

## Practical tumour therapy with consideration for the internal milieu using BRT

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Ladies and gentlemen,

I should like to report a number of fundamental observations made over the past year while dealing with tumour therapy and in my daily work with tumour patients.

### CANCER: THE DIFFICULTIES OF DIAGNOSIS

I have to say right at the outset that the notion which had already emerged from testing with the „KurzBalc“ (Baklayan's short-circuit)' and the resulting conclusions was, in my mind, increasingly being reinforced. The crux of this notion was that the tumorous process is an **independent process** in the patient which, I am increasingly convinced, eludes **the universally applicable rules of energetic testing** and therefore considerable caution should be exercised in any statement ruling out a diagnosis of „cancer“. What I mean by this is simply the following:

While the inspired approach offered by Cross-linked Test Technique, element testing and subsequent meridian testing can solve the most complex cases, where patients exhibit an almost unbelievably long list of symptoms, by finding out the source of the particular disease and thus allowing an appropriate therapy system to be developed, strangely enough this does not apply to the tumorous process. Quite simply this means that despite careful diagnosis according to the rules of energetic meridian testing a tumorous process may be overlooked

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A. E. Baklayan, „Kurzbak“ — Eine einfache und sensationelle Möglichkeit der Enttarnung von nicht mehr testbaren Belastungen [A simple and sensational means of revealing stresses which can no longer be tested], RTI-Heft 23,1999, p. 101-103. in a patient. If for example, tests on a patient reveal that the liver and

gallbladder meridian should be considered the main source of the pathogenetic series, it is simply not enough to test a few tumour and precancerous ampoules on the liver and gallbladder meridian to rule out cancer! On the other hand, it is obviously not possible thoroughly to pretest every patient using **all the precancerous stage ampoules on every meridian.**

What incriminating factors are there then to help us identify a precancerous stage? Well, the first and most obvious in routine testing is still geopathic stress, which must be tested on the spleen, nervous system and possibly even the triple warmer meridian, both with program 700 and also the geopathy ampoule from the „Kidneys / Bladder! Abdomen! Geopathy“ test set.

But even here I should like to report by way of some practical examples how I too was caught out. In this context two patients had already come to me with a diagnosis of tumorous process yet on whom, to my astonishment, testing for geopathic stress did not respond. This forced me to question whether this stress was actually as inevitable in cancer patients as I had originally reported. I then had the idea however of testing geopathic stress locally, in other words right on the large intestine with carcinoma of the colon, for example, and it did actually respond there. You see the discovery of geopathic stress would have eluded me if I had carried out a general energetic test and the possibility of a carcinogenic condition would not have been investigated.

I will now describe a second case where I was also mistaken:

A patient in whom geopathic stress had been tested and already treated was undergoing therapy. Six months later during a check-up — this was a

case of breast cancer — I observed that the tumour had still not been brought under control successfully as I had hoped. In desperation I began testing again from the beginning and, although geopathic stress did not test at the traditional points such as spleen, nervous system and triple warmer, to my astonishment I was then able to detect the stress again at the fatty degeneration point, i. e. meridian-related.

What is the practical outcome of all this for us? After being tested on the spleen, nervous system and triple warmer meridians, geopathic stress in tumour patients must also be tested locally and, if necessary, treated.

**I. Geopathy ampoule** 1  
**spleen, nervous system, Program 700**  
**triple warmer**  
**H. local to tumorous process**

Incidentally I should point out here that, in my experience, most so-called suppression measures fail, even though I keep looking at new methods in so-called „normal" patients. With cancer patients we do not have time to experiment like this. The place where the patient sleeps must therefore be modified immediately if we are dealing with a current stress. Interestingly enough it is not uncommon with cancer patients for an old stress to be involved, the place where the patient used to sleep may have been geopathically disturbed.

Is there an explanation why energetic testing does not automatically lead us to the tumorous process? Well, I have to qualify my answer:

1. Experienced testers will counter me by saying they recognise tumour patients by their general mental and energetic exhaustion and immunodeficiency, the tumour being the end result of a persistent condition.

