

Serracor-NK and Peyronies Disease

Peyronie's disease is a benign (noncancerous) condition of the penis that tends to affect middle age males. The incidence is 4.3 per 100,000 men aged 20 to 29 years and increases to 66 per 100,000 men aged 50 to 59 years. Approximately two thirds of affected men are between the ages of 40 and 60 years. The exact cause of Peyronie's disease is not known. The disease is characterized by the formation of plaques in the tunica albuginea of the penis. These plaques may be felt on penile examination and at times can feel as hard as bone. The plaques are like scar tissue and affect the function of the tunica in that area. Because the plaque is not elastic and stretchy like the rest of the tunica, it pulls the penis to the side of the plaque during an erection and may also cause "wasting" (an indentation in the penis) at the site of the plaque. There may also be pain associated with an erection. Lastly, because the plaque does not behave like normal tunica, it may also cause erectile troubles. The plaque may occur anywhere along the penile shaft but is more commonly identified on the top (dorsal) surface of the penis. More than one plaque may be palpable. The hallmarks of Peyronie's disease are a palpable plaque (a hard spot along the shaft of the penis that one can feel when examining the penis), penile curvature, and a painful erection.

Peyronie's disease was first described in 1704. It is named for Francois de la Peyronie, who, in 1743, described a patient who had "rosary beads of scar tissue to cause an upward curvature of the penis during erection." The penile curvature of Peyronie's disease is caused by an inelastic scar, or plaque, that shortens the involved aspect of the tunica albuginea of the corpora cavernosa during erection.^{1,2} In approximately one third of patients, the scarring involves the dorsal and ventral aspects of the shaft. Such offsetting plaques may cause the penis to be straight but shortened or to have a lateral bend (*Figure 1*). The circumference of the shaft may also be reduced, resulting in an erect penis that is flail at the site of the constriction, firm proximal to the constriction and soft distally.³

The first symptom of Peyronie's disease may be focal pain with erection, new curvature with erection or inability to penetrate as a result of curvature or distal flaccidity.^{3,4} Some patients who do not have pain with erection have tenderness on palpation of the indurated plaque.

A number of authors believe that Peyronie's disease results, in part, from trauma.⁵⁻⁷ More than 75 percent of patients with Peyronie's disease are between 45 and 65 years of age, when elasticity of the collagen of the penis has diminished.⁵ Many patients recall an episode of penile trauma, such as an invasive procedure, blunt trauma or injury during intercourse, at the site of subsequent plaque formation. Up to 47 percent of patients with Peyronie's disease also had another condition associated with loss of elasticity, such as Dupuytren's contracture or Ledderhose's disease (fibrosis of the palmar and plantar fascias, respectively).⁸⁻¹¹ Some authors^{5,12} suggest that either a single episode or recurrent episodes of flexion of the tunica albuginea may result in tears that

bleed and form a clot, with subsequent fibrin deposition. Biopsy may demonstrate fibrin deposition and perivascular inflammation underlying the tunica albuginea and, occasionally, within and beneath Buck's fascia overlying the plaque.⁵

During the first year or so after formation of the plaque, while the scar in the tunica is undergoing the process of remodeling, penile distortion may increase, remain static or, as is most often the case in younger men, resolve and disappear spontaneously.³⁻⁵ In most patients the curvature remains static as the scar matures although, in some patients, it becomes worse as fibrosis ensues and the scar contracts. In 25 percent of these patients the scarring process progresses to calcification, and in 25 percent of those it progresses to bone formation.^{3,5}

After the scar has matured, the configuration of the tunica albuginea is unlikely to be changed by nonsurgical treatments.⁴ However, many patients with advanced disease who have not sought surgical correction have been able to continue mutually satisfactory sexual intercourse with a partner. Approximately one third of patients with end-stage disease have a disabling curvature that requires surgical correction.

Pain that occurs in conjunction with Peyronie's disease may also progress with the onset of new injuries to the corpora cavernosa occurring as a direct result of the patient's attempts to correct or compensate for the original defect during sexual intercourse.⁵ One of the more common reasons for seeking treatment involves discomfort of the patient's partner during intercourse, which is associated with penile curvature.

