Psoriasis Cured in Biological Dietary Therapy
with a Lymphopoietic Ti-lipid Spinal Cord Factor
Simulating Anti-angiogenesis, also Analyzed
with MicroRNA Profiling

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Abstract

Background. Psoriasis is a chronic disease with genetic predisposition lacking curative treatments. It is triggered by stress and depression.

Objective. With cancer patients in Bio-Immunotherapy ingestion of a lymphopoietic central nervous system (CNS) titanium-lipid in synergy with certain L-amino acids and trace element ions were surprisingly also found to cure psoriasis. This study was aimed to empirically delineate these necessary synergistic metabolic functional food components.

Materials and Methods. The function of various dietary natural functional-food ingredients were analyzed in several patients over decades. The effect of specific natural food supplements have been characterized centered on alimentary non-toxic nutritional factors aimed to compensate this genetic, metabolic and immunological deficiency disease. Different forms of psoriasis, from mild, to cases with nail deformities and polyarthritis were also analyzed by epigenetic microRNA profiling for changes by the Agilent microarray system. Ready-made powders containing the functional food components were prepared to improve patient compliance. The prize is only ≈ 3€/day. Continuous ingestion of Tin chloride (Sn) in mgs, Isoleusine (Ile) in grams was included in powder No.1, while No.2 contained the lymphopoietic CNS-lipids equivalent to ≈ 50g of brain CNS-titanium extracted from carnivorous animals (piglets). These powders were complied to compensate the etiological metabolic deficiency.

Results. Continuous ingestion of these powders gave positive clinical results in all forms of psoriasis in some months. The minimal dose required to prevent recurrent disease is now sought. In miRNA profiling three miRNAs (miR-218, miR-410, and miR-495) were down-regulated in psoriatic patients, but not in controls. No dysregulated miRNA was related to the treatment. Individual curative dose-levels varied. The only side-effect was intense itching if the lymphopoietic oral supplementation was too low or excessively high. Endogenous production of this Ti-vitamin in the patient could also biologically be activated. Thin needle biopsies were taken from active skin lesions. The redness of the skin deformities was due to excessive erythrocyte infiltration. The treatment decreased rapidly the erythrocyte content in these skin lesions. Curtailed capillary permeability resulted rapidly in a visual change and the skin lesions became pale. The treatment triggered a rapid anti-angiogenetic reaction. This paleness was followed by healing of all skin lesions. Stress could cause recurrent disease, as well as excessive alcohol ingestion. The white cell (B-Lymph-T cell) distribution was different in patients suffering from sterile inflammatory reactions as compared to patients who suffered from infectious Bowel disease. The immune-reactivity was clearly different in patients who suffered from auto-inflammatory as compared with patients who suffered from an infectious Bowel disease. Sterile inflammatory reactions show a different B-Lymph-T profile as caused by standard infectious reactions. The immune-reaction has a different pattern if the inflammatory reaction is not caused by bacteria or viruses, while the reactivity is clearly different if the inflammatory response is caused by infectious agents.
Conclusions. These inexpensive bio-modulating factors cured ≈ 90 % of patients in follow-up over several years. The lymphopoietic CNS titanium lipid is an essential functional food item required to normalize the immune-response in psoriatic patients as well as in other sterile inflammatory diatheses. Increased serum L-amino-acid levels may affect epigenetic ribosomal transcription and the phylogenetic expression. The necessary triggering components activating a cure seem to be different and regulate the pathophysiologic expression. Further cooperative trials are required to characterize the triggering factors e.g. for Crohn’s disease and ulcerative colitis.

Keywords: Biological dietary treatment of psoriasis, Improved immunity with a lymphopoietic titanium-factor, Anti-angiogenetic effect on capillary permeability Compensation of a genetic weakness, Treating sterile inflammations, Epigenesis, and micro RNA

Introduction

In traditional Chinese medicine patients were fed brain and exotic herbs. In that dietary treatment some cases were cured but one could not, at that time, analyze which the functional components actually were. We have tried for decades to delineate such biologically curative alimentary factors.

