

The Magnetic Answer For Cancer

By William H. Philpott, M.D.

Introduction by Healing Cancer Naturally:

The following is a very interesting article for both the general reader and those with a health challenge since it illuminates basic cell functioning in health and disease and proposes an ingenious way of healing. This method seems to work infallibly, even without the amendments in diet and lifestyle which are usually part of alternative healing modalities (it could be called "the lazy man's cure"!). If it weren't a bit expensive, it might seem recommendable for anyone simply as a preventive for any kind of disease... In Cancer-The Magnetic/Oxygen Answer for Infection Toxicity, William H. Philpott, M.D., (P.O. Box 50655, Midwest City, OK 73140; tel: 405-390-1444; fax: 405-390-2968) writes that "magnet therapy can produce dramatic turnarounds in certain kinds of cancer. Dr. Philpott treated a woman, aged 71, who had a basal cell carcinoma on her forehead as a result of intense sunburn. Every night, Dr. Philpott had the woman sleep with a 12,300-gauss magnet placed, negative side down, directly on the cancerous area. In 6 weeks, this pathological spot had dried up and peeled off without a scar, reports Dr. Philpott. Five years later there was still no reappearance of the cancer.

Dr. Philpott treated another woman, aged 75, who had a melanoma tumor on her forehead. Dr. Philpott had the woman wear a 3950-gauss magnet over the cancerous growth for 24 hours a day for 3 months. After one month of this treatment, the tumor stopped growing and its soreness eased up; then the tumor started to recede and dry up; after 10 weeks, it literally fell off her forehead.

According to Dr. Philpott, magnet therapy achieves these results because it applies a negative pole magnetic field to the cancer. This changes the pH of the cells, which are too acidic, making them more alkaline, which is favorable to healing. In addition, the negative magnetic field releases oxygen bound up in the acids of the unhealthy cells. The oxygen then diffuses throughout the cells, restoring health and vitality."

The Magnetic Answer For Cancer

by William H. Philpott, M.D.

contd. from previous page

Let's just look at what a normal cell is and what a cancer cell is. A normal cell is alkaline, it has to be or oxygen could not be there and make its energy. We have a substance called adenosine triphosphate (ATP), which makes biological energy through the use of oxygen (oxidative phosphorylation). So, it is alkaline and it has a lot of available molecular oxygen. That is the way we make our energy.

The human cell has the ability to do this, but infectious micro-organisms (bacteria, viruses, fungi, intestinal parasites) and cancer cells use another method. It is called fermentation phosphorylation. They make ATP (their energy) through fermentation that does not require any oxygen.

In fact, if there was a lot of oxygen there it would not work either. The presence of oxygen and the alkaline state would inhibit it from even functioning so it has to be acid and it has to have little or low oxygen. Human cells have the ability to make ATP by oxidation phosphorylation or substrate level (fermentation) phosphorylation.

When we exercise vigorously and use up all our ATP and we do not have oxygen there because we are still exercising, the muscle cells will fall back on fermentation phosphorylation to make ATP, but only temporarily. Fermentation phosphorylation cannot sustain life for humans. It is only a temporary patch for us.

It will not sustain human life but it will sustain the life of a cancer cell and bacteria, fungi, viruses, and intestinal parasites because that is the way they make ATP. These two mechanisms of making energy are incompatible. Either one is working or the other one is working, but they are never both working at the same time.

The normal human cell has a lot of molecular oxygen and a normal alkaline pH. The cancer cell has an acid pH and lack of oxygen.

How do we get acid states? We maladaptively react to foods, chemicals, inhalants, toxins. They all produce acid states locally and even sometimes we can measure it systemically, but more locally where the symptom is.

Bruises, inflammations, infections, etc. are acid. Anything that makes the areas acid is a predisposition to the development of cancer over the long run. Your food reactions (immunologic allergies, non-immunologic maladaptive reactions, addictions) are predisposing you to the development of cancer.

