oxidative stress: We all know that fr... can cause oxidative damage to our cells. ...e are generated by toxins, pathogens, and even excessive exercise. Oxidative damage is impli... in almost all degenerative diseases, including ... disease, cancer, diabetes, and Alzheimer's dise... measuring the level of *lipid peroxides* in the u... you can gauge the degree of oxidative stress a... cellular level. High oxidative stress indicates a... for additional antioxidant support.

Digestion: This test measures the level of *i...* to evaluate how well your digestive system is w... High levels of indican mean that you are not di... protein well and can signal bacterial overgrowth ... gut. According to practitioners who use the Fou... tional Health Program, over half of the patients ... ated show some degree of digestive dysfunction.

Digestive problems can play a major role in ... development of joint disease, cancer, heart disea... allergies, respiratory problems, skin problems, a... many of the problems associated with aging. Ine... digestion can also undermine the effectiven... o... nutritional supplementation. After all, if nu... ... not being processed and absorbed efficiently, you... not get the intended benefit. In addition, a poor... functioning digestive system places an extra burd... the liver, which must rid the body of the by-proc... of poor digestion.

Detoxification: Low levels of *sulfate* sugges... the liver is under excessive stress, which can be ... high levels of environmental toxins, or poor dig... tion, as discussed above. The liver is our prima... organ of detoxification, neutralizing chemical t... that we ingest, such as alcohol and pesticides, a... as the toxic by-products of digestion and cellula... metabolism. If the liver becomes overwhelmed, ... toxins can circulate freely through the body, qui... leading to cellular damage.

Step Two: Targeted nutritional support is based on your test result

Together, the results of the Metabolic Assessm... Profile and the Functional Adrenal Stress Pro... p... vide a wealth of critical information about yo... n... pinpointing basic functional disorders that might otherwise go undetected—and untreated.

The next step is to design a program of targe...

nutritional support that can help restore the body to optimal health. As an extension of his work in developing these breakthrough testing tools, Dr. Timmins has now created a series of nutritional products that work hand in hand with this functional diagnostic approach—personalized to your test results. The BioMatrix™ products have been scientifically formulated in accordance with data from thousands of tests and clinical results.

An adrenal-support formula called BioMatrix Support Adrenals helps to restore adrenal function by supplying micronized DHEA and pregnenolone at low levels to help restore the body's own hormone production. Supportive vitamins, minerals, and plant extracts—including B vitamins, zinc, and copper, as well as extracts of Siberian ginseng, rosemary, and grapefruit—help to reduce inflammation and allergic reactivity, both sources of stress that adversely impact the adrenals.

A high-potency mixed antioxidant supplement called BioMatrix Support AntiOx includes natural mixed carotenoids, vitamins C and E, alpha lipoic acid, grape-seed extract, and coenzyme Q10. Dosages are determined by the results of the oxidative stress test. Dr. Timmins points out that it is important to calibrate antioxidant support to an individual's needs. Excessive antioxidant intake can interfere with the amount of oxygen available to the cells for normal metabolic activities. Too little available oxygen can cause weakness and fatigue.

A unique *bi-phasic* formula for digestive support called BioMatrix Support Digestion includes betaine HCl, glutamic acid, pepsin, and papain, all of which increase the efficiency of digestion in the stomach. It also provides important digestive enzymes (pancreatin, amylase, bromelain, and others) that your body needs in order to further break down nutrients for absorption in the small intestine. Few digestive products are designed to support both phases of digestion. The product is taken before meals.

A fourth formula provides therapeutic levels of nutrients that support the liver's capacity for detoxification. BioMatrix Support Liver includes methionine, acetyl-cysteine, taurine, and reduced glutathione, along with bioflavonoids to reduce inflammation. As with antioxidant support, dosages are carefully matched to the individual's needs, based on test results.

As an HSI member, you are one of the first to learn of these breakthrough products, which will be available for the first time as of April 1, 1999. Although they are specifically designed to be used in conjunction with the Foundational testing protocol, they are also available separately from the source listed on page 8.

Experience the benefits of test-guided nutrition at the 4th HSI Symposium and wellness retreat.

The upcoming HSI Symposium (June 23-27, 1999; in Sanibel Harbour, Florida), will feature a three-part workshop on test-guided nutrition. Developed by HSI medical editor Dr. Martin Milner, this comprehensive health makeover will show you how to evaluate and correct problems involving digestion, detoxification, oxygenation, alkaline balance, inflammation, sex hormones, thyroid function and much more by using cutting-edge testing and targeted nutrition. Put this powerful new approach to work for you and get the answers you need from our panel of expert speakers.

A complete information packet is available by calling our conference coordinator at (800)926-6575 or (561)243-6276 or fax (561)278-8765.

Step Three: The importance of lifestyle in creating total vibrant health

The Foundational Health Program goes beyond functional testing or even targeted nutritional solutions. Although the testing can pinpoint individual health challenges and the nutritional supplements can target these areas of concern, Dr. Timmins is emphatic that true healing can only take place in the context of a healthy lifestyle. The program also includes guidance and education on appropriate exercise, adequate rest and recovery, stabilizing blood sugar through proper diet, and stress management.

Real-life examples of the power of test-guided nutrition

Chronic fatigue: Alison suffered from chronic fatigue for four years. After trying a variety of unsuccessful treatments, she consulted Dr. Timmins. The Functional Adrenal Stress Profile showed that she was very close to complete adrenal failure. The Metabolic Assessment Profile indicated poor liver-detoxification ability as well as a problem with protein digestion. Alison began a program of nutritional support for her liver and adrenal

feeling better than she had in four years. A repeat of the two profiles showed near normal functioning.

Auto-immune disorder: Jack had been diagnosed with rheumatoid arthritis. The Functional Adrenal Stress Profile showed advanced adrenal dysfunction and the Metabolic Assessment Profile indicated severe oxidative stress, poor liver function, and poor digestion. Further testing revealed intestinal parasites and multiple food sensitivities. Jack was instructed to avoid food containing gluten and lactose and was given nutritional supplements for adrenal, liver, and digestive support. After six months, all symptoms of rheumatoid arthritis were gone, and Jack reported feeling better than he had since his initial diagnosis.

How to get started

The Foundational Health Program is available through the Lifespan Institute, a life-extension and antiaging research and education institute located in

gram is $279, which includes the Functio Stress Profile, the Metabolic Assessment Pro 40-minute phone consultation with a nutritio adviser to discuss the results of the tests and ap ate nutritional support. (See page 8 for contact mation.) You can also contact BioHealth Diagn at (800)570-2000 for a referral to a physician i area who uses the Foundational Health Progra Additional guidance on test-guided nutrition is available by telephone consultation with Dr. M through the Center for Natural Medicine at (503)232-1100. HSI

Health Professionals

If you are a health professional and would li additional information or technical support fo the Foundational Health Program, contact Bio Health Diagnostics directly at (800)570-2000 (619)223-7074.

HSI RESEARCH UPDATE... HSI RESEARCH UPDATE... HSI RESEARCH UPDATE

Natural Antiviral is a powerful pain-reliever: New research on arthritis confirms our early reports

Many of the alternative-health "discoveries" now in the news are solutions that our members have known about for months or years. Nonetheless, we like to keep you informed as ongoing research confirms our early reports.

Infopeptides relieve arthritis pain and stiffness

When we first reported on infopeptides back in September 1997, we examined promising preliminary data from clinical trials that were still under way at the time. As an update to our original story, the final results of a study on infopeptides in the treatment of arthritis (both osteoarthritis and rheumatoid arthritis) were recently published. [1]

Twelve patients with rheumatoid arthritis (average age: 52 years), all of whom were taking between one and five other medications, began using an infopeptides preparation (trade name: Cytolog) in addition to their other medications. For this three-month study, the patients ingested one 5-ml dose per day. (The proc is a liquid that is swished in the mouth for two to minutes and then swallowed. The active ingredient absorbed through the mucous membranes of the mouth.) For patients who showed no improvemer within the first four weeks, the amount was increas two 5-ml doses per day.

After only six weeks, 10 out of the 12 rheumat arthritis patients experienced a reduction or comple elimination of pain and swelling, improvement in j mobility, and increased capacity for physical activity

At the same time, 10 additional osteoarthritis patients (average age: 58 years), all of whom used n teroidal anti-inflammatory drugs (NSAIDs), were g the same protocol with equally positive results. Aft only three weeks, nine out of the 10 osteoarthritis patients reported a significant reduction of pain, wit measurable reduction in inflammation.

In the relatively short time since their discover infopeptides have been used with astonishing succ

[1] *Journal of Orthomolecular Medicine* vol. 13, no. 2, pp. 110-118, 1998

in the treatment of a wide range of conditions. The most dramatic results have been seen in treating the owing:

- Inflammatory conditions like arthritis, fibromyalgia, and sciatica
- Autoimmune disorders like multiple sclerosis and lupus
- Immune deficiencies, as experienced in AIDS and cancer
- Acute and chronic viral conditions, such as chicken pox, shingles, viral pneumonia, and influenza
- Childhood diarrhea

One physician commented as follows: "The response among my patients has been overwhelmingly positive, more than any medication that I have ever seen or used.

"One case study we reviewed involved an acutely ll young boy, seen at the local emergency room and placed on antibiotics. He came into the office wheezing and with a high fever. The antibiotics were discontinued, and only Cytolog was administered rom that point on. After 24 hours, he had a normal erature and was completely free of any clinical gns of pneumonia."

Another physician reports that the product can be pplied topically to accelerate wound healing. He has so used Cytolog to treat eczema in infants, leading to mplete healing in three weeks.

Dr. Alejandro Nitsch, of Guatemala City, has done uch of the breakthrough clinical research on infopeples. He reports the dramatic response of a 50-year-d patient who had been forced into an early retirement by spinal-muscular atrophy (SMA), a rare and treatable disease that causes progressive muscle weakss and wasting.

"As the disease progressed, she became almost mpletely immobile. She was in pain most of the ne, with severe sciatic pain caused by her confinent to a wheelchair. She began using Cytolog in bruary 1997, taking 5 ml orally per day. The ne day, her chronic sciatic pain stopped (never to urn) and the neck, shoulder, and lower-back pain ppeared. Over the next month, she showed

(continued on next page)

and Aging vol. 339, no. 12, pp. 785-791, 1998
na: of Rheumatology vol. 25, no. 3, pp. 441-446, 1998

Rheumatoid-arthritis drug carries hidden heart risk

If you suffer or anyone you know suffers from rheumatoid arthritis (RA), you know that it is a devastating and heartbreaking condition. To make matters worse, many RA sufferers may be unwittingly placing themselves at increased risk of heart disease.

When rheumatoid arthritis is severe and does not respond to other drug therapies, it is sometimes treated with a drug called methotrexate. This heavy-duty drug is reserved for the treatment of extremely serious conditions, including severe and disabling psoriasis and certain cancers (acute lymphocytic leukemia) in addition to RA. It is also used to prevent rejection of bone-marrow transplants. If you are taking methotrexate, hopefully your doctor or pharmacist has reviewed with you the possible risks of this medication, which include gastrointestinal ulceration and bleeding, severe bone-marrow depression, and damage to the lungs, liver, or kidneys.

However, you may *not* have been informed that even low doses of methotrexate can seriously deplete your body's stores of folic acid over time. As you know from our previous reports on homocysteine and heart disease, low folic-acid levels have been linked to an increased risk of cardiovascular disease, stroke, depression, and cognitive impairment.[2] (See your May 1998 *Members Alert.*) Without sufficient folic acid and certain other B vitamins, your blood levels of an amino acid called homocysteine quickly rise.

In a double-blind, placebo-controlled trial of 79 rheumatoid-arthritis patients taking methotroxate, the addition of a folic-acid supplement was shown to reduce the toxic side effects of the drug. Furthermore, as noted by the author, such a supplement "can prevent hyperhomocysteinemia [high homocysteine levels], which is a risk factor for cardiovascular disease.[3]"

We have previously reported on a supplement called Cardiocysteine Formula, which contains folic acid, vitamin B_6, and vitamin B_{12} in the amounts proven to reliably lower homocysteine levels. Whether or not you take methotrexate, this inexpensive solution is preventive nutrition at its best. (Sources are listed on page 8.)

Ronald L. Hoffman., M.D.
Medical Director of the Hoffman Center: author of *Intelligent Medicine*. and host of Health Talk
New York, New York

Barbara Joseph, M.D.
Author of *My Healing From Breast Cancer*
Stamford, Connecticut

Tadahiro Makise, M.D.
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Yakima, Washington

Robert Yee, M.D.
Orthomolecular, Functional and Mind-body Medicine
Health and Wellness Associates
Santa Rosa, California

The opinions expressed here do not necessarily reflect the views of every panelist each month. The Health Sciences Institute acknowledges occasional differences of opinion among panelists and welcomes the exchange of differing points of view.

To contact the Health Sciences Institute, write to 105 W. Monument St., Baltimore, MD 21201 or fax to 1-410-895-7905.

clinical improvement of muscular strength, tone, and coordinati... six weeks, (after she increased the dosage to 12.5 ml per day), she ...a: to feed herself (she hadn't been able to lift a fork to her mouth for 14 years) and to sit out of her wheelchair.

"We suspected that the product would reduce the rate of the progres: of the disease, but we are amazed at the functional recovery that the pati has made. We are aware this is only one case report, but we are intereste conducting a pilot study on a small group of SMA patients."

As we explained in our original article, infopeptides are polypeptides (chains of amino acids too short to be proteins) found in colostrum. Unli lactoferrin (another natural derivative of colostrum familiar to HSI memb infopeptides have no direct antiviral or antibacterial properties of their ow: Rather, they appear to carry chemically coded instructions that are vitally important to a properly regulated immune system.

