Cancer, metastases and their treatment considering parasitic burdens

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Ladies and Gentlemen,

When I finished writing my book „Parasiten — die verborgene Ursache vieler Erkrankungen" [Parasites — hidden cause of many diseases] (Goldmann Verlag) at the beginning of 1998, my findings on tumour therapy could be summarised in 9 points, which I wish to remind you of. I quote from my book (p. 222):

„From my present point of view, we are working with the following model:

1 A person has the wrong place to sleep or work. An underground watercourse is present beneath it. This changes the flow characteristics of the blood and its magnetic field.
2. A change in its field causes certain parasites to become established more easily. Fasciolopsis buski finds a niche in the liver.
3. The person concerned develops a dental focus or has a dead tooth which excretes protein decay products.
4. He is contaminated with heavy metals.
5. He harbours mildew fungi in his body or ingests them with food which burdens his liver enormously.
6. He produces isopropyl alcohol either through fermentation processes in the intestines or via absorption through cosmetics.
7. The liver leech can complete its entire developmental cycle in humans if isopropyl alcohol is available. Of course, this is not normal but pathological.
8. The person collects carcinogenic substances in different organs, especially in the lungs through breathing them in, in fatty tissue where the body stores fat-soluble substances (mamma carcinoma), in the digestive tract via the ingestion of food, through the skin by environmental burdens or the attempts of the body to detoxify.
9. At a certain stage the person gets a shock which causes a conflict within him and which he cannot avoid. The shock causes a kind of short-circuit in the brain and it decides that this conflict must be maintained until it is solved. This means that on a neuroimmunological level the programme *'I must keep on fighting or maintain the conflict'* commences. This wrong programme is conducted further in the corresponding organ."

WHAT HAPPENED IN THE LAST TWO YEARS OF INTENSIVE TUMOUR TREATMENT?

When I read through these nine points, I was surprised that there had been no substantial contradiction in the tests or in the treatment of tumour illnesses, but in contrast that each of these nine points formed the basis for new developments.

However, considerable developments have taken place which enable us to continue to be successful in the case of serious cancers with multiple metastases even when the traditional medical treatment has been stopped and is no longer able to influence the disease.

THE KURZBAK

Especially the development of the Kurzbak[i], the „short-circuit according to Baklayan" which I introduced at last year's colloquium in Fulda (RTI-Heft 23, 1999, pp. 101-103), gives us a test method which allows us to switch down from the me-

[i] from the German „KurzschluB nach Baklayan"

Colloquium staged by the International Medical Working Group *BICOM* Resonance Therapy and the *BICOM* Resonanz-Therapie-Gesellschaft from 29 April to 1 May 2000 in Fulda

ridian level to the organ level in order to test the tumour and its burdens individually. This test method gave us greater insight into the tumour and its burdens. Even though I believe in regulatory therapy, I believe that the tumour lies outside the total regulatory situation of the organism, that this process has grown autonomous, and that testing on the level of the meridian only is inadequate in this special case.

Test tumours with the Kurzbak!

BACTERIAL CONTAMINATION OF THE TUMOUR

In 1999 I found a book called „The cancer microbe" by Alan Cantrall, M. D., a doctor who did a lot of research on tumour tissues, especially in connection with their bacterial burdens and colonisation. He particularly considered pleomorphism, which means that bacteria under certain conditions go through different developmental phases. (This is similar to Enderlein's theory.) This doctor detected a series of bacterial burdens which he found repeatedly in tumour tissues, and which are also scientifically known. They were especially types of clostridia, mycosis fungoidis, streptomycetes, staphylococci, etc. However, he also says that treatment with antibiotics, which is the first choice in the case of tumours, do not work, that the bacterial burden is therefore definitely not the cause.

I then started to test with the Kurzbak whether these bacteria were present, and I was surprised to find them. I was able to establish that clostridia burdens are present in each tumour case. We then started to treat the clostridia and the other bacteria parallel to our treatment up to that point. This was obviously beneficial for the patients.

When the new book „Advanced cancer cure" by Dr Clark was published, and she reported independently from me that she found clostridia in the tumours of all patients, I was very glad and surprised, as you may imagine.

