

Gerovital GH3 - Ultimate anti-aging supplement GH3

"Gerovital or GH3 is a major step forward in the field of anti-aging products. The metabolites of procaine HCl have enormous impact on restoring key areas in the body. Gerovital GH3 has deservedly earned a strong reputation among the older population - it enhances joint mobility and arterial health, improves mental acuity while chasing the blues away, and it also rejuvenates the skin. It's what you can call an all-body formula for postponing the signs of aging".

Dr. Paul Yutsis, M.D.

"I believe that GH3 also improves the oxygen capacity of the blood. What happens, you improve the function of every organ in the body. GH3 Gerovital has different effects on different people, sometimes you don't even notice what's happening to you until somebody asks if you've had a facelift! The most notable effect of GH3 is that loose, flaccid skin becomes smooth and tight rather quickly".

Dr. David Kratz, USA

"Gerovital is a state-of-the art in anti-aging formulas. Anyone who wants to prevent or alleviate age-related diseases should be taking GH3 every day".

Dr. Hans Kluger, Associated Professor at Chicago's Roosevelt University - author of "Slowing Down the Aging Process"

"Every month I am more amazed with the anti-aging results - after giving Gerovital to 50 patients and taking it himself for several months - they are not only very significant physical improvements, but mental and emotional ones as well".

Dr. Albert Simard, Member of the American Medical Association

(The majority of the following references come from the Aslan and Cuica publications of 1972. Those that follow are American medical sources).



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Gerovital - ANTI-AGING

Of 17 patients who "wanted to age better" - 15 reported a sense of well being, relaxation, better sleep, energy and sex drive.

(UCLA: Cohen/Ditman)

"A number of studies indicate that GEROVITAL H3 containing an active ingredient (procaine HCl hydrochloride), has beneficial effects on various chronic diseases and complaints of old age, including arthritis, depression and hypertension"

(USC: Hrachovec Romania)

DEPRESSION

"We have found procaine HCl to be an effective inhibitor of **MAO** and to be clinically effective in alleviating depression and reducing psychotic symptoms associated with schizophrenia"

(Rockland State Hospital: Bucci/Saunders)

Gerovital has been shown to be a more **potent inhibitor of MAO**, than procaine HCl. This mode actions in marked contrast to that exhibited by other **inhibitors of MAO**, that are used clinically for the treatment of depression and hypertension. For example it has been demonstrated that Eutonyl and Nardil and Parnate are IRREVERSIBLE inhibitors of MAO, and it has been widely reported that patients given IRREVERSIBLE inhibitors of MAO may experience hypertensive reactions manifested by Chest pains, Headaches, Fatal Intracranial Hemorrhages particularly after eating certain foods containing tyramine (cheese and wine) and after ingesting certain commonly used cold remedies.

On the other hand, hypertensive reactions have **NOT been reported in patients treated with Gerovital**; consequently there are **NO RESTRICTIONS** on the type of food that may be enjoyed while taking GH3"

(USC: MacFarlane)

"The weak, reversible fully competitive inhibitor of MAO produced by GH3 is in marked contrast to the potent, irreversible inhibition of MAO produced by currently available agents. The mechanism by which Gerovital inhibits MAO may help to explain the absence of severe adverse reaction with GH3 that is traditionally associated with irreversible MAO inhibitors".

(USC: MacFarlane/Bes bris)

SICKLE CELL ANAEMIA

"It is the purpose of this report to show that the membrane Anaemia rigidity which is associated with "irreversible sickle cells" is reduced in the presence of procaine HCl Hydrochloride and that ISC may be made deformable by the same material

Gerovital , "Fountain of Youth" tablets has as its starting point the discovery by an Austrian biochemist, Dr Alfred Einhorn, of the substance "procaine HCl Hydrochloride". In 1905 Einhorn successfully synthesized and combined in an aqueous solution two products which occur naturally within the body (Para-aminobenzoic acid- PABA - a member of the B vitamin complex and Diethylaminoethanol - DEAE).

The name "procaine HCl" was simply a label Einhorn hung on his work as a means of distinguishing it. procaine HCl itself proved extremely useful as an anaesthetic. In America it was known as "Novocaine" and was used extensively by the dental profession. It was highly effective basically non-toxic and had no addictive qualities. Despite a similarity of name procaine HCl has no connection whatsoever with cocaine, indeed Einhorn could have settled for any one of a number of titles when he was casting around for a name.

