

Fibroids, Industry Spin vs. Clinical Experience  
By William Wong ND, PhD, Member World Sports Medicine Hall of Fame

As the saying goes: It's Deja Vu all over again! Round about 8-9 years ago when the bad news about soy was being found out by researchers. These results were slowly leaking out to the public despite agribusiness pressure to the contrary. The major soy growers (Monsanto, and ADM), knowing they had to do something to support their major cash crop, directly and indirectly sponsored "counter-research" to show that soy was good for all the things the real research was finding soy to be bad for. Due to the inexhaustible funds available to these two, especially Monsanto, their research got a lot more press and air time than the results finding that soy was bad. In statistics, research designed to prove a particular point is called a "self-fulfilling prophecy" in other words the findings are invalid from the get go! Statistics also teaches that no matter how well thought out and done, research findings that do not match observed reality are also invalid. In medicine, clinical experience is the "observed Reality".

We come to today: in new research meant to find an estrogen replacement for the soy isoflavones that are, as the research reviewers put it, "falling out of favor", flax and its effects on uterine fibroids are being looked at. Lately, flax has been coming under fire as a source of xenoestrogen and a potential driver of fibroid growth. This has arisen from the fact that many women who have given up all soy products, most beans, have moved away from farm fields and golf courses (where pesticide and organophosphate fertilizers are used) in order to lower their xenoestrogen exposure and consumption still have their fibroids growing. Some of these women have been put on the drug Lupron and are making no hormones of any type of their own yet their fibroids continue to grow. The one common factor these gals had was the fact that they were all taking flax oil as a dietary supplement. No one had told them that the lignans from flax are estrogenic! In most all of these cases when the women stopped eating the flax their fibroids stopped growing! This is the clinical experience. This is the observed reality.

Now we look at the flax growing/ selling company research: One meta study ( a review of studies already done), finds that the lignans from flax are a very mild estrogen and will likely act as estrogen blockers in estrogen sensitive tissues and prevent the occurrence of such things as Fibrocystic Breast Disease, Uterine Fibroids, Endometriosis and Ovarian Cysts. Déjà vu: does anyone remember the study where the isoflavones of soy were said to do the same thing! It turned out not to be so, to the point where the likes of Mayo Clinic now advise their breast cancer survivors to never again eat soy products of any type for fear that it will restart their cancer!

New research showed that women with heightened urinary excretion levels of dietary flax lignans have a lowered incidence of fibroids. The spin is that the more lignans you eat and get rid of, the lower your chances of making your fibroids bigger. Does that make sense to you? This "explanation" of the study results are about as big a spin as former president Clinton not classifying his affair with Monica as a sexual act. When read

through, what the study does show is that the gals who got rid of the lignans most had the least growth in their fibroids! SOOO, what if you did not eat the fax and its lignans at all?

We know what the observed reality has found, and no matter what the agribusiness and health food industry concocts to obfuscate the facts will eventually come to light just as the facts about soy being poison have come to be heard and are being reinforced by new research. The question is how many women will suffer before the word on flax is out, how many men will unknowingly emasculate themselves before the word on flax is fully out. The same holds for flax as holds for soy, just because it's touted and sold as health food does not mean it's actually healthy! Don't be a victim!

New Hope For COPD and Pulmonary Fibrosis.  
By: William Wong ND, PhD, Member World Sports Medicine Hall of Fame

Likely one of the worst feelings one can have is the inability to breathe in fully. The feeling of lack of a full breath, of not being able to pull in enough air, of only being able to pull the air down to “here”, seems like a form of strangulation. As a childhood asthmatic I’m familiar with the feeling. Having had the bouts of bronchitis and pneumonia I’ve experienced in my life I can relate somewhat to the many COPD patients I’ve helped to rehab.

What causes breathing disorders of COPD and Pulmonary Fibrosis? These conditions can stem from many things: inhaled irritants such as textile lint, rock and coal dust, asbestos, chemical fumes, smoke (cigarette and otherwise). Sometimes these ills form for no plausible reason at all. In such cases, where a recognized root cause for the condition has not been found, the word idiopathic is used as part of the diagnosis.

What is happening in COPD and PF? In these conditions we see a chronic inflammation in the tissues of the lungs. This inflammation can be sparked by the constant irritation of inhaled substances that either can’t get out of the lungs once they are in (such as lint and rock dust) or from the caustic burning of chemical and smoke exposure. In idiopathic PF, we’ve usually no idea why the inflammation is there. Now, this long term low to mid level inflammation creates a monster of its own - scar tissue. The lungs inside are very delicate and scar over really easily. The inflammation of bronchitis and asthma can scar the lungs even though their inflammation is measured in days not the months or years of inflammation as with COPD and PF patients.

