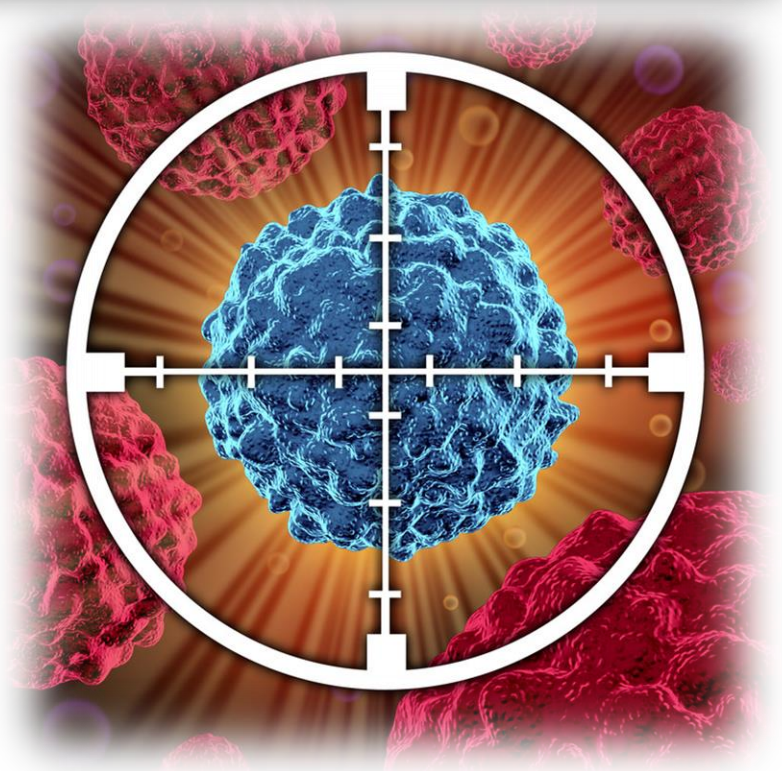


CANCER

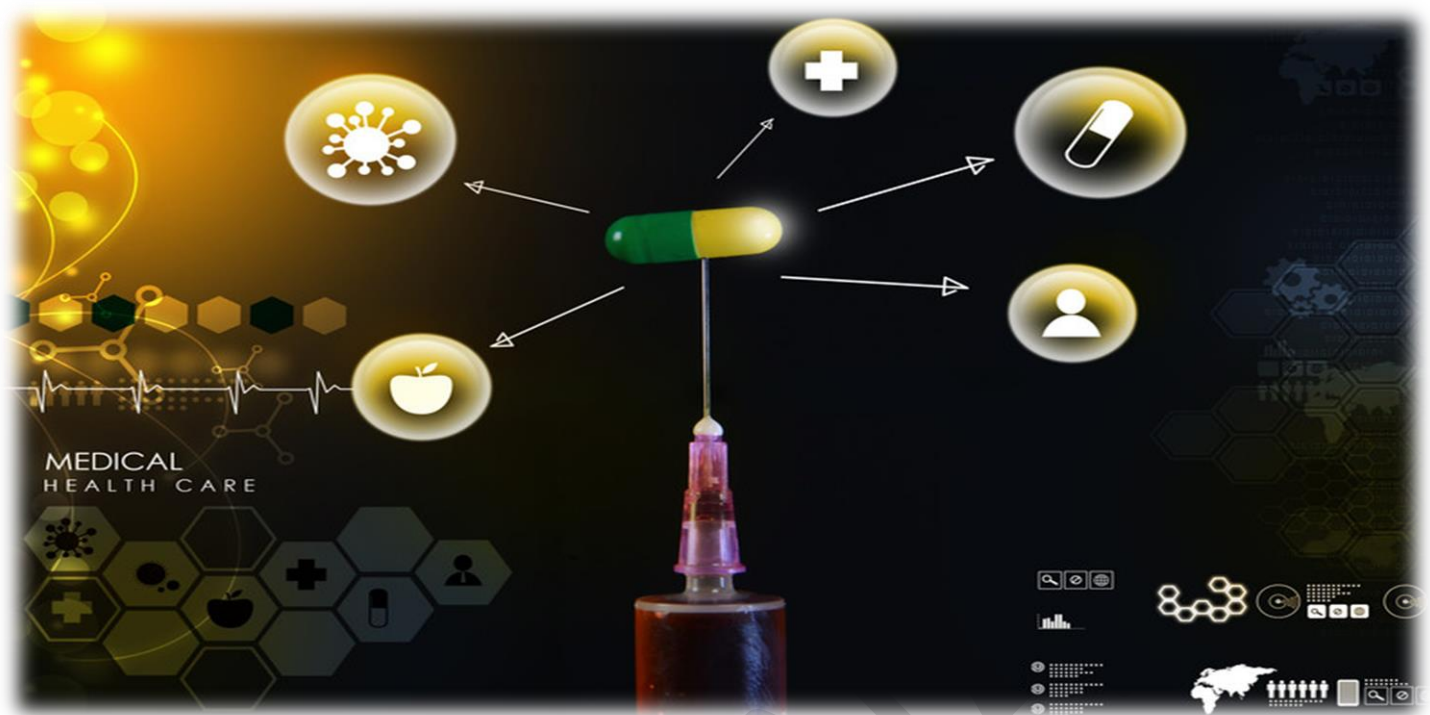
HOLMAN, HALTIWANGER, DORNEANU & DRAKE

CONSIDERATIONS
FOR A STRATEGIC &
TARGETED APPROACH
TO GUIDED
SELF-TREATMENT



WORK IN PROGRESS

This document and related supplement are being made available for information and review purposes, and should not be considered a “completed” document. Much of the information contained within is requested of us on a daily basis. While this remains a work in progress, we welcome your comments and feedback and hope it helps assist you in your considerations and decisions.



CANCER

- IN THE EARLY 1900S, ONE IN 20 PEOPLE DEVELOPED CANCER
- IN THE 1940S, ONE IN 16 PEOPLE DEVELOPED CANCER
- IN THE 1970S, IT WAS ONE IN 10
- TODAY, IT'S ONE IN THREE! ¹

*How long do you think it will be until ONE in TWO? ...or for that matter, **EVERY ONE OF US?***

President Nixon and the U.S. Congress declared “war on cancer” in 1971. In the four decades since that declaration, with monumental spending, cancer rates have exploded at an alarming rate; now surpassing heart disease as the number one killer of Americans between the ages of 45 to 74.² All of us likely know someone personally who is either dying or has died from cancer. Reynold Spector, when writing for Skeptical Inquirer noted six reasons for failure:

- We don't understand the cause/pathogenesis in most cases of cancer
- Most treatments (except surgery) are nonspecific cell killers and not "smart"
- Clinical trials and the grant system don't foster innovation
- Screening for useful drugs against cancer cells has not worked
- Animal models of cancer are often inadequate
- Unproductive "fads" in research come and go

¹ Why Medicine Won't Allow Cancer to Be Cured, Dr. Mercola, <http://articles.mercola.com/sites/articles/archive/2013/08/03/natural-cancer-treatment.aspx>

² The Root Cause of Cancer Almost Universally Ignored by Doctors <http://foodmatters.tv/articles-1/the-root-cause-of-cancer-almost-universally-ignored-by-doctors>

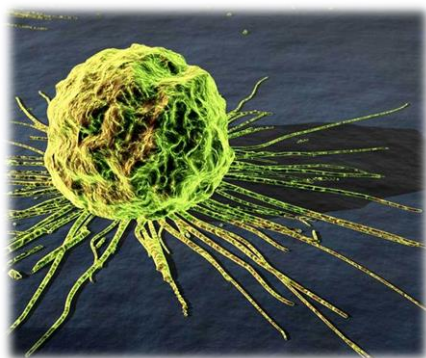
PART 1 – CONVENTIONAL APPROACH

CANCER OVERVIEW

Cancer, also called malignancy, is an abnormal growth of cells. There are more than 100 types of cancer, including breast cancer, skin cancer, lung cancer, colon cancer, prostate cancer, and lymphoma. Symptoms vary depending on the type. Cancer treatment may include chemotherapy, radiation, and/or surgery. Part 1 of this article will provide a brutally realistic account of today's accepted conventional treatment under the modern guidelines of standard of care.

