



REGENERATIVE NEWS™

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Editor in Chief

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UMBILICAL CORD STEM CELL THERAPY & KIDNEY FAILURE

Chronic renal (kidney) failure and end-stage renal renal disease (ESRD) afflict 2 out of every 1,000 persons in the USA. That's over 500,000 souls. The attendant medical cost including dialysis and kidney transplants is a staggering \$17.9 billion annually (2001, National Kidney Foundation). Any treatment that might help reduce, or circumvent altogether, dependence on these standard therapies would save lives and resources.

Many scientists feel that embryonic and possibly some adult stem cells may one day make it possible to repair or restore failing kidneys and thus help ailing patients avoid dialysis and kidney transplants. There is a body of animal research, for example, which has shown that when rats with induced acute kidney failure were given mesenchymal stem cells the cells made their way to the animal's kidneys and brought about very significant improvements in renal function [Lange C, Togel F, Ittrich H, Clayton F, Nolte-Ernsting C, Zander AR, Westenfelder C, 'Administered mesenchymal stem cells enhance recovery from ischemia/reperfusion-induced acute renal failure in rats,' *Kidney Int.* 2005 Oct;68(4):1613-7]. This effect

was also observed in mice with induced acute renal failure [Herrera MB, Bussolati B, Bruno S, Fonsato V, Romanazzi GM, Camussi G., 'Mesenchymal stem cells contribute to the renal repair of acute tubular epithelial injury,' *Int J Mol Med.* 2004 Dec;14(6):1035-41.]

The use of adult stem cells to ameliorate renal failure in human patients has yet to be formally and fully explored. Will bone marrow or cord blood mesenchymal or other stem cells favorably influence the course of chronic renal failure? We at Steenblock Research Institute now have evidence in the form of 2 case histories that suggest that cord blood stem cells can indeed turn the tables on advanced chronic kidney disease:

89 year old white female
During the summer of 2005 this woman was told by her nephrologists that her kidneys were failing and she was sure to need dialysis in a few months time. During August 2005 she received an IV infusion of 2 million cord blood stem cells (CD34+/CD133). Since that treatment her kidney function tests including blood and urinalysis have returned to normal and she is not deemed a candidate for dialysis.

Her son, a prominent lawyer

put it this way in an e-mail to this writer received on June 10th:

"My Mum is currently 89 years old. During the summer of last year (she was 88), she was told that she was rapidly losing kidney function and was a step away from dialysis. She believes that she was first diagnosed with kidney problems more than 3 years ago. She can recall providing a urine sample that "was so murky, it didn't look like urine." She was also losing bladder control which made her concerned about being away from home even for short intervals. Prior to having umbilical cord stem cells, she told her nephrologist of her plan and he told her "not to do it-- I don't want you to waste your money." Since she had umbilical cord stem cells..... both her kidney and her bladder functions have returned to normal. For example, her urine is no longer "murky". She is not having any problems that she can detect with either. She believes that -- as a result of umbilical cord stem cells -- she no longer needs to be under the care of a nephrologist. At my urging however, she has made a follow-up appointment for July 6, at which time she will ask for copies of all her records with regard to her

kidneys.”

57 year old white male

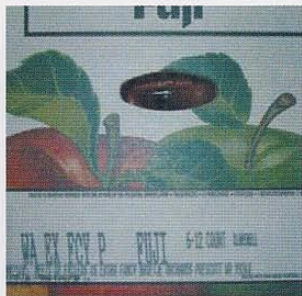
This gentleman has a history of advanced chronic kidney disease due to diabetes Type II and was within week of commencing dialysis when he went to Mexico (on March 10, 2006) and had an infusion of ~8 million human umbilical cord stem cells by IV drip (Subtypes & quantity: 2 million CD133+10% mesenchymals, 2 million CD34-/45+ +15% mesenchymals, 2 million primitive neurogenic progenitors+10% mesenchymals, and 1.5 million cord blood mesenchymals). In the 3 months that immediately followed his treatment his kidney function improved to the point that his nephrologists have decreed that he is no longer in need of dialysis.

The confluence of animal and these human cases suggests to us at Steenblock Research Institute that advanced kidney disease would be an ideal subject for a clinical pilot study involving use of cord blood mesenchymal and CD34+/CD133 stem cells. The study we envision would be carried out in Mexico where use of cord blood stem cells for non-blood borne diseases and disorders is legal (Cord Blood and cord blood stem cells can only be used for certain blood borne diseases and disorders stateside such as various leukemias, anemia, etc. To learn more about this situation, go online to <http://14ushop.com/wizard/something-amiss.html>) As this article goes to press SRI has applied to the

Frederich S. Upton Foundation in Michigan for a grant to carry out the clinical study mentioned in the preceding paragraph. If this grant comes through and the study is carried out, it will run for 6 months commencing most likely during August. Rest assured that the readers of *Regenerative News* will be kept apprised as this exciting new project unfolds.