Peyronies Diagnosis

The disease typically has a slow onset, and most men cannot identify a precipitating factor. Several theories exist as to the cause of Peyronie's disease; the most commonly accepted theory is that minor trauma during intercourse leads to minor tears in the tunica or rupture of small blood vessels. Bleeding and abnormal healing occurs after this injury and produces the plaque. In some men, there is a family history of Peyronie's disease, and 16% to 20% of men with Peyronie's have a disease called Dupuytren's contractures. Dupuytren's contractures is an inherited condition that causes contractures in the hands that pull the affected fingers inward. An increased incidence of arterial disease (30%) and diabetes with its associated small arterial disease (2.7% - 12%) has also been noted in men with Peyronie's disease.

The natural history of Peyronie's disease is variable. The disease is thought to have two phases: the acute phase, which usually lasts up to 18 months and is associated with pain, penile curvature, and plaque formation, and a more chronic phase, in which there is minimal or no pain, a palpable plaque, and residual penile curvature. Over time, the disease may progress in about 42% of men, improve in 13%, and remain the same in about 45%. In many cases, the disease produces few symptoms, the curvature does not prevent sexual performance, and there is no pain or associated erectile dysfunction. In such cases, reassurance that there is nothing bad going on is often all that is necessary.

Evaluating your Peyronie's disease?

As with any initial presentation, the evaluation of Peyronie's disease starts with a history of symptoms: duration and presence of pain; current erectile status and erectile status before the onset of the Peyronie's disease; whether symptoms are stable, progressing, or regressing; and degree of penile curvature and its effect on sexual function. The physician will ask about a history of prior penile trauma or manipulation.

Because the penile abnormality has a classic presentation and most men are able to accurately describe the symptoms, little investigation is needed initially. After the history is elicited, an examination will be performed. Examination of the hands will be performed to look for Dupuytren's contractures. Examination of the penis includes assessment of penile length and girth and palpation for penile plaques. In most cases, the physician will ask the man to bring in either a Polaroid photograph or digital picture of his erect penis to demonstrate the degree and the location of the curvature. If the patient is unable to obtain a photograph, the physician may induce an erection in the office by injecting a chemical that causes an erection in order to allow the physician to locate the area of curvature and to assess the degree of curvature. If the man has erectile dysfunction in addition to the penile curvature, further studies are needed to assess the cause of the erectile dysfunction.

Erectile dysfunction is found in about 19% of men with Peyronie's disease. The erectile dysfunction in Peyronies disease may be the result of:

- performance anxiety;
- the penile deformity preventing intercourse;
- a flail penis, whereby extensive Peyronies disease causes scarring in a segment of the penis that therefore does not become rigid, while the remainder is able to become rigid;
- an impaired erection, which may be related to concomitant arterial disease (36%) or veno-occlusive disease (59%)

Enzyme Therapy, a new approach to Peyronies Disease?

The definition of enzyme therapy is when a proteolytic enzyme or systemic is present in an enzyme formulation dissolution of fibrin occurs. Over time these enzymes can actually digest unwanted scar tissue. Many diseases in humans are associated with inflammatory reactions and scarring. Because both these conditions can be corrected by enzyme therapy there is great potential for improving health using systemic enzyme therapy. Among the conditions enzymes help are:

- Arteriosclerosis Excessive clotting and inflammation are routine in the developing arterial plaques. Enzyme therapy digests the fibrin and reverses the inflammation which

results in decreasing the size of the artery obstructing plaques. Symptoms of angina, impaired blood flow to the brain, and poor circulation to the legs *often disappear*.

- Painful Conditions (Trauma) Enzymes can block the release of pain producing amines from tissues that are becoming inflamed. *This means that early use of large doses of enzymes in broken bones, dislocated joints, sunburn, dental extractions, injuries, and migraine headaches have the capability of preventing swelling and pain from appearing.*
- Keloids, some individuals develop greatly enlarged unsightly scars which can be prevented and dissolved with enzymes.
- Arthritic Diseases All joint diseases manifest swelling and pain. (osteoarthritis, rheumatoid arthritis, bursitis) which enzymes can alleviate. Systemic lupus erythematosus has circulating immune complexes and scleroderma has extensive scarring both of which respond to enzymes. Fibromyalgia patients have recovered using enzymes probably because of improving blood flow in the painful areas.
- Arteriosclerosis Inflammation plays a key role in causing artery plaques to appear. There is also a tendency to excessive clotting. Both these problems can be reversed by systemic enzymes permitting the existing plaques to slowly disappear with disappearance of symptoms (angina, exertional leg pain, brain dysfunction from poor blood flow).