The incredible effectiveness of infopeptides against such a wide range ... conditions appears to be the result of its unique adaptive properties. Acc... ing to researchers, "[This] small-chain polyprotein-rich peptide...activates underactive immune system, helping it move into action against disease-c... ing organisms. It also suppresses an overactive immune system such as is often seen in the autoimmune diseases.[4]"

Two years after its introduction to HSI members, this remarkable prod remains in a class by itself, having demonstrated an amazing ability to relie suffering and restore health, even with conditions that are extremely d... to treat. Much of the clinical research on Cytolog was conducted by u... liquid suspension that had to be kept refrigerated...making it difficult to sh and store. The product is also available in a spray that can be stored at roo temperature. The potency of the two products is identical. Six sprays delive approximately 5 ml. Sources for both forms are listed below. HSI

[4] *Molecular Immunology* vol. 10, no. 120, pp. 1277-82

MEMBERS SOURCE DIRECTORY

Products and Services

BioMatrix™ Support Adrenals, BioMatrix™ Support AntiOx, BioMatrix™ Support Digestion, BioMatrix™ Support Liver, BioHealth Diagnostics, 2903-B Canon St., San Diego, CA 92106; tel. (800)570-2000 or (619)223-7074, http://www.biodia.com.

Cardiocysteine, Advanced Nutritional Products, P.O. Box 1634, Rockville, MD 20850; tel. (888)436-7200 or (301)987-9000, fax (301)963-3886.

Cytolog (spray and liquid), Smartbasics, 1626 Union St., San Francisco CA 94123; tel. (800)878-6520 or (415)749-3990; fax (415)351-1348

Testing Services

Foundational Health Program, Lifespan Institute, 524 Anselmo Ave., San Anselmo, CA 94960; tel. (415)479-3552. To order the test, call (800)878-6520 or (415)749-3990; fax (415)351-1348.

Consultations

Dr. Martin Milner, N.D., Center for Natural Medicine, 1330 S.E. 39th Ave., Portland, OR 97214; tel. (888)305-4288 or (503)232-0475, fax (503)232-7751.

(We regret that not all products are available in all locations worldwide.)

Can't lose weight? This may be why...page 5 Urgent news for rheumatoid arthritis sufferers...page 7

HSI HEALTH SCIENCES INSTITUTE

Vol. 2, No. 3 MEMBERS ALERT September 1997

Private access to hidden cures...powerful discoveries...breakthrough treatments... and urgent advances in modern, underground medicine

Health Sciences Institute Editorial Panel

The Health Sciences Institute network of medical experts stretches from New York, New York to Petaling Jaya, Malaysia; from Portland, Oregon to Wiesbaden, Germany. Our editorial panel members are practicing physicians and health professionals who offer the revolutionary treatments of tomorrow ...today.

Betty Kamen, Ph.D.
...tionally known lecturer and ...ter on nutrition. Author of *Hormone Replacement Therapy, Yes or No?; Kamut, an Ancient Food for a Healthy Future; The Chromium Diet; New Facts About Fiber* and many other titles.
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Toronto, Canada

Dr. M.M. Sree Ganesh
Family Practice in Occupational Health, Holistic and Natural ...icine
...g Jaya, Malaysia

continued on page 8

Infopeptides: the Next Generation of Immune Boosters

Betty Kamen, Ph.D.

For a few years, I have been tracking the progress of a truly amazing natural product with a history of success for problems ranging from acute viral attacks to serious, chronic, and even life-threatening disorders. But until recently, this substance has been available only to the small number of physicians involved in or aware of the research.

I can finally share with you my joy over the healing potential of infopeptides, because an infopeptide product is now available for you. On the basis of research done thus far, this particular product appears to have the potential to revolutionize at least three major areas of treatment:

(1) immune dysfunction (from minor to major, including AIDS)
(2) childhood diarrhea
(3) myalgias and muscle pains, including arthritis and fibromyalgia

Although its ability to conquer the first two areas of very grave afflictions is thrilling, I must admit that it's the third that has me reeling with excitement. At last, I have a more helpful response for all of those who approach me at lectures, pleading for help with these debilitating disorders.

Recently, physicians at one of the most important and successful cancer centers in the world, Klinik St. George in Bad Aibling, Germany, became aware of this research. They are so impressed that they are using this product, along with lactoferrin and the mushroom formula we told you about in the January 1997 *Members Alert*, to treat 100 cancer patients.

Let me tell you how this remarkable discovery evolved.

Colostrum: perhaps the only good thing to come out of cow's milk

Colostrum, as most of you know, is produced by the mother for her baby during the first few days after birth—before the "real" milk supply starts to flow. As for the milk we drink after breast-feeding days are over, any

informed nutritionist will give you an answer that might surprise you: Cow's milk is not only bad news for most adults but also has very limited value for infants and young children. It's not a good source of absorbable calcium, it has sugars and fats that are difficult to digest, and many people are allergic to it. Milk has even been implicated as one of the risk factors that lead to diabetes later in life.

This is not news to those who have been following the science of nutrition over the last couple of decades. (See page 8 for availability of a paper you should read if you take issue with the anti-cow's milk position.) Nonetheless, the appearance of a small number of new products derived from bovine colostrum, such as lactoferrin and, now, infopeptides, has been generating a lot of interest.

How the immune system first gets its marching orders

Colostrum is a potent mix of antibodies and other substances that stimulate the newborn's immune system and pass along some of the custom chemical instructions that the mother's immune system has assembled. Although human babies can thrive on formula if they have to, many other mammalian species cannot survive if the subtle immune-enhancing signals and chemicals from mother's colostrum are not present.

Although long familiar to HSI members, the value of colostrum and its derivatives as therapeutic aids for adult infectious diseases is only now becoming more widely recognized. While products from human colostrum would be prohibitively expensive, cow's-milk products appear to retain most of the efficacy of the genuine article.

The Lactoferrin Miracle

HSI members know that lactoferrin is a protein present in both the colostrum and the milk of mammals. It has a strong affinity to bind with iron (hence the name) and works to suppress the proliferation of pathogenic organisms by depleting their iron supply. This is the primary or best-understood mode of action. Lactoferrin also causes more white blood cells to be produced when needed and regulates antibody response against specific pathogens.

We've been reporting on the research and results for over a year. Despite the mounting evidence of its efficacy and safety, however, lactoferrin remains largely unknown.

Therapeutic applications of lactoferrin for a wide range of immune function disorders have met with noteworthy victories. Lactoferrin supplements are proving effective against the HIV virus, fungal infections, and cytomegalo virus (thought to be responsible for some types of chronic fatigue, an escalating problem). Lactoferrin has contributed to "impossible" remissions for lung cancer patients.

See page 8 for availability.

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Our Mission

The Health Sciences Institute is dedicated to uncovering and researching the most urgent advances in modern underground medicine. Whether they come from a laboratory in Malaysia, a clinic in South America, or a university in Germany, our goal is to bring the treatments that work directly to the people who need them. We alert our members to exciting breakthroughs in medicine, show them exactly where to go to learn more, and help them understand how they and their families can benefit from these powerful discoveries.

How to contact the Health Sciences Institute

To contact the Health Sciences Institute members services hotline, please call (410)895-7904 or write to Health Sciences Institute, 105 W. Monument Street, Baltimore, MD 21201. International subscribers, please call (410)783-8440 or fax (410)783-8438.

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Statements made in this issue have not been evaluated by the Food and Drug Administration. Products discussed are not intended to diagnose, treat, cure, or prevent any disease.

causing organisms. It also suppresses an overactive immune system such as is often seen in the autoimmune diseases. [It] also appears to act on T-cell precursors to produce helper T-cells and suppressor T-cells. The effect is similar to that of thymus hormones."

[Note: This country's most widely prescribed drug—synthetic estrogen—reduces the function of the thymus.]

Infopeptides are unique because of their ability to control both underactive and overactive immune systems.[1] Research has linked these polypeptides to widespread biological actions that alleviate inflammation, nervous disorders, and even sleep patterns.[2]

Another exciting aspect of the infopeptide mode of action is that it is not dose-dependent. That is, once a very small amount of an infopeptide is consumed, an increased dose does nothing more.

Help for arthritis, fibromyalgia, AIDS, and more

"Cytolog" is the name given to infopeptide products developed by a company that has been studying infopeptides since 1992.

In a small-scale study, 82 percent of rheumatoid arthritis patients experienced "good or very good" results within two to six weeks with the use of Cytolog. Subjects with osteoarthritis all reported "good or very good" responses; one patient is in complete remission. All of the patients had been taking at least one drug, and many of them had been taking up to four drugs—all to no avail. The participants had been suffering from 6 to 20 years.[3]

Cytolog helped to fight acute (and potentially lethal) diarrhea in children in Guatemala. Worldwide, between 5 and 10 million children die every year from diarrhea...making the implications of this research profound.

In another as-yet-unpublished study in Baltimore, AIDS patients showed a 50 percent reduction in symptoms in a short period of time with just 5 to10 ml of Cytolog per day.

It will be months or even years before these findings appear in major medical journals, but because they are so significant, I want to get the word out as quickly as possible.

Doctors report incredible recoveries

Jeff Anderson, M.D., of Corte Madera, California, described his own experience with Cytolog after he contracted viral myalgic meningoencephalitis (a brain inflammation). He used two 5-ml doses per day for a week and found the results nothing short of amazing. He encountered rapid relief of inflammatory-connective-tissue pain (particularly myalgic pain and stiffness, as well as headache) within two or three minutes.

Dr. Arnold Takemoto, from Scottsdale, Arizona, stated that he thought the reports on Cytolog "too good to be true" when he first tested it clinically. He has been working with more than 500 active patients with medical problems that baffle traditional allopathic medicine. Dr. Takemoto's specialties are chronic fatigue immune deficiency syndrome and fibromyalgia (two of the fastest-growing diseases among women), along with specialized consultation on referred patients with stage-4 cancer. Takemoto reports that his patients are experiencing incredible results with Cytolog.

Shingles, digestive problems, joint pain: All show dramatic improvement

Teresa E. Quinlin, M.D., of Winchester, Ohio, has seen dramatic improvement in acute viral illnesses, including shingles. Gastritis and other digestive problems have also been quickly resolved. One woman suffering from polymyalgia rheumatica (a painful disease of the collagen tissue) had a 90 percent reduction in joint and muscle pain. Dr. Quinlin hopes to see a total remission in this case.

Archives of Immunology and Therapeutic Experiments, vol. 41, no. 5-6, (1993), pp. 275-9
Trends in Neuroscience, vol. 18, no. 3, (1995), pp. 130-136
Mario Alejandro Nitsch & Fabiola de Nitsch, "Bovine Lacteal Derivate (Cytolog), Some Considerations," unpublished interim report on ongoing research.

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helps to restore the integrity of the mucosal lining of the respiratory tract; (2) most folks with emphysema are or were smokers. Smoking profoundly depletes Vitamin A; and (3) emphysema patients are prone to serious lung infections. Vitamin A is an immune stimulant par excellence. However, therapeutic doses are well above the RDA and vary from patient to patient. It is necessary to monitor serum levels.

Betty Kamen, Ph.D.: Unfortunately, whatever its possible benefits in animal studies, retenoic acid is simply too toxic for use by humans. Smokers and those with lung disorders should be sure that their diet and supplement regimen includes adequate amounts of vitamin A and mixed carotenoids. However, very high amounts of vitamin A can be harmful and should only be administered under the supervision of a physician.

Q. The substances you recommend seem to be mostly available from sources that you tout. Why?

Monte A.

A. **HSI:** Our mission is to report on advances that are not generally known or embraced elsewhere, even within the alternative health community. Often, the substances we are discussing are not readily available for several years, partly because most companies wait for a product (and demand for it) to become established before investing in its manufacture and distribution. We therefore make it part of our research to find out how you can easily obtain the products we talk about. There are only a small number of forward-thinking companies willing to take a financial risk with innovative ideas, and that can react quickly to new research. This is why you may see the same sources cropping up over and over again.

MEMBERS SOURCE DIRECTORY

Products and Nutritional Supplements

Bodyguard (lactoferrin), The Right Solution, 500 E. Cheyenne Avenue, North Las Vegas, NV, 89030; tel. 1-800-411-5795; fax 1-702-642-4491; International orders 1-702-399-4328.

Cytolog (infopeptides), The Right Solution (see above)

Organic Germanium, The Right Solution (see above)

Metabolic Formula (anti-homocysteine nutrients), The Right Solution (see above)

Books and Reports

Dr. Betty Kamen, Germanium, A New Approach to Immunity. Nutrition Encounter, P.O. Box 5847, Novato, California, 94948, tel. 1-800-889-5767. Cost is US$4.00 plus $3.00 shipping and handling. For international orders call 1-415-883-5154 and add US$6.00 shipping & handling.

Dr. Betty Kamen's free white paper on cow's milk: send a self-addressed stamped envelope to: Milk, P.O. Box 5847, Novato, CA 94948.

normal daily dose because of a very low cell count. He has not had one cold or flu symptom thus far this winter.

I'm still working on trying to get the product to the HIV positive students. Thus far have not had a real good response. Even though we see the positive Effects on Simon & Daniel. But in the Lords time.

Hope this helps you
His Servent

Jan 9

Enclosed are two letters from the Interns Taking the Colostrum product.

First Simon is what we call our runner. He takes all the sick men to the hospital. Exposing himself to many Colds, flu's, pneumonia's etc. He did get a very mild case of the flu, but we believe that he was on the Colostrum it stayed a mild case.

Daniel, Noticed a Increase in energy, very noticable. He is on the AZT, in fact Twice the

Jan 18, 1991

Sterling Technology,

To whom it may concern:

As a person with AIDS, I am always on the alert for natural or nutritional products that will help relieve the symptoms or discomforts of this chronic illness.

I have been taking NATURE'S GIFT Colostrum for several months and find that it:

1. relieves the heartburn I have experienced from taking A.Z.T.
2. eliminates diareah.
3. has increased my energy level.

The elimination, in part or in total, of these symptoms has resulted in an overall attitude improvement. I am very pleased with this and recommend this product to others.

Thank you,

Richard W. Vogt

June 12, 1995

to whom it may concern:

I have been taking the product Cytolog for a couple of months and have noted a great difference in my energy level. I do not get tired so fast and can now go all day without sleeping for several hours in the afternoon.