The lungs contain little sacs called alveoli. These sacs are very elastic and they are the structures responsible for transferring oxygen from the air into the blood. The opening to these sacs are relatively small as the opening to a balloon is small compared to the balloon itself. When scar tissue builds in the lungs this spider web of human silk not only keeps the lungs from fully expanding, restricting them from the inside, the fibrosis also builds up over the openings to the alveoli keeping air from being able to get into them and in turn from getting into the blood. The result is the inability to take in a full breath of air and lowered blood levels of oxygen. Oxygen levels in the blood ideally should be at 95% saturation rate or better. From 90 to 95 is ok but not great. Most healthy folks would faint if their blood saturation went below 89%! Many COPD and PF patients live with saturation rates in the 80’s and as you can imagine at that level of oxygenation brain function is not at its optimum and just doing the activities of daily living can be a chore equal to running a marathon.

What treatments are standard for COPD and PF patients? Cortico steroid anti inflammatory drugs. Anyone familiar with the dreadful side effects of prednisone and the cortisone family of drugs doesn’t need a lecture from me as to how bad they are to use long term. For those of you not familiar with the side effects of the cortico steroid drugs

look them up on the internet or better yet, speak to someone who's been on them for a while.

The Non Steroidal Anti Inflammatory Drugs (NSAID's) cannot be used with COPD or PF patients as they would be toxic for long term use at the level of dosing needed to bring down lung inflammation. Also, it's been shown through the deaths of thousands of patients using the newer COX 2 drugs, that these medications can actually create inflammation in the heart, lungs and internal organs! A pharmacological Oxymoron!

It is through the medium of the cortico steroids that medicine tries to bring down the inflammation and by so doing tries to reduce the rate at which the lungs fill with fibrosis. Most everywhere except for Germany, Japan and Central Europe medicine has not heard of systemic enzymes and don't use them widely. So in most of the countries of the world there is nothing available to eat (lyse) away at the fibrosis growing within the lungs of COPD and PF patients. Most docs will tell you there is nothing that can be done to get rid of the scar tissue of these conditions or to get rid of scar tissue / fibrosis in general. The use of systemic enzymes with these or any patients is completely safe as they have no toxicity what so ever (No LD-50) and can be taken along side any medication except for coumadin, warfarin or heparin.

My first exposure with the application of systemic enzymes against PF came from the work of the pulmonologist the late Dr. White of Winston Salem North Carolina. He used systemic enzymes to control the chronic inflammation of a PF patient of his and was amazed to find the patient had greatly increased his Pulmonary Capacity and oxygen saturation in just 7 days!

In the ensuing years since Dr. Whites work, I've spoken to a number of COPD and PF patients who have tried highly fibrinolytic systemic enzymes either on the recommendation of a health care professional or on their own. So far there hasn't been a single one of those patients who did not benefit from taking the enzymes. Increased Vital Capacity (total volume of air drawn into the lungs), increased blood oxygen saturation, thinner lung mucous which is easier to bring up and be rid of. Their stories are so consistent that I've proposed a study to finally put the imprimatur of "science" on the clinical results we've been seeing.

For those COPD and PF patients reading this, don't wait for the studies to be published. You might not have that long... Get on the systemic enzymes, and in 1 months time go get your lungs retested. Your doc will be very surprised, you'll already have figured it out and be running rings around the old you!

Treating Diabetes With Enzymes: What We Know Now.  
By: Dr. William Wong, ND, PhD.

Up to a year ago, for anyone asking if systemic enzymes could help lessen the load of troubles that beset Type 1 diabetic patients, I would have told them about lowering pancreatic inflammation, and possibly helping with lower extremity circulatory issues. I would have never suggested that the use of enzymes could decrease the need for insulin, increase energy or reverse the seemingly myriad of things diabetics suffer from. Then we started getting information from Type 1 patients that amazed even me and that have subsequently sparked new research. Here are two typical case histories.

**Case History #1:**

A Type 1 diabetic Native American patient from Montana in his mid 40's, very insulin dependent, with peripheral neuropathy in the lower extremities (LE's) and presenting paresthesia as well in the upper extremities (UE's) radiating distally to the hand. Peripheral Vascular Disease (PVD) in the LE's had already caused several toes to be amputated.

