



Theofilos Kalabakas
Consultant & Manager
für das medizinische Ionen-Induktions-
NANOPULSE-PAPIMI-Therapiesystem

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Hamburg, 2011

Re: Antibody/Immunostimulation therapy as an adjuvant to the advanced standards of conventional cancer therapy

Dear Madam/Sir,

State-of-the-art technologies have enabled great strides to be made in advanced cancer therapy and have steadily increased the success of treatment of this severe disease.

In spite of these advances, however, research efforts have not been successful in completely controlling or eliminating the metastatic cells or in addressing their devastating impact. As you know, antibody/immunostimulation therapy is used as a part of cancer treatment to counteract the spread of metastases.

Today, some hospitals and practices treat their patients using antibody/immunostimulation therapy in addition to conventional cancer therapy (see Focus Magazine, issues of November 5, 13, 19, and 26, 2007).

The importance of antibody/immunostimulation therapy to the health of humans has been known to me for many years.

My personal friends Prof. Dr. G. Kallistratos and Prof. Dr. P. Pappas have contributed with their inventions and study results to my firm belief.

The loss of good friends and relatives who died of cancer in the last years has led to my decision to provide, on a professional basis, physicians, competent institutions, and experts with a variety of information that is **little known, but vitally important to the therapy of cancer and other diseases.**

In this context, I would like to present to you three approaches or methods by means of which it is possible to stimulate the antibody/immune response and thereby to improve modern standard treatment of cancer patients. ~~These methods are the following:~~

- A) **Oxygen multistep immunostimulation** (method developed by Prof. Manfred von Ardenne)
- B) **The inactivation of carcinogenic substances by antioxidants** (method developed by Prof. Dr. Georgios Kallistratos and his colleagues), and
- C) **The Nanopulse PAP-IMI therapy system** (developed by Prof. Dr. Panagiotis Pappas)

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Each of these three methods, and all of them combined, can make a very important contribution to a successful cancer treatment by stimulating the antibody/immune response. The treating physicians can use them as simultaneous adjuvant therapy to advanced conventional cancer treatment. The results of this approach are encouraging (see Attachment C).

The methods in more detail:

A.) Use of the **oxygen multistep immunostimulation therapy** in the various stages of development of cancer and of the body's immune response to cancer, a method developed by Prof. M. von Ardenne (Sauerstoff-Mehrschritt-Therapie, Georg Thieme Verlag 1987, Rüdigerstraße 14, Stuttgart-New York), which is known to most physicians. As a result of his research, Prof. M. von Ardenne determined, with mathematical accuracy, that since about 1970 immunological research has continuously revealed that *the unspecific cellular immune response is the pivotal factor in the immune system's response to cancer. The number of immune cells (leukocytes, T lymphocytes) in blood per blood volume unit is therefore of central importance to the immune response to cancer. As illustrated in Fig. (...), the number of immune cells (leukocytes in the present example) decreases in the three most important cancer treatment modalities of today, resulting in the development of leukopenia and thus in a weakening of the immune response to cancer in the stage of cancer cell dissemination, which, in turn, may promote metastatic spread.* (von Ardenne, page 346)

B.) **The inactivation of carcinogenic substances by antioxidants**

The following is a short summary of the most important results obtained by Professors G. Kallistratos, E. Faske, O. Fenner, E. Theocharous, A. Neofytou, and A. Evangelou.

Clinical application of the experimental results in cancer patients at the end stage of the disease

Following promising laboratory results, a combination of the selected naturally occurring substances and other substances important to the human organism is being clinically tested at present. The current combination consists of 10 g of vitamin C, 1g of vitamin E, 0.1 g of beta-carotene, and 300 mg of selenium as sodium selenite.

*Since vitamin C forms a precipitate with selenium that **attenuates the anti-tumor effect of both vitamin C and selenium**, the selenium solution (containing also some mg of zinc chloride and copper chloride) was administered at least two hours after administration of the vitamin combination.*

To avoid the metastatic spread of cancer cells, an oral PAF antagonist (platelet-activating factor antagonist), namely α -mercaptopropionyl glycine (α -MPG), was additionally administered (100-250 mg/d) (3.7)

The clinical results obtained so far were evaluated using objective and subjective criteria (Figure 32 and 32 a). The following improvements were achieved in 21 cancer patients at the end stage of the disease (Table 2):

- *Increase in body weight in patients with tumor cachexia*
- *Reduction in the erythrocyte sedimentation rate*
- *Normalization of the hemoglobin level, hematocrit level, and number of erythrocytes in cases of anemia (which are accompanying symptoms resulting from hemorrhages that occur as a consequence of malignant processes)*
- *Increase in the number of leukocytes decreased by radiation or cytostatic therapy*
- *Normalization of the liver function values*

- Decrease in the tumor mass and size
- Relief or even disappearance of pain

Moreover, this treatment does not cause any adverse effects worth mentioning, which is due to the low toxicity of the **anticarcinogenic substances** occurring also naturally in the organism. The treatment is **relatively simple and can be done on an outpatient basis under the surveillance of a physician.**

For all clinical and laboratory follow-up examinations, a short inpatient hospital stay is recommended to the patients.

