ALPSTEINACADEMY

Continuous Professional Development

Seminars & Webinars

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ALPSTEINCLINIC

WELCOME


The Alpstein Mountains in Appenzell


Market Place in Gais near Appenzell


Alpstein Clinic in Gais

INTEGRATIVE BIOLOGICAL CANCER MEDICINE
causative, proven and innovative

Ralf Oettmeier, MD, Gais / AR, Switzerland

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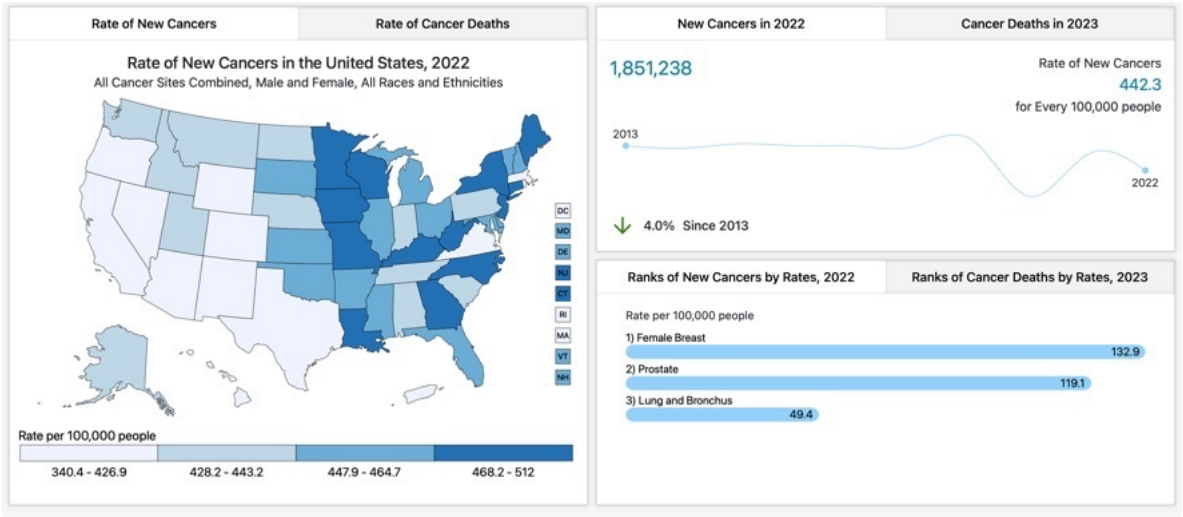
Actual Numbers: United States



Source: https://gis.cdc.gov/Cancer/USCS/

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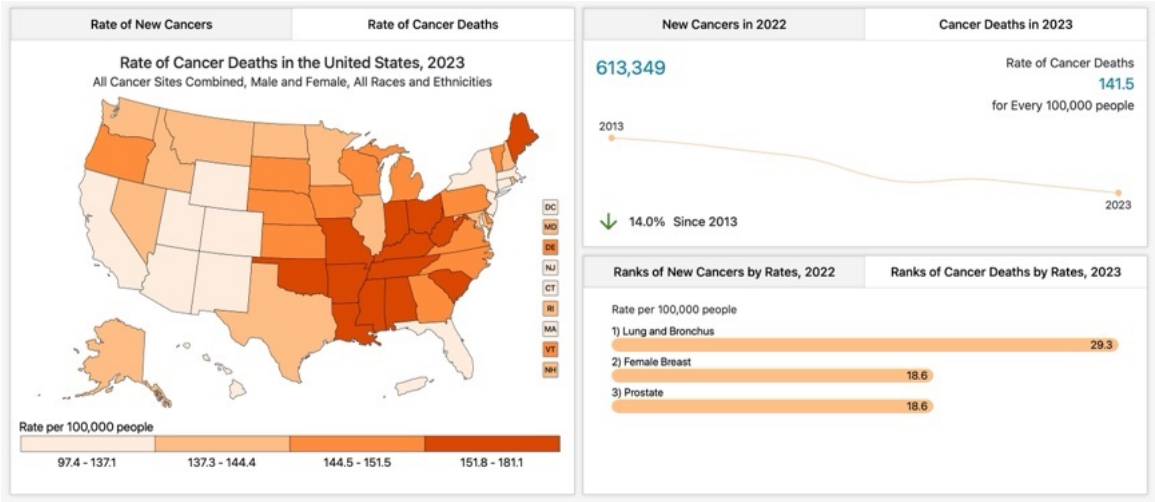
Actual Numbers: United States



Source: https://gis.cdc.gov/Cancer/USCS/

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Cancer Statistics 2025

Trends in five-year relative survival (%), US, 1975–2020

American Cancer Society

Site	1975-77	1995-97	2014-2020
All sites	49	63	69
Breast (female)	75	87	91
Colon & rectum	50	61	64
Leukemia	34	48	67
Liver & intrahepatic bile duct	3	7	22
Lung & bronchus	12	15	27
Melanoma of the skin	82	91	94
Non-Hodgkin lymphoma	47	56	74
Ovary	36	43	51
Pancreas	3	4	13
Prostate	68	97	97
Uterine cervix	69	73	67
Uterine corpus	87	84	81

Survival is age adjusted for normal life expectancy and are based on cases diagnosed in the Surveillance, Epidemiology, and End Results (SEER) 9 areas for 1975-1977 and 1995-1997 and in the SEER 22 areas for 2014-2020; cases followed through 2021.
Data source: Surveillance, Epidemiology, and End Results program, National Cancer Institute, 2025.

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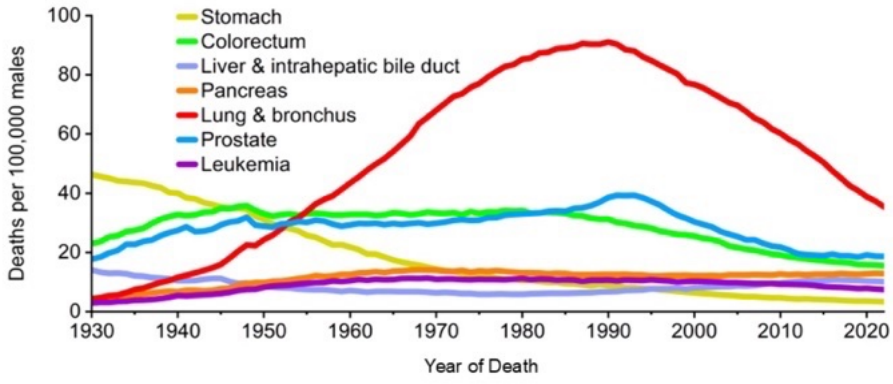
Cancer Statistics 2025

Trends in cancer death rates among males, US, 1930–2022

American Cancer Society



Rates are age adjusted to the 2000 US standard population and exclude deaths in Puerto Rico and other US territories. Due to improvements in classification, site-specific information differs from contemporary data for cancers of the liver, lung and bronchus, and colon and rectum.
Data source: National Center for Health Statistics, Center for Disease Control and Prevention, 2024.

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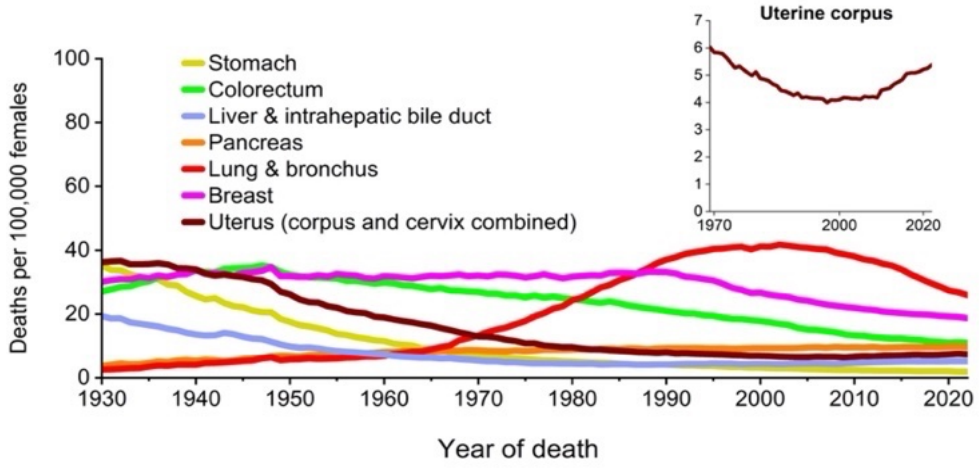
Cancer Statistics 2025

Trends in cancer death rates among females, US, 1930–2022

American Cancer Society



Rates are age adjusted to the 2000 US standard population and exclude deaths in Puerto Rico and other US territories. Due to improvements in classification, site-specific information differs from contemporary data for cancers of the liver, lung and bronchus, colon and rectum, and uterus.
Data source: National Center for Health Statistics, Center for Disease Control and Prevention, 2024.

