National Cancer Research Foundation

Condensed Description with case studies

The Contributory Effects of Applicable Minerals and their biochemistry in fighting cancer

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Summary

1. We believe that all cancers are the result of a nutritional deficiency to the nervous system, the result is a neurological deficiency. This nutritional deficiency causes structural changes in the amino acid, hormones, biofeedback communication, all cellular nutritional mechanisms, DNA instructions and replication, causing a change in cellular manufacturing instructions and supply.

2. First, we need to look at the "Periodic Chart", the list of all known single elements in chemistry, also known as "Minerals", such as Calcium, carbon, sodium, etc. Each will have a positive or negative charge. Different mineral combinations are compounds, the negative and positive charges are matched and have a specific electronic energy. A "Salt" is a compound with only one positive charge and one negative charge, like sodium (+) and Chloride (-), to create a matched equilibrium. Various compounds put together are molecules, many molecules make up various chemistries, vitamins, blood components, water, 20 different amino acids, hormones, etc

3. The body is simply a collection of all these various chemistries, known as the "Molecular Lumberyard". Known as ML. When reactions take place, ML is the supply source.

4. The 46 chromosomes in DNA are each a long arrangement of thousands of amino acids, each having an electromagnetic field to react or repel with chemistries, which is the basis of the "Action Causes Reaction" events. Each of the 46 Chromosomes is a different arrangement to make the DNA. Each DNA is the same in the same person, but different from the next person, similar within families.

5. The DNA reacts with chemistry it is in contact with as long as the attraction/ repel is correct. If enough of the cells or chemistries exist, the electronic field will be weak, which will prevent a reaction from taking place. If the volume is low, the electronic field will be correct for the DNA to react with the chemistry supplied by the ML supply, Action causes Reaction takes place.

6. If the ML includes too little of a required mineral, too much of a specific mineral or includes un-natural chemistries that will interfere with the correct electronic field in the molecular lumber yard. An incorrect attraction/ repel between chemistries will occur, causing incorrect reactions to take place. This can cause certain minerals to bind with minerals it would not normally bind to, prevent or weaken many mineral from binding with minerals it would normally bind to, and most would be chelated out of the body. This resulting mineral deficiency causes an unbalanced Chemistry, which will alter the instructions and prevent the natural reactions from taking place.

7. During the reaction, if some required minerals are missing, low volume, or not available for use, the electromagnetic attraction will attract something that is similar in shape, size, and electronic character. The resulting amino acid, hormone, chemistry or cell becomes manufactured differently from normal. When the amino acid is manufactured differently, the amino acid structure is slightly different. As a result, the electromagnetics of the chromosome will become different where ever that altered amino acid is located in the arrangements in each chromosome. The DNA is therefore modified, mutated, and the instructions have changed.

8. Because the amino acid arrangement is different in each person, the location will be different in each person, causing each person to have a different electromagnetic alteration, causing each person to respond differently to the same deficiency, but similar within families.

9. This change alters the DNA instructions, which causes the body to manufacture cells, hormones and chemistry differently, in a mass production method. When a doctor sees that "differently manufactured cell", they call it a tumor or cancer, and remove it as though that is the disease. If hormones are made incorrectly, the results include diabetes, high cholesterol, high blood pressure, etc. In reality, these are not diseases because the body created them as a result of the incorrect chemistry. The only way to eliminate the problem is to correct the deficiency.

10. Because they never corrected the chemistry, nor the DNA, the body continues to manufacture the cells based on the incorrect DNA instructions. When it becomes large enough to be recognized, the doctors say, " Gee, it came back again !!!" it did not come back, they simply removed the result of the problem, the body continued to make more without interruption.

11. Chemo and radiation will kill the cancer, as well as other parts of the body. Chemical treatments not natural to the body will change the electromagnetic attraction/repel relationships between cells. This will prevent reactions which should take place and cause reactions which should not take place. The chemicals will chelate minerals out of the body, causing increased mineral deficiency. This will further deviate from normal domino-effect pathways and result in advanced alterations further from normal than the previous incorrect generations. This result causes the already deficient chemistry in the body to become more deficient, causing further deviation. These deviations change the structures of the amino acids, hormones and chemistries.

12. The further deviated structures cause the DNA to provide instructions further deviated from normal than the previous generation. The next generation of cells, amino acids and hormones will be even further from correct. Then the doctor says, "it came back with aggression !!!" So, they attack with more aggressive treatments. This causes a spiral of related advanced deficiency causing deviation further from normal. Eventually, the severe results causes death. When the patient passes away, the medical society writes it as "complications due to aggressive cancer." The true cause was toxic effects from the incorrect and un-natural treatments causing the body to change how it makes the cells and basic chemistries, which lead to the result – death.

13. Instead, we restore the chemistries by replacing the missing minerals so that the body can correctly restructure the amino acids, hormones and chemistries, which corrects the DNA instructions from the natural single elemental level and provide the correct material needed at the elemental level to manufacture the correct cells and chemistries.

14. Upon correcting these deficiencies, the body will correct the Amino Acid, hormone and chemistry structures, the domino-affect responses will correct themselves to restore normal functions. The DNA structure and replication will be corrected, resulting in corrected DNA instructions, corrected hormone communication, along with correct biochemistry availability for the body to correctly manufacture cells, their cellular function will be restored to normal.

15. Because the "ECO SYSTEM" has been corrected, the cancer cells will no longer be able to survive in the corrected system because the previous in-correct environmental factors within the body's chemistry that supported the cancer cell metabolism are now no longer available for the cancer cells. The corrected Eco system has no nutrition available for the incorrect cells, they simply die off in a natural manner due to their own starvation. There is no need to kill cancer nor any other "Incorrect" cells, they die as a natural occurrence, like algae in a swimming pool.

16. The communication system is comprised of: the nerve cells, hormones, and lymph nodes. Their functions are interactive electromagnetically through attraction/repulsion forces. However, the medical field tends not to acknowledge this involvement nor incorrect involvement as relative to nutritional deprivation as the cause of many illnesses. As a result, the nervous system is further nutritionally starved by conventional treatments, hindering the progression initially, the body re-evaluates the environment and produces new cells in response to the further depleted environment causing changed DNA instructions to deviate from normal, which, in most cases, the unbalanced chemistry tends to cause a more acidic environment, which also increases cancer cell nutrition availability and hinders normal cell metabolism.

17. We hear that the "cancer is now more aggressive" instead of realizing that their treatment may have killed the initial cancer cells, but, they also manipulated the biochemical environment to nutritionally support the body to manufacture additional cancer or incorrect cells more rapidly.

18. Killing cancer cells is not the answer. How can you kill a cell made by the body as per DNA instructions without expecting the body to manufacture more after you killed it????

19. The "cancer" cell is the result of the problem, not the cause. Therefore, upon killing the cancer cell, "the result of the cause", the cause was never addressed nor corrected. Because the cause was never corrected, nothing stopped the sequences that took place to manufacture the cancer cell. Therefore, the body continues to manufacture cancer cells uninterrupted. Over time, the body produces more cancer cells, the doctors then say, "Gee, it came back. How did that happen, we got all of it out !!" They did not realize that they removed the "by-product" of the condition instead of correcting the "cause". Killing the cancer also weakens and kills normal cells and causes biochemical stress, including mineral chelation, taking minerals out of the body. Nothing positive is gained.

20. We found that proper nutritional restoration to the nervous system and cell nutrition throughout the body causes corrective domino - effect reactions. Upon nutritional correction, the body resumes correct DNA instructions leading to correct cell production. When the body's environmental factors are correct, the body no longer manufactures the cancer cells, the existing cancer cells are no longer able to exist in the corrected environment and die in a natural manner and are eventually replaced by normal cells. When the cancer cells die, or go necrotic, they remain and show up on CT & MRI scans, however, PET scans indicate that they are dead cells. The body will eventually break them down, it takes time.

21. Standard cancer treatment's high failure rate is due to treating symptoms and not correcting the cause. If the cause is never addressed nor corrected, the progress continues because nothing corrected the pathway. In addition, most conventional treatments enhance the environment to cause more cancer production instead of reducing production.

22. We are showing that if you correct the cause, the body will make the corrective steps, resolve the problem, and restore normalcy. Cancer patients, in general, never take into consideration incorrect diet, lifestyle nor spinal dislocations. Preservatives in our foods prevent metabolism, when you eat that food, the body cannot metabolize it, therefore, although tasty, the nutrition is not absorbed. The chemistry in preservatives are chemicals which cause mineral depletion. The depletion takes time to generate changes in effects. Exercise has been replaced by convenience, blood circulation is minimized and therefore, natural metabolism is reduced because of reduced exercise.

23. The body produces acid to break down all foods, Simple Sugar, Carbohydrates, Proteins, to simple sugar, high protein being the highest complexity to break down. They are all broken down to glucose and then entered into the blood stream as glucose. Normal cells uptake a specific amount of sugar for normal metabolism. A cancer cell uptakes twice the normal amount for its metabolism. The old wives tale "avoid eating sugar because sugar feeds cancer" is misleading because avoiding sugar totally to "STARVE CANCER" also starves the normal cells more severely, resulting in additional biochemical stress to the body. Because everything you eat is broken down and introduced to the body as glucose makes the wives tale impossible.

24. Eat smart and use the "1900 Diet"- make believe the year is 1900, how did they prepare food back then?? Avoid anything preserved, salted, in a can, jar or sealed package. It is fine to eat the very few naturally preserved foods, there are not many naturally preserved. Avoid prepared food because they have flavor enhancers, usually MSG, and preservatives to give a shelf-life. Avoid nutrition drinks such as BOOST, PROSURE or ENSURE because they contain the "B" vitamins and iron, which have the potential to accelerate cancer progression.

25. Avoid hydroponically grown food. Eat organically grown quality foods. The body requires 3 ounces of red meat weekly for enzymes. Some people replace with soy, a fad product which biochemically does not replace meat enzymes. A mixture of different meats and fish are best to get a more effective blend of proper nutrition. Cookies or cakes should be either freshly made or purchased at a bakery, if it goes stale in 2 hours, that is good. To minimize acid production, start meals with carbohydrates, then protein and finish with a carbohydrate. Coffee and chocolate are in the highest protein classification because of its bean character, caffeine is not the concern. Avoid caffeine-free because it is an acidic broken radical. Coffee should be eliminated totally, chocolate either eliminate or minimize. Avoid all alcohol, it reduces calcium metabolism, chelates minerals out of the body, disrupts natural biochemistry, blocks nutrition to nerve cells and stresses the liver. Alcohol is advertised like it is a soft drink, yet causes major health problems, a very long list.

26. Lactose intolerance is due to unbalanced biochemistry. Instead of masking the unbalance, it should be corrected. Whole milk is one of the most nutritionally valuable items to drink. The feared issues are not accurate and there are important nutritional factors not found elsewhere. When the biochemistry is properly balanced, metabolism is automatically correct and the issues and concerns do not exist. Avoid Skim, Low-Fat, 2%, 1% and similar, there is no nutrition left because the current processing depletes the nutrition as part of the process. Metabolism is the problem, not fat.

27. Avoid nutritional supplements that replace chemistries that the body naturally manufactures. The body will recognize the supplement and interpret that the body has enough and shut down its own manufacture, which then depletes the natural supply and causes a short term benefit and long term increased deprivation.

28. Many people are told that their pain is due to cancer progression. In a large percentage of cancer patients, the pain is due to muscle spasms caused by mineral deficiencies that were never corrected. These deficiencies advance to cause pulling a disc out of alignment, affecting nerves and muscles, resulting in pinched nerves. The spine is never attended to and the pain is treated as though it were cancer related, spurring a vicious cycle of incorrectly treating pain with incorrect treatments, causing a snow ball effect in severity without correcting the problem. We have seen patients who are receiving pain management go for a spinal alignment and walk out with reduced or no pain. Proper nutrition and spinal adjustments cause good results.

29. Pain is the body sending a signal to the brain that a cell is not receiving nutrition. Each cell gets nutrition through blood flow. A cut is where the other side does not receive nutrition, which is why you do not feel pain immediately upon getting cut. There is no pain at first because the biofeedback has not determined the lack of nutrition yet. When the cell has been depleted of nutrition, it will produce lactic acid, which triggers the nerve to send a message to the brain.

30. When your stomach is empty, and requires nutrition, it sends messages to the brain, we then have hunger pain. Upon eating, the lactic acid is mixed with the nutrition and used, which stops the message to the brain, causing the pain to diminish and go away.

31. When we have a cut, the blood does not provide nutrition to cells on the other side, when the brain provides the message through pain, we use pain killers instead of providing the nutrition the body is asking for. After the pain wears off, the nutrition still has not been provided, therefore, the pain returns. As healing occurs, the area is starting to receive nutrition, causing the pain to reduce until the flow is back to normal, which then there would be no pain. Some areas are sore a while until all healing mechanisms are complete.

32. Upon an injury, mixing vitamin E and Cod liver oil will provide enough nutrition to satisfy the requirements to stop the lactic acid and satisfy the body, and pain will diminish and there will be little or no swelling nor inflammation.

33. A tumor is the result of an incorrect chemistry requiring abnormal nutrition and taking nutrition away from other cells for its own nutrition. Pain killers will temporarily stop the pain like masking tape. As the pain killer wears off, the area did not receive the nutrition it asked for, now needs more than it did previously, now requiring more nutrition than it did before, causing more pain than previously. We incorrectly interpret that pain gets worse due to progression. The fact is that the progression is due to the lack of satisfying the body's request to resolve the problem.