2. a) In any case, this prolonged exhaustion leads to lability of the neurohormonal system which in turn results in greater susceptibility to development of a *Hamer* focus, so in turn to a traumatic emotional process with formation of foci in the brain and subsequent tumour formation. We can test this focus on the head using the „KurzBak" method, as I described last year<sup>2</sup>, regardless of the

<sup>2</sup> A. E. Baklayan, Krebs, Metastasen und deren Behandlung unter Berücksichtigung der parasitären Belastung [Cancer, metastases and their treatment taking ac-

patient's current, i. e. present condition. (Mr. *Keymer* reports in his paper „New observations on allergic diathesis and links to our allergy therapy and auto-aggressive disease and tumours" on an exciting new development which I have already tested and should like to endorse at this point.)

2. b) So the *Hamer* focus develops at the place where the mental disposition is prepared to locate a traumatically-conditioned mental conflict. This in turn determines and reflects at which point a cancerous process manifests itself. **The energetic state of this organ or its meridian, may, but does not necessarily, respond!**

Here is an example to clarify what I mean (see Fig. 1 on next page).

This is what the current energetic picture of a patient suffering from carcinoma of the large intestine may look like! And as you can see, the element metal and the large intestine meridian are not responding for the time being.

3. Energetic testing always provides a snapshot of the patient's current state and, provided oncogenesis is not disturbing the functional circle of the large intestine meridian, it does not necessarily have to test. This leads to an attempt at an explanatory model: **energetic** testing provides information on the state of **energetic** exhaustion of the patient's neurohormonal system and/or immunological system. The subsequent physiology of the organ does not, by any means, have to respond. The state of exhaustion of the neurohormonal system also explains why testing geopathic stress on the triple warmer can be highly relevant.

Now a number of **additional points** occur to us:

1. It is no coincidence that in cancer patients the element earth is often blocked, i. e. the „centre", the central regulation, nervous system and metabolism.
2. The supportive ampoules for pituitary gland, hypothalamus, epiphysis, thyroid and thymus test in large numbers. It is extremely convenient for us that this information is already contained in the ampoules of the catalysts for central control.

And now back to our example (Fig. 1). Note that it is no coincidence that the element earth is blocked. This element testing obviously shows pro-

count of parasitic infestation], RTI-Heft 24, April 2000, p. 122-130.

