

Cancer therapy – a new hypothesis

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Dear Colleagues,

Around 7 years ago, an idea emerged in bioresonance circles to develop a cancer treatment based on the theory of apoptosis, i. e. cell death. This idea, which is based on a scientific fact, states that cells that no longer receive information from their surroundings cannot survive. By additionally attempting to stabilise the genetic code of cells, the natural process of cell death should begin again, i. e. apoptosis, which in the case of cancerous cells evidently ceases to function. In order to achieve this we used two stages of treatment:

1. We attempted to help the cancer cells ‘recover’ by supporting them with an A or H+Di oscillation while tumour tissue was in the input.
2. We suppressed the surrounding tissue with an Ai oscillation while tumour tissue was in the input so that the surrounding tissue was no longer able to pass on information to the cancerous tissue.

To begin with, this theory sounded extremely plausible and we set about treating our patients with gusto. However, we obtained disappointing results time and time again. Basically, very little happened and it was only thanks to Dr. Clark’s findings on parasitic stresses, and also by eliminating environmental stresses, focal therapy, major orthomolecular treatment and above all enzyme therapy that we had any success.

A NEW HYPOTHESIS

One day when I was thinking about particularly complex cases and how I could help terminally ill patients, a glaring contradiction occurred to me which I had never noticed before:

It is a fact that we test a tumour on A while tumour tissue is in the input, and it is also a fact that we test the surrounding tissue on Ai while “surrounding tissue” is in the input. But what does

this really mean? How is it possible that the body sees tumorous tissue as a friend? Because that is what the body is saying when it resonates with A information of tumour tissue and thus improves the EAV value. It is saying “that feels good!” How can the tumour tissue be doing the body good? Why is the tumour tissue its friend and helper?

As a result of this I carried out tests to find out whether the tumour ampoule tested on Ai and in indeed it doesn’t in most cases! That is very strange. Why doesn’t diseased tissue test on Ai? And why does the surrounding tissue test with Ai? Why does the body regard this tissue as diseased? Because that is what it is being told! It is saying “take this tissue from me and I’ll feel better!” I tested with A here too and there was no resonance!

In light of these facts, my question then was:

“Why is tumour tissue a friend and the surrounding tissue a foe?”

Consequently, I came up with the following crazy hypothesis:

“Could it be that the surrounding tissue is actually the problem? Could it be that the body is trying to survive even though this surrounding tissue is actually diseased as a result of environmental toxins, parasites and putrefying products and will most certainly die, and is trying to counteract the decline and decay by producing “undying tissue”, i. e. tumorous tissue?”

This crazy hypothesis seemed to make sense and would explain a lot, in particular why the body of a cancer patient is unable to distinguish between friend and foe.

For the first time we are therefore able to establish that, as proven unequivocally through our tests, the body **recognises the tumour as a friend and the surrounding tissue as a foe, i. e. as diseased tissue**. The result was that my research took on a completely different aspect and I had a new objective in mind:

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“Is there a possibility of cleaning up the surrounding tissue in such a way that it becomes healthy and so that the body no longer recognises it as a foe? And if that is the case, does the tumour itself have to be recognised once more as an actual foe and be attacked by the body’s immune system rather than protected by it? I should perhaps remind you at this point that tumours produce HCG (human chorionic gonadotropin), the very same hormone produced in the placenta to protect the growing foetus against the mother’s own immune system! (source: “A clue to cancer”, Newsweek, Oct 23, 1995, p. 92). Isn’t that absurd?”

I therefore carried out various tests using all stresses known to us: much-cited environmental stresses, parasitic stresses, clostridial stresses and mycotic stresses. Although this research work is certainly far from complete, I am able to report on the initial and very impressive results.

REPROGRAMMING THROUGH MALONIC ACID?

My attention was once again drawn to malonic acid, which Dr. Clark first drew our attention to many years ago (“Healing of all advanced forms of cancer”, Helda Regehr Clark, New Century Press) and which I reported on in my lecture entitled “Cancer, metastases and their treatment, taking into account the parasitic stress”, RTI Volume 24, Fulda 2000. To serve as a reminder, malonic acid has three sources known to us at present:

- First of all food, where rather than focus on lists of products containing malonic acid I attempt instead to encourage patients to avoid all foodstuffs packaged in plastic and ask them to make sure that their food is produced organically. I am aware that this is a virtually impossible demand these days.
- The second source is tape worms and tape worm stages which produce malonic acid. We test these thoroughly on each patient.
- The third source to mention is synthetic fillings in teeth which contain malonic acid and which should in such cases be removed straight-away.

