

Treating cancer with enzymes

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Introduction

Cancer has been and continues to be a very serious problem for mankind. Despite the very large financial and human efforts, despite the rapid development of science and technology, much remains unclear both in the issues of the emergence and in the treatment of this deadly disease. Today, it is believed that the causes of cancer, on the one hand, are external (negative environmental influences, such as geopathogenic, electromagnetic and

radioactive loads, unhealthy diet, new chemistry in different areas of life, viral invasions), on the other hand, internal (aging of the body, abnormalities in metabolism, hormonal disorders, weakening of the immune system, strong mental short-term or long-term constant overload and stress). For any of the above reasons, quite a few confirmatory studies have been carried out, but nevertheless, very often the occurrence of cancer does not fit into any of these schemes, i.e. it is not so rare that people who lead a "correct" lifestyle, who are not particularly mentally overwhelmed, get sick with cancer, and, conversely, people who lead a chaotic lifestyle, under constant stress, eat completely wrong, etc., live to the elderly. years without cancer. All this speaks only of the complexity of the problem. It is also a fact that

The immune system is the main factor in the body's fight against cancer

The body's defense system - the immune system - is a surprisingly intelligent and not yet fully understood system. It consists of various cells, the main purpose of which is to recognize harmful substances foreign to the body and destroy them. These foreign substances can enter the body from the outside (viruses, bacteria, parasites, etc.) or, for one reason or another, be formed by the body itself (cancer cells, pathogenic formations up to Enderlein's fungi). The immune system has an almost limitless learning capacity and error-free memory. Evolution, however, has led to the fact that "enemies" have more and more methods of "deceiving" the body's defense system. In the fight against cancer cells, the following cells play a decisive role: macrophages (directly attacking cancer cells and "devouring" them), T-lymphocytes, also directly attacking cancer cells and destroying them (these cells undergo special training in the thymus), natural killer cells, killer cells that attack cancer cells and viruses, and B-lymphocytes that produce antibodies as a reaction to antigens that have entered the body. The reaction between antibodies and antigens produces complexes that are recognized by other aforementioned cells of the immune system (macrophages, Tlymphocytes) and provoke the destruction of enemy substances.

Diverse cells of the immune system can communicate with each other

through special mediators (in this case, these are cytokines). The most important mediators involved in the fight against cancer cells and viruses are interferon, interleukin and TNF (Tumornekrosefaktor). All cytokines are proteins. The most important role in the body's fight against cancer cells is played by TNF, which is produced by macrophages. The use of artificial cytokines is associated with a number of difficulties and, in addition, has a number of negative side effects on the body. Much more promising is the method of using polyenzymes, for example, WOBE-MUGOS, which catalyze the production of necessary cytokines in the body.

Orthodox and biological methods of cancer therapy

There are many factors that make it possible to assert that in any organism there is always a certain number of cells that multiply uncontrollably. This number ranges from 100 to 10,000 cells, this is not yet cancer or even a precancerous condition. These cells are either directly destroyed by macrophages, or they are enveloped in antibodies, and are recognized and destroyed by killer cells, and then, with the help of a special group of enzymes, are excreted from the body. The immune system does a great job with them. Problems begin when this balance is disturbed: for one or more of the above reasons (environmental stress, improper lifestyle, prevailing stress, mental overload, etc.) or if the body receives immunosuppressive medications, the number of degenerate, immoderately multiplying cells begins to exceed the number destroyed by the immune system. These cells begin to attach to the walls of blood vessels and continue to multiply vigorously, using a new masking tactic, surrounding themselves with a layer of fibrin, about 15 times larger than that in normal cells. From that moment on, they are hardly recognized by the immune system. Their recognition requires a strong increase in the amount of special enzymes. Cancer cells use special tactics to reduce the number of these particular enzymes by creating so-called immune complexes. These processes can be briefly described as follows. Cancer cells have specific antigens on the membrane surface. If these cells are freed from fibrin with the help of certain enzymes, then they are quickly recognized and destroyed, antigens remain. Moreover, cancer cells have the ability to eject their antigens into the surrounding space, thereby releasing antibodies that attack these antigens, forming the so-called immune complexes. While their number is small, they are destroyed by macrophages. If there are too many of them, a complex procedure begins - the activation and aggregation of platelets, increased production of fibrin, which immediately weakens the immune system. Further, a chain reaction of a number of enzymes begins, leading to an inflammatory process in the place of accumulation of these immune complexes and a further weakening of the immune system. Specific enzymes play a major role in reducing the number of free-moving immune complexes. (See C. Steffen, J. Menzel. Enzymabbau von Immunkomplexe. Zeitschrift für Rheumatologie. 42 (1983) 249-255.) cancer cells have the ability to eject their antigens into the surrounding space, thereby they irritate antibodies that attack these antigens, forming the so-called immune complexes. While their number is small, they are destroyed by macrophages. 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It is this moment of breaking the balance between the newly emerging