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More than only supportive

- Widespread public acceptance
- High impact on quality of life
- Reduction of side effects of conventional medical therapy
- Dr. Schuppert (2014): 82% 10-year postoperative survival rate in 274 breast cancer patients
- High incidence of "spontaneous remissions»
- Part of active follow-up care and prevention of recurrence

Created with ChatGPT 5.2

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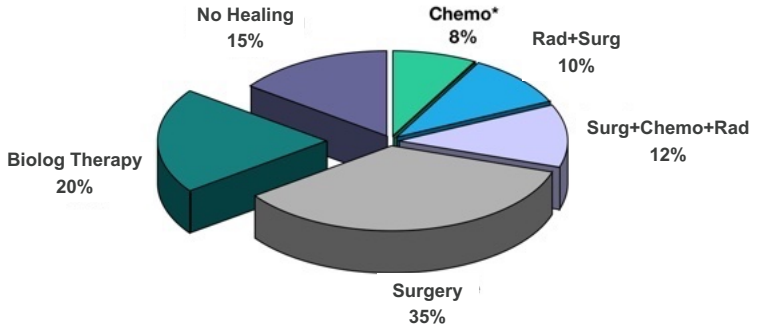
Feasible by integrating holistic Medicine

- 5-years survival rate -

Beast Cancer, 274 patients



* Partially in combination with radiotherapy

According study of Dr. Schuppert 2016 (supported by v. Carstens Foundation)

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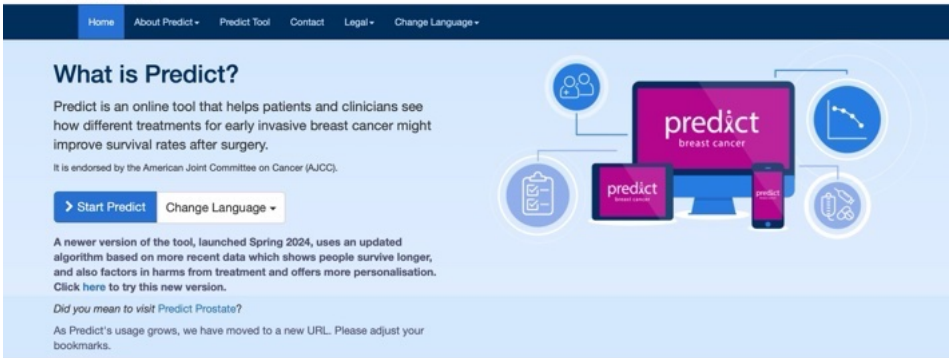
Helpful for Breast Cancer Patients …

