29.4.04

Cardiac Infarction

g-Strophanthin (Ouabain) - the Endogenous Hormone

from

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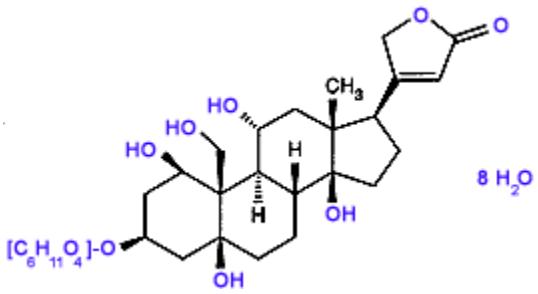
Extracts from plants which contain strophanthin have been used in Africa as arrow poisons. The botanist of the Livingstone expedition, Mr. Kirk, discovered the heart activity of these strophanthus genres and brought it to Europe in 1859.

Thomas Fraser - a Scottish doctor - in 1865 already regularly used a strophanthin tincture and in the subsequent years however, the included heart glycosides became isolated.

"Tinctura Strophanthi" became inlisted into the German pharmacopoeia in 1893 and Fränkel started to use intravenous strophanthin for the clinical treatment of heart disease in 1906 with great success.



structural formula of g-strophanthin-8-hydrate (Ouabain)

Two decades later in 1928 the former 'Heart Pope' Prof. Edens (Germany) called g-strophanthin a "blessing for the heart medicine" anyway and spoke about a "medical professional error" to refuse this medicine to anyone suffering from heart disease.

Because of its good healing effects the experts assumed a similiarity with an endogenous active agent already in the thirties.

In Leipzig (Germany) e.g. Prof. H. Rein experimented with dogs to find the heart active agent "Hypoxie-Lienin" : A dog will die in cause of cardiac insufficiency a few days after his liver is removed. The reason was – so the former state of knowledge – that the heart drug "Hypoxie-Lienin" was produced in the spleen and intermediately stored in the liver after chemical remodeling.

If one, however, gives the animal strophanthin on time, then its heart continues to work normally – the missing "Hypoxie-Lienin" has been substituted by strophanthin (H. Rein "A Regulation System Spleen-Liver for Oxidative Metabolism of Body Tissue and Especially of The Heart", German only, titled: " Über ein Regulierungssystem Milz-Leber für den oxidativen Stoffwechsel der Körpergewebe und besonders des Herzens – Die Naturwissenschaften 36, 233 und 260, Jg. 1949).

After the 2nd World War the interest was focused to the drug digitalis with it's similar structure to strophanthin because of the political and scientific isolation of Germany at that time and by the influence of American heart specialists. Digitalis was favored because its 'cardiotonic' effect was less dependent on it whether it was taken orally on an empty stomach or not.

However, they disregarded, that pharmacologically related structures always have several pharmaceutical working areas which attain, by small differences, a very different main focus of medical effect. With g-strophanthin this is, in contrary to digitalis, besides the effect of strengthening the heart, which belongs to both medicines, the neutralizing effect on the cardiac muscle (moderation of sympathetic nervous system by normalization of the cardiac metabolism).

This accompanying effect is essential, because it reduces the acid overload in the cardiac muscle tissue by stimulation of the sodium/potassium cell pump and so stops such a catastrophe (infarction).

Anyway, this valuable medicine strophanthin appeared to fall into oblivion. But contrary to American specialists internist Dr. med. Berthold Kern from Stuttgart used g-strophanthin (Ouabain) since 1947 as basis treatment for his patients with heart disease, because he recognized that the effect is always reliable if a high blood and tissue concentration is reached for a short time.

Such an active agent concentration usually is reached by taking g-strophanthin (3-6 mg) orally (effect delay about 1 hour); or even faster and more reliable by biting through the capsules (Strodival) which causes resorption across the mucous membrane of the mouth (effect delay 5-15 min only). Classical medicine literature states incorrectly that strophanthin is resorbed by the gastrointestinal tract only to 3-5 %. However, it has been demonstrated unquestionably, it is actually resorbed by the body nearly to 100%.

This resorption misunderstanding has led to the further repression of this so superior healing cardiac drug in the after-years of war.

Its effect on heart depends on the concentration of g-strophanthin reaching the blood. It must be high enough that the cardiac muscle is enriched sufficiently.

Dr. Kern's manual "Der Myocardinfarct (Myocardial infarction)" (breakdown metabolism of the left heart muscle) from the year 1968 was at that time (and is still today) opposite to the coronary theory and understood as a provocation by cardiologists. However, this myocardial theory was postulated by the Brasilian expert Prof. Mesquita, independently from Dr. Kern. It was proved as a fact in the year 1972 (www.infarctcombat.org/), further on by measurements of Prof. Manfred von Ardenne regarding heart-cell pH-values.

In detail the experiences of Dr. Kern from 15.000 heart disease patients are found in his Strophanthin-Report - http://www.melhorn.de/Strophanthin/ (in German only) - and are considered a success without any comparison! Dr. Kern healed with strophanthin, repeated cardiac infarcts during his treatment were rare and there were no reported cases of death – opposite to classical medicine (classical medicine in this group: 130 † , Dr. Kern: 0 †).

But Dr. Kern didn't receive the adequate appreciation (†1995) though experts knowing his therapy method nominated him for medicine Nobel prize. Unfortunately he wasn't allowed to see the results of international working groups around Schneider & Schoner and Kawamura & Nakanishi that proved:

g-Strophanthin exists in mammal as well as in human body tissue (zone fasciculata of adrenal and cerebral/hypothalamus).

