



## COLD SYMPTOM SUPPORT:

*GRAMINEX Flower Pollen Extract*

# Flower Pollen Extract and its Effect on the Immune System

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### General immunological properties of fat-soluble (cernitin GBX) and water-soluble (cernitin T60) pollen extracts

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Extracts from the pollen of specially selected plants (Cernitins) are free from antigens and other high molecular weight substances. Numerous components belonging to various classes of chemical substances have been identified in pollen: essential aminoacids, vitamins, sterols, minerals and trace elements as well as carbohydrates, deoxyribosides, enzymes and coenzymes.

Immunological properties of fat-soluble (Cernitin GBX) and water-soluble (Cernitin T60) pollen extracts were examined in animals and in humans, in vivo and in vitro. For investigation in vitro we have used the water-soluble pollen extract (T60), and in vivo the fat-soluble for (GBX) was applied. The aim of the in vivo experiments was to evaluate their effect on IgG antibody production, capability for rosette formation (E-RFC) and cell indicating IgM-PFC hemolysins. Besides, observations were made on pollen extract effect on graft versus host reaction, transplantation barrier and delayed hypersensitivity in relation to SRBC. Its assumed effect on phagocytosis and blastic transformation was assessed in vitro. In both in vivo and in vitro systems the influence of T60 and GBX preparations on the population of T- and B-cells was tested.

Our observations confirm the results obtained by Kimura and Inoue demonstrating lack of allergic properties of both Cernitins. Our studies proved however that there is a relationship between immunological system and the tested Cernitins. As follows from the above mentioned, the pollen extracts possess effective an immunosuppressive effect (E-RFC, B-lymphocytes antagonism in relation to blastogenic effect of PHA) and occasionally they act as a stimulator (PFC, blastic index). In some experimental systems they are ineffective (GvH, transplantation barrier, SEC test).

Conclusion: Both examined Cernitins demonstrate moderate immunoregulatory properties, but the immunosuppressive component is prevailing.

Samochowiec, L. et al, "General immunological properties of fat-soluble (Cernitin™ GBX) and water soluble (Cernitin™ T60) pollen extracts", European Journal of Pharmacology (1990) 183:906

## COLD SYMPTOM SUPPORT:

GRAMINEX Flower Pollen Extract

### Pollen as a Prophylactic against the Common Cold

#### Stig Malmstrom, Boden and Rune Cederlof, Stockholm, 1966.

Pollen extract has been employed to a considerable extent, since 1955, in the treatment of prostate problems of various kinds /1-5, 8-11/.

There would appear to be a widespread opinion that pollen extract also possesses a certain value as a roborant and cold preventative. This effect has been referred to by Noyes /12/ on the basis of a small amount of research material. The roborant effect has also been studied by Glomme /6/ in comprehensive experiments on animals. Critical epidemiological investigations on a large scale have not, however, been carried out. Against this background it seemed desirable to conduct a major field study of the effect of pollen extract on those liable to military service, in connection both with prevention of colds and with general roborant properties.

The investigation was initiated by the Defense Department Research Institute, and carried out with the consent of the Military Governor in the Sixth Military Area (Upper Norrland), the Chief Physician to the Army, and the State Pharmaceutical Laboratory. The study was carried out on three separate occasions on a total of 775 conscripts in the Sixth Military Region. The designation and size of the groups studied are shown in Table 1.

Table 1: Group Division and Number of Experimental Persons.

Group	Period	Unit	No. of experimental persons
A	May 1965	Eng.3	224
B	Feb. -March 1965	Eng.3	116
C	Feb. -March 1965	A8	99
D	Feb. 4~arch 1966	A8	140
E	Feb. -March 1966 Eng.3	Eng.3 44 rep-unit	44
F	Feb.-March 1966 Eng.3	Eng.3	152

Group A consisted of newly enrolled conscripts, who were confined to barracks during the whole test period. The object of this was to test the problem during a period in which conscripts, that often come from different environments and different by a large number of mixed infections. With regard to Groups B-F, the experiments were carried out in connection with winter field-exercises, under conditions where troops are often exposed to major physical and psychical strains

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in a period when the danger of infection is great. In other particulars the experiments were carried out on all the field-service groups under substantially identical conditions.