The therapy suggested by us is an efficient and non-invasive complementary method to the known indispensable conventional treatment methods.

Our short-term goal is to improve and prolong the lives of cancer patients and, as far as possible, to keep them free of pain, as well as to enable them to resume their professional activities.

The future will show in what types of cancer the five-year survival period will be exceeded and whether a permanent cure can be achieved, as was shown in our preliminary experimental studies. (Please see Attachment A: "The inactivation of carcinogenic substances....")

- C.) *Activation and stimulation of the antibody/immune response using the Nanopulse PAP-IMI therapy system* developed by Prof. Dr. P. Pappas, physicist and mathematician, (see Attachments B and D).

What is the Nanopulse PAP-IMI therapy system?

The Nanopulse PAP-IMI therapy system is a medical ion induction therapy system certified by the German safety standards authority TÜV. It is used to promote therapeutic and regenerative processes, especially in case of injuries, edema, and even serious diseases such as cancer, and to relieve pain.

In addition, it has been successfully used for performance enhancement and performance maintenance in the fields of health and sports.

There is also evidence that the Nanopulse PAP-IMI therapy system especially boosts the immune system of the body, which is an outstanding result considering there are no side effects.

In the last years, numerous scientific studies have shown very positive results regarding the effect of nanopulses.

- Simulation studies of ultrashort, high-intensity electric pulse induced action potential block in whole-animal nerves. Joshi RP, Mishra A, Song J, Pakhomov AG, Schoenbach KH. IEEE Trans Biomed Eng. 2008 Apr;55(4):1391-8. PMID: 18390330 [PubMed - indexed for MEDLINE] Related Articles
Result: Nanopulses have a positive effect on neuromuscular disorders.
- Nanosecond pulsed electric fields induce apoptosis in p53-wildtype and p53-null HCT116 colon carcinoma cells. Hall EH, Schoenbach KH, Beebe SJ. Apoptosis. 2007 Sep;12(9):1721-31. PMID: 17520193 [PubMed - indexed for MEDLINE] Related Articles
Result: Nanopulses make colon carcinoma cells shrink and induce necrosis in these cells. In addition, they have a similar therapeutic potential as radiation therapy, but without its adverse effects.

- Subcellular effects of nanosecond electrical pulses. Schoenbach KH, Joshi R, Kolb J, Buescher S, Beebe S. Conf Proc IEEE Eng Med Biol Soc. 2004;7:5447-50. PMID: 17271579 [PubMed] Related Articles
Result: Nanopulses enhance the activity of genes and have a positive effect on the function of healthy cells.
- Nanosecond pulsed electric fields cause melanomas to self-destruct. Nuccitelli R, Pliquett U, Chen X, Ford W, James Swanson R, Beebe SJ, Kolb JF, Schoenbach KH. Biochem Biophys Res Commun. 2006 May 5;343(2):351-60. Epub 2006 Mar 10. PMID: 16545779 [PubMed - indexed for MEDLINE] Related Articles
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Result: Nanopulses penetrate skin tumor cells and make melanoma shrink by over 90% within two weeks.
- Nanosecond pulsed electric fields modulate cell function through intracellular signal transduction mechanisms. Beebe SJ, Blackmore PF, White J, Joshi RP, Schoenbach KH. Physiol Meas. 2004 Aug;25(4):1077-93. PMID: 15382843 [PubMed - indexed for MEDLINE] Related Articles
Result: Nanopulses may both regulate cell function and enhance the capability of the cells to regenerate.
- Selective field effects on intracellular vacuoles and vesicle membranes with nanosecond electric pulses. Tekle E, Oubrahim H, Dzekunov SM, Kolb JF, Schoenbach KH, Chock PB. Biophys J. 2005 Jul;89(1):274-84. Epub 2005 Apr 8. PMID: 15821165 [PubMed - indexed for MEDLINE] Related Articles Free article in PMC | at journal site
Result: Nanopulses stimulate intra- and extracellular calcium homeostasis.
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Result: Nanopulses reduce fibrosarcoma tumors in mice *in vivo* and have a positive effect on the activity of healthy cells.

As reported in the Focus magazine of November 19, 2007, there are already a number of modern antibody therapies:

Substantial progress in cancer therapy has primarily been made in a subgroup of patients (25%) with very aggressive breast cancer. In this type of cancer, the HER2 receptor located on the surface of the cells is a particularly important target because the biotechnologically engineered Herceptin antibody is able to bind to this receptor. In 2005, studies revealed that this cancer drug, produced by the pharmaceutical company Roche, combined with chemotherapy decreases the recurrence rate of metastases by about 50%. Prof. Michael Untch of the HELIOS Klinikum Berlin-Buch estimates that in Germany alone, the medication saves the lives of 1000 women per year.

