



## Alternative “cancer” Treatment Methodology: Patient Information Sheet

**Note:** In this information sheet, all medical-scientific journal references have been deliberately left out, in order to keep the explanations and statements as readable as possible. The related citations and references are available on request.

### Some brief background information

We have developed and are continuing to develop a 'multi-category' (electromedical, nutritional, supplemental, etc) treatment methodology, that is completely individualized for each patient, that is explained here in simple terms. This methodology has been developed over the last approximately five years, and is continuously updated as new experience and research information is integrated. This methodology is an integration and development of many recent and/or rarely utilized advanced research and clinical reports from many international research teams; and combined with our independent, intensive and extensive clinical and research work (some published and presented).

#### **Please note:**

- The terms “**cancer**” and “**malignant**” tumor are the common terms used to describe what is medically defined as **neoplastic tissue** or a **neoplasm**.
- These terms do not indicate any diagnoses (ie identification) of causes of these occurrences.
- Here, the new and more accurate term, **emergent plasticity**, is used in place. This term is explained in summary [here](#). For short, “**emergent plasticity**”, will be just written as, “**EP**”, from here on.

The aim of the treatment methodology is to **reverse the EP by promoting physiological normalization of the cells and tissues involved**. From our experience, this sometimes does, and sometimes does not, lead to the complete disappearance of the EP. It sometimes leads to a slow decrease in size of the EP(s), concurrent with improvement or resolution of all conventional disease indicators including laboratory and various imaging (CAT scans, MRI, ultrasound).

Throughout this methodology, many biochemical substances, 'biomarkers', in and around the EP(s) are repeatedly, non-invasively [assessed in real-time](#) to monitor cellular dynamics and

change, in order to enable the individualized treatment aimed at normalizing the EP(s). This is the key diagnostic characteristic of this methodology **that allows very close individualized following** of the EP(s).

We have seen some [extra-ordinary results](#) as a result of this clinical methodology, several that have been documented in international peer-reviewed medical literature and presentations.

It is honestly not very meaningful to try to give our overall success/failure rate of applying this methodology, due to many varying factors, and the circumstances that the Clinic operates in. One such factor, is if the patient has had radiotherapy or chemotherapy; in these cases, the interim and longer-term outcome will also be dependent on these conventional interventions, that can and often do have massive short and long term harmful side effects—including the creation of secondary “cancers”. Another factor, is that sometimes the patient (who may be a legal minor) has not fully complied with the entire treatment methodology, for a variety of reasons. Yet another factor, is that we have developed our methodology relatively very quickly in the last approximately five years: we have continuously, up to very recently, added critical elements that were not included previously. Like all healthy science and medicine, we are constantly gaining new knowledge and experience.

## Treatment Methodology

Every case is unique and individual, but the following methodology elements are often common and necessary for any patient having or with suspected EPs.

- 1) EP involved cells always contain toxins. Mercury, a severe toxin, can be a major one of these. Substances are given orally in large enough amounts that remove ('chelate') the toxins from the EP(s). If there are mercury fillings in the mouth (“amalgams”), the mercury will be leaking into the body, and possibly ending up in the EP(s) constantly, causing repeating toxicity. We urgently refer and directly coordinate with a specialist dentist to perform removal of all dental amalgam fillings as soon as possible.
- 2) EPs always have viral infection(s), and sometimes other mixed infections such as bacterial and fungal. 'Anti' [micro-organism/pro-immune substances](#), and/or [electromedical](#) treatments are given to completely inactivate or eliminate the infection(s) as far as we can assess.
- 3) Often, blood flow to and from EP(s) is disturbed at the 'micro' level (very small blood vessels), so that supplements taken orally aimed at promoting EP normalization cannot reach them, or cannot reach them in sufficiently high doses, to have the intended effects. (This is possibly one reason why some supplemental therapies might work in some cases, but do not in others.) We can measure if this is happening, and if it is, [electromedical techniques](#) are used concurrently to improve the blood flow to and around the EP(s) to facilitate delivery and uptake of these beneficial substances. All electromedical treatments are non-invasive, and painless.
- 4) Radiofrequency (RF) (ie “microwave”) radiation from mobile phones, microwave ovens, mobile phone towers, smart meters, cordless phones, WiFi, etc, and lower frequency [frequency of radiation is measured in Hertz, and abbreviated as Hz] 'electrosmog' from domestic and industrial electricity supplies (see 5), are [potentially able](#) to increase the rate of

growth of an EP, and/or influence the genetic materials and proteins and cell receptors in and around the EP, related to its growth. The World Health Organization International Agency for Research on Cancer has classified RF radiation as a Class 2B possible human carcinogen, on par with some well-known, highly toxic cancer-causing substances. Since 2007, around the world, about [1800 high-quality scientific studies](#) have been published, showing overwhelming evidence that RF radiation causes genetic damage, inhibits genetic repair and is generally genotoxic. These genetic interferences are all features of “cancer”. Therefore, the effects of RF radiation on the EP(s) is [assessed clinically](#) in each case. The harmful RF radiation sources must be removed where possible, and where or when not possible, screened with radiation shielding materials. Because these sources are in part, often out of our control, if indicated from the RF clinical assessment, specially prepared RF radiation shielding articles of clothing over the area of the body containing the EP(s) are given to be worn around the clock. These can be worn under normal everyday clothes and not seen.