34. Providing specific nutrition for the good cells and to correct the amino acid deficiency helps to correct the ECO SYSTEM for the good cells, causing the incorrect cells to die off and break down because they cannot survive in the "Corrected" ECO SYSTEM. The result is that the good cells are satisfied and have stopped producing lactic acid , the incorrect cells have reduced their lactic acid production because they are dying off.

35. Eventually, the incorrect cells will die off. As a result, the reduced lactic acid reduces messages to the brain requesting nutrition until it eventually stops. The dead cells will remain while the body breaks it down. During this time, X-Rays, CT an MRI scans will show it as a mass and give a false indication of active cancer. A PET scan will reveal it as necrotic (dead) tissue. As lactic acid reduces, pain reduces as the incorrect cells eventually reduce, the good cells improve.

36. Each of the 46 chromosomes includes an arrangement of thousands of amino acids, each row is different from the other. Each person has a different arrangement. However, at the end of each chromosome, there is an arrangement which is the same arrangement in every chromosome in every cell in the same person, it is like a serial number to that person. It is called a "PHENOTYPE". Each person has their own arrangement, all the same within the body but different for each person.

37. Each different type cell has a specific protein as part of its structure and acts as an identifier. Testing the blood for this protein will provide information of how many of the cells are in the body, indicated by the number of these proteins per million (PPM). These are called markers.

38. A magnet has a positive (+) charge at one end, a negative (–) charge at the other end. If you put two magnets together with both of the same charges (+ +) or (- -), they repel each other. If you put the opposite charges together (- +), they will attract to each other and have a strong bond.

39. The immunity is based on cells which travel through the body comparing the phenotype with every cell it comes in contact with. If the other cell is made by the body, it will have the same phenotype. Because identical electronic charges repel each other, the immunity will become repelled and move on. When the immunity approaches a cell which the body did not manufacture (invader), that other cell will have a different phenotype, causing the immunity to become attracted to it and latch on to it. Then the immunity senses the protein of the invader, creating a "Mirror Protein" by bringing minerals of opposite charges to the invader's protein to fully bind to it, making it neutral and non-effective. This way, the invader can do no harm to the body, it cannot get nutrition because it's communication ability has been neutralized and cannot send information nor biofeedback, therefore that invader dies off, or at least becomes useless.

40. Chemo was created based on imitating the immunity because it was believed that cancer was an outside invader attacking the body. If that were true, our own body's immunity would have attacked the cancer like any other invader, which does not happen.

41. Because a cancer cell has its own specific protein, each chemo was designed with its own "Mirror Image" protein to attract to specific cancer cells in effort to bind to the cancer cell and kill the cancer cell in the same way the immunity does to an invader. Initially, this process works because it will bind, attack and kill the intended cancer cells. During this process, cancer marker numbers will start to reduce because the cancer cells are becoming destroyed by the chemo and the number of proteins relative to the cancer have been reduced as a result.

42. However, the chemo also attaches, damages and kills other non-cancer cells. Because of the high un-natural chemical content in chemo, it also offsets the biochemistry balance in the body, interfering with the natural attraction/repel sequences, which interferes with the electromagnetism within the body and between cells, this causes natural reactions to be hindered, reduced biochemical communication, minerals to be chelated out of the body, the molecular lumberyard has become more deficient than it was previously. The changes in the structures are more deviated than before.

43. The phenotype of chemo, or any chemical treatment, is different from the rest of the body, causing the immunity attract to it as an outside invader. The immunity will attach to the chemo and start to make the "Mirror Image" proteins to render the chemo useless, which is why chemos tend not to work after a few months, the immunity binds it, neutralizes it so it cannot communicate and prevents it from working. It will not die like a cell because it is chemistry, not a living cell. The initial chemo chemical will be out of the blood stream in about two weeks, but it will stay in the tissues and organs for about 18 months and will have some effect, especially causing additional liver damage.

44. The electromagnetic attraction/repel will cause the immunity to make "Mirror Image" proteins of the chemo's protein, which were "Mirror Image" proteins of proteins found in the cancer. A "Mirror" of a "Mirror" is equal to the "Original". The protein made by the immunity is the same protein found in the cancer cell. The proteins are not cancerous, but are the same protein. Because a "Cancer Marker test" is simply counting the proteins, PPM, it will include the number of proteins found in the immunity added to the proteins found in the cancer cells. It gives a false indication, but the doctors incorrectly interpret that the cancer has spread, then add more chemo.

45. After chemo has been started, cancer markers are no longer valid because of the false reading they provide due to this reason.

46. There is a strong correlation between Gemzar/ 5FU and ascites, toxicity, blood clots and depression. Not everyone responds this way, those who are sensitive tend to react this way.

47. Urine pH reflects the alkaline/acid chemistry. Saliva pH is not accurate for body chemistry indication because it reflects chemistry related to digestive biochemical responses and will change according to what the body senses as you eat, The diet and choice of foods will affect body pH and therefore influence progress/hinderance of metabolism. The volume of correct nutrients is important.

48. Some people incorrectly focus on pH only and regulate the nutritional intake by the pH, which is not a correct procedure. pH is an indicator reflecting many causes, it is not a symptom. When the urine pH is below 7.0, it appears that the body chemistry is more conducive to cancer cell survival. The accurate reason is that a properly balanced molecular lumberyard will cause a proper energy flow, causing an alkaline result of 7.4 unfortunately some people focus on the pH instead of the ingredients and symptoms.

49. We observed that cancer markers do not properly reflect cancer status. Chemical intervention such as hormone or Chemotherapy toxicity can cause false indications in either direction. At first, a chemotherapy is introduced to the body to kill cancer cells. After a few months, the body recognizes it as an un-natural chemistry, therefore, an invader.

50. Over time, the responding immunity develops a chemistry to eliminate this "preditorial" chemistry (chemotherapy), rendering the chemo less effective. The enzymes and immunological chemistry eventually becomes picked up by the cancer marker, and is interpreted as an indication of cancer. The marker shows increased numbers, which the doctors incorrectly interpret as cancer progression. In response, they add more chemo to overpower the "advanced cancer progression". The chemo toxicity increases and a vicious cycle leads to the patient's death. Meanwhile, an autopsy shows that there was "no evidence of cancer."

51. Morphine generates an addiction. The body becomes calm at first, then the morphine effectiveness weakens, causing a stronger requirement for increased pain due to withdrawal symptoms. This gradually increases until the overdose causes biofeedback shutdown, the body shuts down and the person dies. Meanwhile, the family was told that the cancer became more aggressive and consumed the body. The accurate fact is that they turned the patient into a drug addict, requiring more morphine until they died from the overdose. The family becomes so distraught that they accept it and never question the accuracy nor do they request an autopsy to verify the statements.

52. Many of the cancer patients on this program who did pass away died because of the other toxic treatments and incorrect diagnosis due to incorrect testing formats. While the doctors refer to the problems as "Cancer progression" , the accurate cause was chemo toxicity and/or morphine overdose, not cancer. Autopsies on many verified "no evidence of cancer."

Basic Cancer Summary

Our observations have provided interesting results which tend to confirm our unproven theories:

1. Those without previous therapy appear to respond to the nutritional program faster and more effectively.

2. Cancer patients do not tend to take into consideration that their diet and lifestyle requires attention and improvements. Pain is blamed on the cancer instead of the negative reactions caused by the food that they should not have eaten, in addition to treatments.

3. Dosage 6 or 8 showed dramatically better results than of dosage 4.

4. Cancer patients with aortic/vein/liver involvement and without other previous treatments showed stable but slower improvements. In addition, they felt numerous improvements overall.

5. We observed that cancer markers do not properly reflect cancer status. Chemical intervention such as Chemotherapy toxicity can cause false indications. At first, a chemotherapy is introduced to the body to kill cancer cells. After a few months, the body recognizes it as an un-natural chemistry, therefore, and invader. Over time, the responding immunity develops a chemistry to eliminate this "preditorial" chemistry (chemotherapy), rendering the chemo less effective. The enzymes and immunological chemistry eventually becomes picked up by the cancer marker as an indication of cancer. The marker shows increased numbers, which the doctors incorrectly interpret as cancer progression. In response, they add more chemo to overpower the advanced cancer progression. The chemo toxicity increases and a vicious cycle leads to the patient's death. Meanwhile, an autopsy shows that there was little or no cancer evident. The families are usually to upset to understand this.

6. Most of the cancer patients on this program who did pass away died because of the other toxic treatments and incorrect diagnosis due to incorrect testing formats. While the doctors refer to the problems as "Cancer progression" , the accurate cause was chemo toxicity and/or morphine overdose, not cancer. Autopsies on many verified "no evidence of cancer."

Personal Summary

In 1976, at age 21, I had "Functional Hyperplasic Islet Cell Carcinoma", given 3 weeks without surgery, 3-6 month maximum survival expectancy with surgery. They did not know why I had it in the first place. I never touched alcohol, cigarettes, drugs, not even coffee.

Surgery included 90% pancreatectomy, total splenectomy, and partial stomach. My train of thought: define the problem, break down to detail, derive strategy to resolve problem, apply this strategy and resolve problem.

If doctors cannot "define" the problem, how can they apply a resolution to something they could not define?

I returned to study medicine in 1980, including 4 years of transplantation research, taught Chemistry lab for 3 years. I researched the bio-mechanics of the pancreas /endocrinology system, which revealed current cancer research as tunnel-visioned. American medicine treats the symptom rather than the source. If I needed another pancreas, there was no known technique to transplant the pancreas at that time.

Based on the relative links between pH, calcium, parathyroid function and cancer initiation, the body's biochemistry is a simple "domino effect" of "action causes reaction". To properly treat cancer, the effective treatment must affect the domino affect from the beginning, which will cause the rest of the reactions to follow suit instead of coming in at the middle of the domino run. The Parathyroid is relative to calcium metabolism, linked to the body's pH. Proving this link, parathyroid treatment may be of value towards effective cancer treatment. My sister and I both had parathyroid problems in our younger years, doctors were not concerned. It's important to examine calcium and pH levels as well as parathyroid function. Less than 10% cancer patient had thyroid exams.

The body is a simple machine of "action causes reaction". We as a society make it complicated by adding strange items to the body, called medicine, altering the body's natural biochemistry instead of looking at its simplicity and sticking to the basics of chemistry.

My research implies that cancer initiation does not involve the blood stream at all, does not spread in a seed-like manner as currently implied. Instead, it is generated via the autonomic nervous system (ANS) and pH environment, relative to nutritional deficiency. Current testing techniques, including radiation, will not detect cancer until cancer replication is so great that the immunities developed to fight it appear in the tests. Blood tests only reveal symptomatic results, not the actual cause, current medical practices treat symptoms instead of the source. Until the source is corrected, it will continue to produce continued results, current treatments will only redirect the path it takes.

The cause is the result of the nutritional deficiency altering the environmental source, which, upon re-establishing the correct nutritional levels in the body, the environment would be corrected for normal body functions and no longer be provisional to the cancer's survival, the cancer will soon die as a result. Due to genetics, each person has different vulnerabilities to different deficiencies, therefore, genetics will determine the type of cancer vulnerability. A note of interest, to this day, I never saw a person who had both cancer and multiple sclerosis, MS responds favorably to this same program, so I am interested to see whether MS is part of the genetic vulnerability as cancer is, as well as other ailments. Many non-cancer illnesses respond to this treatment as well.

With age, our ability to metabolize calcium (Ca++) diminishes, relative to an unstable pH. Ca is required for cellular respiration involving different electrical charges, and attraction/ repulsion. A specific electronic atmosphere generated by the ANS is required for the reaction, essential for proper DNA replication, Krebb's cycle. The 7.4 pH factor provides proper atmosphere and environment. When acidic, +/- reactions will be hindered or too rapid. Low Ca concentration at the respiration sites triggers a biofeedback to cause calcium to be extracted from bone tissue replaced into the bloodstream to satisfy respiration requirements, resulting in osteoporosis. A higher proportion of women with osteoporosis have breast cancer, men with prostate cancer by the same means.

Improper electronic fields infer incorrect DNA replication, deriving a mutated cell. The incorrect replication continues, flourishing because of the acidic environment, while the proper cells hinder due to faltered respiration while not at their electronic potential, unable to compete with the mutated cell. I believe cancer is not a virus or an outside invader, instead, our body creates the event as a biochemical response, which is why we can reverse it. Calcium and pH seem to be major components for the proper function of the autonomic nervous system. When the myelin sheath is weakened, the voltage change affects the ganglion sites. Each person is different as to which ganglion "hub" would be vulnerable, the electronic atmosphere is altered at the cellular respiration sites, resulting in altered respiration and genetic replication. Specific ganglions provide the route to affect specific body parts, and pain level, as nerve sensory trunks are prevalent in some ganglion routes and not in others.

My research suggests that gastric cancer is derived from the celiac ganglion "hub", affecting digestive organs, mesenteric ganglion affects the kidney/ bladder; these same ganglions affect the location of a person's disc deterioration; Gastric cancer vulnerability reflects T5 -12. L1,2 &3 by the next ganglion; L4 & 5 by the tail end of the Superior Cervical ganglion.

Radiation treatments, photonic applications, attempt to decompose the atomic structure of the mutated atom, via alkaline environment, the mutated cell cannot survive, therefore dies, similar to applying lye to bacteria. Photons break the bonds of surrounding compounds such as calcium, through diffraction, chelates calcium, which becomes non-effective, is dismissed out the body via kidney. Those with high radiation exposure have bone and teeth problems, and some, their hair turns prematurely white, high doses of calcium prior to treatment result in a lesser negative affect.