Once I had succeeded in removing all traces of malonic acid from the surrounding tissue in chronically ill patients who were prepared to do anything to improve their state of health, something remarkable happened: Ladies and gentlemen,

the tumour no longer tested on A, instead testing on Ai and the surrounding tissue no longer tested on Ai, but (eventually) on A again.

This is sensational news and proves that something must be right with this hypothesis. Let me remind you at this point that essentially all immunological research focuses on how the immune system can be made to expose tumour tissue as a foe and to attack it.

BICOM CUPPING TECHNOLOGY

Having discovered this, the next stage was to attempt to remove the malonic acid from the surrounding tumour tissue as quickly as possible. Though high doses of natural vitamin C are very useful in reducing malonic acid levels, I opted for a tried and tested naturopathic method: cupping. I used the cupping electrode technology available with the BICOM device and where possible we placed cupping glasses in the surrounding tumour tissue while at the same time eliminating the malonic acid with Ai.

Sometimes the derivatives of malonic acid have to be eliminated too, including methylmalonic acid. This speeds up the elimination process significantly. However, as explained, it is important to remove the source (teeth, tapeworms, food). Otherwise the malonic acid will very quickly return to the tissue surrounding the tumour. It is well known for restricting oxygen and therefore promotes the whole glycolysis process from which the tumour tissue lives (see “Cancer, metastases and their treatment, taking into account the parasitic stress”, Fulda 2000).

One test which I carried out on patients who had little hope of survival was to load up the tumour information using program 191 onto the BICOM chip and to stick this chip over the tumorous area. In two cases where I attempted this, the result was disastrous: the tumours in both patients began to bleed, i. e. they opened up. On the one hand this was a sensational success, but on the other hand it proved that this reaction was much too severe. I strongly advise you against this measure unless you know for certain that the tumour is in an area where blood can flow off easily. Following these experiences we limited ourselves to oscillating the tumour information on oil

and drops and instructing the patients to rub this into the tumour tissue twice a day.

All this actually encouraged us to think in a new way about tumours and treatment is now carried out as follows:

1. For the first stage it may be worthwhile testing the tumour as before. You will observe that it still only tests on an A oscillation. While we test and eliminate malonic acid it can even be worthwhile provoking the tumour in this phase with A. It is necessary to understand that this is not treatment but instead a provocation in order for the body to be able to identify this tumour. This is a measure we only carry out occasionally and the decision is made on the merits of each case.
2. As soon as the malonic acid no longer tests the tumour may be treated with Ai for increasingly longer treatment times.

SPIN TESTER

Ladies and gentlemen, the next point is a result of my work which I reported on last year in my lecture entitled: "Entering a new dimension of BICOM bioresonance therapy – spin tester". In that lecture I talked about the fact that we should no longer use the spin tester just for testing purposes but also to administer frequent and successful therapy. I was given a piece of advice from a very dear naturopath colleague of mine, Mrs. M. Tischer, that tumour tissue too tests more strongly and more acutely with device setting "right spin". That was a natural conclusion from all our findings to date on the spin tester. You will recall that last year in my lecture I reported in detail on left and right spin lactic acid, in particular left spin lactic acid which all tumours invariably produce, on the geopathic stress in the tumour tissue and on so-called left spin blood which also tests in the area of the tumour tissue using the Kurzbak (Baklayan's short-circuit; refer to the brief description at the end of this paper).

It was therefore logical to assume that the tumour tissue itself would also be left spin and that by using the spin tester can produce a very strong therapeutic signal. We thus take tumour tissue, regardless of whether it is in the first phase with program 192, i. e. an A oscillation, or whether it is in the second phase with program 191, i. e. an Ai oscillation, and place this in the spin tester and so

amplify the so-called healthy right spin of the diseased tissue.

This has proven to be a very important step in the process.

Tumour ampoule in spin tester -
Setting: RECHTSDREHEND (right spin)

MALIGNANCY: DIFFERENTIAL DIAGNOSIS

In researching left and right spin I went a stage further. I noticed that the amplification of the right spin in lactic acid which we are able to test on cancer patients can additionally be used **diagnostically** in the following way:

If the lactic acid tests when resonating with an A oscillation (program 171) it is predominantly a benign tumour (naturally, be wary of giving false reassurances to patients). If the lactic acid tests with Ai, i. e. so-called diseased lactic acid, then it can be assumed that this is a malignant tumour. (Tests are carried out on the tumour using the Kurzbak). Interestingly, in such cases, even with counter-testing, it is not possible to use lactic acid in therapy because it simply does not test at this stage (in which the tumour still tests on A as "friend"). This is also a very useful diagnostic tool which we have since used in cancer treatment.

