



A series of cancer cases treated with a combination therapy and innovative approach.

By Serge Jurasunas

This is a series of best cancer cases with patients treated at the Holiterapias Institute with non-toxic approach, including a innovative therapy based on Serge Jurasunas clinical work.

All the patients treated on long term period have shown remarkable courage and acceptation to be treated with some complementary medicine as support to anticancer drugs treatment. Some advanced inoperable case enter in remission without conventional therapy proving that the tumor can be controlled and eliminate through differentiation and apoptosis pathway.

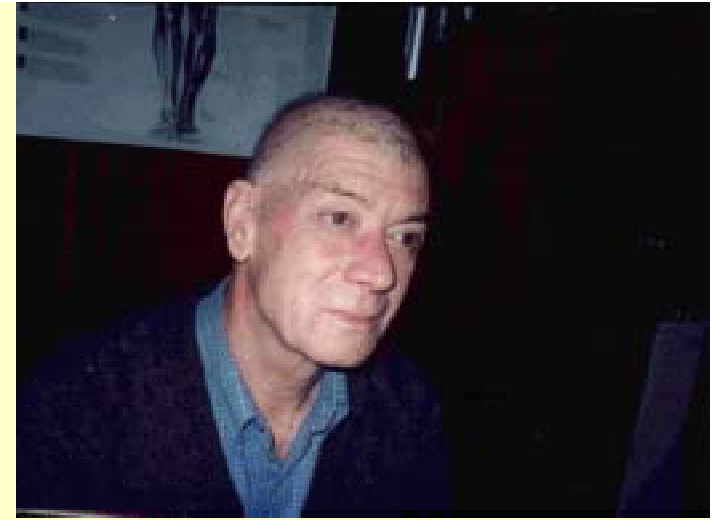
Some cases have been dramatic and considerable time and energy has been spend on both side to fight and overcome the cancer.

Serge Jurasunas

- 2002

Patient 57 years, a heavy smoker

Clinical Story: adenocarcinoma (non small Cell tumor) localized in the left lung of about 3cm, taking 2/3 of the superior fold of the lung with hemorrhage in the pleura. Advanced inoperable stage IIIA. (T2-M1-N1)



- Mutations of P53 are found in 50% of non small cell lung cancer. (1)
- RAS mutation occur in 25% (smokers) of cases with shorter life period. (2)
- Down-regulation of cyclin D1 and up-regulation of P21.
- Up-regulation of ornithine decarboxylase (ODC) essential cell growth protein.
- Down-regulation of glutathione peroxidase. (3)
- COX2 overexpressed is found in 70% of non small cell lung cancer. (4)

Cancer patients are frequently immunosuppressed.

Matrix metalloproteinase (MMPS) has been correlated with invasiveness in non small cells tumor. (5)

- Adenopathies were found deeply in abdomen and pelvic area and metastasis in the cervical

Biopsy of the cervical ganglions (2,5 x 1,5 x 1,2cm) and the neck swallowed with deep pain.

Patient started chemotherapy in August 2002 followed later by radiation.

(Chemo + radiation increase of 25% the risk of mortality in lung cancer.) Lancet 2002.

Consultation:

The patient came to me on 18th September 2002 in a poor health condition (Karnofsky score 70) suffering toxic side effects from chemotherapy. He developed anemia (red cells: 3.8 and white cells: 3.6). He lost 20 pounds and suffered from much cough and high depression.

The combined therapy:

The therapy is based to regulate the abnormal biological factors as described in the beginning.

BIOBRAN (immune stimulation) – 3g per day.

ANOXE (antioxidant – pro-oxidant – regulating apoptosis and cell cycles, increase redox potential) – 24g per day.

CARTCELL (liquid extract of cartilage to inhibit MMP'S, crucial to tumor invasion and expansion) – 20ml per day.

SQUALENE (to interfere with the activation of RAS) – 12 capsules per day.

NUTRITIONAL DIET – consult my internet page

www.sergejurasunas.com

16th October 2002:

After 28 days the patient improved his condition. He has less stress, more appetite, less cough, but still suffering same toxic side effects from chemotherapy and anemia.

He keeps the same therapy but adding a large quantity of carrots, red beet and watercress juice to improve the anemia.

15th November 2002:

The patient is really improving his general condition and Karnosky score. He does not suffer any more from toxic effects of chemotherapy. He gained 12 pounds and improved anemia (red cells: 4.0 and white cells: 4.2)

He kept the same therapy.

23rd January 2003:

At this visit the CAT-scanner made on the 8th January demonstrates an almost total remission of the tumor. He had no more hemorrhage in the pleura while abdominal adenopathies and metastasis were invisible.

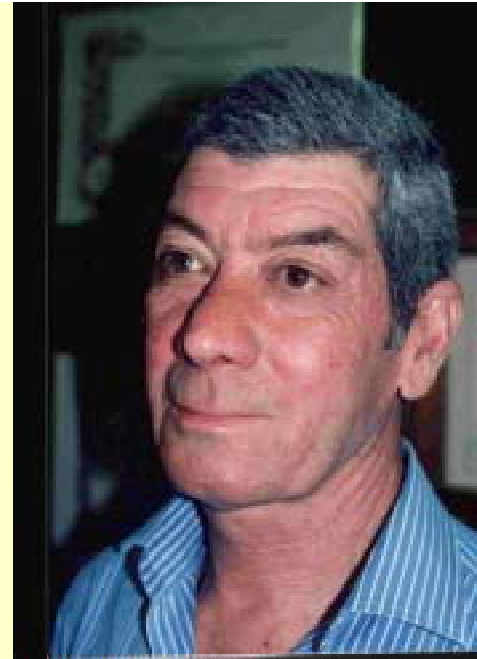
Medical doctors were astonished and could not believe that such large tumor could practically disappear in 3 months time (with chemo) and they argued about a wrong diagnosis of an inexistent tumor.

October 2003: The patient is in good health condition. New MRI on May 2003 and 18th June 2003 showed total elimination of the tumor and abdominal adenopathies.

Last consultation on

14th October 2004:

New CAT-scanner of October 2004 shows no trace of lung tumor and only cervical adenopathies which since the last examination in March 2003 are stable without chemotherapy.



References:

1. Lehman T A, Bennet W P, Metcalf R A, et al. – P53 mutations, RAS mutations and P53. Heat shock 70 protein complexes in human lung carcinoma and cell livers. Cancer Res., 51-4090, 1991.
2. Miller C W, Simon K, Aslo A et al. – P53 mutations in human lung tumors. Cancer Res. 52-1695, 1992.
3. Luda Diatchenko, Segal Desai et al. – Searching from cancer markers. Gene cloning x Analysis Group. April 2000.
4. COX2 inhibitors in cancer therapy, 605-613. The lancet, vol. 4, October 2003.
5. Zelter BP – Cell mobility in angiogenesis and tumor metastasis. Cancer Invest, 8-669,1990.

- Case 10352

Patient: man 42 years.

Clinical Story (1/03/2001): diagnostic of a primary melanoma located on the right foot, with probably distant proangiogenic metastases. Surgery.

- Invasive melanoma secrete several proteolytic enzymes, include metalloproteinase, hyaluronidase and heparanase. (1)
- Neovascularization: release of angiogenic growth factors and secretion of angiogenic growth factors by tumor cells. (2)
- Inactivation of P53 apoptotic pathway, 50%. (3)
- Clinical and pathological observation provide evidence that immunity can develop to melanoma. The immune system can induce regression of melanoma. (4)

2nd May 2002:

Recurrence with various nodules to lung and liver.

He started chemotherapy until July 2002.

The patient felt very nervous, depressed with side effects from chemotherapy.

2nd July 2002:

The patient started our therapy:

BIOBRAN (immune stimulation) 3g per day

ANOXE (antioxidant therapy) 24g per day

CarTCell (liquid extract of cartilage to inhibit MMPS and angiogenic blood vessels) 20ml per day.

SQUALENE (inhibition of cancer proliferation by blocking the polyamine synthesis)

Including a psychic and nerve support.

20th January 2003:

The patient had followed the treatment until this date (January 2003).

Lung tumor reduces..

Elimination of liver metastases.

The patient kept on with Biobran (3g per day), CarTCell (10ml per day) and Anoxe (18g per day)

3rd October 2003:

A new MRI showed total remission and elimination of lung tumor.

Until is last visit in July 2004, the patient time to time takes the same treatment.

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1. Vaisamen A, Tuorninen H, Kallioinen M et al.: Matrix metalloproteinase 2 (72kd type IV collagenase) expression occurs in the early stage of human melanocytic tumor progression and may have prognostic value. J. Pathol. 180. 283, 1996.
2. Liu D, Pearlman E, Diaconu E, et al.: Expression of hyaluronidase by tumor cells induces angiogenesis in vivo. Proc. Natl. Acad. Sci., USA, 93.7.832, 1996.
3. Mendelsohn J, Howley P, Israel M et al.: The Molecular Basis of cancer. Chapt. Molecular Biology of melanoma, USA, p. 396, 1995.
4. Makhergi B, Chakraborty, N G.: Immunobiology and immunotherapy of melanoma. Curr. Opin. Oncol., 7.175, 1995.

- 2002

Patient: man 63 years (heavy smoker).

Clinical Story (1/03/2001): adenocarcinoma of the prostate (Gleason 8: 4+4).
Poor prognostic.

- Mutation of P53 gene in prostatic cancer has been reported to range from 33% - 79%. (1)
- COX 2 is overexpressed in 83% - 93% of prostatic cancer. (2)
- Increased microvessels density (angiogenesis) is associated with increased stage and gleason grade. (3)

Consultation:

The patient came to me on 4th January 2002 in a very poor health condition (Karnofsky performance score 60), been unable to walk by himself and under analgesic.

PSA: 18.7. No surgery either chemotherapy or radiation (doctors told to his wife that he was too late and that he had only six months of live)

A taken bone scintigraphy shows and reports the spread of metastases. See annexed copy with the result of such scintigraphy.

MEDICINA NUCLEAR**TOMOGRAFIA AXIAL COMPUTORIZADA**

Av. Calouste Gulbenkian, 61 e 83
3000-092 COIMBRA - Tel. 239 487 130/1

RESSONÂNCIA MAGNÉTICA


R. Cidade de Santos, Lote 66-Tras., sub-cave G
Monte Formoso
3000-112 COIMBRA - Tel. 239 834 027

JOSE ANTONIO RAMOSObs. Nº: **100416**Data: **29/11/2001*****CINTIGRAFIA ÓSSEA***

Cerca três horas após administração intravenosa de $99mTc$ -MDP, efectuou-se um estudo cintigráfico total do esqueleto com aquisição de imagens de corpo inteiro em vista anterior e posterior e imagens segmentares do tórax.

Visualizam-se múltiplos focos de hiperactividade metabólica óssea na coluna, grelha costal, omoplatas e nos ossos da bacia. Alterações morfofuncionais que são compatíveis com disseminação metastática.

Multiple focus of bone metabolic hyperactivity are visible in column, rib structure, omoplates and in the bones of the basin. Morphofunctional alterations that are compatible with metastatic dissemination.



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ESPECIALISTA EM MEDICINA NUCLEAR
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In 2003:

PSA decreased to 0.05.

A new CAT scanner showed complete remission of the tumor.

A new Bone Gamagraphy showed no trace of the multiple metastases.

Today in 2004 the patient remains in good health condition, but regularly still taking Biobran. He wrote his own story, which was published in a Portuguese newspaper.

REFERENCES:

1. Hall M C, Navone N M, Trancoso P, et al.: Frequency and characterization of P53 mutations in clinically localized prostate cancer. *Urology* 1995. 45. 470.75.
2. COX2 inhibitors in cancer therapy. 605-613. *The Lancet*. Vol. 4, October 2003.
3. Sakir W A, Grignon D J. Prostate cancer: Indicators of aggressiveness. *Europ. Urol.*, 32.515, 1997.

Combined therapy:

NADH to boost energy level (10mg per day).

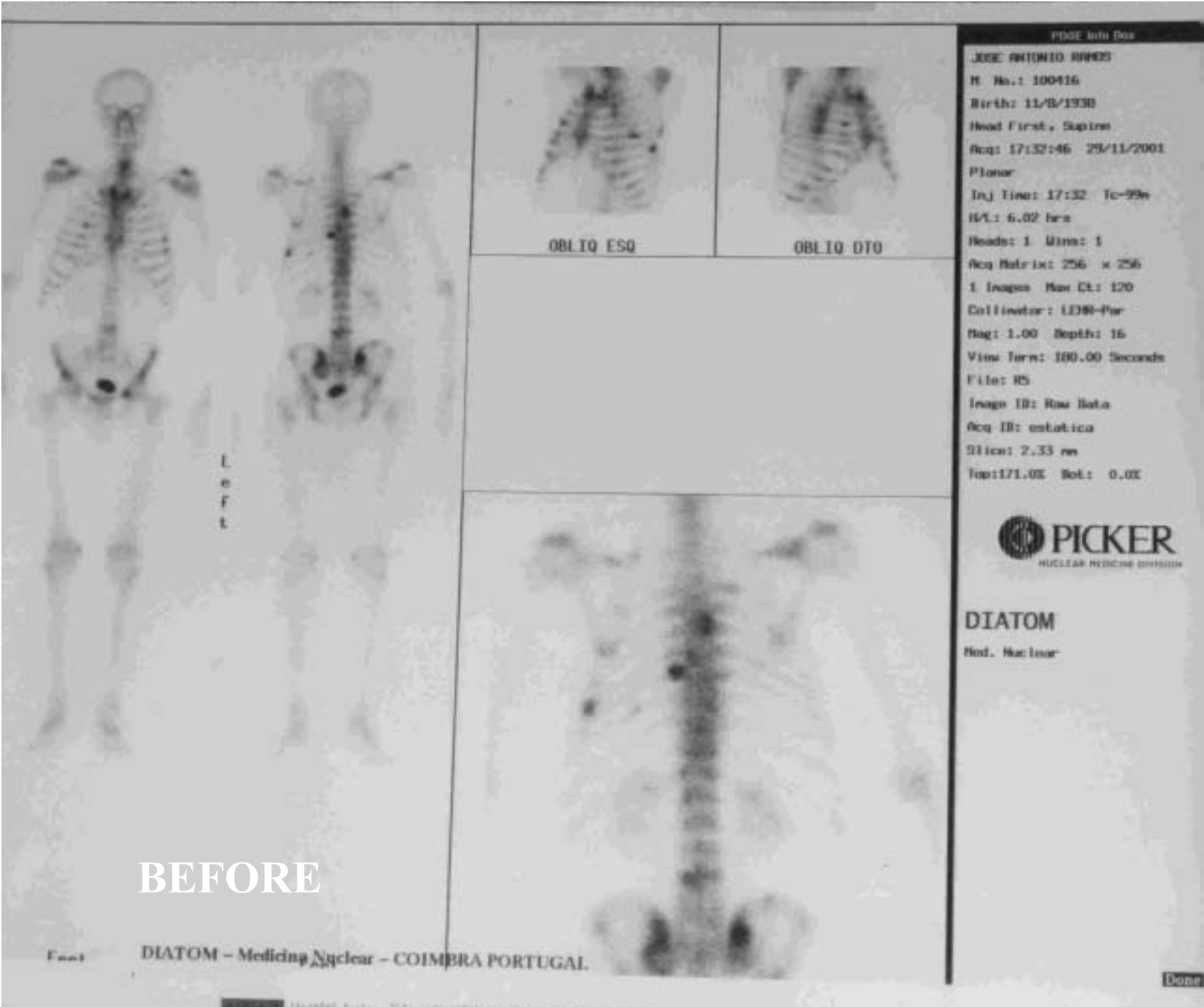
BIOBRAN, MGN3 in granules (immune stimulation), 3g per day.

CarTCell (liquid extract of cartilage to Inhibit MMP'S. Crucial to tumor invasion and expansion. 10ml per day.

ANOXE (antioxidant, prooxidant) regulating apoptosis and cell cycles, increases redox potential. 24g per day

The patient follows this therapy during nine months with only a lower daily dose of Anoxe of 24g, during one month to 18g during six months and nine grams. NADH at 10mg during two months is reduced to 5mg during 2 more months, until the patient feel stronger and remove. Biobran was kept at 3g per days.

Slowly the patient started to improve, to feel better, less nervous and to walk by himself and without analgesics.



BEFORE



AFTER

Our Therapy:

BIOBRAN (immunostimulation), 3g per day

CarTCell (liquid extract of cartilage. Anti-MMP'S,
Anti-inflammatory), 30ml per day.

SGES (super grow energy stone), 12g per day.*

CBA (Ceramic ball application) to remove pains and inhibit
tumor growth. One per day.*

* A Far Infrared Ray Emitting Stone to Treat Cancer and Degenerative
Diseases (see: www.sergejurasunas.com)

Detoxification includes coffee enema to expulse large quantity
of daily feces..

