

PRE-CELL THERAPY CARE LIFESTYLE PREPARATION



THE PREPARATORY PHASE INTENDS TO CREATE AN IDEAL ENVIRONMENT WITHIN THE BODY WHICH FOSTERS THE BEST CONDITION FOR THE CELLS TO EXERT THEIR EFFECT. HENCE, MAXIMUM BENEFITS ARE ATTAINED.

- **Cleansing of the digestive system for a period of 4 weeks whenever possible is ideal;** colon hydrotherapy sessions can be administered upon arrival prior to cell injection (kindly liaise with your EWM representative for more information) for guests who do not have facilities offering this service in their home countries:
 - Prescription of good bacteria medications to promote digestive balance.
 - Enemas/colonic irrigation is advised for 2 days prior to cell therapy if patient experiences difficulty of passing stool or is constipated.
 - Dietary modification (e.g. increased high fibre diet, low carbohydrate intake recommended)
- **Guests must not take medications that are not advised by their physician at the time of the injection** for at least 7 days (including "street drugs" or "recreational drugs").
- **Fluid and water intake must be increased** (average of 10 glasses or more) 24 hours prior to the treatment if it is not contraindicated with the guest's concurrent medical condition.
- **Optimise the dosage of multi-vitamins and minerals for 4 weeks.** Ideally, we recommend our Placenta Extracts softgels (PE) or Vegetal Placenta softgels (VP) range to prepare the body and optimise the effect of our Cell Therapy. Or alternatively, you could take a combination of 2000 mg of Vitamin C, multivitamin tablets and fish oil daily.
- **Abstain from any form of alcoholic beverages for 48 hours before cell therapy injection.**
- **In cases wherein it is not possible to have colonic hydrotherapy prior to the treatment,** a high fibre diet by eating steamed vegetables is recommended for at least 2 weeks and increased water intake (average of 10 glasses per day) is advised prior to arrival at EW Villa Medica.
- **Abstain from smoking 7 days prior to cell injection.**
- **There must be no exposure to X-ray, microwave or any other form of electromagnetic energy for 3 days prior to cell therapy injection.**
- **Guests must not have any immunisations or vaccinations 4 weeks before cell injection** (e.g. chicken pox vaccination, etc).
- **Mild to moderate daily physical activity** (e.g., walking or cardio exercise) is advised at least 3 days prior to the injection without overwork, parties, excessive physical activity. Physical exhaustion at the time of the injection is not advised for this form of treatment.
- **Abstain from eating any food related to sheep for at least 2 weeks.**
- **In case of overt body infection** (e.g. sore throat, problems with urination associated with infection, infectious diarrhea), physician should be informed immediately to initiate proper treatment without delay.



EW VILLA MEDICA
CENTER FOR INTEGRATIVE, REGENERATIVE
& BIOLOGICAL MEDICINE AND WELLNESS

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POST-CELL THERAPY CARE LIFESTYLE PREPARATION



AFTER THE CELL THERAPY INJECTIONS, THE FOLLOWING PRECAUTIONS SHOULD BE OBSERVED TO OPTIMISE THE EFFECTS OF THE THERAPY :

- **Resting for 48 hours is advised post-treatment;** minor activities such as sitting in a sofa is permissible.
- **Mental and emotional strain should be avoided** at least 3 days after the treatment if possible.
- **Smoking should be avoided for a period of 1 week.**
- **Guests should avoid exposure to radiation or electromagnetic energy** (e.g. sunbathing, exposure to x-rays, microwave, etc) for a period of 2 months.
- **Guests should avoid intense activities for 10-14 days;** in particular, activities which increase body temperature such as the following:
 - playing sports
 - intensive exercises
 - vigorous sex
 - cleaning the garage
 - gardening
- **Refrain from any products that are made from sheep or lamb** (milk, cheese, yogurt, meat) consumption for 2 weeks after the treatment.
- **Refrain from seafood consumption for 2 weeks after the treatment.**
- **Avoid intake of alcohol** (e.g. wine, beer, sparkling wine); this is only allowed after 8 days post-cell injection.
- **Consumption of coffee** (with caffeine) is allowed 1 cup per day only, for 1 week.
- **Continue living a healthy lifestyle** by taking a lot of fluids, vitamins, minerals and fish oil and having a high fibre diet for at least 1 month.
- **Apart from blood-thinning medications***, the taking of which has to be clarified, all other prescribed medication should be taken as always. Please bring along all necessary medications as well as their prescriptions (if possible) during the trip. **Blood thinning medication can be continued on the day after the treatment upon Villa Medica's doctor approval.*
- **Intake of the following should be avoided:** recreational drugs, intake of non-essential medications (those which are not prescribed by your physician).
- **NO vaccination or immunisation for 4-6 weeks** post-cell Injection (e.g., cholera, pox virus, yellow fever vaccinations).
- **Treatments such as mud baths, mud packs (fango) and having heat treatment** (e.g. sauna) **are advised only after 4-6 weeks.**
- **After the skin injection please avoid massages** on the treated skin area for 1 week and avoid sun bathing for 1 month.
- **Other aesthetic treatments like Botox, Filler, or Laser treatment** can be done after 1 month.
- **In case of overt body infection** (e.g sore throat, problems with urination associated with infection, diarrhoea) the EW Villa Medica physician should be informed immediately so that proper treatment could be implemented without delay.



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YOUR PERSONAL INFORMATION

FOR YOUR PATIENT HISTORY FILE

Dear client,

Thank you for your registration. Please fill out the following information completely.

Many thanks and best wishes from,
The team at EW Villa Medica

(PLEASE USE BLOCK LETTERS)

EW Villa Medica Representative's Name: Date:

Title: ☐ Mrs. ☐ Mr. ☐ Miss ☐ Dr. ☐ Others, please specify:

First Name: Surname:

☐ Male ☐ Female Date of Birth: Age:

Address:

City: Country: Post Code:

Phone (daytime): Mobile:

Phone (private): Phone (business):

Fax (private): Fax (business):

Email:

Nationality: Occupation:

Religion:

Emergency contact person:
(name, address, phone, email)

SPECIAL NEEDS:

☐ Wheelchair ☐ Carer-assisted ☐ Others:

☐ Language, please specify: