

# PLAQUEX

Now also called:

**X-PLAQUE**

- Active Ingredient
- Some basic studies
- Application and Treatment Schedule
- Patient Examples
- Order Information

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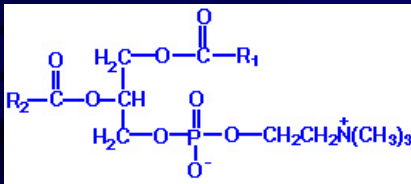
## 1. Active Ingredient

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## The Ingredient

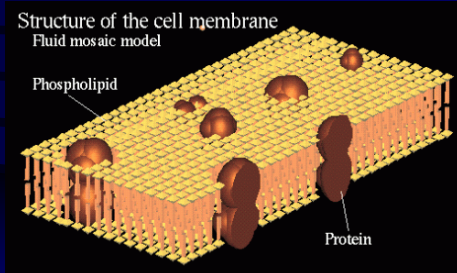
- Phosphatidylcholine:



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## PC builds cell membranes

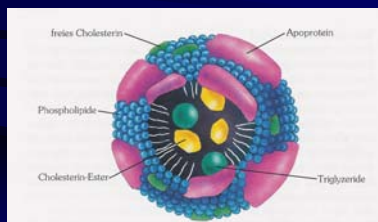


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## ...and micelles

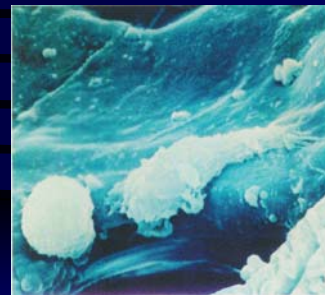
- Surrounding LDL cholesterol, TG



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## The Cell Membrane



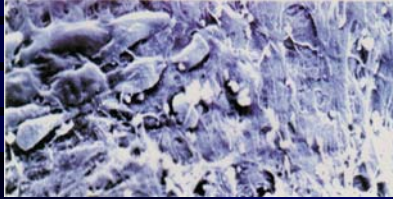
Consists in humans on the average of

1. 70% Phosphatidylcholine
2. Structural proteins
3. LDL-Cholesterol

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## Cell Membranes get damaged by



Free Radicals  
Toxic Substances  
Heavy Metals  
Detergents  
Mechanical (Heart catheter!)

## Result of the Damage

- Scar tissue
- Formation of Plaque
- Elevated LDL Cholesterol in the Blood
- Cell malfunction

## 2. Some basic studies

- **Atherosclerosis induced in hypercholesterolaemic baboons by immunological injury; and the effects of i.v. polyunsaturated phosphatidylcholine**

*Hower, Patel, Bowyer and Gresham, Atherosclerosis 14: 17-29, 1971*

Groups of 5 – 8 baboons were fed either a control or a hypercholesterolaemic diet for 6 months. During the last 90 days each group was given either bovine serum albumine (BSA) to induce atherogenic injury or saline injections.

Only those animals with the cholesterol rich diet and BSA injections developed aortic and coronary sclerosis. An i.v. Injection of polyunsaturated soya phosphatidylcholine 3x/week reduced the incidence and severity of aortic atherosclerosis.

Baboon Groups:

1. Atherogenic Diet, BSA
2. Atherogenic Diet, BSA, Phosphatidylcholine
3. Atherogenic Diet, Saline
4. Control Diet, BSA
5. Control Diet, no injections

Group	Number	Diet	BSA	PC	Aortic atherosclerosis % area
1	8	A	+	-	46.4 ± 12.5
2	8	A	+	+	9.5 ± 4.4
3	5	A	-	-	0
4	5	C	+	-	0
5	5	C	-	-	0

## Modification of aortic atheroma and fatty liver in cholesterol fed rabbits by iv. Injection of saturated and polyunsaturated lecithins.