It appears that the source (ANS) is not being positively affected by the conventional treatments, whereby, Antibodies, Radiation, and Chemo attack the symptoms, not the source. With source properly treated, the domino effect corrects itself, tumor will diminish. Raising pH to 7.4 or a little higher, calcium up to at least 9.7 - 10.0 , destroys the ability for cancer to survive, it shrinks, afterwhich the body will function at it's normal potential, restored like a reverse domino affect. However, a high calcium level does not indicate proper calcium metabolism, as it can be ineffective and rendered useless due to nutritional deficiencies causing hindered metabolism, and therefore circulates in a useless fashion and yet it is assumed useful because it indicates its presence.

My sister was declared psychosomatic for 10 years for her pain until an endoscopy revealed a malignant tumor in 1997. I explained the route it took over the years, the route it was going to take, and told them how it to treat it, her doctors were not interested. Instead, they gave her radiation and chemo at the same time. The path it took was exactly as per my prediction, much to their surprise. Neither blood nor barium tests revealed anything until stage 4, which then was too late, those tests only act as markers at that point. The preliminary tests should ONLY investigate the autonomic system at first, which is capable of indication at earlier stages. ANS testing is more accurate, probably cheaper and less discomforting than all the other tests, most importantly, is more accurate like no other test.

Genetic therapy - basically an electron voltage regulation within the DNA structure, relative to the different ladderistic levels. A composed inter-electrical relationship is maintained. Duplication is derived by the electronic field introducing similar ionic fields to accompany the replication, resulting in a replication. Compounds derived from altered electronic atmosphere and component availability will generate a similar but not correct compound that will be accepted by the electrical relationship, the effect is a mutated gene with similar but not accurate description.

Blocking vessel growth - is impossible when you think about it. Mechanically, the electronic atmosphere required for the necessary chemical reactions to cause proper cellular respiration is altered or diminished, causing the cells to die as a result of cellular starvation.

A nearby thunderstorm causes tingling effects within our body, electronic surge similar to the electron environment within our body to initiate chemical reactions. ANS is the comparable source to the electrical storm. External influences directly affect our genetically determined vulnerability , and our chance of being affected. I strongly believe that the non-insulated high tension wires have a high potential of altering our natural electronic environment. Society believes that if one cannot see the movement of an object, it therefore does not exist. The photonic effect is very strong. There are simple measures that are cost effective to resolve cancer related illness.

Alcohol, caffeine, and nicotine strip the calcium out of the body as chelating agents, inducing an acidic pH, promoting the environment to initiate cancer. Also, smoke damages biological tissue, which affects the pH and immune system, as does the alcohol and caffeine. Alcohol is a huge contributor towards increasing acidity. The black tea does not cause negative effects, it influences a higher calcium metabolism. Genetic factors determine which areas are vulnerable to calcium weakness. Mental attitude is important, stress will encourage a high acid pH, calmness and tranquility will encourage alkalinity, a stressed out person drinking coffee, smoking, and drinking alcohol, will be most prone to a cancer vulnerability. Those who never abused themselves with cigarettes, alcohol, or drugs will have better chance of fighting or reversing the cancer, as their bodies will be more responsive to treatment because their tissues and organs are in their best functioning condition.

While discussing Diana's earlier locations, she said that the doctors notated that T-5, 6, 7 showed degeneration, but T-1-4 showed good density and no problem. There was no cancer evident in T-1-4, but was evident in T- 5 through 9, which are related to the celiac plexus. T-1-4 are related to a different hub and were provided proper communication and nutrition, therefore maintained good density.

The program has shown great results by initiating the balance needed to maintain the proper levels of functional calcium, pH levels, endocrine system, triglycerides and cholesterol, etc. The pH levels are indicators and will automatically rise when the other conditions are correct. By adding substances to only raise the pH without the proper nutrition, there is a false indication and false function, with either a short term or no effect.

In addition, we have learned that the program has alleviated the symptoms of Multiple Sclerosis, Parkinson's, Graves, Lymes, Lupus, Hepatitis "C", Epstein Barre, Guillian Barre, diabetes, glaucoma, hypertension, asthma, various allergies, ADHD, manic depression, drug/ alcohol/ tobacco addiction, drug addicts clean in 2 weeks.
Fred Eichhorn
President - National Cancer Research Foundation

Dietary, Exercise and Mental Wellness Ideas to Consider

A process for best potential of recovery to better health includes:

Vitamin and mineral supplementation ***Proper diet*** ***Exercise*** ***Mental Attitude***

As beneficial as the vitamin and mineral supplementation enhance general good health,
this benefit is limited by the choice of diet, exercise and overall mental attitude.

Proper diet:

We have observed that over time, the American diet has developed into a processed concept, where the attention is focused on taste instead of it's natural nutritional value. As a result, the foods we eat are stripped of their vitamins, and fortified with synthetic forms of vitamins added to flavor enhancers, and preservatives to enable mass production and a longer shelf life. As a result, the body develops a nutritional deficiency because the natural nutrients are not available, and the preservatives and synthetic nutrients are not natural to the body and therefore the body will respond to this intake on a biological level.

When we were younger, cancer, multiple sclerosis and many other conditions were hardly ever heard of, yet today these conditions are common and now household names. Added to the stress generated in today's society, the combination provides a poor nutritional balance in the body. People of countries of simplicity and who live off the land tend to have a lesser proportion of these conditions, those of poor countries where famine is great is of higher proportion.

Protein verses carbohydrate is controversial. We have observed that protein is relative to pain and absorption problems, I personally had arguments in my earlier years because I disagree with the standard opinions. When I had pancreatitis, or when my sugar would drop to the low numbers, they told me to avoid carbohydrates and eat high protein, as this would supposedly cause the body to process the protein and take a longer time to break down to sugar. They did not take into consideration that the higher the protein complexity, the stronger enzymatic acids are required to break down these proteins. This, in turn, causes stress on the pancreas, and increases the acidity in an already overly acidic environment, evidenced by bloating and gas in the intestines. Meanwhile, the pain generated is caused by the acidic stress and gas. The action of protein causing this acidic reaction causes the calcium to bind and not release, so, the calcium may exist but is rendered useless, and provides a false indication of potentiality. After a while on this program, the acidity decreases as the correct nutrition becomes available for the correct "molecular lumber yard" and it is indicated by a slightly alkaline pH. After 2 months, the calcium, cholesterol, triglycerides tend to reduce to normal levels, the calcium is now utilized as a carrier again, the other functions regain potential.

Some people use herbs or vitamins designed specifically to raise alkalinity, however, they are not focusing on the required supply of nutritional elements for the 'molecular lumberyard" , therefore it is a false alkalinity because the potentiality is hindered. The goal should not be to increase alkalinity, instead, the goal should be to provide the correct nutrition when then causes the chemistry to result in the correct alkalinity.

Proper carbohydrates will aid in reducing acid and neutralizing the chemistry, which will eliminate the vulnerability of pancreatic stress, pain and gas. Simple sugars are to be limited because they are utilized to quickly, maintain no nutritional value, but a small amount will be helpful when needed. Medium to complex carbohydrates are desired and as well as non-complex proteins. Vegetables that are usually cooked should be blanched (steamed) as that provides 5 times the vitamin availability than raw. Boiled vegetables result in vitamins being poured down the drain with the water.
Do not peel the vegetables, 90% of the vitamins are in the skin, as that is the closest to the dirt of minerals and nutrients. Carrot and potato skins are valuable. Make an effort to pick foods when ripened on the vine or tree to maximize nutritional benefits.

We also find that at least 40% of the cancer patients, if not more, are vegetarians. We are not pro, nor con, towards vegetarianism, it is a personal choice. Unfortunately, some vegetarians choose no meat because they are animal activist and maintain unkind attitudes towards those who do eat meat, which is not fair to the rest. In the normal food chain, our biochemistry requires meat, soy protein does not replace meat. However, if a person chooses and enjoys a vegetarian diet, they should be respected.

"1900 Diet"

We utilize what is termed as a "1900's diet" based on the lifestyle and dietary availability in the year 1900. At that time, they did not have preservatives, they grew their food without chemicals or pesticides, in fields instead of force feed in greenhouses. The natural vitamins were kept in the food, the people ate the skins, and the food was ripened on the vine instead of picked green with anticipation to ripen over time. Not many people were vegetarians, the body requires 3 ounces of red meat weekly, eating more within reason is acceptable, the magic phrase is "within reason". Our body is biochemically dependent on the enzymes from red meat, but not the amount that our society consumes. The soy protein that some use to replace the source usually derived from red meat is not the same because it is biochemically different and will have similar but not correct characteristics required for correct metabolism.

Except for tuna or fruit in its own juices, canned food should be avoided because of the preservatives and processing. Bleached flour is stripped of all nutrients. Prepared foods are usually full of preservatives and flavor enhancers. Decaffeinated products are processed and more damaging to the body than the natural form. Further, caffeine is not as much of a problem than the high protein in the chocolate and coffee, otherwise tea would be a concern. Black tea is the only tea more effective than green tea, which is excellent. However, black tea is available in Tetley, Lipton, and similar. The other teas are also beneficial, just not as much, but are worth drinking.

Macrobiotic diets and similar dietary changes should be reviewed to ensure that it is correct for your situation.

Exercise

Vitamin and other nutritional supplements provide the missing nutrients

Vitamin and other nutritional supplements are important and essential for good health. However, to maximize the potential, exercise is important to generate the muscle tone and increased circulation to provide the pathways for nutrition. Some people who do not feel well will sit in a chair or in bed because they believe that they must rest in order to get better. The fact is that idleness will cause the body to function less and make the body more vulnerable to additional problems. By exercising, they will stimulate the proper circulation and tone muscles, which in turn improve circulation and nutritional delivery to the cells. This is very important.

Review the situation, discuss with either the doctor or professional as to the proper exercises for your situation, you do not want to strain or stress your body. You may need to start at a specific level and increase according to your ability and your body's potential limitations.

Some people with cancer or other conditions experience back or joint pain, and the cancer or condition is blamed as the cause. Most times that pain is a symptom of the same cause that caused the problem. In addition, we find that the pain from the cancer or condition causes muscle spasms, which in turn can cause a vertebra to turn, which will cause a pinched nerve or other spasms, and could ultimately lead towards other problems to cause pain.

Mental Attitude

Upon reviewing the vitamins, diet and exercise, they are all important and work together to provide a stronger biochemistry to improve the body's overall health. One of the commonly neglected issues is the mental state or well being of the patient. If a person is not willing to focus on improving their diet, exercise and other factors in their life, the resistance will negate the majority of the benefits of the other efforts. Those who maintain a positive attitude and make a genuine effort to help themselves, will tend to improve. Those who insist on negative and skeptical attitudes without the interest to consider available benefits will decline in health more rapidly than a positive minded person.

These negative minded people tend to focus on proving that beneficial help is not going to work. This negative attitude will actually cause an acidic chemistry to develop, the result tends to be detrimental to the person's overall health. Those who focus on positive thoughts tend to have a better chemistry overall and they tend to respond more positively to most treatments similar to this one.

We can lead a person to the education to show how this works, however, a person must take their own initiative to help themselves and not depend on others to make the decision or to force them to take it; we cannot and will not do that for them because that manner is never successful. We will do everything we can to help the person reach their goal.

Observational Results

Cancerous Conditions - Current observations have shown typical improvements with cancerous conditions while using dosage 4 of the program. Pancreatic and liver cancer patients found dosage 8 to be more effective. Others of all type cancers have taken higher dosages for added benefit. We have known people to take as high as dosage 20 daily with fastest results and no toxic effects. *

Non-Cancerous Conditions - The following list reflects observations which showed typical improvements with non-cancerous conditions while using the program.

@	**reflects - Dosage 1**	**#**	**reflects - Dosage 2**
!	**reflects - Dosages 2 & 3**	**%**	**reflects - Dosage 3**
*****	**reflects - Dosages 3 & 4**	**&**	**reflects - Dosage 4**

Dosage 1 is for maintenance or as a preventative measure.

Acid Reflux #	**Colitis %**	**Hearing Loss !**	**Manic Depression %**	**Renal Failure ***
ADD / ADHD %	**Crohn's Disease %**	**Heart Conditions %**	**Mental clarity !**	**Rheumatoid Arth !**
Alcohol Dependency *	**Cyst/ Fibroids %**	**Hemorrhoids #**	**Metal Poisoning &**	**Sciatica !**
Allergies #	**Diabetes !**	**Hepatitis "C" %**	**Multiple Conditions !**	**Shingles %**
Aneurysm %	**Diverticulosis !**	**Hormonal balance ***	**Multiple Sclerosis !**	**Sinus !**
Anxiety !	**Down's Syndrome !**	**Huntington's %**	**Nail Weakness !**	**Skin Tags !**
Arthritis %	**Drug Addiction ***	**Hypertension %**	**Neck Pain #**	**Sprains %**
Asperger's Synd. *	**Eczema !**	**Infertility !**	**Neurol. Conds %**	**Strength %**
Asthma %	**ED %**	**Inflammatory !**	**Neuropathy %**	**Stress !**
Autism !	**Endurance #**	**Injuries !**	**Osteoporosis %**	**Strokes &**
Autonomic disorders !	**Epstein Barre %**	**Irritable Bowel !**	**Ovarian Conds !**	**Throat Nodule !**
Back pain !	**Fibroids %**	**Joint pain %**	**Pancreatitis ***	**Thyroid %**
Bi-Polar !	**Fibromyalgia !**	**Kidney Stones %**	**Parasitic Conds %**	**Tiredness – Chronic #**
Bursitis %	**Fungus – nail !**	**Leg Cramps #**	**Parkinson's %**	**Toe nail fungus %**
Candida Yeast %	**Glaucoma !**	**Lung Disease &**	**PMS/related !**	**Tooth Pain %**
Chemical Poisoning !	**Gout %**	**Lung Nodules %**	**Poisoning %**	**Trauma %**
Cholesterol !	**Graves Disease %**	**Lupus !**	**Polyps !**	**Triglycerides ***
Chronic Fatigue !	**Guillian Barre %**	**Lymes %**	**Pregnancy !**	**Viral Disorder %**
Cirrhosis &	**Hair Growth #**	**Lymphoma ***	**Psoriasis !**	**Weight Loss !**
Colds / Flu %	**Headaches !**			***More to Come***

*** Added Note:** When taking the higher dosage amounts, we have seen a few cases where the person had either excessive gas or diarrhea. They have noted that by reducing from 3 cod liver oil gelcaps (CLO) per dosage down to 1 CLO per dosage, diarrhea and gas stopped. Some stopped taking the CLO totally until the diarrhea stopped. Then, they introduced 1 CLO per dosage at a time, gradually increased as the body accepted it well and took as much as the body could handle. Most were able to work up to the normal amount without diarrhea.