Following thirty years of studies with cancer patients in specific Bio-Immunotherapy using autologous polymerized tumour tissue it was by chance observed in many patients, who for decades had suffered from psoriasis, that their skin disease had also healed. Psoriasis belongs to a large group of sterile inflammatory diatheses not caused by bacteria or viruses. To this group fit e.g. fibromyalgia, Crohn’s disease, ulcerative colitis, rheumatism, Reiters disease etc. It became evident that some of the most important curative dietary co-factors leading to these clinical results were caused by ingestion of grams of the L-amino acid Isoleucine (Ile) and milligrams of tin-chloride (SnCl₂). The increased cell division of epidermal cells leading to psoriatic lesions with excessive capillary permeability appeared clinically to be attained, especially if patients ingested vital central nervous system (CNS) lipid-components containing Titanium (equiv to 50g of brain). In cancer patients the curative lymphopoietic effect of CNS-lipids was also seen to alleviate pain, but especially in skin diseases to reduce intense itching. These are common chronic diseases of which 13 million patients are diagnosed every year in USA, and 3 million in Canada. They are usually not curable by standard therapies or by tumour necrosis factors. A list of such ailments is presented in Table 1.

These are expensive and debilitating afflictions, deteriorating especially the life-quality of female patients. We report some encouraging clinical cases based on empirical studies with over 20 patients, pursued for decades. These studies were aimed to define the natural food-items which physiologically could alleviate or cure the ailment.
The recent discovery of the lymphopoietic CNS Ti-lipid factor present in the spinal cord of mammals\textsuperscript{11} will promote the research on the etiology of sterile inflammatory diatheses. It could possibly reveal new therapeutic triggers (i.e. amino acid & metal trace element ion complexes) to be applied in the treatment of such diseases. Our functional food-additives do not contain any chemical pharmacological drugs. They consist of only natural dietary bio-modulating components aimed to compensate the patients’ etiological genetic aberrance. The effect of the treatment curtailed rapidly capillary permeability, simulating anti-angiogenesis, to correct the deficient immune reaction inducing these chronic illnesses.

To analyze if epigenesis was involved, microRNAs (miRNAs), which are small (on average only 22 nucleotides long), have shown to play an important role in posttranscriptional gene regulation. They are important not only in cancer development and classification\textsuperscript{3,12}, but also in the pathogenesis of many other diseases\textsuperscript{4}, psoriasis included\textsuperscript{6,7,8,11}. Our aim was also to analyze psoriasis patients’ skin cells with substituted improvement of their immunity, to see if the patients’ white cell distribution was changed while psoriasis was healing\textsuperscript{13}. We also tried to detect possible biological dysregulation of the miRNA patterns during this non-toxic dietary treatment, which we compared with patients’ skin lesions before treatment, and that of healthy normal persons’.

**Material and Methods**

The ethics committee of our Institution has accepted the study plan especially since no toxic remedies are employed. Patients are only enrolled in this biological treatment after informed consent. This specific functional natural diet is devoid of any foreign chemical substances and therefore no FDA permits are required!

Patients suffering from various forms of psoriasis were selected to be included in this basic trial over the effect of this special bio-modulating physiologic treatment modality. Administration of these functional food components were aimed to analyze if alimentary compensation of a genetic individual weakness could be alleviated using physiological dietary means. The composition of the final dietary supplements is described in detail in Table 2. The Psoriasis Area and Serverit Index [PASI] score was high in all but one female case, nonetheless her life quality was severely depleted. Patients’ circulating white-cell distribution was also analyzed during the healing process.

To improve patient compliance these food additive components were compiled into two ready-made powders. Powder No 1 contained amino-acids and trace-element ions. No 2. hold the lymphopoietic CNS titanium containing lipid, which is the most important supplement required to normalize the immune reaction (see Table 2). This Ti-lipid-deficiency is the primary fault involved in different clinical sterile inflammatory diatheses. An active correction of this deficient low level with the CNS lymphopoietic factor is needed to normalize patients’ immune reaction\textsuperscript{14,15}. 
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The essential central nervous system (CNS) lipids, with the titanium (Ti) containing CNS-lipid moiety produced in the spinal cord, were fed to patients either as a canned preparation ("Neurocan/Neurofood") containing 220 g of healthy prion-free piglet brain. They could also be mixed with assorted fruits or as an ice-cream, for the sake of taste [called N-ice, for neurologic ice cream].

