Conservative tumour therapy for the elderly and the importance of central control

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DISEASES OCCURRING FREQUENTLY IN OLD AGE

As life expectancy in the industrialised nations is extended, an increasing number of elderly patients are coming to our practices seeking help for complaints resulting from their worn-out organs. We try to help them based on our knowledge and experience.

With arthrosis, one of the most common disorders associated with old age, we may try alternate weekly IV doses of calcium carbonate D_{30}, Rhus tox D_{30} (poison ivy) and sulphur D_{30} and observe that this treatment is not as effective as 30 years previously due to the heavy metals deposited in the bones which block any reaction. So the blocks must first be removed with bioresonance.

The same goes for the geriatric heart. Here too the blocks on the corresponding organs (organ clock) and those on the heart itself must be released. There will be no improvement otherwise. This applies to all diseases associated with old age.

Care of the kidneys has a central role to play here. It is extremely important to drink vital water, not ordinary mineral water and possibly to take Hewenephren duo. Osteoporosis is merely a result of aging kidneys. Moreover, it should be noted that chronic intestinal disorders cause kidney damage. Consequently, these patients have 20 times more kidney stones. The intestine is indeed an important part of our immune system.

Nowadays, it is not possible to run a successful practice, regardless what type, without bioresonance. Even a purely homeopathic or EAV practice can now no longer manage without bioresonance. Blocks are the reason why constitutional agents have little or no effect. KI-Kuf series cannot function as one never knows when a new contamination will occur. And therapy with potentiated toxins takes far too long.

Consequences of chronic inflammatory intestinal disorders

(70 % of the immune system is located in the intestine!)

The majority of kidney stones consist of an insoluble compound of calcium and oxalic acid. Both occur naturally in food. Calcium and oxalic acid form a compound in the healthy intestine and cannot be absorbed by the intestinal wall. If the intestinal walls are chronically inflamed, lipolysis is disturbed. The fats reach the lower regions of the intestine and bond with the calcium. As a result there is no longer enough absorbable calcium available to bond with the oxalic acid and so the oxalic acid is absorbed by the intestine and bonds with calcium in the blood. This compound becomes evident as kidney stones. Foods such as spinach contain large quantities of oxalic acid which can be bonded with cream.

Unbonded oxalic acid, absorbed by the intestine, causes acidaemia in many people and is therefore a major cause of disturbed metabolism.

In extreme cases we operate on all these diseased worn-out organs, for example, coxarthritis. Only tumours, which admittedly represent the final stage of degeneration in old age, are always immediately referred for surgery. Are we perhaps afraid of the challenge they present us?

If a malignant growth indicates a collapsed, exhausted immune system, does it then make sense to send the patient straight to hospital and expose their immune system to further stress? It is not even possible to release the blocks as this would mean placing our bodies under stress and the patient is no longer equal to this.

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HOW CAN MALIGNANT GROWTHS BE TREATED SUCCESSFULLY?

Case study

I should like to use an example to explain how treatment can be put together. A 66-year-old patient came to me in February 1977 because she was vomiting each morning, could not eat and her weight had dropped to 37 kg. Her test results did not tie in with the grave syndrome. We know that EAV results are no longer reliable with tumours. In these cases the energy appears to spread diffusely over all the meridians without following a definite path. When this happens I stop testing and let my experience guide me in my treatment. Where possible I always send these patients for accurate diagnosis, even tumour marking.

For this patient I prescribed:

1. Anacardium D_{30} 1x daily (constitutional agent)
2. 10 ml Beriglobin IM immediately
3. vitamin E, vitamin A, Selenase (antioxidants), vitamin C 2 g/day
4. bioresonance for tumour patients 3 x week (BICOM program 201 lymph, degenerative, 950 increasing powers of resistance, 430 liver detoxication, 261 organ degeneration, acute, 331 stomach, degenerative)
5. after bioresonance she received diencephalon and thymus on account of her extreme weakness
6. intestinal cleansing.