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IT'S FRUIT SEASON!



Did you know that a box of fruit, like the Fuji apples above, purchased at major warehouse stores has an “ingredient list” of toxic preservatives, pesticides and fungicides? Check it out for yourself next time you're in Costco

FACTS ON KIDNEY FAILURE

1. More than 375,000 Americans are being treated for kidney failure, also called end stage renal disease, or ESRD. Of these, more than 275,000 are dialysis patients and more than 100,000 have a functioning kidney transplant.
2. Over the last five years, the number of new patients with kidney failure has averaged more than 90,000 annually.
3. There are approximately 3,600 dialysis facilities and 255 transplant facilities in the U.S. Only 260 dialysis units are hospital-based.
4. The current annual cost of treating kidney failure in the U.S. is approximately \$17.9 billion.
5. Currently, more than 67,000 deaths occur each year as a result of kidney failure.

A profile of kidney failure patients in the U.S. follows: (2000)

Sex:	Statistics	Percent
Males	207,516	54.8%
Females	171,307	45.2%
Age:		
Below 19 years of age	6,560	1.7%
From 20 to 44 years of age	86,237	22.8%
From 45 to 64 years of age	154,961	40.9%
From 65 to 74 years of age	75,184	19.8%
Age 75 years or more	55,849	14.7%
Race:		
White	277,627	60.1%
Black	121,945	32.2%
Asian/Pacific Islander	15,121	4.0%
Native Americans	5,861	1.5%
Other/Unknown	7,421	2.0%
Disorders:		
Diabetes	131,173	34.6%
High Blood Pressure	86,739	22.9%
Glomerulonephritis	59,056	15.6%
Cystic Kidney	16,298	4.3%
Other Urologic	7,387	1.9%
Other/Unknown Causes	78,209	20.1%

or Sam's Club. Of course the fruit used to stock your grocery store bins comes from these same types of boxes.

Diphenylamine could be on the list (used for “scald control”). It is a suspected cardiovascular, gastrointestinal, liver, kidney, respiratory and neuro toxicant.

Ethoxyquin is listed on the box. The Chemical Toxicology of Commercial Products says that ethoxyquin has a toxic rating of 3 (on a scale of 1 to 6, with 6 being super toxic

requiring less than 7 drops to produce death).

In a recent study by The Department Of Pathology, Nagoya City University Medical School Japan, it was found that ethoxyquin promoted kidney carcinogenesis. Also, it significantly increased incidence of stomach tumors and enhanced bladder carcinogenesis.

Moral of the story? Read all labels – and *insist* on organic.



HE DID THE RIGHT THING

Vernon Nicholson [78] and his wife Rowena [77] from Wichita, Kansas came to the clinic April 3, 2006. When I first saw Rowena she had been brought in on a medical jet and needed several strong adults to tend to her. There she was, slumped over in a wheelchair as her husband was frantically directing our staff who were attending to her. She was so completely unanimated that I reached down to take her pulse fearing the worse. This same slumped over figure, needing constant attention; unable to interact with others was the woman I saw day after day as Mr. Nicholson lovingly caring for her while she received hyperbaric oxygen and other therapies. Their four sons took turns flying in to be by their side as well.

But then, as the weeks went by a miracle unfolded. Indeed, one day I came to the clinic, and Rowena was interacting vocally and physically, during a physical therapy session. She was looking about and talking to people. The miracle? I know *personally* that this is not the "normal" course of events in convalescent

hospitals because my own grandmother had a stroke and merely got worse and worse as the days and weeks went by.

When asked what led up to their visit, Mr. Nicholson told me that the week prior to coming to the clinic, Rowena had a heart fibrillation. "I tried to get her to go to the emergency, but she said she would be alright." The next morning I told her we were going to go see a doctor. The doctor told them he had been looking over her case and that he was going to call Dr. Evans in Wichita, supposed to be one of the best heart specialists. Mr. Nicholson said, "Dr. Evans told us to come in immediately and he did an EKG on her again and he said that she could be having a heart attack. He did a heart catheterization (angiogram). They said she was in good shape, that her heart was fine, and they could control the problem of the valve by medication. I had a meeting in Kansas City the next night, Sunday, and some family came to be with her. They were all there at the house and said, "Go on dad, go to your meeting, and she insisted too, so I went." But the next morning I got the call that she'd had this stroke."

It was what occurred after this that impressed me so greatly. Mr. Nicholson shared with me that Rowena was in ICU for a week. As soon as she was able to move out of ICU he tells me, "We flew her to Steenblock's by medical jet". Apparently the entire week that Rowena was in ICU her four sons all did research to find the best treatment

possible for her. Mr. Nicholson reviewed all their efforts and decided that coming to Dr. Steenblock was the best thing. He told me that doctors in the Dallas area recommended that Dr. Steenblock's would be the best place to come *if they had any strokes in their family*. The bravery that this takes is immeasurable – he took his loved one straight from the ICU, loaded her up on a plane and fly her to what he only *hoped* would be the best possible treatment for her! Now, after just two months Rowena is anxious to get home. If you were to talk to her, you'd never know she'd had something so traumatic just happen to her brain...and I've got it on tape to prove it!

