

Research Article





The cure and prevention of early-stage symptoms of long-term diabetes complications are independent of the methods used to control blood plasma glucose

Summary

The Cure and Prevention of early-stage symptoms of long-term Diabetes Complications are independent of the methods used to control blood plasma glucose.

Introduction: The Blood Plasma Vitamin B Deficiency Model assumes that hyperglycemia is not involved in the development of long-term diabetes complications. This needs empirical validation.

Objective: To demonstrate that the therapy predicted by the model (fenomin Tablets) simultaneously cures early-stage symptoms of long-term diabetes complications affecting all organs in all patients irrespective of the method used to control blood plasma glucose.

Method and data: The method is as described by Bempah and all the data (2008-2015) are analyzed.

Discussion: Cures of early-stage symptoms of long-term diabetes complications, such as, blurred vision (retinopathy) cleared; chronic swollen ankles/feet (kidney failure) normalized; and sores on different parts of the body healed; were observed in patients using different methods to control blood plasma glucose.

Conclusion: Fenomin tablets simultaneously cured early-stage symptoms of long-term diabetes complications affecting all organs in all patients irrespective of the methods patients used to control blood plasma glucose.

Keywords: fenomin tablets, cure, long-term diabetes complications, hyperglycemia, control

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Introduction

Bempah¹ demonstrated the potential of Vitamin B Blood Plasma Deficiency (VbBPD) model in the study of diabetes complications in type 2 diabetes mellitus patients by the cures of early-stage symptoms of long-term diabetes complications effected by the therapy predicted by the model. In that presentation, only a part of the data from the Open trial, (from 2008-2014), was used to show that the therapy – fenomin tablets - was efficacious in curing all early-stage symptoms of long-term diabetes complications in type 2 diabetes mellitus patients. The full data (2008-2015) and analysis are now presented. A major assumption of the Vitamin B Blood Plasma Deficiency model was that hyperglycemia plays no part in the development of diabetes complications. This assumption has to be validated or justified empirically. It is difficult to prove a negative proposition. However, validity of the assumption can be demonstrated by using the therapy predicted by the model to cure and prevent symptoms of diabetes complications affecting all organs in all diabetes patients, irrespective of the method used to control blood plasma glucose.

Objective

To show that the therapy (fenomin tablets) predicted by the VbBPD model cures early-stage symptoms of long-term diabetes

complications affecting all organs, irrespective of the methods used by patients to control blood plasma glucose.

[In this, as in other publications reporting on the fenomin tablet therapy, "cure" means "cure of early-stage symptoms of long-term diabetes complications, such as, healing of a chronic sore, swollen ankles or blurred vision returning to normal as determined by the patient; no biochemical end-point was required or used. "Prevention" means after the cure of the initial symptom, patient does not develop the same symptom again or other symptoms associated with diabetes mellitus for a period of more than two years while taking the fenomin tablets uninterruptedly as directed].

Method

Bempah has fully described the development of the model; the composition of the fenomin tablet and its application; the continuous Open trial and how the data from the participants were collected. It is proposed to analyse all the available data to date.

Results

Table 1 below shows the methods used to control blood plasma glucose and the number of specific early-stage symptoms of long-term diabetes complications cured. The control methods range from "Non





diabetes" people who have not been diagnosed as diabetes mellitus patients, yet manifest symptoms similar to diabetes complications; to type 1(T1) patients using insulin only. The Non-diabetes patients do not use any tablets to control their blood plasma glucose because there is no excess plasma glucose to control. The numbers are the raw figures reported as feedback by patients who desired to share the joy of their cures with others. The numbers do not reflect the number of

patients as one patient usually reports two or more cured symptoms. Nor do they reflect the prevalence of complications in any particular organ. There are also a whole lot who did not bother to report back despite repeated assurances of anonymity. (Majority of the patients live in the United Kingdom and have access to orthodox medical treatment but resorted to fenomin therapy by recommendation of friends who have been cured of symptoms similar to their own).

