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**Strophanthin ist ein natürlicher Antistresswirkstoff.
Es reguliert das vegetative Nervensystem extrem gut.**



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In acute emergencies and also in cases of doubt, medical assistance should therefore always be sought!

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The strophanthin scandal

The ostracized remedy could be a lifesaver for hundreds of thousands of heart patients. Heart disease is the number one cause of death in Germany. This need not be the case, because there is a highly effective herbal agent that has already saved the lives of countless people suffering from angina pectoris and heart attacks.

Strophanthin - Prejudices of the medical profession

Although its fantastic effects have long been scientifically proven and thousands of doctors have used it successfully, strophanthin is considered frowned upon.

An old medical dispute and stubbornly cultivated prejudices seem to stand in the way of dissemination. Also economic considerations, because other, expensive therapies could possibly become superfluous thereby. The alternative practitioner Rolf-Jürgen Petry has proven numerous contradictions and errors of conventional medicine.

"These are the wise who travel through error to the truth; those who persist in error, these are the fools." (Rückert)

One of the most important herbal medicines in medical history is facing extinction. Its name is strophanthin. Under the slogan "consumer protection," the demand for proof of efficacy has swept thousands of proven natural remedies off the market. For many smaller companies, such proof of efficacy is simply too expensive.

Although overwhelming study contents are available for orally administered strophanthin, these no longer meet the immensely increased formal requirements of the authorities. Such requirements (e.g. double-blind studies) can today only be met by large corporations.

The "insulin of the heart patient"

Strophanthin is a substance isolated from an African liana. The substance, administered intravenously, was recognized as a remedy until about 1960 and was a leader in German cardiac medicine. To

Strophanthin is also a newly discovered hormone that is increasingly produced in the heart muscle in the event of oxygen deficiency.

From 1950 to the present day, numerous studies, some of them double-blind, and reports from clinics, doctors' offices and laboratories have documented that strophanthin in oral form has an outstandingly positive effect in the prevention and acute treatment of myocardial infarction and angina pectoris (attacks of heart pain). This, by the way, without serious side effects and inexpensively. The drugs currently recommended by textbook medicine fall far short of the power of strophanthin.

No dead underground

From 1977 to 1987, a hospital in West Berlin achieved the world's best heart attack survival rates with strophanthin, although the values of this clinic had previously been particularly poor due to the high proportion of old people in the catchment area. The same was achieved by a clinic in Sao Paulo.

The study on the strophanthin pill for angina pectoris in the Berlin clinic showed: When taken preventively, 98.6 percent of patients were completely free of symptoms within two weeks. In acutely admitted patients who received the strophanthin for the first time, the strophanthin-bite capsule worked in 85 percent of them within 5-10 minutes.

A German mine did not record a single heart attack death for 10 years due to the use of this capsule underground. Before that, there were three a year! By taking oral strophanthin, every patient with an incipient heart attack can take the most important emergency measure himself before the emergency physician arrives. Approximately 2000 German physicians use strophanthin with the best success.

The positive effect

Strophanthin has a positive effect on several components, especially the heart, nerves, arteries and red blood cells. It combines the qualities of a number of conventional drugs, but without their side effects. It is also effective in hypertension, cardiac insufficiency,

stroke, arterial occlusive disease of the legs, bronchial asthma, dementia, endogenous depression and glaucoma.

In the context of research on strophanthin as a newly discovered hormone, the accusation has occasionally been made that it increases blood pressure. However, this claim is mainly based on (questionable) experiments on rats. All experience in humans clearly testifies to a lowering of blood pressure that is too high. Only one that is too low can be raised by strophanthin.

Errors in the textbooks

Reversible mucosal irritation (resorption phenomenon) may sometimes occur as a side effect. Permanent damage has never been observed. Even overdoses in connection with suicide attempts did not result in long-term damage.

Strophanthin can be combined well with all medications. It can be dosed individually as required without any risk and can also be taken as a preventive measure. Despite all this, oral strophanthin may only be prescribed by physicians, but they are usually reluctant to do so.

Orthodox medicine has blatantly misjudged and rejected strophanthin. For example, it is repeated prayerfully that the drug is poorly absorbed when administered orally. However, this accusation has long since been refuted several times. Since there are no comprehensible medical reasons for rejecting strophanthin, the question arises as to whether these could be of a more economic nature.

Power struggles among physicians

The old strophanthin controversy, now almost forgotten, raged for decades. In the course of its fight for strophanthin, the "International Society for Infarction Control" filled the Congress Hall in Baden-Baden every year until 1988.

