

CASE SERIES

Scalar IPT & BPT for Treatment of Oncology Diseases: Case Reports

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ABSTRACT

In the course of our long-term practice in the clinical application of the principles of systematic approach and those of Integrative Oncology we purposefully and gradually began to develop all available achievements of integrative biophysics.

In 2018, after a long study period, we created the IPT & BPT method, which is a combined application of Insulin Potentiation Therapy and Biomagnetic Therapy with Magnetic Pairs. The first successful results of the application of this method were presented in two consecutive publications [1,2].

The development and achievements of quantum physics offered the opportunity to build the concept of biological energy and information transfer in the field of medicine. Our research in this field using scalar energy was reflected in our literature review [3].

Based on these scientific advances, we focused initially on streamlining the application of Biomagnetic Therapy with Magnetic Pairs using scalar information transfer to correct magnetic depolarization.

Subsequently, we developed the protocol for scalar IPT & BPT replacing the intravenous administration of chemotherapeutics with scalar transfer of the same drugs.

The treatment is initially aimed only at patients in the final stages of the disease who are subject to palliative care and those who refuse to use conventional methods.

In the period from July 2020 to January 2022 the treatment was administered to 17 patients. Our first results showed that it proceeds without any side effects and with a significant improvement in the condition of patients. Three cases from our clinical practice on the application of Scalar IPT & BPT are presented demonstrating real possibilities for the application of the method for the treatment of oncological diseases.

Initial clinical experience in the application of scalar energy and information transfer and the presented results demonstrate a new opportunity and perspective for the need to integrate methods of modern biophysics in the complex treatment of cancer.

KEYWORDS

Integrative oncology; Biomagnetic therapy; Magnetic pairs; Oncological diseases

INTRODUCTION

After a long period of application of the principles of Integrative Oncology, dating back to 2006 in our clinical practice, we turned our attention to the possibilities of modern biophysics. Initially intrigued by the theory and concept of Biomagnetic Pair Therapy (BPT), developed by Dr. Isaac Goiz Duran and based on the research of Dr. Richard Broeringmeyer of NASA we have implemented the methodology in our clinical practice. Not long after we had the opportunity to see that BPT can be successfully used to treat cancer.

In 2018 we created the IPT & BPT method which is a combined application of Insulin Potentiation Therapy and Biomagnetic Therapy with Magnetic Pairs. Subsequently, in two consecutive publications we presented our first results which not only convinced us that the integrative approach using methods of biochemistry and those of biophysics can successfully increase the effectiveness of treatment, but also drew our attention to the achievements of modern biophysics and its application in medicine [1].

In the course of our research, we were intrigued by the modern achievements of quantum physics with a focus on energy and information transfer. The review of scientific publications drew our attention to the potential of scalar electromagnetics?? (Scalar energy) theoretically substantiated by J.C. Maxwell (1865) and practically demonstrated by N. Tesla (1904). Our research in the field of energy and information transfer using scalar energy was reflected in our literature review [3].

Based on the experimental and theoretical achievements of modern biophysics and our own clinical experience in the application of biomagnetic therapy we gradually began to include in our clinical practice methods of Energy Medicine with proven safety and lack of side effects in preclinical studies.

Initially we focused on streamlining the application of Biomagnetic Therapy with Magnetic Pairs using scalar information transfer to correct magnetic depolarization.

Subsequently we created the scalar IPT & BPT protocol replacing intravenous chemotherapy with scalar transfer of the same drugs.

In a series of experiments, we managed to realize information transfer with scalar energy of the protocol for biomagnetic therapy which we used in the IPT & BPT method. It turned out that magnetic depolarization can also be achieved by scalar transfer of our program for specific magnetic pairs for tumor diseases, prepared by us and recorded on CD. Uses in BPT with static magnets an autonomous muscle test for registration and verification of magnetic imbalance confirmed that scalar information transfer is not inferior that of static magnets.

The successful practical application of scalar transfer for magnetic depolarization allowed us to create a protocol for scalar drug transfer. In order to have a model for comparing the effectiveness of the treatment, we used the protocol of the IPT & BPT method replacing the intravenous administration of antitumor drugs with scalar transfer. The scalar part of the protocol is based mainly on experimental studies in the field of biophysical information transfer by prestigious scientists including those of Prof. Konstantin Meyl, conducted in patients with cancer [4-6].