I have also noted a difference in my sleeping pattern. I can now fall to sleep & sleep thru the night most of the time without taking Desenyl (a muscle relaxant).

The skin problem I was having with a water blister similarly to Impetigo has disappeared, no new outbreaks since taking Cytolog.

Also, last but not least is the drop in my Sugar Glucose level from 158 to 113.

I sincerely believe that this product has been of benefit to me with only 2 months of taking 1 tsp. morning & night, of Cytolog

Maxine L. Payton
New City Area - Toledo District
Punta Gorda, Belize
Central America

Living SMArt™

Living with Spinal Muscular Atrophy – Reaching Tomorrow

Volume 5, Issue 5, No. 25 November - December, 1998 Editor: June Price

SMArt Attorney Takes Airline to Court

by Jude Lee

My wife Cathy and I decided to go to Malaysia on holiday this year. After getting a number of quotes, I booked two tickets with Malaysia Airlines (MAS) to fly to Penang on June 30 and return on July 16. When I told MA I used a wheelchair, I was told I must have a doctor complete some medical forms and also that I waive any doctor/patient privilege allowing MAS to access my medical file. The forms also required that I release MAS from its normal duty of care towards me as a paying passenger and that I indemnify it against any additional costs it may incur in carrying me as a disabled passenger. I was told that these were standard forms presented to all disabled passengers of MAS throughout the world. I refused to comply saying I was quite capable of telling MAS what it needed to know to assist me and that I objected to providing any unnecessary personal information or to releasing it from its duties towards me. I also refused to have my doctor sign the medical certificate form which further required him to certify that I did not have a contagious disease, was toilet trained and had socially acceptable behavior which would not disturb other passengers. I informed MAS that I was neither sick nor incompetent and that I flew over 60 hours per year on average with other airlines both for work and for pleasure.

About the Author

Jude Lee is a 34 year old attorney who has SMA-III. Jude is of Chinese decent and was born in London then raised in Malaysia. He currently lives in the northern territory of Australia and works for the Office of the Australian Government Solicitor. He can be reached on line at jude1@ozemail.com.au

(Continued on page 6 – AIRLINE)

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BILLING

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LONGBEACH, CA 90807

LOGY: TEST	RESULTS	
mysial antibody titer	Neg. (<2.5)	Titer
-reticulin antibody	Neg. (<2.5)	Titer
antibody level - IgG class	Negative	
din antibody level - IgA class	Negative	

M COMMENTS:

negative tests for IgA class endomysial antibodies and IgA class anti
s to reticulin and normal levels for IgG and IgA class antibodies to gli
when taken together are not suggestive of a diagnosis of dermatitis herp
is. See enclosed sheet for further details on the sensitivity and spec
y of these tests.

Vijay Kumar, Ph.D.,
ABMM and ABMLI Diplomate
J. Edward Valeski, Ph.D.

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	RESULTS	UNIT
titer	Neg. (<2.5)	Titer
ntibody	Neg. (<2.5)	
level - IgG class	Negative	
level - IgA class	Negative	

tests for IgA class endomysial antibodies and IgA class
and normal levels for IgG and IgA class antibodies to
together are not suggestive of a diagnosis of dermatitis he
enclosed sheet for further details on the sensitivity and
these tests.

Vijay Kumar, Ph.D.,
ABMM and ABMLI Diplomate
J. Edward Valeski, Ph.D.

92	CK
92	CK



DR SAWAF
3545 LONGBEACH BOULEVARD
SUITE 105
LONGBEACH, CA 90807

LOGY	TEST	RESULTS
	mysial antibody titer	Pos. 5120
	reticulin antibody	Pos. 640
	antibody level - IgG class	Negative
	antibody level - IgA class	Negative

COMMENTS:

Positive findings for IgA class endomysial and reticulin antibodies are consistent with a diagnosis of gluten-sensitive enteropathy (celiac disease) or dermatitis herpetiformis. When the patient is placed on a gluten-free diet these antibodies tend to disappear with time. Although the gliadin antibodies were within normal limits, they aren't as sensitive a test as endomysial antibodies. See enclosed sheet for further details.

Vijay Kumar, Ph.D.,
ABMM and ABHI Diplomate
J. Edward Valeski, Ph.D.

Matthews Robert

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	(R) 90/54		

STAT 0005-1186

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Date: Thu, 27 Feb 2003 13:54:46 -0800 (PST)
From: "Martin Rusibira" <mrusibira@yahoo.com> | **This is Spam** | **Add to Address Book**
Subject: Progress report
To: pgisenya@yahoo.com

Dear Pascal,

Thank you for the telephone conversation we had this morning.

Please find below the progress report on the efficacy demonstration for the Cytolog in HIV AIDS patients.

I have received to date 25 patients and have observed the following procedure:

I first examined all of the patients individually to assess their compliance as we agreed: ambulatory and naive to conventional therapy.

To this effect, I proceeded with the routine general clinical examination.

total blood values:hemogram, sedimentation rate.

kidney, liver examination: urea, creatinin, SGOT, SGPT, worms and parasites examination

chest examination: lungs, heart

After these routines test, I then decided whether the patients were compliant to receive Cytolog or not.

All the patients will have to be treated for all diseases and not only for HIV this is why we request to include in the budget non HIV AIDS products to handle worms headaches fever etc...

We intend to review the patients status every 15 days and we will iclude CD4 counts for a number of them(depending on the availability) to confirm the clinical improvement with the biological values.

The study will be conducted for 90 days and a general report will be written according to the general assessement form as per previous studies in Dayton and Nairobi.

As a general observation, we have noticed that after 2 to 7 days of Cytolog administration there was a beginning of resolution of the following symptoms:

1. skin lesions

2. mouth thrush

3. fever

4. diarhea

5. tuberculosis

In brief, the patients recover very quickly but complain of INTENSE HUNGER AND THIRST.

It is VITAL TO INTERVENE BY GIVING PROTEIN SUPPLEMENT to be able to observe the body reconstruction as most patients are very poor and have very low protein intake.

We would recomment to include in the budget special foods like: soja, sorghum etc...

Generally speaking there is a general recovery for all the patients that have been on this product but the EXTREME HUNGER is hindering the weight gain process.

I hope to hear from you soonest and please come back as soon as you can with potential tools(enough supply of Cytolog, money to pay for the lab test, the food to give to the patients and to purchase non HIV drugs) to enable us to conduct a professional study.

Archbishop KOLINI told me that you intend to extend the study to 50 patients and then 1000 but I would recommend to move slowly as we are already overwhelmed with the demand especially if we do not have the financial resources to conduct the demonstration.

Please do not forget my honoraria which I have not received for 3 months now.

Sincerely yours,

Dr. Martin RUSIBIRA, Internal Medicine Specialist.

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Date: Thu, 27 Feb 2003 02:53:55 -0800 (PST)
From: "Spes Karake" <speskarake@yahoo.com> | **This is Spam** | **Add to Address Book**
Subject: Cytolog Stock Report
To: pgisenya@yahoo.com

Dear Pascal,

Thank you for your telephone conversation and to follow is the detailed report of my stock of Cytolog.

Archbishop Kolini left on Wednesday 19 and I had at that time 5 bottles left.

On the 20 th, Bishop John RUCYAHANA brought me 30 bottles.

On the 22 nd, I gave away on Dr. RUSIBIRA"s order 20 bottles to 20 patients.

On the 25, I gave 3 bottles away to 3 ladies recommended by Dr. RUSIBIRA and finally yesterday 26, I gave 2 bottles.

In summary I am left with 10 bottles.

Please try your best to send us more product to avoid that the patients run out.

God bless you,

Esperance KARAKE

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Date: Sun, 23 Mar 2003 09:48:14 -0800 (PST)
From: "Martin Rusibira" <mrusibira@yahoo.com> | This is Spam | Add to Address Book
Subject: News
To: pgisenya@yahoo.com

Dear Pascal,

I have not heard from you in a long time now and I am wondering what is happening.

I have trusted you and continued seeing the patients although I have not been paid for 4 months now.

Please be advised that if by end of March I do not get any advance money for my honoraria, I will have to stop seeing the patients and will give priority to my regular work.

I think I have been fair enough but please understand that when you are conducting a project of this magnitude you need to have at least the basic requirements.

This is very sad as my credibility and yours will suffer a great deal and I hope that you can advise your associates to take this project very seriously.

Please respond to me as soon as possible.

On the other hand, so far, the patients are progressing well but are not putting on weight for the reasons I mentionned in my last email.

Sincerely yours,

Dr. Martin RUSIBIRA, Internal Medicine Specialist.

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Subj: **Re: I need some good news**
Date: 4/24/03 3:04:18 AM Eastern Daylight Time
From: pgisenya@yahoo.com (pascal gisenya)
To:

Dear Steve,

As you know the patients are doing great. I have talked to most of them and they are okay
Dr. Rusibira is still waiting for the increased number.
Archbishop KOLINI is very busy with meetings and he asked me to seee him over the weekend.
That is what i have to report now.

God bless you,

Pascal.

CellogicProject@aol.com wrote:

> Dear Pascal,
>
> Take comfort in numbers. At this time I have the following working to raise funds:
>
> Frankie Buckley, AVIC, Bill Davis, Walter Fauntroy, Pauline Clay, Earl Breckenridge, Robert Rhinehart and Zeek Bush. In addition, the first performance of the play is scheduled to take place on the 3rd of May.
>
> What can you tell me about the patients, Dr. Russibira, Archbishop Kolini, the inventory, the powder etc?

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---------- Headers ----------
Return-Path: <pgisenya@yahoo.com>
Received: from rly-xg03.mx.aol.com (rly-xg03.mail.aol.com [172.20.115.200]) by air-xg01.mail.aol.com (v93.8) with ESMTP id MAILINXG14-5cc3ea78c722b3; Thu, 24 Apr 2003 03:04:18 2000
Received: from web41309.mail.yahoo.com (web41309.mail.yahoo.com [66.218.93.58]) by rly-xg03.mx.aol.com (v93.8) with ESMTP id MAILRELAYINXG310-4603ea7894b2ef; Thu, 24 Apr 2003 02:50:52 -0400
Message-ID: <20030424065048.84421.qmail@web41309.mail.yahoo.com>
Received: from [217.113.72.25] by web41309.mail.yahoo.com via HTTP; Wed, 23 Apr 2003 23:50:48 PDT
Date: Wed, 23 Apr 2003 23:50:48 -0700 (PDT)
From: pascal gisenya <pgisenya@yahoo.com>
Subject: Re: I need some good news
To: CellogicProject@aol.com
In-Reply-To: <151.1e827f88.2bd739c2@aol.com>
MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-222081968-1051167048=:83595"

Subj:	Re: I need some good news
Date:	4/24/03 3:06:18 AM Eastern Daylight Time
From:	cellocrazy@yahoo.com (pascal gisenya)
To:	CelloCrazy@aol.com

Dear Steve,

As you know the patients are doing great. I have talked to Dr. Ruslan and they are busy
Dr. Ruslan is still waiting for the increased number
Afghanistan ROCINI is very busy with meetings and lo
That is what I have to report now.

God bless you.

Pascal

CelloCrazyProject@aol.com wrote:

Dear Pascal,

Take comfort in number 23 this time I have the new
Frankie Buckley, AVIO, Bill Davis, Walter Faulkner, Pete De Lacy, and Rick Mondays
Robert Pittsenbarger and Zeek Bush in addition the [illegible] of the play is scheduled to take
place on the 2nd of May

What can you tell me about the patients, Dr. Gisenya? And Dr. Kelly. The delivery the newborn
baby

Steve

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Return-Path: <pascenya@yahoo.com>
Received: from ny-xg03.mx.aol.com (ny-xg03.mail.aol.com [172.20.115.230]) by mr-xg01.mail.aol.com
(v93.8) with ESMTP id MAILINXG14-0423e78c72203; Thu, 24 Apr 2003 03:06:18 -0400
Received: from web41309.mail.yahoo.com (web41309.mail.yahoo.com [66.218.93.65]) by ny-
xg03.mx.aol.com (v93.8) with ESMTP id MAILZEGAYIH4; Thu, 24 Apr 2003 03:06:02
-0400
Message-ID: <20030424080648.64421.qmail@web41309.mail.yahoo.com>
Received: from [217.113.72.25] by web41309.mail.yahoo.com via HTTP; Wed, 23 Apr 2003 23:50:48 PDT
Date: Wed, 23 Apr 2003 23:50:48 -0700 (PDT)
From: pascal gisenya <pgisenya@yahoo.com>
Subject: Re: I need some good news
To: CelloCrazyProject@aol.com
In-Reply-To: <151.1e6271f8.2bd73ac2@aol.com>
MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-222[illegible]

Thursday, April 24, 2003 Attention: CelloCrazyProject

Subj: **Patients update!**
Date: 5/7/03 5:20:52 AM Eastern Daylight Time
From: pgisenya@yahoo.com (pascal gisenya)
To: [redacted]

Dear ,

I am glad to let you know that the demonstration underway in Rwanda under the supervision of Dr. Martin RUSIBIRA, an Internal Medicine Specialist is progressing very well.
Currently we have a total of 45 patients in Kigali area and 5 patients in Ruhengeri, North West of Rwanda.
Overall the patients are doing well besides the extreme hunger due the increase of energy requirement resulting on the recovery strategy in every cell.
As you know Rwanda is among the poorest countries in the world and the protein intake is very minimal.
More over, the powder has not even left the US yet as there were last minute complications in the paper work for the container to leave the US.
Please ensure that we get that powder by other faster means.
Dr. RUSIBIRA is very excited about the fast recovery of the patients and the resolution of some symptoms like skin lesions, candida etc.. that he can't wait to increase the study to 1000 patients as originally planned.

Please let me know if he can accept more patients so that we can at least hike the number to 100 for now.

As usual my concern has always been that we might run out of product.
Let me know if you can confirm that we will never run out so that we can agree with Dr. RUSIBIRA as the word has spread and he gets more people on a daily basis but is hesitating to put them on the product.

I am waiting to hear from you as soon as possible and God bless you.