CONVENTIONAL THOUGHT

According to the National Cancer Institute, "Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues."³ Abnormal (or mutated) cells grow and travel to other parts of the body through the blood and lymph systems. When these abnormal cells continue to grow and don't die when they should, they can collect to form a mass of tissue, known as a **tumor**. However, not all tumors are cancerous. The two types of



tumors that can grow are benign and malignant tumors. **Benign tumors** are not cancerous and in most cases can be removed without concern of it returning. The cells in benign tumors do not spread to other parts of the body. **Malignant tumors**, on the other hand, are cancerous. The cells in malignant tumors can spread to nearby tissue and other parts of the body to produce tumors in new locations. The process of cancer spreading from one part of the body to another is known as **metastasis**.⁴

Metastasis is a complex and difficult process that includes a number of steps for a cancer to travel to and successfully colonize at a region of the body apart from where it first developed. The process begins when individual mutated cells break away from the tumor and move along the surface of other cells to travel into a blood vessel. The inside of blood vessels can be hazardous to cancer cells. Some cells may die simply because they cannot survive floating through the blood stream. Other cancer cells can die after being damaged traveling through tight spaces or from hitting the walls of the blood vessel. Cells of the immune system may also recognize and destroy some of the cancer cells. However, when remaining cancer cells finally do stop, they can leave the blood vessel and begin to collect and develop a new tumor. During metastasis, cancer can spread itself using four possible routes:

- **Spread through the lymphatic channels** – majority of **carcinomas** travel this way
- **Spread through blood vessels** – route for **sarcomas** and some **carcinomas**
- **Spread through body cavities** – cancer cells seed onto peritoneal (covering the gut and stomach and other abdominal organs), pleural (covering the lungs), pericardial (covering the heart), or subarachnoid spaces (covering the brain) and membranes
- **Transplantation of the cancer** – this happens when fragments of tumor cells are carried via needles or other surgical or medical instruments to other parts of the body during surgery and diagnostic procedures

Understanding the process of metastasis is important due to that most cancer deaths are caused by the spread of cancer to other parts of the body. New research has revealed that 60% to 70% of patients have begun the metastatic process by the time they are diagnosed. How and when the cells stop to form a new tumor depends on the type of cancer that is spreading.⁵

³ <http://www.cancer.gov/dictionary?CdrID=45333>

⁴ <http://www.cancer.gov/dictionary?CdrID=46710>

⁵ <http://www.news-medical.net/health/What-is-Metastasis.aspx>

Different Types of Cancers

Cancer is a disease that is divided into over 100 different types and listed in broad categories. The most prevalent categories of cancer include:

- **Carcinoma** – These cancers begin in the skin or tissues lining internal organs. Subtypes of carcinoma include adenocarcinoma, basal cell carcinoma, squamous carcinoma, and transitional cell carcinoma.
- **Sarcoma** – Cancer that begins in bone, fat, muscle, cartilage, blood vessels, or other connective or supportive tissue.
- **Leukemia** – Cancer begins in blood-forming tissue such as the bone marrow; produces large numbers of abnormal cells that enter the blood.
- **Lymphoma and Myeloma** – Cancer that begins attacking the cells of the immune system.
- **Central nervous system cancers** – Cancers that begin in the tissues of the brain and spinal cord.

The Most Commonly Diagnosed Cancers Within the U.S.

- Bladder Cancer
- Lung Cancer
- Breast Cancer
- Melanoma of the skin
- Colon and Rectal Cancer
- Endometrial Cancer
- Pancreatic Cancer
- Kidney Cancer
- Prostate Cancer
- Leukemia
- Thyroid Cancer⁶



HOW IS CANCER DIAGNOSED?

It is claimed that the earlier cancer is diagnosed and treated, the better the chance is of it being cured. Some types of cancer -- such as those of the skin, breast, mouth, testicles, prostate, and rectum -- may be detected by routine self-exam or other screening measures before the symptoms become serious. Most cases of cancer are detected and diagnosed after a tumor can be felt or when other symptoms develop. In a few cases, cancer is diagnosed incidentally as a result of evaluating or treating other medical conditions.



Cancer diagnosis usually occurs as a result of a thorough physical exam and a complete review of one's medical history. Laboratory studies of blood, urine, and stool can detect abnormalities that may indicate cancer. When a tumor is suspected, imaging tests such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), ultrasound, and fiber-optic endoscopy examinations help doctors determine the cancer's location and size. Diagnosis confirmation of most cancers is typically done by biopsy, in which a tissue sample is removed from the suspected tumor and studied under a microscope to check for cancer cells.

⁶ <http://seer.cancer.gov/statfacts/html/all.html>

FACTORS THAT CAN POTENTIALLY CAUSE CANCER

Cancer is a multifactorial disease; meaning there are many factors involved in contracting the disease. Exposure to **carcinogens** such as asbestos, benzene, or those contained in tobacco can damage cells in the body and leave them susceptible to being turned into cancer cells. **Serious infections** such as HPV, Hepatitis B & C, and Epstein-Barr virus are known to cause cancer. **Radiation**, which is the emission of energy as electromagnetic waves or as moving subatomic particles that cause ionization, acts directly on water molecules or cellular component molecules by disrupting their chemical bonds. Exposure to radiation, whether it be exposure to UV radiation from the sun or some man-made radiation, is another known cause of cancer. The mutated cells then have a chance to multiply and cause cancer.⁷

Lastly, and obviously, a person's lifestyle choices and circumstances can leave them susceptible to getting cancer. A person with a **poor diet** and **who is not very active** has an increased risk of getting cancer. Poor diet, physical inactivity, and carrying too much weight have been linked as the cause to approximately one-third of the annual American deaths from cancer.⁸ As someone grows older, the ability to repair damaged cells and the immune system which may destroy abnormal cells, may become less efficient. It is also believed there are certain **genetic factors** that can make a person more susceptible to getting cancer. Mutations in DNA can occur because of inherited conditions or acquired later in life. Scientists have been able to place many of the genes that contribute to cancer into large categories of tumor suppressor (or protective) genes, oncogenes, and DNA repair genes.⁹

CANCER VIEWED THROUGH THE STATISTICS

General mortality rates – using most recent stats/info.

In 2012, there were 14.1 million new cancer cases, 8.2 million deaths, and 32.6 million people living with cancer (within five years of diagnosis) worldwide. Fifty-seven percent (8 million) of new cancer cases, 65% (5.3 million) of the cancer deaths and 48% (15.6 million) of the 5-year prevalent cancer cases occurred in the less developed regions. ^[GLOBOCAN] Since 1998, the Annual Report to the Nation on the Status of Cancer has been co-authored by researchers from the National Cancer Institute (NCI); the American Cancer Society (ACS); the Centers for Disease Control and Prevention (CDC); and the North American Association of Central Cancer Research (NAACCR) ^[NCI] in order to present the most recent statistics covering the disease. The report, which covers the period 1975-2010, shows that lung cancer death rates, normally responsible for one in four cancer deaths, have been declining over the last twenty years. The most recent reporting period from 2001 through 2010, includes mortality data that show death rates for all cancers combined decreased by 1.8 percent per year for men and by 1.4 percent per year for women. ^[NCI]

The estimated numbers of new cases and deaths from cancer in the U.S. in 2014 are:

- **New Cases:** 1,665,540
- **Deaths:** 585,720 ^[NCI]

The global population is expected to reach 7.5 billion by the year 2020; from this number, an estimated 15 million new cancer cases will be diagnosed, and 12 million cancer patients will die. ^[ncbi] Although there has been overwhelming research and great developments over the years, cancer is still a worldwide killer. In 2007, cancer caused roughly 23% of the total deaths in the U.S. and is the second most common cause of death after heart disease. ^[ncbi]

⁷ <http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3>

⁸ <http://www.cancer.org/cancer/cancercauses/dietandphysicalactivity/diet-and-physical-activity>

⁹ <http://www.cancer.net/navigating-cancer-care/cancer-basics/genetics/genetics-cancer>

Various care methods and what they are defined as:

The cancer treatment options your doctor recommends depends on the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Typical cancer treatment methods are chemotherapy, immunotherapy, radiation therapy, surgery, bone marrow/stem cell transplantation, and personalized and targeted therapies.

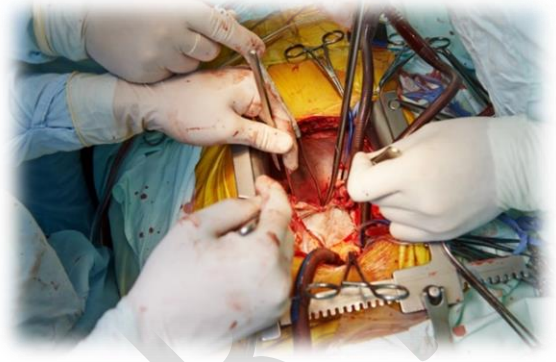
Chemotherapy is the use of drugs to kill cancer cells. There are over 100 drugs used in treatment. The use of various chemo drugs inhibits the ability of cells to grow and divide. Cancer cells are more susceptible to chemo drugs because they grow and divide faster than normal cells. However, the drugs used also affect normal cells, and this damage accounts for the side effects.

