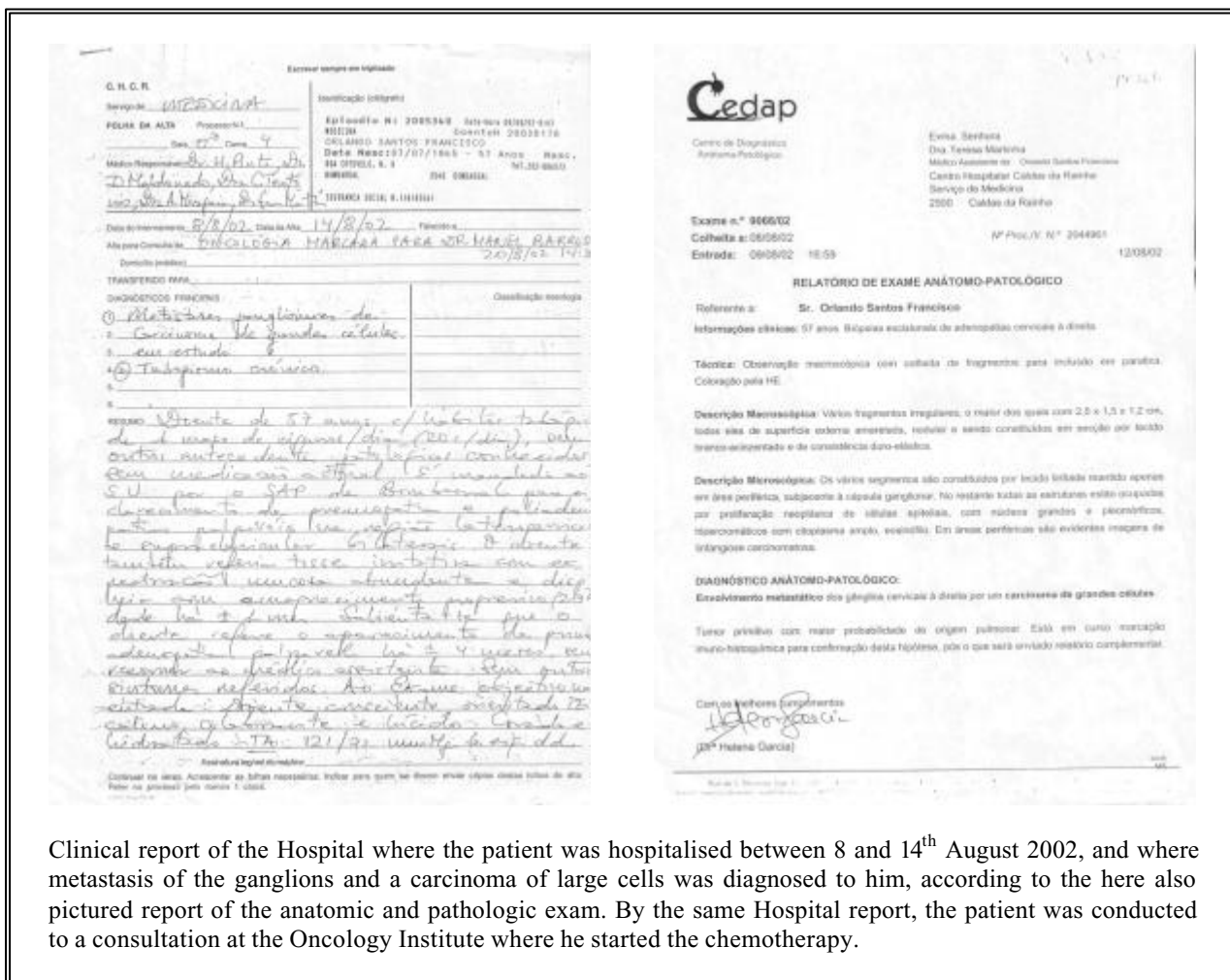


An Astonishing Lung Cancer Case treated by Serge Jurasunas at the Holiterapias Institute.

