Carcinoma aftercare using the bioresonance method

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Introduction

According to figures from the World Health Organisation (WHO) the number of people suffering from cancer is rising continuously. 55% of patients with cancer die each year in the industrialised nations.

A situation which, given the latest medical and scientific findings, is no longer justified and should no longer be tolerated in this day and age.

Conventional cancer treatment consists of surgery, chemotherapy or radiotherapy and routine cancer screening. Surgery is meant to remove the visible tumour tissue. Adjuvant treatments such as chemotherapy and radiation therapy are then used in an attempt to kill off the remaining tumour or may also be used as monotherapy. Routine post-cancer treatment consists of regular CT or MRI scans and tests for tumour markers at six-monthly intervals. These examinations are used to ascertain whether new cancerous nodes have appeared.

New findings

New research into cell propagation from primary tumours will help advance post-cancer treatment. Once a malignant tumour shows invasive growth, tumour cells enter the blood and lymph circulation. Initially the tumour cells penetrate the venules of the blood vessels and then the lymph vessels. It follows therefore that in every carcinoma patient tumour cells must be circulating in the vascular system. From this we can conclude that disseminated tumour cells are still present even after a cancerous tumour has been removed. Patients with stage 0 carcinoma (carcinoma in situ) are the exception. The main problem for cancer treatment after a primary intervention (surgery, chemotherapy, radiotherapy, hormone therapy) is posed by the remaining disseminated cancer cells and latent micrometastases which develop as a result.

Oncogenetic studies carried out by Giesing in Recklinghausen (Germany), showed that, after what looks to be complete surgical removal of the tumour, 0.1% of the tumour tissue still remains. Disseminated cancer cells remain in the body after every cancer operation and after every course of chemotherapy or radiation therapy.

As has been shown in long-term studies of thousands of patients using molecular analysis of oncogenes, disseminated cancer cells are found after every cancer operation, even in the early stages. Even when chemotherapy has been correctly administered, tumour cells continue to circulate in the body.

In his study Giesing discovered that
1. distribution may be unrelated to TNM classification,
2. distribution among lymph node-negative breast cancer patients is just as common as that observed in lymph node-positive breast cancer patients, irrespective of TNM and N status and
3. disseminated cancer cells can be detected after every RO resection.

Immunological, biochemical blood tests (immune status) demonstrate the following:

1. any cancer operation, any course of chemotherapy or radiation therapy

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results in the immune system being almost completely destroyed.

2. the toxin stress resulting from cytostatic drugs, antibiotics and other medication paralyses immune-competent cells.

3. acute overacidity through medicinal toxins (drugs), biological toxins (bacterial toxins) and exogenous toxins (food additives) as well as poor diet prevents the T lymphocytes and the natural killer cells from effectively killing off the tumour cells. Blocking the immune system accelerates tumour growth.

These three stress factors (an immune system that is almost completely destroyed, high levels of toxic stress and acute overacidity) lead to a proliferation of the remaining tumour cells and are the reason why 55% of people die after contracting cancer. When the organism is left almost defenceless, flooded with toxins and experiencing overacidity as a result of surgery, chemotherapy or radiation therapy, this creates the ideal conditions for cancer to recur.

After each conventional cancer treatment, regardless of whether a small carcinoma has been removed or whether the carcinoma covered the entire abdominal region, post-cancer treatment using complementary medicine should follow. Aftercare using complementary medicine kills off the residual tumour cells which always remain after surgery, chemotherapy or radiation treatment and in many cases prevents cancers from recurring.

In order for this to be successful the visible tumour tissue must be removed completely and effective chemotherapy or radiation therapy must be applied.

Treatment with complementary medicine should begin four weeks after the operation or three weeks after chemotherapy or radiation treatment.

If these conditions are met, in most cases post-cancer treatment using complementary medicine ensures long-term survival and healing.

After decades of using complementary medicine I developed the therapy plan illustrated below. It ties in, of course, the very latest research from science and traditional medicine.

However, in cases involving a prolonged time period between conventional cancer treatment and post-cancer treatment using complementary medicine, where the remaining tumour cells have in that time formed new, detectable tumours, any treatment using complementary medicine will no longer be completely successful.

