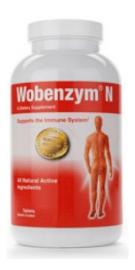
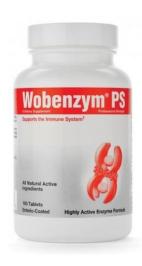
Dosage Guidelines for Wobenzym[®] Formulations

Based on international literature review. by Dr. Joseph J Collins, RN, ND.







Dosage Guidelines for:

- Wobenzym® N
- Wobenzym[®] PS
- Wobenzym[®] Plus

This information is for Educational Purposes Only.

The material in this document is the opinion of the author, and does not represent the opinion of any other party.

These statements have not been evaluated by the Food and Drug Administration and are not intended to be used to diagnose, treat, cure or prevent any diseases.

An excerpt from:

Systemic Enzyme Therapy | My Experience with Wobenzym® Formulations

By Dr Joseph J Collins, RN, ND

2017 Edition of eBook

An Educational Service or Your Hormones, Inc. | www.YourHormones.com/Wobenzym/

Dosage Guidelines for the Wobenzym® Formulations

Based on a review of international literature by Joseph J Collins, RN, ND

Wobenzym® N

Label Dosage: 3 tablets, twice a day

International: Wobenzym® N is called Wobenzym® in Germany and other countries.

Effective Dosage

An effective dosage of 3 tablets 2 times a day is referenced in the literature. Higher dosages may be used if clinically indicated.

Other Dosages

Several clinical studies has shown the formulation to be very effective at a dosage of 5 tablets 3 times a day, 7 tablets 3 times a day, and 10 tablets 3 times a day. The tablets should always be taken at least 45 minutes before a meal, with a large glass of water. Children's dosage is based on weight in kg.

Duration: The literature reports treatment time at which clinical improvement is observed. Chronic illnesses, especially those with an autoimmune or immune senescence component, benefit from long term therapy to maintain effective immunomodulation. Supplementation is predominantly 2-6 weeks for acute conditions. Duration of supplementation for chronic conditions may be from 1-2 months, or years as indicated.

Clinical Application: The following table includes references pertaining to conditions treated with the Wobenzym[®] N formulation. The clinical efficacy in treating inflammatory, autoimmune, traumatic, and infectious conditions supports its additional use in a wide range of other clinical conditions.

Comparing Wobenzym® N to Wobenzym® PS dosages, and Wobenzym® Plus dosages

In adults, 30 Wobenzym® N tablets (10 tablets, three times a day) may be substituted with 6 Wobenzym® PS tablets (2 tablets, three times a day) [28].

Children Dosages

In children, Wobenzym® N tablets at 1 tablet per6 (six) kg body weight may be substituted with Wobenzym® PS tablets at 1 tablet / 10 kg body weight up to maximum six tablets a day. As such, the daily dosage for a 30 kg child would be 5 Wobenzym® N tablets or 3 Wobenzym® PS tablets [29] [30].

Two (2) Wobenzym® Plus tablets are equal to three (3) Wobenzym® PS tablets. Therefore, in the above example, the daily dosage for a 30 kg child would be two Wobenzym® Plus tablets.

Crushed Tablet Dosing

If unable to swallow the whole tablet, may use crushed tablets strictly on empty stomach with plenty of water and increase the dosage by another 50%. As such, a dosage of 2 tablets t.i.d. would be increased to 3 crushed tablets t.i.d. on empty stomach with plenty of water. [31], [32]

References: See References Section at end of book.

Wobenzym® PS

Label Dosage: 3 tablets, twice a day

International: Wobenzym® PS is known as Phlogenzym in Germany and other countries.

Effective Dosage

The preponderance of clinical studies has shown the formulation to be very effective at a dosage of 6 tablets per day, taken as either 3 tablets twice a day, or 2 tablets three times a day at least 45 minutes before a meal, with a large glass of water.

Other Dosages

Higher dosages may be used if clinically indicated (see table). Children's dosage is based on weight in kg.

Duration

Literature reports treatment time at which clinical improvement is observed. Supplementation is predominantly 3 weeks for acute conditions. Duration of supplementation for chronic conditions may be from 1 month to 3 months, or years as indicated.

Clinical Application

The following table has a sample of conditions treated with the Wobenzym® PS formulation. The clinical efficacy in treating inflammatory, autoimmune, traumatic, and infectious conditions supports its additional use in a wide range of other clinical conditions.

Comparing Wobenzym® PS to Wobenzym® N dosages

In adults, 6 Wobenzym® PS tablets (3 tablets, two times a day) may be substituted with 30 Wobenzym® N tablets (10 tablets three times a day) [56]. In children, Wobenzym® PS tablets at 1 tablet / 10 kg body weight up to maximum six tablets a day may be substituted with Wobenzym® N tablets at 1 tablet / 6 kg body weight. As such, the daily dosage for a 30 kg child would be 3 Wobenzym® PS tablets or 5 Wobenzym® N tablets. [57], [58]

Comparing Wobenzym® N to Wobenzym® PS dosages, and Wobenzym® Plus dosages

In adults, 30 Wobenzym[®] N tablets (10 tablets t.i.d.) may be substituted with 6 Wobenzym[®] PS tablets (2 tablets, t.i.d.) [60].

Children Dosages

In children, Wobenzym® N tablets at 1 tablet / 6 kg body weight may be substituted with Wobenzym® PS tablets at 1 tablet / 10 kg body weight up to maximum six tablets a day. As such, the daily dosage for a 30 kg child would be 5 Wobenzym® N tablets or 3 Wobenzym® PS tablets. [57], [58]

Two (2) Wobenzym® Plus tablets are equal to three (3) Wobenzym® PS tablets. Therefore, in the above example, the daily dosage for a 30 kg child would be two Wobenzym® Plus tablets.

Crushed Tablet Dosing.

If unable to swallow the whole tablet, may use crushed tablets strictly on empty stomach with plenty of water and increase the dosage by another 50%. As such, a dosage of 2 tablets t.i.d. would be increased to 3 crushed tablets t.i.d. on empty stomach with plenty of water. [59], [60]

References: See References Section at end of book.

Wobenzym® Plus

Label Dosage: 2 tablets, twice a day

International: This Dosage Guideline summary for Wobenzym® Plus is based on a review of international literature by Joseph J Collins, RN, ND on the published dosages for Wobenzym® PS. Wobenzym® PS is known as Phlogenzym in Germany and other countries.

Note: Two (2) Wobenzym® Plus tablets are equal to three (3) Wobenzym® PS tablets.

Effective Dosage: Based on the conversion of three (3) Wobenzym® PS tablets to two (2) Wobenzym® Plus tablets, the preponderance of clinical studies has shown the formulation to be very effective at a dosage equal to four (4) Wobenzym® Plus tablets per day, often taken as two (2) Wobenzym® Plus tablets twice a day, at least 45 minutes before a meal, with a large glass of water. Higher dosages may be used if clinically indicated. Children's dosage is based on weight in kg.

Duration: Literature reports treatment time at which clinical improvement is observed. Supplementation is predominantly 3 weeks for acute conditions. Duration of supplementation for chronic conditions may be from 1 month to 3 months, or years as indicated.

Clinical Application: The following table has a sample of conditions treated with the formulation. The clinical efficacy in treating inflammatory, autoimmune, traumatic, and infectious conditions supports its additional use in a wide range of other clinical conditions.

Comparing Wobenzym® PS to Wobenzym® N dosages

In adults, 6 Wobenzym® PS tablets (3 tablets, two times a day) may be substituted with 30 Wobenzym® N tablets (10 tablets three times a day) [56].

Comparing Wobenzym® N to Wobenzym® PS dosages, and Wobenzym® Plus dosages

In adults, 30 Wobenzym[®] N tablets (10 tablets t.i.d.) may be substituted with 6 Wobenzym[®] PS tablets (2 tablets, t.i.d.) [60].

Children Dosages

In children, Wobenzym® N tablets at 1 tablet / 6 kg body weight may be substituted with Wobenzym® PS tablets at 1 tablet / 10 kg body weight up to maximum six tablets a day. As such, the daily dosage for a 30 kg child would be 5 Wobenzym® N tablets or 3 Wobenzym® PS tablets. [57], [58]

Two (2) Wobenzym[®] Plus tablets are equal to three (3) Wobenzym[®] PS tablets. Therefore, in the above example, the daily dosage for a 30 kg child would be two Wobenzym[®] Plus tablets.