Patients’ immune system is improved because this lymphopoietic titanium CNS-factor is absorbed into the bloodstream. This supplement is a prerequisite to overcome the deficient immune reaction in patients suffering from psoriasis, as well as with other various sterile inflammatory diatheses. The recommended CNS dose level is in the initial phase of the therapy approximately equivalent to 50g of brain per day. An appreciable amount of lipid-soluble titanium molecules are present in CNS from piglets. Patients can alternatively ingest the required CNS-lipid substitution in dry form procured as microcapsulated droplets contained in ready-made powders (stored at +4°C, under nitrogen), sufficient for a daily ration of CNS-lipids. The cool temperature preserves the function of the Ti-lipids boosting the patients’ normal immunity. Furthermore, addition of physiologic amounts of A- and D-vitamins may be beneficial.

miRNA profiling was aimed to possibly detect epigenetic traits.

Patients were randomly selected for microarray analysis. Eight ml of venous blood was taken for RNA extraction, and miRNA micro analysis with Agilent platform as described in detail in our previous studies. The study on miRNA expression was performed before and after treatment in eight patients during 2011. Analyses were conducted for miRNA profiling as compared with a normal healthy 35 year old female as control. No dysregulated miRNA (Table 4) was seen in treated specimens compared with specimens before the treatment of psoriasis.

Our patients selected for this biological study did not receive any other simultaneous treatment (e.g. Dithranol, corticosteroids, tars, retinoids, phototherapy UBV wavelengths 311nm, PUVA, salicylic acid, or other expensive anti growth factors which don’t cure the disease, like the anti tumour necrosis factor inhibitor Enberal). Enberal® acted only for 11 months. Our dietary treatment could still give a good response which continued for as long as this biological study was maintained, which also was aimed to biologically prevent recurrent psoriasis.

Clinical results, description of certain clinical cases treated by this specific biologic therapy.

One patient was a 50 year old female who suffered from a grave form of psoriatic polyarthritis for years and skin psoriasis for over 20 years. She had undergone several treatment schedules for extended periods without especially good clinical response. She was at admittance actually invalidated and unable to keep up her job as a nurse at the University Clinic. More than 20 different psoriasis patients have been studied for decades to try to find etiological traits and delineate the natural alimentary components which can affect the clinical picture. As these
curative components slowly were charted two ready-made powders could finally be procured to improve patient compliance, with No 1. containing the L-amino acids and trace-element ions, and No 2. all CNS-lipids, shielded by nitrogen. These additives seem to cover the individual metabolic varieties needed to achieve active bio-modulation, sufficient to compensate several different forms of this genetic susceptibility and immunologic deficiency syndromes, without causing any side-effects. Intermittent administration of these powders for one week a month seem to prevent recurrent disease in most patients. Some patients need a higher dose level to prevent recurrent disease. The therapy is very economical with a price of approx. 2-3 € per day, because the powders contain only natural physiologic bulk-components. The growth of patients’ nails have improved, psoriasis in the scalp has been cured, and polyarthritis has been healed. The depression some patients suffered from has subsided, although stress can still trigger recurrent disease and cause fleetingly repeated psoriatic symptoms.

Patients started with informed consent to ingest the amino acids; Ile, Gly-Glu, Ala, Arg (approx 4g/day) + mg amounts of; Cr, W, Sn, Se, V, & Mn, plus small amounts of a multivitamin preparate, and folic acid (1-2 mg/day). Synergistic lipid cofactors were introduced with central nervous lipid (CNS) molecules in the form of prion-free brain and spinal cord lipids from healthy piglets. Peptides like prions could not be among our CNS lipids, since the dangerous peptide would be digested in the carnivorous intestinal metabolism. These CNS-lipids were prescribed as a tasty food additive to stimulate the immune system. CNS contains a lymphopoietic titanium-lipid (Ti) molecule mainly produced in the thoracic segment of the spinal cord – we regard it as a collateral to B₁₂ in the liver with its cobalt (Co) for erythropoiesis. Additional supportive dietary components came from eating raw egg yolks as a source of natural amino acids, and avocado as a physiologic source of boron (an inhibitor arresting the enzyme anti-gamma glutamyl transpeptidase) was also recommended.