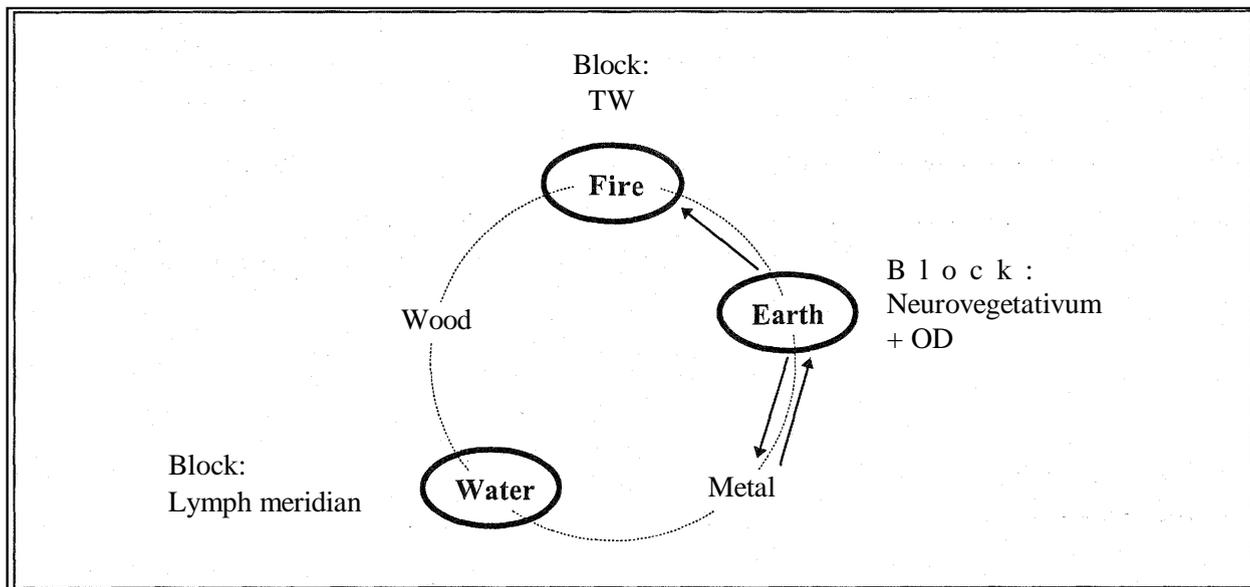


Fig. 1

longed overloading of the lymphatic system and exhaustion of the neurohormonal system!

The following rules of thumb apply to biological cancer therapy of cancer patients: a tendency towards

- low blood pressure
- hypothyroidism
- reduced stomach acid
- as well as subnormal temperature

in the preliminary phase — in other words, reduced basal metabolism. (We are assuming here that the patient is not yet displaying orthodox medicine's classic B symptoms — namely marked decline in performance, night sweats, cachexia and subfebrile temperature — in the developmental phase). We try to counter these with potassium iodide D6 or homeopathic iodine and regular checks on basal metabolism.

Cancer patient:

- test homeopathic iodine
- check basal metabolism

Now back to the question: How do we recognise a cancerous process once the contradiction in energetic testing has been cleared up? By the following tests:

1. Testing the tumour set's precancerous ampoules on metabolism is a good way. This is suggested by additional point I mentioned earlier.
2. Fasciolopsis buski and all its stages crop up in your routine testing.

3. One of the most reliable indicators of a cancerous process is finding ortho-phosphotyrosine. This is relatively certain and indicates activity on the part of the tumour and in most cases the presence of Fasciolopsis buski or one of its stages.

Ortho-phosphotyrosine is a cell growth factor which indicates uncontrolled proliferation. It is one of my favourite ampoules, especially for follow-up, for example, once orthodox medical treatment has been completed or on a patient discharged as „cured". It regularly happens here that ortho-phosphotyrosine and stages of Fasciolopsis buski test locally to the tumorous process using the „KurzBak". So long as this is the case, the patient cannot be discharged as „cured"! I am in the process of meticulously testing every amplification down to 0.025. I am sure it is not news to you that the recurrence rate in cancer patients is very high even after one or more years. Ortho-phosphotyrosine is neutralised by genistein. Genistein is found in large doses in red clover flower tea, a well-known phytotherapeutic remedy, and so all our tumour patients are urged to drink at least two cups of this each day.

Summary:

- test ortho-phosphotyrosine carefully using the KurzBak and eliminate
- treat Fasciolopsis buski and stages
- prescribe red clover flower tea

## THE INTERNAL MILIEU OF THE TUMOUR PATIENT

In traditional naturopathy, one of the essential points in the struggle with the factors which lead to a cancerous situation remains the question of the internal milieu. The holistic therapist cannot escape this question. The following problem arose: we know basically which carcinogenic stresses we must test on the tumour, in other words all the stresses I mentioned in my paper last year.<sup>3</sup> We know which parasitic, bacterial and, above all, carcinogenic environmental toxins we must take account of in the tumour. It emerged over the course of time that we were confronted with so many factors and consequently stages of therapy — especially with advanced cancerous lesions — that very often we simply ran out of time, despite megadoses of orthomolecular substances, Bicom therapy and MEDIGEN frequency generator therapy. Sometimes there are simply too **many factors** which an immunodeficient body with metabolic imbalance can no longer overcome. In particular, the problem of polycyclic aromatic hydrocarbons (PAH) kept cropping up. These are the hardest to test and we tried to eliminate them with huge doses of various orthomolecular substances such as glutathione, vitamin B2, folic acid, vitamin B12, nicotinamide, Q10, etc.