predict breast cancer

UNIVERSITY OF CAMBRIDGE
Winton Centre for Risk and Evidence Communication

predict breast cancer

https://breast.predict.cam/tool



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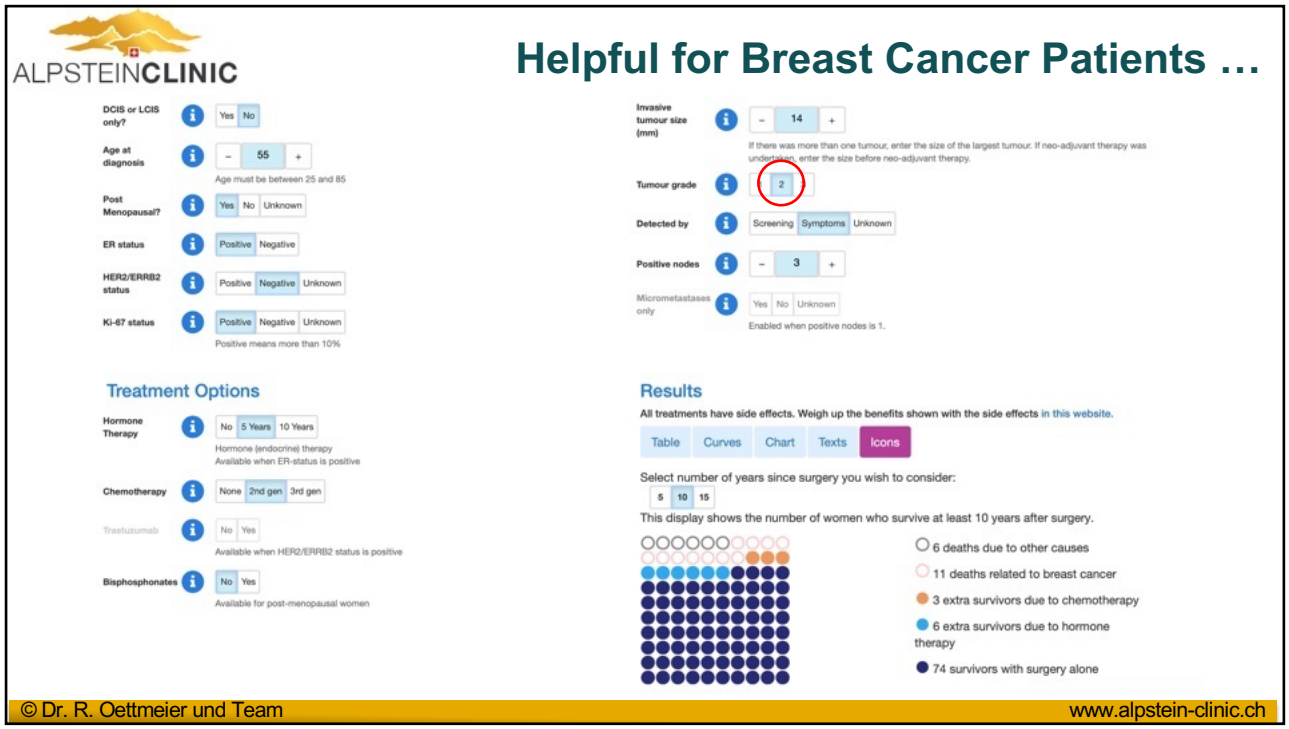
ALPSTEINCLINIC
Helpful for Breast Cancer Patients …
DCIS or LCIS only? Yes No
Age at diagnosis 55
Age must be between 25 and 85
Post Menopausal? Yes No Unknown
ER status Positive Negative
HER2/ERRB2 status Positive Negative Unknown
Ki-67 status Positive Negative Unknown
Positive means more than 10%
Treatment Options
Hormone Therapy No 5 Years 10 Years
Hormone (endocrine) therapy
Available when ER-status is positive
Chemotherapy None 2nd gen 3rd gen
Trastuzumab No Yes
Available when HER2/ERRB2 status is positive
Bisphosphonates No Yes
Available for post-menopausal women
Invasive tumour size (mm) 14
If there was more than one tumour, enter the size of the largest tumour. If neo-adjuvant therapy was undertaken, enter the size before neo-adjuvant therapy.
Tumour grade 2
Detected by Screening Symptoms Unknown
Positive nodes 3
Micrometastases only Yes No Unknown
Enabled when positive nodes is 1.
Results
All treatments have side effects. Weigh up the benefits shown with the side effects in this website.
Table Curves Chart Texts Icons
Select number of years since surgery you wish to consider:
5 10 15
This display shows the number of women who survive at least 10 years after surgery.
6 deaths due to other causes
11 deaths related to breast cancer
3 extra survivors due to chemotherapy
6 extra survivors due to hormone therapy
74 survivors with surgery alone
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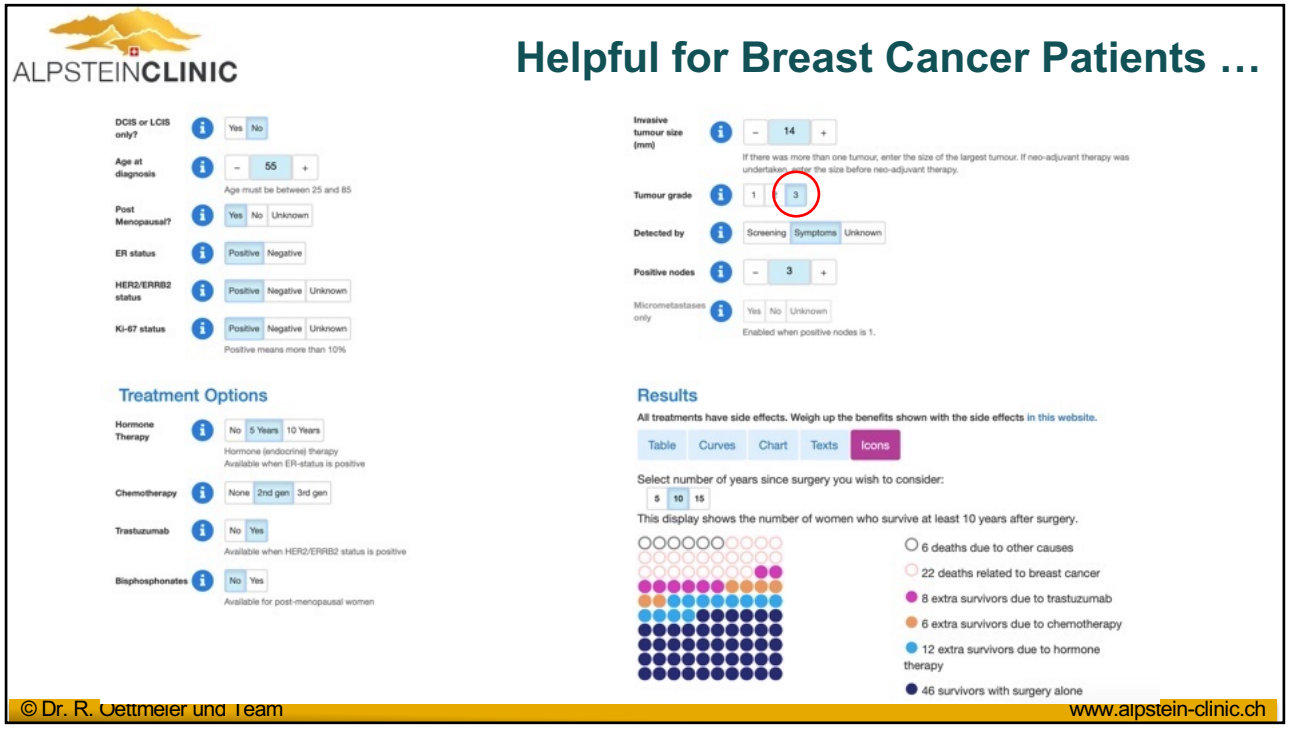
ALPSTEINCLINIC
Helpful for Breast Cancer Patients …
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Chemotherapy None 2nd gen 3rd gen
Trastuzumab No Yes
Available when HER2/ERRB2 status is positive
Bisphosphonates No Yes
Available for post-menopausal women
Invasive tumour size (mm) 14
If there was more than one tumour, enter the size of the largest tumour. If neo-adjuvant therapy was undertaken, enter the size before neo-adjuvant therapy.
Tumour grade 3
Detected by Screening Symptoms Unknown
Positive nodes 3
Micrometastases only Yes No Unknown
Enabled when positive nodes is 1.
Results
All treatments have side effects. Weigh up the benefits shown with the side effects in this website.
Table Curves Chart Texts Icons
Select number of years since surgery you wish to consider:
5 10 15
This display shows the number of women who survive at least 10 years after surgery.
6 deaths due to other causes
22 deaths related to breast cancer
8 extra survivors due to trastuzumab
6 extra survivors due to chemotherapy
12 extra survivors due to hormone therapy
46 survivors with surgery alone
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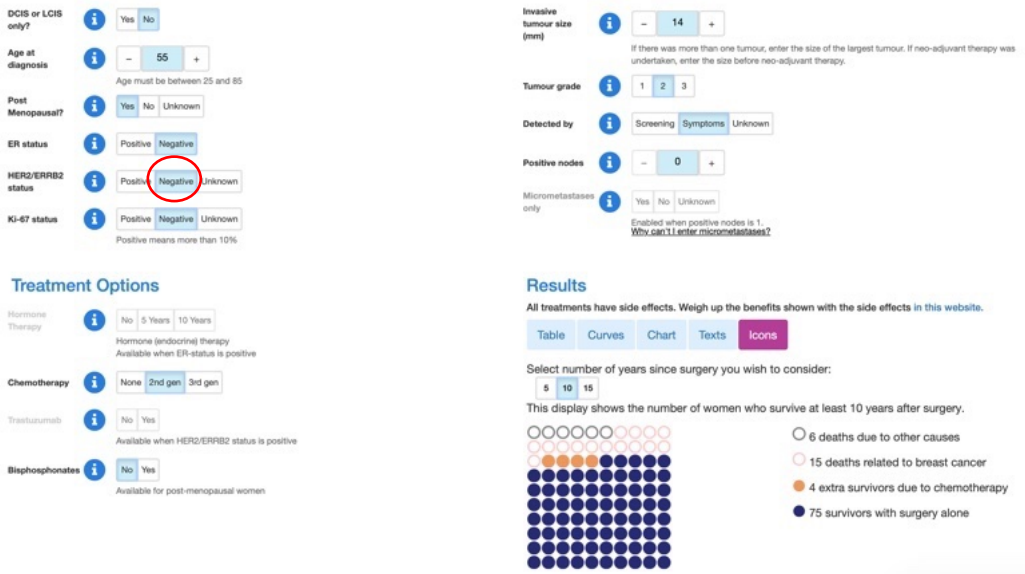
Helpful for Breast Cancer Patients …



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Cancer – just another Disease!

- Cancer is a disease – the disease of cancer.
- Cancer is not a matter of chance or fate, it is not a death sentence.
- A disease is characterized by symptoms, on all levels.
- The first signs were present even before the tumor appeared.
- Surgery and chemotherapy cannot completely eradicate the disease.

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Important Causes of Cancer

Cancer disease and environmental abnormity as the basis of cancerous development

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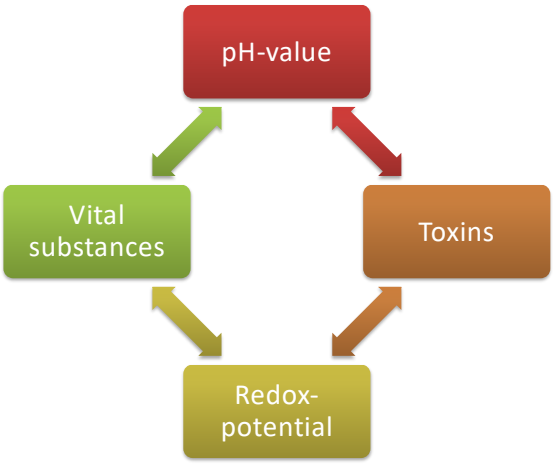
Terrain factors (chemical)

The square of life



1. **Acid-Base Household** (pH-value, base excess, minerals, ammonia)
2. **Oxidative Stress** (free radicals, Nitrothyrosin, Peroxynitrit)
3. **Vital substances** (vitamins, minerals, trace elements, fatty acids, amino acids)
4. **Toxins** (toxic metals, organic toxins, endotoxins incl. emotionals)

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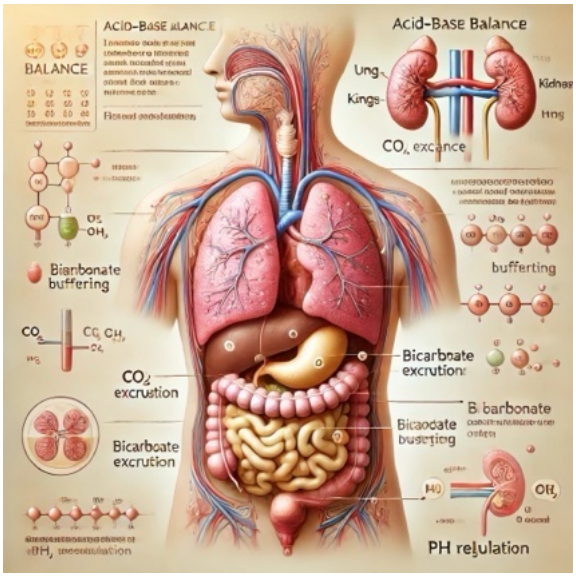
Acid-Base Household

In a "healthy" organism with an "optimally functioning" metabolism, the body's own buffer systems (protein, phosphate, bicarbonate, and elimination buffers) ensure a physiologically predetermined acid-base balance of pH 7.35 – 7.45.