Crushed Tablet Dosing.

If unable to swallow the whole tablet, may use crushed tablets strictly on empty stomach with plenty of water and increase the dosage by another 50%. As such, a dosage of 2 tablets t.i.d. would be increased to 3 crushed tablets t.i.d. on empty stomach with plenty of water. [59], [60]

References: See References for Wobenzym® PS at end of book, noting that the dosages of Wobenzym® Plus have been reduced to reflect that two (2) Wobenzym® Plus tablets are equal to three (3) Wobenzym® PS tablets

Formulation:	Wobenzym® N	Wobenzym® PS	Wobenzym® Plus
Label Dosage	3 tablets BID	3 tablets BID	2 tablets BID
Dosage Equivalence	5 tablets	3 tablets	2 tablets
Ankle Joint Distortion	≅ 10 tablets a day for 10 days	6 tablets a day for 10 days [33], [34]	≅ 4 tablets a day for 10 days
Arthritis; knee	≅ 10 tablets a day for 3 weeks	6 tablets a day for 3 weeks [35], [36], [37]	≅ 4tablets a day for 3 weeks
Arthritis; shoulder	≅ 10 tablets a day for 3 weeks to 7 weeks	6 tablets a day for 3 weeks to 7 weeks [38]	≅ 4 tablets a day for 3 weeks to7 weeks
Bechet's disease	7 tablets 3 times a day for ½ to 1 month (21 tablets a day) [1]	≅ 4 tablets 3 times a day for ½ to 1 month	≅ 2 4 tablets 3 times a day for ½ to 1 month
Chronic Hepatitis B.	7 tablets 3 times a day for 4 weeks followed by 3-4 tablets three times a day for 20 days as an adjuvant [2]	≅ 4 tablets 3 times a day for 4 weeks followed by 2-3 tablets three times a day for 20 days as an adjuvant.	≅ 4 tablets 3 times a day for 4 weeks followed by 1-2 tablets three times a day for 20 days as an adjuvant.
Eczema (atopic dermatitis)	2 tablets 3 times a day for 2 days, then 5 tablets 3 times a day for 1 ½ to 2 months, then 2 tablets 3 times a day long term to decrease risk of relapse, used as an adjuvant. [3]	≅ 1 tablet 3 times a day for 2 days, then 3 tablets 3 times a day for 1 ½ to 2 months, then 1 tablet 3 times a day long term to decrease risk of relapse, used as an adjuvant.	≅ 1 tablet 3 times a day for 2 days, then 2 tablets 3 times a day for 1½ to 2 months, then 1 tablet 3 times a day long term to decrease risk of relapse, used as an adjuvant.
Fibromyalgia	≅ 10 tablets a day for 23 to 35 days.	6 tablets a day for 23 to 35 days [39]	≅ 4 tablets a day for 23 to 35 days
Gout	5 tablets 3 times a day for 1 week, then 4 tablets 3 times a day for 7 days, then 3 tablets 3 times a day for 1 month as adjuvant [4]	≅ 3 tablets 3 times a day for 1 week, then 2 tablets 3 times a day for 7 days, then 2 tablets 2 times a day for 1 month as adjuvant.	≅ 2 tablets 3 times a day for 1 week, then 2 tablets 3 times a day for 7 days, then 2 tablets 2 times a day for 1 month as adjuvant.
Hand surgery	7-10 tablets 3 times a day, 7 days before surgery, followed by 12 days postoperatively. [5]	≅ 4-6 tablets 3 times a day, 7 days before surgery, followed by 12 days postoperatively.	≅ 3-4 tablets 3 times a day, 7 days before surgery, followed by 12 days postoperatively.
Hematoma	\cong 10 tablets a day for 90 days.	6 tablets a day for 90 days [40]	\cong 4 tablets a day for 90 days.
Infertility & Chronic Salpingitis	5 tablets 3 times a day for 10 or more days. [6] [7]	≅ 3 tablets 3 times a day for 10 or more days.	≅ 2 tablets 3 times a day for 10 or more days.