Lactic acid ampoule in spin tester –
Setting: RECHTSDREHEND (right spin)

Program 171 (A oscillation) tests positive on the tumour (use the Kurzbak)

☞ Tumour predominantly benign

Program 170 (Ai oscillation) tests positive on the tumour

☞ Tumour predominantly malignant

It may be the case that both programs A and Ai test and this means that the tumour tissue has both benign and malignant elements.

Therefore, ladies and gentleman, the spin tester should now be an integral part of treatment, especially in cancer patients.

CLOSTRIDIAL STRESSES

A further point which has since become a priority in our treatment is the clostridial stress, which I

have already reported on several times. In the literature there are various pointers and hints that clostridia are able to change the DNA of cells especially in cancer of the intestine. We always test for clostridial stress when dealing with any tumorous tissues as well as on the tumour itself and it is noticeable that the tumorous change of the cells into cancer cells is very closely linked with a clostridial stress.

As you will recall, we have repeatedly stated that the growth of tumour tissue is linked to parasite activity. A distinction is made between these two points in my practice. The growth of the cancer is reflected in the level of orthophosphorus thyrosin stress, which is a growth factor with parasites. If the orthophosphorus thyrosin tests increasingly less often, the parasites are no longer active. But, of course, this does not mean that the tumours have disappeared.

We can also claim at this juncture that this rule does not apply to terminally ill patients. In terminally ill patients the change, i. e. the reprogramming of cells into tumorous cells, has simply taken control and even if it is possible to strongly reduce the parasitic stress in such a patient, which in such cases is almost impossible since the immune system is barely able to respond, you may find that the cells continue to change into tumour cells. In order to clarify this point and to give a more precise diagnosis we have simply been using cell DNA as a starting point and carefully noting the values. If a certain area produces too much DNA, we know that the cells are still changing into tumour cells. I would be digressing too much from the topic of this lecture if I were to explain this in detail and possibly an entire seminar should be devoted to tumours.

I have observed myself that the DNA values return to the normal range if the clostridial stress falls very sharply or disappears completely, which points to the fact that the tumour is now inactive. This allows us to make a link to previous experiences of EAV since irrespective of the absorption of clostridia through food, one of the main reservoirs is dental foci! A fact well known to all experienced electroacupuncturists is that every tumour is linked to a dental focus and this has once again become a priority in my practice. Dental clean-up and testing for clostridia on the teeth and on the tumour are effected quickly, particularly where the patient is terminally ill.

CLOSTRIDIAL TREATMENT

We use the following treatment:

- Firstly, we instruct the patient to take – after having cleaned his teeth – a single drop of ethereal oregano oil and to apply this very carefully using the front bristles of the toothbrush and clean his teeth again. The oregano oil has the effect of a creep oil, which gets behind the teeth and kills off most of the bacteria.
- Secondly, we have reintroduced the well-known oil cleansing cure, this time using linseed oil. This means that twice a day the patient rinses his teeth with a half tablespoon of linseed oil for ten minutes and then spits it out to get rid of all the toxins. It should be mentioned here that a focal clean-up is absolutely essential.
- Thirdly, it proved successful according to our observations to apply an initial current that is controlled by a 3.9 Hz square wave with positive offset. This is an extremely low frequency range which happens to be very effective. An electrode is either held directly against the cheek or a metal electrode is held at a very low voltage of around 1 or 2 volts directly on the gum. You may find that the tooth “explodes”. In most cases this is not a bad thing for if the dentist had claimed beforehand that there was no focus here, and then after this application the tooth reacts, there is then a need to do something about it and the focal clean-up is carried out after all.
- The fourth method is the process of treating all the clostridia through BICOM technology and loading it onto a chip. The clostridia are placed in the spin tester, right spin setting plus BICOM prog. 191. The chip is placed directly on the tumour tissue. Using this measure we also note a reduction in the multiplication of DNA which is good news for us.

- Brush teeth again very carefully with 1 drop of oregano oil
- Oil cleansing cure using linseed oil, twice a day, 10 min
- Apply a 3.9 Hz square wave current on tooth
- BICOM and spin tester: all clostridia on a chip.