MATERIALS AND METHODS

In the period from July 2020 to January 2022 the treatment was administered to 17 patients with extremely advanced tumors, after failure of previous standard treatment. The majority of these patients are unable to continue treatment with conventional methods.

Prior to treatment, all patients receive detailed information about the treatment and sign an informed consent. In this presentation we present the first results of the new scalar method IPT & BPT in three cases of our practice.

In the Scalar IPT & BPT protocol developed by us we used as a source of scalar energy and transfer equipment created and offered by Prof. Konstantin Meyl - SWD SWG-A towers (Figure 1). Scalar devices have a license for use for laboratory and medical purposes [6].



Figure 1: SWD SWG-A towers device for scalar transfer.

Prior to treatment the patient receives a home treatment protocol including diet therapy, antioxidant therapy, immunotherapy, and detoxification. Home treatment is carried out in parallel with the IPT & BPT procedures.

Treatment begins with one week of preparatory therapy with alternating procedures with scalar magnetic therapy, ozone therapy and intravenous vitamin C in combination with alpha lipoic acid (ALA). The purpose of preparatory therapy is to reduce the effects of previous chemotherapy and improve immune status.

With the accumulation of practical experience in the application of the new methodology we introduced a number of adjustments aimed at optimizing procedures and improving efficiency. The biomagnetic therapy program used was replaced by scalar transfer of biomagnetic programs. In preparing the new biomagnetic programs we have used not only our personal experience but also the Book of Biomagnetic Pairs (Dr. Mario Ricardo Rodríguez Ramírez), Biomagnetic Pairs Guid (Dr. David Goiz Martines) and Biomagnetism Guide 5.1 [7-9].

Three CDs with biomagnetic programs have been prepared:

1. CD A, including magnetic pairs for microbial infections, detox, immune stimulation, emotional disorders and energy balance.
2. CD B, including magnetic pairs for tumors, tumor suppressor genes and dental infections;
3. CD C, including magnetic pairs for viral diseases only. This disc had to be included because in the last 2 years almost all of the treated patients before treatment had latent or pronounced viral infections.

The presence of concomitant viral infection in patients necessitated the addition of intravenous vitamins to the treatment. With both IPT & BPT and scalar IPT & BPT.

In the presence of serious concomitant diseases, an additional disk with a magnetic program for the disease is prepared.

The recorded information discs are placed on the receiver of SWG-A towers, and a bottle of water for homeopathic transfer is placed on the transmitter. The procedure lasts 30 minutes with correction of the magnetic imbalance, and the result is controlled by an autonomous muscle test. With the accumulation of experience, we had to extend the time of the procedure to 45 minutes.

After completing the preparatory program, the main program includes three procedures per week: Scalar IPT, scalar biomagnetic therapy in combination with ozone therapy and intravenous vitamin C 12.0 g + ALA 600 mg.

Scalar IPT

The cytostatic combination is determined before each treatment with an autonomic muscle test. In a small glass beaker with urine from the patient certain cyto-statics are added in a dosage adequate to that of IPT. The cup is placed on the receiver of the device. The duration of the procedure is 30 minutes. Blood sugar is measured at the beginning on the 15th minutes and 30th minutes. The total number of scalar procedures is controlled individually with the autonomic muscle test, ranging from 7 to 12.

After the completion of the scalar IPT procedures complete control examinations, adequate to those of standard oncology are performed to account for the therapeutic effect.

CASE REPORTS

Case 1

DGV, 13-year-old child was diagnosed with thymic carcinoma in October 2019 - low-grade squamous cell carcinoma. Twelve unsuccessful chemotherapy applications were performed. The proposed palliative radiotherapy was refused by the parents. He was admitted to the clinic in a significantly damaged condition in July 2020 - shortness of breath, fever with chills, dry cough, pain in the left side of the chest and severe loss of physical activity.

Initial laboratory tests: Hb 97 G/L (108-168); WBC 3,5 G/L (3.5-10.5); RBC 3.95 T/L(3.7-5.5); PLT 167 G/L (140-600); ERS 45 mm/h (<25); Hct – 0.31 L/L (0.32-0.44); CRP- 46.53 mg/l (<5).