- Case 4302 (a 10 years difficult survival case)

Patient: woman 54 years.

Clinical Story: Tumor of the sacrum

1994 – A large tumor of the sacrum is detected and partially removed by surgery but with infiltration of cancer cells to pelvic and iliac area. Chemo/radiation. Much pains and taking analgesics.

The patient followed irregularly some alternative therapies.

1998 – RMI revealed a large masse to the pelvic, iliac area and new surgery to remove it is incomplete.

New chemo/radiation.

The patient came to me in a very poor health condition, severe anemia with blood transfusion. She could not seat and she walked with Too much difficulty. Severe pains obliged her to use daily dose of morphine During one year until we manage to reduce and eliminate it by the end of 1998. We also balanced the anemia condition.

From 2000 to 2004:

Her condition was sometimes desperate with again much pains, but she refused new chemo or radiation, which probably saved her from metastases expansion.

Her therapy during 4 years at regular intervals:

BIOBRAN – 3 g per day

CarTCell – 10 to 30 ml per day.

ANOXE – 27g to 18g per day.

(Umbilical cordon – one ampoule 2ml I.m. per month)

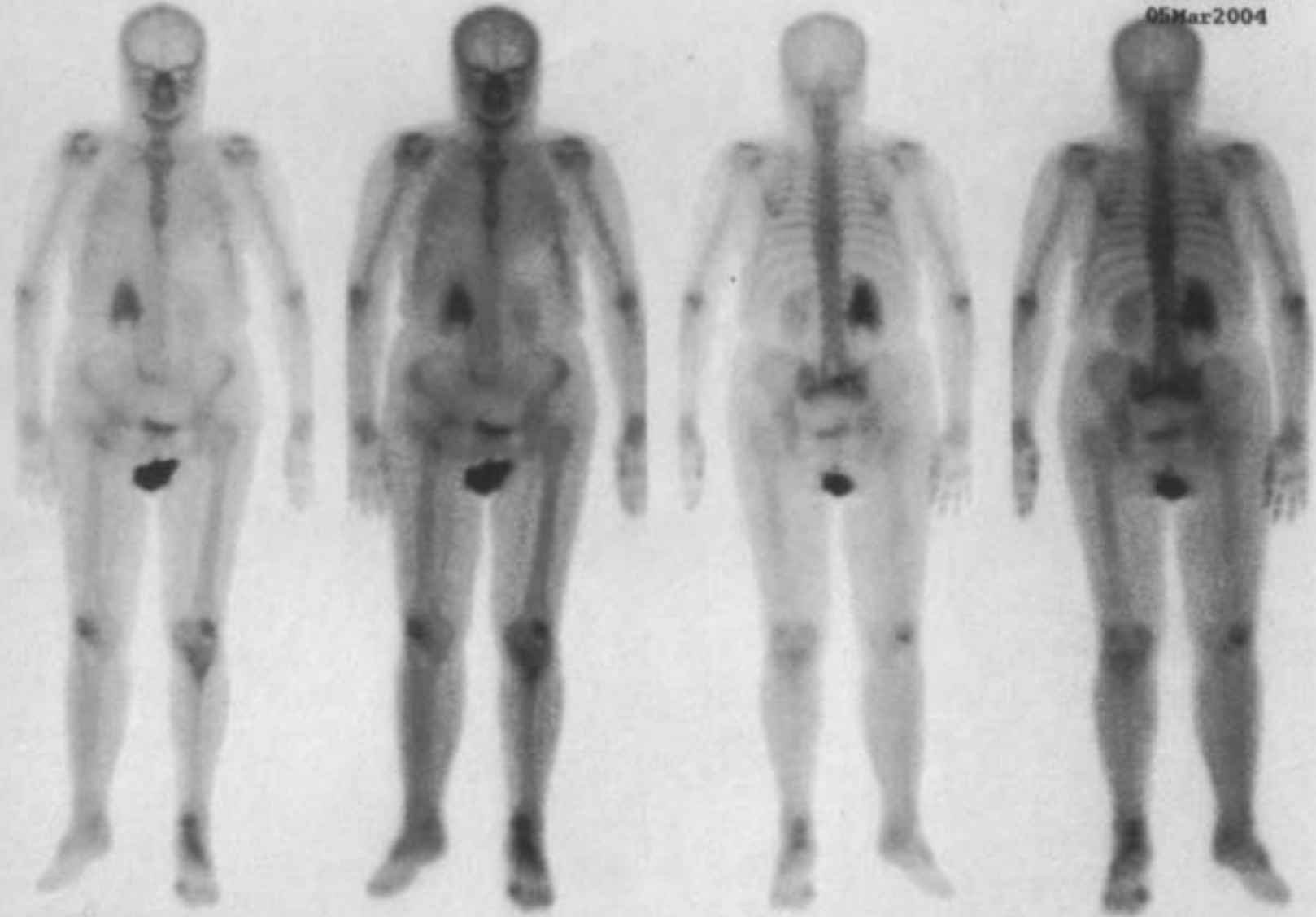
Today the patient has no metastases spread in the bone or anywhere else as the scintigraphy and abdominal ultrasound and CT Scan show.