The preparation to be tested, Cernilton®, was made available by the manufacturers, AB Cernelle of Vegeholm. The dosage for the 1965 experiments was one tablet three times daily for 14 days. With the later experiments two tablets were administered once daily for the same period, though the tablets were in the 1966 experiments about three times greater in strength.

The specifications can be seen from:

	1965	1966
Cernitin™ T60™ sec. (Extr. pollinis aquos sec.)	60 mg	200 mg
Cernitin™ GBX™ 1 (Extr. pollinis oleos.)	3 mg	10 mg
Constituentiae et colons	q. s.	q. s.
M.F. tabl. no.1.		

The experimental model was of the so-called double-blind type. Each unit was divided up into more-or-less equal 'primary' research units of 10 - 15 men, generally consisting of personnel belonging to the same barrack-room or smaller working group, with high individual working frequency. With the change distribution of the tablets it was ensured that every 'primary unit' was represented by more-or-less an equal number of experimental persons, with Cernilton® or placebo-medication. This arrangement was made in order to balance any effect which might arise between the experimental persons within the various 'primary units' (infected). The blind tablets and Cernilton® tablets had exactly the same taste and appearance.

A leader was selected for each group, whose responsibility it was to see to it that the tablets were taken in the way arranged. The experimental persons were asked to make notes on a special diary card during the whole experimental period concerning their state of health, with special attention to certain subjective symptoms, visits to the doctor, and sickness certification. The group leader was responsible for seeing that this was thoroughly carried out. No doctor participated in this part of the experiment.

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#### Result

The possible prophylactic effect of a preparation against symptoms of the common cold can obviously only be evaluated on the basis of material where there is 'normally' a rather high incidence of sickness. Of the six units tested during the relevant experimental periods, symptoms indicative of infection of the upper air passage occurred as indicated in Table 2.

Table 2: Incidence of symptoms of infection of the upper air passage in the different units.

Individuals with symptoms of infection of the upper air passage

Group	Number	Percent	Basic number
A	101	45	224
B	15	13	116
C	47	47	99
D	45	32	140
E	2	5	44
F	61	40	152

The table shows that the frequency of colds was low or very low in the groups B and E. These groups have therefore been excluded from following discussion.

The incidence of certain symptoms of infection of the upper air passage, divided up in accordance with the investigation group and type of tablet, is shown in Table 3.

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**Table 3:** Incidence or sore throat, coughing, hoarseness, and nasal catarrh within the experimental groups.

Experimental groups								
	A		C		D		F	
	P%	C%	P%	C%	P%	C%	P%	C%
Sore throat	21.4	18.8	23.6	12.5	17.3	9.8	17.9	21.2
Coughing	28.0	30.7	35.3	29.2	18.8	11.2	31.3	21.2
Hoarseness	11.1	14.5	11.8	20.9	13.0	7.0	13.5	10.6
Nasal catarrh	37.5	35.0	31.4	29.3	24.6	28.2	32.9	31.7
Basic number	107	117	51	48	69	71	67	85

P = placebo    C = Cernilton®

The table shows a clear distinction between Cernilton®- and placebo-treated experimental persons in investigation groups C and D in relation to sore throat. The differences are in favor of the pre-paration<sub>1</sub> and are significant at the 10% level, Khi-square analysis with correction for continuity in the present case. Coughing also tends to occur rather less frequently with the Cernilton®-treated groups (C, D, and F), though it is only within group F that the results are significant at the 10% level. The figures shown in the table for hoarseness and nasal catarrh symptoms cannot be regarded as showing any effect: the difference between Cernilton®- and placebo-series are not significantly different from zero.

