

Once again about cancer and not only ...

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Patient N., 57 years old, was first examined in our center on 23.01.2010. Some deviations from the heart, kidneys, joints were tested, there was a violation of water-salt metabolism, the patient's bed was oriented with her head to the West. Appropriate treatment was prescribed and the indicators returned to normal. We will not dwell on the details of this treatment, since the purpose of this article is to conduct a chronology of factors that, in our opinion, were the primary causes of subsequent acute myeloid leukemia.

09.24.2010 Mycobacter Bovis is being tested in a patient. Held frequency therapy, BRT, information globules are recorded from the selector. When re-examined, mycobacterium is not tested.

Almost two years later, our former patient was admitted to the hematology department of the regional hospital, the doctors insist on immediate chemotherapy due to the diagnosis of acute myeloid leukemia. The opinions of the relatives were divided - some agree to immediate chemotherapy, others suggest waiting for our consultation and then making a decision regarding tactics and treatment methods. After 1.5 days, we were near the patient in the hematology department of the Rivne Regional Hospital, Ukraine.

Complete blood count from 20.04.2012: hemoglobin - 98, erythrocytes - 3.2, platelets - 84,000, COE - 52, blasts - 35, lymphoblasts - 22, monocytes - 22, normoblasts - 2.100.

04/25/2012. Conclusion of the Institute of Experimental Pathology, oncology and radiobiology them. R.E. Kavetsky National Academy of Sciences of Ukraine, Department of Immunocytochemistry and Oncohematology: in the leukogram - blasts of the myeloid type - 47%, bone marrow - signs of severe hyperplasia, myeloblasts and monoblasts - 59%, acute myelomonoblastic leukemia (AML M4 according to FAB classification).

After consulting with the attending hematologist and relatives, in the evening 04/21/2012 we are transporting the patient to our center "Pyramid" in Dubno, Ukraine for examination by vegetative resonance test. On the same day, we find the yeast fungi mycosis fungoides. We carry out BRT with the connection of SOMR-special. Bufo, mushrooms, drainage of blood, spleen, RES, for acquired toxic information, spleen tropism, anemia, posterior median, anterior median meridian. We carry out frequency antimycotic therapy.

04/23/12 re-examination. We assign: phyto spleen, blood, organopreparations of the spleen, erythrocytes, lymphocytes, bone marrow, platelets - all D6, DIS mycotic, M9 carcinosin.

04.24.12 mucor fungus D6, myeloid leukemia D32, 60, drainage are tested liver, gallbladder, pancreas, gastrointestinal tract, lymph. By the evening of that

the same day after BRT, frequency therapy, compensatory hyperplasia is tested, ang. parench. dist. bunk bed about. glycop. 4, PRR of a very high degree, prev. exchange chromos. and mutatz. mushrooms.

04/29/12 - mineral. metabolism disturbance, veins, harmonization contained. liquid, phosphorus D30, phosphorus to optimize, min. things, bones are softened (def. phosphorus), phosphorus compounds.

05/02/12 - iodine D30, extracellular fluid, drainage-cleanse, ukr. def. mushroom. inf.

05/07/12 - streptococcus D5, streptococcus viridans forte, hepar compositum, erythropoietin, drain. lymphatic. syst., venous tropism, lymphatic, cardiopathy - senile heart, A-Plex 2, surface + deep cellular detoxification, SDA, evolutionary programs (mouse recovery 1).

05/08/12 - cellular viruses, pill of health and longevity, age marker according to GT 60, virus. inf. (long DNA strand).

05/10/12 - bone marrow comp, bone marrow (tibia) D6, bone marrow D6.

05/11/12 - reticuloendothelial system D10, chromosome 1, reticular formation D30, hypothalamus suis-iniel, adrenocorticotrophic hormone, hypothalamic serum.

05/14/12 - measures. liver (Pe), SIN45 temperature, tired and heavy legs, vitamin B12-Injektapas, cuprum met. 3, 6, gelsemium 3, 6, 12, liver meridian, breast carcinoma, drainage of women. PO and breast, cancer cells in the breast, serum. milk. yellow., breast tumor, breast carcinoma, gene. breast cancer, DRE for women PO and breast, leukemia (blood cancer), auxiliaries of myeloid leukemia, cystitis and endometriosis D5, chlamydia trachomatis 2.

05.24.12 - internal Ki energy, kundalini energy, regeneration and rejuvenation, energetic stimulant, internal supporting meridian.