Carefully test clostridia contamination of the tumour!

SHOCK AND TUMOUR GENESIS

The next point to which I wish to draw your attention is point 9, the psychic-traumatic experience of shock. As some of you suspect, this concerns the theory of Dr Ryke Geerd Hamer, M. D. I was able to test this theory on the moment of origin of the derailment of the tissue in a tumorous process many times in my practice. Dr Hamer discovered that when a tumour develops, there are proven connections with conflicts which the patient experienced as a shock and which caused a so-called focus in his brain. These foci can be found with a CT. They are present exactly in the area corresponding to the organ in which the tumour develops.

Only in the case of two patients was it impossible for me to find the exact connection. One of these was a female patient where the history of the origin was far in the past. The primary tumour was in the breast. She came to me three years later when metastases had already formed in the liver and bones. Therefore the fault may lie in the memory of the patient who cannot remember any conflict. In the second case there was a massive environmental burden of carcinogenic nature to which the patient was exposed for some months before the discovery of the tumour.

Dr Hamer therefore deserves recognition for discovering this connection. However, until now I was unable to put into practice his treatment of a tumour, the so-called conflictolysis: He advocates that one solves the conflict on a psychic level. Thereafter he simply waits until the tumour decreases in size and is reabsorbed.

I always discuss the conflict, and the patient usually starts crying when one asks him about it.

It is quite clear that the therapy progresses more easily and better in the patients no longer exposed to the original conflict than in those still exposed to the conflict. I was unable to observe the conflictolysis with the accompanying reabsorption of the tumour in these (latter) patients. I do not wish to say that conflictolysis does not work, only that I was unable to bring it about.

I draw your attention to the fact that this theory of Dr Hamer still does not explain why a tumour develops in one person and not in another. You and all our patients repeatedly experience smaller or larger traumatic experiences and these do not necessarily result in the development of a tumour. Therefore other circumstances must also play a role. Still, it is a very valuable finding. I found the Hamer foci very interesting and wondered whether it would be possible to make therapeutic use of them. I wondered for a long time how one can find these foci with the Kurzbak, for instance by holding the magnetic depth probe next to the cone-

sponding brain area in the case of a known pancreatic tumour and trying to prove the presence of a focus via the Kurzbak. The question was: With which ampoule? I have found the answer after much searching and I announce it today for the first time: You will be able to find indole and/or skatole in the area of the focus.

We did experiments with the decoupling of this focus from the organ, as you know it from and apply it after a dental focus test. We also made use of the findings of this test by observing the progress and decrease of the focus in the brain. It seems that high doses of L-ornithine and L-arginine is helpful in the reabsorption of the proteins of the focus. However, we recognised neither a conflictolysis and a healing crisis, nor that tumour growth had been stopped without doubt.

Here is a simplified diagram of the brain areas in which foci could be tested.

Test and decouple Hamer's foci; use them as therapy checks!

Further information on the exact connections can be read in Dr Ryke Geerd Hamer, M. D., „Vermachtnis einer neuen Medizin" [Legacy of a new medicine], volume II, 7th edition, Amici di Dirk, Ediciones de la Nueva Medicina, Leipzig, 1999.

DENTAL FOCI

I now draw your attention to the third point in my remarks, namely the dental focus, which also produces protein putrefaction. It is a well-known insight among therapists who do bioenergetic testing that a tooth is always connected in some way to a tumour. For a long time I asked myself the following question: „What is the connection between a focus in the brain, a dental focus and a tumour?" When we were able to prove the existence of anaerobic bacteria, namely clostridia, and we started to test these clostridia in the teeth, I suddenly noticed a connection: Clostridia are present in the dental focus and from there have a metastasising effect on the tumour.

And, ladies and gentlemen, what is the effect of anaerobic clostridia bacteria belonging to the genus of putrefactive bacteria? They turn tryptophan into protein putrefaction, namely indoles and skatoles. It was like an illumination when I realised this connection. I had tested indole and skatole in the Hamer foci. I had tested them in the teeth. Then I started to test whether I could findthem in the tumour. And in fact usually skatole shows up here, but sometimes also tryptophan, indole and thioether, so that I now test for all four. These findings have enormous therapeutic consequences: the activity of the clostridia must be stopped as soon as possible, as must the clostridia reinfection via quite intensive therapy.

