Title:

STIMULATION OF SPORTS PERFORMANCE AND RELIEF OF SPORTS PAINS WITH A NATURAL HERBAL YEAST FORMULA with Special consideration of the SCIO

(Towards a Natural Oxygenation and Sports Stimulation Formula)

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Abstract:

This study tests the effects of a natural oxygenation formula on sport fatigue pain, and sport performance. The SCIO treatment provides a basic repair stimulation signal for cellular rejuvenation. Diseased tissue has a different type of electrical signature than healthy tissue. When the SCIO detects an injured tissue signal it responds with a curative stimulation electrical pattern to promote and speed healing. There are also many additional effects from the device to enhance sport performance in general

Key Words:

Stimulation, Flower Pollen, Pangamic Acid, Oxygenation, Xrroid, SCIO

Hypothesis:

Since flower pollen and certain yeast's RNA and DNA components have been demonstrated to be an oxygenator supplement for stimulating the Brain. It has been used as an energy kick pill to complement sport training exercises. The B vitamins are well documented for brain Stimulation and are one of the few documented thinking enhancers.

The Russian scientists in the 1950 have shown the profound oxygenation stimulation effects of Pangamic Acid (known as B_{15}). In the 1950's there was an over reaction of the American FDA to certain B vitamins. They labeled B_{15} as illegal to make in America. This B_{15} formula was called liquid Oxygen by the Russian developers. The sports effects were profound and the soviets lead the world in Olympic events for the next decades. Since the wellness of any organ or organism is dependent on how well it uses oxygen, Pangamic acid has an overall tonic or panacea for any condition.

Perhaps a combination of other known oxygenators with pollen can provide a synergistic effect for cellular oxygenation. Since the action of the pollen seems to be from the nucleotides and the trace elements in the pollen, providing an extra source of nucleotide might facilitate absorption. Towards this goal, RNA and DNA from yeast sources were added to our formula. Since nucleotide absorption depends on protein-digesting enzymes (deficient in most clients), comfrey pepsin is added to the herbal base where the protease pepsin lies dormant in its protein-breaking-up action waiting for HCL in the stomach to activate it into pepsinogen. B_{12}, folic acid and most importantly, B_{15} were also added to the formula for their strong oxygenation abilities and their methyl donor action, fortifying both lung and liver action. $B_{17} + B_{18} + B_{19} + B_{20}$ were also added in trace amounts from herbal sources. This addition of the higher B

complex (B_{12}, folic acid, B_{15}, and B_{17}) helps stabilization of nerval function as well. Oxygenation and stabilization of blood pH is also dependent on zinc in the form of zinc anhydrase and other zinc dependent enzymes. Since the average American diet is deficient in zinc, a trace amount is added to the formula.

So our formula for oxygenation will include the following.

Formula:

_____ RNA, DNA (yeast type)
_____ Thiamine B_1
_____ Riboflavin B_2
_____ Niacin B_3
_____ Pantothenic Acid B_5
_____ Pyridoxine B_6
_____ Choline B_{11}
_____ Biotin B_{10}
_____ Folic Acid B_9
_____ Pangamic Acid B_{15} (pangamate yeast carrier)
_____B_{16}, B_{17}, B_{18}, B_{19}, B_{20} --all natural source
_____ Hunzas Bee Pollen
_____ Zinc Aspartate (chelated)
_____ Comfrey Pepsin
_____ Free Fatty Acids
_____ Minerals- Calcium, Phosphorous, Potassium, Magnesium
_____ Trace Minerals- Iron, Tin, Zinc, Manganese,

Methods and Materials:

Testing involved three types of experimental criteria:

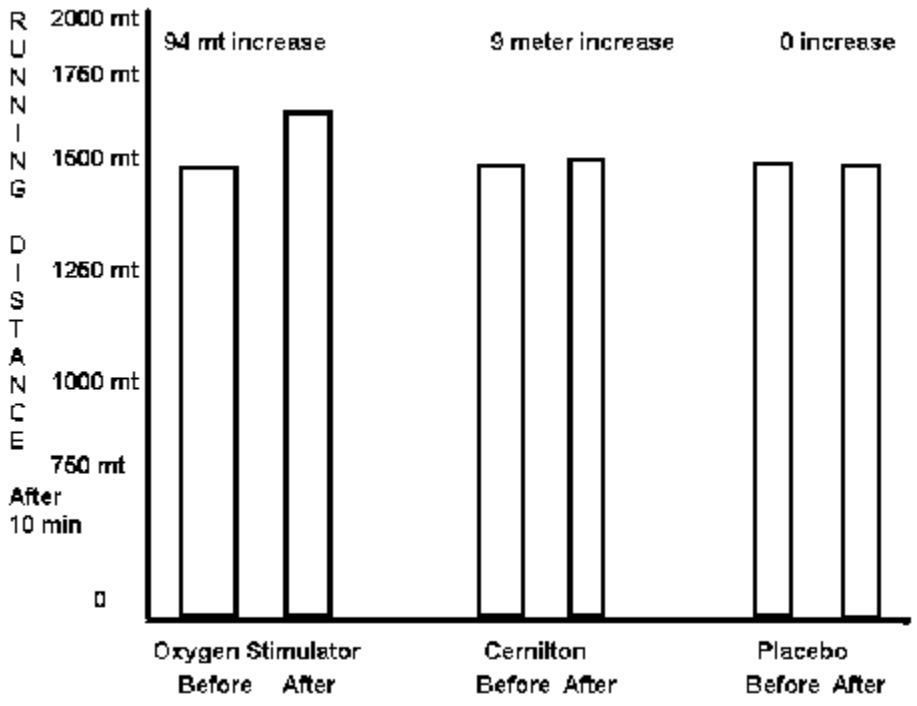
1. Electro-physical measures of oxygenation. Here the microamperage output of the body is measured and after the patient takes a deep breath, the amperage increases in correlation to the oxygen absorbed in the blood stream. Fifteen microamps are found to be average in healthy, active participants. Three groups of ten

