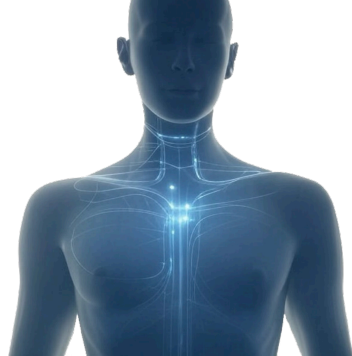


Case Study

AIT and Pancreatic Cancer



Condition / Diagnosis

The patient was suffering from Stage Four Pancreatic Cancer. In addition to the pancreatic lesions there were multiple metastatic foci within the liver and lungs. The metastatic disease to the liver was severely compromising his overall physiologic status. At the initial meeting with the patient in Mountain View Medical Center it was observed that the patient exhibited extreme jaundice due to severely compromised liver function. His liver enzymes were extremely elevated. He was under the care of an oncology team from Comprehensive Cancer Center of Nevada. He had been admitted to Mountain View Medical Center for follow up due primarily to the condition of his liver. During the hospitalization the patient had a stint placed in biliary duct in an attempt to relieve some of the congestion of the liver. Upon discharge from Mountain View Medical Center the patient and his family met with our research team to explore our technology and therapy. A representative of our research team met with the oncologist from Comprehensive Cancer Center of Nevada and together discussed with the patient and the family a fully integrated protocol which involved ongoing weekly follow up with the oncologist.

About the Patient

Age: 49

Sex: M

Past Care / Treatment / Consultations

Oncology care from Comprehensive Cancer Center of Nevada

Object of Therapy

To treat the patient with the auto infusion technology for the verification of the efficacy of the therapy as applied to the specific condition: Pancreatic cancer

TREATMENT & RESULTS

Initial Treatment & Results

The patient began Auto Infusion therapy at our facility. At the beginning of his therapy his liver function was extremely compromised. The patient also was on a combination of pain medications. His pain level upon presentation at our facility was routinely at a level of 9 to 10 while on a very high dosage of pain medications. We began treatment with the Auto Infusion Therapy and observed the following clinical benefit almost immediately. The patient's liver function improved as indicated by his laboratory tests and significant reduction in his jaundice. In addition the level of pain which the patient was experiencing diminished significantly. The patient had no need of any pain medication while undergoing our therapy on a regular basis. This clinical observation is very significant in that this patient was on maximum oral and patch pain medication prior to the inception of our therapeutic intervention. This observation is consistent with every other patient we have had experience with that has had a significant level of pain. It is our observation that almost every patient, regardless of the source of the pain, observes almost immediate cessation of pain once our therapy has begun.

TREATMENT & RESULTS

Subsequent Progress

This patient was very faithful in receiving the treatments initially. Within a couple of months the patient's overall condition could be characterized as normal. The patient's look and felt absolutely normal in every way. His laboratory tests also indicated that his overall condition is normalizing. The tumor marker levels were also normalizing.

The oncologist was reducing the level of chemo therapy which was been given. Everything was moving in the desired direction for total restoration of the patient's health. The patient resumed work and participation in many family activities. These family activities included travel out of town including fishing, camping and other recreational activities. The oncologist assigned to his case could not believe the significant improvement in his condition and the normalizing of his tumor markers. The radiologic tests indicated that the pancreatic lesions appeared to be totally non-existent. The metastatic foci in the liver and lungs appeared to be significantly reduced in both size and number. From all outward appearances and laboratory tests, the patient's overall condition was moving toward complete normalization. The patient was feeling fine and was able to pursuing normal level of activities and including his return to work.

At this time the patient stopped coming for treatment at our research facility. When contacted for follow up by our research team, the patient indicated that he was doing fine and felt he did not need any additional treatments. We strongly advised the patient that he must continue the protocol regardless of how well he was feeling. It is important for the therapy to be continued until all signs of cancer are totally gone and the patient's immune competence is restored to a normal level. It is our experience that the patient must complete the recommended protocol in order to successfully eradicate all of the cancer from his body. When there is any interruption prior to complete removal of all the cancer, the chance of the cancer beginning to return is increased. The chance for the cancer to begin to proliferate again significantly increases when the patient interrupts his treatments.

After an extended period of time without further treatment at our facility, the patient's tumor marker levels began to increase again. Due to the increase in the tumor markers, the oncologist increased the chemo therapy dosage by five times. The patient still refused to return to our facility for additional therapeutic intervention with our technology. Due to the increased level of chemo therapy the patient's immune competence begin severely compromised over a period of time. We had very limited contact with the patient for several months. The next communication we received regarding the patient indicated that he had to be hospitalized at Southern Hills Medical Center. The friend who contacted us indicated that the patient was hospitalized due to a severe upper respiratory infection which was most likely a result of his compromised immune function. Our team feels that his severely compromised immune function was largely due to the increased level of chemo therapy while not receiving our therapy. The patient died within 48 hours after admittance to the Intensive Care Unit from complications from the upper respiratory infections. Unfortunately this patient's life was significantly shortened due to his unwillingness to follow our protocol and adhered to our recommendations. In retrospect the patient's feeling of heightened well-being and cessation of pain contributed to his unwillingness to be diligent in following our therapeutic recommendations.