She can walk normally and she has only little pains.

Most of the similar or other cases on chemo/radiation show quick metastases spread to bone and other target organs or relapse after several years. At her consultation on June 2004, her condition remains satisfactory.

ROSALINA MARCAL

ATOMEDICAL
05Mar2004



ANTERIOR

POSTERIOR



Patient: man 59 years old

Clinical Story (July 2002): gastric adenocarcinoma, poorly differentiated,

PT3 PN3.PG3 PM x stadium

with infiltrative lesions that spread all over the gastric area and fast growing expansion. 25 of the 31 isolated ganglions showed metastasis invasion.

- Mutations of P53 are found in 50% of gastric cancer.
- COX2 is overexpression is found in 80% of gastric cancer. (1,2)
- Cancer patients are frequently immunosuppressed.

The patient undergone a surgery with the totality of stomach and immediately started chemotherapy. However he came before the surgery to prepare his body by strengthening immunity and reduce oxidative blood and the psychological nerve condition.

1st consultation after surgery (18th September 2002):

- The patient is very weak with Karnofsky score of 50, lost 15 pounds, suffered from nausea, lack of appetize, vertigo and with a severe anemia from chemotherapy.

- RBC's: 1.88
- Hemo: 6.3
- Platelets: 59000
- Leucocytes: 10000

The treatment:

Anoxe – to reduce oxidative blood, inhibition of COX2 over-expression, prooxidant to cancer cells. Induce apoptosis. – 24g per day.

BioBran (granules) – very strong immunostimulant. – 9g per day.

Immunozelon (fresh bamboo extract) – to detoxify liver and kidney, increases energy status. SOD-like activity. – 30ml three times per day.

Squalene – to inhibit the induction of ODC and reduces tumor formation (1). – 6 capsules four times per day.

A special liquid functional food diet was tailored to his special condition.

(1): Ornithine decarboxylase overexpression leads to increased epithelial tumor invasiveness.
Cancer Res. 57 (11> 2104-8, 1997

November 2002: the patient started to improve significantly his physical condition and look better, specially the skin is now nicely colored. He also increased appetite and gained some weight.

Blood count:

- RBC's: 3.67 – Hemo: 11.7 – WBC's (leucocytes) 4100

– Platelets: 1140000

This is a good result if we compare with the previous blood analysis while the patient is under chemotherapy.

The patient followed the same therapy but now with some liquid Cartilage Extract (CarTCell) as antiangiogenesis, until May 2003, with regular check-up. On December 2003 and January 2004 the patient improved from his initial condition but in very poor health status..

12th May 2003: The patient is still in poor health condition, very weak and with cachexia. Again blood count dropped because of the cytotoxic therapy.

We used the same therapy but including SunChlorella tablets (24 per day) smashed and easily absorbed by the patient, together with the CGF as Wakasa in liquid.

A new RMI not available at the consultation but performed on the 20th May 2003 of the abdomen, thorax and liver shows no trace of suspicious lesions, metastasis or abdominal mass in favor of our integrated treatment.

13th June 2003: while the patient improved his condition with less nausea and more appetite, his condition remained serious and he felt weak from chemotherapy. Therefore we included a special mixture (Zepatix) of frozen liquid extract of liver peptide, thymus, mesenchyme and liquid cartilage. Additionally umbilical cordon, injectable twice per month. This new adjunctive treatment rich in stem cells activate cell's repair and induce cell's differentiation. The patient took 48 ampoules of the frozen embryo preparation, that considerably increases immune defense, physical strength and controls angiogenesis process .