See webinar 2025

Important Causes of Cancer



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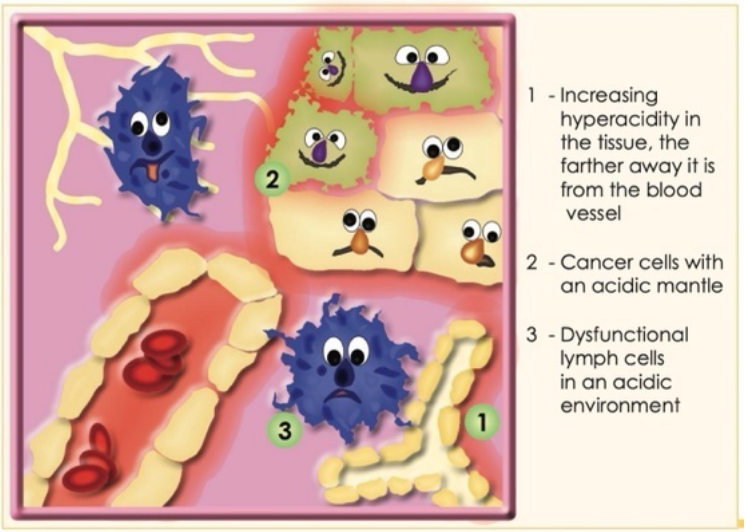
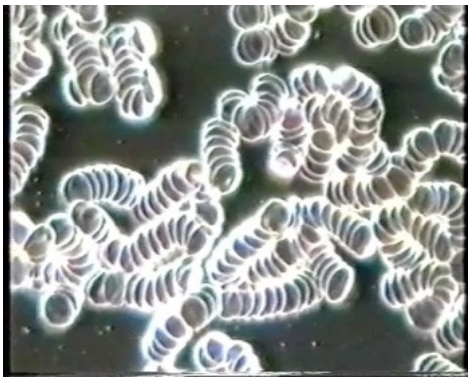
Main causative factors for chronic diseases and cancer



Dysbalanced Acid-Based Household



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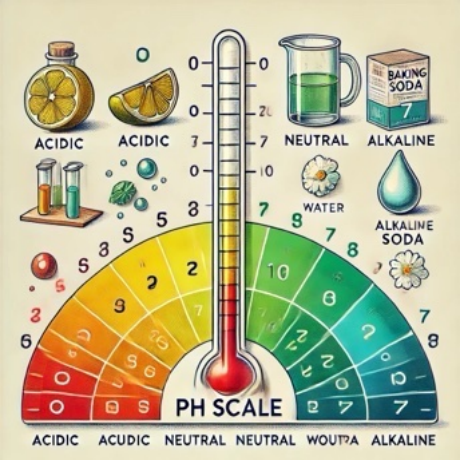
Cancer and pericellular pH-Reduction
(= hyperacidity)

- Perivascular pH distribution -> Measurement in vivo using fluorescence ratio imaging microscopy
- Tumor tissue: pH 6.76
- Normal tissue: pH 7.23
- pH 0.13 lower at 50 µm distance from the vessel



Martin and Jain 1994

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Cancer and pericellular pH-Reduction

- Cytotoxic T lymphocytes no longer kill tumor cells below pH 7.0, but are highly effective up to pH 8.0 (Redegeld et al., 1991).
- At acidic pH, ATP-mediated lysis of tumor cells is hardly possible (Redegeld et al., 1991).
- The pH gradient is an effective defense mechanism of tumor cells against the immune system (Kraus and Wolf, 1996).
- Tumor cells are relatively insensitive to pH reduction.
- Growth optimum shifts to lower pH.
- Tumor cells can even grow below pH 6.0.
- Under acidosis and hypoxia, they lose the p53 gene and thus the apoptosis signal.

Kato et al. 1992, Graeber et al. 1996

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Important Causes of Cancer

Cancer Disease and Toxins (Carcinogens)

See webinar 2025

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Cancer tissue and Toxins ...

- Mice with cancer can tolerate 200% of the lethal dose of toxin for healthy mice.
- 1 gram of cancerous tissue neutralizes 15 times the amount of toxin compared to normal tissue.
- By administering sublethal doses of toxin, this capacity can be increased 90-fold (!!) (Kousmine 1986).

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Most of the diseases were cause or promoted by toxins

ATSDR AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Health Effects of Exposure to Substances

An organ system is a structure that is found inside a human or animal. It is made of cells or tissues that perform a specific function. When exposed to a hazardous substance, the organ that the substance affects at the lowest dose is called the target organ. Development is the process in which an individual or animal matures until puberty. Click on a target organ system below to see an overview of the system and a list of substances that can harm it.

Effects of Toxic Substances on Organ Systems and their Development

- Body Weight
- Cancer
- Cardiovascular (Heart and Blood Vessels)
- Death
- Dermal (Skin)
- Developmental (effects while organs are developing)
- Endocrine (Glands and Hormones)
- Gastrointestinal (Stomach and Intestines, part of the digestive system)
- Hematological (Blood Forming)
- Hepatic (Liver)
- Immunological (Immune System)
- Lymphoreticular (Lymphoid)
- Musculoskeletal (Muscles and Skeleton)
- Neurological (Nervous System)
- Ocular (Eyes)
- Renal (Urinary System or Kidneys)
- Reproductive (Producing Children)
- Respiratory (From the Nose to the Lungs)

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Cancer

Cancer is a disease. Its two main characteristics are uncontrolled growth of the cells in the human body and the ability of these cells to migrate from the original site and spread to distant sites.

Click on a substance to go to the health effects chapter in the toxicological profile. Then, search on any target organ system to find the health effects information on that system.

Please Note: The following links point to PDFs containing the information defining the health effects of the selected substance. This PDF format requires Adobe Acrobat Reader , which can be downloaded free from the Adobe web site.

Substances Listing

- *n*-Nitrosodi-*n*-propylamine
- 1,2-Dibromo-3-Chloropropane
- 1,2-Dibromoethane
- 1,2-Dichloroethane
- 1,2-Diphenylhydrazine
- 1,3-Butadiene
- 1,4-Dioxane
- 1-Bromopropane
- 3,3'-Dichlorobenzidine
- 4,4'-Methylenebis(2-Chloroaniline) (MBOCA)
- Acrylamide
- Acrylonitrile
- Antimony
- Arsenic
- Asbestos
- Benzene
- Nitrobenzene
- Pentachlorophenol
- Phosphate Ester Flame Retardants
- Plutonium
- Polybrominated Biphenyls (PBBs)
- Polychlorinated Biphenyls (PCBs)
- Polycyclic Aromatic Hydrocarbons (PA
- Radon
- Silica
- Styrene
- Sulfur Mustard
- Tetrachloroethylene (PERC)
- Thorium
- Toluene Diisocyanate Methylenediph
- Trichloroethylene (TCE)
- Vinyl Chloride
- Benzidine
- Beryllium
- Bis(chloromethyl) Ether
- Bromodichloromethane
- Cadmium
- Carbon Tetrachloride
- Chlorinated Dibenzo-p-dioxins (CDDs)
- Chloroform
- Chlorophenols
- Chromium
- Cobalt
- Creosote
- DDT, DDE, DDD
- Di(2-Ethylhexyl)Phthalate (DEHP)
- Dichlorobenzenes
- Dichloropropenes
- Dichlorvos
- Ethylene Oxide
- Formaldehyde
- Hexachlorobenzene
- Hexachlorocyclohexane (HCH)
- Hexachloroethane
- Hydrazines
- Lead
- Methylene Chloride
- Mirex
- n-Nitrosodimethylamine (NDMA)
- Naphthalene, 1-Methylnapthalene, 2-Methylnapthalene
- Nickel