Some patients were suspected to have a concealed Herpes infection. They got therefore B₁₂ vitamin injections once a month in the beginning, and every third month later on. This because systemic B₁₂ seems to be an even more effective therapy against herpes infections than Zovirac!

Fibromyalgia responded to a different triggering code than psoriasis, see Table 3.

Activation of endogenous production of the lymphopoietic Ti-containing spinal cord component.

Surprisingly when one patient, out of curiosity, ingested one teaspoon of canned Neurofood, containing all the CNS-lipids, her chronic psoriasis lesions started four hours later to itch. This neurologic response was felt in all nerve ends, and continued to react like this, in an on and off fascion, lasting for four days. Her
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Psoriasis then started to heal as such spinal cord factors may also possibly be linked e.g. to bipolar stress syndromes (manic-depression). Certain psoriatic patients can clinically react in a surprisingly rapid way already in four days from the start of this metabolic treatment. Recurrent disease has not occurred during continuous supplementary alimentary administration except for short spells following intense stress. A gastric viral infection and excessive alcohol consumption aggravated the psoriasis in one patient. Psoriatic arthritis has in some cases improved appreciably already in two months so that patients have been able to return to their work. We are presently trying to find the minimal amount of supplementation needed to prevent current disease. The metabolic requirements and required dose-levels seem to be individual. With therapy local erythematic expression and the blood content in the diseased skin decreased, as if there had been a response to a strong local anti-angiogenetic process. In most cases the healed skin area resembled normal skin, but some patches became white akin vitiligo. We don’t know if this de-pigmentation should be regarded as a side-effect.

Discussion

The detection of the lymphopoietic CNS-lipid Ti-component was real and it proved to be a basic requisite for the normalization of patients’ immune response. The lack of increased CRP- reactions during the healing process coupled with the almost unchanged white cell profile according to quantitative comparisons (Table 6 A), diminished the hypothesis that the disease was caused by actual infectious agents, like in the control patient (Table 6 C). His CRP-changes and the B-Lymf-T distribution cell-profile variations appeared during the same supplementation with the Ti-CNS-lipid factor, as in case [A] (Table 6, B). The reaction pattern and visual symptoms resembled a provoked anti-angiogenetic reaction causing a rapid correction of the capillary permeability, to prevent erythrocytes from invading the skin tissue layers. The pathophysiological expression caused by the treatment resembled somewhat a leucotriene reaction (see Table 5) until these excessive permeability reactions result in progressive distinctive clinical symptoms, typically characterizing these special different forms of chronic inflammatory reactions.

To our best knowledge no previous studies have focused on angiogenesis and/or systemic miRNA changes in psoriasis, whereas numerous studies conducted on affected skin lesions indicate that miRNA play a role in psoriasis. Its eventual impact on epigenesis is still open. Interestingly, one miR – 218 of our three microRNAs analyzed - has earlier been reported to be down-regulated in skin lesions. This down-regulation was not present in a healthy control. This difference should be studied in further clinical analyzes before one can evaluate its importance.
Epigenetic regulation of gene expression has been thought to be due to chemical modification of DNA, or some of its histone proteins. Epigenetic transcription modifications have been postulated to be due to methylation of DNA or acetylation of the histones affecting gene transcription. DNA sequences are not altered, but the important phylogenetic expression can be changed. The reason for this modification in the light of the expressed clinical effect on psoriasis caused by increasing the amount of free amino acid isoleusin (Ile) levels and the Sn content, may link it also to regulatory angiogenesis and epigenesist, possibly also mediated via novel lincRNA ribosomal functions. The augmented circulating serum levels provoked by the feeding with amino acids might possibly affect the ribosomal transcription in many ways. This positive dietary healing reaction postulates an effect on both angiogenesis and epigenesis. These biologic triggers may affect ribosomal transcription and phylogenesis. This was inadvertently seen, although I did not understand it in the eighties, when a myeloid leukemia cell-strain changed to appear as a lymphoma after proline was fed to my experimental animals. The induced disease could subsequently (genetically) change and clinically appear as a lymphoma. A genetic susceptibility caused by a mutation could thus be compensated by circumscribing the genetic DNA fault attained by ribosomes.

