Study of the early diagnosis of relapsing breast carcinoma

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INTRODUCTION

It is becoming increasingly impossible to argue away the fact that there is a connection between electroacupuncture points and the existence of certain pathologies. Studies even exist which not only connect values at certain points with disease but also with life expectancy. The medical profession's aphorism that "there are no diseases, only sick people" is well-known. Just as a disease can be defined by certain signs and symptoms, the same can be expected when measuring the electroacupuncture points of chronically ill patients, especially cancer patients.

STUDY

The study I am going to present provides an answer, substantiated by statistical analysis, to a number of questions. It concerns a study of around 170 patients suffering from in various stages of breast carcinoma. The information it yields on acupuncture points cannot be applied to other tumours. However, it can be assumed that similar characteristics can be found at other points if the same or similar techniques are used.

The study provides answers to the following questions:

1. Are there one or more points which indicate breast carcinoma, irrespective of whether a local or metastasising carcinoma?
2. After determining the said points: how do they behave if the disease progresses/enters a stationary phase?
3. What is the extent of the ability of these points as regards sensitivity and specificity?
4. Are these points able to predict developments?

Criteria

We employed well-known BRT assessment criteria. Points were considered pathological if their behaviour – at between 76 and 86 conductivity – was as follows:

1. The value measured for the point was less than 40
2. The indicator reading for the point dropped by more than 20 units of measurement.

Method

To determine precisely those points which are representative of breast carcinoma, several measurements were taken on patients with this disease. We began with the most seriously affected women, namely those in the advanced stage (III and IV).

We observed the following:

1. Women in the advanced stage (III and IV) displayed five clearly disturbed points: organ degeneration [OD] 1d, 2 and 5 as well as triple warmer [TW] 1d and 2. Even after just one measurement, it was evident that these points were pathological. This deterioration in the points was almost always observed in the hand on the same side of the body as the breast carcinoma, with changes occasionally occurring on both sides of the body. This might possibly indicate a link with increased aggression on the part of the tumour and also with unfavourable prognosis factors. The number of points displaying a pathological value is in inverse proportion to the body's powers of resistance. This means the more points affected, the lower the body's powers of resistance or, to put it another way, the lower the body's powers of resistance,

the more points will be affected. The prognosis is particularly gloomy for patients where, in addition to the five points previously measured, the hypothalamus points (TW-20) displayed pathological values. This means that the values for the hypothalamus points (TW-20) had deteriorated in patients in stage IV, these women having undergone chemotherapy at the same time. Patients in stage III displayed virtually normal values at the hypothalamus points (TW-20), irrespective of whether they had undergone chemotherapy or not.

2. There was normally no significant change in the above-mentioned points in women with carcinomas in stages I and II. Not even following basic therapy according to the traditional plan. For this reason we were compelled to look for a therapy type which would enable us to reveal these points. This is how we came upon *provocation therapy*. This is a new type of therapy for us which I should now like to explain in more detail:

   To identify the true weak points of the body accurately, we do not need basic therapy which compensates the patient, but *provocation therapy* which places the body in a kind of "state of emergency". For this we place the input electrode on the patient's hand on the side of the body with the carcinoma. The output is placed on the modulation mat laid along the back. The program parameters are: A, all frequencies, amplification 45, therapy time 3 minutes. Another measurement is then carried out.

3. Following *provocation therapy*, the five points (organ degeneration [OD] 1d, 2 and 5 and triple warmer [TW] 1d and 2) revealed a marked deterioration in patients with an active tumour. There is a clear relationship between the development of the tumour marker and the lack of reaction at the electroacupuncture points.

4. The "deterioration" in values at electroacupuncture points was measured **long before** changes in the tumour marker became visible or a change became apparent in any other symptoms or signs. This illustrates the huge importance of measuring these points since it enables us to respond during the phase when the disease has not yet "realised its potential".

CONCLUSION

Bioresonance therapy offers new opportunities for the future of oncology. Based on the above-mentioned results, it enables us:

1. to identify, at an early stage, the advance of breast carcinoma.
2. to influence the advance of the disease or its retardation using specific programs, the patient's own information or other means **before** the disease breaks out again.
3. to evaluate oncological therapies, both conventional such as chemotherapy and hormone therapy and unconventional.

This, in turn, allows us:

1. to adapt medication dosages.
2. to avoid unnecessary expense.
3. to limit the toxicity of drugs on the basis of their inefficacy and thereby avoid side effects and accompanying symptoms which, for their part, reduce not only the body's immune response and homeostatic reaction but also that precious element, quality of life.

I hope that there are other therapists who can reaffirm this information and are prepared to develop working models for other types of tumours.