Treat dental foci; test and treat clostridia burdens in dental foci!

Furthermore, clostridia, as anaerobic bacteria, produce fermentation alcohols. The circle closes.

PARASITIC BURDENS

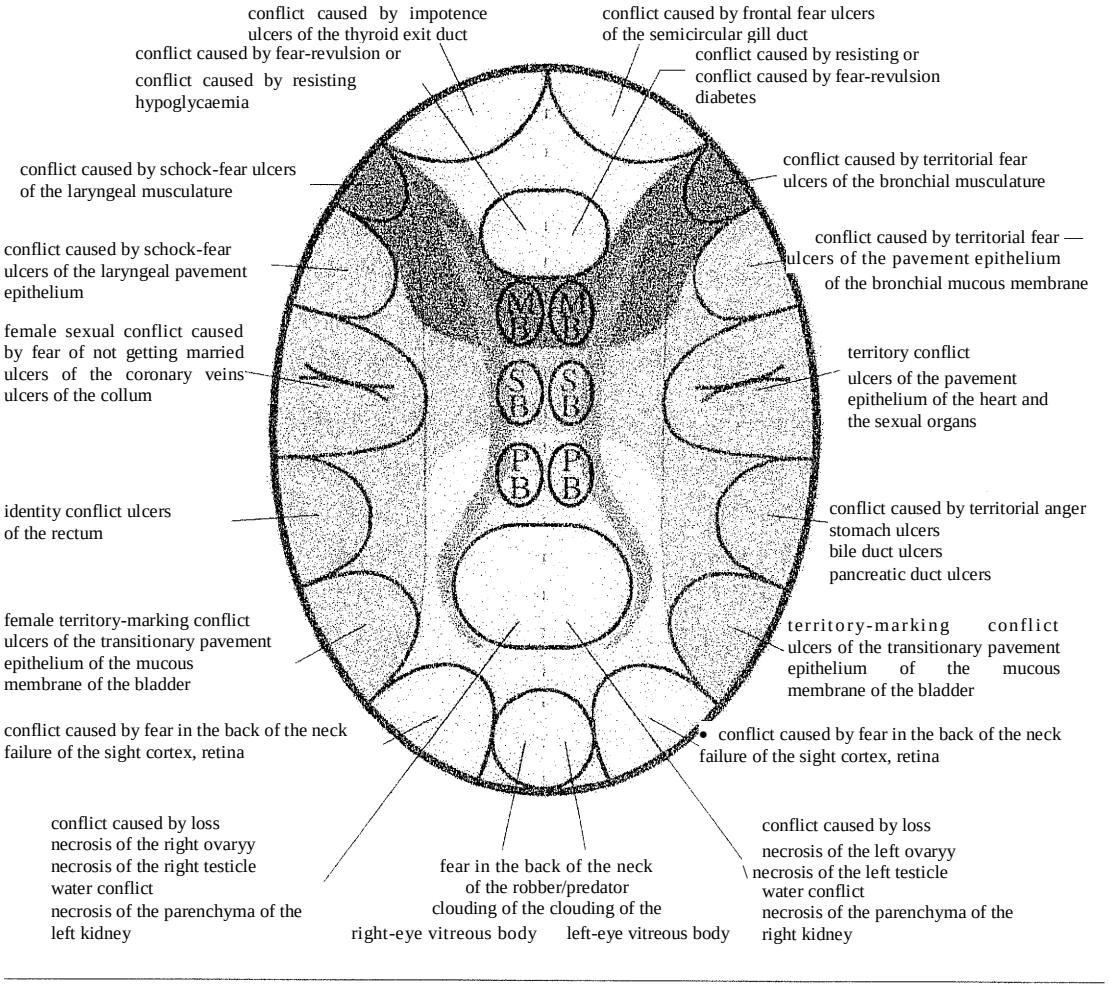
This brings us to parasitic burdens. As I have already explained last year in my paper „Parasiten — em n hoffnungsvoller Kampf" [Parasites — a promising battle] (RTI-Heft 23, 1999, pp. 3-13), the extension of the parasite test set with the different stages of fasciolopsis buski was of fundamental importance, since we were able to diagnose with the Kurzbak the stadia after they had induced the **real malignity of the tumour** or its uncontrolled growth. Nowadays I always take this test (of the stadia) of the tumour and at least the known metastases as the pilot value for the application of treatment. The consequence for therapy is that treatment should be fast: both the infection with fasciolopsis buski and with its stadia should be stopped as fast as possible with walnut tincture, orthomolecular substances and Bicom therapy as well as therapy with the frequency generator. Dr Clark always finds tape worm stadia and/or tape worm eggs as well as ascarids and ascarid larvae, too. This fact I was also able to confirm by testing with Kurzbak.