uncontrollably multiplying cells and destroyed by the immune system is well captured using the vegetative resonance test - "IMEDIS-TEST". This is precisely the pre-carcinogenic state. Conventional medicine is able to detect cancer for the first time much later, when cancers are at best more than 1 mm in size (usually even later). Orthodox medicine offers its classic methods: surgery, chemotherapy, severe radiation exposure, and some recently emerging methods such as hormone therapy, thermotherapy, and a number of others. These therapies are designed to kill cancer cells externally. Biological therapy is based on the principle of creating conditions in the body under which the body itself copes with the disease.

restoration of biological regulatory mechanisms, improvement of the general well-being of patients. At the same time, oncological disease is considered not as local, but as systemic. The main methods of biological therapy are therapy using special groups of enzymes, thymus therapy, mistletoe therapy, oxygen therapy, thermotherapy and, finally, especially promising bioresonance therapy. Evaluation of the results of therapy should be made only according to one criterion: the maximum increase in the patient's life expectancy while maintaining its good quality.

Enzyme therapy for cancer

The history of the discovery of enzymes is very interesting. It can be found in the literature. It should be noted the work of such scientists as: Dr. Beard, New York; Prof. Freund, Vienna; Prof. Wolf, New York; Dr. Diesing, Germany. Here are the names of the discoverers of enzyme preparations, which have been successfully used in biological medicine for more than half a century and whose information copies we use to treat various diseases using the IMEDIS equipment. The idea of using enzymes in oncology is based on the repeatedly observed fact that tumors shrink at a time when the immune system is sharply activated due to an inflammatory process in the body. Already at the beginning of the twentieth century, one of the discoverers of antibiotics Ehrlich argued that cancer is a systemic disease, and that a well-functioning immune system is able to cope with this disease. Since the 30s of the last century, numerous studies have been carried out in many countries, confirming the hypothesis that individuals with weakened immunity for one reason or another (alcohol, smoking, excessive stress or mental stress) are more likely to develop cancer and are more difficult to treat. In modern immunology, it is known that a number of substances, called Biological Response Modifiers - BRM (modification of biological response), in a certain way "train" various cells of the reticuloendothelial system. These include, for example, mistletoe preparations, vitamins A, C, D, E and beta-carotene, trace elements zinc and selenium, the aforementioned TNF, interferon and interleukin 2, and a number of enzymes and their combinations, such as as the drug WOBE-MUGOS or thymuspeptides. In 1991 Desser and Leskovar showed experimentally that the activity of macrophages and killer cells increases dramatically in the presence of certain enzymes (trypsin,

bromelen, etc.). Further, it was found that systemic proteases are able to modulate cellular information substances (Zellbotenstoffe), for example, they are able to reduce the activity of cytokines of the TGF β type produced by cancer cells, intended to destabilize the body's defenses.

The next major role of enzymes is to counteract metastasis. Enzymes like trypsin and chymotrypsin help to reduce blood viscosity and thus make it difficult for cancer cells to adhere to the inner walls of blood vessels and prevent the formation of blood clots, which obstruct the cells of the immune system by covering up cancers. Enzymes such as papain and bromelain destroy the adhesion structures of cancer cells.