Formulation:	Wobenzym [®] N	Wobenzym [®] PS	Wobenzym [®] Plus
Lymphedema	9 tablets a day for 6 weeks [8], or 5 tablets 3 times a day for 6.5 weeks [9], or 3 tablets 3 times a day for 6 weeks as an adjuvant [10],[11]	 ≅ 5 tablets a day for 6 weeks, or 3 tablets 3 times a day for 6.5 weeks, or 2 tablets 3 times a day for 6 weeks as an adjuvant. 	 ≅ 4 tablets a day for 6 weeks, or 2 tablets 3 times a day for 6.5 weeks, or 1 tablets 3 times a day for 6 weeks as an adjuvant.
Multiple Sclerosis	30 tablets a day as an adjuvant for 19 months [12] (In divided dosages, such as 10 tablets, three times a day.)	≅ 18 tablets a day as an adjuvant for 19 months. (In divided dosages, such as 6 tablets, three times a day.)	≅ 12 tablets a day as an adjuvant for 19 months. (In divided dosages, such as 4 tablets, three times a day.)
Multiple Sclerosis	≅ 10ablets a day for 2 years.	6 tablets a day for 2 years [41]	≅ 4 tablets a day for 2 years.
Myocardial Infarction, post MI	9 tablets for 30 days, as post MI adjuvant [13]	≅ 5-6 tablets for 30 days, as post MI adjuvant.	≅ 3-4 tablets for 30 days, as post MI adjuvant.
Nephropathy, diabetic	≅ 10 tablets a day for 16 weeks.	6 tablets a day for 16 weeks [42]	≅ 4 tablets a day for 16 weeks.
Pelvic Inflammatory Disease, chronic	5 tablets 3 times a day for 3 weeks [14]	≅ 3 tablets 3 times a day for 3 weeks.	≅ 2 tablets 3 times a day for 3 weeks.
Postphlebitic syndrome	≅ 10 tablets a day for 3 months.	6 tablets a day for 3 months [43]	\cong 4 tablets a day for 3 months.
Prostatitis, chronic	≅ 10 tablets a day for 4 weeks.	3 tablets twice a day for 4 weeks [44], [45]	≅ 2 tablets twice a day for 4 weeks.
Psoriasis	3 tablets 3 times a day (adjuvant) for 30 days [15]	≅ 2 tablets 3 times a day(adjuvant) for 30 days.	≅ 1-2 tablets 3 times a day (adjuvant) for 30 days.
Radiomucositis; cancer	≅ 10 6 tablets a day for 10 days.	6 tablets a day for 10 days [46]	\cong 4 6 tablets a day for 10 days.
Respiratory Tract Infection, recurrent	1 tablet per 6 kg body weight, divided into 2-3 sub-doses for 6 months in children 1 month to 15 years of age. [16]	1 tablet per 10 kg body weight, divided into 2-3 sub- doses for 6 months in children 1 month to 15 years of age. [47]	≅ 1 tablet per 15 kg body weight, divided into 2-3 sub- doses for 6 months in children 1 month to 15 years of age.
Rheumatic Arthritis	10 tablets 3 times a day for 15 days, then 7 tablets 3 times a day - 15 days, followed by 5 tablets 3 times a day - 30 days or longer [17], or 15-30 tablets a day for 6 months [18], or 15 tablets a day for 1 year [19], or 7-10 tablets 3x daily as an adjuvant for 2-4 weeks [20] [21] [22], or 30 tablets daily during the first month, then 15 tablets daily for a long- term treatment (years)[23]	≅ 6 tablets 3 times a day for 15 days, then 4 tablets 3 times a day - 15 days, followed by 3 tablets 3 times a day - 30 days or longer, or 9-18 tablets a day for 6 months, or 9 tablets a day for 1 year, or 4-6 tablets 3x daily as an adjuvant for 2-4 weeks, or 18 tablets daily during the first month, then 9 tablets daily for a long-term treatment (years).	≅ 4 tablets 3 times a day for 15 days, then 3 tablets 3 times a day - 15 days, followed by 2 tablets 3 times a day - 30 days or longer, or 4-6 tablets a day for 6 months, or 6 tablets a day for 1 year, or 3-4 tablets 3x daily as an adjuvant for 2-4 weeks, or 12 tablets daily during the first month, then 6 tablets daily for a long-term treatment (years).

Formulation:	Wobenzym [®] N	Wobenzym [®] PS	Wobenzym [®] Plus
Rheumatoid Arthritis	≅ 10 tablets a day in the first 1½ to 2 months and then 21 tablets a day for 2 months to over 1 year. OR 10 tablets a day for 9 months. OR 10 tablets a day for 23 to 35 days.	Wobenzym® PS at 6 tablets a day in the first 1½ to 2 months and then Wobenzym® N in the dosage of 21 tablets a day for 2 months to over 1 year [48]. OR Wobenzym® PS at 6 tablets a day for 9 months [49]. OR Wobenzym® PS at 6 tablets a day for 23 to 35 days [50]	≅ 4 tablets a day in the first 1½ to 2 months and then 8 tablets a day for 2 months to over 1 year. OR 4 tablets a day for 9 months. OR 4 tablets a day for 23 to 35 days.
Sepsis in children	≅ 1 tablet per 6 kg body weight up to maximum six tablets a day in two or three divided doses for 14-21 days in children aged 1 month to 15 years.	1 tablet per 10 kg body weight up to maximum six tablets a day in two or three divided doses for 14-21 days in children aged 1 month to 15 years. [51]	≅ 1 tablet per 15 kg body weight up to maximum six tablets a day in two or three divided doses for 14-21 days in children aged 1 month to 15 years.
Sexual Dysfunction	3 to 5 tablets three times a day for 2 -3 weeks [24]	\cong 2 to 3 tablets three times a day for 2 -3 weeks.	\cong 1 to 2 tablets three times a day for 2 -3 weeks.
Sports Injury	5 tablets 3 times a day prophylactically [25]	≅ 3 tablets 3 times a day prophylactically.	≅ 3 tablets 3 times a day prophylactically.
Surgery	≅ 5 tablets, 3 times a day (9/day) for the first 3 days after surgery, then 3 tablets, three times a day.	3 tablets, 3 times a day (9/day) for the first 3 days after surgery, then 2 tablets, three times a day [52]	≅ 2 tablets, 3 times a day (9/day) for the first 3 days after surgery, then 1 tablet, three times a day.
Surgery	≅ 5 tablets 5 times a day for 2 to 6 days before surgery, then 5 tablets twice a day after surgery for 12 - 20 days.	3 tablets 5 times a day for 2 to 6 days before surgery, then 3 tablets twice a day after surgery for 3-5 days, followed by Wobenzym® N, 5 tablets twice a day for 9 to 15 days. [53]	 ≅ 2 tablets 5 times a day for 2 to 6 days before surgery, then 2 tablets twice a day after surgery for 12 - 20 days.
Tendonitis; shoulder	\cong 10 tablets a day for 3 weeks.	6 tablets a day for 3 weeks [54]	≅ 4 tablets a day for 3 weeks.
Thrombophlebitis	10 tablets 3 times a day (30 tablets per day) for 15 days [26]	≅ 6 tablets 3 times a day (18 tablets per day) for 15 days.	≅ 4 tablets 3 times a day (12 tablets per day) for 15 days.
Thyroiditis, Autoimmune	5 tablets 3 times a day as an adjuvant for 6 months [27]	\cong 3 tablets 3 times a day as an adjuvant for 6 months.	\cong 2 tablets 3 times a day as an adjuvant for 6 months.
Urinary tract infection; recurrent	\cong 10 tablets a day for 3 weeks.	6 tablets a day for 3 weeks [55]	\cong 4 tablets a day for 3 weeks.