Test for fasciolopsis buski stadia, ascarids and tape worm stadia in the tumour and metastases!

MALONIC ACID

Tape worms and tape worm stadia are recognised by the presence of malonic acid. Malonic acid is a substance that is scientifically well researched. It is a respiratory inhibitor as well as an inhibitor of oxygen absorption. It has a very negative effect on the citric acid cycle.

Schematic CT section through the cerebrum



Here is a list of some effects of malonic acid taken from J. L. Web, „Enzyme and Metabolic Inhibitors", volume 2, Academic Press, 1966. On page 101 of the Advanced Cancer Cure stands the following:

1. Malonic acid prevents the absorption of glycin and alanine.
2. Malonic acid can bond with iron, so that it can no longer bond with haemoglobin.
3. Malonic acid slows down healing.
4. The mobility of sperm is reduced by malonic acid.
5. The phagocytosis of bacteria by neutrophiles is inhibited by malonic acid.
6. Malonic acid bonds with calcium.
7. Methyl malmonate is toxic to the kidneys.
8. Malonic acid reacts with aldehydes.
9. Malonic acid induces ketonaemia.

10. Maionic acid reduces the absorption of oxygen.
11. MaIonic acid increases the cholesterol level.
12. MaIonic acid prevents the synthesis of acetylcholine.
13. MaIonic acid stimulates the growth of entamoeba histolytica.
14. MaIonic acid prevents the assimilation of phosphates within the cell.
15. Malonic acid prevents the assimilation of potassium within the cell.
16. Malonic acid causes systemic acidosis.
17. Calcium and iron transport in the duodenum of rats is seriously reduced by malonic acid.
18. Glycolysis is stimulated by malonic acid.
19. Malonic acid increases the formation of fatty acids by 10 times.
20. Malonic acid prevents the oxidation of fatty acids.
21. Malonic acid reacts with benzaldehyde.

These are only a few of its effects. In the beginning I did not take this subject seriously in cancer therapy. Of course we tested for malonic acid and tried to reduce it with vitamin C and other antioxidants. We also prescribed a malonic acid diet for cancer patients. However, we now use the following method. There are three sources of malonic acid:

1. Diet
2. Tape worms and tape worm stadia
3. Certain dental fillings which may contain maionic acid.

In connection with 1:

The patients are urged to follow the malonic acid diet strictly. The complete list is found in my book. The list of foods to be avoided follows:

Foods to be avoided during the malonic acid diet

- alfalfa sprouts
- apricots
- beans (except green beans, soya beans, bean sprouts)
- broccoli
- peanuts (red skinned)
- peas (green, split)
- carrots
- „kashi" buckwheat]
- limes
- mangoes (small yellow, large)
- oranges
- papaya
- chocolate
- celery
- tapioca (fast cooking)
- tomatoes
- grape jelly
- watermelon
- wheat grass
- courgettes (dark green)
- onions (purple)

In connection with 2:

Then we test all tape worm stadia and eggs in the tumour with the Kurzbak.

In connection with 3:

Thirdly we test whether plastic fillings contain maIonic acid, and if they do, they are removed immediately.