5) Near field, super low frequency, electromagnetic field (EMF) radiation, from our 50/60Hz domestic and industrial power supply, can potentially also influence the genetic material and proteins and cell receptors in and around the EP(s) related to its growth. These EMFs can also carry “dirty electricity” of higher frequencies (like 'harmonics' as understood in music) from other nearby sources. These 50-60Hz EMF sources, if above certain levels, must be shielded, eliminated, or be kept away from around the clock. A home visit to measure all radiation sources, their EMF strengths, and their frequencies, is therefore often part of the assessment of the patient's environment, if practical.

6) A previously surgically operated or chemotherapy/radiotherapy treated area that had an EP that is no longer visible with standard scans (PET/MRI/CT), and/or has been removed, is also examined in the same way we examine a present and visible EP. This is because it has been found that the operated area can still contain cells and infection(s) that are connected to and influencing the remaining EP(s) and/or prompting growth of new EP(s) via complex and well-documented bioelectrics. These types of cells are sometimes called, “cancer stem cells” (CSS).

7) A number of radiation-free, non-invasive scans of the whole body for other 'invisible' EPs, or CSS, that are not detectable with standard imaging techniques, are performed. This is because it has been found that other areas of the body can contain “[instructor](#)” cells and infection(s) that are influencing the remaining EP(s) and/or prompting growth of new EP(s), even if these other areas of the body are remote from any known current or past EP(s).

8) The 'controlling' effect of one (known and/or visible) EP on another (known and/or visible) EP is investigated. This is because their behavior may be connected as described in 7.

9) [Electromedical devices](#) will probably be used over an extended period of time, that are targeted to specific body locations and/or EPs—with the aim of long-term tissue normalizing effects; and also as super-antioxidants. One possible way we think this application might also work, is by influencing the [cell membrane voltage](#) of the cells involved in the EP(s), that has been shown to greatly affect EP cell division or non-division.

- Most often, the electromedical devices used during the methodology are taken home for continuous use.

**10) Diet.** An immediate switch to a 100% plant based diet, that is as organic as possible, consisting of only wholefoods, with no processed foods, together with other strong recommendations of harmful substances (additives, etc) in modern food to avoid, such as genetically engineered food of any kind, is introduced. This is because in multiple population studies around the world, in genetically similar, and genetically dissimilar groups, and also in controlled laboratory studies, where animals or people eat a plant-based diet, and do not eat animal protein, they have less incidences of many forms of “cancer”; conversely, when they eat more meat and dairy and eggs, they have higher incidences of many types of cancers (EPs).

In particular, in laboratory tests, there are confirmed and identified carcinogenic substances created when red and processed meat of any kind is cooked, that cause direct genetic damage to the human body. The World Cancer Research Fund International (100 research teams in 17 countries) shows the [convincing scientific evidence](#) that red and processed meat directly increase the risk of colorectal cancer, for example, due to their confirmed genetic damaging effect. There is overwhelming international scientific-medical consensus that red and processed meat are causes of colorectal cancer.

Meat consumption also [increases](#) a substance in the blood called, Insulin Like Growth Factor (IGF), a powerful growth stimulant, well studied to affect EP growth and survival outcomes. Furthermore, the immune system components in the blood of someone eating a 100% plant-based diet have also been shown, in controlled study, to be by far the most potent in normalizing “cancer” cells that may otherwise spread around the body to other locations.

Fish and seafood contain mercury, even in tiny amounts, that is very often found in an EP (see 1). Therefore, these must be discontinued in the diet so as to minimize chances of re-toxification of the EP(s), and prevent formation of new EP(s); and also to give the body's powerful immune system every opportunity to do its work. Dairy products of all kinds are also similarly confirmed to probably increase the incidences of prostate cancer, and are implicated in increased incidences of breast cancer.

**11)** Elimination of all other toxins in the immediate environment, such as fluoride from toothpaste, aluminum in body care products, etc, is considered. Also included, can be dental prosthetics of all kinds that are checked for toxicity and biocompatibility. Asbestos has been found in some of these dental materials.

**12)** Some optimally dosed and tested supplements will probably be given for specific EP cellular normalizing aims and/or for general health improving goals. Examples are: Vitamin-D (actually a hormone that has a broad role in cellular genetics), Folic Acid for genetic health, Melatonin for strong protective night-time effect against microorganism (infection) activity, etc.

**13)** Exercise is an essential part of this multi-category treatment methodology. It is confirmed to be a positive factor in disease prevention and improving health.

**14)** Very simple neurological biofeedback training (computer/software based) and regular home exercise in this [biofeedback system](#), aimed at minimizing neurologically mediated stress, that may result in a less than optimum immune system function, is often also included. Stress mediated by adrenaline is a confirmed factor affecting tumor growth rates.

A complete treatment course will most likely continue for many weeks, and involve many clinical session hours. This is because our treatment program is not a 'quick fix' or magical "cure", which realistically almost certainly just does not exist. Instead, "cancer" is in large part an environmental disease resulting from factors inside the body and from factors outside the body; and therefore, this is the realistic nature of the required treatment methodology, aiming for **EP cellular and tissue normalization and reversal**, and so the best possible outcome and **Quality of Life**.

Please now read the [Information-CONSENT-FORM-3 pages](#) document or please request a copy from the Clinic if you have not received this document already.

*We are very happy you have contacted the Clinic. We are here to provide specialized treatments for your condition where appropriate. Although it is actually impossible, and we are in reality unable to make any predictive claims, give any promises or guarantees about outcome of any treatment, protocol, or course of treatments, we give you our promise that we will be dedicated to make every possible effort to the maximum and limits of our capabilities to improve your health as speedily as possible.*