Post-cancer treatment using complementary medicine should not be undertaken until after surgery, chemotherapy or radiation treatment has been correctly carried out. Treatment using complementary medicine is not suitable for patients who have residual tumour tissue post surgery. If metastases have already formed post-operatively then any follow-up treatment using complementary medicine as illustrated below will no longer bring the hoped-for success.

**Method**

**Complementary medicine-based measures**

I. **Detoxification through bioresonance therapy**

This involves eliminating medicinal, biological and exogenous toxins. The toxin molecules do not remain inert in the body, resonating instead via their specific wavelength. This interference radiation damages all normal cell function, particularly that of cells in the immune system.

These toxins can be eliminated with the help of bioresonance therapy. Bioresonance has the effect of almost
completely releasing the toxins by breaking up the cluster structures (water molecule layer) surrounding the bound toxin atoms. No other method of treatment is able to do this.

Toxins are eliminated through several bioresonance treatments at weekly intervals.

Once released the toxins are eliminated by activating the elimination organs (liver, kidney, intestine and lymph system) and increasing fluid supply.

Once the body is completely detoxified all the cancer cells die off.

II. Deacidification
Immediately after bioresonance therapy has been used for detoxification, full deacidification is effected during a three-month diet phase using base powder, vitamin C and potassium bicarbonate.

Once pH falls below 7.0 T lymphocytes no longer kill off tumour cells and the activity of the natural killer cells is also diminished. Overacidity paralyses the immune system which in turn accelerates tumour growth.

As soon as the body achieves an alkaline state, all cancer cells perish.

III. Activating the immune system
The simplest and most effective way of achieving this is through oxygen-ozone therapy.

IV. Immune modulation
For the most effective and successful results thymus peptides are used to trigger a reduction in suppressor cells and proliferation of cytotoxic killer cells.

V. Orthomolecular therapy
Reduced glutathione, selenium, vitamins and zinc play a central role in killing off tumour cells and increasing energy.

VI. Enzyme therapy
This strengthens the immune system and slows down the metastasis process considerably. The primary function of the enzymes is to hinder TGF β (transforming growth factor β) production of cancer cells.

Discussion
Complementary medicine has already arrived in some clinics.

In most areas it is used primarily to relieve the side effects of chemotherapy.

Easing what are known to be agonising symptoms does not change the final outcome of the disease, however.

In using complementary medicine my aim is to prolong life through healing.

The very good results seen in my patients in recent years confirm that my efforts have indeed been worthwhile.

It is certain that only a complex treatment programme using complementary medicine can produce the desired results.

For me, the one unalterable fact is that the first stage of care following diagnosis of a carcinoma must be based on surgery, chemotherapy or radiotherapy. After this, complementary medicine should be used appropriately as a prophylactic measure to prevent the cancer returning.

From the point of view of patients the clinical objective must lie in combining the use of conventional and complementary medicine. Only by getting away from overly scientific methods, where conventional cancer treatment focuses too much on diagnostic imaging techniques and tumour marker tests, will we see an improvement in survival rates.

Almost all therapy measures in complementary medicine aim to activate the immune system. Based on new research in recent years, complementary
medicine is now beginning to establish itself as the fourth pillar of therapy.

Immunological efficacy is seen in an increase in cytotoxic T lymphocytes and natural killer cells.

Biochemical studies, such as immune status or individual immune parameter testing, demonstrate that these assertions are correct.

Certain therapy strategies even develop a direct tumour cell-killing effect. This has been adequately documented for a number of years in oxygen-ozone therapy.

Only when, following detoxification, deacidification, immune modulation, orthomolecular therapy and enzyme therapy, the defence mechanisms are activated to the full and the immune system is functioning well, is the body in a position to kill off the circulating tumour cells that still remain.

Only then can a recurrence be prevented and only then can a patient be saved.

The first rule of post-cancer treatment is: act before the circulating tumour cells have developed into clinically manifest metastases.

Treatment with complementary medicine must begin before cancerous nodes are again detected by medical imaging procedures or tumour marker tests.

Recent epidemiological data shows that treatment of clinical metastases does not prolong the patient’s life.

Why wait to detect the appearance of new tumours using conventional diagnostic examinations alone when there are options available for healing cancer by killing off disseminated tumour cells at an early stage?

In future it may well only be possible to solve the problem of cancer by diagnosing and treating it in its precancerous stages. This can be done successfully using bioresonance therapy. Only by preventing the occurrence of cancer will it be possible to slow down the predicted rise in cancer cases.