The fairly rapid therapeutic effect obtained with this new dietary treatment modality, affecting all forms of psoriasis from nail-deformities to arthritis, may indicate that the same etiologic metabolic- and immune-deficiency is present in various histopathological forms, but that individual clinical expression of the disease is modulated by epigenetic and angiogenetic factors and mediated by organ-specific mitochondria. Different triggering functions may modify the clinical expression. This suggests again that epigenetic traits may be impressed in ribosomes, and that the provoked increase of the content of certain free mono amino acids in the blood circulation may affect ribosomal function, modifying the final phylogenetic expression.

That stress is a causative factor is quite in line with the observation that it depletes CNS-lipids, which are generally implicated in different sterile inflammatory (SID) diatheses. During our sleep the daily consumption of CNS-lipids is compensated and healthy cell-induction upheld, provided that patients ingest vital lipid precursors, e.g. butter, cream and well-prepared (prion-free) central nervous system lipids, as in traditional Chinese medicine. The fairly narrow optimal therapeutic zone for these CNS-components may lead to recurrence of clinical symptoms like skin itching, if the lymphopoietic supplement is administered in excess. Furthermore, if the dose level of this CNS-lymphopoietic component was again decreased it led to a positive clinical result. Patients feel the effect of this bio-modulating treatment by them-self and can modify their intake accordingly. The observation that endogenous production of a lymphopoietic Ti-factor can spontaneously be activated in the patient, by ingesting some unknown natural component among the millions of CNS-lipids in the brain, is intriguing. It may explain the variations in the clinical PASI index with psoriasis, but possibly more importantly perhaps elucidate the bipolar oscillating expression of manic
depressive features. In a preliminary study a constant administration of a small
dose of this CNS Ti-lipid may decrease the fluctuations in the rise and fall of this
psychogenic factor. The stabilization of the circulating level actuated by feeding
the patient a small constant outside supply of this physiologic psychogenic factor
may remove the mother-organisms’ inborn trend to overreact in a wave-like
fashion to some unknown endogenous regulatory stimulus, perhaps simulating an
unknown intrinsic factor.

Conclusion

The effective dose level of this crucial titanium-containing lymphopoietic CNS-
lipid supplied with the diet has a fairly narrow therapeutic area. Too low levels
may cause skin itching and too high may again cause recurrent itching. The
successful therapy of different sterile inflammatory diatheses requires an optimal
dose of this lymphopoietic neurologic Ti-substance, derived from animals
which have white blood cells. Healing is triggered by different specific alimentary
supplements in co-operation with interlinked molecules formed by certain amino
acids and trace element ions [Ile & Sn] in active complexes. CNS-lipids are still
the major prerequisite and should be supplemented to facilitate the normalization
of the disparate symptoms of sterile inflammatory diatheses. Specific inductive
etiolologic triggering of the immune-reaction is required to cure these disparate
patients suffering from SID diagnoses. The patients B-Lymph-T profile is
different from the reaction pattern induced by an infectious immune response, see
Table 6.

Acknowledgements

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years.
Traditional Chinese medicine revealed the important message that many diseases
may be due to metabolic deficiencies, and that fortunately many of these ailments
can be compensated by specific functional dietary means!
To speed the progress on such treatments IBI is interested to co-operate in
biological therapy trials in the search for further distinctive triggers for other
SIDs. Colleagues who treat and see numerous patients suffering from different
forms of these incurable sterile anti-inflammatory diatheses have the possibility to
design new treatment modalities.

Table 1.