PET/CT before treatment: “paramediastinally on the left irregularly shaped tissue formation adjacent to the mediastinal, bony and diaphragmatic pleura. The pleura in all its parts is diffusely unevenly thickened with the presence of metabolically active zones along the course and with SUVMax up to 18 MBq and along about 100 mm (dorsally along the course of the diaphragmatic pleura). The described changes compress the underlying lung parenchyma, with the presence of atelectasis and hypoventilation changes of the lower lobe. The left half of the chest is visualized with reduced volume. Data on small pleural effusion, including the course of the interlob. Paravertebrally on the left two metabolically active nodular lesions involving the left leg of the diaphragm and SUVMax 7.8MBq were visualized. Metabolically active mediastinal lymph nodes: with SUVMax of 12.6 MBq and sizes up to 12/23 mm (paraaortic)”.

The child's extremely impaired condition, laboratory and imaging data and an autonomous muscle test ruled out the possibility of using low-dose insulin potentiated therapy. This put us in a situation to look for other treatment options.

The parents were provided with comprehensive information about the situation, which agreed that the intravenous administration of cyto-statics in IPT should be replaced by scalar drug transfer.

After a one-week preparation period with daily procedures with intravenous vitamin C, ozone therapy and biomagnetic therapy with magnetic pairs Scalar IPT & BMP was added to the treatment.

18 Scalar IPT applications were performed with the cytostatics Endoxan, Cisplatin, Epirubicin, Vinorelbine and 42 BMP procedures. The treatment lasted until August 2020.

The patient endured the procedures without any side effects. Significant improvement followed: fever, asthenodynamia and intoxication syndrome completely disappeared. Correction of anemia was also achieved without the need for blood transfusions. The child fully restored his social and physical activity. Subsequently due to financial reasons the parents stopped the treatment.

In December of the same year, the child was admitted to the clinic again after unsuccessful hospital treatment of COVID-19 infection and worsened general condition: lethargy, fever, chest pain, difficulty breathing.

Treatment with high doses of vitamin C, ozone therapy and biomagnetic therapy with magnetic pairs has begun. After one week of treatment the symptoms of the viral infection largely disappeared, and this allowed the Scalar IPT & BMP protocol to be re-enabled. Five IPT procedures were performed after which treatment was discontinued again and the patient was lost for follow-up. Evidence of the effectiveness of treatment can be found in the story of the child's mother [10,11].

Case 2

LDI, 49-year-old female mpe3 was diagnosed with a tumor of the right breast in 2014. Surgical treatment was offered, which she refused. Later, in February 2018, she underwent surgery (partial resection) with a histological result - low-grade ductal carcinoma. After the operation he refused another treatment.

In August 2020 he was admitted for treatment to the clinic with significant pain in the right thoracic and axillary area, an area of severe anxiety and evidence of disease progression, with the presence of lymphatic and bone metastases.

From the pre-treatment PET/CT: Three enlarged and metabolically active right axillary lymph nodes with a solution of 12 mm and SUV Max 14.8 MBq. Hypermetabolic focal lesions in the ninth rib on the left and in the right iliac bone.

At the patient's insistence, treatment begins with scalar insulin-potentiated therapy in combination with scalar biomagnetic therapy. Thirteen scalar IPT applications were performed with the cytostatics Endoxan, Epirubicin, 5-FU, Cisplatin and Vinorelbine. The cytostatic combination includes three cytostatics in each procedure determined by an autonomous muscle test.

No side effects were reported during the treatment. The subjective condition of the patient has improved significantly but persistent psycho-emotional imbalance persists. At the insistence of the patient the treatment was continued with an additional 7 standard IPT procedures without significant side effects.

Control laboratory tests showed only a slight decrease in hemoglobin and leukocytes. Hemoglobin before treatment HGB 129 g/l (120-175) and 122 g/l after treatment; leukocytes before treatment WBC 5.6 (4-10) T/L, but after treatment WBC 3.95 T/L. The decrease in these indicators necessitated the inclusion of additional procedures aimed at detoxification and immune stimulation.

