

MUDr. Peter Janata
Doctor for General Medicine
Mehrower Str. 4
16356 Ahrensfelde

First Experiences with Pulsating Energy Resonance Therapy (*PERT*) in Tumour Patients

Conventional radiology offers only one strategy for tumour diseases:

1. organ typical surgery
2. specific chemotherapy and
3. radiation therapy

The sequence of these procedures varies individually. The philosophy of this approach is: the tumour is gone and, as a result, the patient does well! But it isn't so! Each disease is not only a process of aging but also result and expression of the previous course of life.

During the last few years in my GP practice, I have again and again taken care of patients with tumour diseases. Within this period of time, it was an exception that tumour patients recovered only by applying conventional radiology methods.

This is a quite negative result.

Most patients survive surgery and even radiation but after chemotherapy, almost all patients die within a short period of time.

It seems to me that the only effect of chemotherapy is to extend the very painful experience of disease and to destroy the organism's ability of self-healing. With this experience in my mind I decided to seek alternative therapies which are more comfortable for the patients.

These methods include comprehensive advice on nutritional adjustments, measures to support general condition and immune system and also such applications like *PERT* according to Prof. Dr. Werner and Dr. Regelsberger's intravenous oxygen therapy. The outcome was controlled by assessing the energy state using the BioGraph and by clinical and laboratory chemical tests.

I believe in the power of life, in self-healing powers and in all measures which support and promote this. In my opinion, many of these patients do not recover due to but in spite of medical care.

In my practice, I permanently take care of approx. 20-30 cancer patients who have been referred to me for follow-up. According to specialists' opinion, these patients are drug resistant or may only be treated with palliative therapies.

I selected 11 of these patients who agreed to concomitant **PERT** treatment. Sometimes it is very difficult to convince patients as other physicians (chemotherapists) suggest that only their therapies can help and that rejection would be a risk to life.

The subjects are listed below:

- prostate cancer
- 4 patients male age 65/70/78 years

- breast cancer
- 3 patients female age 51/52/67 years

- colorectal carcinoma
- 3 patients 2 female age 45/52/79 years

- uterine carcinoma
- 1 proband female age 59 years

Initial Situation:

Patients received comprehensive clinical examination and nutritional advice as well as with regard to dietary supplements. Next steps comprised laboratory testing of specific tumour markers, measurements with the BioGraph, **PERT** application (3 times a day) according to a proprietary schedule, life style regulation, adjunct therapy.

Observation period: 6 months, with an option to continue application for a longer period of time.

Continuation for another 6 months is scheduled (optional: 1 additional year).

Results:

None of the patients died during the observation period all patients feel subjectively good all blood parameters are in standard ranges.

Tumour markers are principally maintained in normal ranges.

All patients are prepared to continue **PERT** application and the other measures.

I realised that, initially the patients were in a completely desolate psychiatric condition as they could hardly deal with the message of fatal cancer disease.

During this 6 months therapy, with consultations in intervals of 4-6 weeks, the patients have returned to psychic normality and have learnt to accept the disease by making it a new chance or a challenge to overcome.

Measurements with the BioGraph showed an extreme lack of energy for all of them. The results were 25% below the respective average value of healthy patients.

This result was outstanding.

Discussion and Conclusion:

PERT promotes self-healing and recovery.

Conventional medicine is requested to review the applied therapy scheme and to develop new therapies.

More attention has to be directed towards the natural self-healing.

It should also be considered whether it is useful to conduct studies in which the efficacy of different therapies is compared while other kinds of therapies are ignored.

This applies particularly to alternative treatment methods which are still considered to be illegitimate.

Prof. Dr. Julius Hackethal and Lothar Hirneise have already dealt, in a comprehensive manner, with this problem.

Literature:

Lothar Hirneise

Title: Chemotherapie heilt Krebs und die Erde ist eine Scheibe.

Prof. Dr. Julius Hackethal

Title: Operation - ja oder nein und Der Meineid des Hippokrates

Ing. Josef Platter and Prof. Dr. Rüd. Reinhard Wörner

Title: ENERGIE – Quelle des Lebens und Maßstab der Gesundheit

Karl-Heinz Hanusch

Title: Sauerstoffist Leben - Die Oxyvenierungstherapie nach Dr. med. Regelsberger

Dr. H.S. Regelsberger

Title: Oxyvenierungstherapie in Wissenschaft und Praxis

MUDr. Peter Janata