Patient began taking therapeutic doses of fibrinolytic systemic enzymes. Within weeks, circulation was opened in his feet and lower extremities. Skin there returned to a pink / flesh color. Remaining toes now have full circulation and are no longer candidates for amputation. Lower extremity and upper extremity pain became paresthesia (tingling and pins and needles), and as a result is much more bearable.

The patient's insulin needs were decreased.

**Case History #2:**

86-year-old male Caucasian from Las Vegas history of Type 1 Diabetes for over 50 years. One below the knee amputation (left side) already done due to DVP, the other leg about to be amputated due to general lack of blood flow and arterial blockage. Poor circulation body wide and a gray / white pallor to the skin also body wide. Neurological pain was had at both lower extremities. Urine flow beginning to flag as patients kidneys became laden with scar tissue (Glomerulosclerosis). Patient was highly insulin dependent. Above that the patient was functionally blind in one eye from a Lasix procedure that had generated scar tissue over the retina.

After several weeks of systemic enzyme use the patient first noticed a lessening in his lower extremity neurological pain (neuropathy). His skin color in the remaining leg changed to rosy as circulatory pathways were opening. Outer layer of whitish dead skin shed off leaving what resembled a "body wide dandruff", exposing new pink /flesh tone skin beneath. The existing leg became pink with blood flow, no longer ulcerated, no longer had ischemic pain and was saved from amputation.

Urine flow increased as fibrin was lysed (eaten away) from the kidneys. If the urine was allowed to stand in the toilet a layer of tiny bits of fibrin (component of scar tissue) in what resembled fiberglass floated to the top. The fibrosis that had blinded one eye was lysed away and the patient now has better than 20/20 vision in that eye. Most significantly, the patient's own insulin production has returned (thought to be impossible under the autoimmune theory of diabetic pancreatic destruction). He is no longer insulin dependent. After medical testing the patient is no longer considered diabetic at all and is off all medication.

Sound fantastic? It did to me, even as a Naturopath who expects nature to do fantastic things. Diabetes is one of those diseases you never expect patients to get better from. Even after several years of working with systemic enzymes I had heard of some Type 2 patients improving their energy and leveling off their sugar highs and lows but I had never expected any form of improvement in Type 1 patients, the medical literature was very clear. Once the immune system destroyed the insulin producing portions of the pancreas, there was no getting those tissues to function again! That medical "truth" has turned out to be merely a medical theory.

Lets take a look at the present understanding of the root causes of diabetes and add our own conjectures based on what we have observed clinically. We know from the present research work being done that the root cause of diabetes is inflammation of the pancreas. How and why this inflammation sets in we yet do not know. As we also know from the physiology of trauma, inflammation breeds fibrosis or scar tissue. One follows a chronic course of the other.

Fibrosis is also the culprit in the Peripheral Vascular Disease. In this condition, fibrin plugs form in the micro circulation (tiny blood vessels) forming blockages to full blood flow. Fibrin also forms the matrix for arterial plaque. Inflammation of trauma to the inner lining of an artery (intima), causes the traumatized or weakened section to shore itself up with scar tissue. On the spider web of scar tissue fat, calcium and heavy metals accrue forming what we know as arterial plaque. Once the fibrosis blockages become extensive enough, the patient presents the signs of PVD, which are cold extremities, intermittent claudication (pain on walking from lack of oxygen supply to the tissues known as ischemia), non healing ulcerations of the skin and eventual death of tissue creating gangrene leading to amputation.

The high blood sugar levels had during diabetes damages the body's organs. One of the first organs to be damaged are the nerves to the legs and then the arms. Wherever the circulation is poorest the nerve damage follows and radiating nerve pain is had (neuropathy). The damage begins with, you guessed it, inflammation and progresses with, you guessed it again, fibrosis. It is this inflammation into fibrosis that seems to be a recurring theme in diabetes.

For a moment lets do some education on orally administered systemic enzymes. They have a 5 decade history of wide spread medical use in Germany, Central Europe and Japan with over 150 million patients in Europe alone having undergone enzyme therapy

in the last 4 decades. There are over 200 peer-reviewed studies proving the absorption, therapeutic action and total lack of toxicity (no LD-50) of systemic enzymes. Their primary action is anti-inflammatory, (though not through a COX 1 or Cox 2 action. The enzymes instead “eat” pro inflammatory cytokines). The enzymes also have a proven lysing action on all types of fibrosis and scar tissue leaving normal or endogenous tissue entirely intact and un-bothered. This is due to the body “tagging” excesses of fibrin as exogenous proteins. (The subject of protein tagging and its discoverer won the Nobel Prize in biology in the late '90's). Entering the key words: systemic enzyme, serrapeptase, nattokinase, bromelain, pancreatin, papain, trypsin, chymo trypsin into the search engine at Pub Med will bring up some of the current research on systemic enzymes and their applications. A search in the “medical fields” section of [www.mucos.cz](http://www.mucos.cz) will show abstracts of the extensive older research done with the first systemic enzyme blends of the 50's and 60's. It has to be said that there is nothing, no drug or substance, in either the allopathic medical world or in the natural health world that can remove scar tissue but highly fibrinolytic systemic enzymes.