Despite sometimes daily elimination it repeatedly happens that we lose the contest with time and these persistent, albeit minor, stresses remain and the patient, now extremely weak, has to give up the fight.

### THE PROBLEM OF SATURATED FATTY ACIDS

Tackling the extremely carcinogenic PAHs (polycyclic aromatic hydrocarbons such as insecticides and lindane, for example) to which we are exposed, inevitably put me on the trail of „saturated fatty acids“ in our food. A second type of PAHs, which we consume daily in large quantities and which have long been classified as carcinogenic, are **heated cooking fats** and also **synthetically produced oils**. They impede the oxygen supply in the body and result in a steady and gradually complete de-

<sup>3</sup> A. E. Baklayan, Krebs, Metastasen und deren Behandlung unter Berücksichtigung der parasitären Belastung [Cancer, metastases and their treatment taking account of parasitic infestation], RTI-Heft 24, April 2000, p. 122-130.

generation of the metabolism.

In her new book „Advanced Cancer Cure“, *Dr. Clark* points out the risk of fatty acids and that the breakdown of fatty acids in the body leaves behind acrylic acid which is absorbed through the intestines and modifies the DNA.

In this connection I came into contact with the work of *Dr. Budwig* (Source: „Krebs, Das Problem und die Lösung“ [Cancer, the problem and the solution]) who holds saturated fatty acids chiefly responsible for the development of cancer and who was even able to demonstrate the presence of these fatty acids on tumours through reliable scientific research results. Her simple solution, namely the use of high doses of linseed oil (taken internally as linseed oil and externally as so-called ELDI oils), gave me the idea of testing this and also trying it out.

The problem was: how should these fats be tested? When I looked around for starting materials, discovered that the smallest amounts of these purified saturated fatty acids such as caprylic acid, for example, are prohibitively expensive to buy and difficult to obtain. After lengthy consideration I came upon the simple idea which I should now like to pass on to you. I bought all the available edible oils, cheap margarines, etc. in the shop and filled an ampoule with each. The next stage was to heat these oils to a high temperature<sup>4</sup> and then fill a second series of ampoules with this.

Using the „KurzBak“ I began to test these heated oils on the tumour itself and, as you might imagine, I made a find. So you do not need to buy another range of expensive ampoules. Everyone can make these very easily themselves! However the list of pathogens was now almost endless so that I really began to despair.

And now I come to the key statement of this year's paper: at some point a patient's response and ability to regulate, particularly in the case of a weakened tumour patient, is affected. He can simply no longer process the flood of information we supply him through Bicom therapy.

Luckily I found a very simple solution for getting out of this fix: if the patient consumes some good fresh linseed oil in 2 daily doses of 3 table-spoons mixed into a paste with quark, I observed that the total number of polycyclic aromatic hydro-

<sup>4</sup> By the way, the stench which is released as these oils are heated on their own is almost unbearable. It is probably normally masked by the smell of the food which is cooked with the oil.

carbons fell, even when we did not eliminate them with Bicom therapy. This was obviously an enormous relief and sensational news.

As I explained last year, PAHs never occur as such in nature and when they are broken down by the body, this takes place through a reduction process. As a result new substances develop which are even more dangerous and carcinogenic than the original substance. Breaking down caprylic acid which develops through heating fats is particularly problematical and harmful. This is the reason why large doses of reducing agents such as glutathione, vitamin B2, coenzyme Q10 and, on occasion, Miller-Goppingen's carbo coffee are needed.

These should therefore only be eliminated with Bicom therapy when sufficient orthomolecular remedies have been taken as indicated on the prescription. Linseed oil represents a highly beneficial way of eliminating as well and providing the body with a vast supply of oxygen through the highly unsaturated essential fatty acids. Moreover, this oil quark mixture has a beneficial effect on the digestive tract.

Heat, light and oxygen quickly turn linseed oil very rancid, by the way. It should not be used for cooking or baking. Once opened, the oil should always be kept cool or in dark bottles which are stored in a cool place. Contrary to all the publicity, high-grade cold-pressed oils such as olive oil, for example, are no good for this.