Symptoms of influenza occurred only to a slight extent, and could not be used to evaluate any possible prophylactic effect.

The relative numbers of persons during the observation period who visited the doctor or were certified sick are shown in Table 4.

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**Table 4:** Visits to the doctor and sickness certification within the experimental groups.

Experimental groups								
	A		C		D		F	
	Visited doctor	0.9	0.0	3.9	4.2	13.0	2.8	7.5
Certified sick	2.8	0.0	0.0	0.0	17.3	2.8	16.5	10.7
Basic number	107	117	51	48	69	71	67	85

P = placebo                      C = Cernilton®

Visits to the doctor and sick-certification occurred practically only in groups D and F. There was a clear distinction favorable to the preparation between the Cernilton®- and placebo-treated experimental persons, particularly in group D, but also to some extent in group F. The distinction for group D is significant at the 5% level with respect to visits to the doctor, and at the 1% level with respect to sick-certification.

With respect to all the symptoms discussed here, and also to sick-certification, the experimental persons were asked to indicate for how long the symptoms or the certification had lasted. There was no clear distinction between Cernilton®- and placebo-treated individuals, although there was a certain non-

significant tendency for shorter times observed in the case of the Cernilton® groups.

The experimental persons were also asked to give a general opinion about their condition during the experimental period, in particular as to whether they felt more tired or more alert than usual. The alternative answers were formulated differently in the 1965 and 1966 investigations. In 1965 only the two alternatives "more tired than usual" and "more alert than usual" were given, with the result that the experimental persons were "compelled" to choose one alternative or the other, or to leave the question unanswered. In the 1966 investigations a further alternative "unchanged" was allowed.

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Comparison shows that the experimental persons treated with Cernilton® in groups C and D show a higher percent of "more alert" and a lower percent of "more tired" than those with placebo-treatment. The frequency "more tired" is higher throughout for the placebo-treated persons in all four groups. A summing-up of all the experimental groups gives significance at the 10% level.

Finally, it should be said that only individuals with common-cold symptoms in the four groups have been considered. The frequencies of "more alert" and "more tired" amongst the persons showing symptoms of colds are given. The tendency is thus amplified and the effects of Cernilton® summed up over the groups then reaches the significance level of 2.5%.

### Discussion

The field experiment carried out has not given an unequivocal result in relation to the prophylactic effect of the preparations used against the common cold. It has been shown that under certain conditions it is effective against some symptoms, that is, sore throat and coughing, in groups C and D. That the corresponding effects could not be deduced from groups A and F indicates the need for great caution in generalizing the results. It lies in the nature of the experiment that the Cernilton®- and placebo-treated experimental persons are fully comparable within the units because of the "blind" randomizing. On the other hand, the four main groups themselves are not comparable on the same basis because of the different risks of being infected by the common cold, or of the type of infection experienced. Thus, for example, group A consisted of a depot unit, which differs from the exercise units with relation both to the incidence of infection and the extent of strain experienced.

The frequency of visits to the doctor and sick-certification indicate that group D and F may have experienced heavier burdens than the two remaining groups. Here a clear distinction between Cernilton®- and placebo-treated experimental persons has proved demonstrable both with relation to visits to the doctor and sick-certification.

The roborant effect of Cernilton® has been evaluated on the basis of a question about condition. Here also groups C and D, and possibly F, give the clearest indication. It should be observed that the distinction is primarily expressed in a lower frequency of "tired" amongst the Cernilton®-treated persons. This occurs, naturally, in relation to the situation of the experimental persons, in which the burdens and the occurrence of common colds gives the least encouragement for individuals to report themselves as "more alert" than usual.