Another mechanism can happen. We get an estimate of 10,000 injuries to our genetic material called DNA in the course of a day from Carcinogenic chemicals.

The DNA can be healed (repaired) as long as that cell has plenty of oxygen and has an alkaline medium. We are repairing our DNA all the time, but if it is in an acid state it doesn't repair. The cancer cell gets injured and since it is in an acid state it cannot repair so it reproduces itself with its defective injured DNA. The way we can defeat cancer is to make the conditions under which cancer cannot exist.

We raise the alkalinity of the area with a negative magnetic field. The negative magnetic field also raises the oxygen level.

Where does the oxygen come from? There are several ways of doing oxygen therapy such as hyperbaric oxygen, ozone, releasing oxygen out of hydrogen peroxide through the enzymatic action of catalase. All of those depend on the diffusion of the oxygen into the cell.

Diffusion is a defective way of trying to get oxygen into the cells since you cannot continuously do these treatments. You can't just live under hyperbaric oxygen for weeks or months or you can't continuously give ozone. I have given thousands of ozone treatments and several thousand hyperbaric oxygen treatments. Are they useful? Of course they are useful.

They have a various serious defect, 1) you cannot maintain it and 2) you are dependent on diffusion into the cell. The cell is already swollen and it is hard to diffuse oxygen into the swollen cell. If we use the negative magnetic field, we make an alkaline state immediately and the edema is corrected so the oxygen can now be there. But, where does the oxygen come from?

We have oxidation-reduction so oxygen is reduced into free radical oxygen and acid. We all would die if we did not have a whole series of enzymes which release oxygen back to its molecular state. Enzymes are a series of amino acids with a co-factor vitamin and a mineral activator.

Enzymes work only because there is an energy field that makes them work. That energy field is usually identified as electrostatic or magnetic. In fact the magnetic field has been measured and recorded when the enzyme is doing its work. The negative magnetic field is the energy field that spins electrons counter clockwise.

This is the energy field that activates these enzymes to reverse the acids and thus release the oxygen that is bound in these acids. The oxygen is bound and has no value in terms of oxidation until released back to the molecular state. It now functions again to give us more energy.

A negative magnetic field is the energy for the enzymes to do this. That is why putting a negative magnetic field over cancer causes the cancer to die. It has no energy and it can't make its energy anymore because now this is an alkaline state and we are activating all the enzymes to release the oxygen that is already there inside and around the cells.

You don't diffuse oxygen in the cells, it is already there and we release it. This is far superior to ozone therapy, hyperbaric therapy or intravenous hydrogen peroxide alone. This is much more oxygenating and from within. You don't pull the oxygen in or push it in. It is released from within.

That is the secret of why cancer dies. You see, if we provide the condition for optimum cellular function with oxygen and the right pH what do we have? We have the breath of life for the human cell and the kiss of death for the cancer cell, bacteria, fungi, viruses, and intestinal parasites. This is a beautiful antibiotic.

The following are observations of single cases which demonstrate the justification of

definitive research following FDA guidelines:

A seventy-five year old female suddenly developed a rapid growing invasive melanoma on her forehead. This had the clinical appearance of a serious malignant melanoma. Three months of continuous treatment with a negative magnetic field and the melanoma had dried up and peeled off with new skin under the area.

There was a depression in the forehead and with three more weeks of application of the negative magnetic field this depressed area filled in and there is no evidence of a scar.

There is no way to tell where the tumor was.

A male diagnosed by biopsy of having a prostatic cancer with bone metastasis to the sacral area was treated continuously over the sacral and lower abdominal areas which would radiate into the pelvic area and thus place the pelvic area in the magnetic field. Three months later there was no evidence of bone cancer on X-Ray. The PSA had changed from an original abnormal 28 to a normal 2.

A male in his late 20's with an inoperable glioblastoma of the brain which had rendered him unconscious and completely unresponsive to the environment was corrected by a continuous negative magnetic field applied to the head. A female with cancer of the lung with a symptom of loss of appetite breathed negative poled oxygen for a period of four hours and her appetite returned.

A male with cancer had been treated with chemotherapy. Two years later the oncologist decided it would be wise to undergo a second course of chemotherapy. During his first chemotherapy treatment he lost his hair and his fingernails and toenails. During the second course of chemotherapy he did not lose his hair, fingernails or toenails.

The oncologist asked him what he had done differently this time than the first time. The only changes he had made in his lifestyle was that he was sleeping on a negative poled magnetic bed pad. It may be that the entrance of magnetics into oncology will be furthered by this ability of an exposure to a negative magnetic field as reducing the side effects of chemotherapy.

Oncologists are now beginning to add nutrients to their program because of the demonstrated evidence of a reduction of side effects of their treatment. We cannot blame the oncologists for not trusting an area that does not have adequate statistics to prove its value as yet.

It is logical that he should proceed to use what he has learned to trust however, if by adding the dimension of magnetic exposure to his patient he will have less side effects then this could be very attractive to the oncologist.

ECT • BET • PBE • Galvanotherapy:

Eliminating Cancerous Tumors With Electricity

Introduction by Healing Cancer Naturally © 2004

contd. from previous page

Over several decades, a German and an Austrian physician, Dr. Pekar and Dr. Rilling, have separately developed methods of erasing malignant growths based on the use of electricity. One of Dr. Pekar's (who is now 93) basic premises: "Health and sickness are related to the bio-electric currents in our body".

I learned about these doctors on TV, where I remember them specifically citing melanoma, prostate and breast cancer as having been healed by their approaches (see below for more specifics). Dr. Pekar's method in a nutshell: wires are applied directly to the tumor, a few milliamperes are applied for up to 90 minutes; taking melanoma as an example, the cancerous growth will turn into a crust in the space of several weeks (with the crust then being shed by the body). The electric current seals the blood vessels so no metastases are formed (while during operations, the veins are cut which allows cancer cells to swarm). Dr. Pekar posits that cancer is primarily a blood disease and can be detected early via the blood.

When asked why his method wasn't more commonly applied, Dr. Pekar replied (his exact words), "Medizin ist ein Geschäft [Medicine is about making money/Medicine is where a

lot of money is and can be made]. And with the method I have developed, there isn't much money to be made." He added, "doctors studied so many things at school that my method appears too simple to them."

Dr. Siegfried Rilling, MD, has developed a method he calls Biotonometrie based on the electric quality of the human body.

The following articles while furnishing scientific details will also give an excellent general introduction to the subject:

Types of Tumors Responding to Galvanotherapy

(excerpted from article "Galvanotherapy Percutaneous Bio-Electrotherapy for the Elimination of Malignant Tumors" by Morton Walker)

Electrochemical Tumor Therapy (ECT) for Malignancies

by Stephan Seeßle, MD

Bio-Electric Therapy (BET) For the Elimination of Malignant Tumors

(excerpted from article by Dr. Jorge Llamas, MD)

Prof. Dr. Yu-Ling Xin's treatment statistics concerning ECT (Electro Chemo Therapy)

Types of Tumors Responding to Galvanotherapy

(from Galvanotherapy Percutaneous Bio-Electrotherapy for the Elimination of Malignant Tumors. Townsend Letter for Doctors and Patients, Nov, 2001, by Morton Walker, excerpted by Healing Cancer Naturally)

Particular tumor types respond well to galvanotherapy. Under the ministrations of Dr. med. Rudolf Pekar and his oncological colleagues, this form of electrotherapy is successful for eliminating the following malignant conditions:

- Breast cancers
- Mouth and throat cancers
- Esophageal and stomach cancers
- Lung cancers
- Vaginal cancers
- Melanomas and basal-cell carcinomas
- Skin metastases
- Lymph node metastases
- Liver metastases
- Mycosis fungoides
- Rectal cancer & anal cancer

The use of GT for malignant tumor removal has many advantages. Such benefits consist of the following:

- a. The organ involved is preserved with no problematic scarring.
- b. The electrical needles are applied under local anesthesia without risks.
- c. None of the side effects which may be connected with general anesthesia are present.
- d. No damage occurs to healthy tissue.
- e. As a result of lysed tumor components being presented to the immune system for removal, an additional immune stimulation takes place.