05/31/12 - Gottiur comp, oligopeptide 20, artromax, transfer factor.

A month after the start of treatment in a day hospital at our center without chemotherapy, blasts in the bone marrow and blood are not detected or do not exceed the permissible limits. All this time, drugs from the selector for the treatment of cancer patients have not been tested as effective and tolerable, and for this reason, we have not used them. The patient was sent home, monitored by us and a hematologist once a week, and repeated tests are carried out.

After half a month, the patient is tested for the Dengue fever virus, while hemoglobin decreases - 58-66, erythrocytes - 2.0, COE - 64-69, lymphocytes - 43-57, monocytes - 12, platelets - 80-120.

07/06/12 blasts in the blood - 30. Prescribe CELL-Plex 3 DNA cells, the relics of Alexy the Baptist, DNA molecules, pituitary gland, total female, benzene (toxic vapors. 1, 2, 3 degrees, antioxidant, anemia (deficient red blood cells), anemia (deficiency of CCT and hemoglobin), bleeding, liver serum, gastric mucosa D3, 4.

09/04/12 - blood blasts - 2.

09/12/12 - schistosome hematobium, eggs, steam, beltricide are tested and right there testing serum. reticuloendothelial. syst., bone tissue serum, parathyroid gland., dyscrasia-premalignization, anti-blasto A B-injectopas, deg. phase, tumor, predisposition. inf. and toxic. liver damage.

Blasts again - 60, hemoglobin - 71.

09/18/12 add bone marrow red D4, 5, reticuloendothelial system D3, 4, 5, platelets D5.

09/22/12 - testing rate 4, age marker according to HT 54.

03.10.12 the influenza virus V76 (Victoria D10, 12, 15) is tested, we prescribe influenza, fever, influenza-Hel, SYN44, antibacterial, antiviral, anti-CD43 Pot.

11.10.12 - blood blasts - 26. Prescribe: hepatocerebral dystrophy D5, metahepat, DIS 3 detoxification of chemicals., liver chronorgan 13, embryonic liver, ferrum plasma, B-plex 4 glucose regulation, drops (spleen), dioecious nettle, rose hips, mountain ash B-9, leucosidine, excretion.

11/05/12 testing herpes D60, herpetic miasm.

11/08/12 - blood blasts - 34, hemoglobin - 61, platelets - 13, promyelocytes - 3%.

11/12/12 hepatica fasciola (eggs), ser. lymphatic follicle of the spleen, hina similia plex, impaired blood supply of GM.

11/15/12 - S-plex 9 mucous membranes, periproctitis, Abscess-Nose-forte, chronorgan 10 large intestine, hemorrhoids, Le 7, stomach meridian (Same), Zhe36, controlling meridian (FM-1), MP41.

11/20/12 - undifferentiated blood blasts - 8, normocytes - 7, hemoglobin -60, platelets - 45, COE - 70.

01.24.2013 tested Dioxin 1 (food), Dioxin 2 (chemicals), DRE printing. ZhP, pancreas. yellow, BLUE 10 liver failure, Detoxin, ferum due, autoimm indicator. processes, normal protein D6, atopasis, rheumatica, prednisolone D6, allergy - bacterial action, mycoplasma, pneumococci D6.

Dioxin ended up in persimmons, which the patient had been consuming daily for over a month.

An indicator of autoimmune processes, normal protein D6, atopase, Revmajekt, prednisolone D6, allergy-bacterial exposure, mycoplasma pneumonia D6, metovit, DRE pec-ZhP-pancreas are immediately triggered. gland.

02/01/13 - A-plex support. cl. deep, Detoxification, stimulation, DIS 16 des. when damaged by pesticides, SIN 10 hepatic failure, PRR of a very high degree.

02/05/13 - Alphabet-2 (antioxidants), bend 12-duodenal jejunum D3-5, thin mucous membrane. intestine D4-6, blockade of mesenchyme 1 layer. 4 p-sl., Draining mesenchymal.

02/08/13 - hemoglobin - 61, erythrocytes - 2.0, platelets - single in the field of view, leukocytes - 17, COE - 47, blasts - 39, anisopoikilocytosis.

02/14/13 - SP4, spleen D12, 15, ZSM, 4, 10, 13, End 15, Cr 5, SP6.

02/19/13 - Lymphatic cistern D4, 5, palatine tonsils D3, lower jaw D4, dentotox 8 infections, histoplasm capsulate somr., Spec Bufo, P82 antifungal agent, toxic mycotic metabolites, anemia (blood sweat) thymus comp.