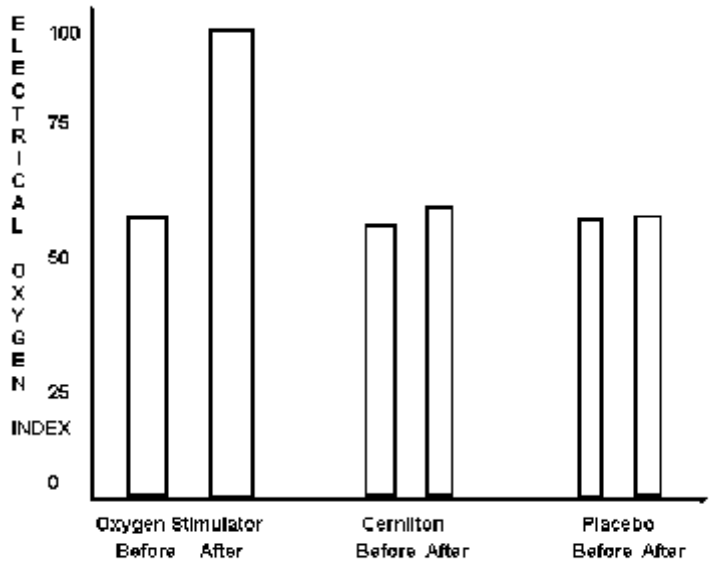
were measured for this electro-oxygen potential. Random selection of participants, all twenty to thirty-five years of age, were healthy, nonprofessional athletes. Group 1 was given placebo (lactose sugar) in two pills, twice a day. Group 2 was given Cerniltons (Swedish bee pollen sports tab) in two pills, twice a day. Group 3 was given our formula in two pills, twice a day. All groups were monitored for electro-oxygen potential once a day for seven days.

2. Twenty-one professional athletes were divided into three similar groups. These athletes, already in training, were asked to run for ten minutes. Distances were recorded before the supplementation program and again ten days later.

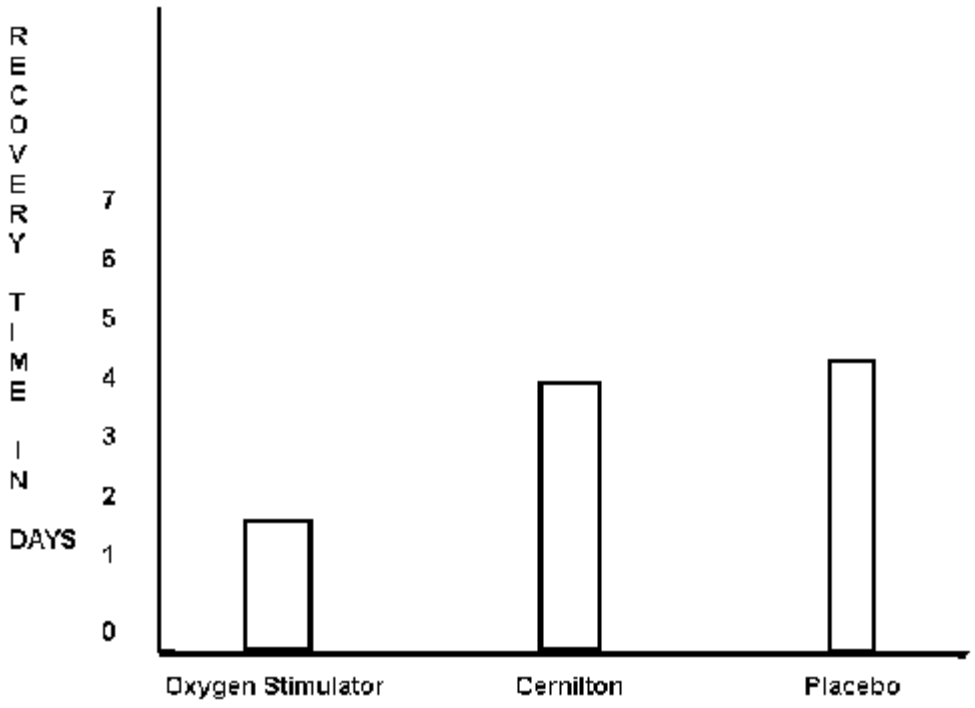
3. Twelve somewhat out-of-shape participants were asked to take either the flower pollen or our own formula, then initiate an *n* exercise program of weights and running. After three days participants were asked to rate the muscle pain and strain that they experienced from exercise. Participants rated the following on a scale of 1 to 10, 10 being severe:

A. Muscle pain
B. Muscle strain
C. Joint pain
D. Difficulty in breathing
E. Ability to flex


RUNNING DISTANCE
2000 mt
1760 mt
1600 mt
1260 mt
1000 mt
750 mt
After
10 min
0
94 mt increase
9 meter increase
0 increase
Oxygen Stimulator
Before After
Cernilton
Before After
Placebo
Before After


ELECTRICAL OXYGEN INDEX
100
75
50
25
0
Oxygen Stimulator
Before After
Cernilton
Before After
Placebo
Before After

Results:


RECOVERY TIME IN DAYS
7
6
5
4
3
2
1
0
Oxygen Stimulator
Cernilton
Placebo

The results of experiment #1 showed conclusively that the Bee Pollen formula, versus the control and the Flower Pollen, was able to put oxygen into cells. This was measured electrically. This was shown to take four to five days to reach its maximum effects.

The results of experiment #2 showed an increase of approximately one tenth of a mile in performance of the athletes versus control or Bee Pollen. This is an incredible advance. This is the difference between first and last in a race. There is an extremely profound sport effect. The participants in this experiment were members of the Cleveland Browns and in the next five years they will all but one make the all pro list. A friend of mine was a high altitude bike athlete who was not so good at his sport. He would normally place 48 thru 50th out of 50. But his heart was good and he always tried his best. After two weeks of the formula he placed second in a race then he had three consecutive wins. He told me it seemed like he could run the race again, instead of being wasted at the end. This formula is legal for use and is not in any way banned from sport use.

Results of experiment #3 showed that the homeopathic combination formulas were able to help patients to control the aches and pains of starting a sports program.

Background Disscussion

OXYGEN TRANSPORT BY THE BLOOD

When haemoglobin (Hb) is exposed to 02, the 02 molecules continually collide with it. If there is an empty binding site on the Hb, a colliding 02 may bind to it. But bound 02s are continually shaking loose from their sites in the presence of trace minerals such as zinc.. Equilibrium is reached when the number being bound just equals the number shaking loose. In Hb, this equilibrium is reached very fast, anc its position is determined largely by the P02. The higher the P02 (the more concentrated the 02), the more frequent the collision with Hb and the more frequently an 02 will bind. As the 02 concentration increases, more and more binding sites are filled, until finally every site is filled, with each Hb molecule containing four bound 02 molecules. At this point, we say the Hb is 100% saturated; when only half are occupied, the Hb is 50% saturated.

Hb takes up 02 at the partial pressures that exist in the lungs and in the tissues. In the lungs, P02 = 105 mm Hg; the curve shows that Hb is 97% saturated. Hb will unload 02 in the tissues where P02 averages about 40 mm Hg and may fall even lower to 20 mm

Hg in active muscles. There is a difference between the percentage of Hb saturation of blood just after leaving the lungs and the percentage of Hb saturation in the tissues. This difference is the 02 delivered to tissues.

This oxygenation cycle is the base of all life and the best indicator of wellness. The supply of the methyl donor pamgamin and the other high end B vitamins boost and enhance the carbohydrate utilization curve via the oxygen cycle. The additional rare minerals and bee pollen components also have oxygen stimulation effects.

Hb "works" because its saturation curve is S shaped; it unloads most of its 02 in a very narrow range of P02 between 20 and 40 mm Hg. This behavior is due to the fact that Hb is made of four interacting subunits that "cooperate" in binding Oz. The first portion of the curve at very low P02 is flat because Hb is in the tense state and not receptive to 02. As more 02 molecules are introduced, the likelihood of one of them binding goes up. Once it binds, it influences the other vacant binding sites on the same Hb molecule, increasing the probability of binding a second 02, which will increase the chances for a third, etc. Thus, the binding (saturation) curve rises very steeply and fortunately in just the right region!