We found this program to be helpful for all types of pets also.

The Observational Results do not make any implications, promises, nor guarantees that the research findings will guarantee the reversal of any disease. All information contained in the booklets is determined educational and observational. Although observations and documentation have shown positive results, it is the reader's obligation to discuss with their medical professional to make their own decisions. All decisions are the reader's responsibility and common sense of it shall apply.

Fibromyalgia

Nurse - Walking up stairs in 3 hours

Laurie, in her early 40's, was stricken with Fibromyalgia. She had difficulty walking and required help. To up any stairs, she needed to hold onto the rail and have someone help stabilize her as she slowly moved rigidly, one movement at a time. It was a long process. Consequently, it was rare that she would go up the stairs. She also had multiple pains in her body, limiting her movements.

Her family came to see us, her father, mother, brother and her 16 year old daughter. After about 2 – 3 hours, her father and I went up to the second floor to the printing room. After a few minutes, she came walking in to see what we were doing, she was by herself, nobody had helped her. He was surprised and said, "How did you get up those stairs?????" She looked back at the stairs and said, "Oh, yeah did." She did not even realize it. Her daughter was yelling up the stairs, "mom, how did you get up here ??" Obviously, they were all excited by this. Her overall body pain had reduced.

As time continued, she eventually no longer has any evidence of body pain nor Fibromyalgia. I am sure that she probably has some but not a noticeable amount. Over time we anticipate that it will resolve itself completely, as others have found to happen. Prior to seeing us, she was scheduled to see a doctor regarding her pain. Her brother called a few days after the scheduled appointment. She did not go to the appointment because she had no pain.

Multiple Sclerosis

4 years - Functions returning

Laura is in her mid-40's, was stricken with MS 4 years ago, with no feeling or sensation from the neck down, totally depressed. We know that is a frustrating and debilitating position to be in. As soon as she started the first week of Sept, her left arm started to regain sensation on the third day, her mental attitude and clarity improved as well. After a week, she had full use of her left arm and 50% use of her right arm. She was able to feel her dog lick her toes. She then was able to get a voice activated program for her computer so that she could talk, which would activate to type for her.

After another week, she was able to wiggle her toes and play with the dogs with her toes, she was able to lift her leg a little with some help, and her speech started to improve. A week later, we received an E-Mail from her, it said "I typed this email all by myself" which meant she no longer needed the voice activated program because she had enough use of her entire left arm and hand to type.

As of the end of October, she can type with both hands, she has 100% use of her entire left arm and hands, now has 100% use of her right arm and hands. She can now lift both legs and move them around up in the air, bend and move them around with out any help. She was hoping to start walking within the first month. After the first two weeks, she tried to walk on her own but did not get far. Her husband found her in the middle of the room on the floor, she was laughing, happy that she was able to accomplish what she did, and she knew it was simply a matter of time. She is set to walk on New Years Eve and will dance with her husband, but her father wants the first dance with his daughter.

Her cognitive abilities are restored, memory is actually great now. Her balance is greatly improved. She has no depression at all and her mental outlook is great. The pain she had in her feet and legs are totally gone. Her body is extremely flexible and no longer brittle. Her handwriting has improved dramatically, she can easily use the computer now. She has had no setbacks nor relapses. She has been filming and documenting everything to show the path she has taken and to show the evident improvements as they occurred.

Lung Cancer

InOperable - Chest pressure gone after a few days

Rachel was diagnosed with advanced lung cancer, with a mass over 5 cm and multiple small lesions, as well as other masses and lesions in her chest. She was told by the USA doctors that they cannot save her life but they could possibly add time by a few months with the chemo/radiation/surgery therapies. She was not interested in that. She went to Canada to be with her family.

While there, her family contacted us in August 2008, she started this program.

By a week or so, the pressure was no longer evident and she was able to speak normally again. After two months, the huge mass was no longer there. Some of the smaller masses were still evident, but the cloudiness and basic masses were gone. She continually feels improvements as time continues.

Bile Duct/Pancreatic Cancer

After a month, scan "No Evidence"

We did not expect the results as fast these tests showed. However, the following pages document the information. Joe came to us about September 10th. Previously, 7/26/08, CT scan showed numerous tumors: pancreatic tail 1.8 cm, gall bladder – 4.8 cm, lymph node – 1.8 cm. in addition, a 6 mm cyst on pancreas, and 4.9 cm aortic aneurysm. Bilirubin was 18.6, up to 1.2 is normal, ALT/AST/Alk Phos was 48/49/361, norm is 40/37/129. the gave him a stent to help bile flow and to reduce his yellow jaundice. By 9/15, bilirubin was down to 1.7, close to normal. However, AST/ALT rose to 55/64, Alk Phos reduced a little to 311.

They came to see me a few days after that, despite the reduced bilirubin, he was still jaundiced. After two hours, his jaundice was gone, and joints were no longer painful. He felt better, not 100% great, but much improvement. As days continued, he continued to improved.

On October 5, he had a pain and was concerned, went to hospital. To be cautious, they did blood work and a CT scan. To their surprise, his bilirubin reduced to 0.8, and the ALT/AST/Alk Phos reduced to 43/58/218. they were quite happy and surprised because they never expected to see that. The CT scan showed no evidence of gall bladder nor pancreatic tumors, nor the lymph node, all clean. The 6 mm pancreas cyst and aneurism was reduced a little, not significant though.

On Oct 29, the Ct sowed improved results again, the aneurysm reduced a little as well., Bilirubin was 1.1 which is a normal fluctuation, ASTALT/Alk Phos reduced even further down to 34/39/195, they were quite excited.

He felt so wonderful, on Friday, Nov 7, he went to Spain for 5 weeks. He feels great !!!!!!!!!!

Update: Feb 10, 2009 - (see page 14 & 15) PET scan of entire body showed no evidence of any cancer anywhere.

Update: October 20, 2009 – Doing well, off all 10 previous medications, back to work as though he was never sick

See top of page 15 for accurate one sentence summary stating this.

See next pages for reports

ST. CATHERINE OF SIENA MEDICAL CENTER
SMITHTOWN, NY 11787
RADIOLOGY DEPARTMENT

July 26, 2008

PT NAME:	,JOSEPH	ACCOUNT #:	S0820700282
DOB:	/33	MR/RAD#:	S0003746696
CI D/T:	07/26/08 0938	PT TYPE:	SIP
TRANS DT:	07/26/08 1043	LOCATION:	3SS-307-01
RELEASED:	07/26/08 1044		

SHARMA,RAKESH
122 PORTION ROAD

LAKE RONKONK NY 11779

Chk-in #	Order	Exam	
3617526	0004	20148	CT ABDOMEN W WO CON

Ord Diag: R/O OBSTRUCTION

History: R/O OBSTRUCTION

Technique: CT of the pancreas was performed utilizing 97 cc of Omnipaque-300. A noncontrast CT was performed prior to administration of the contrast.

Comparison: Previous CT 3/30/2006

Findings: Lung bases are clear. The heart is mildly enlarged.

The liver is small. There is intrahepatic bile duct dilatation. The extrahepatic bile duct is poorly visualized. Portal vein is patent. The pancreas is atrophic. In the pancreatic tail is a 1.4 cm low density lesion which was not previously seen In the region of the gallbladder, is an area of decreased enhancement. This measures approximately 4.8 cm. This is a common area of perfusion abnormality. MRI can be performed to further exclude mass.

The gallbladder is abnormal in appearance. The wall is thickened. Areas of high density is seen within the gallbladder wall. There is an enlarged periportal lymph node measuring 1.8 cm. This is new. Kidneys are symmetrically without hydronephrosis.

Incidentally noted is an aneurysm of the aorta measuring up to 4.9 cm.

Adm Date:07/25/08 1614 Dis Date: FINAL

(Continued)

Saint Catherine of Siena Medical Center
50 Route 25A
Smithtown, NY 11787
Director of Laboratories: Pratima Savargaonkar, M.D.

Patient: **, JOSEPH**
MRN: 0003746696
FIN: 0820700282
DOB/Sex: 1933 Male
Admission: 07/25/2008
Location: 3SS 307 01
Physican SHARMA, RAKESH

July 29, 2008

Final

General Chemistry

Routine Chemistry

Collected Date	07/30/2008	07/29/2008	07/28/2008	07/27/2008	07/26/2008		
Collected Time	06:25 EDT	06:00 EDT	06:15 EDT	06:00 EDT	06:00 EDT		
Test						Units	Ref Range
Glucose		**150 H**	**139 H**	108	98	mg/dL	[83-110]
BUN		18	**22 H**	15	18	mg/dL	[6-20]
Creatinine		1.2	1.2	1.1	1.2	mg/dL	[0.5-1.2]
BUN/Creat Ratio		15	18	14	15		[12-20]
Sodium		139	140	140	140	mEq/L	[133-145]
Potassium		3.5	3.6	3.8	3.8	mEq/L	[3.3-4.5]
CO2		25.3	25.7	26.9	24.9	mmol/L	[22.0-29.0]
Chloride		107	106	107	107	mEq/L	[96-108]
AGAP		**7 L**	8	**6 L**	8		[8-16]
Calcium		9.2	8.8	9.5	9.4	mg/dL	[8.8-10.2]
Total Protein	6.4		**6.3 L**		6.5	gm/dL	[6.4-8.3]
Albumin.	3.4		**3.2 L**		3.5	gm/dL	[3.4-4.8]
Bilirubin Total	**-----> 18.6 Cf**		**-----> 13.6 H**		**6.9 H**	mg/dL	[0.0-1.0] <-----
Bilirubin Direct	**13.4 H**		**9.2 H**		**5.4 H**	mg/dL	[0.0-0.3]
ALT	**-----> 48 H**		**-----> 62 H**		**86 H**	unit/L	[10-40]
AST	**-----> 49 H**		**-----> 58 H**		**63 H**	unit/L	[0-37]
Alk Phos	**-----> 361 H**		**-----> 343 H**		**359 H**	unit/L	[40-129]

Special Chemistry

Special Chemistry

Collected Date	07/26/2008		
Collected Time	06:00 EDT		
Test		Units	Ref Range
CEA f	2.1	ng/mL	[0.0-3.8]

07/30/2008 06:25 EDT Bilirubin Total:
Results confirmed, panic value range.
Notified k geick rn on unit 3s at time 0925 .
Read back to j vanscoy

PET/CT Imaging Torso , JOSEPH - 30226240

* Final Report *

Feb. 10, 2009

Not Official Copy:	PET/CT Imaging Torso
Flowsheet Date:	10 February 2009 15:28
Result status:	Final
Result title:	PET CT IMAGING TORSO
Performed by:	FRANCESCHI, DINKO on 10 February 2009 15:28
Verified by:	FRANCESCHI, DINKO on 10 February 2009 15:28
Encounter info:	010045240594, Stony Brook University Hospital, OP Private, 2/10/09 - 2/10/09

* Final Report *

PET CT IMAGING TORSO

"This document may contain an image. PLEASE BE AWARE: You are about to open the patient image folder. Be sure to review and select only the desired image sets prior to clicking DISPLAY."

PET/CT imaging

HISTORY: Cholangiocarcinoma for restaging. No history of therapy provided.

FBS is 106 mg/dl.

TECHNIQUE: On 2/10/2009, patient was given 13 mCi of FDG intravenously while resting semisupine. Approximately one hour post injection of radiotracer, tomographic images were obtained from the base of the skull to the upper thighs, using Siemens Biograph LSO with 40 slice CT. Fusion of PET and CT images was performed for anatomical correlation. There is previous PET/CT scan on 8/5/2008 available for comparison.

Please note that CT scan is used for attenuation correction and fusion. Oral contrast was utilized.

FINDINGS: There is physiological radiotracer distribution.

No abnormal hypermetabolic foci in the head and neck region.

No evidence of hypermetabolic lung nodules. Atelectatic changes noted at bilateral lung bases, greater on the left side. No hypermetabolic adenopathy in the chest and axillary regions.

No abnormal focal hypermetabolism in the abdomen and pelvis. Diffuse bowel hypermetabolism may suggest diarrhea associated disease. Again evidence of biliary stent and aortic abdominal aneurysm up to 5.5 cm in diameter.