The patient followed our treatment during several months and by November 2003 he stopped chemotherapy. In meanwhile the tumor markers started to reduce.

October 2003 – CEA 3.6 CA 19.9. 6.5.

December 2003 – CEA 2.6 CA 19.9. 5.1.

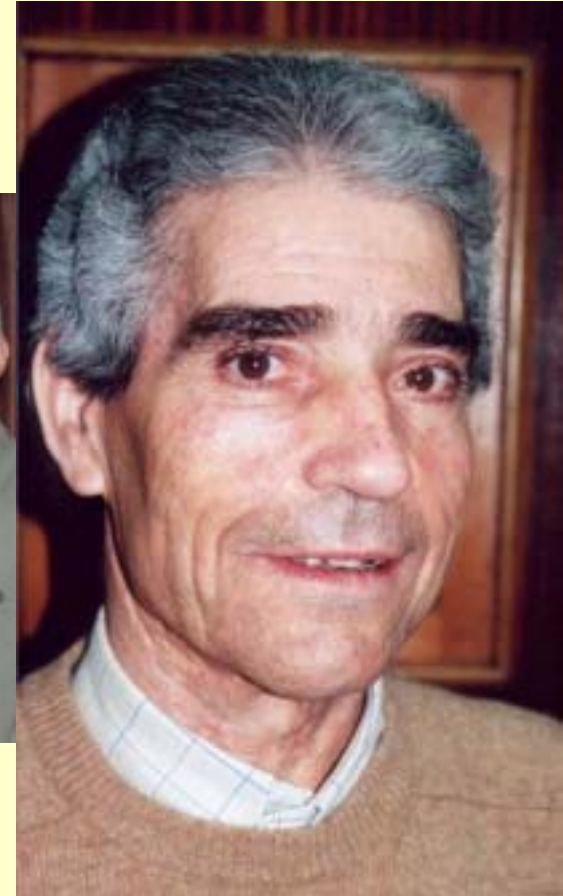
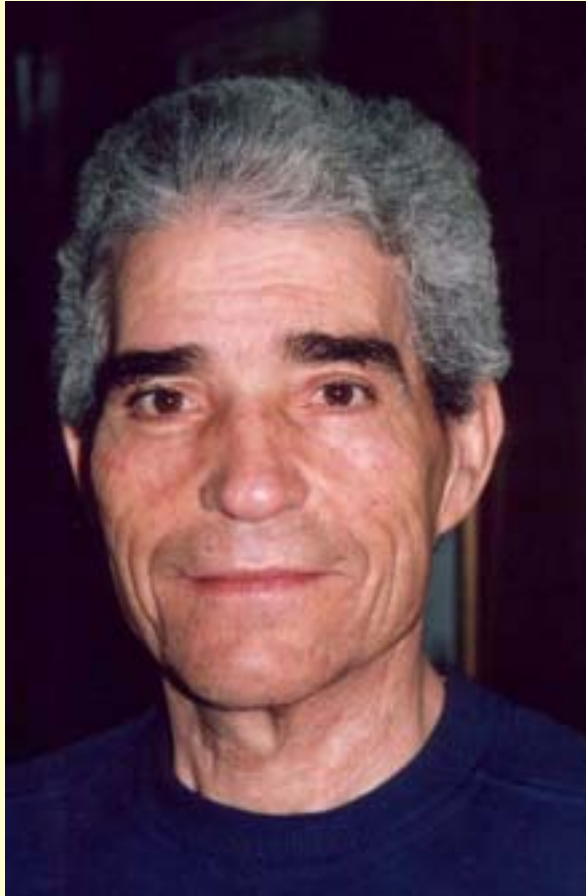
The patient has continued the therapy during the year 2004 and in March 2004, a new biopsy of tissue near the surgery showed no trace of cancer cells and hospital check up showed no trace of invasive metastasis.

Tumor markers – CEA 2.5. CA 19.9. 4.3.

Therefore our treatment is much effective since without chemotherapy, tumor markers are still reducing.