The drug or combination of drugs—as well as the dose and treatment schedule—that the doctor recommends depends on many factors, including the type and stage of cancer (describes the size and location of the tumor and whether it has spread), the patient's overall health, age, and ability to cope with certain side effects, the presence of other medical conditions, and previous cancer treatments.

Many of the traditional chemotherapy drugs cannot be given every day without causing serious side effects. As a result, they are usually given intermittently, with periods of treatment followed by periods of recovery. This allows healthy (noncancerous) cells time to heal. For example, a patient may receive one week of treatment followed by three weeks of recovery (one cycle). Several of these cycles complete a course of chemotherapy, which generally lasts three months or longer. For some cancers, it may be beneficial to use a dose-dense schedule, meaning there is less recovery time between treatment cycles. Although this can improve the effectiveness of the chemotherapy for some types of cancer, it also increases the risk of side effects.

Different drugs cause different side effects. Although specific side effects may be predictable for certain classes of drugs, each person's experience with chemotherapy is unique. Common side effects caused by traditional chemotherapy drugs include:

- Fatigue
- Pain
- Sores in the mouth and throat
- Diarrhea
- Nausea and Vomiting
- Constipation
- Blood Disorders
- Nervous System Effects
 - Tingling
 - Burning
 - Weakness or numbness in the hands and/or feet
 - Weak, sore, tired, or achy muscles
- Loss of balance
- Shaking or trembling
- Stiff neck
- Headache
- Visual problems
- Walking problems
- Difficulty hearing
- Clumsiness
- Changes in Thinking and Memory
- Sexual and Reproductive Issues
- Appetite Loss
- Hair Loss
- **Permanent** Organ Damage¹⁰



¹⁰ <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/chemotherapy/side-effects-chemotherapy>

Radiation Therapy is the use of high energy radiation, such as X-rays or UV rays, to shrink tumors and destroy cancer cells. High energy radiation has enough energy to break chemical bonds and knock electrons out of atoms. When these changes take place in cells, it can sometimes cause enough damage to kill the cells. This type of therapy consist of specific amounts of treatments over a set period of time. The goal of this treatment is to destroy cancer cells without harming nearby healthy tissue.

Side effects associated with radiation therapy occur because the high doses of radiation used to destroy cancer cells can also damage healthy cells and tissues located near the treatment area. However, major improvements in radiation technology have made it more precise, leading to fewer side effects.



Common Side Effects

- Skin problems, i.e. dryness, itching, blistering, peeling
- Fatigue
- Head and Neck
 - Dry mouth
 - Difficulty Swallowing
 - Mouth and gum sores
 - Stiffness of the jaw
 - Nausea
 - Tooth Decay
- Chest
 - Difficulty swallowing
 - Shortness of breath
 - Breast or nipple soreness
 - Shoulder stiffness
 - Cough
 - Fever
- Radiation pneumonitis - an inflammation of the lung occurring between two weeks and six months after radiation therapy
- Stomach and Abdomen
 - Nausea
 - Vomiting
 - Diarrhea
- Pelvis
 - Diarrhea
 - Rectal bleeding
 - Incontinence – the inability to control urination
 - Bladder irritation
 - Sexual problems
 - Early onset of menopause
 - Decreased fertility/Permanent Infertility

Side effects vary depending on cancer type and location of administered treatment.

Immunotherapy is a cancer treatment designed to boost the body's natural ability to fight the cancer. It uses materials either made by the body or in a laboratory to improve, target, or restore specific components of the immune system function. Although it is not entirely clear how immunotherapy treats cancer, it may work by stopping or slowing the growth of cancer cells. This stops the cancer from spreading to other parts of the body and helps the immune system increase its effectiveness at eliminating cancer cells; or counteract signals produced by cancer cells that suppress immune responses. ¹¹

Surgery is the removal of the tumor and surrounding tissue during an operation. Surgery is the oldest type of cancer therapy and remains an effective treatment for many types of cancer today. The goals of surgery vary. It is often used to

¹¹ <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/immunotherapy-and-vaccines/what-immunotherapy>

remove all or some of the cancerous tissue after diagnosis. However, it can also be used to diagnose cancer, find out where the cancer is located, whether it has spread, and whether it is affecting the functions of other organs in the body. In addition, surgery can be helpful to restore the body's appearance or function or to relieve side effects.¹² With recent advances in surgical techniques, such as minimally invasive surgery, the side effects of surgery are often milder than they were in the past, and patients may recover faster. In addition, doctors have made major strides in recent years in reducing pain and other physical side effects from all types of surgery.

Stem Cell/Bone Marrow Transplantation is a procedure that is most often recommended as a treatment option for people with leukemia, multiple myeloma, and some types of lymphoma. It may also be used to treat some genetic diseases that involve the blood.

During a stem cell transplant, diseased bone marrow (the spongy, fatty tissue found inside larger bones) is destroyed with chemotherapy and/or radiation therapy and then replaced with highly specialized stem cells that develop into healthy bone marrow. Although this procedure used to be referred to as a bone marrow transplant, today it is more commonly called a stem cell transplant because it is stem cells in the blood that are typically being transplanted, not the actual bone marrow tissue.¹³ There are two main types of stem cell transplants: **autologous**, in which the patient receives his or her own stem cells, and **allogeneic**, in which stem cells are donated by another person. Transplantation is a process that has several phases; a person's specific treatment plan can take weeks or months to complete.

The possible short- and long-term side effects of a stem cell transplant depend on the type of transplant and vary from person to person. The chemotherapy and/or radiation therapy given before stem cell transplantation and anti-rejection drugs that help prevent a patient's body from rejecting donated stem cells weaken the immune system, increasing the risk of infection. People who have a transplant that uses stem cells from another person are at risk of developing graft-versus-host disease, a potentially harmful side effect. Other potential side effects are:

- Fatigue
- Mouth sores
- Sore throat
- Diarrhea
- Nausea and vomiting
- Low blood count
- Loss of hair
- Changes in skin pigmentation
- Rash
- Cataracts (a clouding of the lens of the eyes)
- Sexual side effects
- Infertility (the inability to become pregnant or have children)

Effectiveness Statistics for Cancer Treatment

When someone examines conventional definitions and the time periods that conventional therapy works into this, they realize that statistics provided by conventional allopathy become meaningless despite the exorbitant expenses. This is discussed more in the following sections.

¹² <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/surgery/what-cancer-surgery>

¹³ <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/bone-marrowstem-cell-transplantation/what-stem-cellbone-marrow-transplantation>

THE 5 TO 7 YEAR STRETCH – THE BLUNT FACTS OF CONVENTIONAL TREATMENT

Have you ever noticed that cancer survival statistics are typically only quoted for 5 years?

- That is because with most cancers, a majority of patients who receive conventional therapy die within 5 to 7 years of treatment.
- Although a tumor may quickly respond to the chemotherapy initially, within 7 years, almost all patients are dead from infection, side effects, necrotic aneurysm, or recurring tumors which can eventually become virtually immune to the effects of radiation and chemotherapy.

Federal courts have also ruled that doctors are not required to inform the “gravely ill” of the potentially lethal side effects of these conventional therapies

WHY CANCER RETURNS

Why does cancer eventually return after chemotherapy and radiation?

- Chemotherapy and radiation DO NOT terminate the cancer VIRUS! In regards to cancer cells, these therapies only inhibit already existing cancer cells from reproducing.
- The cancer virus injects their own genetic material into cells, altering the genetic code, so it will continue to clone cancer viruses that will produce new malignant cells. **Unless you control the virus**, new tumors will grow regardless of how many times and what various means are used to attack primary tumors.
- Both chemotherapy and radiation damage metabolic pathways of the body, thus encouraging secondary tumors.
- Chemotherapy and radiation also degrade the immune system, leaving patients vulnerable to new tumor growth and also pneumonia, which kills many older patients before the cancer.
- Because the cancer virus is distributed through the bloodstream, even if tumors are surgically removed, it will continue to create new tumors whenever it encounters blocked cellular metabolism. The folly of conventional treatment strategies such as surgeries is that it is unable to prevent the virus from altering normal cells to create new tumors.
- There is no drug which successfully kills viruses without causing serious side effects on healthy cells. All are either carcinogenic or ineffective.



