Subject: Some Important Clarifications to Conference No. 03

Dear All,

In our today's conference, we discussed diagnosing anemia based on Ferritin, which is the intracellular stores of iron. We found that this is a more reliable and sensitive test, than relying solely on hemoglobin which can result in a very large number of misdiagnosed case.

As a matter of fact, we established from the data of prior case studies done at SpaceAge that there is really no correlation between hemoglobin and ferritin. We also found that the diagnosis of anemia, which is a very gradual and slowly progressing disease, is extremely difficult, as the symptoms that develop invariably point to many other complex diseases, based on the false assumption, that if hemoglobin levels are adequate, the patient is not anemic and should not be therefore be treated for anemia.

This faulty model of diagnosing anemia based on hemoglobin values, invariably leads to the possibility of misdiagnosis of many more complex diseases, for which allopathy has no cure and the patient has to be contended with suffering the symptoms for life.

The next problem we found is that, even if the test of ferritin is done and the diagnosis of anemia is arrived at, there are no readily available pharmaceutical formulations for the MDs to use to raise Ferritin to healthy levels and ensure that the stealth symptoms of anemia disappear.

This is a good example of a situation, which established the importance of Orthomolecular Medicine / Intracellular Nutrition to treat and correct nutritional deficiencies inside the cell wall, where nutritional corrections are really required.

Presently, pathology does not readily offer intracellular studies of nutrition and ferritin is perhaps one of the oldest test of intracellular nutrition that has been around, but has remained totally neglected from main stream medicine for almost say one hundred years. In recent years, there are a few path labs in the US, such as LabCorp and Quest Diagnostics which also offer intracellular testing of magnesium and zinc. But the cost of these intrcellular tests is prohibitive, and not easily available to patients, as the relevance of such test are not readily accepted under the present medical system, which does not still see their relevance and need for treating diseases.

The problem is further compounded, by the fact that the physician does not have access to formulations, specially developed to penetrate intracellular space, which need to be corrected when found depleted.

So at this time, the concepts of intracellular nutrition which was introduced by Nobel Laureate Linus Pauling needs to be taken at least five generations ahead to bring this to the masses. and special formulations need to be developed, which not only have proper carrier mechanism, but also have means of altering cell membrane permeability, so that there is no need to continue super saturating the serum with say 30 grams of ascrobic acid. At this time, I want to caution, against the use of ascorbic acid as vitamin c, due to its acidic pH and its ability to latch on to essential minerals and leach them out of the body, thereby depleting the nutritional profile of the body.

When used of cancer treatment, the acidic pH of ascorbic acid is detrimental to its treatment, as cancer cell rapid proliferate in an acidic environment.

The next generation of development of the concept of Orthomolecular Nutrition and the use of high dose ascorbic acid for the treatment of say cancer, would be to use an ascorbate, such as sodium ascorbate, magnesium ascorbate, zinc ascorbate, ferrus ascorbate, depending on what mineral is deficient in the body, which need to be replenished. These ascorbates have a neutral pH and can help prevent the proliferation of cancer cells for example.

The 2nd generation of development, should focus on the use of a fat soluble vitamin C (as opposed to water soluble ascorbic acid or ascorbates) such as ascorbly palmate, which can be stored in the fat of the body and/or the liver, for prolonged use and effectiveness.

The 3rd generation of development, should be to develop a carrier mechanism to reliably carry vitamin C inside the cell wall.

The 4th generation of development, should be develop a synergy with other nutrients to potentiate the therapeutic action of vitamin C, for example.

The 5th generation of development, should be able to develop cell membrane permeability enhancing mechanism, so that there is no need to super saturate the serum with say 30 grams of ascorbic acid thereby preventing associated side effects.

With the help of these next 5 generation of technology development, it should be possible to achieve a good therapeutic action with a very small dose of only 500 mg of pH neutral vitamin C like an ascorbate for example, compared to 30 grams of ascorbic acid, used earlier by Nobel Laureate Linus Pauling.

Trust the example of above information given, will help you to understand the quantum of prior research done and the highly specialized nature of the Compounding Pharmacy at SpaceAge Institute of Antiaging Research, which is capable of delivering intracellular formulations of numerous types, to treat many chronic ailments such as hypertension, type 2 diabetes, cardiac diseases, to name a few.

For those interested in reading the entire 33 pages tutorial on Anemia, with numerous case studies, please visit and download from:

http://www.space-age.com/DietaryAnemia.pdf
(This paper covers: Reversing Chronic and Acute Anemia, Detoxification and Nutrition in Pregnancy; and Super Babies Free from Hereditary Diseases!)
This paper was composed around 2005 - 2008 period.

I have attached a revision of the earlier file Methusaleh with information on toxins for the energy field of the body, which I have broadly classified as Electronic Smog.

Trust you will find this information interesting.

Blessings,
Pramod Vora
Medical Scientist