Additional measures to remove the clostridia from the intestine are:

- Betain HCL 3 x 2 capsules each day

- Drop ethereal oregano oil in empty capsules (1 to 15 drops, test dosages individually), 3 x 1 capsule each day

DR. WEBER AND BLOOD PARASITES

Next, I would like to present something to you, ladies and gentlemen, which some of you may already have heard about:

A simple country doctor, Dr. med. Alfons Weber, who ran a practice in Erding, Munich, discovered in the 1970s that parasites could be found in the capillary blood of cancer patients. Having announced his discovery to the rest of the profession and having made available his richly documented recordings to the Deutsche Krebsforschungszentrum [German Cancer Research Centre] in Heidelberg and the Max von Pettenkofer-Institut (LMU Munich), he was simply ignored. After he attempted to treat cancer patients with anti-malaria drugs (quinine preparations) he was suspended and his licence to practice revoked. He was even admitted to the psychiatric ward of Haar district hospital. However, his psychiatrist colleagues could see no reason to keep him there. Six years later, Dr. Weber was given his licence to practice back. He died in 1994 somewhat embittered by his experiences.

THE ROAST TEST

Colleagues have rediscovered this man's work. After I had seen his recordings it became clear to me that this was an extremely important discovery. He had developed a very simple process, the so-called roast test, firstly to show these parasites existed and, secondly, to provide proof of their extraordinary powers of resistance. This test consists of taking a drop of blood from a patient's fingertip, transferring it in the usual way onto a microscope slide and then passing it a few times over a flame allowing it to reach temperatures of around 160 to 180°C. A drop of 70-percent sodium citrate solution and 30-percent table salt solution is then added. This has the effect of enticing out these so-called cancer parasites, cancer plasmodia and/or trophozoites. Within a few minutes the blood can be observed both under a light field microscope as used by Dr. Weber, or using a dark field microscope where the results are even more impressive and more visible.

After drawing the drop of blood through the flame, all the cells have already burst and are no longer present. All that remains is a kind of roasted blood. Within the next 2 to 6 hours and even 1 to 2 days later these parasites literally creep out from what is left of the cells and develop into higher forms that can be observed using dark field microscopy.

As you can imagine, this is an extremely important finding and complements my work with parasites. We repeated these tests with colleagues who had already been investigating this area. I set up my practice with the microscope and recording facilities required. I succeeded in documenting these stresses in cancer patients. What is interesting to observe is that the greater the level of parasitic stress in the blood, the more the patient is at risk. During the course of treatment this stress must logically be removed and the microscopy recordings now form an additional check and proof for all our work with parasites. After Dr. Weber had discovered these blood parasites and postulated that blood parasites had to be similar to plasmodia, he treated his patients, as explained, with anti-malaria drugs with reported success, although this should not be seen as a solution since quinine drugs are known to produce extreme side effects in prolonged use.

NEW RESEARCH WORK

At my practice we are in the process of carrying out research work with cancer patients in which we are testing out various drugs and diets to see how far the decline or multiplication of these parasitic stresses can be observed through a microscope.

I will report regularly on this work both at parasite seminars and workshops for the Regumed Institute as well as here in Fulda.

If the technology permits, I will now show you pictures and documentation put together in the practice in order to show you these parasitic stresses and developments both in dark field pictures as well as in the so-called roasted blood. Of course, some of this will be familiar to colleagues taking dark field microscope pictures. I know that in the past plenty has been reported about this in literature, for example, by Dr. von Brehmer to mention one name. After looking through his explanations and pictures I have come to the conclusion at this point that he is reporting on the same parasites and their stages of development.

Dear colleagues,

I have touched on a number of important aspects of cancer treatment. Each one merits its own lecture and the information given here is incomplete. I ask for your understanding – I have tried to pick out the key points without completely digressing from the subject of this lecture.

Thank you for your attention.

LITERATURE

“Siphonospora polymorpha v. Br.”, Dr. Wilhelm von Brehmer, Linck-Verlag (second-hand).

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KURZBAK

“Kurzbak” = short for “Kurzschluss” [“short circuit”] after Baklayan, or “Baklayan’s short circuit”.

The magnetic depth probe is combined with a clip electrode which is clipped to a finger with the relevant meridian.

The magnetic depth probe is inserted in the hand electrode provided with the test equipment and the patient moves the depth probe on to the organ area or body part affected.

The therapist tests the acupuncture point on the finger to which the clip electrode has been attached.

REFERENCE MATERIAL

Baklayan, A. E.: “Kurzbak” – Eine einfache und sensationelle Möglichkeit der Enttarnung von nicht mehr testbaren Belastungen [A simple and effective means of exposing stresses which can no longer be tested], RTI-Heft 23 (1999) 101-103. Regumed Institut, Gräfelfing.