Dr. Pascal GISENYA, Pharmacist.

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---------- Headers ----------
Return-Path: <pgisenya@yahoo.com>
Received: from rly-xi01.mx.aol.com (rly-xi01.mail.aol.com [172.20.116.6]) by air-xi03.mail.aol.com (v93.12) with ESMTP id MAILINXI31-20e53eb8cff43a7; Wed, 07 May 2003 05:20:52 -0400
Received: from web41312.mail.yahoo.com (web41312.mail.yahoo.com [66.218.93.61]) by rly-xi01.mx.aol.com (v93.12) with ESMTP id MAILRELAYINXI14-4be3eb8cfcd69; Wed, 07 May 2003 05:20:14 -0400
Message-ID: <20030507092013.5419.qmail@web41312.mail.yahoo.com>
Received: from [217.113.72.25] by web41312.mail.yahoo.com via HTTP; Wed, 07 May 2003 02:20:13 PDT
Date: Wed, 7 May 2003 02:20:13 -0700 (PDT)
From: pascal gisenya <pgisenya@yahoo.com>
Subject: Patients update!
To:
MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-532367212-1052299213=:2948"

Subj: Patients update!
Date: 5/7/03 5:20:52 AM Eastern Daylight Time
From: pgisenya@yahoo.com (pascal gisenya)
To: celliolopriolect@aol.com

Dear Steve

I am glad to let you know that the demonstration against [illegible] towards under the supervision of Dr. Munyaneza [illegible] an Internal Medicine Specialist is progressing on very well.

Currently we have a total of 45 patients in Kigali admitted in Public Health Rooming Unit, West of Rwanda. Overall the patients are doing well besides the sickness [illegible] due to lateness of [illegible] resulting on the recovery strategy in every case.

As you know Rwanda is among the poorest countries in the world and the genocide made is very difficult. More over the powder has not even left the UK yet as there were last minute complications in the paperwork for the container to leave the US.

Please ensure that we get that powder by other [illegible]

Dr. RUSIBIRA is very excited about the fast recovery of the patients and the resolution of some symptoms like skin lesions, cardiac [illegible] that he can't wait to [illegible] the study to 1000 patients as originally planned.

Please let me know if he can accept more patients so that we can at least take the number to 100 to now.

As usual my concern has always been that we might [illegible] out of [illegible].

Let me know if you can confirm that we will never run out so that we can agree with Dr. RUSIBIRA as the word has spread and he gets more people on a daily [illegible] is beseeching to put them on the product

I am waiting to hear from you as soon as possible and [illegible] please you

Dr. Pascal GISENYA, Pharmacist

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Return-Path: <pgisenya@yahoo.com>
Received: from ny-xi01.mx.aol.com (ny-xi01.mail.aol.com [172.20.116.6]) by air-xd03.mail.aol.com (v93.12) with ESMTP id MAILINXD31-20e53eb8cf43a7; Wed, 07 May 2003 08:20:52 -0400
Received: from web41312.mail.yahoo.com (web41312.mail.yahoo.com [66.218.93.67]) by ny-xi01.mx.aol.com (v93.12) with ESMTP id MAILINXI11-20e53eb8cf43a7; Wed, 07 May 2003 08:20:52 -0400
Message-ID: <20030507092013.5419.qmail@web41312.mail.yahoo.com>
Received: from [217.113.72.251] by web41312.mail.yahoo.com via HTTP; Wed, 07 May 2003 02:20:13 PDT
Date: Wed, 7 May 2003 02:20:13 -0700 (PDT)
From: pascal gisenya <pgisenye@yahoo.com>
Subject: Patients update!
To: celliolopriolect@aol.com
MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-632301742-1052292013=:2048"

Subj: **Urgent**
Date: 5/22/03 8:52:47 AM Eastern Daylight Time
From: *pgisenya@yahoo.com (pascal gisenya)*
To:

Dear

Please fill me in with the recent development as I am totally in the darkness and the pressure is on me from several angles.
My phone is now operational.

I thought that with the seeds from the play we should be alright financially.
I am presentely in Ruhengeri where Bishop Rucyahana has invited me to assist on a testimony from 5 ladies who have completely recovered after the use of Cytolog.

Best regards,

Pascal.

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Return-Path: <pgisenya@yahoo.com>
Received: from rly-xh05.mx.aol.com (rly-xh05.mail.aol.com [172.20.115.234]) by air-xh04.mail.aol.com (v93.12) with ESMTP id MAILINXH42-a053eccc81f3c7; Thu, 22 May 2003 08:52:47 -0400
Received: from web41306.mail.yahoo.com (web41306.mail.yahoo.com [66.218.93.55]) by rly-xh05.mx.aol.com (v93.12) with ESMTP id MAILRELAYINXH59-4af3eccc8052ec; Thu, 22 May 2003 08:52:22 -0400
Message-ID: <20030522125221.67317.qmail@web41306.mail.yahoo.com>
Received: from [62.56.179.173] by web41306.mail.yahoo.com via HTTP; Thu, 22 May 2003 05:52:21 PDT
Date: Thu, 22 May 2003 05:52:21 -0700 (PDT)
From: pascal gisenya <pgisenya@yahoo.com>
Subject: Urgent

MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-141381896-1053607941=:65691"

Subj: Urgent
Date: 5/12/03 8:02:47 AM Eastern Daylight Time
From: pascalgisenya@yahoo.com (pascal gisenya)
To: celiapropriolo@aol.com

Dear Steve,

Please fill me in with the recent developments as I am busy in the darkness and the persecutor from several angles.
My phone is now operational.

01123008629886.

I thought that with the series from the play we should be alright financially
I am presently in Rubengeri where Bishop Ruzoviza is surveying me to assist on a testimony from a ladies who have completely recovered after the use of Celia.

Best regards,

Pascal.

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Return-Path: <pascalgisenya@yahoo.com>
Received: from ny-xhb5.mx.aol.com (ny-xhb5.mail.aol.com [172.20.115.204]) by air-xhb4.mail.aol.com (v93.12) with ESMTP id MAILAIRXH4-3083ecce8102e; Thu, 22 May 2003 05:52:47 -0400
Received: from web41306.mail.yahoo.com (web41306.mail.yahoo.com [66.218.93.36]) by ny-xhb5.mx.aol.com (v93.12) with ESMTP id MAILRELAYNY5-X[illegible]ec; Thu, 22 May 2003 05:52:22 -0400
Message-ID: <20030522122212.67361.qmail@web41306.mail.yahoo.com>
Received: from [62.56.179.172] by web41306.mail.yahoo.com via HTTP; Thu, 22 May 2003 05:52:21 PDT
Date: Thu, 22 May 2003 05:52:21 -0700 (PDT)
From: pascal gisenya <pascalgisenya@yahoo.com>
Subject: Urgent
To: celiapropriolo@aol.com
MIME-Version: 1.0
Content-Type: multipart/alternative; boundary="0-[illegible]-1053606741=:66691"

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Date: Thu, 27 Nov 2003 01:14:14 -0800 (PST)

From: "pascal gisenya" <pgisenya@yahoo.com> Add to Address Book

Subject: alternative fax number

To: '

Dear

Please send the document to this alternative number as I suspect that the Archbishop number has a problem it is : 011250502169 to my attention.

Dr. RUSIBIRA is due today. He has been attending an HIV/AIDS workshop in Butare at the faculty of medicine.

Just go news from Dr. MUMBERE that the his patients are doing well and he will be making a presentation to a number of physicians(20 in total) about Cytolog next week and I wished you or I was there to give more input.

Any news from any of our funders: Frankie, AVIC, etc...?

Take care,

Pascal.

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Subj: **Update**
Date: 6/16/03 5:50:10 AM Eastern Daylight Time
From: pgisenya@yahoo.com (pascal gisenya)
To:

Dear

I am back in Kigali and wanted to give you a brief report.

I was in Burundi to conduct the demonstration for the first 6 patients who were recommended by the Anglican Bishop of Bujumbura. They are actually 3 couples who haven never been on ARV.

He is very excited after the report given by Archbishop KOLINI and has decided along with his physician a Lt. Colonel(Dr. SOPONIE) who is a aids specialist working for the army.

He is a commited Anglican Christian that is why the Bishop has chosen him to confidentially conduct the demonstration.

He is very much concerned about the clinical data rather than the biological values .

They both are aware of Dr. WAKANA implications and the overall political involvement of multinationals and will lay down a strategy once the demonstration has been conclusive.

They have already noticed a fast recovery after the 2 nd day and I was so excited that I called on my way to the airport.

On the other hand, I am sorry to tell you that I am totally broke and I used the money you sent me to go to Burundi as a matter of extreme urgency.

Please see what you can send me urgenty even if it is 200 to 300 dollars.

I am eager to hear more exciting news from the play and other events taking place there.

I am down to 15 bottles and would urge you to see how you can send me more Cytolog.

Take care and please reply either by phone or email.

Pascal.

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Headers

Return-Path: <pgisenya@yahoo.com>

WESTERN BIOMEDICAL RESEARCH INSTITUTE
(WBRI)

A non-profit, charitable, research organization devoted to the betterment of the of mankind

WBRI is organized pursuant to the General Non-Profit Corporation Law of the State of Oregon. The Corporation as a recipient of funds from other non-profit agencies complies with all applicable federal, state, county and local regulations. Donations for research are tax exempt and may be general or for a specific project or purpose.

INCORPORATION INFORMATION

Registered Name: Western Biomedical Research Institute

State of Incorporation: Oregon

Corporation Type: Public Benefit

Date of Incorporation: April 11, 1991

Registry No: 240863-81

IRS Status: Tax Exempt

IRS Letter of Determination Ruling Date: July 22, 1991 which established WBRI as exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Charitable Status: Registered with the Oregon Department of Justice on May 3, 1991 as a charitable organization.

Employer identification Number: (EIN): 93-1055343

Western Biomedical Research Institute
Executive Offices:
876 Bexley Drive
Perrysburg, Ohio 43551
or P.O. Box 176
Perrysburg, Ohio 43552

Subj: cytolog product
Date: 4/17/00 6:31:42 PM Eastern Daylight Time
From: medmicro@healthnet.or.ke
To:

Dear

Already more than two weeks have gone by since you were in Nairobi and I am sure you are anxiuos to hear from us. So far the Cytolog seems to be working very well. Three patients have finished 3 weeks, 15 two weeks and 10 are in the first week. Ten individuals who have come back for follow-up have shown significant clinical improvement. These are very encouraging results. We are hoping to repeat CD4 counts and viral load after 30 days of taking the product if and when we get the kits. Have you been able to secure funds or kits for HIV viral load and CD4 counts?

We are excited and are begining to be convinced that there is someting good in the product. We however need an objective scientific criteria and therefore need to confirm clinical observation by laboratory tests.

Bwayo JJ.

——————— Headers ———————
Return-Path: <medmicro@healthnet.or.ke>
Received: from rly-zb03.mx.aol.com (rly-zb03.mail.aol.com [172.31.41.3]) by air-zb03.mail.aol.com (v70.20) with ESMTP; Mon, 17 Apr 2000 18:31:42 -0400
Received: from siafu.iconnect.co.ke (upegraha.iconnect.co.ke [209.198.248.2]) by rly-zb03.mx.aol.com (v71.10) with ESMTP; Mon, 17 Apr 2000 18:31:25 -0400
Received: from [212.22.162.4] (helo=healthnet.or.ke)
by siafu.iconnect.co.ke with smtp (Exim 2.12 #1)
id 12hJTW-0008mU-01
for n; Tue, 18 Apr 2000 00:54:35 +0300
Received: from @healthnet.or.ke (medmicro@healthnet.or.ke [212.22.162.4]) by healthnet.or.ke (8.6.9/8.6.9) with SMTP id TAA00777 for <cellogicproject@aol.com>; Mon, 17 Apr 2000 19:47:09 +0300
Message-Id: <3.0.6.32.20000417194530.007bd100@healthnet.or.ke>
X-Sender: medmicro@healthnet.or.ke
X-Mailer: QUALCOMM Windows Eudora Light Version 3.0.6 (32)
Date: Mon, 17 Apr 2000 19:45:30 +0300
To: cellogicproject@aol.com
From: medmicro@healthnet.or.ke
Subject: cytolog product
Mime-Version: 1.0
Content-Type: text/plain; charset="us-ascii"

Meeting with Prof. Pamba and Dr. Bwayo
4/18/00 1:34:03 PM Eastern Daylight Time
: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
-to: pascal.g@AfricaOnline.Co.Ke

n)

Steve,

back from a meeting with Prof. Pamba and Dr. BWAYO.
ollowing are the decisions we have made:
of.Pamba is going to check with his lawyer the possibility of
tering Cellogic Kenya as a commercial company.
of. Pamba is going to contact the MOH department of Poison and
; board to see the possibility of registering Cytolog as a "drug" so
i be administered without any fear or controversy.
of. Pamba is going to contact the Ministry of Agriculture to see if
roduct can be registered as a milk supplement for a start so that
an sell it and later on becoming a pharmaceutical product(for which
can only claim patent if it is a drug not a food supplement).
ave a full clinical report and will send it to you tomorrow when I
ave more time. It is late now!!

Burundi MOH Minister did not make it in time so we could not meet
he Kenyan team. We only talked on the phone and he went to
nbura this morning.
ntime, please respond to my yestedays's email so I know how to
you by email for emergencies.

care,

al.