PART 2 – ALTERNATIVE SOLUTIONS

ALTERNATIVE & INTEGRATIVE SOLUTIONS

The preceding overview of cancer provides a brief examination of its effects, treatment methods, statistics, and implied costs for patients. Be it physically, mentally, emotionally, or even financially, accepted conventional methods paint a very dismal picture.

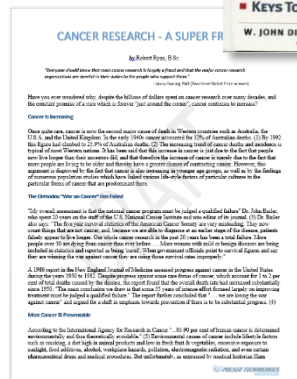
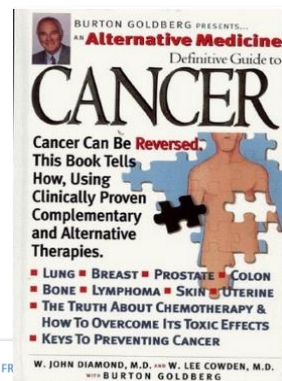
IS IT REALLY WORTH IT? Is there anything else?

"Everyone should know that most cancer research is largely a fraud and that the major cancer research organizations are derelict in their duties to the people who support them."

- Linus Pauling PhD (Two-time Nobel Prize winner).

There ARE other solutions deserving of examination and consideration!

Two articles together specifically explain WHY we are not always aware of alternative and even better solutions. "Cancer Research - A Super Fraud?", by Robert Ryan, B.Sc. and "How Cancer Politics Have Kept You in the Dark Regarding Successful Alternatives", by John Diamond, M.D. and Lee Cowden, M.D. (excerpted from their book *Definitive Guide to Cancer*) concisely describes today's situation. These perspectives are important! They have been included as part of this document!



Please read BOTH before you go any further ...they are THAT IMPORTANT!

CANCER RESEARCH – A SUPER FRAUD?

BY Robert Ryan, B.Sc.

***"Everyone should know that most cancer research is largely a fraud
and that the major cancer research organizations are derelict in their duties to the people who support them."***

- Linus Pauling PhD (Two-time Nobel Prize winner)

Have you ever wondered why, despite the billions of dollars spent on cancer research over many decades, and the constant promise of a cure which is forever "just around the corner", cancer continues to increase?

Cancer Is Increasing

Once quite rare, cancer is now the second major cause of death in Western countries such as Australia, the U.S.A. and the United Kingdom. In the early 1940s cancer accounted for 12% of Australian deaths. (1) By 1992 this figure had climbed to 25.9% of Australian deaths. (2) The increasing trend of cancer deaths and incidence is typical of most Western nations. It has been said that this increase in cancer is just due to the fact that people now live longer than their ancestors did, and that therefore the increase of cancer is merely due to the fact that more people are living to be older and thereby have a greater chance of contracting cancer. However, this argument is disproved by the fact that cancer is also increasing in younger age groups, as well as by the findings of numerous population studies which have linked various life-style factors of particular cultures to the particular forms of cancer that are predominant there.

The Orthodox "War on Cancer" Has Failed

"My overall assessment is that the national cancer program must be judged a qualified failure" Dr. John Bailer, who spent 20 years on the staff of the U.S. National Cancer Institute and was editor of its journal. (3) Dr. Bailer also says: "The five year survival statistics of the American Cancer Society are very misleading. They now count things that are not cancer, and, because we are able to diagnose at an earlier stage of the disease, patients falsely appear to live longer. Our whole cancer research in the past 20 years has been a total failure. More people over 30 are dying from cancer than ever before . . . More women with mild or benign diseases are being included in statistics and reported as being 'cured'. When government officials point to survival figures and say they are winning the war against cancer they are using those survival rates improperly."

A 1986 report in the New England Journal of Medicine assessed progress against cancer in the United States during the years 1950 to 1982. Despite progress against some rare forms of cancer, which account for 1 to 2 per cent of total deaths caused by the disease, the report found that the overall death rate had increased substantially since 1950: "The main conclusion we draw is that some 35 years of intense effort focused largely on improving treatment must be judged a qualified failure." The report further concluded that ". . . we are losing the war against cancer" and argued for a shift in emphasis towards prevention if there is to be substantial progress. (4)

Most Cancer IS Preventable

According to the International Agency for Research in Cancer "...80-90 per cent of human cancer is determined environmentally and thus theoretically avoidable." (5) Environmental causes of cancer include lifestyle factors such as smoking, a diet high in animal products and low in fresh fruit & vegetables, excessive exposure to sunlight, food additives, alcohol, workplace hazards, pollution,

electromagnetic radiation, and even certain pharmaceutical drugs and medical procedures. But unfortunately, as expressed by medical historian Hans Ruesch, "Despite the general recognition that 85 per cent of all cancers is caused by environmental influences, less than 10 per cent of the (U.S.) National Cancer Institute budget is given to environmental causes. And despite the recognition that the majority of environmental causes are linked to nutrition, less than 1 per cent of the National Cancer Institute budget is devoted to nutrition studies. And even that small amount had to be forced on the Institute by a special amendment of the National Cancer Act in 1974." (6)

Prevention - Not Profitable to Industry

According to Dr. Robert Sharpe, "... in our culture treating disease is enormously profitable, preventing it is not. In 1985 the U.S., Western Europe, and Japanese market in cancer therapies was estimated at over 3.2 billion pounds with the 'market' showing a steady annual rise of 10 per cent over the past five years. Preventing the disease benefits no one except the patient. Just as the drug industry thrives on the 'pill for every ill' mentality, so many of the leading medical charities are financially sustained by the dream of a miracle cure, just around the corner." (7)

Desired: A State of No Cure?

In fact, some analysts consider that the cancer industry is sustained by a policy of deliberately facing in the wrong direction. For instance, in the late 1970s, after studying the policies, activities, and assets of the major U.S. cancer institutions, the investigative reporters Robert Houston and Gary Null concluded that these institutions had become self-perpetuating organizations whose survival depended on the state of no cure. They wrote, "a solution to cancer would mean the termination of research programs, the obsolescence of skills, the end of dreams of personal glory, triumph over cancer would dry up contributions to self-perpetuating charities and cut off funding from Congress, it would mortally threaten the present clinical establishments by rendering obsolete the expensive surgical, radiological, and chemotherapeutic treatments in which so much money, training, and equipment is invested. Such fear, however unconscious, may result in resistance and hostility to alternative approaches in proportion as they are therapeutically promising. The new therapy must be disbelieved, denied, discouraged and disallowed at all costs, regardless of actual testing results, and preferably without any testing at all. As we shall see, this pattern has in actuality occurred repeatedly, and almost consistently." (8) Indeed, many people around the world consider that they have been cured by therapies which were 'blacklisted' by the major cancer organizations.

Does this mean that ALL of the people who work in the cancer research industry are consciously part of a conspiracy to hold back a cure for cancer? Author Edward Griffin explains "... let's face it, these people die from cancer like everybody else. ... [I]t's obvious that these people are not consciously holding back a control for cancer. It does mean, however, that the [pharmaceutical-chemical] cartel's medical monopoly has created a climate of bias in our educational system, in which scientific truth often is sacrificed to vested interests ... [I]f the money is coming from drug companies, or indirectly from drug companies, the impetus is in the direction of drug research. That doesn't mean somebody blew the whistle and said "hey, don't research nutrition!" It just means that nobody is financing nutrition research. So it is a bias where scientific truth often is obscured by vested interest." (9) This point is similarly expressed by Dr. Sydney Singer: "Researchers are like prostitutes. They work for grant money. If there is no money for the projects they are personally interested in, they go where there is money. Their incomes come directly from their grants, not from the universities. And they want to please the granting source to get more grants in the future. Their careers depend on it." (10)

Money Spent on Fraudulent Research?