02/21/13 - hemoglobin - 54, platelets - 8, leukocytes - 24, no blasts were made.

The patient was injected with a platelet mass on the advice of the attending oncologist. 02/22/13 - life-saving remedy, lymphatic cistern D6, protection healthy cells, activation of phagocytes, inactivation of blastospores, defect-T-lymphocytes, green 5 comp.

02/28/13 - hemoglobin - 65, erythrocytes - 1.7, platelets - 15, COE - 74. As you can see, it was not possible to significantly improve the patient's condition. As a result, the patient lived for 11 months from the beginning of the detection of the disease and the beginning of our treatment.

Oncologists withmoment detecting diseases (21.04.2012) predicted two to three weeks, maximum two to three months of life. The decision to be treated at our clinic was made by the relatives and the patient herself, since the oncologists, as it was said, did not give a chance at all, and they were right, wrong, though for 10-11 months (17.03.2013).

But, after a month, and then after four months from the beginning of our treatment, it was possible to get rid of blood blasts, and they were only two units, which is the norm.

Against the background of remissions, oncologists suggested the introduction of their drugs "according to the protocol" and the patient's condition worsened. The lethal outcome occurred during trans-diffusion measures for vital indications, although the day before, after the BRT, the patient felt better.

The fact that the patient lived for 11 months was called a "miracle" by the oncologists, and in a conversation with the professor of the Republican Cancer Center after getting acquainted with the equipment of the "IMEDIS" Center, we heard: "The protocol for managing an oncological patient must be urgently changed." The bottom line is that the drugs offered by oncologists were often tested by us as ineffective or intolerable, and they agreed with this, but it is unacceptable for them to step over the "protocol".

When agreeing to the treatment of cancer patients, often those who are discharged to live their last days at home, we ask you to sign your medical card that they are familiar with and agree with the method of diagnosis and treatment in our center. Of course, no one gives 100% guarantees, but such patients especially want to help as much as possible.

Patient S., 68 years old. For the first time she applied on June 21, 2013 with a confirmed diagnosis of cancer of the left and right mammary glands. She refused chemotherapy and radiation therapy due to the fact that the left kidney was removed three years ago and, according to the patient herself, according to the conclusion of the council of doctors, the body simply cannot stand the classical treatment regimen.

At the first diagnosis, we find echinococcosis. The sheet is being tested. fibradenoma MF with sp. pp., lime deposition in the milk canals, chest muscle compaction, posterior mediastinal lymph nodes, anterior chest wall lymph nodes, SP 17-21 comp, etc. Periodically we carry out BRT, frequency therapy against echinococcus, and on September 17, 2013, with visible improvement, we transfer it to medical colleagues under supervision.

08.11.13 the patient again asks for help. Echinococcus is no longer tested. But now a herpes virus infection is flourishing with rashes on the mammary glands and sternum. Within a month, it is possible to cope with the painful manifestations of this infection. This time, mammary gland dystrophy is tested, which, in our opinion, is the reverse process in the development of pathology. Now the patient asks for help with hair loss on her head, we select the appropriate treatment, and she again falls out of sight.

Two months later, we learn that doctors recommend that the patient apply various ointments, lotions, blue clay on the mammary glands to relieve the inflammatory process on the skin of the glands. Drinking plenty of fluids, including herbal infusions, is recommended. In parallel, the lymphostasis of the mammary glands and upper extremities increases. The patient continues to take phyto-infusions on the recommendation of the healer and continues the application of blue clay. Lymphostasis is growing, but she no longer wants to go to any of the doctors. In early February 2014, everything ends fatally.

In our opinion, in subcompensated states, healthy and cancer cells begin to fight fiercely for water, as a result of which a dead intercellular space of fluid is formed, which has lost its structure and polarity. The flow of blood, lymph is disrupted, and this is fatal.

Patient M., 75 years old. Operated in 2011 for cancer of the nasal cavity and ethmoid labyrinth - ethmoidectomy on the left and right with removal of neoplasms, puncture and sanitation of the maxillary sinuses, removal of neoplasms in the oral cavity.

11/26/2012 CT scan of the brain, neck, mediastinum. Conclusion: secondary damage to the lymph nodes of the neck, mediastinum, parenchyma. She underwent a course of radiation therapy for a lesion in the nasal cavity.