Current thinking on diabetes is that the body’s immune system attacks the pancreas creating inflammation. This may be so. Further, the current thinking is that the inflammation brings about the destruction of the Islets of Langerhans and its Beta Cells, the places where insulin is made. This may not be so. If the studies that are currently being planned and executed further demonstrate what we are seeing clinically with Type 1 patients on systemic enzymes, then this point will have to be re-thought. Clinically most of the Type 1 patients have a significantly lower need for insulin while some no longer need the insulin at all. This would suggest that the Beta Cells and the Islets are not destroyed. I conjecture that they are merely clogged by the fibrosis created by the inflammation. Once the causative inflammation is reduced and once the fibrinolytic action of the enzymes has eaten away the fibrosis and reopened the channels, then what ever production the Islets can make can actually get into the system.

I believe that the global (body wide) non-toxic, anti-inflammatory effects of highly fibrinolytic systemic enzymes and the scar tissue eating effects of the same enzymes are the reasons we are seeing the decrease in pancreatic inflammation, decrease in diabetic neuropathy, in it's associated Peripheral Vascular Disease, and the decrease in insulin dependence we are seeing clinically in Type 1 patients. Let's see if the research further verifies the observed findings and gives us more insight into the pathways of action.

## **Women's Fibrosis Diseases.**

By: Dr. William Wong, ND, PhD.

Fibrocystic Breast Disease, Uterine Fibroids, Ovarian Cysts, Endometriosis; all words women dread hearing of in relation to themselves or their loved ones. Why does it seem that these diseases are becoming more common now than they were a generation or two ago and why is it that with all of the money thrown into "research" on combating these maladies, conventional medicine seems no closer to an answer (or cure) now than they were before the moneys started pouring in? And lastly, since standard drug / surgery based medicine seems helpless against these diseases (except for hair of the dog treatment as we'll see), is there anything in Natural healing that can be used to combat these ills?

Let's first look at what the root cause of these related conditions is. What generates fibrosis? Well two things: 1) Trauma. i.e. accidents, strains / sprains, contusions, surgery, damage to tissue caused by disease etc. 2) Estrogen. I'll be so bold as to make a blanket statement – ALL women's fibrosis diseases are driven by estrogen! "Can't be", you say! You're MD gave you estrogen to treat those conditions! Yes they did. It's like drinking a Bloody Mary to cure a hangover, "the hair of the dog that bit you" treatment. Did the conditions get any better? Did they go away, or did they just continue on? Are you being told that the only way of getting rid of it all is the knife? Thought so. The estrogen peddlers in the pharmaceutical industry are doing a "cover their butts" act for all the estrogen they've been peddling these last few decades. They hear the product liability lawyers sharpening their knives and getting ready to go after them. Let me explain why and what the drug folks are doing.

Hardly a month goes by without another study showing estrogen and estrogen replacement therapy is causing everything from fibrosis to cancer. In case you did not know the estrogen variant Estradiol (E2) is listed as a known carcinogen! Didn't know that? Thought so. It's impossible to calculate or imagine how many women in the last 4 decades have come down with cancers of various types due to estrogen replacement therapies. Is getting the big CA worth fighting hot flashes? To make it seem as if they have been on the right track all along the drug companies are trying to find variants of their estrogen's that will undo some of the damage they've done. One example is the use of Tamoxifen to prevent a recurrence of breast cancer. Yes it seems to work but have the patients using this drug been told of the higher incidence of cervical and uterine cancer from taking the medication? Not many have been so informed.