A large portion of money donated to cancer research by the public is spent on animal research which has, since its inception, been widely condemned as a waste of time and resources. For instance, consider the 1981 Congressional Testimony by Dr. Irwin Bross,

former director of the Sloan-Kettering, the largest cancer research institute in the world at Roswell Park Memorial Institute for Cancer Research, Buffalo, NY: "The uselessness of most of the animal model studies is less well known. For example, the discovery of chand then Director of Biostatistics emotherapeutic agents for the treatment of human cancer is widely-heralded as a triumph due to use of animal model systems. However, here again, these exaggerated claims are coming from or are endorsed by the same people who get the federal dollars for animal research. There is little, if any, factual evidence that would support these claims. Indeed, while conflicting animal results have often delayed and hampered advances in the war on cancer, they have never produced a single substantial advance either in the prevention or treatment of human cancer. For instance, practically all of the chemotherapeutic agents which are of value in the treatment of human cancer were found in a clinical context rather than in animal studies." (11)

In fact, many substances which cause cancer in humans are marketed as "safe" on the basis of animal tests. As expressed by Dr. Werner Hartinger of Germany, in regard to cancer-causing products of the pharmaceutical-petro-chemical industry, "Their constant consumption is legalized on the basis of misleading animal experiments . . . which seduce the consumer into a false sense of security." (12)

Imagine What Could Be Achieved

The next time you are asked to donate to a cancer organization, bear in mind that your money will be used to sustain an industry which has been deemed by many eminent scientists as a qualified failure and by others, as a complete fraud. If you would like to make a difference, inform these organizations that you won't donate to them until they change their approach to one which is focused on prevention and study of the human condition. We have the power to change things by making their present approach unprofitable. It is only through our charitable donations and taxes that these institutions survive on their present unproductive path.

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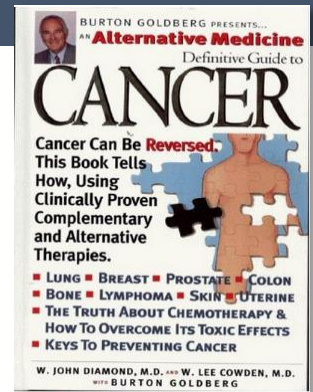
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How Cancer Politics Have Kept You in the Dark Regarding Successful Alternatives

By John Diamond, M.D, Lee Cowden, M.D.

Excerpted from *Alternative Medicine: The Definitive Guide to Cancer*, page 643-647



A powerful conglomerate of government agencies, international drug companies, and major cancer treatment hospitals puts profits first. They do not want the public to learn about and pursue effective alternatives. The result is that chemotherapy, radiation, and surgery are the law of the land as cancer treatments-for political, not therapeutic, reasons.

Most of what you have heard over your lifetime about cancer treatments is not the truth. At the very least, you have received an incomplete picture. If you believe the propaganda you have been fed and you develop cancer; it can cost you your life.

In the United States, economic interests masquerade as therapeutic regimens and scientific concern. Their goal is to own and completely control a disease-cancer-as if it were a commodity, and to quash competition (meaning alternative approaches), so as to maintain a marketplace monopoly.

Money leads politics by the nose. The financial interests of drug companies, conventional cancer doctors, hospitals, HMOs, and others in what is known as the Cancer Establishment, have eclipsed the integrity of the Hippocratic Oath; money and politics have proclaimed conventional approaches as scientifically validated and therefore mandated by law. The terrible flaw in this convenient financial setup is that the profits that flow to the cancer establishment are derived from human lives lost to cancer because successful alternative approaches are outlawed or unreported.

To the cancer establishment, a cancer patient is a profit center. The actual clinical and scientific evidence does not support the claims of the cancer industry. Conventional cancer treatments are in place as the law of the land because they pay, not heal, the best. Decades of the politics-of-cancer-as-usual have kept you from knowing this, and will continue to do so unless you wake up to their reality.

Although rising cancer rates are bad news for patients, they are great news for the cancer treatment industry-Cancer, Inc., as some critics have labeled it. In this environment, words that sound scientific and doctorly often mask a different agenda. The phrase "treatment success" can mean profitable, while "dangerous" or "questionable" treatment can refer to therapies that threaten the profits of the cancer industry. When you begin to ferret out the economic context and motivations of cancer treatment, it helps you understand why alternative cancer therapies are suppressed or barred from the public's awareness. It helps you see why treatments as dangerous and consistently unsuccessful as radiation and chemotherapy continue to dominate the field of oncology.

The reason alternative cancer treatments are not mainstream has little to do with alleged therapeutic ineffectiveness and far more to do with political control over the therapy marketplace. The politics of cancer have an overriding influence on the science of cancer and, ultimately, on what the public thinks and believes about cancer, and what it is able to expect as treatment options. The doctors who perform cancer treatments and the scientists who conduct research are not the ones in control of the cancer field. . It is the larger power structure of the cancer establishment that effectively controls the shape and direction of

cancer prevention, diagnosis, and treatment.' The field of U.S. cancer care is organized around a medical monopoly that ensures a continuous flow of money to the pharmaceutical companies, medical technology firms, research institutes, and government agencies such as the Food and Drug Administration (FDA) and the National Cancer Institute (NCI) and quasi-public organizations such as the American Cancer Society (ACS). This is "the cancer industry," says Ralph Moss, Ph.D., extensions of which include the corporate media, public relations experts, petrochemical and nuclear industries, corporate scientists, and doctors who specialize in "killing" cancer.

Cancer research has been set up almost entirely in favor of conventional approaches ever since the war on cancer, formalized in 1971 as the National Cancer Act, was first scripted in the 1960s. At that time, Senator Ralph Yarborough (D-Texas) organized the National Panel of Consultants of the Conquest of Cancer. Of its 26 members, 10 came from the American Cancer Society and 4 were affiliated with Memorial Sloan-Kettering Hospital; Benno Schmidt, M.D., the director of Memorial Sloan-Kettering's Cancer Center was the panel's chairman, and Sidney Farber, M.D., former president of the ACS, was its vice chairman.

Readers of this document likely fall into one of several categories, although there are exceptions:

- **GROUP 1** - Persons who have been through the conventional treatment system for years that has totally failed them.
- **GROUP 2** - Persons who have successfully been through the conventional treatment system for years, but the cancer has "returned"
- **GROUP 3** - Persons who have witnessed the conventional treatment system at the side of a friend or loved one
- **GROUP 4** - Persons who have educated themselves enough to realize there are alternative solutions and question the wisdom of the first 3 groups.

Life is a "learning experience" and dealing with a cancer scenario is no exception. Groups 1 and 2 are pretty much the same, but neither has died YET. Group 3 is experiencing an education of the system that they hopefully will never need to use, but statistics suggest they most likely will. Groups 1, 2, and 3 have likely taken the path they were educated to take, unaware of or understandably skeptical of any alternatives. Admittedly, there are good justifications for that skepticism. However, there are just as many (if not more) reasons for skepticism toward the conventional medical path as well if a person seeks out responsible information. In many ways, Groups 1 and 2 are "victims" of the very conventional system they blindly or desperately trusted. Group 3 can also become victims or ideally transition themselves into a Group 4 member as a result of their experience and what they have personally witnessed and learned along the way.



As unpopular, but realistic as this may sound, it is important to say. There actually is another group largely consisting of Group 1 and Group 2 "survivors" who approach the "alternative and integrative" modalities with the same mindset as they did the conventional treatments which failed them. Again, they are basically delivering their body and placing all efforts to someone else. (This is called "transference".) Still, essentially not taking responsibility for making personal changes in diet, lifestyle, exposures, etc. leaves them possibly doomed to fail no matter what route they take. This scenario is discussed somewhat in "Lure of the Magic Box"¹⁴. This group,

¹⁴ *Lure of the Magic Box*, Holman & Dorneanu, <http://www.pulsedtechresearch.com/wp-content/uploads/2013/12/Lure-of-the-Magic-Box-Holman-Dorneanu.pdf>

without help and change, is doomed to failure and probable death. The conventional treatment strategies ravaged their bodies, their health, their minds, their bank accounts, their lives; leaving few “resources” to work with. This is just an unfortunate FACT, and we see this scenario almost every day! Group 4 (especially those “experienced” and who have transitioned from Group 3) are the absolute best candidates for alternative and integrative modalities.

The Group 4 members, as well as those with experience who transitioned from Group 3, historically are ideal candidates for these new alternative and integrative technologies and strategies. They are also likely to be the ones who get the very best results as they are not beginning with the physical handicaps and devastation introduced by conventional therapies experienced by Group 1 and Group 2.

Regardless of what category a person falls into, the body, in almost any condition, has an AMAZING ABILITY TO HEAL ITSELF if given a chance! Over the last two decades we have witnessed many “hopeless” cases make full recoveries, even for those who had been devastated by more than a decade of conventional treatment. Effective solutions DO EXIST!