———— Headers ————————————
n-Path: <pascal.g@AfricaOnline.Co.Ke>
ived: from rly-zc04.mx.aol.com (rly-zc04.mail.aol.com [172.31.33.4]) by air-zc03.mail.aol.com (v70.20) with ESMTP;
18 Apr 2000 13:34:02 -0400
ived: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-zc04.mx.aol.com (v71.10) with
TP; Tue, 18 Apr 2000 13:33:29 -0400
ived: (qmail 3073 invoked from network); 18 Apr 2000 17:30:08 -0000
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sers.africaonline.co.ke with SMTP; 18 Apr 2000 17:30:08 -0000
age-ID: <38FC9C6C.3985@AfricaOnline.Co.Ke>
Tue, 18 Apr 2000 20:33:32 +0300
: Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
-To: pascal.g@AfricaOnline.Co.Ke
nization: SmithKline Beecham International
ler: Mozilla 3.01C-KIT (Win95; I)
E-Version: 1.0

>

ct: Meeting with Prof. Pamba and Dr. Bwayo
ype: text/plain; charset=us-ascii
nt-Transfer-Encoding: 7bit

Subj: **Clinical report**
Date: 4/19/00 9:36:37 AM Eastern Daylight Time
From: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
Reply-to: pascal.g@AfricaOnline.Co.Ke

As I said in my last email, I met with Dr.Bwayo and Prof. Pamba.They gave me the following clinical report for 3 patients.

1. Mrs... : before Cytolog presented the following symptoms: very weak,could not walk by herself(being held by other people),was vomiting,had high fever,was coughing, did not have any appetite,and had a lot of diarrhea.
After on week of treatment she could walk by herself, had too much appetite but had little food, fever was gone,cough has stopped,gained weight and had no longer joint pain.
After being in bed for so long this patient is now energetic and has resumed work.
2. Mrs....: before Cytolog presented the following symptoms: Tuberculosis,pain, fever,diarrhea,neuropathy,was on TB drugs with Vitamine B complexe but no improvement. Use to have 3 neuropathy attacks per week.
One week after Cytolog this patient showed the following improvement:chest was clear, no more coughing,no more neuropathy attack, no diarrhea, had gained weight,no fever. He is very happy and is talking about beeing healed by a miracle.
However this patient is still dizzy and has dry mouth(due to antiTB drugs???).
3. Mr.... had herpes zoster and after 2 days of oral and local treatment the herpes disappeared completely.
4. Mr.... had HIV sores on the legs and itchy skin rashes. After one week of Cytolog all these signs disappeared.

In conclusion this drug is effective.Even if it does not completely cure the patient at least if improves the quality of life.

We have then decided to ammend the protocol as follows:
10 patients with more thann 500 CD4
10 patients with between 200 and 4000 CD4
10 patients with 0 to 100 CD4

These patients will be seen on day 0 day 3 and day 5 to assess them clinically and later on a weekly basis.
The CD and viral load counts will be taken on day 0 30 and 90.

The general impression is that even if the lab tests are not that significant the fact this product improves the quality of life we can sell it. That 's why we need to tackle the next step which is the forming of the company and the registration issue.
We have agreed to meet again on Thursday and will give you a full report after that.

Please give me your email address where we will reach you while you are travelling.

Best regards,

Subj: Trip proposal
Date: 4/26/00 6:25:24 AM Eastern Daylight Time
From: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
Reply-to: pascal.g@AfricaOnline.Co.Ke

n)

Dear

I have past on the info received this morning to Dr. Bwayo(to pass it on to Kimani and Kiama) and he is excited about it. He is actually in the process of writing a paper(with Prof. PAMBA to eventually be published in one of the medical journals in Kenya. He even asked if I could lend him the references book you left with me. Do you authorize me to do so??Did you receive his email he is complaining that you did not respond.
Furthermore,given the fact that you will be in Africa for the Burundi conference and after the success trials in Kenya, I was just wondering if it will be worth it to make a trip to southern africa(South Africa, Botswana, Namibia, Zambia or Zimbabwe?). This can be just a start for a prospective future collaboration with the relevant authorities(MOH or Faculty of Medicine) in one of these countries. This has just struck my mind and I wanted to freely share this with you. Please let me have your thoughts on this.
Bye for now.

Pascal.

---------- Headers ----------
Return-Path: <pascal.g@AfricaOnline.Co.Ke>
Received: from rly-yh04.mail.aol.com (rly-yh04.mail.aol.com [172.18.147.36]) by air-yh02.mail.aol.com (v70.20) with ESMTP; Wed, 26 Apr 2000 06:25:24 -0400
Received: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-yh04.mail.aol.com (v71.10) with ESMTP; Wed, 26 Apr 2000 06:24:45 2000
Received: (qmail 17708 invoked from network); 26 Apr 2000 10:21:26 -0000
Received: from n4-220-85.africaonline.co.ke (HELO default) (199.103.220.85)
by users.africaonline.co.ke with SMTP; 26 Apr 2000 10:21:26 -0000
Message-ID: <3906C334.6285@AfricaOnline.Co.Ke>
Date: Wed, 26 Apr 2000 13:21:40 +0300
From: Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
Reply-To: pascal.g@AfricaOnline.Co.Ke
Organization: SmithKline Beecham International
X-Mailer: Mozilla 3.01C-KIT (Win95; I)
MIME-Version: 1.0
>
Subject: Trip proposal
Content-Type: text/plain; charset=us-ascii
Content-Transfer-Encoding: 7bit

Re: Trip proposal
5/1/00 12:29:24 PM Eastern Daylight Time
pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
: pascal.g@AfricaOnline.Co.Ke

'ascal,

true that I mistakenly included my response to Dr. Bwayo's e-mail in
ent to you but when I received his second inquiry I forwarded my reply
/ to him. Will you confirm that it was received?

ıse feel free to share any information within the family. When I
to Nairobi we can review the strategy for the use of the data that
ult from the
ls evaluation.

le it is important to move as quickly as possible to establish
s in the
es most affected by the virus it is also important that we complete
anization of the Kenyan and Burundian corporations. To this end I
ike to
my agenda for the next 30 days and enquire as to some specifics of the

going on in Niarobi and Bujumbura.

My Agenda

tters financial, I am working to secure funds for the following needs:

alance due on agreement with Dr. Bwayo
00

unds necessary for Burundi seminars
).00

urchase of 2500 units of Cytolog for immediate shipment to
ya and Burundi 25,000.00

am working on the blood test kits but I need to know what is the
d
uirement.

atters organizational:

On Thursday of last week the Cellogic Foundation was formed in
ville
provide for the needs of those who can not be served by the affiliates.

. On Friday we registered the Cellogic Project International, Ltd. to
ide
roduct to the affiliates.

3. At this time we are working to plan and execute the construction of two
new production facilities in Ohio and California

Subj: Re: Laurence address
Date: 4/17/00 1:33:41 PM Eastern Daylight Time
From: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
Reply-to: pascal.g@AfricaOnline.Co.Ke

>
> Dear Pascal,
>
> I made every effort to locate the MOH in Atlanta, including contacting the
> Center for
> Disease Control, but could find no one who had any knowledge of a meeting
> involving health officials that was going on at the time.
>
> The letter you faxed to me this morning came through just fine. The copy I
> received
> was in French. Do you have a copy of the English version that was e-mailed
> to me
> while I was in Africa?
>
> Things are very busy here. I am focused on my return to Africa. At that
> time we must be prepared to move directly into the distribution and cash
> generation phase
> of our project. With that in mind, can you share with me your idea of the
> timetable for forming the Kenyan and Burundian Corporations? How soon do you
> think we should be prepared to receive product in each country? What
> quantities do you anticipate we should provide to each county? Do you see
> any further requirments for us, prior to distribution, beyond the completion
> of the demonstration in Kenya and the Seminars in Burundi?
>
> Have you met with Peter or Joshua? Can you tell me if the study is underway
> in
> Nairobi?
>
> As for my agenda:
>
> I will be traveling to Washington D.C. on Wednesday to meet with an author
> interested in writing a book on the development of Infopeptides and from
> there on to Florida to visit with a documentary film producer who has
> volunteered to accompany me to Burundi to film the seminars.
>
> Best wishes to you and our families,
>
>

Dear [redacted]

Thank you for the email just received.
I am coming from a meeting with Dr. Kimani, Dr. Kiama and Dr. Bwayo.
Goods are amazing and everybody is excited.
The main fear now is that the news are spreading so quickly that tomorrow we'll have to have a strategical meeting so that we do not run out of the product.
In summary, All the patients who have received Cytolog have shown tremendous improvement that Dr. Bwayo is really wondering if this is not a miracle.

ple who have been in bed for months are now back to work!!
rhea, fever, joint pain, coughing, herpes zoster, are among the signs
:h are rapidly being cleared for patients who have been taking this
luct for less than a week. Patients have gain so much appetite that
families are now desperate because they do not have enough food to
to their patients.
ple are now queeing and want to get the "miracle" product.
Bwayo is preparing a scientific report to give you shortly.
n all these positive results we should move very quickly.
e meeting tomorrow I would like to schedule the forming of the
/an corporation and the registration of the product as a food
lement so we can sell it without too much hassle.
'ou have any name in mind for the Kenya corporation or should we just
Cellogic/Kenya ??
or Burundi it will also have to be very quickly and with the results
enya. The seminars(although very important for political and
ntifical reasons) will merely be a formality!! The experience in
/a will speak for itself.
a shame you did not meet with the MOH Minister in Atlanta but I am
ting him tomorrow and if he has time I will try to invite him for the
ting with Prof. PAMBA and Dr. BWAYO so they can witness to him the
lts.
schedule seems very busy. Will you be reachable by email for
gencies or should we call Brenda??
not have an english version of the letter from the MOH Minister but
ume you can get a reliable translation from a business center.
comments to all this strategy will be welcomed!!
is all for now and I will give you more details after our meeting
rrow evening.

regards,

al.

---------- Headers ----------
n-Path: <pascal.g@AfricaOnline.Co.Ke>
ived: from rly-ye01.mx.aol.com (rly-ye01.mail.aol.com [172.18.151.198]) by air-ye02.mx.aol.com (v71.10) with ESMTP;
17 Apr 2000 13:33:41 2000
ived: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-ye01.mx.aol.com (v71.10) with
TP; Mon, 17 Apr 2000 13:33:17 -0400
ived: (qmail 27821 invoked from network); 17 Apr 2000 17:29:05 -0000
ived: from n3-177-48.africaonline.co.ke (HELO default) (199.103.177.48)
sers.africaonline.co.ke with SMTP; 17 Apr 2000 17:29:05 -0000
age-ID: <38FB4923.5D88@AfricaOnline.Co.Ke>
Mon, 17 Apr 2000 20:25:55 +0300
Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
-To: pascal.g@AfricaOnline.Co.Ke
ization: SmithKline Beecham International
ler: Mozilla 3.01C-KIT (Win95; I)
-Version: 1.0

ct: Re: Laurence address
nces: <27.459ad2d.262c73e7@aol.com>
nt-Type: text/plain; charset=us-ascii

Re: Meeting with Prof. Pamba and Dr. Bwayo
4/19/00 10:38:36 AM Eastern Daylight Time
: Cellogique
ascal.g@AfricaOnline.Co.Ke

Pascal,

ne next three or four days I will be traveling in the Eastern U.S.-Washington and Florida. I will ask that Brenda check my e-mail each morning and forward ling you send to wherever I am. In an emergency you can probably reach me aling my cell number which is 614-496-8773. This phone system has service the major metropolitan areas, so if I am in a city of any size it should forward alls right to me.

respect to the name: Please register all companies under the name gic Project of Kenya, Cellogique (plus whatever is French for Project) of ndi etc. It is important to remember that each company is an independant te of the Cellogic Project International (USA) and will have an identical agenda ch of the other affiliates.

al, Please convey to Dr. Pamba, Dr, Bwayo, Dr. Kiama, and Dr. Kimana our lence, our appreciatiation and our prayers.

rds to all,

Subj: Re: Clinical report
Date: 4/23/00 9:06:22 PM Eastern Daylight Time
From:
To: pascal.g@AfricaOnline.Co.Ke

Pascal,

I am back from Washington, D.C. Overall it was a productive trip.
Later this week I plan to visit a foundation in Chicago that I hope will help us with the Viral Load and CD4 kits. I'll keep you informed.

Please convey my sentiments to Laurence and tell her I have purchased Monica's dolly.

Best regards as always,

Subj: I am coming from the first Cellogic project Kenya board meeting
Date: 4/25/00 1:28:54 PM Eastern Daylight Time
From: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
Reply-to: pascal.g@AfricaOnline.Co.Ke
[redacted] om)

Dear [redacted]

am just back from the first cellogic project Kenya board meeting(the big five were there plus myself).
Please find in the following lines the main decisions:

1. Given the tremendous results of Cytolog in the management of the symptoms related to HIV/AIDS:fever, diarhhea, appetite/gain weight,asthma, and more over skin disorders,the clinical trial for Cytolog effectiveness in management of HIV/AIDS will move from Majengo clinic to the Department of Medical Microbiology(annex) for better assessments(wider range of AIDS patients i.e not necessarily prostitutes) results and other political reasons(to be explained in length when you come here).

2. Prof. PAMBA to proceed with the registration of the Cellogic project Kenya through the registraar of commercial companies and Cytolog through the Ministry of Agriculture.

3. The Physicians Kimani and Kiama have noticed some side effects(which disappear after some days): headache, dry mouth and thirst.

4. The need to provide the lab test kits(cd4 and viral load)early May as 35 patients have now two blood samples ready to be screened as soon as possible.

5. Provide additionnal samples(150 bottles) to achieve the 3 months trials(please ship before arrival as I have given the last samples:40 bottles today:can hopefully last until end of May).

6. Forecast 10,000 bottles to be shipped(by air) latest end of May for commercial purposes. The distribution logistics to be worked out on the next meeting scheduled May 12.

Awaiting for your comments.

Best regards,

Pascal.