We were able to establish a fast reduction in malonic acid through these drastic measures. We also found a dramatic improvement in the patient's condition. It is important to note that some of the cited foods are surprising, e. g. the carrots, since they have been used for a long time to support cancer treatment naturopathically. However, it must be mentioned that malonic acid is more often present in preserved foods and is formed in vegetables and fruit packed in plastic. I did not have the time to research this phenomenon carefully.

In general, the diet of cancer patients should be freshly prepared, since most convenience foods (prepared foods) contain all kinds of colorants which are almost all suspected to be carcinogenic.

- **Test malonic acid and avoid sources!**
- **Follow the malonic acid diet!**

AS **CARIDS**

This is the second parasite which is diagnosed in tumours and metastases.

I am proud that Dr Clark, after receiving my book in which the connection between ascarids and cow's milk is presented in detail, now also prescribes a **cow's milk avoidance diet** during the intensive introductory phase of cancer treatment, since the ascarid burden does not decrease fast enough without this.

The influence of ascarids on tumour biochemistry is well researched, but very complicated and would fall outside the scope of this paper. I hope to be able to come back to this subject one day. I want to emphasise that you should always test and treat ascarids in tumour patients.

Cow's milk avoidance diet and treatment of ascarids!

It is also very interesting that by observing all the listed factors we cause the body to start reabsorbing the tumour, sometimes within a short time. In this phase a short-term increase of the tested increase of the tape worms, ascarids, clostridia as well as of the carcinogenic environmental poisons is found, which afterwards disappears again.

GEOPATHIC BURDEN

We come to point 1 on my list, namely the watercourse. This remains a very important point; until now I was able to find only two exceptions to this rule. I. e. there were only two patients with a clinically diagnosed tumour where I was unable to test a watercourse. Otherwise watercourse burdens were always present, and in the case of cancer patients they should change their beds immediately. If possible a dowser should be called in.

Establish a healthy sleeping place and treat geopathy!

HEAVY METAL BURDEN

This brings us to point 4, namely heavy metal poisoning. The Kurzbak confirmed a lot regarding this point. Very often we find mercury in many compounds, i. e. mercurius corrosivus, solubilis, bijodatus. We also find lead and very often also copper. Of course copper is very interesting.

As you probably know, iron deficiency anaemia is a central problem in the progress of a tumour and the final stage of a tumour patient. In the Pschyrembel the following is stated: „The copper serum content (...) is increased in the case of iron deficiency anaemia, tumours, infections, and during pregnancy (causes unclear)."

How about making copper responsible for the increased copper serum content? In such cases I often find copper on the metabolic meridian. Where does the copper come from? From amalgam fillings, of course, especially the older ones with a higher copper content. But copper is also found in drinking water because of copper water pipes. It also enters the body via skin contact with jewellery, coins, etc. Copper is even found in dishes, and in herbicides copper is used for the treatment of grapevines. As you know, the copper and iron content of blood serum is interdependent, and during the intensive treatment phase of the tumour patient we produce a blood picture for checking our progress every tenth day, if possible with photographs, either with sonar or CT. We need blood pictures in order to see the exact course of the treatment and its progress. We need photographs in order to see whether the tumour stops growing, decreases in size or loses density on the sonar. This being so, one may „relax" about the patient knowing that one is on the right track.

Carefully test and eliminate copper and heavy metal contamination!

NEW APPROACHES IN METABOLIC THERAPY

Since I referred to the iron content just now, I must explain a completely new approach which I found while treating immune diseases. It started when I noticed a glutathion allergy or incompatibility in certain patients. Of course this was very interesting. This means that I have glutathion in the input, programme 998, and also the basic allergy ampoule from the food test set. And then it may happen that glutathion tests as an allergen in the metabolic, therefore at the OD or circulatory system meridian. I wish to draw your attention to the fact that this is not connected to the usual deficiency in e. g. glutathion, which is tested with programme 192 before a preparation is prescribed.

Similar to the situation with ascorbic acid, where some people who react sensitively to acids, sometimes also have a complete ascorbic acid incompatibility, it may happen that especially people with weakened immune systems may show a kind of allergy to glutathion, its preliminary stage L-cysteine, glutamine or glutamic acid and the co-factor selenium. The patient therefore not only has a deficiency, but he reacts allergically/incompatibly to these substances. This means that he must first be treated according to the BICONI method with programme 998 as allergy to this substance.