Contrast this behaviour with that of myoglobin, the 02 storage protein in muscle cells. It is similar to Hb, but it contains only one subunit; one molecule binds only one 02, and there is no possibility of a T state or of cooperative binding. Its binding curve is not S shaped, and rather than giving up its 02 at the P02 found in the venous blood, it takes it up. But this fits its function; myoglobin stores 02 and will give it up in the tissues only when the P02 falls very low.

The P02 is not the only variable that influences the binding of 02 to Hb. There are several percentage of saturation curves for Hb under different conditions. In one of them, the concentration of C02 has increased, and the 02 saturation curve for Hb has shifted to the right (i.e., it lies below the "normal" curve). In this case, a higher P02 is required to achieve the same percentage of saturation, and this means the Hb has a lower affinity for 02. If the Hb were just sitting there, exposed to a constant P02, and C02 suddenly increased, shifting the curve to the right, then the Hb would release some of its 02. This actually happens as blood passes through a capillary, and C02 diffuses into the blood from the tissues. In addition to C02, two other important substances shift the curve to the right. These are H+ and a phosphorous-containing metabolite, 2, 3 DPG. These each bind at separate locations on the Hb molecule, but they all act in similar ways by strengthening linkages between Hb subunits, which promotes the tense state with low 02 affinity. Tissues commonly produce C02 and H+. This helps drive 02

off the Hb, making it more available to tissue cells. An effect enhanced by the Oxygen Stimulator pills.

When the curve is shifted to the left, above the "normal" curve, the Hb has more affinity for 02; it takes some up. This will occur whenever the 2,3 DPG level falls. In fact, when all the 2,3 DPG is removed, Hb's affinity for 02 increases to such an extent that it begins to resemble myoglobin. The Hb in fetal red cells is different from adult Hb; in particular, fetal Hb does not bind 2,3 DPG as readily as adult Hb. In other words, it is less sensitive to 2,3 DPG. As a result, the 02 saturation curve for fetal Hb lies above the curve for maternal Hb, showing that fetal Hb has a greater affinity for 02. This is an advantage for the fetus because when fetal Hb comes in proximity to maternal Hb (in the placenta), it will draw 02 from the maternal blood.

The role of 2,3 DPG has attracted a good deal of attention because it is not simply an essential "ingredient" whose presence is required for normal Hb function. Rather, its level can vary considerably, and it is involved in regulating 02 transport in both health and disease. Its level rises when 02 uptake in the lungs is compromised, and this helps the Hb unload a larger portion of the 02 that it does carry when it gets to the tissues. This rise in 2,3 DPG occurs, for example, during the first day's adaptation to high altitude and during obstructive lung diseases. The Oxygen Stimulator has a positive effect on 2,3 DPG, explaining part of it’s ability to assist oxygenation.

The Xrroid Effect In Stimulation of Oxygenation

The word Xrroid is defined as the testing of a patient Electro Physiological Reactivity to thousands of substances at biological speeds. Biological speeds are defined as those approaching the ionic exchange speed of a persons’ electrical reaction to the items in their immediate environment. This is a speed of approximately 1/100 of a second. The Xrroid is the process of measuring a patients’ reaction to such items as vitamins, homeopathics, enzymes, hormones, allersodes, isodes, nosodes, etc.

The Xrroid is the invention of Dr. Nelson and was first used in 1985 in the EPFX device of Eclosion. This was registered with the FDA of America in 1989. The process has been greatly advanced technologically in the QXCI device. The Xrroid has been used on millions of patients around the world for over a decade.

The process has been clinically tested with results being published in medical journals and articles being presented in several world wide medical conferences. The users of the systems have sent in thousands of testimonials and reports of dramatic

success come in daily. The users use the device as directed, which means seeing a patient once a week at best.

For over a decade occasionally someone with an overly suspicious mind will try to use the device not as directed but on someone repeatedly in the same day. They will check some over and over in the same day. They will report back to us with dismay as that even though the first results are always accurate the second or third results seem to not be. Often these reports come from persons who cling to older technology or have ulterior motives. So often the reports have not been checked. But recently when the Chinese distributor had a similar comment the Chinese representative had an observation. Could it be that the Xrroid test might produce some effect on the EPR of the patient?

The tickle of testing a person to thousands of items at fast speeds seems to promote a increase in the wellness of the EPR field that promotes a change or destabilization in the EPR field of the patient. This will lead to inaccurate Xrroid results for a period of up to 48 hours. So for this time the therapies can be done successfully but the Xrroid will be less accurate.

Patients will have hyper-reactivity states after testing. Some patients report heightened sense of taste, smell, coordination, flexibility, and even ESP. Some are not aware of the difference and their other family members report noticing the change. During this period the Xrroid retesting will often be inaccurate. But therapies can be used during this time. The recovery time appears to vary depending on the patient condition. The recovery time can be from 24 hours minimum to 100 hour maximum.