She also brought the subject to television ("Report") in 1976. But the resistance was too great. Strophanthin was either consistently hushed up or - above all by the extremely influential Prof. Schettler - sharply attacked.

In 1971, [Dr. Kern](#), who had developed oral strophanthin in 1947, traveled to Heidelberg at the invitation of Prof. Schettler - hoping, of course, for an open dialogue with some of his professional colleagues. Although two discussion leaders had been agreed upon in the interest of a fair debate, Prof. Schettler imposed the sole chairmanship of Prof. Wollheim. Wollheim consistently suppressed all relevant pro-strophanthin statements.

Dr. Kern was finally presented as a charlatan in front of 150 physicians and the assembled press. Hardly any physician dared to speak up for the frowned-upon strophanthin after that. This outrageous event is known to insiders to this day as the "Heidelberg Tribunal".

The true cause of heart attack

The rejection of strophanthin may have had another reason: Dr. Kern always associated it with a radically different theory of the origin of myocardial infarction:

The ability of red blood cells to deform is particularly important because their diameter is larger than that of the capillaries through which they must slip - elongated in a submarine shape.

The acids produced by reduced blood flow in the heart tissue cause the blood cells to become more rigid, which further restricts blood flow and the removal of the acids. this creates a vicious cycle that could build up to the death of heart muscle tissue, even without a thrombosis.

In fact, there are quite a few studies showing that thrombosis is relatively rare in heart attack patients. The figures vary between 20 and 49 percent. Thrombosis may even be a consequence of the heart attack.

It is conceivable that the backflow from the affected heart tissue into an external coronary vessel may cause a blood clot to form there at an already narrowed site. In this situation, the heart can pump less, and the blood hits this spot with less pressure from the outside.

According to Prof. Doerr and others, the frequency of thrombosis is also time-dependent: If a patient survives the heart attack for only a short time, a blood clot is rarely found; however, the longer the period between infarction and death, the more frequent it becomes. This observation also speaks in favor of Dr. Kern's theory.

Narrow-meshed cross-connections of the heart vessels

Using a special plastic, the renowned Prof. Baroldi made more than 5,000 casting models of human coronary vessels from deceased persons. In this way, he was able to show that the coronary vessels within the heart muscle itself - in contrast to those outside the heart - are not so-called end arteries. The latter, after all, run like the branches of a tree without cross connections.

Consequently, the narrowing or occlusion of a vessel cuts off the blood supply to the area behind it. In contrast, the heart muscle itself displays a tightly meshed arterial network with countless cross-connections, which can compensate for any narrowing of the outer coronary vessels that may occur.

It is well known that in humans there are rows of the most severe constrictions and occlusions of the coronary vessels without symptoms or even a heart attack. Against this background, the question of the true cause of myocardial infarction must be asked anew.

Several authors also report a dramatic decrease in the activity of the parasympathetic nervous system, the relaxing part of the autonomic nervous system, just before the onset of a reduced blood flow phase.

This could be a decisive indication that the infarction could be a metabolic derailment in the heart muscle, in which the stress hormones act unchecked. These could lead to acid production even in the absence of oxygen deficiency. The aforementioned mechanism of blood cell rigidity then leads in the second step to the heart being insufficiently supplied with blood.

Bypass surgery questionable?

However, constrictions of the outer coronary vessels still seem to be overrated. Of course, this has the "advantage" that it more often gives rise to expensive operations. In the meantime, it has been proven that the infarction usually takes place in the supply area of arteries that were previously relatively slightly narrowed.

This casts considerable doubt on the justification for bypass operations - at least in the frequency with which they are currently practiced. In any case, reports from practice show that bypass operations can be avoided with strophanthin.

The time could now be ripe for strophanthin: It is unacceptable that, despite the existence of such a potent and safe drug, more and more people continue to come to the clinic every year because of angina pectoris. Billions of euros are spent on inferior therapies. Tens of thousands of people die of heart attacks. Based on the documented data, it could be assumed that most of them could be saved by taking oral strophanthin.

Have you ever thought about it: heart disease due to psychosocial stress? This is mainly the stress that we create for ourselves. This stress can be the main cause of heart attack and many other diseases, such as high blood pressure, heart failure, heart pain, arrhythmia; Even high cholesterol, diabetes and obesity, or are caused by stress.

Strophanthin is a natural anti-stress agent. It regulates the autonomic nervous system extremely well.