IMPRESSION:

See Next page for the summary - "IMPRESSION"

Printed by: GANNON, DOLORES
Printed on: 2/20/09 15:11

PET/CT Imaging Torso

, JOSEPH - 30226240

* Final Report *

Feb. 10, 2009

--> NO ABNORMAL HYPERMETABOLISM TO SUGGEST NEOPLASTIC ACTIVITY. <---------

Attending Radiologist: FRANCESCHI, DINKO
Ordered By: BEST, HENRY
Order Date: February 10, 2009 2:00 PM
Completion Date: February 10, 2009 3:28 PM

Encounter Number: 010045240594
Accession Number: 3192377
Images were reviewed and interpreted by Attending Radiologist: Dr. FRANCESCHI, DINKO

Electronically Signed On: February 11, 2009 10:29 AM by Dr. FRANCESCHI, DINKO

STONY BROOK UNIVERSITY HOSPITAL
DEPARTMENT OF RADIOLOGY
STONY BROOK, NY 11794-7300

Completed Action List:
* Order by BEST, HENRY IV on 04 February 2009 15:54
* Perform by FRANCESCHI, DINKO on 10 February 2009 15:28
* VERIFY by FRANCESCHI, DINKO on 10 February 2009 15:28
* Assist by on 10 February 2009 15:28

Printed by: GANNON, DOLORES
Printed on: 2/20/09 15:11

Cervical Cancer

Dear Freddie & Lori,

I will tell you a short form of my story. I was opening an Internet cafe in 1998 and I smoked. I decided to try the patch and went for a physical and get the patch. I felt fine and had no pain or problems. The Dr. felt my stomach and then said she wanted a sonogram. I said I wasn't pregnant she said no she didn't think so either. She then handed me a very large cup and said drink this and go have the sonogram they are waiting for you. During the sonogram, I knew by the technician's face that there was a problem.

By the time I got home (10 minutes) the Dr. called twice. She told me I had a tumor and was scheduled for emergency surgery on Monday (this was Friday). I had the operation, 15 pound tumor removed & a partial hysterectomy everything seemed fine. I returned to the Dr. to have the stitches removed and was told that I have cervical cancer. I then had three more operations, during this time, I was talking to a friend and he told me to call Fred. I called and told Fred my problems and he seemed to know everything (medically) I was telling him, I felt I could trust him. He explained the nutritional program, how and why each one worked, so I went and bought them.

Although I had a partial hysterectomy, they then wanted to do a radical hysterectomy, I went for a few second opinions and they all agreed. I decided I wanted another child (my son was 15 years old) all of the doctors disagreed with me. First it would be impossible to conceive and then I wouldn't be able to carry full term. I decided that- that would be in God's hands.

Within two weeks I was pregnant, I didn't tell my Drs that I was taking my nutritional program either. I had no complications during my pregnancy and delivered a full term healthy baby girl. The Drs. said all through that I would have a c-section and then they would do the complete hysterectomy.

Sometime in my eighth month my Dr. said I am going to let you have the baby naturally. The cancer is gone. That was 12-99. I am still taking my nutritional program today. I had difficulty taking it before, but, now it is in a pure form and cheaper, and available in capsule and a milk shake form, which is the easiest thing to take. I feel fine.

Not only do I believe in the nutritional program, I believe Fred saved my sanity. The Drs. wanted to put me on hormones and other things and basically told me that I would be taking drugs for the rest of my life. I did not feel that this would be an option for me. Once you start taking one drug, then you need another to counter act the side effects and before you know it you are taking all of this stuff and you forget who you are. - Liz

UPDATE: 8/2/08 - Mother and daughter are doing excellent and never even had a cold, never sick.

Liver Cancer

see scans on pages 12 & 13

Tests on October 6, 2007 documented that Wendy had liver cancer in 2 locations, she was given a few months to live in Oct 2006. She said that they demanded that she immediately start chemo and radiation to offer her additional time to live. She changed doctors and chose one more familiar with her chosen goals.

In January 2007, they could not find anything, the radiologist still wondered if it was an infection, except that the previous tests verified that it was cancer, only because they are not accustomed to witnessing these results. She is fine, currently shows no evidence that she ever had a problem, however, the previous records document that she previously did have a problem back in October 2006. 6/30/08 - She is fine today

BAB Radiology

Paul Bonheim, M.D., F.A.C.R.
Michelle Multz, M.D., D.A.B.R.
Philip Beuchert, M.D., D.A.B.R.
Barbara Moriarty, M.D., D.A.B.R.
Ron Mark, M.D., D.A.B.R.

Jeffrey M. Warh , M.D., D. .B.R.
Melissa Sapan, M.D., D.A.B.R.
Stuart Katz, M.D., D.A.B.R.
Elizabeth Schult , M.D., D. .B.R

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PKWY
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10/07/2006

October 7, 2006

RE: **, Wendy**
DOB: /1956
Date of Exam: 10/06/2006

De r Dr.

MI I OF THE ABDOMEN

CL NICAL HISTOI Y: Abdominal pain, abnormal CT, abnormal ultrasound, focal liv lesion.

The examination was erformed with a GE 1.5 Tesla High Field Superconductive Magnet.

Cor ment: MRI of the abdomen was performed using axial T1 weighted images, axial T2 wei hted images, axia inversion recovery images, axial T1 weighted gradient echo images in and ut of phase, and axial T1 gradient echo images obtained following the dynamic adm nistration of intra enous contrast.

The images demonst rate two lesions in the liver, both of which have MR signal chai cteristics most co sistent with metastatic disease. One of these lies at the lateral aspect of th right lobe of the liver, near the junction of the anterior and posterior segments, and is best lepicted on axial at saturated pre contrast T1 weighted image # 20 in series 7, 1.4 x 1.8 cm. This lesion would be amenable to percutaneous sampling.

Add ionally, there is a lesion in the posterior segment of the right lobe hepatic dome, axial fat s turated pre contra st image # 15 of series 7, 1.3 x 1.5 cm. No other suspec focal l ver lesic n is seen. The spl en, adrenal glands, pancreas and kidneys are unremarkable, wit the exce tion of a 9 mm ri ght anterior innerpolar renal cyst. No primary tumor is seen in the abd nen.

Foll wing the adminis ration of intravenous contrast, both liver lesions enhanc with cont uous rim enhanc ment, also consistent with metastatic disease.

There were two liver lesions:
1.4 x 1.8 cm & 1.3 x 1.5 cm - extremely high concern.

Also a kidney cyst 9 mm. The kidney cyst is common and not of any concern.

BAB Radiology

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Stuart Katz, M.D., D.A.B.R.
Elizabeth Schultz, M.D., D.A.B.R.

January 9, 2007

01/09/2007

Roxanne Carfora, M.D.
353 Veterans Memorial Highway
Commack, NY 11725

RE: , **Wendy**
DOB: /1956
Date of Exam: 01/09/2007

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Dear Dr. Carfora:

MRI OF THE ABDOMEN WITH CONTRAST

Clinical History: 50 year old with pain and two liver lesions, for follow-up.

15 cc of Gadolinium contrast was administered and MRI imaging was performed utilizing multiple sequences. Comparison is made with a prior MRI dated 10/6/06.

Bilateral breast implants are seen. The heart and lung bases are unremarkable. The spleen and kidneys appear unremarkable. The spine, aorta and IVC are unremarkable. The previously noted liver lesions have almost completely resolved. There is subtle heterogeneous signal seen along the lateral aspect of the right lobe on axial images 7-12 and best seen on the post-contrast enhanced study. These lesions are smaller and significantly less well identified on today's examination. The possibility that these represented areas of infection is a consideration. Another area of enhancement is seen in the posterior segment of the right lobe above the right kidney near the right hepatic vein. The possibility that these represented other forms of hepatic disease is also in the differential. The gastrointestinal tract is grossly unremarkable. I do not see any adenopathy, aneurysm or bowel abnormalities.

IMPRESSION: The two dominant liver lesions are significantly smaller than on the prior study and are only well seen on the early post-contrast images. The primary differential considerations included focal areas of infection or possibly neoplastic lesions which are being treated and continued follow-up and clinical correlation is suggested.

Sincerely,

Philip Beuchert MD

Philip Beuchert, M.D.
PH/iw
Philip Beuchert, M.D., electronically signed this document.

As notated in "IMPRESSION", there was no evidence of Cancer Evidence could only be seen on the images on the prior 10/7/06 study.

Additional testing after this scan verified that it had been cancer.
As of March 2008, all tests still show no evidence of cancer.
Her health has been back to normal as though nothing happened

AWARDED ACCREDITATION IN DIAGNOSTIC RADIOLOGY BY THE AMERICAN COLLEGE OF RADIOLOGY
If you have received this report in error, please notify the imaging center immediately at the telephone number provided

Double Lung and Left Hip cancer - advanced 4th stage

Aggressive Lippo sarcoma extremely fast spreading cancer

Coughed up 38 tumors - see last page

Original description

A 49 year old man, named Joe, came to me in Nov 2005 with lung sarcoma cancer and a relative sarcoma tumor on his left hip, but not invading any bone nor muscle. The hip tumor is the size of two large fists. In Nov 2005, his surgeons said that they could not do surgery, and gave him 3 weeks to live, stating that he would not be here for Christmas 2005. They added that even if they could do the surgery on his lung, he would have 15% chance of recovery, so, they refused to do surgery on him. With my program, he is doing GREAT today !!!!!!!!!!!!!!!!!!!

I am including PET scans - Nov 15 2005, Jan 4 2006 and April 10 2006. to show 90 - 95% necrotic dead cancer tissue, especially in hip. And the lower lung lobes are extremely small compared to Nov & Jan.

In Nov 2005, he came to see me, started the program, he decided to take 16 doses daily, his attitude was "Do or Die". I sent him to a different doctor who totally understands this program. By Jan 4, almost half the cancer was necrotic dead. For the past three months, he was coughing up tumors, about 32 dead tumors so far, pathology confirmed dead cancer tissue. He is storing it in a special refrigerator for any doctor who does not believe it. He had some breathing problems a week ago, turned out that it was phlegm from dead tissue in his lung, cleared up again and he is great again.

April 10, 2006 PET scan showed that 90 - 95% of the cancer was dead and over time, they indicated the tumor would probably diminish on its own, and admitted that they never saw this happen before.

The tumor on his hip was also necrotic with 95% dead tissue, and they feel that he should have the dead cancer removed because of the ball on his hip was starting to look like a large pimple forming a head, they did not want it to burst with pus coming out, and preferred surgery before that happens. We are working on getting a surgeon for that.

Attachments (see first three attachments):

1 Nov 15 2005 as noted above
2 Jan 4, 2006 cancer was dying and showed almost 50% necrotic
3 April 10, 90 -95% necrotic tissue ready for surgery to remove dead cancer in hip, lung will resolve itself without surgery, he is fine today.

Tuesday's Update May 8, 2006:

UPDATE:

The surgeon who originally turned Joe down for surgery has now agreed to do the surgery.
On Monday, May 1, the surgeon told Joe:

"This surgery will not change your outcome. It is unclear why the tumor went necrotic like that, how ever, you will not live longer due to removing the tumor from your hip because the lung cancer is so large, your lung has collapsed, and even though you coughed up the many tumors, which is unclear how that occurred, we cannot remove that large tumor and it will only get worse. I will need to give you spinal local anesthesia because you will die on the table if we use conventional anesthesia. This will be a risky and difficult surgery because of your multitude of problems relative to the lung cancer "

Joe was a bit depressed over that. We explained that the doctor never had any experience using our methods, we needed to educate the surgeon, as I believe the surgeon truly cares and is not an ego nor self-centered person. I liked this surgeon. I told Joe that his job was to help educate this surgeon

Tuesday, May 2, also my parent's 58th anniversary, the doctor said that Joe's lung was not showing much air movement and was concerned. However, Joe felt great and he was at 94% lung capacity, which was good.

That afternoon, Joe started coughing very hard. The tumor popped out after strong coughing. It was hard and compacted from being compressed to go through the bronchial passage. It was 1 ½ +" long, ½ high almost and inch wide. It was that tumor in the lung which surgery was not an option. It came out and he did not need surgery, it was out.

They called for the doctor, nurses said he was gone for the day, and they were not interested, she took it home, took pictures. Wednesday, the surgeon went nuts over it, he clearly said, "In my 25 years as a surgeon, I have never seen anything like this, ever." He ranted and raved over this, and it was sent to pathology. As of this morning, Tuesday May 9, his breathing is great, plenty of air flow in his lungs, his oxygen is 96%, which is great, and they will remove the hip tumor (which is now basically totally dead) in a matter of a day or so. He basically improved so much that all the major concerns went out the window, the surgeon stated it is now just a simple routine surgery.

So, in the next few days, we expect to see some results.

I hope that you are all doing great !!!

Fred Eichhorn

Thursday's update May 10, 2006:

UPDATE on Joe:

Good morning everyone,

The doctors were expecting between 3 – 3 ½ hours, and was concerned that Joe might not be able to come off the ventilator. The anesthesiologist flatly turned him down, indicating that Joe would most likely die on the table. They found a different anesthesiologist who handled it, this one said, "I will approach it with caution, but I believe that we can make it work."

He coughed up a large tumor from his lung 1 ½" long, 1" wide, ½" high, spit it out, confirmed by pathology as dead cancerous tumor. That was his 33rd tumor he coughed up from his lungs, these were coughed up after the April 10th PET. Doctors said " I've been a surgeon 25 years, I have never anything like this !!!" yet, he had no interest to know more about what Joe did.