The patient returned from diagnosis with the following report: severe, bleeding gastric polyposis with Campylobacter infection. A hospital bed was not available for her for another two weeks. I used the intervening period to stimulate her immune system by:

1. weaning her off smoking: acupuncture on the ear (semi-permanent intradermal or press needles) and Robinia com IM
2. daily bioresonance, varied according to the symptoms
3. Regeneresen therapy according to patient's condition (program 195 substance – patient)
4. Campylobacter D_4, 2 ampoules Arsenum D_6.

She returned after the operation. The surgeons had been surprised that none of the lymph nodes were affected by the stomach cancer. She did not receive any postoperative therapy.

In this patient's case, I was happy for her to be operated on as she was still relatively young and it is hard to gain control of patients who do not respond to testing. Even today, five years after the operation, she still needs 2 ampoules Carcinominum D_4 with accompanying therapy each week. A few weeks after the operation, she responded well to testing again.

PROCEDURE WITH REALLY ELDERLY PATIENTS

What do you do about really elderly people (in this context, I do not consider 66 to be old) who do not want to go to hospital? You must find out by talking to them whether they really do not want to go and, in any event, must cover yourself forensically. On no account should you advise a patient against going to hospital. And on no account should you deceive a patient. Sometimes relatives try to persuade the therapist not to tell the patient the truth. However, patients notice whenever they are being lied to and then feel abandoned.

The older the patient is, the more frequently they will have personally experienced acquaintances either not surviving their stay in hospital or being sent home in a worse state than when they were admitted. Moreover, elderly people become increasingly aware of when their life on earth is coming to an end as they reach old age.

If a tumour patient's immune system is known to be totally exhausted, he cannot survive diagnosis, surgery and subsequent therapy (chemotherapy and/or radiation) without his immune system first being treated.

However, even with conservative therapy, where possible an accurate diagnosis should be made, even tumour marking, especially as, at least at the outset, one never knows whether the test result can be relied upon. And yet you can even get rid of metastases as I have experienced in my practice. Without an accurate diagnosis, you do not know what you have to treat.

If the patient refuses accurate diagnosis because he is afraid of being caught up "in the system", you are forced to rely on your own experience at first if he does not respond to testing or on radi-esthesia.

Experience has taught me that it is possible to gain control of and reduce tumours, especially in old age when they grow more slowly. This also works on younger patients. However, they are less able to accept living with a tumour and, if they cannot or do not want to learn anything new, then there is no way to help them.

I experienced this with a 55-year-old patient. The specialist lung hospital had diagnosed a mesothelioma. He had been told there was nothing that could be done for mesothelioma and been given 3 months to live. I was able to maintain him in a stable condition for 1 year with an auto nosode manufactured by Staufen-Pharma. The lung hospital was surprised the tumour had not grown. Yet he was not satisfied with this and he was not in a position to solve his domestic problems. And so, after 1 year, he let a locum persuade him to have chemotherapy and moved to a different practice. He died 4 months later.

How do you treat the elderly, with or without accurate diagnosis?

1. Thorough physical examination and homeopathic case history
2. Constitutional agent and high-potency to make the trigger inoperative. We know that shock destroys the T lymphocytes.
3. Antioxidants: Selenase (not always appropriate!), vitamin E, vitamin C – 2 g/day, if possible buffered (available from: Orthica, Tel. 0211-742 550, Fax 0211-742 507), zinc orotate.
4. Test tumour nosode! Never give without breath ferment [Atemferment] and Viscum! When I have tested the tumour ampoules with EAV or radiaesthesia, I give the ampoules each week together with the **same** number of drops in still water in the morning of the same day on an empty stomach. You have to provide a real stimulus. One patient's husband said: "7 ampoules at once is too much, take one each day instead." That does not work. Unfortunately, I did not find out until too late.

   Patients need to take this number for a very long time, often for years. Fortunately degeneration nosodes have also been available in drop form for several years (1 ampoule equates to 20 drops).

   If you are actually able to test the patient, pay particular attention to the Pischinger point (Pa 4a) and the RES (Mi 4). **Initially compensate just with Dyckerhoff Regeneresen therapy!** (These patients cannot tolerate nosodes as their immune systems are exhausted!)