Our tests have shown that the Xrroid itself has healing effects as patients have improved trivector patterns. Athletes consistently report heightened reflexes, improved coordination, and faster motor skills. After one Xrroid test there are several improvements in clarity of thought process, eye hand coordination, etc. But after two or more Xrroid test a state of hyperactivity can ensue for hours or days. Please keep the Xrroid tests to a minimum. This change in EPR shows just how effective the Xrroid is. I hope this will help the skeptics in properly charting out the challenge of the SCIO.

TRANSPORT OF CO2, H+, AND O2

The subunit structure of Hb introduces into the molecule new properties that are not shared by the simpler single unit analog, myoglobin. In particular, increasing the

concentrations of C02 and H+ drives 02 off the Hb molecule. The converse also holds: increasing the concentration of 02 drives off both C02 and H+. At first, this unusual sensitivity of Hb to its environment may seem undesirable in a molecule whose function is to stabilize the P02 in body fluids. However, the function of Hb goes beyond this; it not only transports 02, it also transports both C02 and H+. Further, Hb reacts with these three substances in a remarkable way so that just the "right" thing happens at the "right" time.

Like 02, C02 transport is passive. PC02 is high in the tissues because it is produced there. It is low in the lung alveoli because it is swept out with each breath, and therefore it is also low in the arterial blood that enters tissue capillaries. C02 moves down its partial pressure gradient from tissue to capillary blood to lung alveoli (plate 48). Although blood holds a small amount of C02 (about 9%) in simple solution and another fraction (about 27%) in combination with Hb, the major portion (64%) reacts with water, forming bicarbonate (HC03) and hydrogen ions (H+).

C02 + H20 Þ? H2C03 Þ? HC03 + H+

Because PC02 is high in the tissues, this reaction proceeds to the right, and C02 is carried as bicarbonate. However, there is a major problem with this reaction; it leads to the accumulation of H+ ions. Not only are H+ ions acid, but their accumulation will slow down and block the reaction of C02 with water, which severely limits the amounts of C02 that can be carried. The dilemma is resolved by substances in the blood that "soak up" or buffer excess H+ ions. Hb is one of the most important of these buffers; its reaction with H+ can be represented as follows:

H+ + Hb02- Þ? HHb + 02

where the Hb02 represents Hb with 02 attached (oxyhemoglobin), and the (-) sign signifies one of the many (-) charges carried by the Hb molecule. Similarly, HHb represents Hb with an extra H+ attached.

Notice that these reactions are both reversible (i.e., they can proceed from left to right or from right to left depending on the concentrations of reactants and products). At equilibrium, the reaction proceeds in both directions, but at equal

rates so that no noticeable change takes place. However, when concentrations of substances on the right are decreased, the reaction gets "pulled" from left to right. Increasing concentrations on the left will "push" the reaction from left to right. Conversely, decreasing the concentrations of substances on the left, or increasing them on the right, moves the reaction from right to left.

In the tissues, the reactions involving Hb and bicarbonate are coupled because H+ ions are a common participant in both. In the tissues:

C02+ H20 Ý?H2C03 Ý?HC03 + H+

H+ + Hb02 Ý?HHb + 02

The first reaction proceeds in the indicated direction because (1) C02 is produced in tissues so its concentration is high, and (2) as soon as excess H+ begins to accumulate, it is consumed by the second reaction. The second reaction proceeds in the indicated direction because (1) a steady supply of H+ is liberated by the first reaction, (2) a steady supply of Hb02 at high concentration is coming from the lungs, (3) HHb is continually swept away in the venous blood, and (4) 02 is consumed by the tissues, so its concentration is low. Note that as soon as H+ is produced, it is picked up by the Hb, so free H+ does not accumulate to dangerous levels. In the process, the tissues receive an extra dividend: more 02 is driven off the Hb than would be without the H+ binding.

In the lungs, these same reactions occur, but now in reverse:

O2 + HHb →Hb02- + H+

H+ + HC03 →H2C03 → H20 + C02

The first reaction proceeds in the direction of the arrow because (1) P02 is high in the lungs, (2) there is a steady supply of HHb at high concentration coming from the tissues (via systemic venous blood), and (3) as soon as excess H+ accumulates, it is consumed by the second reaction. The second reaction proceeds as shown because (1) there is a steady supply of H+ liberated by the first reaction, (2) there is a steady supply of HC03 at high concentration coming from the tissues, and (3) breathing keeps CO2 at a low level.

Thus, H+ ions, which at first appeared to be a problem, actually play a very useful role: in the tissues they drive 02 off of Hb, and in the lungs they help drive C02 off of HC03 . They never accumulate in the free state because they are passed back and forth like a "hot potato" between Hb and HC03.