A case of the patient Orlando S. Francisco, 57 years old and a past of being an heavy smoker.

Clinical story: an adenocarcinoma (non-small cells tumor) localized in the left lung of about 3cm, taking 2/3 of the superior fold of the lung, with haemorrhage in the pleura. Also adenopathies were found deeply in abdomen and pelvic area, and metastasis in the cervical ganglions. After the biopsy of the cervical ganglions, the neck of the patient swallowed with deep pain. The large tumor cannot be removed and in August 2002 the patient started immediately chemotherapy.



Clinical report of the Hospital where the patient was hospitalised between 8 and 14th August 2002, and where metastasis of the ganglions and a carcinoma of large cells was diagnosed to him, according to the here also pictured report of the anatomic and pathologic exam. By the same Hospital report, the patient was conducted to a consultation at the Oncology Institute where he started the chemotherapy.

On the 18th September 2002, the patient came to me in a very poor health condition, suffering toxic effects from chemotherapy. He was anaemic, with too much cough, had lost 20 pounds, had no appetite, vomiting and feeling miserable.

We started the following therapy:

- Anoxe 18g per day
- Biobran 3g per day
- Biosqualene 18 capsules per day
- Zell-Oxygen 50ml per day

Antioxidants and SOD are our main protection against pulmonary oxidative stress. Anoxe is a low molecular antioxidant compound that on the contrary of oral SOD and catalase is quickly absorbed by the body and driven to the target cells. According to researchers such as Oberley and McCord, SOD plays a pivotal role in the therapy of cancer by inducing apoptosis.

On the 16th October 2002, the patient felt better, but he was still affected by the effects from chemotherapy.

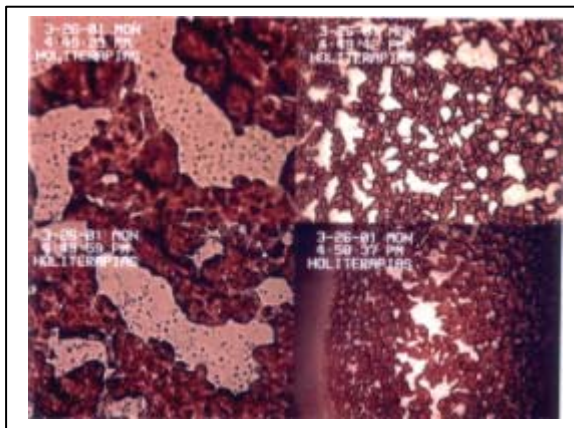
The treatment remained the same, but with the addition of CarTCell (frozen form) as anti-angiogenesis therapy. Over the past years in many occasions we observed that solid tumors reduce considerably (specially inoperable tumors), when using CarTCell therapy. Thus it is more easy for the immune system to attack and kill the tumor.

On the 15th November 2002, the patient is still improving his general health condition and Karnosky score. Before he was affected by the side effects from chemotherapy, which increases oxidative blood and decreases the immune resistance.

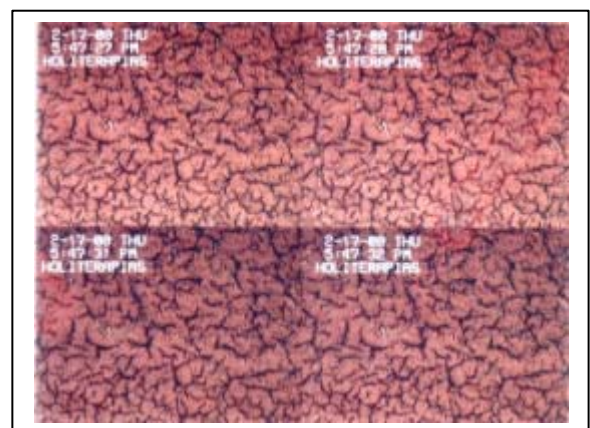
The antioxidative protection from Anoxe is beneficial to protect tissue from toxic damage, assist the liver to detoxify and active signal redox pathways in tumor cell to induce apoptosis.