01/09/2013 CT scan of the brain, neck. Conclusion: signs of encephalopathic changes. Cancer of the nasal cavity. A course of radiation therapy was performed - 30 Gray.

Relative remission was noted for three months. But from the beginning of April 2013, the left side of the face began to swell. Because of the tumor, he stopped seeing the left eye. In this condition, she was discharged from the oncology center with the issuance of a medical card in her arms. Doctors recommended turning to folk remedies, since their possibilities have been exhausted.

I contacted our center on 10.06.2013. Trichinella is being tested. We conduct an BRT session with the tested drugs connected and after 20 minutes. the swelling began to subside.

We carry out basic BRT with the connection of drugs and recording them on crumbs

every two weeks. We note a positive trend. The patient asks to extend her life until September 15, 2013, in order to see her son, daughter-in-law, granddaughter and great-granddaughter living in the Far East. The meeting took place. The treatment continues. The tumor "came out" on the bridge of the nose and for its resorption we have repeatedly used medicinal leeches.

At previous conferences, we made a talk called "Lymphogranulomatosis or Brucellosis." Then the patient with a diagnosis of "lymphogranulomatosis" was offered to undergo a bone marrow transplant, hormone therapy, etc. We insisted that brucellosis is the root cause of the disease. In parallel with the treatment of the patient at the oncology center, we underwent anti-brucellosis therapy and the disease receded. A healthy child was born, who is now three years old, the patient went to work after maternity leave. Periodically observed in our and oncology center.

And again, a sad case from practice. Patient D., 38 years old, on 07/06/2012, turned to us for advice on the advice of the attending oncologist with a diagnosis of acute myeloid leukemia. The disease was first diagnosed in 1998. After treatment with prednisolone, blood transfusions, plasma blood counts returned to normal for three months. Then the indicators worsened again. Hemoglobin - 78 units, ESR - 60, leukocytes - 0.6. Many sessions of chemotherapy and radiation have been performed. Blasts are not found in the blood, but they are present in the bone marrow. We alternate our treatment with oncologists, the patient returns to work, but from time to time she is worried about pain in the spine.

Frequency therapy 93.0 has a positive effect; 95.5 and 96 Hz. Frequency programs E174 Asthenia of the bone marrow, E49 Autonomic nervous system, E93 Degeneration of intervertebral discs and others have a positive effect.

But the time has come for the next courses of chemotherapy - blood and bone marrow counts have worsened again.

Two months later, the patient again comes to our center, and now the fasciola of the buxi is being tested. Frequency therapy in two, three sessions copes with this factor. Other medications were prescribed. But doctors-oncologists often have their own opinion: worms - separately, and cancer - separately.

A few months later, we learn that the patient died during the next "dripping".

In our practice, there were three cases when, based on the presence of atypical cells in histological sections, tumors were exposed to colon cancer. In all three cases, we tested echinococcus, and the cancer was not tested. All patients underwent surgery, live for 3-5 years, and work. So did they have cancer at all?

A patient from Kiev, served in a government hospital. She is undergoing treatment for lung cancer. He turned to us for advice on the advice of our patients. During diagnosis, lung cancer is not confirmed - yersiniosis is tested.

An extreme case. 02/08/2014, a 62-year-old female patient comes with a diagnosis of acute monoblastic leukemia (AML No. 5 according to FAB classification). Hemoglobin - 72,

COE - 70, blood blasts - 81, platelets - 20.0, leukocytes - 25.0. The disease began with acute lymphadenitis of the right submandibular region, inflammatory infiltration of the right jaw region two weeks ago. We have tested listeriosis of the right submandibular gland. Corresponding frequencies, composites of various companies were selected.

Diagnosis of acute monoblastic leukemia confirmed institute experimental pathology, oncology and radiobiology them. Kavetsky National Academy of Sciences of Ukraine, Lviv Research Institute of Blood Pathology. At the insistence of relatives, tests for listeriosis are carried out in two independent laboratories. Blood tests were taken before the start of chemotherapy and radiation therapy. In four days, the tactics of treating this patient will be determined, the results will be reported by us at the next conference.

Summarizing the above examples, I would like to say that in the presence of even such a formidable disease as cancer, it is very important to establish the root cause of the disease and act on it.

It is important to remember that the significance of the causes can vary.

The standard "cancer patient management protocol" often fails.

Superfluous transfusion blood, plasma, erythrocyte masses at seriously ill patients often give the opposite result, which, of course, requires further detailed study and observation.

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