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Clinical Experiences with DHEA
By Clemens A. Hackethal, MD
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Dear Mr. Chapdelaine:

Many of my Parkinson patients had also joint involvements and positive serum tests for: ASO, C-reactive protein, and Rh-Factor. These disappeared while the specific therapy for Parkinson Disease was being administered.

I am a physician practicing in Rialto, California. I’ve found that there are many valuable therapeutic agents used overseas that are not yet available in the United States. Because of the FDA’s policy permitting the importation of unapproved drugs for personal use if the patient is under the care of a physician, I have been using a number of different agents from other countries in my own practice. One of the most valuable is DHEA (Dehydroepiandrosterone), a hormone produced by the adrenal glands. What follows is a description of some of my clinical experience with DHEA. [A compounding pharmacist can sell prescription DHEA in America: Ed.]

**DHEA levels decline with aging**

It has been known for several generations that the destruction of the adrenal glands by bacteria or cancer metastases leads to death within a short period of time because there is no immune resistance to a long list of diseases.

It is known that, in healthy human beings, after age 20-30, there is progressive decline in the amount of DHEA produced by the adrenal glands (Fig. 1). It also is true that, at age 40, certain diseases begin, which have a profound connection with human immune resistance, e.g. diabetes mellitus. At about age 40, there is in many human beings both male and female, increasing cholesterol and triglyceride levels in the blood, which increases the risk of cardiovascular disease. DHEA permits serum cholesterol and other serum lipids better entry into liver cells for excretion through the bile into the intestine.

By this method, DHEA lowers serum cholesterol and triglyceride levels effectively within a short period of time.

**DHEA for Parkinson’s Disease**

Patients with diseases of the central nervous system such as senility or Parkinsonism, who have dangerously low serum blood levels of DHEA, are highly responsive to substitution therapy with DHEA. This is quite in keeping with the latest surgical method of treatment for Parkinson’s patients. Brain surgeons have implanted slices of adrenal gland tissue into the substantia nigra region of the brain. This transplanted tissue, which is taken from the diseased patient’s own adrenal gland, or from embryonic adrenal tissue, escapes destruction by the immune system, and produces a partial temporary improvement in Parkinson’s patients. However, at what price? The dangers and potential side effects of this type of surgery are considerable. Especially when you consider that a primary effect of this transplanted adrenal tissue is the production of DHEA. How much simpler and less dangerous it would be merely to provide DHEA itself. If DHEA is administered in tablet, capsule, or powder form, there is considerable improvement in Parkinson’s patients, without the risks and side effects of brain surgery. [DHEA in a wipe-on cream is available through compounding pharmacists, as widely used in Europe: Ed.]

According to the results of the follow-up ovulation of DHEA blood concentration, the oral daily dose of DHEA can be set easily. Of course, this is out of the question after implantation of a slice of adrenal gland into the substantia nigra. Furthermore, the basic immune deficiency found in Parkinsonism goes totally untreated by surgery.

**Effect on the Thymus Gland**

If one forces a rat onto a treadmill, the animal will run until it is totally exhausted. The autopsy of such an animal shows that its thymus gland has dissolved. The thymus gland is located behind the chest bone (sternum) and in front of the heart. Human infants have a rather well developed thymus gland, which gets smaller and smaller with advancing age.

If you give powdered DHEA to the laboratory animal for three weeks with its regular Purina Animal Food, and then subject the animals to the above described treadmill test, the animal still runs to exhaustion, but the thymus gland is well preserved. It has been observed that oral intake of DHEA is followed by a re-awakening of thymus gland function, in particular with the increase of cells which enter into the thymus gland as more lymphocytes receive specific commands there, and then leave to fulfill their functions as T-lymphocyte target cells or as T-lymphocyte killer cells. As a result, DHEA is very useful in treating both immunodeficiency diseases and autoimmune diseases such as rheumatoid arthritis and Sjoegren’s Disease.

**Effect on Breast Cancer**

The population of the island of Guernsey in Great Britain has been under constant medical observation for many years, much like the population of Framingham, Massachusetts is being observed with regard to the inter-relation between blood lipids and cardiovascular disease. It’s been observed that, all women living on Guernsey, who had a serum level of less than 10% of the expected DHEA concentration for a period of ten years or more developed and died of breast cancer.

This finding was picked up by another researcher, who was experimenting with inbred mice, all of whom get fat at a certain age and then develop cancer, from which they die. When a new group of identical (inbred mice) were fed DHEA, the DHEA-fed mice did not develop breast cancer. Moreover, the DHEA-fed mice lived three times longer than the mice who had not received DHEA.

This finding, in turn, was picked up by a researcher experimenting with tissue culture cells showing breakage of their chromosomes leading to their transformation into cancer cells. After DHEA was added to the tissue culture medium, there was no breakage of the chromosomes and no transformation of these cells into cancer cells.

**Effect on kidney function**

In addition, it has been observed that kidney function is favorably influenced by the daily intake of DHEA. Where formerly there was a constant loss of serum potassium and magnesium in patients with kidney disease, there is normalization of potassium and magnesium levels when the patient is taking DHEA, while the need for daily oral feeding of these minerals decreases. Eventually, the consumption of an appropriate diet is sufficient to re-establish healthy kidney function.