Control PET/CT after treatment showed: "The enlarged and metabolically active right axillary lymph nodes described in the previous study presented with reduced sizes up to 8 mm and reduced metabolic activity SUV Max 2.6 MBq. Bones - the area in the right iliac bone described in the previous study is presented with decreased metabolism, and the lesion in the ninth rib on the left has normalized metabolic activity. Subsequent control autonomic muscle test showed complete clinical response (CR).

In February 2021, during another control examination, a moderately severe viral infection was detected. A control autonomic muscle test showed partial remission (PR).

Treatment with scalar biomagnetic therapy, ozone therapy and intravenous therapy with Vitamin C was carried out for 7 days, after which the symptoms completely disappeared, and the treatment was continued at home.

In June 2021, Photodynamic Infrared Spectroscopy (PDIS) was performed in which no circulating tumor cells were detected.

To date, the patient is in remission (18 months) and restored physical activity and ability to work.

Case 3

ZMG, 64-year-old female underwent surgery (right mastectomy) for infiltrative moderate to low differentiated multifocal apocrine carcinoma of the right breast with regional lymphatic metastases in November 2017. After the operation was conducted one application of polychemotherapy, but due to a strong toxic reaction she stopped

the treatment. She was admitted to the clinic for therapy in February 2018 with a pronounced astheno-dynamic syndrome (astheno-adyamic syndrome).

Treatment with standard Insulin Potentiation Therapy (IPT in combination with biomagnetic therapy with static magnets) was administered. The following cytostatics were used: Endoxan, 5-Fu, Vinorelbine, Taxol, Methotrexate and treatment continued until April 2018.

Control tests includes CT scans after the treatment show the presence of complete clinical remission. Subsequently for more than 2 years the patient was lost for follow-up.

In March 2021 he was re-admitted to the clinic with data on disease progression with data on progression of the underlying disease combined with moderate symptoms of viral disease and a positive test for COVID-19.

The viral infection required treatment to begin with antiviral therapy - ozone therapy, scalar biomagnetic therapy and intravenous infusions of vit. within combination with ALA.

The patient's condition fully recovered within ten days, after which treatment was continued with scalar IPT in combination with scalar biomagnetic therapy. 16 scalar IPT procedures and 48 biomagnetic ones were performed. The patient's condition significantly improved. The symptomatic Beretta index showed a significant reduction from 37 points to 7 points.

The conducted control laboratory tests showed the presence of a persistent inflammatory process. A control MRI was performed, which showed: "Data on an increase in the number and size of lung secondary lesions. Secondary lesions in the left chest wall with bone and soft tissue component."

Subsequently Photodynamic Infrared Spectroscopy (PDIS) was performed, and no circulating tumor cells were detected. At the subsequent monthly check-ups, the patient's condition remained stable, and the symptoms disappeared completely. The MRI finding was interpreted as a pseudotumor progression due to a pronounced inflammatory response. The duration of remission is 6 months so far.

DISCUSSION

The presented first clinical results from the application of scalar energy unequivocally convince us of serious possibilities for application in medicine.

We were especially impressed by the possibility of scalar energy to correct the magnetic polarization in the body through information transfer by analogy with static magnetic pairs.

Currently, magnetic pair biomagnetic therapy has more than 1,500 magnetic pairs and more than 30,000 biomagnetic programs for various symptoms [7]. After a careful selection of these programs aimed at regulating the magnetic balance in cancer we have built our own program for the treatment of cancer based on the principles of a systematic approach i.e. tumor magnetic pairs, emotional balance, stimulation of the immune system and detoxification. These programs are recorded on CDs and are included in the program for both clinical treatment

and home use. To achieve stable magnetic polarization using scalar magnetic therapy about 36 procedures are needed so far. The number of BPT procedures depends on the severity of the disease.

In the course of our experience in the application of biomagnetic therapy with static magnets we had the opportunity to see that scalar biomagnetic therapy is not inferior to the effectiveness of static magnets and has the advantage of accessibility, ease of implementation and shortened procedure. The experience gained so far from the application of scalar biomagnetic therapy shows us that we cannot claim the maximum effectiveness at this stage, so we periodically adjust the protocol for scalar biomagnetic therapy.

We are ready for a detailed description of the Scalar BPT protocol which will provide only to doctors and researchers in order to avoid abuse.