---------- Headers ----------
Return-Path: <pascal.g@AfricaOnline.Co.Ke>
Received: from rly-yb01.mx.aol.com (rly-yb01.mail.aol.com [172.18.146.1]) by air-yb01.mail.aol.com (v70.20) with ESMTP; Tue, 25 Apr 2000 13:28:54 -0400
Received: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-yb01.mx.aol.com (v71.10) with ESMTP; Tue, 25 Apr 2000 13:27:58 -0400
Received: (qmail 23620 invoked from network); 25 Apr 2000 17:24:44 -0000
Received: from n4-220-96.africaonline.co.ke (HELO default) (199.103.220.96)
by users.africaonline.co.ke with SMTP; 25 Apr 2000 17:24:44 -0000

: Registration of Cytolog
: 4/24/00 4:33:03 AM Eastern Daylight Time
r: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
y-to: pascal.g@AfricaOnline.Co.Ke
n)

to let you know that after consulting a reputable lawyer we have
led to seek registration of Cytolog as a milk derivative.
PAMBA is going to meet with the Permanent Secretary of the
ster of Agriculture to seek all the necessary documents to this
t.
e not received any report from Burundi since Thursday. I hope all
ing well. Luna was to contact Mark and convince him to try Cytolog
ome family members without making too much noise.
rwise Dr. Bwayo says that the trials are continuing to give
endous results and very soon he will need more Cytolog to give to
patients. We need to very quickly think how we will ship the
log (for sale) in a very near future(ie costs by air/sea, clearing
tics etc...) as we do not want to run out!!

ne have your thoughts on this issue. I anticipate that we might need
)0 bottles for Kenya for this quarter and probably 2,500 for
ndi.

ng that you had a succesful trip in the east coast, I am anxiously
ting for your comments.

:al

———— Headers ————
m-Path: <pascal.g@AfricaOnline.Co.Ke>
ived: from rly-yg01.mx.aol.com (rly-yg01.mail.aol.com [172.18.147.1]) by air-yg03.mail.aol.com (v70.20) with ESMTP;
24 Apr 2000 04:33:03 -0400
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TP; Mon, 24 Apr 2000 04:32:43 2000
ived: (qmail 13066 invoked from network); 24 Apr 2000 08:29:33 -0000
ived: from block10-176-2-24.africaonline.co.ke (HELO default) (10.176.2.24)
users.africaonline.co.ke with SMTP; 24 Apr 2000 08:29:33 -0000
sage-ID: <3904067C.735A@AfricaOnline.Co.Ke>
: Mon, 24 Apr 2000 11:31:56 +0300
: Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
y-To: pascal.g@AfricaOnline.Co.Ke
nization: SmithKline Beecham International
iler: Mozilla 3.01C-KIT (Win95; I)
E-Version: 1.0
Cen
ect
ent-Type: text/plain; charset=us-ascii
ent-Transfer-Encoding: 7bit

Subject: Re: Telephone call. I have been using the phone but it is
Date: 5/1/00 12:29:24 PM Eastern Daylight Time
From: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
Reply-To: pascal.g@AfricaOnline.Co.Ke
To: CellogicProject@aol.com
3. Congratulations.

1.We are planning to sell the 2,500 bottles. We appreciate very much the
Cellogic foundation mission but we do not want to encourage to give free
product. We will insist that each patient pays 2,000 KS per
bottle(whatever that is) only those that are absolutely destitute may be
to pay the little much they can and the Cellogic foundation will reimburse
Cellogic project Kenya the balance. The products will be stored in my
house for a start(since this is a small amount). Noelle will handle the
inventory and the financial aspects of the sales.When I
strategy as I know because of product registration will
talk to doctors who handle HIV/AIDS patients to use the product. Once
the product is registered we will now use the normal marketing
strategies throughout Kenya, Uganda and Tanzania.We project to sell the
2500 bottles in approximately 2 weeks quickly as possible to establish
2.Noelle will handle the inventory and sales systems. We do not want to
rent an office as of now but may in the future. Noelle will
Plot number (now that he is married and Burundi citizen) will handle and I
would like to business.
3. I will review your and the Burundi documents upon receipt of the
third of this week.
4. I will call Mr. Nsanze in Bujumbura tomorrow to confirm the seminar
dates and will revert back to you ASAP.
5. I will make my suggestions on your presentation in a separate email.
>
Best regards, financial, I am working to secure funds for the following needs:
>
Pascal Balance due on agreement with Dr. Bwayo
> 500.00
>
> 2. Funds necessary for Burundi seminars
> 2,500.00 Headers ————————
Return-Path: <pascal.g@AfricaOnline.Co.Ke>
Received: from rly-ye01.mx.aol.com (rly-ye01.mail.aol.com [172.18.151.202]) by air-ye01.mx.aol.com (v71.10) with ESMTP;
Mon, 01 May 2000 12:29:24 -0400 25,000.00
Received: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-ye05.mx.aol.com (v71.10) with
ESMTP; Mon, 01 May 2000 12:28:51 -0400 but I need to know what is the
Received: (qmail 25288 invoked from network); 1 May 2000 16:25:35 -0000
Received: from block10-176-2-32.africaonline.co.ke (HELO default) (10.176.2.32)
> by users.africaonline.co.ke with SMTP; 1 May 2000 16:25:35 -0000
Message-ID: <3B0D4F0C.4047D@AfricaOnline.Co.Ke>
Date: Mon, 01 May 2000 19:24:44 +0300
From: Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
Reply-To: pascal.g@AfricaOnline.Co.Ke
Organization: Smith Kline Beecham
X-Mailer: Mozilla 3.01C-KIT (Win95; I)
MIME-Version: 1.0
>
>Subject: Re: The proposal.
>References: <61.326b080.263e1768@aol.com>
>Content-Type: text/plain; charset=us-ascii
>Content-Transfer-Encoding: 7bit

Burundi.
2. On Thursday of last week the Cellogic Foundation was formed in
Nashville
to provide for the needs of those who cannot be served by the affiliates.
3. On Friday we registered the Cellogic Project International, Ltd. to
produce the products.
4. At this time we are working to plan and execute the construction of two
new production facilities in Ohio and California

: Trip proposal
: 4/26/00 6:25:24 AM Eastern Daylight Time
: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
y-for: pascal.g@AfricaOnline.Co.Ke

Steve,

1. What do you plan to do with the first 2500 bottles? Where will they
stored? How will they be marketed? At what price do you anticipate
y will be sold? How long do you anticipate it will take to sell them?
e past on the info received this morning to Dr. Bwayo(to pass it on
mapi and Kiama) and he is excited about it. He is actually in the
2. What progress has been made in developing the accounting and sales
ordering systems? What about office facilities? Who will be responsible
e of the medical journals in Kenya. He even asked if I could lend
for day to day operations?
he references book you left with me. Do you authorize me to do
Did you receive his email he is complaining that you did not
3. Can you fax me any documents pertaining to the organization of either
and.

ermore given the fact that you will be in Africa for the Burundi
he corporations?
rence and after the success trials in Kenya, I was just wondering
ill be worth it to make a trip to southern africa(South Africa
4. Can you confirm the dates of the seminars and make any suggestions you
wana, Namibia, Zambia or Zimbabwe?). This can be just a start for a
een I should have in planning my presentation.
ective future collaboration with the relevant authorities(MOH or
by of Medicine) in one of these countries. This has just struck my
I have just one month before I return. We probably should communicate every
and I wanted to freely share this with you. Please let me have your
from now on. What do you think? Tomorrow I will purchase my ticket to
his on this.
or now.
arrival on May 29th or 30th. Please advise.

al,
the best,

ve

Steve,

Headers

-Path: <pascal.g@AfricaOnline.Co.Ke>
ved: from rly-yh04.mail.aol.com (rly-yh04.mail.aol.com [172.18.147.36]) by air-yh02.mail.aol.com (v70.20) with ESMTP;
26 Apr 2000 06:25:24 -0400
ved: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-yh04.mail.aol.com (v71.10) with
P; Wed, 26 Apr 2000 06:24:45 2000
(gmail 17708 invoked from network); 26 Apr 2000 10:21:26 -0000
ved: from nd-220-85.africaonline.co.ke (HELO default) (199.103.220.85)
ers.africaonline.co.ke with SMTP; 26 Apr 2000 10:21:26 -0000
ge-ID: <3906c334.6285@AfricaOnline.Co.Ke>
Wed, 26 Apr 2000 12:21:40 +0300
Pascal Gisenya <pascal.g@AfricaOnline.Co.Ke>
To: pascal.g@AfricaOnline.Co.Ke
ation: SmithKline Beecham International
er: Mozilla 3.01C-KIT (Win95; I)
Version: 1.0

Trip proposal
financial matters:
t-Type: text/plain; charset=us-ascii
t-Transfer-Encoding: 7bit

coming from a meeting with Prof. PAMBA and Dr. BWAYO and we all
hat it would be better to ask for 400 kits to examine 100
s on days: 0, 30, 60 and 90.
get:Please include the 200 $ per month promised to Laurence
e April 1st, the purchase of a computer for Bujumbura (400 $),
istration to the email network for Bujumbura(+ or- 250 $). I have

Pascal,

n afterthought, I want to comment on the report that some of the patients
reported dry mouth, headache and thirst. All three of these signs are commonly observed in patients who begin a
xification, in response the
Cytolog, but are not taking enough water to support a rapid elimination of
oxins that have been released from the liver and lymph system.

is such a common response, occuring in about 20% of adults, that the recommendation to increase water intake during
rst week should be considered
opriate.

nically, these are not a side effects. These signs should be considered indications that detoxification has been
ized by the infopeptides, but not facilitated by the intake of adequate amounts of water. A minimum of 6 10 oz glasses
ter a day should prevent these signs and enhance the overall response to the Cytolog.

Subj: hi
Date: 5/2/00 5:20:49 AM Eastern Daylight Time
From: pascal.g@africaonline.co.ke (pascal gisenya)
Reply-to: pascal.g@africaonline.co.ke
To:

Dr.

Please find below the answers to your questions:

1.Laurence email address is : ccf@syfed.bi.refer.org

2. I have faxed you the letter from MOH this morning please aknowledge receipt.

3. The following are the info for MOH Minister:
Name : NTAHOBARI STANISLAS.
Arrivial date : April 14, 2000
Departure : April 16,2000
4. Dr. BWAYO is gone home for a burial but will be back on Sunday.

I have an appointment with Dr. KIAMA and KIMANI this afternoon and will give you a feed back in the evening.

Take care,

Pascal

---------- Headers ----------
Return-Path: <pascal.g@africaonline.co.ke>
Received: from rly-yb01.mx.aol.com (rly-yb01.mail.aol.com [172.18.146.1]) by air-yb01.mail.aol.com (v70.20) with ESMTP; Tue, 02 May 2000 05:20:49 -0400
Received: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-yb01.mx.aol.com (v71.10) with ESMTP; Tue, 02 May 2000 05:20:25 -0400
Received: (qmail 10469 invoked from network); 2 May 2000 09:16:59 -0000
Received: from n4-220-78.africaonline.co.ke (HELO othino) (199.103.220.78)
by users.africaonline.co.ke with SMTP; 2 May 2000 09:16:59 -0000
Message-ID: <38F6EE28.3679@africaonline.co.ke>
Date: Fri, 14 Apr 2000 13:08:40 +0300
From: pascal gisenya <pascal.g@africaonline.co.ke>
Reply-To: pascal.g@africaonline.co.ke
Organization: Smithkline Beecham International
X-Mailer: Mozilla 3.01C-KIT (WinNT; I)
MIME-Version: 1.0

Subject: hi
Content-Type: text/plain; charset=us-ascii
Content-Transfer-Encoding: 7bit

Subj: Re: cytolog product
Date: 5/9/00 2:56:56 AM Eastern Daylight Time
From: medmicro@healthnet.or.ke

Dear

am sure that Mr Gisenyi Pascal has been briefing you on the progress made on our side. In short, I will like us to publish our preliminary findings in a peer reviewed journal. We need to extend our period and number of individuals observed and therefore we urgently need the following:

1. Copies (? by e-mail) of reference on the colustrum and Cytolog.

2. Supply of CD4 (BD) and Viral load(Roche)diagnostic kits.

3. More cytolog bottles for clinical trial (finished the ones left behind).

Your quick response will be appreciated very much.

Bwayo JJ.

At 03:41 PM 4/25/00 EDT, you wrote:
>Dear Dr. Bwayo,
>
>Please forgive the delay in my reply to your recent e-mail. In looking back
>at my records I see that my response to your request for the lab test kits
>had been
>conveyed to Pascal rather than to you as it should have been.
>
>I will be meeting with several individuals in the next week or so that may
>offer assistance to us in aquiring the viral load and CD4 test kits. This
>item is near the
>top of my priority list. I will advise as soon as I have a report.
>
>I will specifically ask that Pascal forward to you any of my e-mails that
>pertain to Cellogic Project of Kenya.
>
>Dr. Bwayo, It goes without saying that I am pleased with the initial
>responses of
>of Dr. Kiama's patients. I would like to say that these results are
>perfectly consistent with my experience and confirm, not only the ability of
>infopeptides to manage and direct recovery from a variety of infectious
>diseases, but to do so through, what might otherwise be presumed to be,
>functionally compromised and depleted immune systems.
>
>Kindest personal regards
>
>
>
>
>

j: I am coming from a meeting with Dr. KIAMA
e: 5/3/00 12:10:31 PM Eastern Daylight Time
n: pascal.g@AfricaOnline.Co.Ke (Pascal Gisenya)
ly-to: pascal.g@AfricaOnline.Co.Ke

Steve,

coming from a meeting with Dr. KIAMA and here are the good news:
l the patients who have been on Cytolog have tremendously responded
ively. The clinical results speak for themselves.
ne of the patients who was TB positive with a lot of coughing, X ray
showing tremendous damage of chest etc...
3 weeks of treatment he has improved: chest:clear,increase of
tite,lack of fever and joint pain, weight gain etc... but the most
esting thing which is new is that the x ray taken after the
ment is showing NO CHEST DAMAGE NOT EVEN A SPOT.
is the first "objective sign" which is scientifically
ONTESTABLE.
ne send as soon as you can the test for CD 4 and viral load as this
w the only thing that will help the Physicians to go "public".
IAMA is prepared to talk to the press as soon as he gets the CD4
iral load results. But he is already anticipating positive ones.
inks that now that all the fear is gone, we should move quickly and
save some lives and also make some "money".

still waiting for your comments on my recent email.
mail in Burundi is not working but I managed to talk to Luna on the
and gave her instructions to proceed with the registration of the
Cellogique/Burundi.

alling the MOH Minister tonight because when I called him this
ng he was going to a cabinet meeting. So I will confirm the seminar
after I have talked with him.

r now.