*14 Adams, Abdulla, Bayliss, Morgan J Pathol Bacteriol 1967 Jul; 94(1):77-78*

New Zealand rabbits were divided into 3 groups. All groups were fed a cholesterol rich diet. One group received ovoid lecithin injections (saturated) twice weekly and another group received phosphatidylcholine injections 4 times weekly.

## Results

The control rabbits fed with a cholesterol rich diet showed fatty streaks and small atheromatous plaques in the arch and descending aorta from 4.5 weeks diet onward. Their livers appeared grossly fatty from 5<sup>th</sup> week on.

Cholesterol fed rabbits given ovoid lecithin injections showed more aortic atheroma than the control group, but their livers appeared less fatty.

Cholesterol fed rabbits given phosphatidylcholine showed no macroscopic evidence of either aortic atheroma or fatty liver. The blood plasma of this group appeared relatively clear and translucent, whereas the plasma of the other 2 groups was opaque.

### 3. Indications for Plaquex Treatment

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### Indications

#### GENERAL:

- Lack of Phosphatidylcholine (sluggish Synthesis)
- Increased need for Phosphatidylcholine (cell membrane and organelle damage (toxic, allergic, etc.)

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### Indications (continuation)

#### SPECIFICALLY:

1. Atherosclerosis (angina, carotid stenosis...)
2. Microangiopathy (Diabetes, after mechanical damage following balloon Angioplasty), peripheral circulatory problems (claudicatio intermittens)
3. Elevated LDL cholesterol levels
4. Liver damage

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### Other Indications

- Elevated levels of Homocysteine
- Capillary Nephropathy
- Memory problems
- Macular Degeneration

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### 4. Application and Treatment Schedule

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### Plaquex Ingredients

2500mg Essential Phospholipids  
(Phosphatidylcholine 70 %)

Small amounts of Benzyl alcohol, Ethanol  
Deoxycholic acid, Vitamin E

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## Intravenous Application

With oral application only 5 –10 % of Phosphatidylcholine is found in the serum,90 % ends up in the enterohepatic pathway during the first by-pass and is almost fully incorporated in to the liver cell membrane. With intravenous application 100 % of the biologically active Phosphatidylcholine is utilized.

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## Treatment Schedule

The half time time in Serum is 30 hours, therefore 2-3 treatments per week are recommended. In exceptional cases 5 treatments per week can be given. The increased treatment program can lead to diarrhea in severely ill patients. Diarrhea can be easily controlled with Imodium. The basic treatment consists of 30 infusions.

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## Maintenance Therapy

In order to keep the patients condition stabilized it is recommended that they receive 1-2 treatments every month.

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## Contents of the I.V. Solution

Plaquex should be mixed solely with

**250 ml 5 % Glucose**

or Dextrose!

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## Length of Infusion

**90-120 Minutes**

If applied faster than the above time Phosphatidylcholine can very rarely cause thrombophlebitis.

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## Protocol

- 1. Tx: 20 ml
- 2. Tx: 30 ml
- From the 3. Tx on: 50 ml ( 1 vial)

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## Taky - Spike

This device is made-up of a bacteria filter enabling us to safely draw Plaquex several times from the same 50ml vial

**Plaquex must be refrigerated**

**Do not freeze**

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## Frequently asked questions I

- Q:1. Can it be mixed with NaCl (eg. In diabetics) or Ringers lactate ?  
A: **NO !!!!!!!**
- Q: What is the maximum dose ?  
A: **Adults up to 65 kg (especially Asian) 40 ml, above 65 kg: 50 – 60 ml.**
- Q: What are the side effects ?  
A: **Diarrhea, transient elevation of HDL, LDL, liver enzymes, thrombophlebitis.**
- Q: How should Plaquex be stored ?  
A: **In the refrigerator (4 – 8 Grad Celsius)**

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## FAQ II

Q: Can Plaquex be mixed with chelation solution ?

A: **NO – absolutely not !!!!**

Q: Can Plaquex and chelation be given alternating ?