SERRACOR-NK® a new approach to Peyronies disease?

SERRACOR-NK® (SEBkinase®) is formulated by the #1 enzyme supplier to the world Specialty Enzymes. They cultivate their own enzymes in a 200 million dollar enzyme manufacturing facility. Once the enzymes pass the many stringent testing qualifications they are then bio fused together into formulations by a team of enzyme researchers and doctors to have the highest enzymatic effect within the body for that specific formulation. Specialty Enzymes has been formulating enzymes formulations for over 75 years and has been the leader in not only the highest quality enzymes but many of the effective enzyme formulations you seen on the market to date. ***SERRACOR-NK® (SEBkinase®)*** is Specialty Enzymes newest formulation SEBkinase a fibrin dissolving systemic enzyme blend that will effectively eliminate fibrosis and C-reactive protein within the body. In fact this same exact enzyme formulation has been available for the last 5 years. Now the SEBkinase blend is only being sold under the product name SERRACOR-NK. This unique formula contains Peptizymetm Specialty Enzymes own trademarked serrapeptase.

Peptizyme SP® is formulated for maximum fibrinolytic activity. Fibrin is a tough protein arranged in long fibrous chains. It is formed from fibrinogen, a soluble protein that is produced by the liver and found in blood plasma. ***Peptizyme SP®*** supports normal fibrin metabolism, thus reducing viscosity and aiding normal blood flow. Fibrin tends to form circulating complexes that build a wall of fibrin around areas of inflammation, creating a barrier for the uptake of healing nutrients. In addition ***Peptizyme SP®*** supports healthy inflammatory response by reducing

metabolic inflammation, usually an asymptomatic inflammatory process in response to stress, improper nutrition and other environmental insults. There is also evidence of inhibition of C-Reactive Protein, a marker for inflammation that has been linked to cardiovascular health. 22a, 22b

SERRACOR-NK® (SEBkinase®) also contains **NattoSEB®** [Nattokinase], also Specialty Enzymes own trademarked and formulated Nattokinase. **NattoSEB®** recently a new enzyme with potent fibrinolytic activity that rivals pharmaceutical agent has been discovered and shows great potential in providing support for hypercoagulative states. This all-natural enzyme, **NattoSEB®** [Nattokinase], is derived from fermented soy and the bacteria Bacillus Natto. Already, backed by research, **NattoSEB®** [Nattokinase] shows promise in supporting areas such as cardiovascular disease, stroke, angina, venous stasis, thrombosis, emboli, atherosclerosis, fibromyalgia/chronic fatigue, claudication, retinal pathology, hemorrhoid, varicose veins, soft tissue rheumatism, muscle spasm, poor healing, chronic inflammation and pain, peripheral vascular disease, hypertension, tissue oxygen deprivation, infertility, and other gynecology conditions (e.g. endometriosis, uterine fibroids).

Both **Peptizyme SP®** (serrapeptase) and **NattoSEB®** (nattokinase) are enterically coated and are formulated to an exact milligram for optimal performance in this blend. Digestive enzymes (DigeSEB) are also used in the SEBkinase formula, their purpose is to aid in the enhancement of the formula and should not be taken strictly as a digestive supplement. The last ingredient in **SERRACOR-NK® (SEBkinase®)** is Co-Q10 this is in the formula not only as a coenzyme, but to complement the strong cardiovascular benefits of **SERRACOR-NK® (SEBkinase®)** 23

How can SERRACOR-NK® (SEBkinase®) help me?

SERRACOR-NK® (SEBkinase®) can be used to lower systemic inflammation throughout the body by dissolving fibrin within the circulatory system and non-living tissue. With the introduction of **SERRACOR-NK® (SEBkinase®)** to your body's own blood stream serrapeptase will start an enzymatic detoxification effect that binds to toxins and blood coagulation that will result in lower inflammation levels and the buildup of fibrinous tissue. The effectiveness Serrapeptase will play a large role in the lowering of pain and inflammation, eliminating the formation of Thrombus and the continuing buildup of fibrin (scar tissue). Overall the serrapeptase in **SERRACOR-NK® (SEBkinase®)** also works immunologically to modulate your body's immune system. When a normal to high immune response is achieved your body will be able to fend off the formation of fibrin formations that can be the cause of your conditions and have harmful effects in your body. A wealth of clinical studies and information can be found of the uses of Serrapeptase for anti-inflammatory effectiveness in the treatment of the following along:

- *Arthritis*

- *Cystic Fibrosis*
- *Injuries (contusions, sprains ,etc)*
- *Pulmonary Fibrosis*
- *Peyronies disease*
- *Endometriosis (fibroids)*
- *Pain and inflammation*

NattoSEB® Nattokinase also plays a large role in the formulation of **SERRACOR-NK®** (**SEBkinase®**) Nattokinase is a potent fibrinolytic (anti-clotting) enzyme complex extracted and highly purified from a traditional Japanese food called Natto that has blood clot dissolving abilities and prevents the aggregation of red blood cells. Nattokinase has been used by doctors in Japan to stop blood clotting for many years, this relatively new systemic enzyme adds another level of fibrin dissolving effects to **SERRACOR-NK®** (**SEBkinase®**) that can assist users suffering from cardiovascular and blood clotting conditions. This is the most common cause of these blood clots that form during atrial fibrillation. This is a disorder found in about 2 million Americans. In atrial fibrillation the heart's two small upper chambers (the atria) quiver instead of beating effectively. Some blood isn't pumped completely out of them when the heart beats, so it pools and clots. When a blood clot enters the circulation and lodges in a narrowed artery of the brain, a stroke occurs. Although the human body produces more than 20 enzymes for making blood clots, it produces only one enzyme—plasmin—for dissolving them. The problem is, as we age the production of plasmin slows down, making the blood more prone to coagulation. And since plasmin is produced by endothelial cells throughout the body, it is possible to develop blood clots anywhere in the body. **SERRACOR-NK®** (**SEBkinase®**) contains enterically coated **NattoSEB®** Nattokinase this insures that the Nattokinase is used systemically throughout the body to stop the formation of clotting anywhere in the body. As we age fibrogen levels rise and high levels of fibrinogen levels usually lead to increased platelet aggregation, blood clots, and eventually heart attack or stroke. In fact, high fibrinogen levels are considered a more dangerous risk factor for heart attack and stroke than high cholesterol. A study of 2,116 men found that those with high LDL (bad) cholesterol but low fibrinogen levels had only one sixth the risk for heart attack than the men with low LDL and high fibrinogen. **SERRACOR-NK®** (**SEBkinase®**) will address many different areas with the use of Nattokinase in its formula. The following are issues that the Nattokinase in **SERRACOR-NK®** (**SEBkinase®**) will help address:

- *supports normal blood pressure*
- *prevents blood clots from forming*
- *dissolves existing blood clots*
- *dissolves fibrin*
- *enhances the body's production of plasmin and other clot-dissolving agents, including urokinase*

The formulation in **SERRACOR-NK® (SEBkinase®)** can help for a variety of conditions users need to be aware that when using this product that you should discontinue all use of any type of blood thinning products. **SERRACOR-NK® (SEBkinase®)** will thin the blood and should not be taken without consulting your doctor if you are using any type of anti-coagulation products. Also **SERRACOR-NK® (SEBkinase®)** is a very strong systemic enzyme blend and users should start out taking 1 capsule a day for the first 3-7 days and then slowly increase the dosage till you reach your activation or therapeutic dosage. 22,23

Testimonials from Serracor-NK users for Peyronies:

1.) Hi Biomediclabs,,

I was diagnosed with PD. Not a very mild case, still in the beginning, but with pain and ED. I am currently taking Serracor-NK and now, after only 10 days of taking it I am pain free and able to have an erection. I started taking 3 capsules 3 x day, but am thinking about lowering the dose to 2 caps. 3 x day, for my symptoms have improved.

K.A.

2.) Dear Biomediclabs,

I was diagnosed with Peyronies Disease approximately 2 years ago and was told by my Urologist that surgery was an option but not a guarantee and that there wasn't anything "out there" that would alleviate my condition.