Long story short, Joe went in for surgery, May 10, 2005 at 6:30 PM. It took two hours and was basically uneventful. Spinal anesthesia, opened up the hip, lots of pus came out, they transfused some blood, the tumor had backed away from everything and was not invading much if anything at all. The surgeon's original concern was relative to amount of muscle would need to be removed and how severe the artery and nerve roots were affected. There was no invasion of anything, the necrotic tumor was 6.5 pounds. The surgeon said he removed just a little bit of muscle tissue, a lot less than he ever would have expected, and everything else was fine. The surgeon said that it would be 3 to 4 weeks before Joe would be able to put his weight on the floor with physical therapy.

Joe was awake almost immediately after surgery was finished and said he felt fine, he wanted to eat dinner. The next day, he ate a full lunch. On May 15, Monday, he walked without assistance to the bathroom and back, went home on Tuesday the 16th. Everybody was happy, it was a great day for Joe and Janice. Healing is fast, no redness, no swelling, no irritation. He is not on any pain meds except Percocet once in a while.

He coughed up another tumor, #34, not quite as big as #33, but still impressive.

Four days later, 5/20/06, he went to his son's College Lacrosse playoffs, sat in a wheel chair to avoid walking in the fields.

Following week update May 17, 2006:

He went to see the surgeon, healing process is extremely advanced, The following weekend, 5/27/06, they drove to Philadelphia, 120 miles each way, for the playoffs again. He was fine.

Update June 2006:

June 2, he went up and down stairs, was tired but did well. He developed a Staph infection from the hospital, not sure of origin.

June 3, Janice called at 11:30 PM to tell me he coughed up #35, it was 2" long and bigger overall than #33. I am waiting for pictures for #'s 34 & 35.

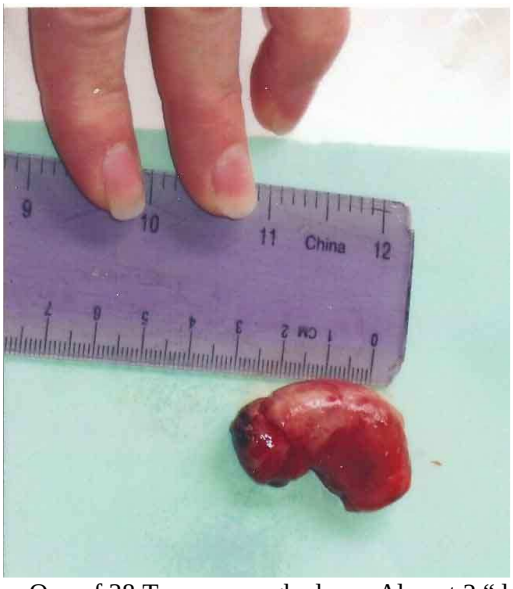
June 5, he was walking throughout the house and outside, he is bored, we need to find things for him to do.

He is getting better every day. July is next PET, that will be interesting. He was fine.

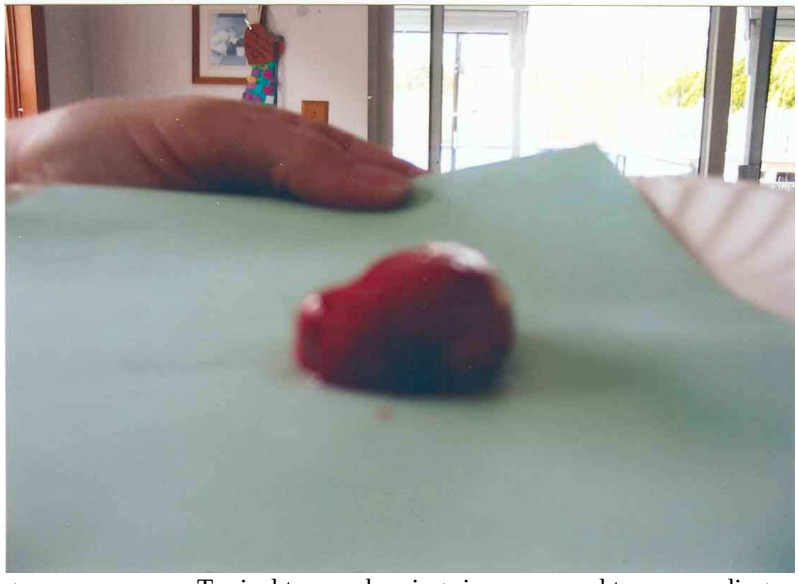
In my literature I wrote:

"When you are diagnosed with cancer,
you are introduced to yourself,
you find out what you are made of."

A few months later, the staph infection became more severe, they gave him strong antibiotics, he had trouble breathing, a common side effect from the anti-biotic. He suffered respiratory failure, not from cancer, but from the overdose of the anti-biotic. He was not able to eat and could not absorb the oxygen, both common side effects from the anti-biotics, and he passed away. I was extremely upset by this. Joe was such a sweet man too.



One of 38 Tumors coughed up - Almost 2 " long


Typical tumor showing size compared to surrounding

Breast Cancer - Recurrent

Barbara - born early 1950's's, Licensed Practical nurse, supervisor of surgical ICU in a hospital. Dx BC in 2001, after 38 radiation treatments, cancer was spread and drs wanted to remove 21 lymph nodes because of cancer present in them. Barbara refused all treatment options, went on nutritional program early spring 2002, by Thanksgiving, there was no evidence of cancer and all lymph nodes were clear. Re-evaluation in February 2003 showed that there was no evidence of cancer anywhere , it was as though she never had it. Her doctors were speechless. She never lost a day of work due to this condition. **UPDATE:** 4/2/03 status excellent

March 16, 2003

Currently, I am a 49 year old woman diagnosed with breast cancer in August, 2001. I also had three ovarian cysts. I was told by my doctor I had to get 38 treatments of radiation, which I did. Never Again! My life was hell through that time, and after the treatments were finished, the cancer was more advanced than before they started.

I have been taking my nutritional program 2 years now. First, I started after my radiation treatments ended.

My two year mammogram and sonogram of my breasts was perfect. My three ovarian cysts are GONE. My hair looks healthy with new growth, my skin glows, I feel healthy and my energy level is up. There has been a big change in my bowel habits. No more constipation. Yea! And my sex drive has come alive. My central nervous system is coming alive; it's healing and getting stronger.

Thank you Fred Eichhorn! I will never stop taking my vitamins. The way I look at it, it's a shake or two a day keeps the doctor away! I am an LPN at a major hospital over 20 years.

I also have to tell you about my 22 year-old daughter. She had a bad cough, to the point of choking. She also had a fibroid tumor, bad cramping in her abdomen, back pain, and thinning hair. Now she feels great! No more cough. Her hair is growing beautifully. She started the nutritional program a month and a half ago. Thanks again Fred and Lora!

Barbara M. LPN

Pancreas and Liver Cancer

see scans on pages 15 & 16

Previously Lorena, 50 years old, had many biopsies to confirm her very advanced pancreatic and liver cancer. In March, the scan showed 6 cm pancreatic cancerous tumor and many liver lesions. Her doctors told her that there were no options for her, none of the previous chemo treatments worked, they told her to contact hospice for the remainder of her time left. Previously, she was told that she had no choice but to take chemo to add time to her life, she was given a short time to live. Because of her intense pain, she was taking daily: 60 mg Oxycodone, Morphine, Fentanyl patches, plus muscle relaxers. She had no appetite and lost so much weight that she was down to between 75 – 80 pounds. She lived in Vancouver Canada, her sisters went up to help her. After a week at dosage 6 - 8, she was feeling better and could walk, she came down here. By May, she was off the Morphine and Fentanyl patches and reduced to 10 mg Oxycodone every other day. By June 15, she totally weaned off all pain medications. May 5, the PET scan was done at Roosevelt/St. Lukes Hospital in NYC, it showed that the tumor reduced from 6 cm down to 1.4 cm during that 5 week period. The doctor at Roosevelt was a true gentleman, he was also confused and told the family that he never saw anything like this happen before because pancreatic cancer is aggressive. Today, she continues to improve and is living her life the way she knew it previously. 6/30/08 - She is fine today.

March 28, 2008

BC Cancer Agency
Vancouver Centre

DIAGNOSTIC IMAGING REPORT

0613073

March 2, 08

LORENA,
9854 013 757
1958

DATE: 26 March 2008
DIAGNOSIS: Pancreatic Ca
REQUISITIONED BY: Dr. S. Gill
PARTS EXAMINED: CT Chest, Abdomen & Pelvis

CT CHEST, ABDOMEN & PELVIS:

INDICATION: Locally advanced pancreatic cancer.

Technique: Study performed post I.V. contrast.

Comparison: Previous CT abdomen & Pelvis, November 29, 2007.

CT ABDOMEN & PELVIS:

A hypodense pancreatic mass is again identified which appears to be arising form the posterior aspect of the body. This encases the celiac axis and splenic artery and remains stable in maximum transverse dimensions at 6 cm (image 109/ series 601). The left renal vein is no longer visualized, likely completely compressed and there is extensive varices seen in the region of the left renal hilum. There has been interval placement of common bile duct stent with resultant pneumobilia. The remaining solid organs are unremarkable. No significant retroperitoneal or pelvic lymphadenopathy is seen. No bony metastases are identified.

6 cm --->>

CT CHEST:

No discrete pulmonary nodules are seen. No significant axillary mediastinal, hilar or retrocrural adenopathy is seen. A right-sided port-a-cath is in situ in a satisfactory position.

IMPRESSION:

The moderate size pancreatic mass remains stable in size. However, there has been interval complete compression of the left renal vein with multiple collaterals now present at the left renal hilum. No evidence of distant metastases seen.

Dr. H. O'Dwyer
Radiologist

D: 26 Mar 2008
T: 02 Apr 2008
/lt

c Dr. RAUL CARVALHO
Dr. ALAN WEISS

Daily Pain Medications taken at this date:

Oxycodone - 60 mg
Morphine
Fentanyl Patch
Morphine Syrup

Signed electronically by:O'Dwyer, Helena 02 Apr 2008 15:34

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This document is available electronically
Document 12067973 *Page 1 of 1*

Patient Loc: CCMR
Status: O
MFID: D0569179

D0569179
LORENA, SALVACION
DOB: 2-Dec-1958 Sex: F

COLOMBUS CIRCLE PET
ROOSEVELT DIVISION

Radiology Consultation

May 5, 2008

Physician: WANG, JOHN

3325867 5-May-200810:55 AM Requested by: WANG, JOHN
PET MISCELLANEOUS TUMOR IMAGIN

There are subcentimeter nodes in the AP window measuring up to 6 mm in short axis. There is very little fat in the mediastinum. There are no definite hilar or mediastinal or axillary lymph nodes. There is no pulmonary mass or nodule or infiltrate or pleural fluid.

Abdomen:

There is gas noted in dilated bile ducts with a stent running from the common hepatic duct into the duodenum. There is very little fat in the abdomen. There is a large mass in the region of the pancreatic head and body with partial obstruction on the stomach in the region of the pylorus. Corresponding functional images demonstrate heterogeneous multifocal hypermetabolic activity, maximal SUV values ranging 2.4-3.2. Contrast material does reach the jejunum. There are no focal masses in the liver or spleen. The kidneys show no obvious masses. There are multiple lymph nodes in the region of the celiac axis and SMA that cannot be accurately measured due to lack of intravenous contrast and paucity of fat. They measure approximately 1.4 cm. Corresponding **<<--- 1.4 cm**
funotional images demonstrate mild hypermetabolic activity, maximal SUV ranging 2.4-2.6. There are hypermetabolic left paraaortic lymph nodes measuring up to 1.2 cm, maximal SUV up to 3.1. There are peritoneal nodular soft tissue densities in the left lateral abdomen (for example images 164-167) which demonstrate mild focal hypermetabolic activity, maximal SUV up to 1.4. In addition, there are several nodular foci of hypermetabolism in the periphery of the liver and in the anterior abdomen to the left of midline, maximal SUV ranging 1.8-2.2.

Pelvis:

There is no obvious pelvic adenopathy. There is fluid in the cul-de-sac. The sigmoid colon is distended with stool. The small intestine looks normal. There are nodular hypermetabolic foci in the pelvis, maximal SUV ranging 2.1-5.0. These foci are not confined to physiologic bowel pattern and are suspicious for metastatic implants. The uterus is present. Ovaries are not seen.

Daily Pain Medications taken at this date:

Oxycodone - Reduced from 60 mg down to 10 mg
By June 12, she weaned off Oxycodone completly
Morphine - off completely
Fentanyl Patch - off completely
Morphine Syrup - off completely

Update: July 10, she is feeling great reagained a lot of the weight she lost
She feels normal as though she was never previously sick, with no problems

2/25/03

California Pacific Medical Center-San Francisco, California
Pacific Campus (415) 923-3232 California Campus (415) 750-6025
Davies Campus (415) 565-6180

1 OF 2

RADIOLOGY CONSULTATION REPORT

Name: ,RITA DOB: 10/07/ MR#: 05025041

Report Status: Final
Location: OUTPAP Exam Code: C05260 C05105 C05195 Order#: CPC0304243 CPC0304244 CPC0304245

ACCT#: OP03551268PRIVATEX

MR: 05025041 Patient: ,RITA
Exam Date: 02/25/2003
02/25/2003
Test taken → 02/25/2003
Exam: CT ABDOMEN W IV CONTRAST ROUTINE
CT CHEST W IV CONTRAST (ROUTINE)
CT PELVIS W IV CONTRAST

colon cancer mets to liver and lungs

CLINICAL INFORMATION: Rectal CA. Follow up examination.