STRATEGIES FOR SELF-TREATMENT [IMPORTANT]

There are several areas and strategies that electronic modalities seem to work quite well as a resource. Some are frequency specific. Others are not, but rely on certain characteristics of the waveform itself to occur.

- **Destructive Targeting** (C-cells and Virus) – When folks think of Rife or resonant frequency technology, this is usually the one and only mechanism they are aware of. Unfortunately, it has been erroneously analogized with the old Ella Fitzgerald Memorex commercial where by her perfect pitch voice breaks a wine glass. While this is able to convey the idea of destroying pathogens based on target frequency, the methodology is oversimplified to the point of being deceptively **WRONG**.



- **pH** – While most people think of pH in terms of an Acidity-Alkalinity scale, few realize it is largely an electrical measurement corresponding to the available electrons associated with Hydrogen. While diet of course plays a big part, the electronic modalities can also help move the pH toward the more ideal alkaline areas. A combination using both is ideal!
- **Electroporation** - a phenomena where by when exposed to certain electrical fields and electrical potentials, the cell membrane (wall) becomes more porous, allowing the cell to receive materials that it would not otherwise be able to receive in its current state. Oxygen, nutrients, and even prescribed medications may be more effectively delivered to the cells that are temporarily in this enhanced state. There is a caveat here however! While delivery and utilization of oxygen and nutrients is ideal, toxic medications are even MORE toxic. With dosage often prescribed right up to the limit of what a person’s body can tolerate in its diminished state, this higher effective delivery can actually put the person over their threshold. This is a case where more is not better.

Special Note: Although it is very unlikely to find a practitioner who can/will provide this, very low dose oral chemo combined with electronic and nutritional self-treatment can be a very effective strategy.

- **Cellular Voltage** - The chemistry of the body and its metabolic functions are actually ELECTRICAL in many ways. The processes of the body rely on this electrical power to effectively operate. This electrical energy is stored within the cell walls and within various structures inside the cell. Without it, normal metabolic processes simply do not take place or do a terrible job of what they are trying to accomplish. Normal cells operate between -40 to -80 mV while some functions are even more. Cancer and other dysfunctional cells are reported to have much lower potentials in the range of -8 to -15 mV.
- **Sticky Blood** - It is believed by many that the clustering of blood cells is at least in part, a function of the cellular voltage and effects what it will and won't allow to attach to its receptors. Lower voltage potentials (volts) are believed to encourage the individuals to stick together. This mass clustering hinders circulation. It is understandable the patient often reports being cold. More importantly, however, oxygen, nutrients, supplements, or medications are at best primarily delivered to the outermost layer leaving the vast majority "unserved". As voltages rise, oxygen, nutrient, and even medication delivery seems "enhanced" and the overall result is the person seems to feel a LOT BETTER!
- **Electronic Antioxidant** – "Antioxidants are intimately involved in the prevention of cellular damage -- the common pathway for cancer, aging, and a variety of diseases."¹⁵ Free radicals, especially those associated with a cancer scenario, are just molecules missing an electron. They steal an electron from a nearby stable molecule, which then steals from still another, causing a chain reaction of "electron stealing". It is this disrupted environment which leads to both cellular and genetic damage. Antioxidants are molecules which have extra electrons. These energetic "donors" can easily give up an extra electron to slow down or even stop the chain of electron stealing and metabolic disruption. Electricity is the "stuff" of electrons. Although it is no substitute for the source of other micro-nutrients within antioxidant rich fruits and vegetables (especially those rich in Vitamin E, C, and Beta-carotene), it is suggested electronic modalities can easily supply a stream of available electrons to supply the needs of the free radical thieves.

¹⁵ Antioxidants and Free Radicals, <http://www.rice.edu/~jenky/sports/antiox.html>

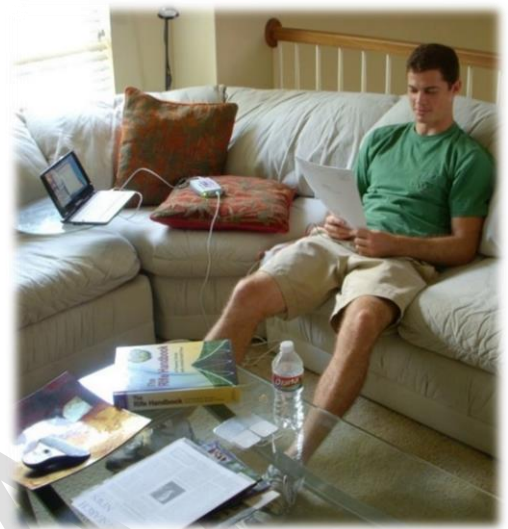
CONSIDERATIONS & PROCEDURES

Self-treatment of cancer is a situation which, regardless of the degree or stage, should be addressed EVERY DAY. While the time spent, and even number of sessions a day may vary, the issue should be addressed each and every day to minimize mutations that will occur.

If you are working with a practitioner who recommends coming in 2 or 3 times a week for supervised treatment sessions, **GET A DIFFERENT PRACTITIONER!**

This is likely not only an expensive arrangement. It provides for a situation for the encouragement of mutations while not aggressively attacking the known problem. This could create a situation which may be more difficult if not virtually impossible to address, and that would certainly take far more time than it should.

A knowledgeable and ethical practitioner would likely recommend an instrument for your unique issues which also fits in with your lifestyle and budget. Cancer is a serious issue, and how you are going to deal with it also deserves serious consideration.



Radiant Plasma, Direct Contact, or BOTH?

When confronted with “the big C” most folks assume that the most expensive solution is the “best” choice. Nothing could be further from the truth. Plasma instruments are certainly more expensive to manufacture, but do provide capabilities that direct contact does not. A well thought out and designed contact instrument can be just as effective (if not more) for many applications, especially in cases where there is a localization of the target area (as in the case of a breast tumor).

The majority of direct contact devices being marketed today typically use some form of handheld cylinders or plate contact schemes. We do not recommend this arrangement for a number of reasons which will be outlined in an upcoming technical brief. However, for health, safety, convenience, and performance reasons

we strongly recommend medical grade electrode pads (the common reusable/disposable type used for TENS/FENS). This is an example of when the more expensive approach is usually neither the most effective nor appropriate to address the issue. The direct contact method requires the user to be tethered to the instrument the length of the session although it can be easily paused or broken into smaller convenient sessions.

Plasma instruments provide a convenience that contact does not. While you forfeit the ability for precise localized application, you gain a “whole body” exposure while also gaining mobility to move about and continue with daily tasks.



Thoughtful consideration about your unique situation and possible future needs is important to long term recovery and maintenance of health and wellness once restored. Careful planning and consultation, even before acquisition, can help save money and satisfy long term needs at the same time. *Radiant Plasma vs Direct Contact* is available in **The Electric Human**, Section 3, Strategies and Considerations briefs.¹⁶

	Contact Only	Plasma Only	Both Contact & Plasma	
Pulsed Technologies Equipment	PFG	P3+	P3/PFG	P3Pro
Localized Application	Y	N	Y	Y
Requires subject(s) being tethered to instrument	Y	N	N	N
Full Body Application	Y	Y	Y	Y
Allow user freedom of movement during session	N	Y	Y	Y
Single User	Y	Y	Y	Y
Multiple Simultaneous Users	N	Y	Y	Y
Allows Attachable Accessories (iCS, Immersable electrodes, etc.)	Y	N	Y	Y

Note: Pulsed Technologies instruments have understandable use in chemistry, science, electronics, research, and industry outside the realm of this document. The chart provided here is specific only to the topic of this document.

Equipment

Once the appropriate strategy is determined, and instrument/s have been obtained, it is important to familiarize and get comfortable with the instruments and the condition being addressed. It is also helpful in many cases to understand the actual mechanism of relief these tools can provide. This is typically done in both documents like this, and/or the operation manuals, which is often times available on CD or embedded in a “Help” menu within the software. It would be unlikely

and legally irresponsible that a manufacturer would provide medical instruction or recommendations for specific use with the equipment even if it were a medical device as they cannot possibly fully know and understand each and every medical scenario. These instruments are universal “tools” having a broad spectrum of uses and should be considered specifically that and only that.



¹⁶ <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Radiant-Plasma-vs-Direct-Contact-Holman-INWORK.pdf>

Strategies and Scripts

Some manufactures, such as PulsedTech are associated with companies doing extensive research in the realms of biology, chemistry, energy, etc. using exactly the same equipment for dramatically different uses. Hardware and software, in the case of all PulsedTech instruments, is NOT designed for exclusive use in any specific field, but include capabilities exceeding what is needed in most areas of use.



