

Treating equine sarcoids as an illustration of tumour therapy

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Alternative methods of treating tumours are attracting increasing interest from patients and therapists due to the often dismal prognoses given by conventional medical methods of combating tumours. The most common type of tumour found in horses is the equine sarcoid. I should therefore like to use this example to show how it can be treated with bioresonance therapy, supporting my position with case studies.

The equine sarcoid (ES) is a skin tumour of mesenchymal origin which affects the epidermis to varying degrees (Jackson 1936). As regards its biological properties, an equine sarcoid is a semi-malignant tumour (Stünzi and Weiss), which is locally invasive and grows aggressively. No metastasis is observed. However there is a marked tendency to relapse following treatment.

Six different forms of equine sarcoid are distinguished based on their clinical appearance (Pascoe and Knotenbelt 1999):

Occult sarcoid: usually circular, raised, hairless, asbestos-like cutaneous lesions

Verrucose sarcoid: wart-like, sometimes stalked cutaneous lesions

Nodular sarcoid: solid nodules in and under the skin, sometimes freely moveable

Fibroblastic sarcoid: fleshy appearance with bloody surface

Malevolent sarcoid: infiltrates the lymph tracts. Aggressive

Mixed sarcoid: transformation from a less aggressive to an aggressive form

Therapy in conventional medicine

Surgical procedures

1. Ligation
2. Surgical removal

Cryotherapy

Cooling the tumour with liquid nitrogen

Thermotherapy

Heating the tumour tissue to at least 50°C

Laser therapy

Vaporising, coagulating or cutting the tumour tissue

Chemotherapy

Application of cytostatic or antimetabolic chemotherapeutic agents to tumour tissue

Immune therapy

Developing cell-mediated immunity to the tumour

BCG vaccine

Intratumoral Bacille Calmette Guerin injection to stimulate cell-mediated immunity

Interleukin

Injection to produce cytokines

Autologous vaccine

Administration of autologous tumour material

Radiotherapy

Destruction of the tumour using ionising radiation

Photodynamic therapy

Concentration of photodynamic substances in the tumour tissue and targeted exposure to light

Bioresonance therapy

Following all attempts to treat the condition the relapse rate is extremely high for conventional medical forms of therapy and so I have tried to treat patients with bioresonance therapy. The case studies I present here were all instances where all other treatment options had been exhausted.

A distinction is made between two different types of treatment:

1. Therapy based solely on bioresonance
2. Therapy with bioresonance following previous surgical intervention

Therapy based solely on bioresonance

I take this approach when the area affected is sensitive (e.g. extending around the eye), the sarcoids are spread throughout the whole body or a surgical procedure is not possible. Treatment is much more frequent with this method than with combined treatment. The more frequent the treatment, the greater the success.

The treatment itself

On day 1 the animal is given basic treatment with bioresonance.

Step 1: flexible input electrode around the neck, bioinduction mat on the horse's back where it remains for the remainder of the treatment, select programs 130, 700, 910. The input cup contains the horse's saliva.

Step 2: flexible electrode on the liver, select program 430.

Step 3: flexible electrode on the start of the chest, select program 930.

Step 4: flexible electrode on the kidneys, select program 480.

Step 5: flexible electrode on one of the tumours (preferably the largest), select programs 978 or 977, 997 and 610, 923.

Subsequent steps:

Repeat step 5 the following day, then weekly for a month, then fortnightly for three

months and finally monthly until the condition heals.

The tumours dry out over the course of the treatment and become black. Provide symptomatic metabolic support as required.

Therapy with bioresonance following previous surgical intervention

I use the mixed form of treatment when tumours are very large, keep bleeding or are well defined.

The day before the operation the horse is given basic treatment with bioresonance, as described above.

The next day the tumour is removed surgically under anaesthetic and sutured, etc.

In the next step tumour material is placed in the input cup of the Bicom device and program 978 or 977, 997 is selected. The device's bioinduction mat is laid across the horse's back. The flexible electrode is not connected. Once the program has terminated the tumour is removed from the input cup and replaced with the animal's saliva. The flexible input electrode is now connected and placed on the surgical wound. Programs 610 and 923 are now selected and treated. The tumour is preserved and stored in a small container which fits inside the device's input cup and is filled with formalin or pure alcohol. In subsequent treatment sessions this container with all its contents is placed in the input cup to eliminate the tumour with 978 or 977, 997.

The following day treatment is repeated, then for a month at weekly intervals.

Using this procedure in my practice I have encountered no relapses with solitary tumours that have undergone surgery. In cases where there are several tumours on the horse's body which have not been operated on, then treatment must be continued for several months. Here the flexible electrode is also placed on one of the remaining tumours while eliminating the tumour. In this case the treatment is

carried out weekly for the first month, fortnightly until the third month, and once a month from the fourth month if necessary. Over the course of treatment the tumours become black and dry and fall off.

Results

Over the course of my long career in veterinary practice since 1983 I have treated many equine sarcoids, both using the conventional medical approach outlined above as well as with bioresonance. The conventional method of treatment has had very little or no success. Relapses invariably occurred.

With bioresonance however I have had around 90% success rate in an estimated

hundred cases of equine sarcoid with no recurrence.

The effectiveness of the treatment depends on the frequency and interval between treatment sessions as well as on the level of experience of the therapist. The most dramatic results were obtained by combining surgery with bioresonance therapy.

Other equine tumours such as melanoma require far more frequent treatment than equine sarcoids.

Bioresonance therapy will, I feel sure, continue to make huge progress in combating tumours through the accumulated experience of individual doctors and therapists.