Although procaine HCl was discovered in 1905 it appears that little further interest was taken in it beyond its known anaesthetic use until the late 1940's when Dr. Ana Aslan of the National Geriatric Institute in Bucharest, the capital city of Romania, decided to experiment by using it by means of injection for the relief of pain in the arthritic joints of elderly patients. The experiment itself was indeed successful resulting in decreased pain and increased mobility but, more interestingly the patients began to exhibit improvements in both physical and mental well-being far beyond the arthritic benefits.

Ana Aslan was too good a medical research scientist to allow this phenomenon to go unnoticed and immediately set up a highly controlled program into the "side-effects" of procaine in her Gerovital formula. Basically it was a problem of stabilization, procaine rapidly hydrolysed in the body and remained active for a comparatively short time. If it could be absorbed in greater measure and (hopefully) proportionately increase the benefits already noticed. Working with her colleagues Dr. Aslan added potassium metabisulphite and disodium phosphate to the procaine which had the desired effect of sustaining it within the body for between 6 and 9 hours. In a word GH3 had arrived!

The "side-effects" of Gerovital GH3 as the new compound became known became more marked (listed later in the following paragraphs) and the legend of Bucharest was born. The amount of conclusive evidence as to its efficacy is prodigious and totally irrefutable - including much that was carried out by eminent medical authorities in America. It follows that individuals or organizations (professional or Governmental) who sought to challenge or ignore the evidence were motivated to do so by other and less worldly motives, than a desire to benefit Humanity .

There are of course none so blind as those who do not wish to see, and we see this time and time again in every aspect of the Humanitarian cause. In 1956 Ana Aslan presented the research findings to the European Congress for Gerontology meeting in Karlsruhe, West Germany. Her conclusions were met with widespread skepticism, the fraternity listened politely but simply didn't believe, and the reason is not difficult to comprehend. We have all, lay persons and Medical Professionals alike, been educated to assume that one takes a single remedy for a single problem - e.g. an aspirin for headache, another type of powder for stomach ache. For anyone to suggest, no matter with what sincerity, that a (previously considered) dental anaesthetic held the secret of the mystery of rejuvenated cell life was rather more than could be mentally or emotionally digested.



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Ana Aslan had lost the battle - but she had no intention of losing the war! Intent on proving her case beyond any reasonable doubt she then embarked on one of the worlds greatest research programs, probably the largest and most thorough double-blind study ever undertaken in the history of the health industry. For almost two years 15,000 workers aged between 38 and 62 years were observed throughout Romania. Over 400 Doctors staffing a network of 154 clinics participated in the program. All the patients were healthy but ageing and a whole range of astonishing results were forthcoming. Amongst those using Gerovital sickness diminished by over 40% (measured in days off work) prompting that Government to heavily subsidize

the distribution of GH3 throughout the population as an assist to the working economy.

Specifically blood pressures normalized (either up or down), respiratory functions improved, muscular vigor increased, basic sex drive increased, arthritic conditions improved, peptic ulcers disappeared, cholesterol levels normalized etc. In a word the degenerative effects of advancing age were halted and even reversed to a significant extent in up to 80% of the subjects under scrutiny. Those who were not receiving GH3 received a "placebo" instead, but no one - including the medical staff - knew who was getting which! (hence the term "double-blind"), only the institute computer held the secret.

During the study an influenza epidemic swept across Europe and was no respecter of national boundaries. Communist and Capitalist countries alike suffered mightily, but whereas the death rate amongst the research group on Gerovital H3 was 2.7%, amongst those receiving "normal" medical treatment it was 13.9% - more than 5 times higher! This in itself was an indication of the heightened level of basic sound good health and resistance against infection produced by the daily ingestion of this remarkable food. Dr Aslan was met, again by the European Congress of Gerontology which carefully examined the mountain of evidence she now presented and, being convinced of its accuracy, this time accepted it as a basis for the truth of her conclusions. Ana Aslan was received warmly and she received tremendous acclaim for her work.

Independent testing now took place in a number of countries throughout Western and Eastern Europe, the United Kingdom and finally America. Where researchers followed the Aslan method the same astonishing results were forthcoming, where they did not (and one would be entitled to ask why they did not?) the results were minimal and were arrived at by a simple ruse of using only Procaine without the buffering agents. Strangely enough at that time - and to this day in America - these were the only results widely published.

In terms of availability to the general public the (over 400) correct research programs and results were basically non-existent and once again it is in order to ask "why"? Unfortunately asking "why" is not a very profitable occupation as the authorities who went out of their way to produce false conclusions decrying Gerovital GH3 are not in the business of explaining themselves and in any event the story does not end at that point. As far as GH3 was concerned the floodgates were open, country after country accepted the Aslan findings, often coming to their decisions after confirming matters through their own research.