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The result of the condition-question has also been considered separately for those individuals who declared themselves as suffering from some symptoms of the common cold. The object with this was to obtain a specially afflicted group for which any effect of Cernilton® would have been particularly valuable. It is found that the effect in this analysis is most clearly expressed where the frequency of "more tired" is lower throughout for all four units. The effect is most marked in group D, where none of the 26 sick persons in the Cernilton®-treated group complain of having been "more tired". The number of sick

persons is admittedly relatively low, but the overall tendency gives nevertheless an unequivocally significant picture.

As we have already said, the results should not be generalized, at all events not to the extent that quantitative evaluations of the protective effect are given. It should also be remembered in this connection that the experimental situation for military personnel in training is an extremely specialized one. It would be expected that in this situation, particularly when those concerned are aware that an experiment is being undertaken, that such persons would be extremely observant about their condition of health, and that tendencies to exaggeration may be found. This would not, however, be the reason for the observed effect of Cernilton®, but it would make any quantitative evaluation very hazardous. All that should therefore be said for the present, therefore, (is that the preparation under certain conditions combats the symptoms associated with infection of the upper air passage), and might for this reason be a useful prophylactic. The preparation has in addition shown during this investigation a roborant effect, in accordance with the observations already reported by Ask-Upmark, Glomme, and Graudal /1,6,7/.

Further elucidation of the conditions under which this effect arises, or the principle on which it is based, could not be provided by this field experiment, nor was this envisaged when it was undertaken.

## **POLLEN AS A PROPHYLACTIC AGAINST THE COMMON COLD - 8**

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## COLD SYMPTOM SUPPORT:

GRAMINEX Flower Pollen Extract

### The Use of Cernitin™, an Extract of Organic Pollen, to Stabilize Body Weight and to Increase Resistance Toward Infections

#### Brief Description of the Product

For centuries the nutritional value of naturally occurring pollen has been recognized by scientists throughout the world. For the first time a commercial source of natural pollen has been made available by AB Cernelle of Vegeholm, Sweden, marketed under the trade name POLLISPORT™\*. These tablets contain Cernitin™, a microbiological extract of pollen, which is organic, unadulterated, and free of contamination. Prior to the extraction of Cernitin, the pollen is collected by a patented process (not insect-gathered) from unsprayed plants on a large plantation far removed from industrial wastes or other airborne contamination. During the preparation of Pollisport™, no synthetic active ingredients are added. These food tablets are completely free from side effects and even pollen-allergic persons have taken large doses without any unforward effects.

#### The Background of the Study

During the past two years, we have used Pollisport™ in our practice for many diversified complaints and syndromes. Certain results have occurred predominately regardless of the purpose for which the tablet was prescribed. Foremost among these have been increased appetite, weight gain, increased vigor and sense of well being, and decreased susceptibility toward infections. Therefore, it was thought that a football team would make a good preliminary control study to more accurately determine two of these factors in an objective manner: i.e. weight gain and resistance to infection.

#### Description of the Study

A local high school football team, consisting of thirty active players were selected for this study. The team was divided into two groups; those receiving Pollisport™ and those receiving a standard multiple vitamin preparation. The study covers a period of 15 weeks, the first three of which neither Pollisport™ nor multiple vitamins were used. It was during this initial 3 week period that each player lost excessive weight, in most cases, representing excess adipose tissue. Beginning at the end of the 3rd week, 15 players were started on two Pollisport™ daily and the control group on the multiple vitamins daily.

All medication was administered daily and individually by the coach. A record was kept of the players' weights at weekly intervals and the average weight for the group has been plotted on Graph 1. It can be noted that the group receiving the Pollisport™ regained their pre-season weight after taking the tablets for 7.5 weeks and 4.5 weeks later, at the end of the season, actually showed the Pollitabs group with a 5.5 pound average increase in weight over their preseason level. The group taking the multi-vitamins remained generally constant from the third to fifteenth week, showing no further loss or gain. The opinion has been expressed by impartial former professional players, who have seen this report, that it is almost unheard of for a football player to weigh more at the end of the season than he did before practice started.