Biosqualene is one other good product that increases energy by stabilizing the polarity of the cells defence for adhesion to tumor cells. However only long term therapy brings significant results.

At that time, the patient felt relieved from chemotherapy toxic effects and regained the lost 12 pounds. From that day, the patient never felt again discomfort from chemotherapy. By the same time and during the course of the therapy, we performed live blood analysis and the footprint oxidative test (dried blood) that indicates over 36 information on red cells, white cells, antioxidant status, lipid status, platelets status, etc.. For instance after a chemotherapy the dried blood test may indicate a stage 3 of high oxidation (free radicals) and damage to tissue. Stage 4 is considered an advanced case, while stage 5 and 6 are considered terminal cases.



Stage 4 with metastasis. High Oxidation.



Stage 0. Low oxidation

On 23rd January 2003 and at this visit the tumor was almost invisible. After three months the tumor had already reduced about 2/3 of its volume. Also the patient was free from any vascular haemorrhage like in the beginning. In the hospital, medical doctor were consternated and stressed that even with chemotherapy a tumor cannot reduce such extent in a such short time. They suggested the hypothesis that it was a wrong diagnosis and while in consultation, they

asked the patient's wife to provide the first MRI to check. Later on, they verified the evidence of a large tumor, but they could not explain such evidence, since they do not believe in the therapeutic value of alternative medicine.

MONTEPIO RAINHA D. LEONOR-ASSOCIAÇÃO MUTUALISTA
(Dr. F.Rita, Dr. A.Dias, Dr. J. Vinagre - Medicina Radiológica)

Resonância Magnética Nuclear,
Tomografia Axial Computorizada,
Ultrassonografia, Densitometriografia,
Osteodensitometria, Mastografia

Exmo. Sr.
ORLANDO SANTOS FRANCISCO

DATA: Quarta - feira, 08 de Janeiro de 2003

EXAME: TAC TORÁCICO, ABDOMINAL E PÉLVICO


INFORMAÇÃO CLÍNICA: Adenocarcinoma do pulmão esquerdo (consolidação atelectásica nos dois terços superiores do campo pulmonar esquerdo), derrame pleural esquerdo. Adenopatias abdominais profundas e pélvicas. Reavaliação ao fim de seis ciclos de quimioterapia.

RELATÓRIO: Orientados por topograma obtiveram-se cortes TDM de 10mm de colimação desde os apex pulmonares até ao perineo, após opacificação das ansas intestinais e antes e após injeção de contraste iodado e.v..

No conjunto da documentação obtida e comparativamente ao relatório do exame TDM efectuado em Agosto de 2002, dado que não nos foram presentes as respectivas imagens salientamos:

1. Actualmente já não observamos a zona de consolidação/atelectasia nos dois terços superiores do campo pulmonar esquerdo, envolvendo o lobo superior e lingula, referimos no entanto discreto infiltrado provavelmente residual
2. Mantém-se bolha de enfisema no apex pulmonar direito
3. Actualmente não observamos derrame pleural bilateralmente
4. No mediastino visualizamos alguns pequenos gânglios essencialmente latero-traqueais direitos e sem volume patológico (centimétricos). Não visualizamos por outro lado adenomegalias hilares
5. Muito discreta lâmina de derrame pericárdico no limite da visibilidade
6. Ausência de ascite
7. Mantém-se um fígado globoso mas sem nódulos do tipo secundário
8. Restantes órgãos parenquimatosos do abdômen superior sem alterações significativas, não se visualizando designadamente nódulos nas glândulas supra-renais
9. Não visualizamos adenomegalias retro-cranais, cefio-mesentericas e lombo-aórticas e ilíacas, referimos contudo alguns pequenos gânglios sem volume patológico nas regiões inguinais
10. Bexiga, vesículas seminais e próstata sem alterações significativas