A short list of ailments with a deficiency craving supplementation with a
lymphopoietic CNS-lipid factor containing Titanium to facilitate a cure.
Psoriasis (PSO), fibromyalgia (FBM), ulcerative colitis (UC), Crohn’s disease
(CD), rheuma (Rh), polyarthritis (PyA), Reiters disease (RD), periostal pain (PP),
pancreatitis (PT), chronic in-explainable iatrogenic fever (CIF) etc.
Table 2. Composition of functional dietary supplements used in the treatment of psoriasis.
1. L-Amino acids: Arginine hydrochloride, Glutamine, Glysine, Serine 2000mg of each but especially Isoleusine; 5000mg / powder
2. Trace-element ions in mgs : Chromium 1.17mg, Manganese sulphate monohydride 45.5mg, Selenium 200µg, Strontium chloride 4mg, Stannos chloride 3.35mg, Vanadium 2.5mg, Wolfram 2.3mg per powder.
3. Folic acid 1mg, and physiologic small amounts of A and D-vitamins may be recommended.
4. Central nervous system lipids equivalent to 50-100g per day are prescribed, in the initial phase of the treatment, e.g. mixed in ice-cream for the sake of taste. Prescribed dietary supplement treatment formulas for psoriasis are pre-made as two separate sealed powders to improve patient compliance. No.1 contains components listed in sections 1, 2, 3. In Section 4. The powder No.2 contains prion-free CNS-lipids (equivalent to ≈50g of CNS) in a micro-capsulated dry form, stored at +4°C under nitrogen, or mixed as a tasty ice-cream stored at –18°C.

Table 3.
For fibromyalgia patients, the dietary supplements contain especially the L-amino acids; Arginine (hydrochloride) and Leucine in addition to the essential trace element ions; Cr, Mn, Sn, Sr, V, & W as chloride salts in addition to CNS lipids as Neurofood Ltd. 220g tins mixed with ice-cream once a week in the beginning.

*These formulae are the intellectual property of The Institute for Bio-Immunotherapy Ltd. Helsinki*

Table 4.
Down-regulated miRNA in psoriasis compared to the healthy control.

<table>
<thead>
<tr>
<th>miRNA</th>
<th>FC</th>
<th>p-adjusted</th>
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<tr>
<td>hsa-miR-218</td>
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<tr>
<td>hsa-miR-495</td>
<td>-0.096666664</td>
<td>0.044084</td>
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</tbody>
</table>
Table 5.

Schematic presentation of the leucotriene cascade. It is involved in chronic inflammatory reactions potentially causing carcinogenic effects. From arachidonic acid the arachidonate cascade goes to leucotriene, prostaglandin, tromboxane, and lipoxins. They are all powerful immunological mediators. Leucotriene is activated by enzymatic splitting by gamma glutamyl transpeptidase splitting its tri-peptide glutathione (Gly-Cys-Glu) into active components (LTC4-LTD4-LTE4) causing capillary permeability and finally the slow reaction of anaphylaxis.
Table 6.

The patients’ white cell distribution pattern, covering B-Lymph-T cell numbers, was monitored during the positive healing reaction caused by this supportive dietary treatment.

This analyze was followed-up for two weeks during continuous supplementary treatment. No significant changes in the white-cell pattern was seen [A] despite the female patient’s positive clinical response to her psoriasis, evaluated by weekly measurements, nor on her CRP which varied from 2.1 mg/l – to 2.3 mg/l. only one week after the treatment started, and it returned to 2.1 mg/l. The NK natural killer cell index for Ly was remarkably low and decreasing. For B-NK cells her index even decreased from 0.18 to 0.14 after two weeks of dietary supplementary treatment.

The male psoriasis patient [B] got CNS-lipids extracted from piglets also for two weeks. His Ly-NK index 24 decreased in a week by 50%, to Ly-NK 13. His B-NK at 0.25 decreased also by 50%, and further from 0.13 to B-NK 0.11. His CRP stayed inside normal limits but increased only slightly, from 0.7 mg/l to 1.3 mg/l, and fell finally to 1.0 mg/l.

In the control patient [C] suffering from an infectious bowel disease showed changes in his CRP as well as in his CD pattern. Variations could clearly be recorded during the two weeks he was on this identical supplementary therapy. There was a difference in the immune reaction pattern of the patient if the immune reaction was caused by infectious agents.
References


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