#### Contrast of Study

Graph 2 shows a striking contrast between the two groups regarding the number of days lost from the common cold or influenza. Since the two groups were in close contact physically during the study period

and since the selection of the players to take Pollisport™ was made at random without regard to socio-economic or other factors, it is felt that the results are quite significant.

### **Summary**

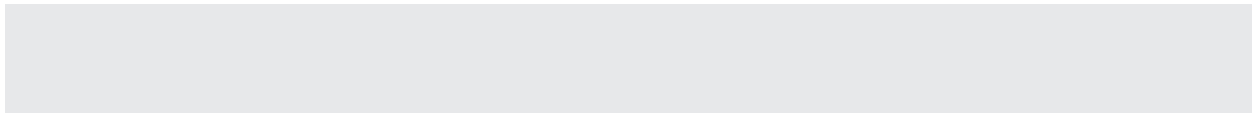
A preliminary control study was performed to determine the comparative weight-building properties and infection-resisting properties of a newly available product, Pollisport™, as compared to a standard multi-vitamin.

The results show a marked ability of the Cernitin™ Pollisport™ to produce better weight gain and increased resistance toward infections. It is felt that further studies are definitely indicated and these are being planned.

This study was performed at the Winter Park High School and under the strict personal supervision of Coach Mosher, and under the direction of Charles E. Noyes, M.D.

**Charles E. Noyes, Jr. M.D.**

\* The Pollisport™ used in this study were furnished by POLL-N-CO., INC., Maitland, Florida.



(Translation from FEMINA No.40, 1961)

### Prospect On Pollen

*Cernitin™, a microbiological digest (soluble extract) of a pollen extract, is today subject to great attention within the medical world. In connection with certain infectious complaints it has proved superior to antibiotics and altogether it offers interesting aspects on the possibilities of our finally obtaining an effective drug which promotes the ability of the body to mobilize forces needed, to kill a bacterial or viral culture.*

#### Ingrid Ericson

A Gagarin travels out in space and the sensation makes mankind intoxicated with happiness with the new prospects and worlds of excitement opened up by the blast off. But a few million pollen grains cross our way on their space trip and nothing else happens but some of us are horrified at the onset of hay fever. The pollen does not give subject matter for any fascinating faction, does not create mass psychoses or release primitive hero worship-it just exists in its microscopical smallness and quietness. Yet the pollen in fact is a sensational factor maybe of greater dimension than a human space traveler. Maybe the answer to our most urgent question.

That pollen could give us the answer how life actually arose is a romantic theory. Of course, no scientist would dream of expressing thoughts in that direction publicly at the stage pollen research stands today. We can only note that pollen is subject to intensive research in laboratories around the world and that results have not been absent. In other words quite a lot is proved, and much remains to be proved. And so we laymen are free to read between the lines and theorize-anyway we are sure that we are not concerned purely with utopian ideas.

In a report from the Cernelle Company in Vegeholm, published in Femina No.4, 1957, we rendered an account of how it is possible for a scientist today to pursue a rational pollen research program. Accordingly it was the founder Gosta Carlsson who realized the desire of the scientist to have an unlimited and stable supply of pure pollen at their disposal, and it is these two who first should receive thanks from mankind. Earlier it was impossible to obtain an accurate analysis of pollen, partly because the material was not available in the large amounts needed and partly because the time available to work on the material was so short, since the pollen grain did not last without the outer membrane.

Now however these difficulties have been eliminated and the Cernelle company has outgrown its swaddling-clothes and is striding out into international arenas. They still remain the sole collectors and distributors of pure pollen on a big scale, in the world, but they are now also manufacturing a number of their own drugs, the Cernitin™ preparations. The ultra-up-to-date laboratories keep their doors open to foreign and domestic research scientists. Tests with the Cernitin™ preparations and future development is controlled by asst. prof. Hans Palmstierna, Bacteriological Institution, the Karolinska Institute.