Several years ago, we got acquainted with a large number of clinical studies on the use of the WOBE-MUGOS enzyme preparation in oncological practice. These were works at the University of Homburg / Saar (epithelial tumors in the ear-nose-throat and in the gastrointestinal tract) and at the University of Vienna (tumors of the bronchopulmonary tract), carried out in the 80s (see, for example, H. Wrba . Kombinierte Tumortherapie. Hippokrates, Stuttgart, 1995). In the 90s, a lot of works in this direction appeared in different countries, the USA, Germany, Holland, South Korea, etc. Now it was no longer about adjuvant, but about direct therapy of cancer diseases with the help of enzymes, especially in the early stages of processes. The results were impressive. But it seemed to us that in our area of energy-informational therapy we cannot use them, since we are talking about purely chemical processes. Moreover, for very many reasons, we tried not to take patients with oncology undergoing classical chemotherapy, since we often observed a low efficacy of accompanying bioresonance therapy. But life made us reconsider our views. At first, we noticed that, using information copies of drugs such as mistletoe, especially in high potency (we use the Spagira mistletoe drug in the C200 potency, placing it in the second container of the BRT apparatus) and Ukraine (in the D0 potency, we put in the fourth container), it was possible to significantly improve the immune system of cancer patients, just after the sessions of chemotherapy and radiation therapy. It was then that we decided to try using informational copies of enzymes. The first good results were obtained in patients with arthritis and arthrosis. We used the WOBENZYM N preparation, delivering the appropriate therapy of choice with the addition of this preparation in a second container. The pain relief was much faster than with therapy without an enzyme preparation. The next step was the application with preliminary testing by the ART "IMEDIS-TEST" method of those information copies that are already available in the "IMEDIS" selector. The results exceeded all expectations. Now we carry out mandatory testing of the state of enzymes in the body in almost all patients who come to us and use their electronic copies for treatment, both already available in the selector and others, in particular copies of Horvi drugs. We can already see how important the use of these drugs is in a number of diseases (multiple sclerosis, viral infections, as well as spasms and paresis of various etiologies). But back to

oncology.

The use of information copies of enzymes in the treatment of cancer patients using the IMEDIS system

Treatment of cancer patients is completely different if they are simultaneously undergoing or have just undergone chemotherapy (and, sometimes, radiation), or if they come with already diagnosed (or diagnosed by us) oncology and with a firm conviction that chemo- and radiotherapy methods are unacceptable. But in both cases, we carry out testing according to the "IMEDIS-TEST" method for enzymatic deficiency, and also measure Voll control points on the meridians of the liver and pancreas on the right and left. On the spleen / pancreas meridian, we also test MP 1 points, indicating the balance of proteases on the right and the immune activity of the spleen (especially in the cervicothoracic region), MP 2 - the balance of nucleases on the right and the immune activity of the spleen (peritoneum and small pelvis) on the left, MP 3 - balance of amylases on the right and left, the state of the red pulp of the spleen and MP; 4 - balance of lipases on the right and left, the state of the reticuloendothelial system. Thus, we get the first idea of the enzyme imbalance in the body. Next, we check the state of the immune system and the enzyme situation using the IMEDIS-Test by direct measurement through the filters "spleen" and "zincum meth. D 200 ", respectively. By introducing sequentially the indexes of the corresponding enzymes (Velastica, Coliacron, Elastovas, Chondrase, Enzybios, Atopase, Visase, etc.), we specify the necessary enzymes for therapy. And finally, using a biotensor (this can also be done through a vegetative resonance test), we determine the need for the use of HORVI preparations and preparations of the WOBENZYM and WOBEMUGOS series for therapy.

If patients undergo or have undergone chemotherapy, we start by trying to minimize the harmful effects of cytostatics. If patients bring in the remains of cytostatics, basic therapy is carried out according to the following scheme: the first cycle is 440 sec. with the simultaneous recording of several globules in the first container, the second cycle (and sometimes the third and fourth cycles - the number of cycles is determined by the state of the quadrant measurements), as well as the basic BRT with the placement of the previously recorded globules and brought cytostatics into the third (inverse) container. At the same time, from the selector we introduce the necessary organopreparations, the M13 preparation from the "Rostok" series and the necessary drainage preparations, as well as all the enzymes found. At the same time, in the course of therapy, we change the gain (preliminary testing is necessary) from 8.6 through 7 to 6.2. Last 300 sec. therapy is recorded in the first container of the medicinal product (preferably water). Taking this drug should also be tested, but it is about 2-3 drops per 200 ml of good water, taken at least 3-4 times a day, ie. a total of 600-800 ml. This therapy is performed several times after

chemotherapy. In this case, each time we check the condition of the pancreas, erythropoiesis, the need for liver, and the necessary enzymes, since they may vary. And only after the end of chemotherapy we begin directly the treatment in a way suitable for the patient. Since the topic of the report includes only the use of enzymes, various

possible oncological therapies are not described here - this is a special and very broad topic.