Feedback
9/27/00 6:24:58 AM Eastern Daylight Time
: macaulel@coppernet.zm (Louise Macauley)

Steve, you have been very quiet. Here is some information that you will be interested in concerning the patient (my
n)

CAL EVALUATION BEFORE COMMENCEMENT OF CYTOLOG

nt was :
paraplegic
emmaciated
grossly anemic
:aclexic
KS lesions very prominent
)ral thrush++
STIGATIONS

: very high
very high

numerous pneumoicec lesions and cavities

. EVALUATION AFTER THREE WEEKS OF TREATMENT WITH CYTOLOG

:ally patient is now
able to walk (very ambulant)
gaining weight rapidly
HB increasing
KS lesions decreasing
Oral thrush diminishing
:STIGATIONS

: normalising
remarkably reduced

also showing improvement

e the information is relevant.

) in touch

se

)CTYPE HTML PUBLIC "-//W3C//DTD HTML 4.0 Transitional//EN">
AD>
TA content="text/html; charset=iso-8859-1" http-equiv=Content-Type>
content="MSHTML 5.00.2314.1000" name=GENERATOR>
></STYLE>
EAD>

/>Hello Steve, you have been very quiet. Here is some
nation that you will be interested in concerning the patient (my

ubj: **Re: cytolog product**
ate: 5/13/00 2:06:51 AM Eastern Daylight Time
rom: medmicro@healthnet.or.ke

ear

wish we could be communicating more often but perhaps this is not ossible because of your busy sechedule. In our weekly meeting yesterday we ere given to understand that you were asking for 400 HIV viral laod and D4 Kits!!!! This was obviously an unfortunate error from one of us and we ll owe you an apology. We would like to suggest that in future copy your -mails to all of us if possible. Do you still have everybody's e-mail ddress?

will like to reiterate what I said in my most recent e-mail concerning ublication of the findings. As you know right now there is not a single emedy for oppurtinistic infections for AIDS victims in Africa and Asia. rom our preliminary observation, Cytolog seems promising in bring about linical improvement in patients with diverse illness. We need to confirm his observation by following patients for a long period of up to three nonths. In addition we need to check if clinical observation are collaborated by laboratory tests. This is extremely important if our esults are to be believed by the scientific and medical community. At this uncture all that we are asking is for you to trust what we are doing and give us your support. This is to once more to kindly request and plead with you to send us more Cytolog 100 bottles, 10 Roche viral load and 5 BD CD4/CD8 kits by DHL or Federal Express before Wednesday (17th May, 2000) next week.

As mentioned earlier, the findings of the study published in one of the peer reviewed journal is all we need to publicize the use of Cytolog for the treatment of (HIV/AIDS) infections. Journalist will take up the results and flush it arround the world on CCN as a breakthrough. If we can confirm our results, it is my honest believe that this will be the best strategy to promote Cytolog at a very very minimum cost compared to other fancy and expensive means.

I will like to thank you most sincerely for trusting and choosing to work with us. We can never know what is ahead but I will like us to be leaders on the HIV/AIDS front. This may be a God send opportunity for us to save millions of HIV infected poor poeple world wide. And our (African-American) collaborative efforts might bring out the potential benefits of Cytolog in the "CURE OF HIV/AIDS" much faster than either of the parties on thier own. We are all aware of the hudles to overcome if we were to do this study in America.

Bwayo JJ

---------- Headers ----------
Return-Path: <medmicro@healthnet.or.ke>
Received: from rly-yh02.mx.aol.com (rly-yh02.mail.aol.com [172.18.147.34]) by air-yh02.mail.aol.com (v73.12) with ESMTP; Sat, 13 May 2000 02:06:51 2000

: News.
: 3/9/01 12:52:20 AM Eastern Standard Time
: gisenya@hotmail.com (pascal gisenya)

.

ıe you had a nice trip back home.
; things are as you left them except that I talked to Peter Mugyenyi in
pala and he has reported that all the patients have improved. Dr. Cissy
TU who is currently in Italy for a seminar will give me a full report
ı she gets back next week.
ɔ talked to Patrick and he is reporting improvement for his sister.
lly talked to Rose and she said she got your email in which you have
ıised her a few samples.
General is waiting for these samples, as he wants to try them on some
ly members.
I her that I was not aware of this communication but promised her to
ire from you.
ıse copy me all the correspondence you maintain with our partners so I am
e picture.
waiting for the revised copy of the tape so that I can start meeting
the Doctors in Nairobi.
e meantime I am focused on following the registration processes with
ır KIAMA, the Cottolengo orphanage with Alfred, the reaction to our
the MOH Burundi and the demonstration results in Uganda.
ıse send me with the tape, the Cytolog advertisement document for
ıysia, the invoices to the companies where Cyotolog is sold: USA, UK,
ın, Guatemala, etc.... The more invoices you send the better.
lly thank you for escorting Joelle all the way to Columbus.
are waiting to hear from her once she gets to King of Prussia.
e meantime, take care and God bless our Project.

cal

Your Private, Free E-mail from MSN Hotmail at http://www.hotmail.com.

---------- Headers ----------
ım-Path: <gisenya@hotmail.com>
eived: from rly-yh03.mx.aol.com (rly-yh03.mail.aol.com [172.18.147.35]) by air-yh03.mail.aol.com (v77_r1.21) with
ITP; Fri, 09 Mar 2001 00:52:20 -0500
eived: from hotmail.com (f77.law8.hotmail.com [216.33.241.77]) by rly-yh03.mx.aol.com (v77_r1.21) with ESMTP; Fri, 09
2001 00:49:04 -0500
eived: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Thu, 8 Mar 2001 21:49:01 -0800
eived: from 212.49.81.236 by lw8fd.law8.hotmail.msn.com with HTTP; Fri, 09 Mar 2001 05:49:01 GMT
iginating-IP: [212.49.81.236]
ı: "pascal gisenya" <gisenya@hotmail.com>
c
News.
: Fri, 09 Mar 2001 05:49:01
ıe-Version: 1.0
tent-Type: text/plain; format=flowed

Subj: What is happening?
Date: 4/30/01 11:37:25 AM Eastern Daylight Time
From: pascal.g@africaonline.co.ke (Pascal Gisenya)
Reply-to: pascal.g@africaonline.co.ke (Pascal Gisenya)
[illegible]

Dear [illegible]

I have not heard from you in a long time and start wondering what is happening.
I even called 2 numbers that I have but there is only an answering machine.
Please let me know your schedule and plans for the future as I am starting to get concerned.
Joelle has not started school because of lack of sponsorship. It is a MUST that I go there myself because Joelle can not stay without going to school and have some promises but I need to go there to contact several churches to try and settle everything.
If you think that you will not come before end of May then I am planning to go this week-end May 4, and should be back after 4 weeks. Please call me if you can for further clarification.
The other good news is that the kids at Cottolengo are doing fine and Alfred did a good job with Kemri(CD counts)and Emily has fully recovered.I have given them 15 more bottles which I got from Prof. Pamba he is remaining with 20 bottles for the Majengo prostitutes.
If you think you will be in the states when I come, please give me your mobile phone so that I can get in touch with you, meet your associates and probably visit the plant.

I am waiting for your prompt response and please take care. Your health is more important than business.

Pascal.

```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.0 Transitional//EN">
<HEAD>
<META content="text/html; charset=iso-8859-1" http-equiv=Content-Type>
<META content="MSHTML 5.00.2614.3500" name=GENERATOR>
<STYLE></STYLE>
</HEAD>

<DIV>Dear ,</DIV>
<DIV> </DIV>
<DIV>I have not heard from you in a long time and start
wondering what is happening.</DIV>
<DIV>I even called 2 numbers that I have but there is
only an answering machine.</DIV>
<DIV>Please let me know your schedule and plans for the
future as I am starting to get concerned.</DIV>
<DIV>Joelle has not started school because of lack of
sponsorship. It is a MUST that I go there myself because Joelle can not stay
without going to school and  have some promises but I need to go there to
contact several churches to try and settle everything.</DIV>
<DIV>If you think that you will not come before end of
May then I am planning to go this week-end May 4, and should be back after 4
weeks. Please call me if you can for further clarification.</DIV>
<DIV>The other good news is that the kids at Cottolengo
are doing fine and Alfred did a good job with Kemri(CD counts)and Emily has
fully recovered.I have given them 15 more bottles which I got from Prof. Pamba
he is remaining with 20 bottles for the Majengo prostitutes. </DIV>
<DIV>If you think you will be in the states when I come,
please give me your mobile phone so that I can get in touch with you, meet your
associates and probably visit the plant.</DIV>
<DIV> </DIV>
```

bj. Re: What is happening?
te: 5/4/01 5:25:35 AM Central Daylight Time
om: pascal.g@africaonline.co.ke (Pascal Gisenya)
ply-to: pascal.g@africaonline.co.ke (Pascal Gisenya)

ar

d get your message you sent through our Rwandan contact but tried to
ne you with no success as there was an answering machine.
n glad to hear from you and believe me I was really worried about your
lth. Your schedule is beyond human activities and I think you should look
a " capable" assistant otherwise you will not be able to achieve the
nendous task we have before us.
n definitely leaving tomorrow evening heading to Philadelphia and will be
lacting you by the time I reach the US.
will then talk details make schedules as Cellogic International project
rt of my agenda in the US. Just tell me what you want me to achieve
n I am there and I will be more than glad to do it.
I a talk with Alfred and the CD 4 for most children have increased
natically.
yet to hear his full report in due time.

and all the best for your health.

al and Noelle.
Original Message -----
scal Gisenya <pascal.g@africaonline.co.ke>
pascal.g@africaonline.co.ke>
Friday, May 04, 2001 1:24 PM
ct: Re: What is happening?

Pascal,

the first e-mail I am responding to. I know you have been worried
you suspect I did over stress myself and my health did fail. As you
ve have been promised funding by three sources each confident that

ution could be made by the time I was scheduled to return to Africa

t. Two continue to say that funds will be available soon and that I
expect leave with minimal delay.

ast three weeks, anxiety over the consequences of a delay in the
lity of those funds; plus the disturbing events you are aware have
lace in Kenya
ed to precipitate a serious breakdown in my physical health.

een traveling more than three fourths of the time since I returned
irobi and have gone for up to a week at a time without being able to
ack my e-mails.

me it is my intention to come to Africa as early this month as
I suggest that you delay your trip here until after the middle
. I am strong enough to drive but probably should not attempt a
t until my sympt oms completely clear. If you think you could
ht away and return before the first of June I could see you here

Subj: **message**
Date: 10/21/02 2:45:15 AM Eastern Daylight Time
From: *pgisenya@yahoo.com (pascal gisenya)*
To:
File: **cellexprep1.xls** (13824 bytes) DL Time (28800 bps): < 1 minute

Dear S:

I am sending you attached a summary of our patients currently on Cytolog.
Please feel free to comment.
I have not disclosed the surnames for confidentiality reasons but you will find all the records when you get here as Our Doctor will have all the information as per our symptoms assessement form.
I have a final meeting with him this week as he has been thinking of modifying the form and adding more lab tests.
I insisted that this is not a study for a new product but rather a demonstration of what has been done in the US by Dr. Brandt and in Nairobi by the University of Nairobi team.

Please fill me in on the progress for the funding as I have used my personal funds to sustain the project as you may see on the expense report attached. I have all the receipts and you will get them when you arrive here.

Also make sure that Cytolog is sent on time as we do not want to run out !!!

Take care and God bless you,

Pascal.

Do you Yahoo!?
Y! Web Hosting - Let the expert host your web site
http://webhosting.yahoo.com/

---------- Headers ----------
Return-Path: <pgisenya@yahoo.com>
Received: from rly-xb04.mx.aol.com (rly-xb04.mail.aol.com [172.20.105.105]) by air-xb01.mail.aol.com (v89.10) with ESMTP id MAILINXB13-1021024514; Mon, 21 Oct 2002 02:45:14 -0400
Received: from web14706.mail.yahoo.com (web14706.mail.yahoo.com [216.136.224.123]) by rly-xb04.mx.aol.com (v89.10) with ESMTP id MAILRELAYINXB49-1021024457; Mon, 21 Oct 2002 02:44:57 -0400
Message-ID: <20021021064456.3253.qmail@web14706.mail.yahoo.com>
Received: from [62.56.180.86] by web14706.mail.yahoo.com via HTTP; Sun, 20 Oct 2002 23:44:56 PDT
Date: Sun, 20 Oct 2002 23:44:56 -0700 (PDT)
From: pascal gisenya <pgisenya@yahoo.com>
Subject: message

Yahoo! My Yahoo! Mail

YAHOO! Mail

Welcome, **jsmdirect2003** [Sign Out, My Account]

powered by hp

Search the web Search

Mail Home - Help

CALLWAVE INTERNET ANSWERING MACHINE

CALL ALERT! Hear your caller's message while you are

CLICK HERE FOR A FREE TRIA

Mail | Addresses | Calendar | Notepad

jsmdirect2003@yahoo.com [Sign Out]

Check Mail | Compose

Mail Upgrades - Search Mail - **Mail Options**

Folders [Add]

- Inbox (4)
- Draft
- Sent
- Trash [Empty]

- Check Your Credit For Free
- $300K loan for only $950/month!
- Over 50? Join AARP today!
- Take the RealAge Test!