#### WHY JUST POLLEN?

The bees have the ability to do what we cannot, that is to make a sex-determination beforehand. The larvae, which are to become queen bees, are consistently fed a well-balanced meal consisting of a pollen and honey. Why just pollen? The analysis gave a plain answer on behalf of the bees; pollen is a perfect

building material for the cells. All known vitamins occur, more than a score of amino acids, lipoids or fats and minerals together with enzymes, coenzymes and growth hormones plus a number of substances of a biochemical nature not so far identified. Thus it is seen that the pollen is extremely complicated, and why it works as it does on the human system is hard to define. But nevertheless the Cernitin™ preparations are subject to great medical attention thanks to the astonishing results effected with them. The effective part of the Cernitin™ preparations is made from a standardized mixture of a type of pure pollen, which is extracted by a dissolving agent and then exposed to Autolys (self reaction) combined with controlled digestion by micro-organisms. The Cernitin™ preparations are thus microbiological digests of a pollen extract. All modern laboratory tests have been done with these, and they have been tested on mice and rabbits and so on. No secondary effects have been proved-not even when they have been tested on pollen allergies. And best of all is, that despite the fact that the pollen has been exposed to such extensive tests so that all secondary effects have been eliminated, none of the effective contents have been destroyed but exist unadulterated in the prepared Cernitin™.

## EFFECTIVE AGAINST INFECTIONS

Already at an early stage it was found that Cernitin™ was effective in connection with infections. When the so called "Asian Flu" raged a few years ago one could shorten the fever period considerably by administering preparations by Cernitin™, and in hospitals the preventing effects of the pollen preparations in similar cases of risk of infection have also been noted. But Cernitin™ really came to the attention in the medical world when Professor Erik Ask-Upmark reported his experiences of Cernitin™ in connection with prostate (Svenska Lakartidningen/The Swedish Medical Journal/1959; 56; 1840, No. 26). The prostate, which especially effects elderly men, has so far been regarded as an illness difficult to cure and not even strong doses of antibiotics have been able to cure it. Often there are frequent relapses with a chronic final stage. On top of that the prostate is painful, very exhausting and psychologically quite upsetting. But it was by a mere chance that Professor Ask-Upmark had his attention directed to the pollen preparations. A man in his fifties fell ill with an acute prostate in May, 1952. It abated after a month but recurred repeatedly at 6-8 week intervals. Chloromycetin was the only thing which could turn the tide of this acute case, but it could not prevent recurrence, despite the fact that at one stage as much as 150 gram chloromycetin was used during a period of two months. Only once did it take nearly three months before recurrence appeared but this, longer interval was after a cystotomy. In May, 1957, the patient started on his own accord to take 6 pollen tablets a day to strengthen himself since he felt tired. Since then he has not had more than one recurrence. That was in the beginning and in connection with a journey when he skipped the pollen preparation for a fortnight.

After Professor Ask-Upmark's observations prostate patients at the Urological Clinic in Lund and in few other places have also been treated with pollen preparations and good results have been attained. In these cases a variant of Cernitin™, Cernilton®, which is available both in fluid form and in pills was used. Cernitin™ is an ethical drug according to the rules of the Medical Board concerning registering of preparations as medicines. One could ask why an entirely poison free and non habit forming remedy should be available only on prescription, and with Professor Ask-Upmark we can also wonder why all the Cernitin™ preparations are not on the pharmaceutical benefits scheme.