A: **Yes, it makes sense to combine the methods with a time interval of 24 hours as Plaquex repairs cellmembrane damage and chelation removes heavy metals.**

Q: Why does Plaquex have to be given per iv ?

A: **After oral application only 5 – 10% end up in the serum, with iv application 100 % gets into the serum.**

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## FAQ III

Q: How can thrombophlebitis be prevented ?

- A: 1. Use 500 ml instead of 250 ml
2. **Only use Becton & Dickinson or Braun (Polyethylen) catheters or Butterfly. Don't use Terumo catheters.**
3. **Make sure the infusion time is at least 90 minutes.**
4. **Pre-treat the patient with EPA/DHA and B - Vitamins**

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## 5. Patient Examples

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## Patient 1:

- 54 year old male  
Diabetic with Hepatitis C and Vasculitis of the toes and peripheral circulatory disease, causing difficult wound healing



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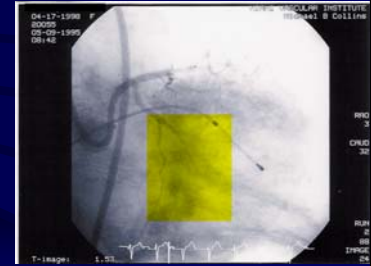
## Patient 1 (continuation)

- 3 Weeks after 10 Plaquex Infusions and Low Level Laser Treatments



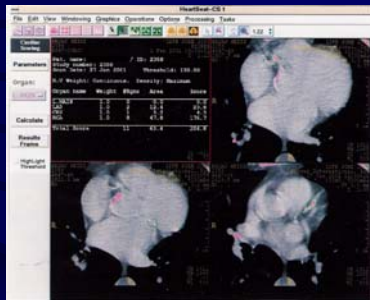
## Patient 2

- 65 year old female patient with 90 % stenosis of the right coronary artery.



## Patient 2 (continuation)

- Fast CT results with Calcium Score 4 years following the Stenosis and after 20 Chelation and 20 Plaquex Treatments



## Patient 2 (continuation)

Score Summary:

Coronary Artery Name	Score
Left Anterior Descending	23.8
Left Circumflex	4.3
Right Coronary Artery	176.7
Left Main Artery	0
<b>Total Score</b>	<b>204.8</b>

Physicians' Report

Score of zero. Normal. No identifiable atherosclerotic plaque.  
1 - 149. Mild identifiable plaque. Possible mild or minimal coronary artery stenosis.  
X 150 - 499. Moderate identifiable plaque. Possible mild or minimal coronary artery stenosis.  
500 - 999. Moderate to Severe identifiable plaque. Likelihood of significant stenosis of at least one coronary vessel.  
1,000 - to 10,000 or above. Severe identifiable plaque. High likelihood of significant stenosis of more than one coronary vessel.

Physician's Comments:

Report Date: January 30, 2001 Approving Physician: Virginia A. Sypser, D.O.  
Signature on file

## Patient 3

- 56 year old insulin dependant male Patient with recurring Vasculitis on all toes.



## Patient 3 (Continuation)

- After 6 Months with 20 Plaquex Infusions as well as 10 Vitamin C Infusions (7 g). Completely healed after receiving the treatment.



### Patient 3 (continuation.)



All the toes of the left foot had vasculitis but only Dig. 1+2 had open wounds.

### Patient 3 (continuation)



### Patient 4

56 year old male Patient with chronic coronary heart disease and following 4 By-pass operations 7 years prior. Renewed IMA- Closure with Angina Pectoris and beginning Bypass Stenosis (non operable).

After treatment with 30 Plaquex and 10 Chelation infusions as well as supplementation with Coenzym Q10, Vitamin C and Magnesium the patient responded positively with increased walking distance and stair climbing with 4 flights of stairs without exhibiting any symptoms of angina pectoris. Patient has been on maintenance therapy twice monthly and at the present time only complains about the pain in his knees.

### Patient 5

Fast CT Score	before	after
Total Score	1362.6	563.2
Number of Lesions	13	4

Treatment: 30 Plaquex infusions over a period of time from 4-5 months.