References

- [1] Kartvelishvili E., et al. "Advances in Immunology and Allergology at the Treshold of the XXI Century" May 3-6, 2000, Eilat, Israel. Czech abstract Center of Rheumatology, Tbilisi, Georgia
- [2] Vassilenko A.M., et al. Int. J. Immunotherapy 2001, Vol. XVII, No. 2/3/4, pp. 93-97 ISSN 0255-9625. 218 K/375 (19-05-3). Department of Therapy with Laboratory Diagnostics, Dnipropetrovsk Medical Academy, Ukraine.
- [3] Samtsov A.V., et al. Skin and Venereal Diseases Department of Sankt-Petersburg's Military Medicine Academy Conference "New aspects of systemic enzyme therapy", Moscow, 1999.
- [4] Kovalenko V.N., et al. Ukrainskii kardiologitschnyi zurnal 1998: 1, 53-56.
- [5] Naumenko L. Yu. Presented at the conference" Current treatment aspects of wrist injuries and their consequences", Dnepropetrovsk 1998
- [6] Ivaniyta L.I., et al. Farm. Zh. (Kiev) 1998, No. 2, pp. 89-92.
- [7] Yakimova A.V., Zakharova Yu.V., Skuratov S.I., Khokhlov V.V. Novosibirsk, 1998 Medical Institute, Novosibirsk, Russia [Russian] Presented at the conference "Current approaches in diagnostics and treatment of urogenital chlamydiosis", Novosibirsk, 1998
- [8] Dzupina A., et al. 41st Annual World Congress ICA'99, International College of Angiology, Sapporo, Japan, July 3-10, 1999, Posters pp. 76 601 KA
- [9] Kasseroller R., et al. The European Journal of Lymphology, 2002-2003, Vol. 10, No. 37-38, pp. 18-26,
- [10] Dzupina A., et al.. Lymfo 2000, Praha 13. 14. 10. 2000. Praktická flebologie supplement 2000, Roè. IX, str. 23-27. (17-13-2)-(17-12-1).
- [11] Dzupina A., et al. 41st Annual World Congress ICA'99, International College of Angiology, Sapporo, Japan, July 3-10, 1999, Posters pp. 76 601 KA
- [12] Krejcová, Hana. PharmaScript, Kathi-Kobus-Steig 1, D-82515 Wolfratshausen, Germany.
- [13] Sledzevskaja U. K., et al. Žurnal praktièeskogo vraèa 1997, No. 3, pp. 43 44. 11 KR
- [14] Friedrich, F. Wobenzym[®] MU-89210. Germany Report provides through: PHARMASCRIPT, Kathi Kobus increase 1, W-8190.
- [15] Milus I.E. Zurnal dermatologii i venerologii 1998, 2 (6), 35-36.
- [16] Vokálová I. Vox Pediatriae 2003, Vol. 2., No. 9, pp. 29 30.
- [17] Siziakina L.P., et al. III. Internat. Congress on Immunorehabilitation and Rehabilitation in Medicine, Eilat, Israel, 1997.
- [18] Mazourov V.I., et al. Inter. Journal of Immunotherapy 1997, Vol. XIII, No. 3/4, pp. 85-91.
- [19] Kovalenko V.N., et al. Revmatology in Europe 1997, Vol. 26, Suppl. 2, Abst. 446. Ukrainian
- [20] Kovalenko V., et al. Rheumatologia 1998, Suppl., Vol. XXXVI, Warsaw 1998, Abst. No. 140, pp. 206.
- [21] Kovalenko V.M., et al. Reumatologia 1998, Suppl Vol. XXXVI, Warsaw 1998, Lectures No. 212, pp 110-111.
- [22] Shalamberidze L., et al. International congress "Advances in Immunology and Allergology at the Treshold of the XXI Century" May 3-6, 2000, Eilat, Israel. Czech abstract
- [23] Guseinov N.I. International Journal on Immunorehabilitation 2001, Vol. 3, No. 2, pp. 73-74.
- [24] Izbasarov A.I., et al. 3rd Urology Congress of Khazakhstan May 25-26, 2000., Almaty.
- [25] Zuschlag J.-M. MUCOS Pharma GmbH & Co, Dept. Clinical Research, Geretsried, Germany.
- [26] Valery M. Koshkin, M.D., D.M. PharmaScript, Kathi-Kobus-Steig 1, D-82515 Wolfratshausen, Germany. Angiology Laboratory, Department of Surgery, State Medical University of Russia, Leninsky prospect, 8 Ia, Moscow, 117049 Russia
- [27] Kvantchakhadze R.G. International Journal on Immunorehabilitation, 2002, Vol. 4, No. 1, pp. 114.
- [28] Hans-Dieter. MU-91411. PharmaScript, Kathi-Kobus-Steig 1, D-82515 Wolfratshausen, Germany.
- [29] Shahid S.K., et al. J Assoc Physicians India (JAPI) 2002, Vol. 50, pp. 527-531.
- [30] Vokálová I. Vox Pediatrie 2003, Vol. 2., No. 9, pp. 29 30.
- [31] Hubkova B. Vox Pediatriae 2003: Roè. 3, è. 3, pp. 30 31.
- [32] Shahid S.K. et al. J Assoc Physicians India (JAPI) 2002, Vol. 50, pp. 527-531.
- [33] Baumüller. MU-91410. PHARMASCRIPT, Kathi-Kobus-Steig 1, W-8190 Wolfratshausen, Germany.
- [34] Hans-Dieter. MU-91411. PharmaScript, Kathi-Kobus-Steig 1, D-82515 Wolfratshausen, Germany.
- [35] Fritsche. MU-692402. Kreiskrankenhaus Auenstrasse 6 D-82467. Garmisch-Partenkirchen, Germany.
- [36] Klein. MU-696401. PharmaScript, Primelweg 2, D-82538 Geretsried, Germany.
- [37] Tilwe, et al. J Assoc Physicians India. 2001 Jun; 49:617-21.