COMPARISON: CT exam of chest, 10-1-02 and CT chest, abdomen and pelvis, 7-12-02.

TECHNIQUE: Spiral CT acquisition obtained through chest, abdomen and pelvis. Oral contrast and 150 cc Isovue 300 intravenous contrast administered.

FINDINGS:

Since the CT scan of the chest performed on 10-1-02, new masses have appeared in the left hilum and the aorticopulmonary window. Substantial volume loss is now present in the left lower lobe and the most inferomedial aspect of the left lower lobe has an unusual appearance where the lobe is atelectatic, poorly aerated, and multiple rounded lucencies are embedded in the collapsed lung which could represent either tumor or mucous in the obstructed bronchial tree. No comparable finding was seen in the left lower lobe on the prior study, however, the left hilar mass was present. The size of the tumor and inferior hilum as increased substantially compared to the prior examination. In addition, tumor tracks down through the left posterior CP angle and results in some thickening of the left upper psoas margin inferiorly to the level of the left mid kidney. Several nodules are present in the left lower lung at and below the level of the hilum which were not present on the previous study. No other substantial changes are seen in the chest. There is no evidence of pleural effusion. No definite metastatic lesions are visualized in the right lung on the present exam.

In the abdomen, scattered hypodensities are present in the liver which are less than 1 cm in diameter for the most part and which are

---

T: 02/25/2003 SB
Physician(s): Tuan, Bertrand Y
Meyer, Sharon C

Ord. MD:Tuan, Bertrand Y

(Page 1 of 2. Continued on next page)

FRED: THAT WAS THE CAT SCAN THAT I HAD ON FEB. 25, 2003.

2/25/03
2 OF 2

RADIOLOGY CONSULTATION REPORT

Name: ,RITA DOB: MR#: 05025041

Report Status: Final
Location: OUTPAP Exam Code: C05260 Order#: CPC0304243
C05105 CPC0304244
C05195 CPC0304245

ACCT#: OP03551268PRIVATEX

---

likely to represent small cysts. Similar hypodensities are present on the CT scan of the abdomen performed on 7-12-02 and there is no substantial change in their size, number or appearance since that time. Spleen is normal. The pancreas is normal. The kidneys and adrenal glands are unremarkable. There is no evidence of retroperitoneal mass or lymphadenopathy. Upper abdominal bowel loops are unremarkable.

In the pelvis, the bladder is distended. Low density ovoid structures are seen in the right and left adnexal region which probably represent ovarian cyst. The right sided hypodensity measures approximately 2.2 cm in diameter and the left sided hypodensity 1.9 cm. No other pelvic abnormality is identified. A normal amount of free fluid is present in the pouch of Douglas.

IMPRESSION:

Interval increase in size of mediastinal and left hilar neoplasm. Questionable subtle neoplasm in right hilum.

Several nodular metastases in left lower lung.

Interval appearance of obstruction of left lower lobe with volume loss and consolidation/atelectasis of the medial aspect of the left lower lobe and multiple low density rounded/tubular structures embedded within the collapsed lower lobe, probably fluid filled dilated obstructed bronchi.

Multiple low density foci in liver, probably cysts. No change compared with prior exam.

Mild thickening of the left upper psoas margin, probably an extension of the process in the left posteromedial costophrenic sulcus.

Small cysts in adnexal regions bilaterally, probably ovarian cysts.

Bladder distention of uncertain origin and significance.

No other substantial abnormality identified.

Dictated By:
Kirk Moon MD

T: 02/25/2003 SB
Physician(s): Tuan, Bertrand Y
Meyer, Sharon C

Ord. MD:Tuan, Bertrand Y

(Page 2 of 2. Continued on next page)

4/14/03

California Pacific Medical Center-San Francisco, California
Pacific Campus (415) 923-3232 California Campus (415) 750-6025
Davies Campus (415) 565-6180

1 OF 1

RADIOLOGY CONSULTATION REPORT

Name: ,RITA DOB: MR#: 05025041

Report Status: Final
Location: OUTPAP Exam Code: D65001 Order#: CPR0333989
ACCT#: OP03623590MOBXPACI

MR: 05025041 Patient: ,RITA
Exam Date: 04/14/2003 ← test last week
Exam: Chest 2 Views

Indication: COLON CA ,METS

CLINICAL INFORMATION: Colon cancer with metastases.

FINDINGS: Compare 6/2/01.
The right lung is clear. The left upper lobe is probably clear. Pleural thickening and mild haziness is present in the left lower hemithorax which could represent pleural scarring. No mass is seen in the left lung. Heart size is within normal limits. There is no vascular congestion.

IMPRESSION:
Decreased volume in left hemithorax with density in left posterior inferior hemithorax, possibly a consequence of prior surgery.

Pleural effusion or pleural scarring is an alternate possibility.

No pulmonary masses or nodules are identified.

No other definite abnormality is seen.

Dictated By:
Kirk Moon MD

D: 4/15/03

Electronically Signed
04/18/2003 16:04

Summary no evidence of cancer

Fred (631) 584-4833

T: 04/16/2003 LP
Physician(s): Tuan, Bertrand Y → Ord. MD:Tuan, Bertrand Y
Meyer, Sharon C

✓

TUAN, BERTRAND

Prostate Cancer

Plus: Diabetes, High Cholesterol, High Blood Pressure
Dia, Chol, BP normal in one month, Prostate cancer gone in two months

Summary

Charlie, 56, was diagnosed early April 2005 with advanced prostate cancer extending past the capsule. The only option given him was lupron and to consider a prostatectomy to prevent further spread. I did not agree with the options at all. See report in first two attachments.

Charlie wanted to try this protocol first. I usually recommend at least 4 dosages daily. Charlie decided, on his own, to do between 8 – 10 dosages daily in order to give it a head start.

He started April 20, at dosage 8. He was also diabetic, high cholesterol, high blood pressure. While on this protocol, his blood pressure reduced which allowed him to wean himself off his meds. His glucose also dropped, allowing him to reduce his meds according to his glucose levels. Because of his reduced cholesterol levels, he weaned off his cholesterol meds also. I was not aware at the time. See chart summary above.

Charlie's wife Julie charted his progress. His doctor was concerned about the 5/2/05 chart showing that he stopped all his meds, she ordered bloodwork. Results shown in "Lab 1" and "Lab 2" show dramatic reduction showing normal results after he weaned off the medications.

Because multiple issues were resolved, he went for a color doppler and MRI on June 17, 2 months after the previous showing extensive cancer. The 6/17/05 tests showed "No Evidence" of cancer. The swelling reflected the damage caused by the 12 biopsies in April.

Today, 6/6/06, recent testing continues to show that he is fine with no problems, no medications and never sick.

EASTSIDE DIAGNOSTIC IMAGING, PLLC
106 EAST 61ST STREET
NEW YORK, NEW YORK 10021

TEL: (212) 751-9090
FAX: (212) 751-9089

ARIE L. LIEBESKIND,

There is no pathologic adenopathy or ascites.

No focal abnormal T1 weighted marrow signal to suggest the presence of osseous metastatic disease within the pelvis.

IMPRESSIONS:

EXTRACAPSULAR EXTENSION OF PROSTATE CARCINOMA AT THE RIGHT BASE. NO PELVIC ADENOPATHY, ASCITES OR OBVIOUS METASTATIC DISEASE WITHIN THE PELVIS IS NOTED.

Date/Time Transcribed: Apr 18 2005 9:18PM
Electronically Signed By Arie Liebeskind, MD **Apr 19 2005**
9:50AM

Identification#: 622; Accession Number: 2052336; CHARLES

ZWANGER-PESIRI RADIOLOGY

Plainview
680 Old Country Road
Plainview, NY 11803

Phone: 516-681-8400
Fax: 516-433-7201

To: Roxanne G. Carfora, D.O.
353 Veterans Memorial Highway
Commack, NY 11725

Name: CHARLES
MRN #: 521205
Phone:
DOB: /1949 **Gender:** Male
Exam Date: 6/17/05
Referring Phys.: Roxanne G. Carfora, D.O.

Exam: TRANSRECTAL PROSTATE SONOGRAM
Clinical Indication: Patient has prostate cancer

The visualized prostate measures 5.89 x 4.69 x 3.6 cm with total volume of 52 ml which is moderately enlarged. Peripheral zone appears unremarkable. Small calcification in the left apex is noted measuring approximately 1 cm. Doppler evaluation of the prostate reveals normal flow pattern.

Impression

Enlarged prostate.
The peripheral zone appears homogeneous with no abnormalities.

Interpreting Radiologist

Parviz Khodadadian, M.D.
Electronically Signed: 6/17/05 2:28 pm

Cowboy Joe Philips

September 10, 2005

82 year old cowboy who came to me in mid September 2003 after being diagnosed with: **pancreatic**, **liver**, **stomach**, **throat** and **neck** cancer so severe that there were no treatments offered

In September 2003, doctors told him to go home and call hospice, he was told he had between 3 months and 3 years to live. Basically, the first time frame (3 months) is what doctors truly believe is accurate, second timeframe (3 years) is what they tell the patient so that they do not get depressed or have a heart attack over the first time-frame. In addition to testing, his CA19-9 cancer marker was about 875, (below 33 is normal). By January 2004, it was 310, by Nov 2004 it was "11". As of Nov. 24, 2004, he showed no evidence of cancer anywhere in his body. Late 2005, Joe had a Brown Recluse Spider bite while in Pennsylvania, a huge welt on his foot Local doctors ignored the welt, assumed it as recurrent cancer. Untreated, the venom caused kidney failure, additional tests indicated "No evidence of cancer", his cancer marker was also at "7"– no cancer evident. He passed away on March 15, 2006 at the age of 82. Joe was a wonderful man of great inspiration and drive and kindness. We miss him terribly.

02/07/2005 00:42 631

ACCOUNT NUMBER
10161

REFERRING PHYSICIAN/ACCOUNT

Enzo Clinical Labs
An Enzo Biochem Company

Laboratory Locations:

Long Island	60 Executive Blvd. Farmingdale, NY 11735
Manhattan	157 East 81st Street New York, NY 10128
New Jersey (Office)	One West Ridgewood Ave. Paramus, NJ 07652
Client Services	1-800-371-5227
Lab	1-800-522-5052

REPORT STATUS
FINAL

ACCESSION NUMBER
Q4314861

PATIENT INFORMATION
JOSEPH

ROUTE	AREA	DATE COLLECTED	DATE RECEIVED	DATE REPORTED	SEX	AGE	PAGE
	999	11/27/2004 9:05 AM	11/27/2004 7:20 PM	11/30/2004 6:09 AM	M	81	2

Notes:

TESTS	RESULTS		REFERENCE VALUES	
THE CONTROL VALUE FOR PTT HAS BEEN ESTABLISHED TO BE THE MID-POINT OF THE NORMAL RANGE (31.5 SECONDS).				
CONTROL	31.5			SEC.
HEPATIC PANEL				
PROTEIN TOTAL	7.2		6.4-8.0	G/DL
ALBUMIN	3.9		3.7-4.9	G/DL
GLOBULIN	3.3		2.1-3.7	G/DL
A/G RATIO	1.2		1.0-2.0	RATIO
BILIRUBIN TOTAL	0.5		0.3-1.6	MG/DL
AST (SGOT)	14		12-48	IU/L
ALT (SGPT)	13		7-50	IU/L
ALKALINE PHOS	121		25-130	IU/L
AMYLASE	110		25-125	U/L
GGT	20		11-94	IU/L
LIPASE	79	H	7.00-60.0	UNITS/L
CA 19-9	11		<19.0	UNITS/ML

Great

Test manufacturer: Diagnostic Products Corp.
Test methodology: EIA
Values obtained with different assay methods cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

TYPE & RH	
TYPE	B
Rh FACTOR	POSITIVE

FINAL REPORT

Indicates no evidence of cancer when below 19 he is at 11
He was at 382

Medical Director
Anne B. Platt, M.D.

Date: 11/27/04

PATIENT DIAGNOSED ON SEPT 2003 WITH: PANCREATIC, LIVER, STOMACH, THROAT and NECK cancer

AIDS

Jan's daughter, born 1975, hospitalized 9 years ago, had a blood transfusion during surgery and got AIDS as a result.
After all various treatments failed, she became pregnant in Dec 2001. Her doctors were outraged at her, she declined their demands that she have an abortion because of her AIDS. She investigated and started her nutritional program in April 2002, blood work improved consistently, delivered the baby in September 2002, no evidence of AIDS in her blood work nor the baby's. **UPDATE: 1/17/04** - her blood work maintains no evidence of AIDS or any blood factor related to it.

Heart failure and quad bypass

Paul

I had a different person age 68, in Germany, who was refused a bypass because of his advanced condition, this program helped his condition, 5 months later, he flew here to Pennsylvania, quad by-pass on Monday, released on Thursday, flew back to Germany on Saturday. He has been fine since, 6 months later, the scar was pencil-line thin, hardly noticeable. He is fine today, now in process of purchasing Maagdeborg Airport in Berlin.

Multiple Myeloma

From: Forinda
Sent: Friday, October 08, 2004 9:29 PM
To: Fred Eichhorn
Subject: Update and Order

Hi Fred and Lora,

Just wanted you to know that Mom's platelet count went up from 46 to 110 in 2 weeks. What an improvement!!! Her red blood cells are no longer dropping. For the past 2 weeks, the count held at 2.70. Many of
the other levels, i.e., sodium, calcium , potassium , etc., are in the normal range.

However, ALk. Phos jump 16 points. Should we be concern? We'll get her Lambda Free Light chain numbers next week. I hope they are also down. The doctor wants to start her on Valcade in 3 weeks.