When programme 998 no longer tests, it means that the patient can absorb this substance again.

Usually this treatment does not last long, it usually is effective within one to three sessions. Then I test as a second step with programme 192 whether a deficiency still exists. If this is the case, it is substituted at this stage. Since glutathion is one of the important radical catchers and antioxidants, which play an important role in cancer treatment, I hoped that it would often test in cancer patients. However, this was not the case.

L-cysteine tests very often in cancer patients. Iron, too, tests very often. You can imagine that iron is a very important substance for us. We usually test it at the circulatory or metabolic meridian or sometimes even at the tumour itself. We test iron with programme 998, and on the other hand there is an increased copper serum content. Copper also tests as a heavy metal burden. It is treated with high doses of heavy metal removal substances and the avoidance of all sources. Of course it is also necessary to remove amalgam. The copper content is therefore reduced very fast, and on the other hand the iron allergy is treated. As soon as the latter is done, the patient is treated with programme 192 and 800, the iron point according to Mrs Karz, which tests very often, too. With this method we often solve the anaemia problem of the cancer patient.

I will follow this course further in future. As I have said, glutathion metabolism plays an important role in immune diseases, and I am sure that we may make a whole series of new discoveries. Our mutual data and the mutual exchange of information will be important in future.

We therefore already have two factors which may cause anaemia in cancer patients. The one is ascarids which may cause anaemia and the other is copper.

Test and treat L-cysteine and iron incompatibilities!

CARCINOGENIC SUBSTANCES

Ladies and gentlemen, we now come to the eighth point, namely the collection of different carcinogenic substances in the tumour tissue itself. At this point, however, I wish to exclude the heavy metals — consider for instance tin and the aflatoxins mentioned in point 5. I want to concentrate on the carcinogenic environmental poisons which we already have in the environmental test set. Even here it is thanks to the use of the Kurzbak that we are able to test the presence of these substances in the tumour tissue itself. We are also able to observe the progress of the removal of these substances during therapy. The substances most often tested are benzene and benzene derivatives, pentachlorophenol (PCP), DDT, Lindan, insecticides, tobacco, the alcohols methanol and isopropyl alcohol, formaldehyde, aniline as well as the solvents toluol and xylol.

I wish to draw your attention to a point which has become very important to me during the past year, namely that the body can only reduce some of these highly unnatural chemical compounds with the help of particular enzymes. However, since these substances were never intended in nature, it often happens that the attempt to reduce them result in the formation of new substances in the body which are even more carcinogenic than the original substances. This is especially true of PCP and the polycyclic aromatic hydrocarbons like insecticides and Lindan. This is the reason why I no longer remove these substances without taking appropriate precautions. This means that I prepare the patient in his detoxifying capacity and that I prescribe orthomolecular megadoses of the appropriate substances which enable the reduction and detoxification of these substances, especially vitamin B12, coenzyme Q10, and L-glutathion. If the patient is adequately prepared and stabilised, I use the new programmes with the mesenchymal pump, e. g. programmes 133 and 433 in order to extract the poisons directly from the tumours. If this happens with corresponding violence, it often happens that patients feel worse for one or two days. However, I prepare them for this beforehand.

In addition, I wish to mention an old method: I have found that the polycyclic aromatic hydrocarbons (PACs) have a special affinity with a purine called caffeine. This is able to bind and transport the PACs, which is why a very old, proven and cheap naturopathic substance, namely coffee ashes called Carbo-Konigsfeld — e. g. from the firm Miller-Goppingen, — is used once again in my practice. Enemas from coffee ashes are often used by me in this treatment phase of cancer patients.

In conclusion I wish to mention how brilliant the notion is to carefully remove all carcinogenic substances from the body in treating tissue which has changed into a tumour. Each time I think about it, I am surprised that this idea has never been considered in scientific circles.

Test and remove carcinogenic environmental toxins and support with orthomolecular substances!

TREATMENT

As always it is absolutely necessary to try to stabilise the patient according to the rules of the Therapeutic House, the stabilisation of the elements and using the catalysts of the central regulation.