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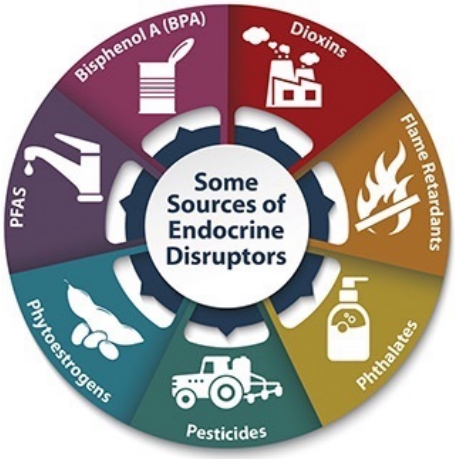
Endocrine Disrupters (promoting gland cancers)

- **Atrazine** is one of the most commonly applied herbicides in the world, often used to control weeds in corn, sorghum, and sugarcane crops.
- **Bisphenol A (BPA)** is used to make polycarbonate plastics and epoxy resins. It is used in manufacturing, food packaging, toys, and other applications. BPA resins may be found in the lining of some canned foods and beverages.
- **Dioxins** are a byproduct of certain manufacturing processes, such as herbicide production and paper bleaching. They can be released into the air from waste burning and wildfires.
- **Perchlorate** is a colorless salt manufactured and used as an industrial chemical to make rockets, explosives, and fireworks, which can be found in some groundwater.
- **Per- and polyfluoroalkyl substances (PFAS)** are a large group of chemicals used widely in industrial applications, such as firefighting foam, nonstick pans, paper, and textile coatings.
- **Phthalates** are a large group of compounds used as liquid plasticizers. They are found in hundreds of products including some food packaging, cosmetics, fragrances, children's toys, and medical device tubing. Cosmetics that may contain phthalates include nail polish, hair spray, aftershave lotion, cleanser, and shampoo.
- **Phytoestrogens** are naturally occurring substances with hormone-like activity found in some plants; they may have a similar effect to estrogen produced by the body. Soy foods, for example, contain phytoestrogens.
- **Polybrominated diphenyl ethers (PBDE)** are used to make flame retardants for products such as furniture foam and carpet.
- **Polychlorinated biphenyls (PCBs)** were used to make electrical equipment, such as transformers, and are in hydraulic fluids, heat transfer fluids, lubricants, and plasticizers.



Source: https://www.niehs.nih.gov/health/topics/agents/endocrine

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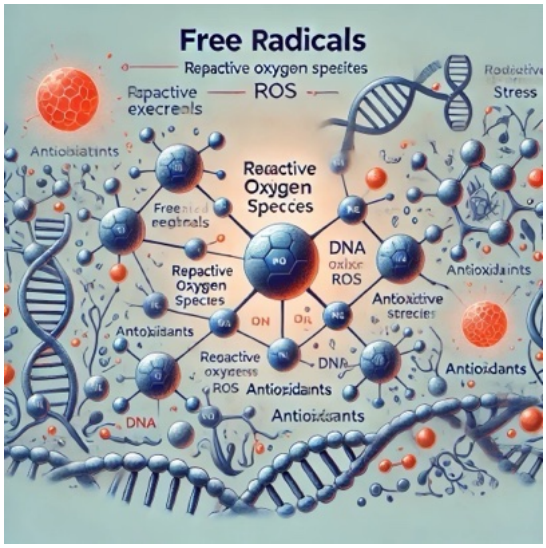
Important Causes of Cancer

Free Radicals - oxidative Stress

See webinar 2025



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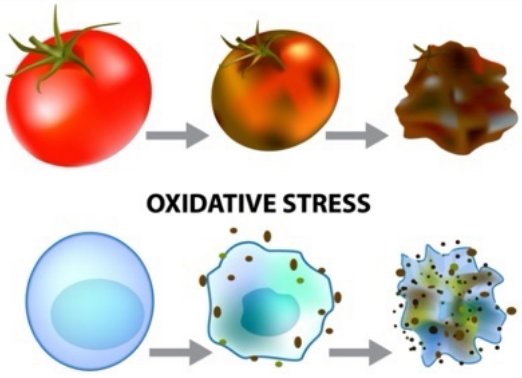
Causes of free Radicals and oxidative Stress

Endogenous

- Immune defense,
- respiratory chain,
- stress,
- inflammation,
- blood alkalosis,
- excessive physic exercise



Source: https://vitalmed-heilpraktiker.de/oxidativer_stress.htm

Exogenous

- Heavy metals,
- medications,
- ozone exposure,
- alcohol consumption,
- fungal toxins,
- pesticides,
- smoking,
- ionizing radiation

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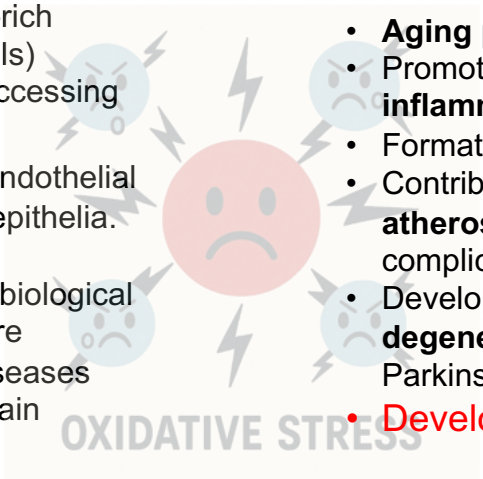
Consequences of Oxidative Stress

- Highly reactive, energy-rich compounds (free radicals) circulate in the blood, accessing all organs and tissues.
- Particularly at risk are endothelial cells, neural cells, and epithelia.
- They cause damage to biological cell processes, which are implicated in various diseases and can accelerate certain conditions:



- **Aging** processes
- Promotion of **systemic inflammatory processes**
- Formation of **thromboses**
- Contribution to **atherosclerosis** and its complications
- Development of **neuro-degenerative diseases** like Parkinson's and Alzheimer's
- Development of **cancer**

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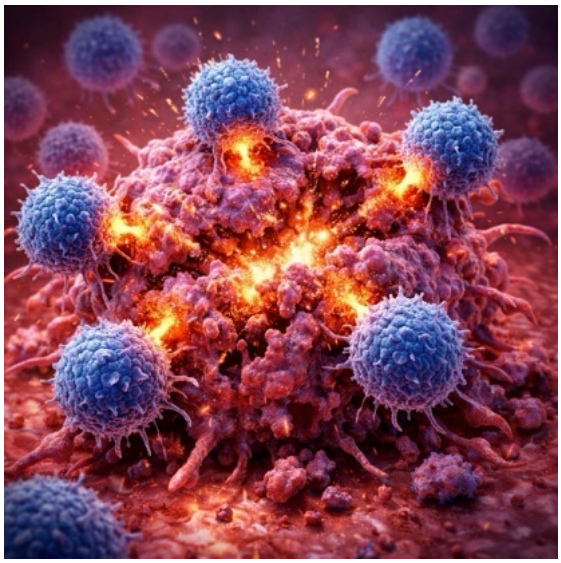
Important Causes of Cancer