Another tried and tested method for use in connection with the highly unsaturated fatty acids linolenic and gammalinolenic acid is Javanicus oil found in In Vivo's Mucor javanicus preparation. The amount required must be tested out.

#### HOW DO WE PROCEED IN PRACTICE?

Testing the oils and heated oils on the tumour with a precise amplification, e. g. testing with „KurzBale' on the tumour — current result: thistle oil heated, program 191: amplification 44. This is not eliminated with Bicom therapy but the amplification is checked at regular intervals while the patient continues to take his oil quark medication. You will notice, ladies and gentlemen, that these values improve continuously and that, at some point, they barely even test or do not test at all. Any residual stress can then be eliminated at some point using Bicom therapy. Through this initial step towards improving the body's internal milieu we were able to achieve a considerable alleviation in the therapeutic approach.

As for the quark, some of you will draw my at-

tention to a contradiction in that last year cow's milk was banned from my tumour therapy.

Because of the connection between cow's milk and ascarids and the extremely persistent ascarid infestation in tumours which we were barely able to eliminate, we were forced in the past to prescribe a temporary cow's milk free diet. Not because the patient was allergic to cow's milk but because we did not want to risk reinfection with ascarid eggs or larvae. A simple solution has emerged to this too. With the help of clinical studies from the 50s on the use of enzymes in worm control, I have discovered that papain was one of the most popular vermifuges. Papain also enjoyed great popularity as an anthelmintic in orthodox medical treatment of children. It operates by the protease of the papain partly digesting the parasite's cuticle thereby opening up the worm's abdominal cavity in several places. It is now possible for the endogenous enzymes to attack.

We have tried out this method. First a 2-day treatment with the following dosage:

- **patient fasts for 2 hours, then 1000 mg papain every hour for 5 hours;**
- **it is recommended that the patient fasts for a further 2 hours after this 5 hour period;**
- **the patient is then allowed to eat again.**

We have been able to observe really impressive improvements in ascarid infestation levels in patients using this strict treatment. I noticed though that this treatment was also continued for a longer period in the clinical studies from the 50s I mentioned earlier.

Our approach is initially to begin with a 2-day treatment and, if the patient tolerates this high dose well, to carry out a 4-day and then a 6-day large-dose papain treatment. Papain also has a hugely beneficial enzymatic effect on the patient and furthermore is helpful as enzyme therapy for cancer-

5 Sources:

1. „Über die Wurmbekämpfung durch Enzyme" [On worm control using enzymes], by Dr. med. H. Weise, resident house physician, II medical clinic and outpatients dept., Dusseldorf Medical Academy
2. „Die Therapie der Wurminfektion des menschlichen Darmes" [Treatment of worm infection of the human intestine], by Dr. med. Hermann Birzle, Freiburg University Hospital, 1953
3. „Symptomatologie und Therapie der Trichuriasis" [Symptomatology and treatment of trichuriasis], by Dr. Sepp Hannak, Munich, 1951

ous processes. Papain is described as carcinostatic in some alternative cancer therapies. So the effect is beneficial on three counts.

Following this strict treatment we reduce the dosage to 3 x 400 mg per day, for example, or 3 x 200 mg. If the ascarids still have not disappeared after two weeks, this treatment can be repeated until the nematodes no longer test.

This method combined with high doses of cysteine 1 (3 x 1 g daily), which kills the ascarid larvae, has proved successful and allows us to slightly relax cow's milk abstinence in cancer patients. We recommend reducing cow's milk intake simply as a precautionary measure. Total abstinence is no longer necessary which is a relief for the patient as far as diet is concerned.

Incidentally, this treatment has also proved successful with a number of nematodes, even persistent infestation by *Enterobius* (pinworm), *Trichuris* and other parasites. This is always the accompanying medication of choice.