From receiving galvanotherapy, certain types of cancer patients benefit greatly. Such malignancy types include:

- those with small primary tumors of less than 5 cm in diameter;
- those with solitary metastases, especially in the skin and lymph nodes;
- those with recurrences in the region of an operation such as a mastectomy scar;
- those who have inoperable external tumors.

Read Morton Walker's excellent detailed article in full. Covers "Galvanotherapy for the

Elimination of Cancerous Lesions”, ” How Galvanotherapy is Administered to a Patient”, ”History of Pekar's Percutaneous Bio-Electrotherapy Invention”, ”The Physiological Mechanism of Anti-Cancer Galvanotherapy”. While ”[d]escribing the treatment with as little medical/electrical! technical language as possible, this article will provide medical consumers and health professionals with information on galvanotherapy as a means of eliminating cancerous lesions.”

Electrochemical Tumor Therapy (ECT) for Malignancies

by Stephan Seeßle, MD www.ect-seessle.de

Healing with electric currents

In view of the fact that there are still many open questions after decades of cancer research and considering the moderate success rate of treatment, we see new hope in a therapy which has not been used in Germany up to now. It is named percutaneous Bio-Electrotherapy (BET) or also electrochemical tumor therapy (ECT).

After introduction of this treatment to China by Dr. Bjorn Nordenstroem, this effective and surprisingly low-cost therapy has been used in 108 Chinese hospitals. Countries such as Japan, USA, Italy, Slovenia and Denmark have shown a research interest in this new treatment modality. In Germany there is a private clinic in Bad Aibling and the University Hospital in Witten-Herdecke which use ECT treatment.

Too low-cost?

Maybe that is the reason which prevented mainstream medicine and oncology to develop an interest in this therapy.

Oncology is one of the most expensive and most profitable fields of medicine.

Next to Dr. Nordenstroem and Prof. Yu Ling Xin from Peking we must mention Dr. Rudolf Pekar from Bad Ischl in Austria who developed percutaneous electrotherapy after many years of research and practical application. He documented his findings in a book published by Verlag Wilhelm Maudrich* which will serve as the basic source of this article. His theory is based upon the fact that each cell carries a specific electromagnetic field giving rise to bioelectric currents and frequencies in all biological materials. Pekar found that every tumor has an altered electric field which extends beyond the tumor's borders and which is polarised toward the surrounding tissue. (This field does not automatically disappear after surgical removal of the tumor, a fact which can be measured and proved and which explains the high rate of recurrences after surgery). We may conclude that an influence exerted upon this field should also affect and modify the tumor.

Healing with electric currents

Romans had already used animal electricity (electric ray) for medical treatment.

Electrotherapy was a standard treatment modality at the beginning of the last century, but interest was lost in the years to come. First attempts of selective electrocoagulation of tumors were made in 1924. Biological effects of electric currents have been researched extensively by Prof. Dr. Stefan Jellinek of Vienna (1871-1968). Rudolf Pekar started his research into galvanic microcurrents and his practical work in 1969 and has been able to help many cancer patients since that time.

In order to understand the mechanism of cancer cells and the fact that they are "masked" from the immune system, one has to look deeper into the functioning of bioelectric currents. An electric voltage is part of all functions in living tissue. It arises primarily at the cellular walls and gives rise to electric currents. That much has been known for a long time in medicine. Movement of electrons along a DC field is being used in e.g. iontophoresis and electrophoresis. Cell membranes contain ion channels. They carry a negative charge at the outside of the cell membrane and show selectivity for kations, particularly for sodium and potassium ions. Part of these ion channels open only after adequate change of the membrane potential.

Cell life depends on the nutritional input and adequate excretion of metabolic end products. Both pathways use the ion channels.

This metabolism constitutes the flow of electric current. If a cell does not function normally, it emits an electromagnetic field which differs from the healthy field condition. Cancer cells carry a negative membrane potential which is proportional to the degree of their malignancy. This change in potential enables the cell to separate from other cells and to maintain its masking capabilities towards the reconnaissance function of the immune system. The cell's altered protein metabolism produces a membrane attacking enzyme which enables it to penetrate and to infiltrate normal surrounding tissue (Pekar). Cell resonance changes and the dynamic condition of tissue is being destroyed through polarity change.

As a result we see a decrease in the electric blockage of cancer-inducing information. It is exactly at this point where the new therapy becomes active.

An adjustable DC current is introduced directly into the tumor with the help of electrodes. This triggers the following reactions:

Depolarisation and penetration of tumor cell membranes leading to a disturbance of metabolic function and intercellular structure. The energetic ionic flow of current is re-established at the same time in accordance with the naturally intended structure of the organism.

This represents an iatrogenic stimulation of self-healing and an activation of the immune system.

Pekar also maintains that 'every tumor is registered in the central nervous system and that this CNS representation can be treated with electric currents.' [Compare Dr. Hamer's New Medicine.]

Sending electric currents through tumour tissue leads to electrolytic changes at the electrodes which in turn causes significant alterations of the pH value. As that pH value differs from the normal physiological range it will be destructive for tumor tissue. The results show an aseptic necrosis of tissue and an accompanying "unmasking" of the cancer cells now made recognizable to the immune system.

The phagocytic cells (stimulated where required via additional immunotherapy) will break down and destroy the dead remnants of the tumor within one to three weeks.

So far, there have been no side effects associated with this treatment and there is no reason to expect them. (The degree of malignancy plays no part).

A great deal of expertise is required for proper placement of electrodes and optimal adjustment of current intensity which must be set in accordance with the size, density and type of tumor being treated. Rudolf Pekar and others have published suggestions for appropriate treatment modalities based on their experience. A therapeutic device for this purpose is available. A single treatment session lasts 10 to 90 minutes, can be performed as an outpatient procedure, and does usually not produce any pain or inflammation. The patient can leave the doctor's office right after treatment. This therapy is suitable both for superficial and deeper tumors, such as breast cancer, ENT tumors, all types of skin cancer, isolated metastasis of internal organs, soft tissue tumors, lymph node. Tumours pretreated radiologically or with chemotherapy as well as metastases within lymphatic areas spreading throughout the body and bone metastases (osteometastasis) can be treated to a limited extent.

A case history

Laboratory results for a 61-year-old patient undergoing a routine check-up examination show a significantly low unbound testosterone level of 0.52 mcg/ml. The ratio between total and unbound testosterone is a good marker for malignant changes of the prostate if the result shows a low value. The patient was subsequently referred to a urologist who discovered a suspicious area by rectal sonography and performed multiple biopsies. The histologic examination of the specimens revealed a poorly differentiated glandular carcinoma of the prostate (grading G 1). The treatment plan suggested included radical prostatectomy in combination with percutaneous radiation treatment. ECT treatment was discussed as an alternative to this standard treatment modality. The patient was then treated by ECT for 15 minutes under local anaesthesia followed by an adjuvant androgen deprivation therapy for 12 months until November 1999. Ultrasound examination after this

period showed some densities within a distinctly smaller prostate gland without any suspicious lesions. A repeat biopsy which was already performed in May 1999 did not reveal any malignant cells after histologic examination. Therefore one must assume, that the course of malignancy has been reversed.

*Pekar, Rudolf: "Die perkutane Bio-Elektrotherapie bei Tumoren. Eine Dokumentation zu Grundlage und Praxis der perkutanen Galvanotherapie".

[Percutaneous Bio-Electrotherapy of Cancerous Tumours. A Documentation of Basic Principles and Experiences with Bio-Electrotherapy]

Foreword by Ferdinand Ruzicka. 1996. 148 p. w. 167 colour plates, 2 sketches, 1 table, ISBN: 3-85175-657-6 and 3-85175-678-9, Euro 50,00. Currently only available in German. Here is the publisher's introduction to the book:

Cancer tumours represent an ever growing problem in our modern society. The author of this book introduces an innovative method involving electricity, as a possible solution in the fight against malignant tumours.

After a historical introduction of this method's development and a description of the human bio-electric system, the author gives a clear view of its practical uses. He explains the advantages and methods in therapy with extensive picture documentation. His methods and descriptions are based on experience and test results of easily reached tumours with direct bio-electric influence. He also suggests the possibility of using his methods *sui generis* or combining their use with conventional methods of tumour treatment. The instruments needed for treatment are displayed with photos and their use well described. This book is a pioneering work in bio-electric therapy, an effective and non-aggressive form of tumour treatment. Patients get an idea of the possibilities that lie for them from it and doctors should be encouraged to learn about and to treat certain tumours themselves with these methods.

The 200-year old model of biological matter, introduced by Dalton in 1808, is still widely in use. This model is based on a highly simplified assumption that matter consists ultimately of indivisible discrete particles called atoms. The attraction of atoms to each other leads to a chemical reaction.

The binding forces between the atoms are visualised with abstract lines.

Besides the chemical reactions between matter, an additional, more profound counter effect has been observed since Dalton introduced his theory. Matter, particularly biological matter, radiates electromagnetic fields at all times. Already as a young doctor, Pekar realised this fact.

In his book, you find unequalled expressed basic knowledge: "Every biological process is also an electric process" and "health and sickness are related to the bio-electric currents in our body"

The knowledge about the automatic control with bio-electric currents and magnetic fields of our body to hold homeostasis, is put into praxis by Pekar in his pioneering work. With electric circuits he destroyed tumour cells; he got tumours to disappear entirely.

This book is a conclusive documentation about careful healing of malignomas. The author's hypothesis: "Health and sickness are related to the bio-electric currents in our body is a new paradigm of understanding biological substance.

The application of that knowledge in therapy and the application of electric current into the tumour with needle electrodes are epoch-making ventures.

Swen Alfás, Chairman of the Academy for Applied Knowledge International,
Kopenhagen, Denmark

Contact addresses:

Dr. med. Rudolf Pekar, Frauengasse 4, A-4820 Bad Ischl, Austria

Dr. med. Siegfried Rilling, Steinlachallee 70, D-72070 Tübingen, Germany

Bio-Electric Therapy (BET) For the Elimination of Malignant Tumors

by Dr. Jorge Llamas, MD (excerpted by Healing Cancer Naturally from the full article)

Bio-Electric therapy has been used clinically for many years. It has been applied in orthopedics, where it has been used for regeneration and healing of broken bones as well as in the treatment of pain. In oncology ... the use of BioElectric Therapy (BET) is ... the result of research investigations by Dr. Rudolf Pekar and Björn Nordenström. Electrodes are attached to acupuncture needles that are inserted directly into the tumor or into the skin surrounding the tumor. Applying the correct level of voltage (usually only 9.5 to 10 volts) and low micro-amperage results in the destruction of cancerous cells.