OUR TOXIC WORLD AMMONIUM THIOGLYCOLLATE

Diseases that once afflicted only senior citizens, like stroke, Parkinson's, heart disease and cancer, are now afflicting younger people. We need to take a serious look at how our ever-increasing technology is bombarding us with substances entirely incompatible with human health. These toxic substances fall into the categories of solvents, heavy metals and pesticides to name just a few.

One such toxin is ammonium thioglycollate. Never heard of it? The chemical "rap sheet" on this substance reads: **Ammonium thioglycollate:** A colorless to faint pink liquid with a repulsive, skunk-like

odor. Exposure to this compound may cause sensitivity dermatitis of scalp or hands, with edema, erythema, subcutaneous lesions, burning of skin, papular rash and itching. It may also cause hypoglycemia. Other symptoms include *central nervous system depression, convulsions* and difficulty breathing. A common use is as a "reducing agent". It breaks the disulphide linkages that join pairs of cysteine (an amino acid) units together. Cysteine linkages slip past each other and realign themselves with new cysteine partners.

Where might you (or your grandmother) get ammonium thioglycollate? Today's 'cold' permanent wave lotions contain ammonium thioglycollate. A seven per cent solution of this compound is used to break down the cysteine methionine cross-links. In hair that has been repeatedly permed the original disulphide cross-links may have been broken and re-formed so many times that hardly any remain. Hmmm. A danger?

Let us at least be wary and not bury our heads in the sand. We know very well that drugs and chemicals are absorbed through the skin.

I find this interesting because the last thing I asked Mr. Nicholson before leaving from our interview (see "He Did the Right Thing" this page) was "so what's next?" He told me they were leaving for home in a few days. But before

they left, he wanted to take Rowena to get a perm as was her routine practice.

A SIMPLE TEST FOR TOXIC METALS

Call or come into the office and pick up a kit. It's easy, fast, and inexpensive. You'll receive an informative and colorful report as pictured below. Once you know the results there are measures you can take to reverse the problem!

24 HOUR URINE TOXIC METALS							
TOXIC METALS		RESULT	REFERENCE RANGE	RESULT	REFERENCE RANGE	INTER	VEGET
POTENTIALLY TOXIC METALS		ppm/creat		ppm/hour		REF RANGE	RELEVANT
Aluminum	<8	< 25	<8	< 25			
Antimony	<8	< 5	<8	< 5			
Arsenic	20	< 140	90	< 140			
Beryllium	<8	< 0.5	<8	< 0.5			
Bismuth	<8	< 10	<8	< 10			
Cadmium	5	< 2	8	< 2			
Cobalt	70	< 20	70	< 20			
Copper	2	< 3	4	< 3			

THE POLLUTION WE SHARE

In May of 2006 the Environmental Working Group [EWG] reported on new laboratory tests of mothers and daughters that show their home, the air they breathe, and the food they eat links the two in a way no mother and daughter would want to be linked. It is now known that genetics and environment combine to create this unwanted link: a common body burden of industrial chemicals, which starts in the womb and evolves over a lifetime.

Tests commissioned by the EWG of four mothers and their daughters found that each of the eight women's blood or urine was contaminated with an average of 35 consumer product ingredients, including flame retardants, plasticizers, and stain-proof coatings. These mixtures of compounds found in furniture, cosmetics, fabrics,

and other consumer goods, have never been tested for safety.

These and many other chemicals are building up in the bodies of all Americans. But EWG's tests found three eye-opening trends about pollutants that can pass through a mother's placenta or breast milk into her daughter's body:

- An unexpected link between mothers and daughters of industrial pollution: All four daughters tested had more chemicals in common with their mothers than with a group of 16 unrelated women who were tested
- Much of the chemical burden inherited at birth by the daughters will last for decades and some will last a lifetime. Also, the daughters can pass on to their children some of the same industrial chemicals that they inherited from their mothers. In addition,

while each daughter is born with an inherited load of pollution, she also continues to build up additional pollutants through her own childhood and beyond.

- Chemicals were found at higher levels in mothers than daughters, showing that chemicals can build up in the body over a lifetime, posing long-term, persistent health risks. Mothers had in their bodies an average of 1.5 to 5.2 times more pollution than their daughters for four chemicals and chemical families: lead, methylmercury, brominated flame retardants, and the Teflon- and Scotchgard-related perfluorochemicals known as PFOA and PFOS.

For more information: **CONTACT: Environmental Working Group Bill Walker, (510) 444-0973 x301; Lauren Sucher. (202) 667-6982**

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