### Patient 6

- 67 year old patient with claudicatio since several years. Pain in the right calf > left calf and a walking distance under 300 m, often even resting pain.
- Diagnosis: PAVK Stage IIb.

CW Doppler 8/02:	R	L
Brachialis		140 mm Hg
A. tibialis posterior	160	180 mm Hg
	1.14	1.59 Index
A. dorsalis pedis	120	210 mm Hg
	0.86	1.50 Index

### Patient 6 cont.

- Doppler Diagnosis: 90 % stenosis of the right A. poplitea and
  - 70 % stenosis of the left A. femoralis sup.
  - 13.9-19.9.02 PTA of both stenosis
  - Doppler Exam 18.9:
- |                       | R          | L    |
|-----------------------|------------|------|
| Brachialis            | 120        |      |
| A. tibialis posterior | 140        | 110  |
|                       | Index 1.17 | 0.92 |
| A. dorsalis pedis     | 140        | 120  |
|                       | Index 1.17 | 1.00 |

## Patient 6 cont.

- New Doppler 20.9, because of acute worsening and reduction of the walking distance to 30m.

	R	L
Brachialis		160
A.tibialis posterior	140	60
Index	0.93	0.40
A.dorsalis pedis	170	140
Index	1.13	0.93

- 14 Treatments with Plaquex

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## Patient 6 cont.

- Doppler 9.1.03:
 

	right	left
A.tibialis posterior	178	167
A.dorsalis pedis	180	180
Pressure index	1.01	1.08
- The walking distance is now over 300 m.

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## Patient 6 Summary

	Before Plaquex	After Plaquex
	mmHg	mmHg
A.tib.p. rechts	140	178
A.tib.p. links	60	167
A.dors.p rechts	170	180
A.dors.p links	140	180

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## Recommended Examinations prior to treatment

- Lipid profile
- Homocysteine levels, CRP, Fibrinogen, BNP
- Liver profile
- Kidney profile (Dialysis patients have been able to reduce their treatments by 60% following 30 Plaquex infusions and have 30% improved kidney function)

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## Examinations prior to treatment (continuation)

**Prior tests:** for ex. ECG, Angiogram, Fast-CT, Duplex Sonography, Echo cardiogram, Perfusion-PET

**Medication history** (earlier and actual Medications, Supplements)

**Hair mineral analysis** (toxic elements, such as heavy metals [lead, mercury], mineral deficiencies or excesses)

**Urine status** (Sediment, Microalbuminuria)

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## The Fast CT

Important: the Electron beam CT exhibits a high Radiation load and is not very exact; Therefore we recommend examination with a 16 or 64 slice Spiral-CT.

16 slice Spiral CT from Siemens, University Hospital in Basel, Switzerland

(Somatom/Sensation)



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## Worldwide Distribution

Plaquex is being used Worldwide since approx. 3 years in countries such as USA, Canada, Australia, Malaysia, Singapore, India, South Africa, Spain, Belgium, Netherlands, Germany, Switzerland etc.

## 6. Ordering Information

## Cost of Plaquex Infusion

Doctors price: US\$ 39.95 per 50 ml vial  
Recommended treatment cost to the patient per infusion:  
US\$ 100.-- to US\$ 150.—

## Treatments at Baxamed

- Hairmineralanalysis  
Free Radical Test (Urin)  
Complete Hormonestatus
- Chelation-Therapy  
Plaquex Therapy  
Hormone Replacement Therapy (HGH,DHEA,Melatonin,  
Sex.hormones, Thyroid)  
Organotherapy  
Thymustherapy  
Ozontherapy (Virusinfections)  
Orthomolecular Medicine  
Water filters
- Vitamin C Infusions
- RNA -Therapy

All Plaquex orders need to be faxed to 0041 61  
422 12 89 or e-mailed to:  
info@baxamed.com

The Doctor's Information Kit  
includes all necessary instructions to order  
and use Plaquex.  
Thank you