PATHWAYS FOR MEMBRANE TRANSPORT

To deal with movements through membranes, we require a "common denominator" that allows us to compare magnitudes of forces and predict motions. Free energy provides that concept. Free energy is the amount of energy that can be "set free" to do work. When substances move from regions where their free energy is high to regions where it

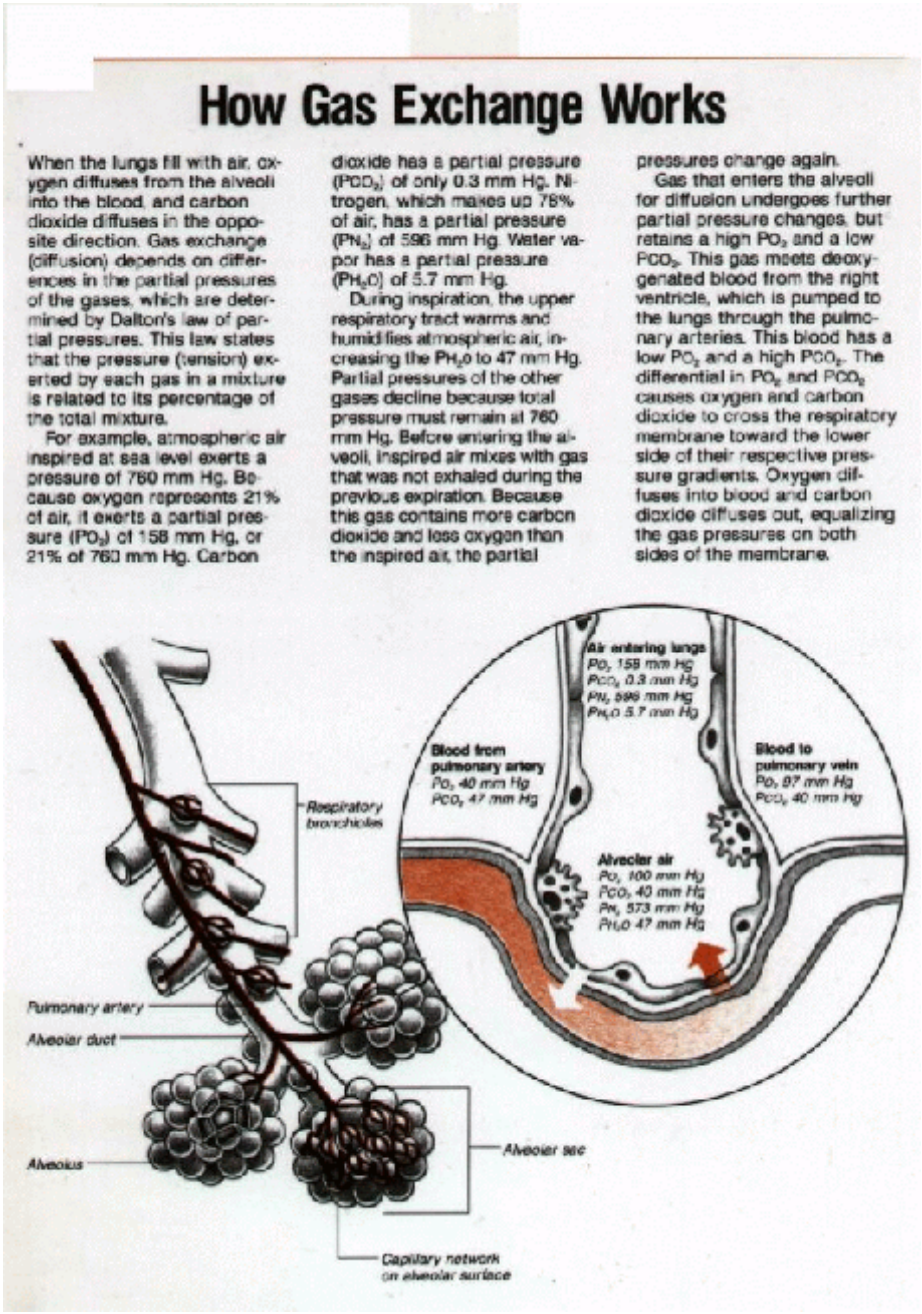
is low, down the free energy gradient, we call the movement passive because it can occur without any "aid" or work done by an external agency. The substance simply loses some of its energy to the environment. However, substances cannot move in the opposite direction (from low to high free energy) without obtaining energy (work) from the environment. When substances move uphill, from low to high free energy, we call the process active. One of the major problems of membrane physiology is to identify the source of energy supplied by the environment and to describe in detail how it is utilized. Favorable free energy gradients by themselves are not sufficient to ensure transport. It doesn't matter how large
a gradient is if the membrane does not allow the substance to pass through. In addition to a favorable gradient, there must also be a pathway. The common pathways we describe in this plate have not been fully identified; our understanding is incomplete, and our descriptions of mechanisms are oversimplified.