**Papain treatment (2, 4 or 6 days):**

- **patients fasts for 2 hours,**
- **then 1000 mg papain every hour for 5 hours,**
- **after 2 hours patient can eat again as normal, low protein diet however**
- **repeat this daily**
- **to intensify treatment: laxative the evening before**
- **repeat treatment with persistent ascarid infestation!**

OXYGEN DEFICIENCY IN THE TISSUE

In my reflections on how favourably to influence the internal milieu, I next directed my attention to the essential problem of oxygen deficiency and the metabolic process based on glycolysis occurring at the tumour and the possibility of effecting a change here. I recalled a simple, long-standing and very well-known method in naturopathy, namely cupping. One of the most widely accepted phenomena in cancer patients is that their condition is hyperacidic and, as is well known, cupping is one of the oldest methods of deacidifying.

As you know, dry cupping and raising an artificial haematoma is one of the most reliable methods of providing the oxygen-starved parts of the

body with new blood and oxygen by forcing the body to break down this artificially raised haematoma. I have also heard rumours that in hospitals in Eastern Europe this method is even used in hopeless cases with cancer patients where all hope has been lost, sometimes with good results. With a view to this, we then simply began placing cupping glasses right over the known tumour area, i. e. symptomatically. This means: for example, with cancer of the liver, over the anterior and posterior margins of the liver or, with carcinoma of the colon, over the large intestine, etc. We must then try to note as carefully as possible the reaction site at which the most pronounced blue-black coloration appears — in line with traditional cupping practice. As soon as this point clears up after a few days, indicating that detoxification and deacidification is beginning, we place cupping glasses on it again.

An impressive phenomenon was that, as far as we could judge, the moist violent reactions were actually seen directly above the tumorous process! In at least three patients we were even able to see exudation of lymph at this point and the cutaneous area beneath the cupping glasses looked burnt. A slight crust formed on the skin during the healing process indicating an extremely violent reaction.

Some patients reported that they then felt considerable relief at this point on their body. Remember that cupping glasses are capable of drawing the fluids right from the depths of the tissue. Think of the relief we can bring the RES (reticulo-endothelial system). In the case of extreme reactions it is permissible to use bleeding cupping briefly to allow the old waste blood to drain away. Otherwise I tend to be careful with cancer patients as they are already in a cachectic state and bleeding cupping is contra-indicated in such instances.

**Attention:**

- **With breast cancer do not place cupping glasses on the fatty tissue,**
- **do not place directly on superficial tumours but around the affected area!**

In my experience, cupping therapy can be a quite considerable help in altering the milieu in cancer patients.

## DEACIDIFICATION

In naturopathic circles the cancer patient's overall acidemia is a universally accepted phenomenon. However, on closer inspection, it appears to be more complicated. As *Dr. Issels*, a champion of natural cancer therapy (1953) and *Dr. von Kapff* wrote, the cancer patient's blood tends towards alkalosis, his tissue towards acidosis, his stomach to hypo-acidity, i. e. subacidity.

An explanatory model for this is that the tissue which is suffering from hypoxia, i. e. an oxygen deficiency, causes the hydrogen ion concentration to shift from the blood into the tissue leading to alkalosis in the blood which the body tries to compensate. It draws off the acids from where they are produced, namely the stomach, in turn leading to hypo-acidity in the stomach. Since the stomach acids are one of the most important protective barriers in this regard, this results however in the stomach allowing free passage to bacteria — think of *Clostridium* infection in cancer patients, of moulds and aflatoxins and ubiquitous parasite eggs. The solution to the problem is therefore definitely not to prescribe buffer bases to deacidify the patient since this will reduce the stomach acids even further.

An interesting point in this connection which makes the link here is the observation by *Dr. Ernst Hartmann (t)*, the late chairman of the Geopathy Research Group: persons with intact stomach acid were laid on strong geopathic crossings. Their stomach acids were monitored continuously. After just 8 hours hardly any stomach acids could be detected in any of the subjects!