Secondly the careful adjustment of the patient to the ampoules from the degeneration test set follows according to the rules learnt in tumour courses.

Thereafter the testing and determination of all burdens following the nine listed points takes place and then the therapy itself.

In very serious cases (e. g. a cancer patient in the final stages with multiple metastases or a cancer patient who will be treated by traditional means like chemotherapy, radiotherapy or operations, where we have a chance to postpone these treatments by 3 to 5 weeks) we can still make an attempt at conservative naturopathic treatment. In both cases our method is as follows:

The patient comes for daily treatment for at least three weeks. Firstly megadosages of orthomolecular substances are prescribed during this time. Secondly a frequency generator therapy is done every day. Thirdly Bicom therapy is done daily. The fourth measure is „zapping"[2] at the weekends.

The main focus of the treatment is on the fastest possible killing of the parasitic and bacterial loads. This should be done within the three weeks so that the process can be stopped permanently.

Next orthomolecular methods are applied. I give you the prescription which we use in our practice. However, I wish to stress that this prescription is changed according to the test results, and secondly that this is the minimum dosage. The patient is told to open all capsules and mix together the powder. He should divide it into three parts and with every meal one part should be taken with some porridge, water sweetened with honey or maple syrup.

Prescription: Vitamix for one day

- ornithine 1000 mg
- magnesium oxide 900 mg
- arginine 1000 mg
- glutathion 3 g
- L-cysteine 3 g
- Q10 400 mg
- Vitamin B2 900 mg
- Vitamin B6 300 mg
- Folic acid 6000 mcg
- Vitamin B12 6000 mg
- Glutamic acid 3 g
- Selenium 1000 mg
- In addition at least one teaspoon of natural vitamin C is taken three times a day.
- The mouth (teeth) must be rinsed with colloidal silver once a day.
- I give „Nonisaft" [Noni juice] to very weak patients in order to build them up. They should drink one third of a bottle a day in sips.

During the treatment the clostridia must be completely hunted down in the foci, tumours and metastases. The same is true of the fasciolopsis bush and its stages, and the ascarids. These high dosages of orthomolecular substances are prescribed for at least three weeks. After that a third of the dosage is given, and the patients usually only have to come for treatment twice a week.

RESULTS

We took these drastic measures in a whole series of patients. I wish to remind you again that these are serious cases.

First the bad news

1. When patients follow this treatment and feel very good and stable after some weeks and they break of the treatment, although our tests still show carcinogenic substances and parasites, it has already happened in three cases that the cancer grew explosively within 2 to 3 months and formed metastases everywhere. However, the very strange psyche of the cancer patient with its suppression mechanisms plays an important role here.

2. If a patient no longer has the strength to follow this treatment, the prognosis is generally very bad, although we still make a last attempt with infusions. Here the limits of our therapeutic resources has clearly been reached.

[2] treating with the „Zapper" instrument

Finally the good news

In all cases where we were able to complete the therapy, we studied the alkaline phosphatases and the liver values carefully.

The alkaline phosphatases are an important sign of the activity of a tumour, since it is often very high in tumour patients. This is also the case with increased liver values.

I can now tell you that in all cases where we have done this treatment, the blood picture check-up after ten days and another after twenty showed that all blood pictures were okay. The phosphatases and the liver values were normal again, too. Even the latent anaemia, i. e. the haemoglobin and erythrocyte values have been normalised. The blood pictures of some patients were so good that I wished that I had such a blood picture.

Ladies and gentlemen, I am compiling detailed documentation based on blood pictures and photographs which I will be able to show you in a future paper.

I conclude my paper with the usual invitation. Ladies and Gentlemen, if you are in Munich and you wish to spend a day in my practice, I would be glad about your visit. Please just phone me in good time.

Thank you for your attention.

SUPPLIERS

- Zapper with CE Norm
- Nonisaft [Noni juice]
- Colloidal silver
- Coenzyme Q10 400 mg capsules
- Malonic acid ampoules

Everything is available from the dermatological company Helmle (see the annex at the end of the volume).