CONCLUSÃO: Evolução francamente favorável em relação ao relatório do exame TDM efectuado em Agosto de 2002, dado que há uma resolução quase total da extensa zona de consolidação/atelectasia nos dois terços superiores do campo pulmonar esquerdo, não se observando por outro lado derrame pleural esquerdo nem gânglios com volume patológico nas diferentes cadeias ganglionares estudadas, designadamente mediastínicas e abdominais profundas.

Cumprimentos

António Alves Dias
(Médico Radiologista)

In the conclusions of this report of a CAT scanner exam done to the patient on the 8th January 2003, it can be read that there is a evolution frankly favourable in relation to the last exam done last August 2002, since it is seen an almost total remission of the tumor mass, taking the 2/3 of the superior fold of the left lung. Also any haemorrhage is observed in the left pleura or any abnormal ganglions, either in the cervical or in the abdominal area. This CAT scanner shows no more evidence of lung tumor, either in the abdominal area or any secondary lesion.

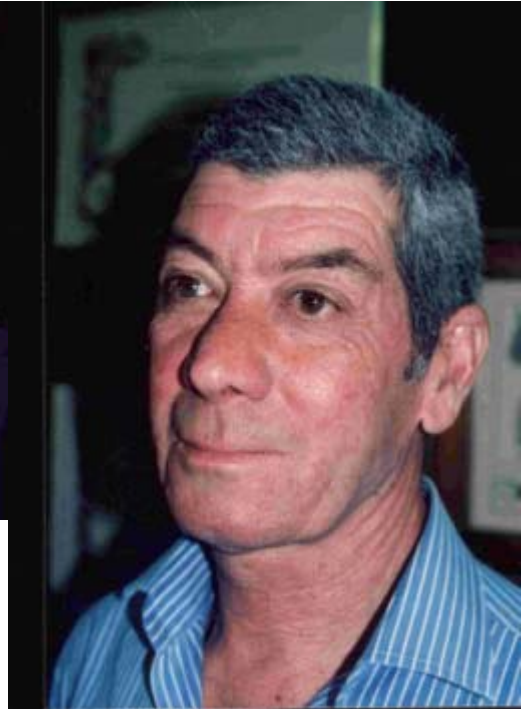
The patient followed more or less the same therapy until 30th May 2003 and on the 18th June 2003 a new MRI showed total elimination of the abdominal adenopathies and of the tumor. He is still taking CarTCell, Anoxe and Biosqualene, meaning for now over one year.

Now in October 2003, his health condition is good and there is no sign of metastasis or secondary tumor in abdominal area, or either metastasis to cervical. The patient has kept the same therapy with Anoxe, CarTCell, Biosqualene and Zell-Oxygen, from 2002 to July 2003. We have no doubt about the synergy between Anoxe and CarTCell in the remission of the

tumor, while squalene prevents tissue damage against cytotoxic anticancer agent, detoxifies the liver and inhibits PGE2 pathway to decrease inflammation. Squalene inhibits the induction of ornithine decarboxylase which shows high differential expression of genes in lung tumors. Because the patient improved rapidly and the tumor was quickly eliminated, on the contrary of most patients, radiotherapy was unnecessary.



Orlando S. Francisco in a first photo taken in 2002 and a second photo one year later in 2003.



This astonishing and successful lung cancer case was conducted by the professional team of Serge Jurasunas, which is considered as one of the Europe's most innovative natural cancer therapy specialists, with more than 35 years of breakthrough cancer therapy on 33,000 patients. He developed some of the best innovative therapies, such as the low molecular weight antioxidants. His Clinic in Lisbon has now acquired a world reputation. For more information Serge Jurasunas and his team may be contacted at the Holiterapias Institute or through his e-mail and website.



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