The antibody medication Herceptin, however, has adverse effects. Wolfgang Eiermann, Director of the Gynecological Clinic of the Red Cross in Munich, says, "We initially did not expect that the biotechnologically produced medications would also cause severe side effects." Herceptin does not only attack tumors but also the heart. In two to four percent of women taking this drug, side effects such as cardiac insufficiency occur, especially when the pumping muscle of the heart has already been damaged. (Focus, November 19, 2007)

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Further investigations into antibody therapies can be found in the Focus Magazine of November 26, 2007:

Specifically engineered antibodies are supposed to fight some types of cancer even more effectively. These antibodies are coupled to extremely small radioactive particles. This specific antibody approach combines the advantages of immunotherapy with those of radiation therapy. "A fascinating idea", says the cancer expert Tümpfer. The radioactive antibodies would even reach scattered lymph cells through the blood stream and destroy them by the delivery of powerful beta radiation. This new antibody medication is easy to apply but also expensive. The injection of one dose of Zevalin is sufficient, but the cost of one dose is 13.000 €. Tümpfer thinks, however, that it may pay off, not only in quality of life but also economically. According to reports, some patients with no prospect of cure had recovered following Zevalin therapy, although in some cases the medication had almost no effect. (Focus November 26, 2007)

The following is a short extract from an article on investigations recently conducted by the Focus Magazine on cancer therapy "...even (cancer) patients with metastases may be cured if they have access to the right expert." Usually, however, it takes a long time for the patient to find this expert and to make the decision best suited to the management of his/her disease. Meanwhile the tumor and its metastases may spread and the patient's disease may get worse. (Focus, November 12, 2007, page 147)

The general physician can eliminate this risk by immediately initiating an antibody/immunostimulation therapy. The long time between the patient's search and decision process until referral to a hospital, or an expert, can thus be used to the benefit of the cancer patient's health.

Experiences, practical ideas, inventions, and events in my personal life have confirmed my conviction that I will get closer to, or even achieve, the result I desire.

MY CONCLUSION IS THEREFORE AS FOLLOWS:

The parallel use of the three methods mentioned above along with improved standard treatment of cancer multiplies the effect of a boost of the antibody response of the human body, opening up a new dimension of curative cancer treatment.

**I term this approach "Supportive cancer therapy system THEOFILOS".
A patent application has been filed.**

Recent application of the "THEOFILOS" system has shown some first promising results.

Theofilos Kalabakas

TRANSLATION

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February 15, 2010
ma/ha

Dear colleague,

Thank you very much for referring to us

Hans-Gustav Rittmeyer, born on December 2, 1917, Hamburg, Zickzackweg 14d, who underwent MRI examination of the neurocranium at our practice on February 11, 2010.

Clinical indication: Follow-up assessment of a known primary brain tumor after PAP-IMI ion induction therapy as well as oxygen and vitamin therapy

Several MRI scans, the last MRI examination was performed on December 8, 2009, are available for comparison.

Methodology: 1.5 T head coil, coronary FLAIR-weighted imaging, T2-weighted axial and sagittal imaging, T1-weighted coronary imaging (native) and axial diffusion-weighted (DWI) imaging

Conclusion:

- The lesion in the left temporal and left central areas presenting as a primary brain tumor, most likely a glioblastoma, on MRI of December 8, 2009 shows a marked regression in extent and size of the tumor.
- According to the cross-sectional planes, there is a reduction from 4.8 to 3.5 cm and from 4.0 to 2.8 cm in the axial diameter, and a reduction from 4.4 to 2.8 cm in the sagittal diameter. The signs of a space-occupying lesion with middle line shift and compression of the anterior horn of the lateral ventricle and shift of the mesencephalon as seen on the previous MRI examination are no longer present.
- The pronounced space-occupying perifocal, partly digitiform edema as seen on the previous MRI examination is no longer present in its previous form.

- The supratentorially located tumor necrosis has in part completely disappeared. At this level, MRI also shows almost normal appearance of the lateral sulcus in comparison to the previous MR images.
- No evidence of new intracranial cystic or dense brain tissue lesions. No signs of ischemic focal lesions.
- Normal pneumatization of the accessory nasal sinuses in the presence of mild bilateral swelling of the basal part of the maxillary sinus mucosa and of the sphenoid sinus.
- T2-weighted sagittal MRI demonstrates a normal craniocervical junction. No indication of retrobulbar lesions.

In summary, a marked regression of both extent and size of the tumor and a reduction in tumor volume by about 40% can be seen in comparison to the previous MRI examination of December 8, 2009. The previous signs of space occupation are no longer present.

Further decrease in the tumor size with almost complete regression of the pre-existing tumor necrosis. No further evidence of the presence of a marked perifocal edema. Symmetrical cerebral gyration throughout the cerebral mantle and convexity in the perifocal area. No evidence of new focal lesions.

A CD containing the MRI images was handed over.

Sincerely,

Signature

Dr. med. N. Marienhoff