The CYA has become so intense that the estrogen peddlers and now seeming to blame progesterone, a woman's most benign, protective and beneficial hormone for breast cancer! It seems that the "researchers" have found that gals with breast CA have an inordinately large number of empty progesterone receptors in their breasts so in their wisdom they surmise that progesterone must have something to do with breast disease. This is spin on an enormous scale. Let's see what fact is: When tissues are overloaded

with estrogen tissues create NEW estrogen receptors to fill. On the opposite side of each estrogen receptor is a progesterone receptor just begging to be filled to balance and offset the overabundance of estrogen! So all those empty progesterone receptors found in breast cancer patients attest to the fact that there is too much estrogen on the other side of the receptor. Get it? Since most laymen and even physicians don't know that simple fact of endocrine physiology, the drug dealers can get away with their deception.

It's CYA work such as this which has kept the lawyers at bay so far. But not for long. With the increasing amount of evidence damning estrogen of ALL sorts from that derived from horse urine to soy isoflavones, it's time to call a spade a spade and put your foot down. Gals, if you want to control your fibrosis diseases and possibly even be rid of them you've got to get your estrogen in check. Even if for posts menopausal gals it means having hot flashes. The product liability lawyers will eventually get on with their work of taking apart the pharmaceutical companies just as they did the tobacco industry, but the rest of womankind suffering with the fibrosis conditions can't wait for the bad news about estrogen to filter down from the ivory towers of official medicine.

Official medicine has just admitted that there are good cholesterols and that those good fats can prevent heart disease! That's something the natural docs have said for over 40 years. Orthodox medicine has just "made" these grand discoveries! Can you afford to wait 40 years for orthodox medicine to do a Mia Culpa and say it was wrong about estrogen? How many women will suffer, how many women will be infertile, how many women will contract cancer before conventional medicine admits estrogen based HRT is hurting more than helping?

Okay, I'll get off my soapbox now and get down to the business of relieving these conditions starting from its foundations, then tackling its effects and symptoms.

### **Phase 1: Getting at the root cause, estrogen dominance.**

There are a few ways to reduce estrogen dominance. And before I get deluged with questions from post menopausal gals, yes it's possible to be estrogen dominant even if you've gone through menopause and you have lower estrogen production. It happens this way; you're still making some estrogen, but since you don't have to have periods or get pregnant anymore you've basically stopped making progesterone. Not only that since you don't need to have a libido or be romantic any more, since you're not reproducing, your body has stopped making testosterone as well. The only sexual hormone you've got left is the big E; the I am grouchy, I'm depressed, my moods are swinging and I'm getting fat from my waist to my knees hormone.

### **Tools to control Estrogen Dominance:**

**1. Natural Progesterone Cream:** Controls and balances estrogen production increases bone density better than estrogen, improves mood, fights depression, can increase libido. For young gals follow label directions for application. For post menopausal women use 1 application twice per day 12 hours apart for 25 days then take 5 days off.

2.**Myomin:** This Chinese herb blend has been shown in hospital research to control Estradiol (E2) and to reduce both the number and size of Fibroids, Fibrocystic Breast Cysts, Ovarian Cysts. Follow label directions.

3.**DIM:** Stands for Di Indole Methane, an estrogen blocker and metabolizer (it gets rid of estrogen from the system) made from cabbage. Don't use DIM's byproduct I 3 C. Though this is what DIM turns into in the body to block estrogen, I 3 C by itself has almost no shelf life and therefore most I 3 C products are dead in the bottle and have little or no effect.

**Phase 2: Tool to control symptoms and eat away at the fibrin:**

1. Systemic enzymes have been shown in research to reduce the engorgement (swelling and pain) of fibrocystic conditions. Along with that the fibrinolytic action (6) can eat away at the cysts / fibromas them selves, reducing their size or eliminating them all together over time!

2. When I recommend the above combination I'm often asked if all of the Estrogen control measures need be taken together or if one measure alone will do. I believe in fighting an all-encompassing battle not just a war on one front. While I've seen each of the individual approaches succeed, I've also seen each of the individual approaches fail, but together they have an extraordinarily synergistic and sweeping action. And of course the must haves are the Systemic Enzymes; without the enzymes, you are fighting the formation of new cysts, or fibroids but not aggressively eating away at those already existing. The goal is their complete elimination, this may take time though in two reports I've received from fibrocystic breast disease sufferers, one gal even being an MD, the cysts and everything related to them were gone in a matter of weeks! I hope you are all so lucky.

**Fibrosis: the Enemy of Life.**  
By: Dr. William Wong, ND, PhD.

Heavy title!