Forinda

Lung Cancer

see pages 25 and 26

Nell, 78 years old at that time, was diagnosed with 5 cm lung cancer on December 22, 2006. The doctors told her that she had no choice but to take chemo to add time to her life, she was given a short time to live. She refused and did not want their treatments. She started with 4 doses daily, sometimes 8 when she could. When she returned the next month, she felt fine, the tests could not show any mass. The doctors were confused and told her that they never saw anything like this happen before. They added that they never saw lung cancer improve, therefore, they can only believe that they must have incorrectly diagnosed her in December and that instead of lung cancer, and that the biopsy had to have been incorrect because it resolved itself and went away, it therefore must have been pneumonia. Although they never saw pneumonia do that, they can only draw that conclusion because they have no other explanation. 6/30/08 - She is fine today

Feb 06 07 01:02p

JOHNSON REGIONAL MEDICAL CENTER
1100 EAST POPLAR STREET
CLARKSVILLE, ARKANSAS 72830
RADIOLOGY DEPARTMENT
PH: 479-754-5304 FAX: 479-754-5325

PATIENT NAME: , NELL
UNIT #: J000088490
DOB: /1928 AGE: 78Y SEX: F
ACCT#: 7345870
LOCATION: RAD

ORDERING M.D.: GATELEY, SUSAN A
ATTENDING M.D.: Gateley, Susan A

Dec 22, 2006

DATE OF EXAM: 12/22/2006
HISTORY: MASS

EXAM: CT CHEST

==========

TECHNIQUE: Standard protocol with IV contrast.

FINDINGS: There is a right infrahilar mass present measuring 5 cm. It extends along the right heart border. It encases multiple right lower lobe bronchi and pulmonary vessels. There is some pericardial effusion or thickening which is nonspecific. There are prominent prevascular, pretracheal, and right infrahilar lymph nodes present. These are suspicious for adenopathy. There are low attenuating lesions seen in the liver. Please see separate CT report regarding them. No axillary adenopathy is seen. Great vessels are unremarkable. Tiny 3-mm noncalcified pulmonary nodule is faintly seen in the base of the right upper lobe anteriorly, image #177. Follow-up could be obtained to document stability.

--->> IMPRESSION: 5-cm right infrahilar mass suspicious for primary lung carcinoma with several prominent mediastinal and right hilar lymph nodes suspicious for adenopathy and pericardial fluid or thickening.

Dictated by : ERIC MAGILL, M.D.
d: 12/22/2006 15:23:47
t: 12/23/2006 09:51:24
sa

VID#: 182247
DID#: 131692

They found a 5 cm mass and wanted her to start chemo that day. They said that she had to start chemo immediately because of the large size of the mass. She refused all treatments and went home. She took this program and returned to the doctor a month later.

Meanwhile, the doctors were calling her often and told her that she was endangering her life by refusing chemo and that she needed to reconsider her choices.

She still refused their treatments.

Page 1 of 1

ORDERING PHYSICIAN'S COPY

Feb 06 07 01:03p

Sparks
REGIONAL MEDICAL CENTER
131 South I Street • P.O. Box 17006 • Fort Smith, AR 72917-7006 • 479-441-4000

Jan 23, 2007

Medical Imaging Consultation

MRN: 000592581
Patient Name: , NELL

Patient Number: 01164458
Patient Location: **OPDS**

Admitting Dr.: JOHN C DUNHAM, MD
Ordering Dr.: JOHN C DUNHAM, MD
Admit Date: 01/23/2007
Discharge Date: 01/23/2007
Patient Type: Outpatient
DOB/Age/Sex: /1928 78 years Female

PET

Accession Number:	Exam:	Exam Date/Time:	Ordering Physician:
PT-07-0000053	PET-CT Skull Base to Mid Thigh	01/23/2007 10:30:00	DUNHAM, JOHN C

Reason for Exam
CHEST MASS, LYMPH NODES IN CHEST POSSIBLY IN LIVER

REPORT
CLINICAL HISTORY: A 78-year-old female patient with chest mass, lymph nodes in chest possibly also liver mass. This was performed in correlation with prior CT scan dated 12/22/06 and CT abdomen and pelvis dated 12/18/06.

13.5 millicuries of FDG-18 was administered intravenously. Images were obtained from the base of the skull through midthigh followed by noncontrast CT scan and fused images.

Patient with an infrahilar mass suspicious for primary carcinoma on CT scan of the chest dated 12/22/06.

There is no abnormal increased metabolic activity in the right hilar, perihilar or subcarinal regions. On the noncontrast CT scan through the chest this area appears to have resolved. The findings on prior CT scan most likely are related to infection i.e. pneumonia.

-> IMPRESSION:
No abnormal increased metabolic activity within the chest that corresponds to the CT abnormality detected on 12/22/06. The findings on prior CT scan most likely related to pneumonia that has resolved. Clinical correlation is recommended and follow up CT scan of the chest with IV contrast is suggested also.

DD: 01/24/2007 1:08 P
DT: 01/25/2007 8:14 A
000136583

The doctors were confused because they could not find any evidence of her cancer, it showed "No Evidence of Cancer" after one month. Because they never saw cancer like that disappear, they tried to cover up their confusion by stating that they must have incorrectly misdiagnosed her and that it was must have been pnuemonia that resolved itself and not the cancer that they originally diagnosed.

Their reason was that cancer like that does not ever show improvements

Final Report
Dictating Physician: Al-Refai, Fareeda
Signing Physician: Al-Refai, Fareeda
Transcribed by: SP
Transcribed on: 01/25/07 8:28

Patient Name: , NELL
MRN: 000592581
Chart Request Id: 3849426
Run Type: Cumulative

Copies to: JOHN C DUNHAM, MD
Print Date: 01/25/2007
Print Time: 01:15 PM
Page: 1 of 1

Double Kidney Cancer

Hello,

I have been on the program since April of 2005. I was diagnosed with kidney cancer in September of 2002, and had my left kidney and adrenal gland removed in Dec. '02.

In July of "03 I started a trial of Peg Interferon at Sloan Kettering Cancer Center. I was on the interferon for one year. It made me depressed and my hair got thin and dull, I lost my appetite and 20 lbs. I was happy to stop it as it did not kill the tumor that was on my remaining adrenal gland. It did not grow while I was on it and it did not get smaller. My oncologist at SKCC said there were some promising drugs on the horizon and agreed that I could stop the weekly injections.

In Sept. of 03 I had surgery on a benign tumor that was on the outside of my brain. The surgeon that removed it said it would never give me a problem. He attributed the breaking down of the tumor and my subsequent illness to my being on the interferon. My oncologist said it could not be proven to be the result of the interferon.

In March of 05 I was told I had tumor growth in my remaining kidney. I was advised to go on a trial medication call Iressa and Surgen. Two drugs that had not been used together before. Iressa had been used on lung cancer patients and two weeks after I was offered the new trial, I read the Lung cancer trial was discontinued as it was not prolonging the patients lives. I was concerned about the side effects on the trial medications ie: heart problems, weight loss, eye problems, burning palms and feet, itching of skin. etc. My son is getting married in October and I wanted to be feeling well for that occasion. PLUS, I did not have any peace about using the trial medication. I had little faith in it and I knew that would affect the outcome. I knew from former experiences that a lack of peace about something is God's way of showing me it is not his will.

I was upset to hear of the new tumor growth in my kidney, but I did not want to die from a drug as I had seen my mother in law and father in law do. I decided to call Fred after a friend had his information sent to me. Fred was most generous with his time and gave me the number of a man name Joe who survived a worse fate than mine. Joe is 82 years old. He was also very encouraging as he is now cancer free. Another man name Jim had Kidney Cancer and used the program and he called me after Fred contacted him. He was also very encouraging and generous with his time, He too is cancer free now. I started program on April 4th at six doses a day. I experienced diarrhea, and found that to be a minor inconvenience compared to the side effects of the doctors medications. I thought it was from the cod liver oil. But recently I stopped the cod liver oil for a week and it made little difference so I suspect the minerals contribute to the problem of watery bowl movements.

My recent blood work shows my thyroid is functioning normally. It was almost not functioning in Jan. 03. Fred explained that there is a link between the thyroid and cancer. My pH is now normal at 8 and my tumor markers are in the normal range (they indicate whether you have tumor activity or not), mine showed no activity. I find this encouraging and will have another scan in a few months. The constant dull ache in my back (my kidney) subsided in early July. I feel it only occasionally not all the time as before.

You must take the program faithfully throughout the day. I just mix the plain double scoop of minerals with water and drink it down. It is the easiest way for me. The more one gets in to the system the faster it is going to start doing the work.

I hope your friend has the courage to try this and believe in it. I will pray for her.

Sincerely
Patricia D

Wyoming Valley PET Associates, LLC

190 Welles Street, Forty-Fort, PA 18704
Phone: 570.331.7702 Fax: 570.331.7704

Naresh Shah, M.D.
Ron Konecke, M.D.

1190

Patient Name: Patricia D
Date of Birth: 10/ /48
Date of Study: 08/24/06
Ordering Physician: Rudolph Willis, M.D.

TYPE OF EXAM: FDG-F18 WHOLE BODY PET SCAN

CLINICAL INFORMATION: Renal cell carcinoma with left nephrectomy in 2002. Multiple nodules on CT scan involving the right kidney. Rt. adrenal mass and enlarged retroperitoneal lymph node.

TECHNICAL INFORMATION: Examination is performed on a full ring dedicated PET scanner with intravenous administration of 2.9 mci of FDG-F18. **Whole body rotational images as well as multiple axial, coronal and sagittal images were reviewed. Attenuated corrected and non-attenuated studies are obtained.**

INTERPRETATION: CT scan dated 4/11/06 performed at Marian Community Hospital reveals multiple nodules in the right kidney with a right adrenal mass and enlarged retroperitoneal lymph node.
PET scan reviewed and shows no definite focus of abnormal FDG uptake suggestive of metastases or malignancy.
There is normal appearing right kidney and collecting system. Please note that small neoplasm may be difficult to evaluate due to normal physiological FDG activity within the renal collecting system. There is no abnormal intense activity within the right adrenal gland.
There is normal physiological activity within the pharynx/mouth and no abnormal activity in the neck, chest, abdomen, or pelvis suggestive of abnormal lymph nodes.

CONCLUSION: Normal PET scan

Naresh Shah, M.D.

Non-Cancer Related Conditions

Would you please fill out our questionnaire and return it to the address preprinted on the front cover page. Please include anything you would like to add. Feel free to write on the back or additional sheets of paper. This will help give us a better understanding of your viewpoints which will help and support our efforts to understand cancer's chemistry requirements and how to not only control it, but also to better educate our society in effort to provide a more enjoyable life for all.

Name: _____ Email Address: _____
Address: _____ Town: _____ State: _____ Zip: _____ - _____
Phone _____ - _____ - _____ Fax _____ - _____ - _____ Best time to call: _____
Type cancer: _____
Date of diagnosis: _____ Cancer markers: _____What were the early symptoms leading to exam:
_____
Describe the basic situation: _____
Type (s) of treatment: _____

1. Is there a history of cancer in your family? **YES** **NO** If YES, does it tend to be the same type cancer? **YES** **NO**
2. In effort to determine whether genetics or randomness is a strong factor, if there is a history of cancer in your family:
   a. What types of cancer have your family members, past and present, experienced? _____
   b. Is it predominant on mother's side or father's side? If both, what type of cancer is predominant on each side?
      _____
   c. Did progression follow similar pathways if others had same cancer? **YES** **NO**
      If there were similar pathways, what were the pathways? _____
   d. Please indicate which cancer victims smoked or did not smoke _____
   e. Please indicate which cancer victims drink or did not drink alcohol _____
   f. Were there twins, triplets, etc., who had similar conditions, whether one, two or all three of them? _____
3. Mental attitude is of interest. Whether a person has a positive or negative attitude can possibly affect their overall health. Did those with cancer have a positive or negative outlook prior to their cancer diagnosis? _____
4. Were there family members with an opposite outlook, and did they have cancer? _____
5. Pessimism and optimism bring interesting results. Which type character reflected those in questions #'s 3 & 4?
   _____
6. Indoor environments are of interest because of the known value of natural sunlight to the body. Was the cancer patient one who was out in the sun most of the time or one who tended to stay indoors? _____
7. What geographical area is the person located? _____
8. Nutrition is important for overall well-being. What diet did those in the family generally follow throughout their lives?
   Diet of those with cancer _____
   Diet of those without cancer _____
9. Upon cancer diagnosis, was the diet changed and how willing was the patient to change the diet? _____
10. What diet change(s) seemed most beneficial? _____
11. What foods seemed to aggravate the situation?_____
12. Was exercise a factor between those who did and did not have cancer? _____
13. After cancer diagnosis, was exercise considered to be important to the patient? _____
14. After diagnosis, was there an attitude change, and was it positive or negative? _____
15. After diagnosis, was there a change in outlook, and was it positive or negative? _____
16. Since cancer diagnosis, How did family members who did not have cancer change their way of life in any way?
    _____
17. What do you feel is relevant to prevent cancer? What have you found that you believe will help you prevent cancer?
    _____
18. What do you feel is a correct or incorrect strategy in current cancer research, how do you feel it can be improved?
    _____

Please be sure to return this back to us ***Thank you for your support***

_____

_____

_____

Place

Stamp

Here

National Cancer Research Foundation
P.O. Box 131
St. James, NY 11780-0131

Fold bottom first
Fold top last
Fold along dotted lines