As we look at the situation now over 70 countries have Gerovital accessible to their people, without prescription, and an estimated fifty million users have benefited to a greater or lesser degree. In Germany one of the worlds greatest consumers of alternative and herbal products a version called KH3 is manufactured (containing half the procaine and various vitamins) and is now one of the top ten most popular dietary supplements marketed there. In America a Dr. Sapse who, as an intern working with Dr. Aslan, never forgot the evidence of his own eyes, approached the Food and Drug Administration with a view to obtaining pre-market permission to test the product as an anti-depressant for the elderly. This was granted and Sapse raised the money to start up his company (Rom-Amer) to market Gerovital Ampoules.

Unfortunately for him no sooner had he passed GH3 through Part One (Safety) of the three FDA trials required and was well under way the F.D.A. changed the rules!

It seems that wild reports in the media ("The Elixir of Life"), "Will we live for ever", "Anti-aging miracle" and suchlike flights of editorial flights of fancy alarmed them to the point of informing Sapse that he should research the product on a vast number of patients over a limitless number of years to confirm the claims of the (Newspaper) media men. In vain did he protest his interest was limited to that of one factor, they were adamant. The financial implications of this development were of such horrendous proportions that the good Doctor was literally stopped in his tracks and his company bankrupted.

It is of course intriguing to conjecture why the F.D.A. did this considering that Sapse had restricted himself entirely to the natural anti-depressant aspect of Gerovital GH3 and that the Authority itself had already decided there was no safety problem with the product (based on American research) - an opinion they maintain to this day. Perhaps as with many bureaucratic institutions, the F.D.A. saw itself operating at a higher level than mere public interest, perhaps it saw no requirement to explain its actions to those humdrum members of society whose lot it was to support. We are left therefore in the position of having to decide for ourselves what the truth may be; one opinion is expressed thus. If we take as a standpoint the fact that Gerovital GH3 works - and research provides overwhelming evidence that it does, we then have to consider what effect this seemingly beneficial nutrient would have were it to be also generally available world-wide (not just accessible, as has been the case for some 20 years in many developed countries world-wide) - including the communist block where there is no money to be made from discoveries of this nature as all health industry is state run and state owned.

The key to the riddle lies in the known fact that GH3 does work, not only that but it works - "across the board" - on a number of seemingly unrelated conditions and that these conditions are presently being "treated" (for want of a better word) by an ever increasing range of highly expensive unnatural drugs which produce an ever increasing range of hideous side-effects which are then treated by more unnatural drugs - which produce more side-effects, which are then treated by ...etc ...etc.

To put the matter into simple and accurate perspective, if true formula Gerovital GH3 was easily marketable to the public it would strike a monumental blow at the lucrative synthetic drug industry, an industry which in size, scope and revenue is second only to the Oil and Arms industries. It is well known that the suppression of competing products and materials has long been commonplace in all large industries world-wide. For years the recording tape was held up by the disc manufacturers as it would have decimated their business. Similarly the "Pogue" carburettor, patented in 1933 and giving 204 miles per gallon when fitted to a gas guzzling Ford L.T.D. - with greater power, vanished off the scene as soon as mention was made of it in the press. However we cannot isolate one group as being the only obstructive factor in the case of Gerovital, they needed help to keep it off the market, they could not do it alone. To whom should they turn for this help, why to those who have governmental authority in these matters - The Food and Drug Administration and other medical authorities.

And what of the American Medical Association? Why the reluctance of these powerful entities to carry out swift and accurate research (using GH3 not just

straight procaine) to "satisfy themselves" on what the rest of the world has known for two decades. Here again we must suggest perhaps vested interest. And what of the efficacy of the drugs which the F.D.A. and other medical authorities are so keen to promote throughout the health industry. Is it not the case that the use of unnatural drugs has spawned an entire new financial bonanza. One whereby the long suffering public is now prescribed lethal and near lethal substances to "treat symptoms" rather than receiving help to cure their conditions! Any patient who is continually receiving highly expensive treatment for his symptoms is worth much more to the medical industry than one who is cured. It's a fair question to ask - where do the Medical Associations stand in the matter of Gerovital GH3? The answer is they don't, they have done a highly professional job of ignoring it totally, in stark and shameful contrast to their more enlightened brethren.

Readers have to decide for themselves. None of the participants are likely to explain their actions so it remains a matter of opinion. Our grateful thanks to those in whom we place our trust.