PASSIVE PATHWAYS. Some solutes, particularly steroid hormones, fat soluble vitamins, oxygen, and carbon dioxide, are lipid soluble. They simply dissolve in the *lipid bilayer* portions of the membrane and diffuse to the other side (1). Many other important solutes, including ions, glucose, and amino acids, are more polar; they are soluble in water, but not in lipids. These substances move through special pathways provided by *proteins* that span the membrane. Small solutes like Na+ pass through *channels (2).* Larger ones like glucose enter the cell *by facilitated diffusion* (3). They bind to a protein carrier that "rocks" back and forth or moves in some other way, exposing the binding site first to one side, then to the other side of the membrane. The solute hops on or off the site, depending on the concentration. If there is a higher concentration outside the cell, then the binding site will have a greater chance of picking up a solute on the outside, and more solutes will move in than out. This will continue until the concentrations on both sides are equal. At this point, movement in one direction is just balanced by movement in the opposite direction; net movement ceases. It is a purely passive transport because any glucose movement is always down its *concentration gradient.* Similar facilitated diffusion systems exist for many other substances.

TRANSPORT AGAINST GRADIENTS. Proteins also provide pathways for solute movements against concentration gradients (uphill). *Primary active transport (4)* is probably similar to facilitated diffusion. The transported molecule binds to a site on a protein that can "rock" or otherwise expose the binding site first to one side then to the other side of the membrane. Now, in contrast to the passive facilitated diffusion

described above, suppose the binding site properties change and depend on which side of the membrane it faces. If the solute can bind on only one side of the membrane, say on the surface facing the inside of the cell, then transport is in only one direction, from inside to out, but never the reverse. Now if the concentration is less inside than out, our protein will transport against a gradient; it will be an active transport system. Energy for the transport will have to be supplied in order to change the binding site properties each time it cycles back and forth. This energy is generally derived from the splitting of ATP.
Solutes can also move uphill by co- and counter transport. Both utilize the passive transport of one solute to transport a different solute. Our example of co-transport (5) is similar to facilitated transport, but now the protein carrier has binding sites for two different solutes, Na+ (represented by circles) and glucose (triangles). The carrier will not "rock" if only one of the sites is occupied. In order to "rock," both sites have to be empty or both sites occupied (both a Na+ and a glucose have to be bound). Outside the cell, Na+ is much more concentrated than glucose, but inside the cell, the concentration of Na+ is very low because it is continually pumped out by an active transport process operating elsewhere in the membrane. Both Na+ and glucose will move into the cell, but few molecules will come back out because the low concentration of intracellular Na+ makes it difficult for glucose to find a Na+ partner to ride the co-transport system in the reverse direction. By this mechanism, glucose can be pulled into the cell even against its concentration gradient. The energy for transporting glucose uphill against its concentration gradient comes from the energy dissipated by Na+ as it moves down its concentration gradient. The concentration gradient for Na+ is maintained by a primary active transport pump, which is driven by energy released by the splitting of ATP, so that ATP is indirectly involved in this co-transport example. Similar co-transport systems exist for other solutes.
Counter transport (6) is similar to co-transport, but now the two solutes move in opposite directions. In our example, there are binding sites for two different solutes, say Na+ (circles) and Ca++ (triangles). Again the carrier will not "rock" if only one of the sites is occupied. In order to "rock," both sites have to be occupied (both Na+ and Ca++ have to be bound). Because the Na+ concentration is much higher than Ca++, it tends to dominate and keeps the counter transporter moving in a direction that allows Na+ to flow down its gradient (into the cell). It follows that Ca++ will flow out of the cell, even though the Ca++ concentration is higher outside the cell than in. Once again the energy dissipated by Na+ moving down its gradient is coupled to the uphill transport of another solute.

The positive effects of electrical forces on the ions is boosted by the SCIO treatment. The combination of electrical and concentration gradients is enhanced with the SCIO



How Gas Exchange Works

When the lungs fill with air, oxygen diffuses from the alveoli into the blood, and carbon dioxide diffuses in the opposite direction. Gas exchange (diffusion) depends on differences in the partial pressures of the gases, which are determined by Dalton's law of partial pressures. This law states that the pressure (tension) exerted by each gas in a mixture is related to its percentage of the total mixture.

For example, atmospheric air inspired at sea level exerts a pressure of 760 mm Hg. Because oxygen represents 21% of air, it exerts a partial pressure (PO_2) of 158 mm Hg, or 21% of 760 mm Hg. Carbon dioxide has a partial pressure (PCO_2) of only 0.3 mm Hg. Nitrogen, which makes up 78% of air, has a partial pressure (PN_2) of 596 mm Hg. Water vapor has a partial pressure (PH_2O) of 5.7 mm Hg.

During inspiration, the upper respiratory tract warms and humidifies atmospheric air, increasing the PH_2O to 47 mm Hg. Partial pressures of the other gases decline because total pressure must remain at 760 mm Hg. Before entering the alveoli, inspired air mixes with gas that was not exhaled during the previous expiration. Because this gas contains more carbon dioxide and less oxygen than the inspired air, the partial pressures change again.