- [38] Kullich W., et al. Reumatologia 1998, Suppl Vol. XXXVI, Warsaw 1998, Lectures No. 213, pp 111-114. ISSN 0034-6233. 619 KA (19-09-2)
- [39] Wittenborga A., et al. Arzneimittel-Forschung/Drug Research 2000, Vol. 50 (II), No. 8, pp. 728-738. PZ 20 (3-14-2).
- [40] Kleine. MU-697403. PharmaScript, Primelweg 2 D-82538 Geretsried, Germany.
- [41] Mertin J., et al. Inter. Journal of Tissue Reactions 1997, Vol. XIX, No.1/2, pp 95
- [42] Stauder G., et al., 6th Taormina Course of Nephrology. October 20th 22th, 2000, pp. 227-232, Editoriale Bios 2000 PZ 22 (5-14-3) -(19-11-3).
- [43] Koshkin V.M., et al. Angiology and vascular surgery 2000, Vol. 6, No. 2, pp. 61 64.
- [44] Schlüter. MU-694422. PharmaScript, Primelweg 2, D-82538 Geretsried, Germany.
- [45] Schlüter P. European Journal for Infectious and Immunological Diseases 1998, Vol. 2, pp. 57-69
- [46] Pluzhnikov M. S., et al. Folia Otorhinolaryngologiae et Pathologiae Respiratoriae 1999, Vol. 5, No.1-2/99, pp. 73-75. 17 KR
- [47] Vokálová I. Vox Pediatriae 2003, Vol. 2., No. 9, pp. 29 30.
- [48] Mazourov V.I., et al. Reumatologia 1998, Suppl Vol. XXXVI, Warsaw 1998, Lectures No. 211, pp 108-110 ISSN 0034-6233. 619 KA (19-09-2).
- [49] Pavelka K. MU-693405. Institute of Rheumatology, Prague, Czech Republic.
- [50] Wittenborga A., et al. Arzneimittel-Forschung/Drug Research 2000, Vol. 50 (II), No. 8, pp. 728-738. PZ 20 (3-14-2)
- [51] Shahid S.K., et al. J Assoc Physicians India (JAPI) 2002, Vol. 50, pp. 527-531.
- [52] Kamenícek V, et al. Acta Chir Orthop Traumatol Cech. 2001;68(1):45-49.
- [53] Levenets V.N., et al. Klinitschnakhirurgia 1997, 9-10, p. 50
- [54] Klein. MU-695419. PharmaScript, Primelweg 2, D-82538 Geretsried.
- [55] Schlüter. MU-692411. Klinische Forschung, Kirchplatz 8, D-82538 Geretsried, Germany.
- [56] Hans-Dieter. MU-91411. PharmaScript, Kathi-Kobus-Steig 1, D-82515 Wolfratshausen, Germany.
- [57] Shahid S.K., et al. J Assoc Physicians India (JAPI) 2002, Vol. 50, pp. 527-531.
- [58] Vokálová I. Vox Pediatriae 2003, Vol. 2., No. 9, pp. 29 30.
- [59] Hubkova B. Vox Pediatriae 2003: Roè. 3, è. 3, pp. 30 31.
- [60] Shahid S.K., et al. J Assoc Physicians India (JAPI) 2002, Vol. 50, pp. 527-531.