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A New Treatment Method of Advanced Metastatic Tumors

Damyanov C, Maslev I, Pavlov V and Todorov A*

Medical Center for Integrative Medicine, Bulgaria

Abstract

The experience gathered in the more than seven decades of applying the reductionist approach to the treatment of oncological diseases has not justified the hopes and enormous financial expenses invested in it, as it has not brought about any significant breakthrough in the treatment efficacy.

The tumour's heterogeneity, resistance and adverse effects, combined with the high cost of applying either chemotherapy or target therapy have been the major factors limiting the treatment efficacy all of which are serious grounds for a reason to reassess the reductionist approach.

In an attempt to apply the systematic approach principles to the oncological diseases treatment we turned to the opportunities offered by and the achievements of integrative oncology. Based on the results demonstrated so far from the successful application of the Insulin Potentiated Therapy (IPT) in our practice and following a long research period we developed a new protocol for complex treatment of advanced metastatic tumors, whereby the leading methodology is a combined application of IPT and Biomagnetic Pairs Therapy (BPT).

Until October 2018 ten patients with advanced metastatic tumors (T3-4 N1-2 M1-2) were involved in a combined IPT and BPT treatment. The tumors localisations being: four breast tumors, three rectal tumors, two cervical tumors and one ovarian tumor.

The treatment of one of the patients was discontinued following his express wish. In two patients (the cases considered here) a full clinical remission was established. In three patients a partial therapeutic effect was registered. Their therapies continue with an outpatient treatment protocol. The treatment of the rest of the patients is still in progress, with their condition being stabilised.

The results achieved so far albeit preliminary give us grounds and hope that our efforts will contribute to bringing the medical community's focus on the need for further development and application of the systematic approach to the treatment of oncological diseases.

Keywords: Advance metastatic tumors; Insulin potentiation therapy, Biomagnetic pairs therapy; Goiz biomagnetic pairs

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Correspondence:

Damyanov C, Medical Center for Integrative Medicine, Deliiska Vodenitza Street, Bl. 330, 1592 Sofia, Bulgaria, E-mail: integramed@mail.bg

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Introduction

All statistical data demonstrate that the increasing oncological morbidity and mortality, i.e., the treatment's low efficacy, remain an unsolved and an ever deepening crisis of not only medical, but also of world-wide social and economic dimensions.

The hundreds of billions of dollars spent in the last decades (mainly for developing new chemicals) in "fighting cancer" notwithstanding, improvement in the survival rate of cancer patients has been registered for a few types of cancer only according to the Annual Report to the Nation on the Status of Cancer, 1975 to 2014. It has become clearer than ever that the conventional concept based on the reductionist approach that is fundamental to the traditional treatment of cancer can no longer satisfy the requirements of contemporary medical science, let alone the patients' expectations [1-3].

The recent achievements in molecular biology gave rise to yet another hope for a breakthrough in the cancer treatment efficacy with the widely advertised target therapy. However, a multitude of problems which are having to do with the tumours' heterogeneity and resistance to drugs, adverse effects and the high price of the target therapy procedures proved once again the necessity of reassessing the reductionist approach and directing the medical community's attention to a radical change in the cancer treatment concept [1,4-6]. Therefore in an attempt to contribute to solving the problems discussed, we turned to applying the instruments of the systematic approach to cancer treatment, particularly to integrative oncology's techniques and possibilities. Seeking non-toxic and efficient treatment methods in 2016 we introduced IPT in our clinical practice. The results

thus obtained demonstrated the possibility to suspend the tumour's growth and improve the patients' quality of life in about 80% of the cases [7-9].

Further, based on some of the latest achievements in the field of tumoral pathogenesis, we began searching for novel non-toxic and effective methods affecting the processes of carcinogenesis. Our attention was drawn by the BPT developed by Dr. Isaac Goiz Duran in 1988 and his hypothesis of microbial association of intracellular reproducing bacteria and viruses although these are yet to be supported by rigorous scientific proof [10-12,13].

During a long period of research and having carefully and exhaustively studied the available information on the BPT we proceeded to the practical application of a protocol devised and developed by us for a complex treatment of advanced metastatic tumours based predominantly on IPT and BPT. Concerning the BPT this part of our protocol was based on the information available in four sources namely, 205th International Course on Medical Biomagnetism, March 2014, San Francisco, USA; Biomagnetic Pair Handbook (biomagnetism.net/training-course); and Book of Biomagnetic Pairs (Dr. Mario Ricardo Rodríguez Ramírez) and Dr. Cristobal Pin- Spain, Madrid (April 2018, Sofia, Bulgaria) [12,14].

Methods

In the period December 2016 to October 2018 the treatment was applied to ten patients with advanced metastasised tumors. In the current presentation we only report the first results of the combined application of IPT and BPT in two cases. The complementary treatment included dietary therapy, antioxidant therapy, immunotherapy, ozone therapy and Pulsed Electromagnetic Field (PEMF) therapy. The methodology of IPT application was described in our prior publications [7-9].

In the first week, the treatment protocol involved BPT in combination with ozone therapy and PEMF therapy. The BPT treatment comprised the Quick Program A; B+C and C of Dr. Mario Ramírez at two-day intervals followed by the basic protocol (reservoirs+regular pairs, tumor phenomenon, magnetic pairs for immune system stimulation) once a week, until the magnetic disbalance was cleared (Figure 1).

Protocol for biomagnetic therapy with magnetic pairs for treatment of oncology diseases

1. Preparatory program-1st week

a) PEMF-procedure for body polarization

b) Quick Program A (according to the Dr. Mario Ricardo Rodriguez' protocol)+magnetic pairs for emotional balance 1st day

c) Quick Program B+C (according to the Dr. Mario Ricardo Rodriguez' protocol)+magnetic pairs for immune system stimulation 3rd day;

d) Quick Program C (according to the Dr. Mario Ricardo Rodriguez' protocol)+magnetic pairs for emotional balance 6th to 7th day;

The intervals between the procedures could be any longer

2. Basic program-2nd week

a) Scanning and balancing of reservoirs and regular magnetic pairs



Figure 1: Biomagnetic therapy with magnetic pairs.

b) Scanning and balancing of:

-Specific tumor pairs

-Tumor phenomenon+tumor conflict

3. Basic program-3rd week

a) Scanning and balancing of reservoirs and regular magnetic pairs

b) Scanning and balancing of:

-Specific tumor pairs

-Tumor phenomenon+tumor conflict

-Magnetic pairs for immune system stimulation and emotional balance

Basic program continues until the magnetic imbalance clearance. If necessary the symptomatic treatment is included (according to the Dr. Mario Ricardo Rodriguez' symptomatic list).

4. Home treatment program

a) Tumor drainage (Tumor phenomenon+tumor conflict)

b) Magnetic pairs for immune system stimulation and emotional balance.

Control test: in four weeks

Basic information sources

Biomagnetism training course - http://biomagnetism.net/training-course/ Mario Ricardo Rodríguez Ramírez, Book of Biomagnetic Pairs- http://en.univich.com/product/book-of-biomagnetic-pairs/

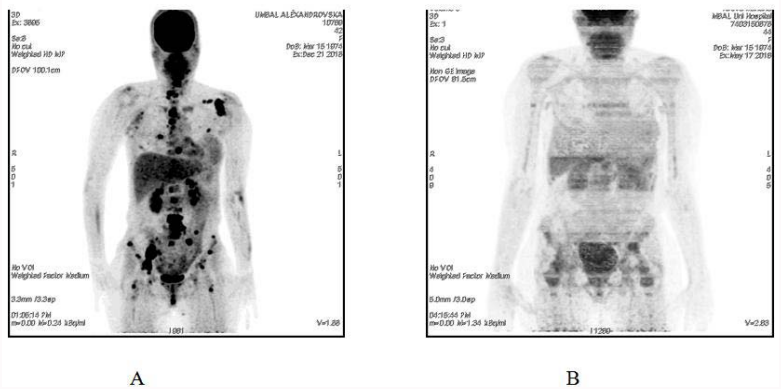
Once the Quick Program was completed the treatment was continued with IPT with six to ten applications once a week.

In order to select the medicaments and supplements prior to and during the treatment we used modification of Prof. Omura muscle testing [15].

Case Series

Case 1

M D K is a 42-year old female patient who underwent surgery in November 2016 for a histologically-verified right breast carcinoma, namely invasive ductal carcinoma. Right unilateral mastectomy has been performed and the case has been assessed as T2N1M1. The patient was admitted to the clinic for treatment in December of



A B

Figure 2: Case one: PET/CT before and after the treatment.

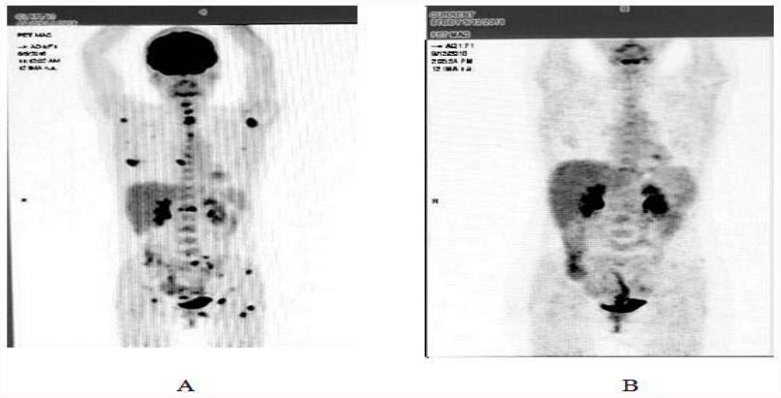


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Figure 3: Case Two: PET/CT before and after the treatment.

the same year with major symptoms as follows: weight loss, severe pain in the waist area and the limbs and strongly restricted motor activity. The initial Karnofsky performance status was 70, while the Beretta symptomatic index for quality of life was 24 points. Prior to the treatment, the results of the laboratory test were as follows: HGB 118 (R 120 to 160); RBC 3.76 T/l (R 3.9 to 6.5); ESR 45 mm (R<15); alkaline phosphatase 592 U/l (R<240); CEA 15-3-49.27 U/ml (R<25). The PET/CT prior to the treatment indicated lymphatic and generalised bone metastases.

In December 2016 BPT was started following the biomagnetism.net/training-course. In February 2017 in the course of treatment the pain symptom gradually increased. In order to overcome it IPT was included at one-week intervals. The pain syndrome decreased upon the sixth application, after the tenth application the pain disappeared while the motor activity was recovered to a large degree. The treatment was terminated because of the express wish of the patient.

However in August 2017 the patient's condition having worsened the treatment was resumed at one-week intervals with an IPT and BPT combination under a new revised by us program. The IPT applications consisted of three-component drugs combinations comprising Endoxan, 5-Fu, Epirubicin, Cisplatin, Methotrexate, Vinorelbine, Etoposide, Carboplatin, Taxotere in a dosage ten times as low as the standard one. In order to select the chemo drug combination each IPT application was preceded by autonomous muscle testing. The drugs combinations were modified several times during the treatment due to resistance to some of the chemo drugs. These corrections were made under the control of periodically performed autonomous muscle testing. As a complementary outpatient treatment we prescribed dietary therapy, immunotherapy and supplements in accordance with the muscle testing outcome. The number of IPT procedures reached 37 while that of BPT totaled 28.

After February 2018 the patient's condition improved significantly the pain diminished and the motor activity began increasing gradually. After April 2018 the pain vanished while the motor activity fully recovered. The laboratory test results indicated normalisation of all parameters including the tumor marker. The value of the symptomatic index for quality of life dropped from 24 to 1 point.

A controlling PET/CT was performed in May 2018 with the following results: thorax and lungs-no indications for metabolically-active no dose lesions in the parenchyma of both lungs and the breast; absence of metabolically-active lesions in the bones; indications for a metabolically-active soft-tissue lesion right-parasternally at the 2nd to 3rd intercostal level, adjacent to which micro calcifications are observed; absence of metabolically-active lesions in the lymph nodes. Under ultrasound control biopsy was carried out of the parasternal lesion in view of clarifying its state - no signs of a malignant process were observed (Figure 2).

As of May 2018 the patient was in a state of complete clinical remission.

The case presented above was included for treatment at the end of our research period which resulted in the development of our own protocol for BPT. This is why a larger number of therapeutic

procedures were necessary.

Case 2

In May 2018, V I M a 41-year old female patient was diagnosed with right-breast carcinoma. She was recommended for surgery. A month later as recommended by us a PET/CT was performed. The results indicating a bifocal tumour of the right breast engaging of the ipsilateral limph nodes and generalised bone metastases. The histological examination showed highly to moderately differentiated infiltrative ductal carcinoma (T4N1M1). The patient refused the proposed chemotherapy. She was admitted to the clinic with complaints of severe pain in the neck and pelvis.

The visual examination of the right breast showed pigmentation and skin retraction in the areola. A tumor formation could be palpated in the same area with a size of approximately 20 mm. The Karnofsky performance status before the teatment was 70 while the symptomatic index for quality of life was 26 points. The laboratory blood and biochemistry test results were within the reference values but CA 15-3-51, 8 U/ml (R<25).

In June 2018 we started a treatment including BPT in combination with ozone therapy and PEMF. After the first week IPT was included consisting in seven application in one-week intervals. The administered drugs were Endoxan, Ifosfamid, 5-Fu, Cisplatin, Epirubicin, Vinblastine, Vinorelbine and Methotrexate in a dosage ten times as low as the standard one. During the therapy course the chemo drugs had to be modified in accordance with the muscle testing results. As a complementary outpatient treatment we prescribed dietary therapy, antioxidant therapy, immunotherapy, ozone therapy, and PEMF. To deal with a dominating psycho-emotional disbalance we included homeopathy, Reiki procedures and magnetic pairs for emotional disbalance.

In the course of therapy the general and the psycho-emotional states improved, the pain subsided considerably while the areola deformation disappeared. The value of the Beretta symptomatic index for quality of life index fell from 24 to 1 point. The control laboratory test i pointed to a normalisation of the tumour marker, CA 15-3 from 51.8 down to 13 U/ml (R<25), and of the alkaline phosphatase, from 445 U/l to 56 U/l (R<105). Further the control PET/CT carried out in September indicated the complete absence of metabolically-active lesions. Thus as of November 2018 the control examinations demonstrated a complete clinical remission (Figure 3).

Discussion

In searching for new opportunities of improving the overall efficacy of our clinical practice particularly concerning the metastatic tumors, we concentrated our efforts on two major field's namely diagnostic techniques offering individualised selection of medicaments in cancer treatment and efficient therapeutic methods suitable for combining with the leading treatment method in our practice-the IPT. Successively we introduced a method for selecting antitumoral medicaments using genetic testing of isolated circulating tumor cells (Biofocus, Germany) and autonomous muscle testing for selecting appropriate medicaments and treatment methods based on the research and practice of Prof. Omura and Dr. Goiz. The experience acquired so far by us in applying the two diagnostic methods indicated a similar performance in 80% to 90 % of the cases. Thus using both diagnostic tests allows us to prepare individualised therapeutic programmes for the patients treated to the clinic [15].

Recently our attention was caught by studies on the symbiosis of the epithelial barriers and the microbiome as a decisive factor in the development and treatment of tumors [16,17]. The scientific data accummulated so far on the role played by intracellularly reproduced microorganisms in the tumoral genesis and development as well as by the inflammatory processes led us to the idea of seeking new possibilities of influencing efficiently both the microbiome and the inflammatory processes in the course of an individual therapeutic program. Among the novel methods our interest was particularly drawn by Dr. Goiz's hypothesis and theory on the BPT's therapeutic effects.

In 1988 Dr. Isaac Goiz Duran, (Mexican physical therapist) laid the foundations of a new medical science-the Biomagnetism and built the concept and theory of BPT. This theory and its practice were based on the scientific research of Dr. Richard Broeringmeyer of NASA for the role of the magnetic field in the human body. He reached the conclusion that the organs and tissues in human have a magnetic polarisation which is connected with the body's pH index (acidity or alkalinity) [10-13,17].

According to Dr. Goiz a disturbance in the alkalinity/acidity balance creates a medium favouring the development of viruses, bacteria, fungi and parasites. Scanning the body by magnetic pairs allows us to discover a magnetic disbalance which is indicative of a changed pH and correspondingly the presence of an infection. Further the viruses and fungi exist in a symbiotic relationship while the bacteria are parasites. A bacterium and a viruse resonate between one another which causes a disease; depending on the specific disease one is pathogenic and the other-apathogenic. Bacteria and parasites live and grow in alkaline media while viruses and fungi in acidic media. Based on these hypothetical considerations Dr. Goiz built his BPT. It comprises two main components, body scanning in view of finding magnetic pairs with disturbed polarity in different body zones followed by a treatment phase whereby permanent magnets are placed and kept for 25 min to 30 min.

Dr. Goiz's research led him further to concluding that cancers have their origin in the symbiosis of various viruses and bacteria. The association of pathogenic bacteria + pathogenic bacteria+pathogenic virus+ *Mycobacterium leprae* results in a malignant process. All tumoral processes including the malignant ones are caused by combinations of various pathogenic factors and can be diagnosed by means of magnetic scanning. According to the Dr. Goiz's theory the following factors are the root causes of tumorigenesis:

1. Inflammation factor or factor damaging the cellullar membrane and nucleus. A pathogenic virus;

2. Localisation factor-pathogenic bacteria localised in a biomagnetic pair or elsewhere, thus determining the tumor localisation in the body. E.g., *Proteus mirabilis* localised in the mediastinum may cause cancer of the oesophagus, while *Enterobacter cloacae* in the colon-intestinal cancer;

3. Delayed tumor growth factor-another pathogenic bacterium determining a slower tumor growth;

4. Fast (explosive) tumor growth factor-presence of a fungus causing certain tumors to grow faster than other;

5. Malignancy factor-presence of *Mycobacterium leprae*; According to Dr. Goiz, the absence of *Mycobacterium leprae* as established by magnetic-pair scanning points to the presence of a

different formation, like an abscess or a haematoma, rather than a tumor;

6. Metastasis factor-the anaerobic bacteria *Pseudomonas* and *Chlostridium* cause metastases;

7. Necrosis factor-presence of parasites [12,13,18].

Relying on his practical experience and achieved results, Dr. Goiz affirms that the BPT leads to a full reversal of the tumoral process even in an advanced stage of the ailment. A failure can be expected in the cases of preceding chemo or radiotherapy or of unstable psychological state.

Unfortunately rigorous scientific proof still lacking the above considerations remain in the realm of the hypothetical.

Despite this method's huge popularity particularly in South America, but increasingly also in North America, the conventional medicine has turned its back to this treatment's demonstrated capabilities, and, with a few exceptions, no clinical tests have been reported that would prove or refute its therapeutic value.

Faced with a number of difficulties of informational nature, the final version of our BPT protocol was completed in April 2018 after a four year research period. Then until October of that year ten patients with advanced metastatic tumours (T3-4N1-2 M1-2) were treated by IPT in conjunction with BPT. The malignant formations included four breast tumors, three rectal tumors, two cervical tumors and one ovarian tumor.

In one of the cases the treatment was stopped following the patient's express wish. In two cases (presented here) the therapy resulted in a full clinical remission. In three cases we registered a partial therapeutic effect; their treatment is ongoing with a program of outpatient therapy. The remaining patients are still hospitalised and treated but in a stable condition.

The treatment' adverse effects are negligible and consist in weariness and drowsiness on the days of IPT administration. One patient only experienced nausea and vomiting for a couple of hours on the days of IPT treatment. No adverse effects were observed during the BPT application.

In the cases of the first two patients the start of the therapy coincided with the end of the BPT research period when our protocol was still not fully completed. Thus together with the treatment interruption following the patient's wish imposed an extension in the treatment period with additional IPT and BPT applications. Finalising the protocol allowed us when treating the other patients to reduce considerably the number of procedures and thus the treatment duration.

Finally the results of the biopsies carried out during the course of the therapy revealed intriguing morphological changes. These necessitate and will be the object of further studies.

Conclusion

Presenting the first results of applying the combined therapy protocol, conceived and developed by us we do not pretend to put into doubt or competes with the achievements of molecular biology. We simply wish to illustrate the potential of one possible way of changing the reductionist approach concept for cancer treatment.

To the best of our knowledge, besides pointing to the opportunities offered by the BPT in cancer treatment, our attempt to join under controlled clinical conditions the capabilities of the IPT with those of the BPT demonstrated for the first time the synergy arising from applying simultaneously the two methods. Furthermore in addition to our protocol's anti tumorial efficacy we must emphasise the absence of toxic adverse effects and its low cost i.e. its accessibility.

It is our belief that the first although preliminary results obtained by us will play a noteworthy part in convincing the medical community to appreciate the necessity of considering the further development and application of the systematic approach to the treatment of oncological diseases.

We also believe that these results form the basis of further activities on optimising our therapeutic methodology. Thus accumulating sufficient experience worthy will be presented to the medical community in future publications.

Authors Contributions

Ch D, IM, VP and LA wrote the manuscript and revised the manuscript. All authors read and approved the final manuscript.

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