Immune deficiency and cancer formation



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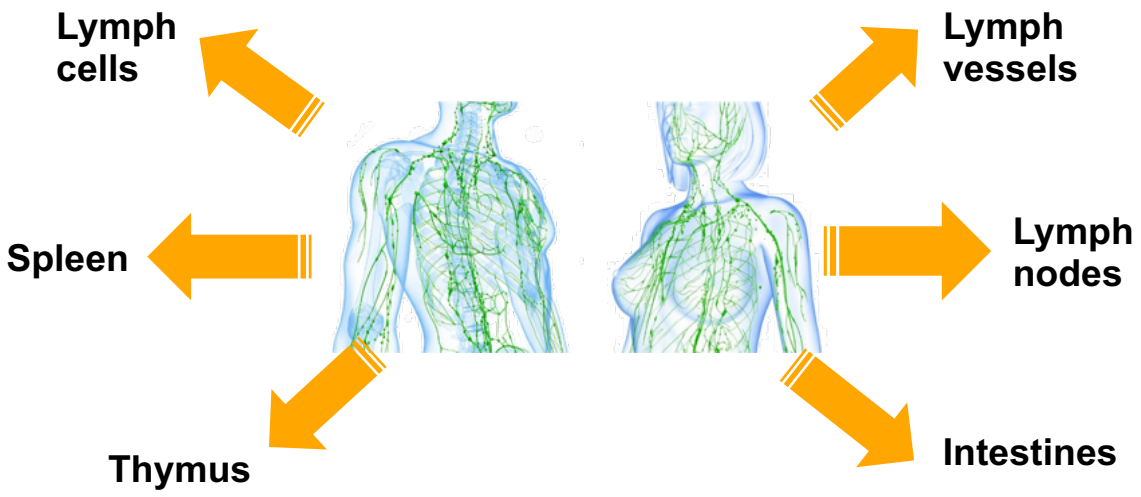
Main Components of Immune System



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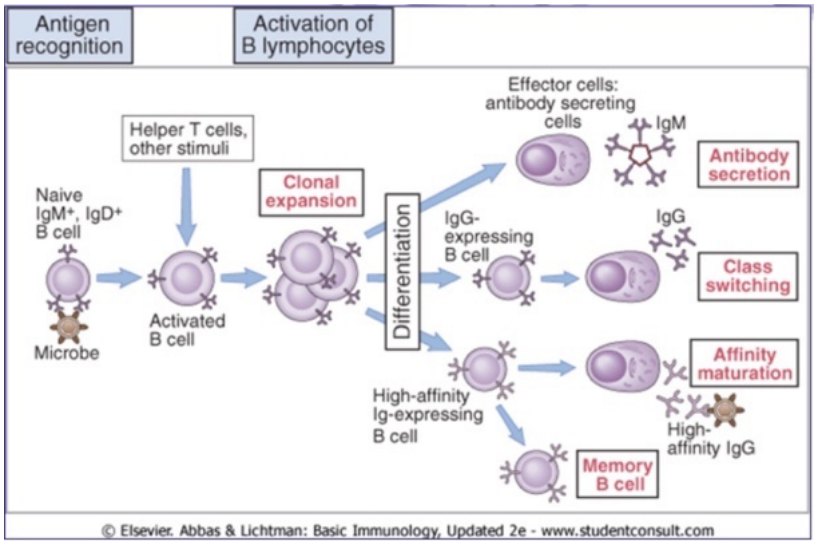
B-Lymphocytes (B-cells)

- Naïve mature B-cells from bone marrow **migrate into the periphery**
- B-cells **distribute in blood, lymphoid organs** and mucosa
- After encountering specific antigen, they become activated or tolerated
- Differentiate into antibody-forming cells or memory B-cells



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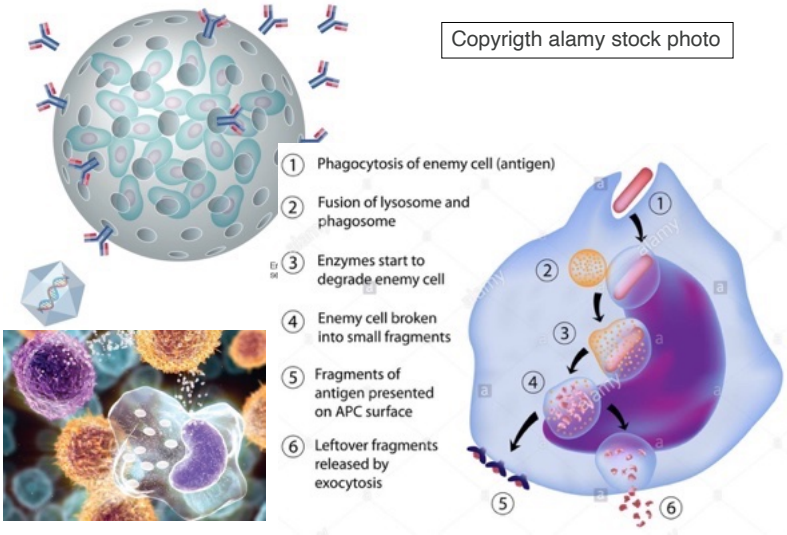
B-Lymphocytes (B-cells)

FUNCTION

- **Production of Antibodies**
- **Antigen presentation** to T-cells
- **Immune regulation** (Secretion of cytokines TNFalpha, IFN, DC, NK, B- and T-cell proliferation stimulaters)



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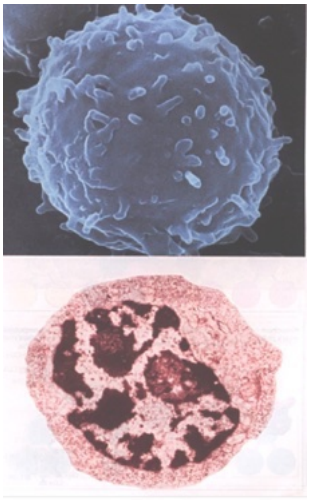
T-Lymphocytes (T-cells)

- called ***T cells*** because they mature in the thymus from thymocytes
- Essential component of the cell-mediated immune system
- Different main classes of effector cells are known:
  - Helper cells
  - Regulatory (suppressor cells)
  - Cytotoxic T-cells
  - Memory cells
  - Natural killer T-cell



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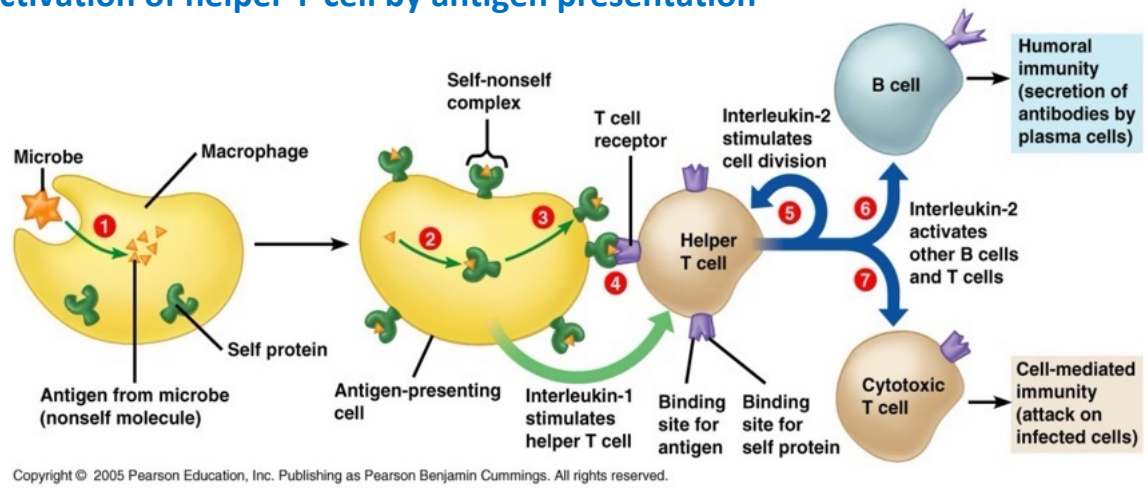
T-Lymphocytes (T-cells) Activity

Activation of helper T-cell by antigen presentation



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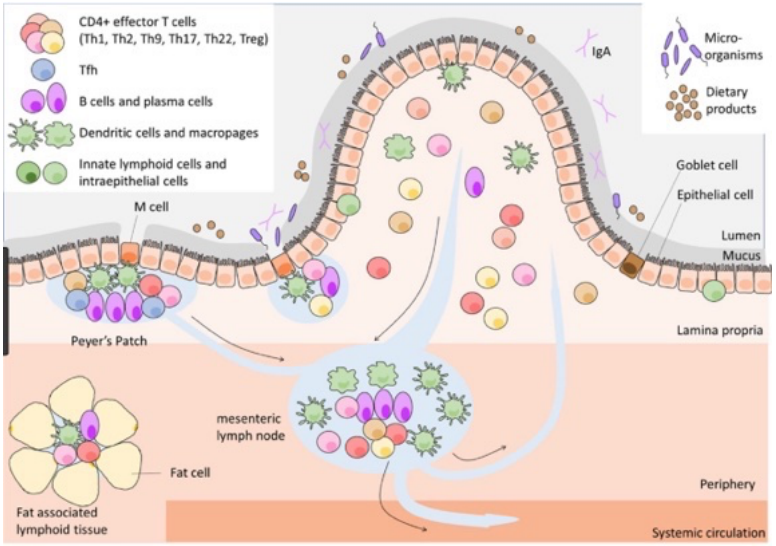
Lymphocytes and gut defense