We can say that from June 2003 to March 2004 and up to now, November 2004, the patient made a considerable physical and psychological recovery with a Karnofsky score of 100 and no trace of metastasis. He is in a good health and looking condition which surprise the hospital oncologists unable to understand. To Their knowledge this case was hopeless since stomach cancer raise poor prognostics specially with so many infection ganglions.

Up to now, November 2004, the patient is in good health condition, but still taking some immunomodulators, antioxidants like Anoxe, Sun Chlorella and keep a special functional food diet.



References:

1 -. Koki A. T., Marfesser J.L., Celecoxib: a specific COX2 inhibitor with anticancer properties. *Cancer Control*, 2002; 9: 28-35

2 – *Lancet* magazine, vol 4 (10), 605-613, Oct. 2003.

Patient: Berta 36 years old

Clinical Story: carcinoma of the left breast – grade III – 27 nodes infected.



1993 – Mastectomy following by chemotherapy. She came to our Institute in bad physical and psychological condition with poor energy status and low karnofsky score from chemotherapy.

Our Treatment:

SGES – 12 g per day

Anoxe – 24g per day

Car-T-cell – 10ml per day

During the course of chemotherapy she developed liver metastasis

Add: Umbilical cordon i.m. one per month

1994 – We add Biobran to our combination therapy

End of 1994 she end up her chemotherapy and was free of liver metastasis. However to prevent risk of recurrence from tumor dormancy the patient continue some treatment.

1995 – The patient is in total remission. Time to time we prescribe Biobran and Anoxe.

In July 2003 (10 years) Berta participated with twelve other cancer patients (multiple myeloma, prostate, colon, melanoma, breast) to an interview in our Institute with a journalist about their diseases and the effectiveness of Biobran.

- 1998

Patient: woman 60 years old

Clinical Story:

Breast carcinoma stage III

Tumor T4b. M1-M0

– 7cm diameter extended
to 5 ganglions.

Biopsy involves wide spread
inflammation making surgery
impossible.



31st March 1998: Our protocol to reduce the high inflammation included the BioBran (MGN3) at 9g per day, Anoxe at 18g per day, Squalene at 1,5g per day and the ceramic ball application (SGES) directly on the mammary area. The patient was put on diet with large quantity of raw vegetable juices.

After several months the inflammation reduced in such extend to allow surgery.

September 1998: After the mastectomy the patient followed chemotherapy (Taxol adriamicin) and radiotherapy.

The patient never suffered from side effects, anemia or leucopenia and no metastasis were detected Liquid extract of cartilage (CarTCell) is now included at 10ml per day.

The patient followed the chemotherapy until January 1999 and discontinued.

Time to time she comes to our Institute for check-ups and routine treatment that includes Anoxe, BioBran and Liquid extract of cartilage against tumor dormancy.

Until today, 2004, the patient remains in good health condition.

Resistant Tumor

Patient: F- 70 years old

Clinical Story: carcinoma of the right lung – stage III (heavy smoker) (usually their blood and lung tissue are poor in SOD) – no surgery.

Diagnostic July 2003 – 3 tumors in the right lung – 6cm – 3cm – 1cm.

Start immediately chemotherapy but after two months of treatment the 3 tumors shown resistance with same size.

1st consultation in our Institute – 29th September

Peripheral blood analysis – High oxidation – Many dead white cells – platelets aggregation – fungal invasion – RBC's rouleaux

Karnofsky performance score - 80

Treatment:

Biobran - 9g *per* day

Anoxe – 24g *per* day

CarTCell – 20ml *per* day

The patient has also started radiation and after one month with the combination therapy the large tumor of 6cm had reduced its size to 3.2cm.

The patient continued the same therapy until July 2004 and a new RMI has shown a total remission of the 3 tumors.

Karnofsky score 100.

The combination therapy and the special cancer methods of Serge Jurasunas is fully explained in several publication and lectures.

1 – An Integrative Naturopathic Approach to Breast Cancer

T.L.D.P. – June 2003

2 – The Biological Approach to Breast Cancer

Deutscher Heilpraktikertag 2004 – Germany

3 – Combination Therapy with Biobran as Innovative Approach in the Treatment of Cancer

*Biobran workshop – St. Anne College
Oxford University – Sept.2004*

To know more about Holiterapias Institute and full range of treatments consult the “National Foundation for Alternative Medicine – Portuguese Clinics – Health Center of Lisbon (Holiterapias Institute) – NFAM clinic number 200029.

For more information consult:

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