In 1991 Hamlyn et al. isolated a substance from human blood plasma considered to be g-strophanthin = Ouabain (mass spectroscopy), which in 1998 irrevocable was identified to be g-strophanthin exactly by the team of Prof. Schoner from Gießen/Germany (Hamlyn, J.M., et al., Proc.Natl.Acad.Sci. 88 -1991- 6259-6263; Schneider, R., et al., J.Biol.Chem. 273 -1998- 784-792).

As a matter of fact this developed even more exciting and was confirmation of the extraordinary healing results for the experts of strophanthin therapy :

In addition, current research between 1999-2002 Prof. Schoner /University of Gießen discovered that g-strophanthin is an endogenous circulation hormone which is released during physical exercise in an therapeutical dosage to support the metabolism of the heart and thus protect the heart.

Measurements from these examinations are presented in the following table.They show that the healthy body operates with the same drug concentration as is normal in the therapy application from Dr. Kern.

Blood drug concentration of g-strophanthin (= Ouabain)

Type of g-strophanthin serving	**Blood concentration of g-strophanthin (µg/l)**	**Total amount in 5 l of blood (mg stroph. = 1000 µg)**
6 mg per-lingual (Strodival bite capsule)	2,5 - 5 # absorption during transfer to blood	0,013 - 0,025 # abs. during transfer to blood
0,25 mg intravenous	max. 50 #, rapidly falling	**max. 0,25** # (1st minute only)
without serving/relaxed athlete (average of 50 persons)	ca. 1,83 * (= 2,5 nmol/l *) (average from 50 persons *)	ca. 0,009 * (average 50) (other authors: 0,0006)
without serving/physical exercise athletes (after 15 minutes since started *)	ca. 62,7 (= 86 nmol/l*) (average from 50 persons*)	**ca. 0,314** (average from 50 persons)

* communication with Prof. W.Schoner/University of Gießen on 2002-09-30 by e-mail. Publication: Ann.N.Y.Acad.Sci. 986: 1-7 (2003). Cooperation with the Universities of Tübingen and Cologne: average from 50 athletes, immediately after 15 minutes of physical exercise. Other authors found with healthy persons a basis amount (no exercise) of 0,16 - 0,7 nMol/l = 0,0006 - 0,0025 mg in 5 l of blood only!

From Dr. Kern's strophanthin report, chapter 2.11 + 2.12 (www.melhorn.de/Strophanthin/)

Remark: Unfortunately, the deeper meaning of this calculation only is understandable to the insider. Strophanthin, which is injected/released into the blood - by an intravenous injection or by release from the adrenal (during physical exercise) - disappears from blood again within a few minutes, because it changes into different tissues, preferably into the heart muscle.
No high concentration therefore arises at a "per-lingual" taking of 6 mg strophanthin, because during resorption into blood (through mucous membrane of the mouth/tongue), at the same time, the active agent is removed from the blood again, preferably by storage in the cardiac muscle or in adrenal and hypothalamus (inter-brain district). A single, highly dosed oral amount per day of

e.g. 3 x 9 = 27 mg therefore can have a positive influence for days with a patient suffering from heart disease, as recognized by Dr. Kern and later doctors throughout the seventies.

The first received measurements published by Prof.Schoner in the year 2000 (Hypertens Res. Vol.23, Suppl.2000, P. 93-98) showed on basis of two persons much higher (orders of magnitude) g-strophanthin levels in blood. Prof. Schoner explained that obviously a high range of personal drug level is possible.

From the above research you can learn that during physical exercise, within the first 5-10 minutes, heartbeat and blood pressure rate reach critical levels (maximal pulse) and then because of the endogenous strophanthin release sink to harmless levels again, despite constant stress of exercise.

But be aware of: The above tabulated release of the endogenous circulation hormone g-strophanthin, however, is only available for the healthy person! **Anyone suffering from a heart condition may miss a sufficient concentration of this healing strophanthin hormone by his body's own secretion.**

The causal correlation with the influence of stress is adequately known. As well as the detrimental effect for the heart by over-acidifying the body tissue.

Please notice in any case:
Stress blocks the release of g-strophanthin!

(from abstract of Prof. Schoner regarding this topic)!

This reviewable experience of the missing release of the heart protection hormone with stress (g-strophanthin normalises a possible metabolism defect in the left cardiac muscle) correlates with the studies of Friedman and Rosenman ("A-Type Behavior and Your Heart") that only the 'A-type' will suffer a cardiac infarct, exact that one who produces stress himself by his A-type behavior- what one-sided leaves unnoticed that over-acidifying and the inner quiet (B-type behavior) are essentially dependent on (basic) food and lacking physical exercise of course. Control of the general tissue over-acidifying is carried out via the urine pH, e.g. late at evening or early in the morning (should be 7,0 - 7,4 preferably)!

Conclusion:

The overreaching excitation of the sympathic nervous system increasingly is accepted as real origin of heart disease. This is reduced with taking strophanthin, “alkaline” food after digestion (wholefood, only little animal protein), acid neutralizing salts and with exercising B-type behaviour.

The arrow poison g-strophanthin is also found in the human body as an self produced (endogenous) circulation hormone and is - in the words of Prof. Edens from the year 1928 -

a blessing for the heart medicine.
Its denial a medical professional error!

Regarding this knowledge about g-strophanthin as an "endogenous circulation hormone" one must ask the urging question: Should a consulting physician be allowed not to offer or refuse the medicine g-strophanthin?

In my opinion, no,
because who would e.g. refuse the hormone insulin to a seriously ill diabetic patient today?

Therefore it is top priority to keep strophanthin in the medical market.

It would make even more sense to cancel prescription requirement, for which a convincing reason never was given anyway.

2003-07-04

PS: The last generally available g-Strophanthin medicine in Germany was Strodival mr, but it was removed from the market in 2012. Nevertheless, Strophanthin in Germany still is available from some pharmacies, see www.strophantus.de.

09.05.2019