If the patients also underwent a course of irradiation, then at the very first session, therapy is performed to remove the effects of radioactive radiation by introducing into the therapy circuit the corresponding preparations of the company "Rayex" from the selector "IMEDIS".

If such patients have quadrant values less than 35 conventional units, then more gentle therapy is performed, but everything related to the control and use of enzymes is carried out as described above.

In the case of cancer patients who refused chemotherapy and radiation, but were operated on, we act differently. At the first session, the state of the reticuloendothelial system and enzymatic status is also determined. The first treatment is carried out to mitigate the consequences of the operation and to speed up the healing and softening of nodes and scars in a way suitable for the patient, while strengthening the psyche, since these patients are often subject to strong pressure from official doctors. (For this we often use induction programs in BRT mode with the introduction of Flowerplex preparations or EQ preparations from the Biooscillators series by Roy Martin), and only after 2-3 weeks we begin to treat oncology in various ways, depending on its type. At the same time, already in the second session, we write down the necessary enzymes on water or globules (separately from all other preparations we prepare!). Their reception is necessarily tested. Usually it is 5-7 times a day. Experience shows that this enzyme information cocktail works for a rather long time (several months) without changing the content. Moreover, taking this informational drug is much cheaper for patients (our enzymes are expensive), and its effect is much stronger.

With the same patients who come to us with a desire to be cured without chemotherapy and without surgery, we begin treatment from the very first meeting in a suitable way, but the establishment of the enzyme status is carried out already at the first meeting. Then we proceed as described above, i.e. patients receive the enzyme preparation separately. We make an exception if we carry out treatment using the induction programs "onco-protein" or "normal protein" with the introduction of the corresponding information copies of the necessary proteins in the tested potency. In this case, we simultaneously introduce tested enzymes into the therapy cycle, which are then simultaneously recorded on the drug with everything else. Probably, in this case, some synergistic effects occur, but the fact is that

Conclusion

We are a small institution and we have neither the ability, nor the means, nor the moral right to conduct classical randomized studies with a control group, but we have a lot of patients, usually difficult ones, who have undergone different types of treatment, but have not received recovery, who come to us from very different places, so we can only talk about our empirical experience. I cannot imagine what I will be working with

patients with a placebo drug, deceiving their hope of recovery.

This experience suggests that from the moment we became acquainted with the possibilities of using enzymes, we have seen significantly more therapeutic advances in the treatment of a variety of degenerative diseases, including cancers. The use of enzymes in bioresonance therapy also allows faster and more effective relief of pain syndromes, and much faster contributes to the overall health of the body. We can already say that the use of information copies of enzymes, as it were, catalyzes our

therapy, i.e. enzymes at the informational level, they also do it purely catalyzes, as they are chemically. Enzyme science its results are very slowly relatively young, and introduced into the techniques classical medicine, although a lot of the statements of scientists and doctors who research and use enzymes have been confirmed by a large number of solid studies. (See, for example, the work of radiologist Dr. M. Beafort 1990 on the effect of the polyanzyme drug WOBE MUGOS on 68 patients undergoing radiation therapy or on 300 patients undergoing chemotherapy and hormone therapy. side effects disappeared faster.)

What we do using only informational copies of enzymes is also not easy to explain, but impressive empirical results inspire us to further experiments in this direction. The report will provide several specific examples of the treatment of various types of cancer. These results were accompanied by clinical analyzes confirming the therapeutic effect of the conducted bioresonance therapy using enzyme information copies. And finally, we are increasingly coming to the conclusion that the use of information copies of enzymes plays a significant preventive role in the prevention of cancer.