In the drug scalar transfer we tried to get as close as possible to the original methodology of IPT and in practice we replaced the intravenous administration of cytostatics with scalar. Blood glucose measurements during the procedure showed an average decrease of 0.04 mmol/l in significantly lower values compared to intravenous insulin administration. Despite this significant difference the drug transfer of antitumor drugs demonstrates a serious therapeutic effect. No side effects were reported during or after treatment. In practice the number of scalar IPTs and the duration of treatment are longer than the intravenous IPTs but in this case the severity of the disease must be taken into account.

In the first patient (A 13-year-old child) with a thymus tumor in extremely severe condition, not allowing the use of even the original IPT procedure and taking into account the fact that scalar transfer has no side effects we included the patient in the new protocol which dramatically improved and after 2, 5 months he had the opportunity to participate in sports games. Unfortunately, the treatment was discontinued for social and financial reasons, but this first result was an occasion to focus on the development and improvement of the methodology for clinical purposes.

In the second patient with refusal of conventional treatment and serious psycho-emotional imbalance no side effects were noted, and complete clinical response was achieved with a remission duration of 18 months. In this case, extended procedures and the addition of 7 standard procedures at the patient's insistence and due to concomitant psycho-emotional problems were required. This next case from our clinical practice is an illustration of the exceptional importance of the factors stress and psycho-emotional imbalance for the origin development and treatment of the tumor process.

In the third case it is indicative that after successful treatment the main factors for recurrence of the disease are the lack of maintenance home treatment dynamic control and complicated viral infection. In a clinical study the results of which are to be published and involving 65 cancer patients with concomitant viral infections, our treatment protocol (scalar biomagnetic therapy in combination with ozone therapy and intravenous vitamin C therapy) easily eliminates viral infections even and in complicated cases. The use of this protocol demonstrates to us not only that it can be used to treat viral and bacterial infections but also as an essential element of the scalar IPT & BPT method.

Treatment is initially aimed only at patients in the final stages of the disease with inability to use methods of conventional oncology and those who refuse to use it. The first cases of these patients incl. and those presented in this publication the treatment proceeds without any side effects and significant improvement in the condition of the patients.

Significant is the fact that the tumor destruction as a result of treatment is accompanied by a strong anti-inflammatory reaction which is especially pronounced in the advanced stages after failure of previous conventional treatment. Against the background of significant clinical response, in these cases only an increase in inflammatory parameters such as ESR and C reactive protein is observed. Our experience has shown that conducting control studies of imaging in uncontrolled inflammatory response is not desirable due to the phenomenon of pseudotumor progression. In some patients with a protracted inflammatory reaction, we had to perform additional anti-inflammatory procedures. The problem of pseudotumor progression is significant and dominates in cases of multiple metastases [10].

The experience gained so far from the application of the two new methods has shown that the effectiveness of treatment and the duration of remission are directly dependent on three main factors: psycho-emotional imbalance, viral infections, compromises with home treatment protocol and stage of the disease. In patients with all these factors regulation of psycho-emotional balance is of paramount importance as well as timely follow-up examinations. Our efforts continue in search of additional opportunities to correct the psycho-emotional imbalance and the problem of pseudotumor progression.

CONCLUSION

The presented initial clinical experience from the application of scalar energy and information transfer for the treatment of oncological diseases demonstrates serious treatment possibilities and the absence of any side effects from the treatment.

The majority of the patients we have treated so far are in a situation for palliative treatment with extremely limited treatment options but even in these cases the scalar transfer demonstrates that it is possible to carry out antitumor treatment in the complete absence of side effects.

We must recognize that serious problems in the health care system in our country limit the treatment and social opportunities of patients with cancer and this significantly affects the ability to select, treat and follow patients with cancer in our practice. The specific example in this regard is our first patient in whom treatment was interrupted due to financial and social problems of the parents.

It is understandable that our still modest clinical experience is far from the claims of comprehensiveness and evidence but it is another proof in our beliefs that the achievements of modern quantum physics and experimental experience are serious prospects for future achievements in the treatment of cancer.

In our opinion, the integration of methods from biochemistry and biophysics is not only a priority in the efforts to achieve higher treatment results but also a real opportunity for improved quality of life and reduced costs.

Unfortunately, the investments needed for serious development and development of experimental and clinical studies in this area are still far from the desires and intentions of politicians and government institutions.

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