Gas that enters the alveoli for diffusion undergoes further partial pressure changes, but retains a high PO_2 and a low PCO_2. This gas meets deoxygenated blood from the right ventricle, which is pumped to the lungs through the pulmonary arteries. This blood has a low PO_2 and a high PCO_2. The differential in PO_2 and PCO_2 causes oxygen and carbon dioxide to cross the respiratory membrane toward the lower side of their respective pressure gradients. Oxygen diffuses into blood and carbon dioxide diffuses out, equalizing the gas pressures on both sides of the membrane.

treatment.

Summary Discussion:

Our Natural formula was shown in our study to help stimulate oxygenation, athletic performance and relief of minor aches and pains from an athletic program. Our study showed that it took four or five days for effects to be seen.

Continued measurement of the athletes on the product showed no major increase, other than those seen from the increase of their own training routines, which would produce heightened ability for muscle tone and oxygenation in and of itself.

The SCIO treatment provides a basic repair stimulation signal for cellular rejuvenation. Diseased tissue has a different type of electrical signature than healthy tissue. When the SCIO detects an injured tissue signal it responds with a curative stimulation electrical pattern to promote and speed healing. There are also many additional effects from the device to enhance sport performance in general

The wellness of any organ or organism is determined by how well it uses oxygen.

The basic blend of bee pollen, pangam saccromyces and herbs was taken from a formula used by the Hunzas in Pakistan and Russian athletes. The ages of people in this tribe have been known to reach one hundred forty years. They use this type of bee pollen and herbal mixture to stimulate digestion. Most bee pollens are difficult to digest, so many who take them do not get the full benefits from them. However our formula with the presence of various enzymes, can boost digestion, and thereby stimulate absorption of the oxygenation factors. As we have shown in our study, there is a difference between our formula and other bee pollens. This is a dramatic distinction that can mean the difference between winning and losing a race. Thus for sports activity, memory enhancement and overall wellness the Oxygen Stimulator is an excellent suggestion.

Oxygen Stimulator

"Wellness in a bottle"

New Vistas of Hungary,
Kalvaria ter #2, Budapest, Hungary
contact person Christian Serbu
Actual Components: Brewers Yeast-80%, Bee Pollen-5%, Flower pollen 5%Comfrey Pepsin (*SYMPHYTUM OFFICINALIS*)Herb 0.5%, Natural Binders9.5%

Manufacturing Process: Brewers Yeast is dried and compressed with Flower Pollen, Herbs, and binders. All processed at room temperature.

Ingredients contained in Natural Form :

- **RNA, DNA (pangam-saccromyces-Yeast type)**
- **Thiamine B_1**
- **Riboflavin B_2**
- **Niacin B_3**
- **Pantothenic Acid B_5**
- **Pyridoxine B_6**
- **Choline B_{11}**
- **Biotin B_{10}**
- **Folic Acid B_9**
- **Pangamic Acid B_{15} (pangam saccromyces- Yeast carrier)**
- **B_{16}, B_{17}, B_{18}, B_{19}, B_{20} --all natural source**
- **Hunzas Bee Pollen**
- **Zinc Aspartate (chelated)**
- **Comfrey Pepsin**
- **Free Fatty Acids**
- **Minerals- Calcium, Phosphorous, Potassium, Magnesium**
- **Trace Minerals- Iron, Tin, Zinc, Manganese,**

Fats protein: energy contents:
1500 KJ/100 gr
4,8 KJ/1 pir

160 pills at .45g each
Dietary accessories with natural B vitamin. Spray dried saccromyces.
Dosage: to children 3x2 pills / day (below 6)

To adults 5 pills at bed / 3 in morning

Storage: dry, above 20 C°

Inflammatory Response

'The lnllamrnatory r.spon$8IS a COit!PieX prcx:est thrOIQI which many pana of the body CMtc:ome the atr–of wounds and return the body 10 The primary function of the lnllemmatory r• IPOnM Ia to bring phagocytlc cells ('*>trOI)Nis and moo oocytes) to the Inflamed .,. . .ro deatroy btoct. ria lind rod the tissue spaces of dead lind dying cella ao tNI!tiUu6 repelcan beg.n. The illulllratlons below tiliCe the steps of lllle lnflammetory rrponM.

Inflammation produces four c:arcfrnal•91• redness, swelling. heat. and pain. The llnlt ttvM algIS r• auu Irom loc:at vasodilation. lluld leakage Into the extrll'lucular spece. and blockage of lymphatic dreJno agto. The fourth results from tissuaspece dlat..-.tlon caused by swelling and prWur•. and lrom chemical irritation of nociCIIPIOrs (pain receptora).

The acute phase of the inflammatoty respon11typically lasts 2 week$; the aubacute phaaa {a leas ten11V8fsion of the acute phesa). 2 weeks.