Cupping electrode therapy is one of the most effective methods of regulating acidemia in tissue and obstructions in the capillaries. To support deacidification of the tissue and an improvement in oxygen deficiency we use D-lactic acid preparations such as Gelum (Dreluso), RMS (Petrasch), Stropheupas (Pascoe), etc. as well as very high doses of dextro-rotatory humic acid in the form of Mineral Gold (DermaVit) or Zwischenzellgewebe Aktiv (In Vivo) 3 x 60 drops with plenty of high quality water. Possibly take calcium/magnesium compounds in the evening, or have days when only vegetable broth is consumed.

The internal milieu can gradually be altered with these simple methods:

- 2 x 3 tablespoons linseed oil daily
- ELDI oil applied externally
- \* *Mucor javanicus*

- repeated cupping therapy
- D-lactic acids
- Mineral Gold drops.

## IMMUNOSTIMULATION

The next important point is still the patient's weakened immunological system which, in many cases, despite literally hours of Bicom therapy and other measures is obviously still incapable of coping with some persistent parasitic infestations, for example the larvae of *Fasciolopsis* bush or *Clostridium* which I reported on in detail last year. It is enough to drive you to despair. (One very important point: *Clostridium* is now finally available in the enlarged bacterial set.)

Encouraged by *Dr. Clark's* new findings, I developed a new aid for my practice, namely a simplified setting for the zapper. In the past all cancer patients were recommended to treat themselves with this 3 times a day for 7 mins. We have modified this to a so-called „continuous zap". This means that, with the new generation of zappers available, patients are urged to switch to continuous operation, starting with 30 minutes per day and, if this is tolerated well, to increase this by 10 minutes each day up to 2 hours per day for at least 3 to 4 weeks. This treatment should be monitored as often as possible so that we can see when the parasitic infestation dies down. The patient should then immediately switch back to 20 minutes zapping per day or even observe breaks. As the **new generation zappers** are attached to the wrists with velcro fasteners enabling the patient to move around freely when at home and not forcing him to hold hand electrodes continuously, this is now easily achieved. With some patients, therefore, we have finally been able to make more rapid progress in treating parasites and bacteria and thereby in tumour therapy.

- **Increase zapping each day up to 2 hours continuous zapping,**
- **until parasitic and bacterial infection dies down.**

Another therapy for strengthening the immunological system which we use mainly with very weak patients and some cancer patients is long-standing vitamin C infusions (a remedy which is beneficial to all patients!)

Another free-radical scavenger which almost always tests and whose effectiveness in the pre-cancerous stage and in preventing further development of cancer cells is proven, is betacarotene. It is highly recommended for tumour patients in high doses of 3 x 3 capsules a 15 mg.

Additional well-tried methods should be applied to strengthen the specific immunological system as well as the non-specific humoral system.

#### SUMMARY OF THERAPEUTIC APPROACH

1. Carefully test and treat geopathic stress in the spleen, nervous system, triple warmer and local meridians.
2. Support the neurohormonal system, also pituitary gland, hypothalamus and epiphysis as well as ampoules of the catalysts for central control.
3. Support thyroid and give homeopathic iodine
4. Test polycyclic aromatic hydrocarbons
5. Test fatty acids, heated fats and eliminate with linseed oil, ban heated fats<sup>6</sup>

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<sup>6</sup> A. E. Baklayan, Krebs, Metastasen und deren Behandlung unter Berücksichtigung der parasitären Belastung [Cancer, metastases and their treatment taking account of parasitic infestation], RTI-Heft 24, April 2000, p. 122-130.

6. Repeated papain treatment against ascarid infestation and high doses of cysteine 1(3 x 1000 mg daily)
7. Cupping over the cancer area (attention with breast cancer: do not use cupping on fatty tissue but on the back)
8. 2 hours continuous zapping per day until parasitic and bacterial infestation diminishes
9. Vitamin C infusions or other immunostimulating measures.

**Attention: All measures should be seen as complementing rather than replacing the tips contained in last year's lecture.**

My dear colleagues,

Every year I look forward to welcoming you to sit in on sessions in my practice if you are in the area (please contact me beforehand). I always find the resulting exchange of ideas extremely rewarding.

Thank you for your attention.

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