Table I different method of patient blood plasma glucose control and the number of times the cure of diabetes complication in a particular organ has been reported by patients

Method of blood control/ complication type	Non diabetic	T2 no Control	*T2 Metformin	*T2 Metf.+ Gliclazide	T2 Metf. +Insulin	T I Insulin
Swollen ankles/feet normalised	3	5	8	П	5	3
Improve Visual acuity	5	7	10	14	8	5
Feet/toes sore	3	7	15	12	6	12
Gum sore	1		2	2		
Scalp sore				1	1	
Leg sore	2	5	11	8	9	4
Warmed up Cold ands/feet			13	7	2	2
Severe itching in genital area stopped	6		12	7	5	4
Semen production restored			9	10		
Numbness in toes/fingers disappeared	9		12	П	7	
Burning foot syndrome	15	12	21	23	11	4

Data analysis

Apart from the cure of early-stage symptoms of long-term diabetes complications from diabetes mellitus patients using different methods of blood plasma glucose control, there were reports from unexpected sources too. For example, the "Non Diabetes" column in the table records cures from people who have not been diagnosed as diabetes mellitus patients. They claim to have been repeatedly told, after several tests by their medical advisors that they do not suffer from diabetes mellitus. Yet, they were convinced their symptoms were similar to symptoms of persons diagnosed with diabetes mellitus. That was the compelling reason for their using fenomin tablets. These people report that they use sugar in their tea or porridge. On further inquiry, it was found that the condition runs in the family. Two families the author got to know are described.

The surviving member of one family told of the passing of two brothers; one after double leg amputations and stroke and the other with renal failure. The author heard of him, when he was reporting that fenomin tablets have cleared his blurred vision and healed foot sore. The other family is a brother on dialysis and awaiting amputation of a sore leg and a sister who has already had stroke. The brother refused to take the fenomin tablets because his specialist doctor has not heard of it. His leg was amputated.

Another is a woman with recurrent swollen ankles/feet, ostensibly from hypertension according to her doctor. Diuretic and hypertensive drugs prescribed for her were having no effect on her condition. She started using Fenomin tablets a friend bought for her. The swollen feet normalized and she has stayed healthy for over two years on the tablets. On further inquiry, the author established that apart from consuming sugar, all these people get up three or four times every night to urinate, even without diuretic. They share this condition, polyuria, with

diabetes mellitus patients. Then, there is "T2 no control" group. These are type 2 diabetes mellitus patients who control blood plasma glucose by diet only. They have been under the misapprehension that "mild" diabetes mellitus patients do not develop diabetes complications. The data shows that they do. The rest of the table shows the well-known categories: type 2 diabetes mellitus patients using metformin only; metformin+gliclazide; metformin+insulin, respectively, and Type 1 patients using Insulin for blood plasma glucose control.

Prevention, by definition, leaves no data to present; except to say that people who have used the Fenomin tablets to treat and cure symptoms of early-stage diabetes complications and have continued to use the tablets as prophylactic, have not had any symptoms for 2-5years.

Discussion

Doubt may be raised as to the validity and usefulness of the results since there was no double-blind, placebo control. This doubt is baseless. The simultaneous cure of retinopathy, early-stage kidney dysfunction (persistent swollen ankles/feet) and healed sore in the same patient during the same period of treatment cannot be described as stochastic process and therefore cannot be analyzed by the statistical methods used for placebo-controlled data. Besides, experience has shown that the early-stage symptoms of long-term diabetes complications develop into full-blown organ failure: sores have led to amputation; retinopathy to blindness and swollen ankles/feet to kidney failure.

The data also show that the long-term complications associated with diabetes mellitus also occur in diabetes insipidus patients. Therefore, it may be more accurate to attribute the cause of long-term complications to polyuria. It may not have made any difference before

when there was no cure or prevention for the long-term complications whatever the cause. But now there is a chance of a cure, so the therapy should be used by those without the known symptoms of diabetes mellitus but show symptoms similar to long-term diabetes complications.

Diabetes mellitus patients are also often diagnosed with hypertension. High blood pressure patients have increased risk of stroke, heart attack and kidney failure same as in diabetes mellitus patients. Clinicians may want to review the tradition of prescribing diuretics for hypertensive patients who develop chronic swollen feet and ankles in view of the findings in this work. Also, the current cost associated with treatment of diabetes mellitus is much too low. Current hospital and social costs do not include the cost of treating long-term complications associated with diabetes insipidus that are assumed by the medical profession not to exist.

Conclusion

The assumption that hyperglycemia plays no role in the development of long-term complications associated with diabetes

is validated by curing early-stage symptoms of long-term diabetes complications in all organs in patients using different methods of plasma blood control by the fenomin therapy.

Recommendation

There is need for more data and diagnostic questionnaire for clinicians since diabetes complications have one-stop treatment.

Acknowledgements

None.

Conflict of interest

Author declares that there is no conflict of interest.

References

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