- **Germ-center response** of B-cells and other lymphatic cells **in the mucosal layer**
- Differentiation of B-cells to antibody forming cells (= plasma cells) or memory cells

From: frontiers of immunology, 2016



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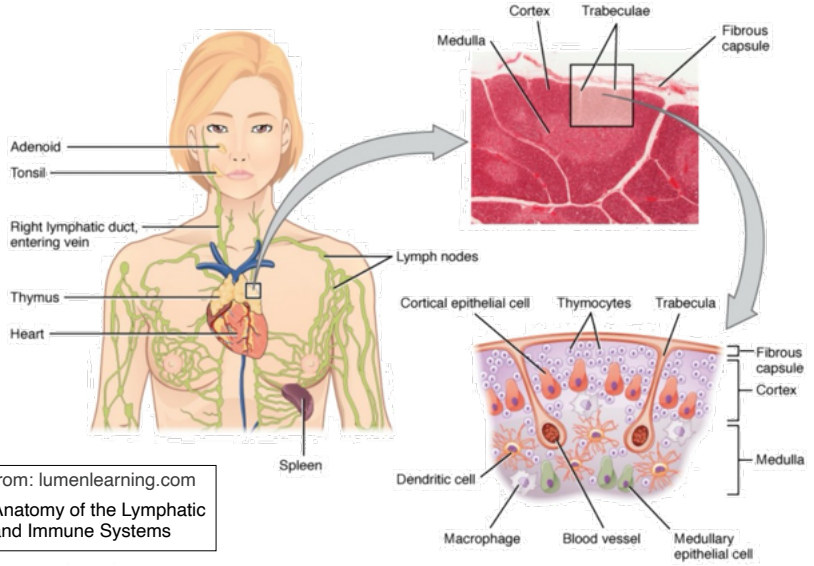
Thymus

components of lymphatic and immune system

- Located behind the breastbone
- Maturing (training) center of the thymus (T) lymphocytes
- Shrinks in the course of life (so-called involution)



from: lumenlearning.com
Anatomy of the Lymphatic and Immune Systems

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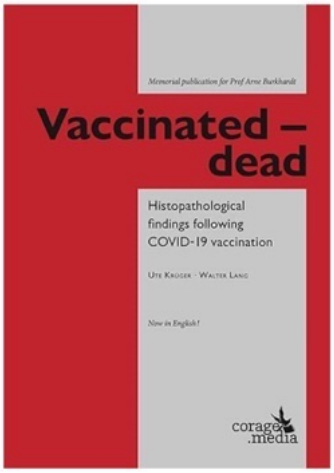
Increasing importance: Important Causes of Cancer

Cancer and Covid-19 vaccination



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ALPSTEINCLINIC

Actual publication

Kim *et al. Biomarker Research* (2025) 13:114 https://doi.org/10.1186/s40364-025-00831-w

1-year risks of cancers associated with COVID-19 vaccination: a large population-based cohort study in South Korea

Hong Jin Kim[1†], Min-Ho Kim[2†], Myeong Geun Choi[3] and Eun Mi Chun[3*]

Abstract

The oncogenic potential of SARS-CoV-2 has been hypothetically proposed, but real-world data on COVID-19 infection and vaccination are insufficient. Therefore, this large-scale population-based retrospective study in Seoul, South Korea, aimed to estimate the cumulative incidences and subsequent risks of overall cancers 1 year after COVID-19 vaccination. Data from 8,407,849 individuals between 2021 and 2023 were obtained from the Korean National Health Insurance database. The participants were categorized into two groups based on their COVID-19 vaccination status. The risks for overall cancer were assessed using multivariable Cox proportional hazards models, and data were expressed as hazard ratios (HRs) and 95% confidence intervals (CIs). The HRs of thyroid (HR, 1.351; 95% CI, 1.206–1.514), gastric (HR, 1.335; 95% CI, 1.130–1.576), colorectal (HR, 1.283; 95% CI, 1.122–1.468), lung (HR, 1.533; 95% CI, 1.254–1.874), breast (HR, 1.197; 95% CI, 1.069–1.340), and prostate (HR, 1.687; 95% CI, 1.348–2.111) cancers significantly increased at 1 year post-vaccination. In terms of vaccine type, cDNA vaccines were associated with the increased risks of thyroid, gastric, colorectal, lung, and prostate cancers; mRNA vaccines were linked to the increased risks of thyroid, colorectal, lung, and breast cancers; and heterologous vaccination was related to the increased risks of thyroid and breast cancers. Given the observed associations between COVID-19 vaccination and cancer incidence by age, sex, and vaccine type, further research is needed to determine whether specific vaccination strategies may be optimal for populations in need of COVID-19 vaccination.

Keywords Cancer, COVID-19, Vaccine, mRNA-based vaccine, cDNA-based vaccine

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Actual publication

from oncotarget.com

www.oncotarget.com Oncotarget, 2026, Vol. 17, pp: 1-29

Review

COVID vaccination and post-infection cancer signals: Evaluating patterns and potential biological mechanisms

Charlotte Kuperwasser[1,2] **and Wafik S. El-Deiry**[3,4,5]

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[2]Laboratory for the Convergence of Biomedical, Physical, and Engineering Sciences, Tufts University School of Medicine, Boston, MA 02111, USA

[3]Laboratory of Translational Oncology and Experimental Cancer Therapeutics, Department of Pathology and Laboratory Medicine, The Warren Alpert Medical School of Brown University, Providence, RI 029121, USA

[4]Hematology-Oncology Division, Department of Medicine, Brown University Health and The Warren Alpert Medical School of Brown University, Providence, RI 029121, USA

[5]Legorreta Cancer Center at Brown University, The Warren Alpert Medical School of Brown University, Providence, RI 029121, USA

Correspondence to: *Charlotte Kuperwasser,* ***email:*** *charlotte.kuperwasser@tufts.edu*
Wafik S. El-Deiry, ***email:*** *wafik@brown.edu*

Keywords: COVID; vaccine; cancer; infection; lymphoma; leukemia; sarcoma; carcinoma

Received: *November 26, 2025* ***Accepted:*** *December 26, 2025* ***Published:*** *January 03, 2026*

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ALPSTEINCLINIC

Actual publication

from oncotarget.com

ABSTRACT

A growing number of peer-reviewed publications have reported diverse cancer types appearing in temporal association with COVID-19 vaccination or infection. To characterize the nature and scope of these reports, a systematic literature search from January 2020 to October 2025 was conducted based on specified eligibility criteria. A total of 69 publications met inclusion criteria: 66 article-level reports describing 333 patients across 27 countries, 2 retrospective population-level investigations (Italy: ~300,000 cohort, and Korea: ~8.4 million cohort) quantified cancer incidence and mortality trends among vaccinated populations, and one longitudinal analysis of ~1.3 million US miliary service members spanning the pre-pandemic through post-pandemic periods. Most of the studies documented hematologic malignancies (non-Hodgkin's lymphomas, cutaneous lymphomas, leukemias), solid tumors (breast, lung, melanoma, sarcoma, pancreatic cancer, and glioblastoma), and virus-associated cancers (Kaposi and Merkel cell carcinoma). Across reports, several recurrent themes emerged: (1) unusually rapid progression, recurrence, or reactivation of preexisting indolent or controlled disease, (2) atypical or localized histopathologic findings, including involvement of vaccine injection sites or regional lymph nodes, and (3) proposed immunologic links between acute infection or vaccination and tumor dormancy, immune escape, or microenvironmental shifts. The predominance of case-level observations and early population-level data demonstrates an early phase of potential safety-signal detection. These findings underscore the need for rigorous epidemiologic, longitudinal, clinical, histopathological, forensic, and mechanistic studies to assess whether and under what conditions COVID-19 vaccination or infection may be linked with cancer.