What is fibrosis? Fibrosis can be found in many forms. In women it can manifest as the estrogen driven diseases of Fibrocystic Breast Disease, Uterine Fibroids, Endometriosis and Ovarian Cysts. It can also be found post operatively in the Lymphedema had after mastectomy as the fibrin clogs the lymphatic drainage channels and thickens the lymphatic fluid. In both sexes fibrosis forms the post operative scar tissue that binds the intestines, or restricts the range of motion of a limb and joint or forms thickened scars and keloids marring cosmetic surgery. Fibrosis can develop in the arteries and forms the framework around which arterial sclerotic plaque builds. In COPD, Emphysema, Asthmatic and Chronic Bronchitis patients fibrosis creates scar tissue as a spider web inside the lungs restricting their expansion and clogging alveolar sacs to prevent O<sub>2</sub> transfer to the blood. In men fibrosis grows inside the micro blood supply and spongy tissues of the penis restricting blood flow and full expansion during erection. This is the main reason why erection size diminishes with age.

In another estrogen driven disease, Fibromyalgia, fibrosis grows on and in-between muscle bundles choking off their blood supply just as putting rubber bands around your wrist cuts off the blood supply to the hand. Along with this the microcirculation gets clogged with fibrin plugs, which further decreases blood supply. After a while without an adequate oxygen or blood sugar supply the effected tissue develop the intractable pain of ischemia. Pain meds, even opiates cannot take away ischemic pain. We know that holds true with heart attack patients and it also holds true for FMS patients.

In all of us as we age (i.e. after 27). Fibrosis grows inside of all of our internal organs diminishing their size and with that shrinkage comes a diminution of function. Med school anatomy teaches that this lowering of function is what ultimately leads to us dieing as the organs fail due to weakness.

All of this leads to a question: Why does all this seem to start after 27? Good thing to ask. At or around 27 our own production of proteolytic enzymes drops. We make a finite amount of enzymes in a lifetime and use about half of that by 25. (That's the reason why young folks, though they make cancer cells from the first day of life don't usually develop that or most any of the other conditions mentioned, they have an adequate supply of proteolytic enzymes to fight off fibrosis and the fibrin that coats cancer cells to protect them). It is after our supply of proteolytic enzymes drops to be spread through the rest of our lifetime that we begin to develop the fibrosis conditions. (For you docs out there it's my contention that we can measure a pre morbid state from taking measures of proteolytic enzymes just as we can predict death within 3 days by measuring the levels of Dopamine. Useful diagnostic tool maybe. Nifty research tool certainly).

So if we can deal with the laying down of fibrosis as efficiently as we did as youngsters, then we would avoid or reduce much of what is trying to shorten our lives or at least make us sick or less able. (Remember how well wounds healed then with thin, strong, pliable "un bumpy" scars when you were a kid)?

Those who have read my article "The Essentials of Life and Wellness" on my [totalityofbeing.com](http://totalityofbeing.com) website know where I'm going to from here: The most important thing to put back into an aging body are not vitamins and minerals, not herbs, not the growth hormones but enzymes, the proteolytic enzymes. Vitamins and minerals are more properly named co enzymes and co factors in other words they are things that help enzymes to work. If the enzymes aren't there to begin with, then the vitamins and minerals have little to work on and little action. That's the reason why vitamin / mineral supplementation works so well for some and does not do squat for others, they have little of the enzymes they need to work on.

If we put in some of the primary protein eating enzymes then the body will cause the "enzyme cascade" creating thousands of new enzymes from the original 4 or 5. Everything else we do in regards to nutrition and exercise works better once we put the enzymes back into our bodies in significant amounts.

Now as regards fibrin, all proteolytic enzymes eat away at fibrin (fibrinolysis) to some degree but some are considerably stronger at that than others. If the proteolytic enzymes you put back are also very highly fibrinolytic then the scar tissue your body has been creating WILL be taken away. (This is a secret that plastic surgeons, internists and pulmonologists i.e. lung doctors, are learning about systemic enzymes). The fibrin that is supposed to be there is marked by the body as an endogenous protein, in other words something that is supposed to be part of your structure, but excesses in fibrin, though deposited by the body, are marked as exogenous proteins - or as something not belonging in the body. Remember excesses in fibrin equal: weak structure, (by not leaving enough space for epithelial tissue to grow through the fibrin matrix), restriction of range of motion (as regards joints and muscles) and diminution of size and function (as regards to internal organs).

That is the secret behind the enzymes ability to go after that which is extra and leave behind what is needed for structure, just as it did in wound healing when you were a kid!

A major step towards a better quality of life, higher levels of health and the attainment of wellness is the removal of excesses of fibrin from our bodies. Let's get back to the enzyme levels we had at 18! We'll live longer, happier, healthier and more functional lives for it!