I went to my GP for my three month blood work as I am on both blood pressure and cholesterol medications. It was the PA who recommended that I get further information on PD. When I went on the internet I found Biomedic Labs, where I was enlighten by Dr. Theodore R. Herazy. I sent for a bottle of Serracor-NK and within about 4 weeks I noticed a significant decrease in pain and by 6 weeks I was pain free from the PD. The added bonus, is that while taking Serracor-NK I noticed a gradual decrease in blood pressure so much so that I finally discontinued taking my blood pressure medication that I have been on for 5 years. My blood pressure has been 130/80 since. I will send a follow up note with the results of my cholestrol blood work.

Thank you for a safe and effective treatment of PD. Serracor-NK has given me new hope to a very painful problem. Brad, you have been most helpful and understanding, thank you.

Sincerely, Howard G New York

3.) Hi Biomediclabs,

I just want to update you on my fasting blood work results for my cholesterol, as I said I would. Since I have been taking the Serracor-NK my blood pressure has stabilized enough that my blood pressure medication has been discontinued since August. Since then my cholesterol levels were within the normal limits so my medication for that has been discontinued also. I am still taking Serracor-NK faithfully with good results, Thank you.

Sincerely, Howard G New York

4.) Name: **Jack T., Spring Texas**

I have been using Serracor-NK for approximately 45 days plus for moderately severe peyronie's disease. Physician's recommendation was vitamin E and live with it. I have already experienced significant reduction in plaques, increase in girth and length. I am looking forward to completing the 6 month period as recommended.

5.) Attention Biomediclabs:

I first started using Serracor-NK to help reduce a scar from a cesarean section and to help battle the common winter flu that I'm susceptible to every year. I have seen some progress with my scar, but I'm also the only one in my immediate family that did not become ill this winter. My husband and two children were all sick over the holidays. The only difference was that I was the one taking Serracor-NK on a daily basis. I'll be sure to have my family on it by year's end so we can all enjoy a healthy holiday season! **Sincerely, Mary D Antioch, IL**

Summary for Serracor-NK for the use of Peyronies?

Men suffering for Peyronies have new hope with Serracor-NK. As many of you know this condition is not only painful but it can be embarrassing. Biomediclabs has spent years researching a effective formula for dissolving fibrin (scar tissue) with the introduction of Serracor-NK we feel that it use for Peyronies brings a new approach that address's the scar tissue formation and the pain levels that men with peyronies are dealing with.

A Peyronies product Package exclusively from Biomediclabs.

Biomediclabs now offers a Peyronies Product Package that strongly address's the scar tissue, pain and the immune response. Serracor-NK has two effective products that are suggested to be

used for men and their peyronies condition. Serra RX80 a biomediclabs supplement is a enterically coated Serrapeptase dose of 80,000 iu's. When taking along with Serracor-NK users are providing themselves the highest fibrin dissolving product combination available. Users of these two products can take a more aggressive approach to peyronies which will result in faster progress in the fight against fibrin, less pain and inflammation and a shorter time of having to use enzyme therapy for this condition. What this all means to use is you will make progress in a shorter amount of time and you will save money. Please contact a product specialist at **1-888-298-7363** or visit are site at www.biomediclabs.com

Peyronies Dosage Chart

	Introduction Phase <i>7 days period (not needed for existing serracor users)</i>	Therapeutic Phase <i>30 days or until desired results (30-270 days)</i>	Maintenance Phase <i>taken for 30-360 days (depending upon each person)</i>
SERRACOR-NK and Serra RX80	Capsule per day (x) a day	Capsule per day (x) a day	Capsule per day (x) a day
SERRACOR-NK	<i>1 capsule a day for 7 days</i>	<i>3 capsules, 3x a day</i>	<i>1 capsule, 3x a day</i>
Serra RX 80	<i>1 capsule a day for 7 days</i>	<i>1 capsules, 3x a day</i>	<i>1 capsule, 2x a day</i>

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JAMES FITKIN, M.D., currently has a private practice in Grove City, Ohio. A graduate of the Ohio State University College of Medicine in Columbus, Dr. Fitkin completed a residency in family practice at Mount Carmel Health System, also in Columbus.

GEORGE T. HO, M.D., is director of research in the surgery residency program and attending staff in the Department of Surgery, Division of Urology, in the Mount Carmel Health System. A graduate of Northwestern University Medical School, Chicago, Dr. Ho completed a residency in urology at Harvard Medical School, Boston, Mass.

Address correspondence to George T. Ho, M.D., Mount Carmel Health System, 793 W. State Street, Columbus, Ohio, 43222. Reprints are not available from the authors.

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