## AN INTERESTING THEORY

What exactly happens in the organism when it comes into contact with Cernitin™? Something rather revolutionary must happen since not even antibiotics vindicate themselves in this context. Well, exactly what happens we don't know yet. But with tests on bacteria cultures at least one interesting theory came to light. Two bacteria cultures of the same bacteria flora were used. To one was added antibiotics and to the other Cernitin™. As expected the bacteria flora died from the antibiotics-but it happily lived on with the Cernitin™. In a few tests the bacteria flora even developed together with the Cernitin™. Thus without further ado one can point out the fact that Cernitin™ does not have the same qualities as antibiotics. Cernitin™ acts neither checking nor killing a bacterial flora. At this stage we also know that an antibiotic after certain usage creates immunity towards just that type of antibiotic used which also occurs with the

sulpha preparations. But this is not the case with Cernitin™. It is life promoting in the highest degree, and so far we can at least theoretically suppose that what happens when the organisms comes into contact with Cernitin™ is that the natural defense mechanism is activated in such a way that it becomes possible for the organism itself to mobilize the forces needed in order to destroy a bacteria culture. Strengthening the theory about the activating of the organism are the good results obtained within the geriatrics with the aid of Cernitin™ preparations. In a number of homes for the aged a definite mental activating and a general improvement of the physical health has been noticed after regular doses of Cernilton®. The old, who before the treatment with Cernilton® had been sitting doing nothing and were disinterested in the world around them, have afterwards been much more alert and shown a considerable interest in their environment.

Considering that we are becoming a community of predominantly old people it would be wonderful if the less comfortable aging symptoms could be made easier. It has also been shown that the body more easily utilizes other valuable substances if they are given in combination with Cernitin™. Ground bones for instance are very difficult for the body to absorb, but in combination with Cernitin™ and vitamins A and D the body can utilize up to 85 per cent of the calcium. The Cernident tablet, as it has been called, has given very good results in connection with pregnancy where the possibility of albumin cramps has been eliminated by giving the body sufficient amounts of calcium, phosphorus, fluoride and vitamins. And because of the great value of calcium and fluoride the skeleton and tooth formation the effect of the tablets has of course also been studied by dentists. The Cernident tablets have been shown effective when it comes to preventing tooth decay, and the Medical Board is going to raise the question about the suitability of making Cernident an obligatory supplement to school meals.

Thus the Cernitin™ preparations have seriously come into the medical limelight here at home, in the rest of Scandinavia and Europe and in both North and South America. The survey done on Cernitin™ in connection with a test of American football players is considered sensational. Dr. Charles E. Noyes was the leader of the experiment, which was carried out in Maitland, Florida. Thirty football players from Winter Park High School were divided in two groups, one half got the ordinary multivitamin tablets while the other got pollen tablets or Pollisport™, as they are called when sold abroad. The group receiving pollen tablets showed an increase in weight at the end of the season, which is remarkable. Here the weight increase must have meant an activating of the cells in the muscle mass. On top of that it was found that these boys had a greater resistance against infections-according to the statistics only one day's illness because of a cold and seven because of influenza. The corresponding numbers for the ordinary vitamin group were respectively sixteen and eighteen. And while doctors and researchers around the world are busy finding out the possibilities of the already available Cernitin™ preparations, the research in AB Cernelle Laboratories is still going on under high pressure. Now more can be extracted from the pollen than ever before, and the latest news is a number of fat soluble substances, green in color and with a local anesthetic effect. The designation is Cernitin™ GBX™ 1. So far it only comes in as a constituent of Cernitin™ healing ointment. Besides the great project which is the collecting of pollen and the manufacturing of medicines, a series of cosmetic preparations based on Cernitin™ have also been made up under the leadership of pharmacist Erich Paul Tonisson. We are grateful for the low prices of these cosmetics-thus it is possible for all women to give their complexion the biologically correct stimulant it needs for cell regeneration and the normalizing of these cells.

Biologically correct. Well, nothing could be more right than the composition of pollen. All constituents well balanced in nature's own ingenious laboratory in harmony with all cells of the organism. And the scientists have got a field of research so extensive that they seem to shun the closing of the accounts. But their adventure is great, and the more doors opened up to nature's secret chambers the more stupefying the discoveries. But don't let us get quasi-scientifically romantic-the existing facts are sufficient. The prospects on pollen are more sensational than the prospects on the moon. To us earth creatures...