When used for personal resonant frequency research and experimentation in areas of biology, it can be very helpful to enlist the guidance and/or services of a skilled practitioner or more experienced researcher to help assist you. In most cases, effective scripts have already been worked out and are able to be shared among researchers and experimenters. Hundreds, thousands even, of most used public protocol scripts are included as samples and provide great “starting points” for the uninitiated.

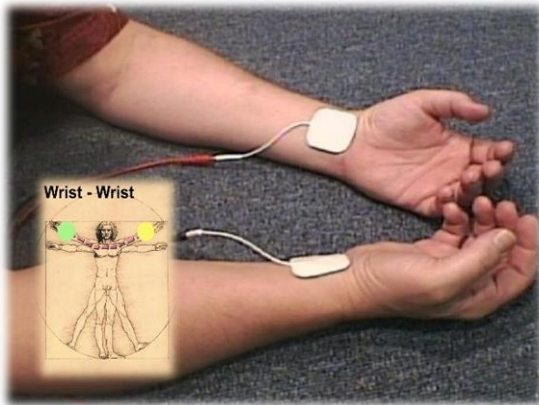
Unfortunately, most publically available frequency protocol scripts have been largely based on a compilation of antidotal experiences and with no correlation to any sort of equipment or delivery methods and little validation. Critical needs such as a cancer scenario most definitely require a higher level of attention to more effective scripts immediately without the trial and error of questionable methods and origins. Private and refined scripts are available from a number of reliable sources that may provide even better results. The format PulsedTech selected allows for easy transport.

Practical Sessions

Using the instruments should be relatively easy and stress-free. Confidence gained by reading and enlisting assistance in advance can make practical and innovative use so much easier than trial and error. As mentioned previously, other researchers, practitioners, and groups (especially those who work closely with PT Research) have many ready-made protocols now available for direct and easy import into the easy-to-use software. Plug-n-Play may be a good way to describe well-designed instruments with this function.



Electrode Placement



When working with Radiant plasma, there is little decision as it theoretically provides “whole body” application. A detailed article on sample electrode placement strategies, “Where do I place the electrode pads?”¹⁷ is freely available in **The Electric Human**, Section 3, Questions and Answers area.

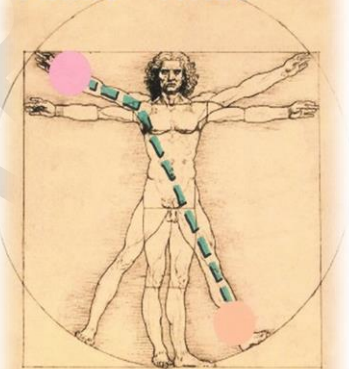
In general, however, when using electrode pads, one should imagine a conductive pathway between the two electrode pads. In the example shown here, the inner wrist provides close proximity contact to the conductive pathway of the circulatory system. This can be an excellent strategy for blood-borne or circulating

targets since all blood theoretically passes through these points approximately every five minutes. An example of whole-body coverage with the same circulatory strategy is shown here on right.

The best results are obtained when an individual strategy is developed and utilized for the recipient’s unique situation.

**THE ELECTRODES SHOULD NEVER
BE PLACED ON THE HEAD OR HEART!**

Ankle - Wrist



Accessories

Certain specialized accessories are available which can enhance delivery for certain situations. Your practitioner can assist you where appropriate.



Monitoring & Guidance

While most processes can be done at home, regular assessments and guidance from a skilled practitioner or counselor can be invaluable. Frankly, it can make the difference between life or death. A skilled practitioner can recognize and measure by simply testing many of the metabolic and chemical changes occurring that a patient might not even be aware of. In many cases regular assessments can be done remotely although occasional office visits are recommended. This monitoring and frequent protocol adjustments, be it in either electronic scripts or dietary recommendations, are very beneficial to a timely and thorough recovery.

¹⁷ <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Where-do-I-place-the-electrode-pads-Holman-1.pdf>

FOCUSING ON ALTERNATIVE WHOLESOME ROUTINES

- What are these methods of treatment?
 - Defining complementary and alternative medicine/treatment
 - How it **could be** more helpful than some conventional methods

Considering the choices someone has, conventional treatment normally seems very unrealistic. Most folks are never given the full range of available choices. When observing the statistics, alternatives normally seem the much better path with the track record being a better quality of life and better results. When someone looks at the few successes that utilized conventional methods, one must ask, how many of those survival cases also involved the use of alternative holistic therapies.

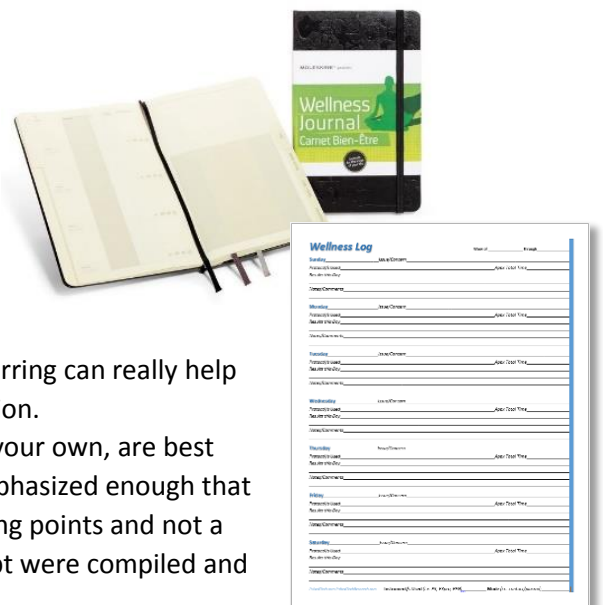
- What it takes to pull through:
 - Outlining specific regimens and protocols for individual clients; no universal “cure-all” for everyone; each body affected differently by disease **and** treatment

The better decision made early after diagnosis normally leads to a success. The handicap that conventional treatment may impose on someone - such as instability, organ dysfunction, etc. – are often very difficult to recover from, if at all. Be it full body or localized application, the electronic protocols may provide many results without the negative side effects that can be expected with conventional treatment methods. Specific application methods will be unique to each user’s individual needs. This can largely be guided by an experienced practitioner or advisor.

- Strategic Self-Treatment/Self-Application
 - Writing your “cure” itinerary/checklist:
 - Helping clients understand the process of using such alternative methods and showing them what needs to be done to restore health
 - What clients need to focus on:
 - Frequency protocols*
 - Body restoration through:
 - Removing pathogens, replacing needed vitamins (supplements), NUTRITION, eating healthier

In the case of cancer, this is an issue that should be addressed every day. Electronic modalities allow for the user to “self-treat” in the convenience of their own home or office and on their own schedule. Daily record keeping can be very helpful and enlightening. Maintaining a personal wellness tracker may help to visualize progress and highlight where, when, and how their health is effected through treatment, and what causes helpful or negative results for them. Moleskin makes an excellent Wellness Journal that is great at keeping track of someone’s daily issues.¹⁸

A thorough understanding of the biological mechanisms that are occurring can really help the user strategize and most effectively approach their unique condition. Effective/proprietary frequency protocols, unless you have obtained your own, are best acquired through another practitioner or researcher. It cannot be emphasized enough that frequency protocols from public lists should only be considered starting points and not a fully effective strategy. Protocols like the private SuperCancerRO script were compiled and



¹⁸ <http://www.pulsedtechresearch.com/wp-content/uploads/2015/01/Personal-Progress-Journal-Holman.pdf>

developed over the decades in close association and input from scores of innovative doctors, practitioners, and other researchers resulting in extremely good results across a broad spectrum of cancers.

It is vital to consider that restoration includes more than the application of frequency protocols. Many factors must be addressed while conducting treatment in order to ensure a healthy rejuvenation of force and energy. Toxins may build up as frequencies destroy pathogens and their debris gathers. Flushing and detoxifying the body can be done through a number of ways that many would not expect. Diet creates more impact on someone's recovery than most realize. Maintaining healthier eating habits will help someone rebuild an active probiotic environment within their digestive system suitable for boosting immune function to help minimize cancer progression. This is achieved by regularly eating citrusy fruits and a variety of vegetables to create a more alkaline setting within the body and active (live) probiotics to maintain healthy utilization of food consumed.

- Guided education and recommendations:
 - Learning what supplements to take
 - What (healthy) foods/diet will help most with recovery
 - Why these are effective choices

The healing process incorporates many factors that can effect a recovery outcome. In order to make sure that someone has chosen the right methods, tools, and supplements for their health regimen, it is recommended that they initially seek guidance from a skilled practitioner, researcher, or possibly any certified and well-recommended online resources as well (though it may be wise to bring the information that was found to a practitioner as well for confirmation on its use or effectiveness).