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This message is not flagged. [Flag Message - Mark as Unread]

Date: Thu, 13 May 2004 01:26:42 -0700 (PDT)

From: "pascal gisenya" <pgisenya@yahoo.com> Add to Address Book

Subject: Re:

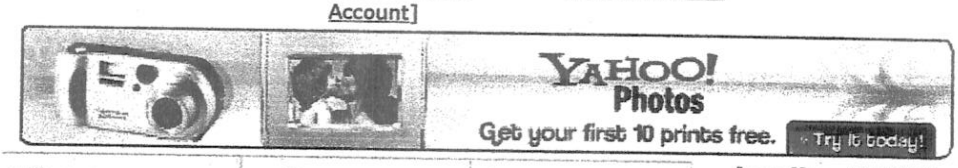
To:

james matthews <jsmdirect2003@yahoo.com> wrote:

> Dear Pascal,
>
> Just a note to confirm that you received you funds and let you know I sent 96 units of Cytolog by DHL yesterday. I sent them all to Rwanda because the cost of splitting the shipment nearly doubled the cost. The cost for the 96 was $299.96.
>
> I believe this will be the last time we have to send such a small amount but lets hold the number of patients constant until we can get at least 1000 units under your control.
>
> Best to all,
>
> Steve

Do you Yahoo!?
Yahoo! Movies - Buy advance tickets for 'Shrek 2'

> Dear Steve,
>
> I extremely embarrassed since this the third time I am going to the bank and the funds are not yet there.More over everytim check my bank the



Folders [Add]

Inbox (7)

Draft

Sent

Trash [Empty]

It's Free. Check your Credit.

Netflix DVD Rentals Delivered!

Join AARP Save on travel

Take the RealAge Test!

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Date: Mon, 19 Apr 2004 03:24:25 -0700 (PDT)

From: "pascal gisenya" <pgisenya@yahoo.com> Add to Address Book

To:

CC: "pie ntukamazina" <mgrpie@eebbuja.org>

Dear

Due to the increasing demand of Cyotlog in Burundi and the problems we are facing for transport from Kigali to Bujumbura . I request that you send directly to Bujumbura their shipment to the Episcopal Church of Burundi Attention Bishop Pie NTUKAMAZINA. Phone no. 011257950005.

God bless you,

Pascal.

Do you Yahoo!?
Yahoo! Photos: High-quality 4x6 digital prints for 25¢

Delete | Reply | Forward | Spam

Move to folder... OK

Previous | Next | Back to Messages

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Check Mail | Compose

Mail Upgrades - Search Mail - **Mail Options**

Mail - Address Book - Calendar - Notepad

Address Book · Auctions · Autos · Briefcase · Calendar · Chat · Classifieds · Finance · Games · Geocities · Greetings · Groups · Health · Horoscopes · HotJobs · Kids · Mail · Maps · Member Directory · Messenger · Mobile · Movies · Music · My Yahoo! · News · PayDirect · Personals · Pets · Photos · Shopping · Sports · TV · Travel · Weather · Yellow Pages · more...

Yahoo! My Yahoo! Mail

YAHOO! Mail

Welcome, **jsmdirect2003**
[Sign Out, My Account]

powered by hp

Search the web Search

Mail Home - Help



I GRADUATED IN:

1994
1984
1974
1964

Mail | Addresses | Calendar | Notepad | jsmdirect2003@yahoo.com [Sign Out]

Check Mail | Compose

Mail Upgrades - Search Mail - Mail Options

Folders [Add]

Inbox (1)
Draft
Sent
Trash [Empty]

Just Curious? See your Credit.

$150K mortgage for only $450/month!

Mortgage Place Refinance & Save Money

Best card for bad credit

Previous | Next | Back to Messages

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Delete | Reply | Forward | Spam

Move to folder... OK

This message is not flagged. [Flag Message - Mark as Unread]

Date: Sat, 7 Feb 2004 23:28:57 -0800 (PST)

From: "pascal gisenya" <pgisenya@yahoo.com> Add to Address Book

Subject: Update

To:

Dear

It was good talking to you yesterday afternoon and I do hope that our agony is almost ending.

This is what I have to report in connection with the progress here:

1. I met with Archbishop KOLINI yesterday morning and he says he has no problem signing but suggested that since Bishop Pie is in Bujumbura we better send the document to him with a reliable person who is returning from Bujumbura tomorrow Sunday and then he will sign Monday so that I can be able to send it to Goma in the course of the week and then to Butembo towards the end of the week. I may have to ask Dr. Mumbere to DHL it from that end and send me the bill.
2. I retrieved 20 bottles to send to Goma and the archbishop office will give to our local patients. The stock is not enough although the demand is overwhelming especially in DRC and I have advised Dr. Mumbere not to put any new patients on the product since we are not sure of the continuous supply yet.
3. I got news from Dr. Sophonie that his patients are doing extremely well and he is waiting for the funds to do the Biological values to confirm the evident clinical recovery. Once the biological values confirm the clinical recovery then he is confident that the report will

speak for it self and NO ONE will stop the registration and the broad use of the product by the government and other institutions. The combined reports from physicians in east African francophone (Rwanda, Burundi and DRC) will be a powerful tool that will open the way to the other African countries thus providing help to millions who are already HIV positive.

I am waiting to hear from you as soon as possible and take care.

Pascal.

Do you Yahoo!?
Yahoo! Finance: Get your refund fast by filing online

Copyright © 1994-2004 Yahoo! Inc. All rights reserved. Terms of Service - Copyright Policy - Guidelines - Ad Feedback
NOTICE: We collect personal information on this site.
To learn more about how we use your information, see our Privacy Policy

Yahoo! My Yahoo! Mail

YAHOO! Mail

Welcome, **jsmdirect2003**
[Sign Out, My Account]

Search the web | Search

Mail Home - Help

classmates.com

Friends from High School



Roosevelt High (427) | Fairmont High (661) | YOUR H School (820)

Mail | Addresses | Calendar | Notepad | jsmdirect2003@yahoo.com [Sign Out]

Check Mail | Compose | Mail Upgrades - Search Mail - Mail Options

Folders [Add]

Inbox (1)

Draft

Sent

Trash [Empty]

Your Credit Score. See it in Seconds

100% Online Degrees

Free Term Life Insurance Quote

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Move to folder... OK

This message is not flagged. [Flag Message - Mark as Unread]

Date: Fri, 16 Jan 2004 07:27:53 -0800 (PST)

From:

Add to Address Book

To: pgisenya@yahoo.com

Dear Pascal,

The purpose of this e-mail is to formally aknowledge the effort made by all of you to complete the documents and get those fax copies to me. I have used the faxes to preserve my credibility and successfully reschedule a number of the meetings that had to be cancelled.

Please convey my special thanks to Archbishop Kolini, Bishop Ntukamazina and Bishop Paluku Sikuli for any inconvenience associated with the careful execution of the final draft of their letter.

And lastly, it should me made clear to all the signatories that I accept their involvement with the greatest appreciation. I will utilize these documents selectively and present them in a manner consistent with their importance and the prestige of those who have placed their confidence and trust in me.

Sincerely,

Do you Yahoo!?
Yahoo! Hotjobs: Enter the "Signing Bonus" Sweepstakes

Delete | Reply | Forward

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Save Message Text

Check Mail | Compose | Mail Upgrades - Search Mail - Mail Options

Mail - Address Book - Calendar - Notepad

Do you Yahoo!?
New Yahoo! Photos - easier uploading and sharing

Delete | Reply | Forward | Spam

Move to folder... OK

Yahoo! My Yahoo! Mail

YAHOO! Mail

Welcome, **jsmdirect2003**
[Sign Out, My Account]

Search the web [Search]

Mail Home - Help

I'm a [Man] seeking a [Woman]

Enter city or ZIP [ ] Age: [ ] to [ ]

Show only profiles with photos [Search Now!]

Yahoo! Persona
Enhance your chances.
Click to post your free ad

Mail | Addresses | Calendar | Notepad | jsmdirect2003@yahoo.com [Sign Out]

Check Mail | Compose | Mail Upgrades - Search Mail - Mail Options

Plans start at $19.99. Act now!

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Delete | Reply | Forward | Spam | Move to folder... OK

Folders [Add]

- Inbox (7)
- Draft
- Sent
- Trash [Empty]

Free Credit Report - Before you Shop
Cut Your House Payment by 45%!
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Date: Fri, 12 Dec 2003 08:19:12 -0800 (PST)
From: "pascal gisenya" <pgisenya@yahoo.com> Add to Address Book
Subject: Call from Burundi
To: [redacted]

Just got a call from Burundi,

My email is just too emotional so excuse the disorder.

Dr. Sophonie was very excited telling the story of a patient who was bedridden and just recovered and came to the clinic walking by herself. He is confirming that Bishop Pie is coming monday and will sign the docs with Bishop Kolini. He has enrolled 14 patients so far and all of them are recovering very well.

Had also a meeting with Dr. Rusibira and gave him 200 dollars out of what I got. He was thrilled and excited that the project will soon be funded.

Finally, Dr. Mumbere just called saying that he is now convinced and eager to extend the demo in the entire DRC (50,000,000 people). The meeting he had with the physicians there was overwhelming and the testimonies by the family members patients spoke by themselves and he is ambitious extending the study to the whole country.
I told him to be patient and everything will fall into place in 2004.
Please come back to me on the other issues I mentionned earlier.

Take care,

Pascal.

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Subj: **Fwd: salutations de la part du Dr Sophonie**
Date: 8/20/03 4:16:18 AM Eastern Daylight Time
From: *pgisenya@yahoo.com (pascal gisenya)*
To: "

Dear

To follow is a message just received from Burundi. Let me translate for your attention and other Cellogic friends.

Dear Friend,

Thank you for your recent message.
I am delighted by the Cytolog results and I am including more patients.
Please send me more products before I run out and I only have enough to last me until end of this month.
Please let me know how you will be sending these products to me.
I will talk to you later.

Dr. Sophonie NIYONDAVYI,
Doctor in Charge of Medical Care.
Military Hospital of Kamenge.
sophonie niyondavyi <nsophonie2002@yahoo.fr> wrote:

> Date: Wed, 20 Aug 2003 08:46:54 +0200 (CEST)
> From: sophonie niyondavyi
> Subject: salutations de la part du Dr Sophonie
> To: pgisenya@yahoo.com
>
> Cher ami,
>
> j'ai bien recu ton message et t'en remercie.
> je suis ravis des résultats du Cytolog et je suis entrain d'en inclure d'autres.
> Aprésent je voudrais te demander de bien vouloir m'envoyer d'autres produits parceque je risque d'avoir une reupture de stock d'ici la fin du mois.
> Envoies-moi un message pour me dire par quelle voie tu les a enoyés.
>
> Merci et à bientot.
>
> Dr Sophonie NIYONDAVYI
>
> Directeur Chargé des Soins
>
> au HMK.

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Headers

Subj: **Fwd: Réponse**
Date: 7/28/03 3:58:44 AM Eastern Daylight Time
From: *pgisenya@yahoo.com (pascal gisenya)*
To:

sophonie niyondavyi <nsophonie2002@yahoo.fr> wrote:

> Date: Sat, 26 Jul 2003 12:58:30 +0200 (CEST)
> From: sophonie niyondavyi
> Subject: Réponse
> To: pgisenya@yahoo.com
>
> Cher Pascal,
>
> J'ai bien reçu ton email et la fiche d'observation mais à cause des problèmes techniques j'ai bau essayé de te répondre ça n'a pas marché. Tout compte fait j'ai déja enrolé 2 malades qui viennent de terminer un mois de traitement et ça marche parfaitement bien.
> Comme résultat, il est très satisfaisant. A noter que les 2 ont déja eu des infections opportunistes: tuberculose pulmonaire et zona pour l'un et un zona pour l'autre. Au moment de l'inclusion, ils étaient fatigués, sans appétit, perte pondérale, ect...
> Actullement les résultaats sont les suivants:
> *appétit+++++;
> *Amélioration franche de létat général;
> *Gain pondéral;
> *Regain de la force physique.
> *Les examens biologiques sont normaux;
> *les CD4 sont en cours.
> Ence que je constate les résultats sont extraordinaires.
> Les 3 autres que j'avais voulu inclure sont encore en bonne santé.
> Si jamais le patron venait, il serait mieux qu'il pasee pour que l'on discute et s'il pouvait nous promettre un stock plu consistant, on pourrait en inclure d'autres.
> Voilà ce que je peux te dire pour le moment et je reste à ta disposition pour toute autre information jugée nécessaire.
>
> Sincères salutations et à bientot.
>
> Dr Sophonie NIYONDAVYI
>
> Directeur Chargé des Soins
>
> au HMK.
>
> ---
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Dear

Please find below the translation in English of the message from Dr. Sophonie, the military doctor who is following up our patients in Burundi. He is a member of the Anglican Church in Burundi and has been

appointed by the Bishop there to handle the demonstration.

Dear Pascal,

I have received your email and the evaluation sheet but due to technical reasons I was not able to respond to you. Every time I try to send you a message there is a problem.

I want to share with you that I have already enrolled 2 patients who have just completed one month of treatement and they are perfectly alright now. They were very sick before they start the product with the following clinical signs: opportunistic infections: pulmonary tuberculosis and herpes zoster for one and herpes zoster for the second.

Now they have completely recovered and are showing the following signs:

appetitite: ++++++

weight regain:++++

general strength has dramatically improved.

biological values : normal

CD 4 counts: underway

the patients are generally doing well and the results are extraordinary.

I wanted to include 3 more patients but the ones I got were not very sick.

Please ask your boss to insure us more products so that we can enroll more patients.

This is what I can report now and I remain at your disposal for additional information.

Dr. Sophonie Niyondavyi,

Military Hospital of Kamenge

Healthcare, Director.

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—————— Headers ——————
Return-Path: <pgisenya@yahoo.com>
Received: from rly-xj03.mx.aol.com (rly-xj03.mail.aol.com [172.20.116.40]) by air-xj03.mail.aol.com (v95.1) with ESMTP id MAILINXJ31-50e3f24d79a2d4; Mon, 28 Jul 2003 03:58:44 -0400
Received: from web41304.mail.yahoo.com (web41304.mail.yahoo.com [66.218.93.53]) by rly-xj03.mx.aol.com (v95.1) with ESMTP id MAILRELAYINXJ34-50e3f24d79a2d4; Mon, 28 Jul 2003 03:58:18 -0400
Message-ID: <20030728075818.49862.qmail@web41304.mail.yahoo.com>
Received: from [62.56.180.208] by web41304.mail.yahoo.com via HTTP; Mon, 28 Jul 2003 00:58:18 PDT
Date: Mon, 28 Jul 2003 00:58:18 -0700 (PDT)