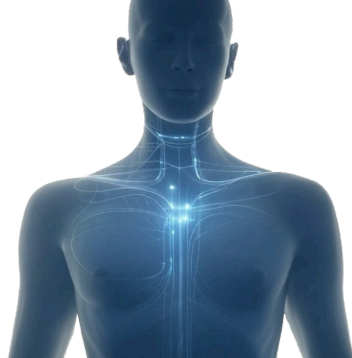


## Case Study

# AIT and Throat Cancer, Erectile Dysfunction



### Condition / Diagnosis

Patient was diagnosed with cancer of the throat with involvement in the lymph node of the neck. Patient was on heavy pain medication and was having difficulty in swallowing upon our arrival at our facility. Patient also had suffered from erectile dysfunction for approximately five years.

Patient had a history of heavy tobacco use both smoking and chewing for many years of his life. He also used alcohol on a regular basis. Patient had history of a type of cancer involving the human papilloma virus most likely acquired through very active involvement with oral sex with a female. He most likely became heavily involved with oral sex as an alternative to intercourse as his erectile dysfunction worsened.

### About the Patient

Age: 80

Sex: M

### Past Care / Treatment / Consultations

clinical research oncologist

### 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: Cancer of the throat, erectile dysfunction

## TREATMENT & RESULTS

### Initial Treatment & Results

A protocol involving daily Auto Infusion Therapy was begun. After just five treatments of our therapy the patient arrived one morning for his follow up treatment and indicated that his erectile dysfunction issue was no longer a problem. He stated to our staff, quote "My soldier stood at attention last night twice for the first time in over five years." A girlfriend had come to visit him while he was undergoing therapy at our facility.

The patient continued almost daily treatments with the Auto Infusion Therapy for approximately six weeks. He received a total of 34 treatments. The size of the lesions in the area of the throat and the lymph node started to diminish rapidly. The patient chose not to undergo any traditional interventions involving chemo therapy and or radiation or surgery while at our facility. The requirement for pain medication was significantly diminished upon starting the use of our therapies down to a point where the patient required no pain medication whatsoever. The patient's life style was not ideal by any means. He ate and drank almost anything he wanted contrary to the guidelines which he received from our research team. It was also discovered that contrary to what the patient had indicated to us that he had resumed regular use of tobacco during the course of our therapy. Also contrary to our counsel to discontinue all involvement regarding oral sex with a female the patient continued in this activity on a regular basis.

# TREATMENT & RESULTS

## Subsequent Progress

The patient's life style and behavior considerations had a strong tendency to override some of the beneficial therapeutic effects of our technology. Even with all of the life style and behavior factors which the patient chose to maintain, the size of the lesions in the throat and lymph node diminished considerably by approximately 50 — 75%.

After approximately six weeks of therapy the patient chose to return to his home on the east coast for business reasons. We maintained consistent contact with the patient over the next couple of months. We strongly encouraged him to return to resume our therapy. Due to business and family responsibilities the patient neglected to do so.

In summary our team feels that his clinical outcome could have been significantly improved had the patient adhered to our behavior and lifestyle guidelines. At the time he departed from our facility the primary cancer lesions in his throat were almost non-existent as well as the secondary lymph node in his neck. The patient was free from all difficulty in swallowing and did not require any pain medication whatsoever. In regard to his history of erectile dysfunction the patient regained full sexual function and was able to maintain an erection multiple times within each sexual encounter.