- Guided Usage with Frequency Instruments
 - Learning what works for the individual and why
 - Destroying pathogens electronically
 - Protocol outlines
 - Frequencies to use, duration of exposure, consistency
 - Methods of application
 - What instruments to use: Contact v Plasma, and why it's suggested
 - What clients can expect (according to recorded results, patterns/stats, and testimonies)

If a person only considers frequency instruments to target pathogens or virus in a destructive manner, they are missing out on approximately 98 percent on what the technology may offer. Intended changes include vast changes to the pathogens' environment, making reproduction and life unpleasant and/or impossible while at the same time encouraging healthy stimulation of normal cells. While the pH is a very important aspect of the biological environment, the bio-availability of electrical energy may be even more important, as they are the "currency" by which all metabolic functions occur. These functions all occur simultaneously and should be taken into consideration when considering an application and location strategy.

Ideally, results should be seen at a slow and steady rate, as opposed to a fast and abrupt rate.

CONTINUING & ADJUSTING SESSIONS AFTER TUMORS ARE GONE

With conventional medical treatment modalities, if someone has had cancer before, it is normal to expect it to return unless the virus is under control. The cancer virus is the most important issue to control, not the actual tumor cells. Studies have confirmed that the cancer virus, under certain conditions, can transform normal cells to new malignant cells. With this transformation, the cell's altered genetic material begins cloning millions of new cancer viruses; each of which have the potential to create new tumors.

- Research from K. Davis, N.D., has shown that this transformation by viruses occurs only when metabolic pathways are damaged by things like carcinogens, free radicals, ionizing radiation, or geopathic fields.
- Ironically enough, all chemotherapy drugs severely damage metabolic pathways. In order for the drugs to be licensed for cancer therapy, they must stop cell growth.
- In turn, although chemotherapy may affect the cancer the first time, it then creates secondary tumors in blocked metabolic pathways after repeated exposure.
- Chemotherapy may not be the only factor that could damage the metabolic pathways. Geopathic radiation, ionizing radiation, free radicals from ozone, and carcinogens can also produce many difficulties for recovery.



Preventative Maintenance

- Because there is no exact method to reverse the extensive damage done to metabolic pathways through these treatments, regular “preventative maintenance” can help patients to CONTROL the virus.
- Because chemotherapy uses carcinogens and radiation creates massive free radicals, they may produce secondary tumors and generate more issues for the patient.
- Surgery may also spread tumor cells through the cutting of the fibrous sacs that the body creates to isolate tumor cells.
- Excellent evidence exists indicating regular use of appropriate frequency applications can be very helpful in elimination of properly targeted pathogens and assistive in manipulation of the body environment to help benefit a strategic and successful recovery.
- It has been suggested by some manufacturers, “This bio-active frequency treatment (using ONLY THE CORRECT FREQUENCIES) must be continued through the rest of a patient’s life in order to maintain control over the virus.”
IMPORTANT NOTE: While this might be valid for inferior devices, we do not believe this, and have not experienced this to be the case. It is very important to address possible mutations, and occasionally revisit previous protocols to “clean up” anything that might be circulating BEFORE it has the opportunity to cause issues again.
- Quitting therapy too early may cause a relapse for the patient.
IMPORTANT NOTE: This is a very common issue; as the person feels great, is finally diagnosed “cancer free”, and they immediately cease sessions thinking it isn’t important any more. At this point, they need to address mutations! (For at least a short duration.)

Modified Program to Address Mutations [IMPORTANT]

After “apparent” successful completion, it is extremely important to address mutations. The patient may likely be unaware of them because of their relatively low level. These mutations may have not actually multiplied enough to become any sort of problem or even be indicated on many tests. It is likely these mutations haven’t actually been targeted as they are outside the realm of the frequencies administered so far. These NEGLECTED MUTATIONS are those which so often come back and are viewed as a “REOCCURANCE”, when in actuality they are entirely new targets at slightly different and NEW resonant frequencies and MOR (Mortal Oscillatory Rates).

Unsophisticated users typically use the same protocol that “worked the first time”, but now seems to fail. At this point in their final clean-up and maintenance stage, they should be using a broadened form of the script that worked well for them. That is, adding the other frequencies just below and just above the original frequencies to address the mutations. While this may seem like a much longer script, it should not have to be done for extended times.

This modified maintenance stage might be done only two or three times a week at first, then once a week, then once or two times a month, and finally only when the subject feels it necessary.

The comments made by other manufacturers implying sessions “must be continued throughout the rest of a patient’s life in order to maintain control over the virus” are not only WRONG, but actually encourage mutations which those systems do not address and in many cases are not able to address.

While PulsedTech Research has developed quite a successful protocol over the years, they have also developed the ever important “extended” frequency script as well to assist in that final “clean-up” process to help assure a person does NOT need to continually combat this issue the rest of their life.

What may likely be one of the biggest challenges to cancer patients is that of maintaining a healthy diet. Almost without exception, nearly all of these individuals are consuming many of the unhealthiest food choices regularly. It is highly recommended that people eat a variety of colorful fruits and vegetables and other non-processed foods along with healthy amounts of proteins and also meat-provided nutrients. Because processed and cooked foods have altered or

bad cells in them (altered through the process of heating and cooking – which does change cells' forms - or through chemical ingredient mixtures, etc.), their steady consumption can potentially lead to a block in metabolic pathways which can spark the growth of cancerous cells and even malignant tumors (tumors that can spread the cancer virus). In reality, the cravings for sugary sweets or candies and highly processed foods that a patient may experience are actually caused by the virus because the bad cells within them help the virus to grow and live.



This area still under development

Diet

Supplementation

Water

pH

Antioxidants



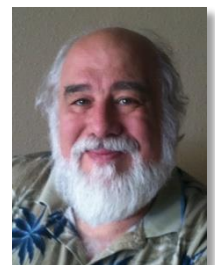
There are many variables that must be considered when addressing the issue of treating cancer. After learning much of what conventional medical practice includes for treatments and the statistics for the various potential (and mostly harmful) outcomes due to such treatment, it is difficult to think that there may be a chance of survival at all. Historically, the cases show that this “war on cancer” launched in the 1970’s has been on the losing side for countless cancer victims, and the losses keep adding. Assisting recovery with conventional methods has proven, in many instances, to potentially be very hazardous and also limiting in the amount of extra life-span it would afford someone after completion of those therapy routines. However, in light of all this, many patients are now realizing that there are, in fact, alternative methods and holistic routines that may not only help to fight the cancer virus, but potentially completely remove it from the body. Many alternative practices approach treating the cancer virus as an overall symptom of lifestyle choices or possibly even genetic disorders. This approach incorporates resources such as healthier diet and fitness habits; the use of beneficial frequencies application that may strengthen immune system qualities and also attack pathogens; reduction in exposure to environmental hazards such as chemicals and other natural treatments as well – all of which are not promoted by conventional methods that implement carcinogenic medicines and other harmful steps toward what is considered a “successful recovery”.

About the Authors:



Jimmie Holman – is affiliated with Pulsed Technologies Research, (USA) as well as Bioenergetics & Pulsed Technologies, (EU). As primary research & design specialist for all project planning, coordination, and implementation, Mr. Holman brings to the group an extensive background of Research and Development in particularly “hi-tech” fields of technology and is responsible for most PulsedTech concepts and designs.

Dr. Steve Haltiwanger, MD, CCN – is a valued consultant, contributor, and joint researcher in investigating the underlying physics involved in today’s emerging bioenergetic technologies. Dr. Haltiwanger’s focus on the electrical aspects of orthomolecular chemistry and nutrition to provide insights much needed in these new fields of science and health.



Paul Dorneanu – is also affiliated with both Bioenergetics & Pulsed Technologies (EU) and Pulsed Technologies Research (USA). Mr. Dorneanu is the primary point of contact for both companies, largely responsible for most manufacturing, software development, and technical support. Dorneanu brings an extensive background of applied informatics to offer interesting new technical capabilities to equipment research and software design.

Thomas Drake – is primarily affiliated with Pulsed Technologies Research (USA). Mr. Drake provides primary engineering, product planning, and active coordinator for Pulsed Technologies US and EU logistical operations. Additionally, Mr. Drake serves as Mr. Holman’s primary research assistant in all matters regarding protocol research, coordination, and publication.



Editing by **Justin Allen**