...As soon as direct current is connected to the electrodes, different electrochemical reactions influence the pH value and can cause electrolysis of tumor tissue. Depolarization of the cell membrane changes the cellular environment, forcing the tumor cells to be gently destroyed. The consequence of this process is the interruption of certain functions within the cancerous cells, which, in turn, can lead to the destruction of these cells. The application of direct current causes tumor cells to lose their immune disguise and be transformed, within minutes, into an allergen. The tumor then becomes recognizable by the immune system, which then activates the proper defense cascade, including cytokines and interferon and most importantly, the cytotoxic T-cells.

What Types of Tumors are Suitable for BET?

BET is suitable for all types of superficial or deep-seated tumors that can be reached by needle electrodes. Specifically:

- Small mamma carcinomas or isolated axillary supraclavicular and thorax nodes.
- All tumors of the ear, nose and throat area, especially after radiation or chemotherapy.
- Skin carcinomas, e.g., Basaliome, Spino-cellular carcinoma, Melanoma, etc.
- Gynaecological carcinomas.
- Soft tissue tumors.

Special Form of BET using Cytostatic Substances (Iontophoresis)

The destructive effect of the direct current on tumorous tissue can be enhanced by the simultaneous administration of cytostatic substances, such as Mitomycin, Adrimycin, Epirubicin and Cis-Platinum. Most cytostatic substances are positively charged, causing them to be attracted to the negatively charged cathodes within the electrical field created around the tumorous tissue (iontophoresis movement).

In this way, cytostatics can be introduced into the tumorous tissue in a very targeted and concentrated manner. This method can be more effective on the tumor site than standard systemic chemotherapy or local cytostatic perfusion. Cytostatic substances are best applied to hollow organs - for example, esophagus, bladder, stomach and rectum. The membrane potentials are changed so much by the current that the cells open and absorb cytostatic substance more rapidly.

...During the treatment, the patient will experience a slight pressure pain or a slight tingling in the treated area. Direct current brings about long lasting pain relief because it inhibits the activity of sensory nerve fibers. Therefore, there is no pain after treatment.

At the Second International Conference of Bio-Electrotherapy for Cancer held in Stockholm, Sweden, in 1993, the Chinese oncological participants reported that their administration of BET to 4,000 cancer patients resulted in an accumulation of Complete Remissions and Partial Remissions (CR+PR) exceeding 80%.

BioElectric Therapy is safe and effective, does not require any hospitalization, complements other therapies, and has a low price tag when compared to surgical intervention.

Prof. Dr. Yu-Ling Xin's treatment statistics concerning ECT (Electro Chemo Therapy) Prof. Xin, Peking, has written a "treatment statistics concerning ECT (Electro Chemo Therapy) in 9011 cases of different types of tumor" compiled from 168 clinics. More articles by him et al. can be found on the Internet.

According to one German source (a naturopathic institute applying Electro Cancer Therapy), this treatment modality is recommended and endorsed by the National Cancer Control Society L.A. and the American Academy of Preventive Medicine Cap. Can. Fl. (among other associations).

Addendum by Healing Cancer Naturally

Eminent cancer treatment researcher Lothar Hirneise, author of “Chemotherapy Heals Cancer and the World is Flat”, gives the following ‘Personal opinion’ in his chapter on Galvanotherapy: “Galvano-therapies are certainly an interesting approach for tumor destruction. this is why an increasing number of physicians and homeopathic practitioners are using this therapy in Germany. For me it was very interesting to note that 20 years ago Dr. Pekar still advised his patients to have operations, and in summarizing his more than 50 years of work as an oncologist, he said that today in most cases he would no longer advise an operation, because he frequently could see that particularly women with breast cancer lived much longer if they did not have surgery. (Now other therapists also represent this opinion.)

I do not want to hide the fact that in the meantime I have become acquainted with patients who experienced rapid tumor growth after several galvano-therapies. It is hard for me to evaluate whether this growth was exclusively stimulated by the galvano-therapy. At the outset I would not exclude the possibility that tumors "defend themselves" against this treatment, particularly after several galvano-therapy sessions.”