   You will then discover that often parts of the brain such as epiphysis are needed. As mobile phones remove the blood-brain barrier, parts of the brain are increasingly exposed to environmental influence. This also means that chronic diseases, aggression and disorders of the head are on the increase.

   Nowadays there is no chronic disease which does not involve the brain! This has probably always been the case, we just did not notice it as there is no accurate diagnosis or laboratories, etc. available yet for this. So we only have EAV and, depending on its results, strengthening the appropriate part of the brain with Dyckerhoff preparations. If the patient starts to recover, you can also begin to eliminate toxins.

   When I am testing Dyckerhoff preparations, I first remove all other tested agents from the measuring circle and simply compensate the points with Regeneresen therapy. You should never give more than 4 preparations and **never from the tumorous organ**. **This would feed the tumour!**
5. **Administer 10 ml Beriglobin IM immediately; repeat every 4–6 weeks!**
6. Bioresonance at least 3 x week
7. Thymus and Dyckerhoff Regeneresen therapy 3 x week.
8. Change diet and water! Normal diet or organic foods. No mineral water which has largely lost its structure and functional ability through CO_2 and ozone. If possible, Volvic, Vittel, Evian or spring water.

Other disorders generally also exist in old age and you will therefore discover that the following diseases generally affect the following areas of the brain:

tumours	→	epiphysis, pituitary gland, diencephalon, etc
pain	→	thalamus, etc.
bronchial asthma	→	always medulla oblongata, pituitary gland, brain stem, epiphysis, etc.
circulation and hypertonia	→	medulla oblongata, epiphysis, etc.
allergies:	→	always hypothalamus, etc.

This is just a rough guide. Unfortunately I only discovered this in recent years. In any event, you must heed central control and also help the patient recognise what the higher 'self' is trying to tell him and what he must change.

Case study

To conclude my paper I should like to show you the progress of my oldest tumour patient who is doing well so far and only needs 2 ampoules of Carcinominum D4. She has been coping well with this treatment for 4 years now. She was 83 years old when she first came to my practice asking me to help her "make an exit", as she put it, without too much pain. Until last year she used to come up the hill to me on foot from the town.

15.07.1998	Initial findings: palpable tumour in upper abdomen. Did not want to go for further diagnosis.
	Tested: Arsenum album D_{30} + 5 ampoules Carcinominum D_4 + 5 ampoules ubiquinone D_6 + 5 ampoules Viscum album (mistletoe) cultivated on Citrus trifoliata;
	then without Arsenum + ampoules: thymus, lung and spleen from Dyckerhoff.
22.07.1998	Improvement, eating more, no further weight loss.
	100 drops from the ampoules each week as on 15.07.98 (1 ampoule = 20 drops). Also Dyckerhoff thymus + lung + spleen injected.
	Beriglobin every 6 weeks.
1999	Continued this treatment. The patient could now be reliably tested. Chronic hepatitis B and chronic pulpitis came to light and were treated with nosodes.
	Regeneresen was tested at each consultation.
08.07.1999	Acute bronchitis treated homeopathically.
04.11.1999	Constitution agent changed to arnica D_{30}.
2000	Carcinominum D_4 could be reduced to 3 ampoules.
07.09.2000	Following family problems, back to 4 ampoules and opium D_{200}.
05.12.2000	All values normal, great joy!
	But 4 weeks later needed 3 ampoules again, nausea, loss of appetite, etc. again.
2001	Following consultations every 4 weeks in 2000, only every 4 months in 2001. Still needed 3 ampoules.
08.08.2001	Only needed 2 ampoules.
09.01.2002	Herpes zoster in lower thoracic area, stomach very painful!
	10 ml Beriglobin IM; Dyckerhoff: large intestine + pancreas + diencephalon + thymus.
16.01.2002	Herpes zoster healed.
	Dyckerhoff: spinal cord + diencephalon + liver + heart.
	Told to come back in April 2002.

Bioresonance was performed at each consultation.