**Conclusion**

In conclusion, I’ve found that the clinical use of DHEA is beneficial as a treatment for Parkinson’s Disease as well as for autoimmune disorders such as rheumatoid arthritis, Sjoegren’s Disease, and Graves Disease. DHEA also has been shown to be useful in Diabetes, where it can, in some cases, enable patients to stop taking injection of insulin; and in various types of senility, where it can relieve some of the symptoms of aging.

**Note:** DHEA is available in the United States by prescriptions only.
**Parkinson Disease does take a long** time to develop. It kills its victims usually after a very long period of suffering -- and usually from “complications.” The tragedy in comparison to other diseases is, that the Parkinson victim is aware of the deterioration of his body, and his helplessness aggravates his suffering.

During the last ten years, an alternate treatment method has regularly shown good results. These results are so startling, that the new treatment method should be made use of for the greater benefit of Parkinson victims, who so far merely receive L-DOPA, Adamantidin, and an enzyme blocker “ Premax” -- ALL WITHOUT LASTING RESULT, while the deterioration of the Parkinson victim continues. See enclosed comparison of NEW and OLD treatment.

The new method of treatment replaces the body’s own adrenal gland hormone: 5 - De-Hydro-Epi-Androsteron, which has been found to be present merely in a concentration of far less than 10 % of the normal serum concentration. Additionally, the Antigen Presenting Cell System, composed out of Astrocytes, Monocytes, Plasma Cells and subcutaneous tissue Langerhans Cells is addressed by making use of specific agents, proven to be impacting effectively upon this cell system. A rise in T-cell Lymphocytes (T-1) ensues and T-4 and T-8 Lymphocytes are being reduced in numbers. Remission is seen with regularity. Treatment should be rendered over a period of many months, because entire cell systems need to be reactivated to take up normal function.

Upon my request, within one week, the U.S. Food and Drug Administration has placed DHEA-sulfate under prescription rules. It is readily available, and its use must be monitored. Pre-treatment serum tests in men must be done for acid phosphatase and for Prostat Specific Antigen (PSA). These serum tests must be monitored during the months of treatment.

No patient with borderline or elevated serum tests of this sort shall receive DHEA-sulfate; however the other agents for the re-activation of the Antigen Presenting Cell System can be administered.

The doses of DHEA-sulfate must be individualized, so as to restore the serum values of DHEA-sulfate to that of a 25 year old person.

You are invited to make the above known to Parkinson patients. They can be evaluated in this clinic; and treatment can be initiated and then furthermore monitored by the home town physician, who receives a detailed report.

Parkinson Patients do need local management for the care of incidental complications, their muscles of deglutition often function only very poorly.

My experience with this treatment method extends over more than ten years.

Clemens A. HACKETHAL, M.D., F.A. C. I. P. Internal Medicine -- Cardiology
Changes in serum DHEA-S (DHEA Sulfate) levels with age. (Redrawn from Finch and Mobbs, 1982)

Figure 1
## COMPARISON OF PARKINSON TREATMENTS

<table>
<thead>
<tr>
<th>NEW</th>
<th>OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle strength improves.</td>
<td>Muscle strength decreases.</td>
</tr>
<tr>
<td>Balance restored to normal.</td>
<td>Balance decreases.</td>
</tr>
<tr>
<td>Walking normal.</td>
<td>Walks less.</td>
</tr>
<tr>
<td>Initiative restored to normal.</td>
<td>Initiative decreases - lethargy.</td>
</tr>
<tr>
<td>Mood returns to normal.</td>
<td>Depression.</td>
</tr>
<tr>
<td>Steady improvement the longer the medicine is taken.</td>
<td>Medicine effectiveness decreases.</td>
</tr>
<tr>
<td>Blood-brain barrier irrelevant.</td>
<td>Progressively less medicine gets through.</td>
</tr>
<tr>
<td>Nerve cell function restored.</td>
<td>Nerve cell function deteriorates.</td>
</tr>
<tr>
<td>Disease fades away over time.</td>
<td>Disease gets worse in every case over time.</td>
</tr>
<tr>
<td>Healing of basic disease process by addressing the proper cell system - the Antigen Presenting Cells of the brain and the human body (APC cell system).</td>
<td>No healing of disease. Basic intracellular defects not treated. The disease gets worse in every case without exception.</td>
</tr>
<tr>
<td>Associated diseases treated so they improve or disappear in each case.</td>
<td>Associated diseases not treated.</td>
</tr>
<tr>
<td>Medicine available on prescription.</td>
<td>Part of the mediciness are imported and are being progressively restricted by the FDA.</td>
</tr>
<tr>
<td>Benefits of treatment seen regularly where all treatment is carried out over time.</td>
<td>Benefits of treatment seen initially only - followed by progressively worsening of the disease despite numerous medications used alone or together.</td>
</tr>
<tr>
<td>Lasting results documented in the USA and Overseas.</td>
<td>No lasting results anywhere.</td>
</tr>
<tr>
<td>Agents used: the body's own hormone, after proof in each case that too little of it is being produced.</td>
<td>Agents used: chemicals fail to have lasting, cell function restoring effect.</td>
</tr>
<tr>
<td>No painful effects.</td>
<td>Side effects are loss of appetite, nausea, and vomiting. These limit daily dosage.</td>
</tr>
</tbody>
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