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See webinar 2025

Attacking the T-Lymphocytes

ACE2-independent infection of T lymphocytes by SARS-CoV-2

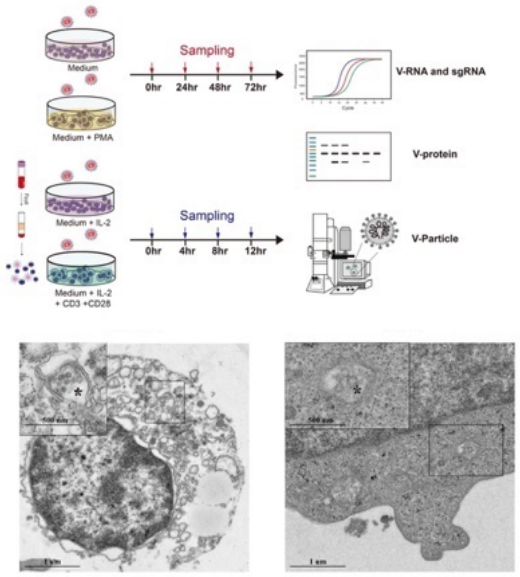
Xu-Rui Shen, Rong Geng, Qian Li, Ying Chen, Shu-Fen Li, Qi Wang, Juan Min, Yong Yang, Bei Li, Ren-Di Jiang, Xi Wang, Xiao-Shuang Zheng, Yan Zhu, Jing-Kun Jia, Xing-Lou Yang, Mei-Qin Liu, Qian-Chun Gong, Yu-Lan Zhang, Zhen-Qiong Guan, Hui-Ling Li, Zhen-Hua Zheng, Zheng-Li Shi, Hui-Lan Zhang ✉, Ke Peng & Peng Zhou ✉

Signal Transduction and Targeted Therapy 7, Article number: 83 (2022) | Cite this article

115k Accesses | 108 Citations | 3959 Altmetric | Metrics

Abstract

SARS-CoV-2 induced marked lymphopenia in severe patients with COVID-19. However, whether lymphocytes are targets of viral infection is yet to be determined, although SARS-CoV-2 RNA or antigen has been identified in T cells from patients. Here, we confirmed that SARS-CoV-2 viral antigen could be detected in patient peripheral blood cells (PBCs) or postmortem lung T cells, and the infectious virus could also be detected from viral antigen-positive PBCs. We next prove that SARS-CoV-2 infects T lymphocytes, preferably activated CD4 + T cells in vitro. Upon infection, viral RNA, subgenomic RNA, viral protein or viral particle can be detected in the T cells. Furthermore, we show that the infection is spike-ACE2/TMPRSS2-independent through using ACE2 knockdown or receptor blocking experiments. Next, we demonstrate that viral antigen-positive T cells from patient undergone pronounced apoptosis. In vitro infection of T cells induced cell death that is likely in mitochondria ROS-HIF-1a-dependent pathways. Finally, we demonstrated that LFA-1, the protein exclusively expresses in multiple leukocytes, is more likely the entry molecule that mediated SARS-CoV-2 infection in T cells, compared to a list of other known receptors.



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Important components of holistic and integrative cancer medicine

- basics -

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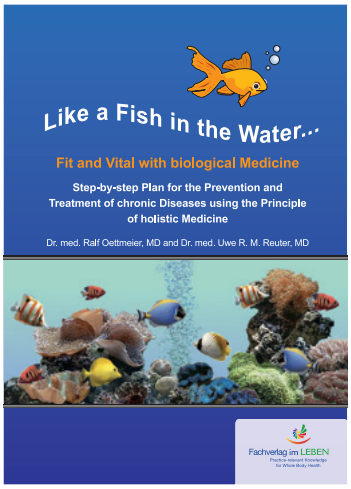
Biological Basis Medicine

(mandatory for prophylaxis and therapy, performed under one's own responsibility)

- Building Biology
- Healthy Eating Culture
- General Detoxification
- General Balancing of acid-base Household
- General Energy Balancing
- Basis Supplementation with vital Substances
- Using natural Remedies
- Healthy Movement
- Reduction of negative Stress
- Trust and Believe Concepts, Harmonization



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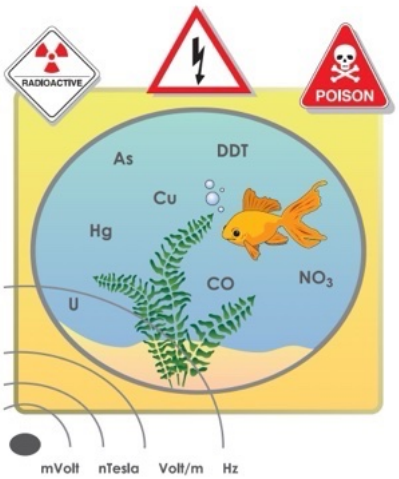
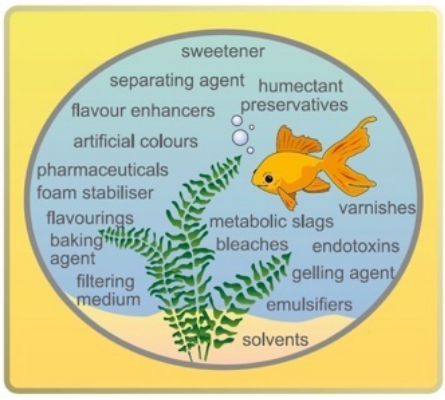
Healthy Building Biology and Reduction of toxin intake





from: Oettmeier/Reuter „Like a fish in the water“

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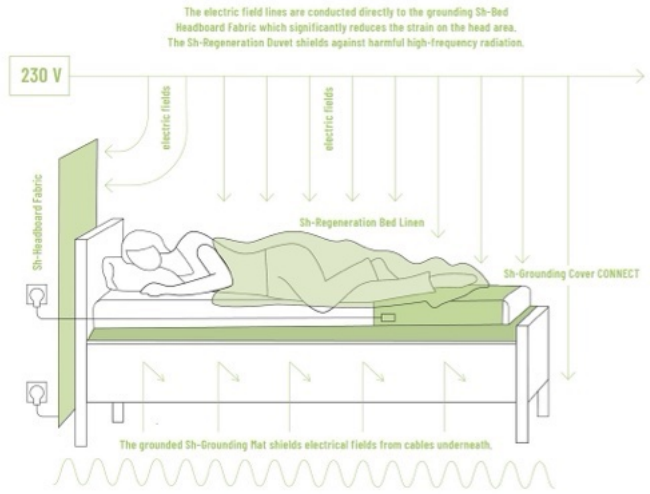
Perfect Bedroom Protection
from E- and HF-smog, EM fields etc.



POSITIVE EFFECTS

Shielding of electric fields
Effectively protects against electrical fields from in-house electrical installations.

Protection against electromagnetic waves
Blocks high-frequency electromagnetic waves (WLAN, radio, Bluetooth).

Improves the quality of sleep
The reduction of electromagnetic radiation can help to improve the quality of sleep.

Faster regeneration
Relaxed sleep improves performance and well-being during the day.

Sustainable quality
High-quality materials: durable and effective in shielding.

Naturally grounded
The grounding prevents static body charges and dissipates electrical fields.

© www.sh-wohngesundheit.com

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Ways to detox well …

Through breathing
- Singing
- Exercise in fresh air
- Hiking, physical exercise, jogging
- Respiratory exercises and respiratory therapy
- Respiratory meditation

Through Liver and Gall
- Treatment with tetterwort, holy thistle, liverwort and other botanicals
- Liver compresses
- Arginine, ornithine, olive oil

Through kidneys
- Drinking of the waters (healing teas, such as stinging nettle, dandelion, birch leaves, elder berries)
- Drinking of pure water or of water that has a low amount of minerals
- Drinking of fruit juice and vegetable juice

Through bowels
- Dietary fibre
- Bowel cleanse (e.g. according to F. X. MAYR)
- Drinking of the waters
- Enema, clyster, KUHNE-hip bath
- Colon hydrotherapy

Through skin and mucosae
- Sweating, steam
- Mud packs, lavation, brushing
- Cantharides emplastrum
- European medicinal leech
- Baunscheidt-treatment

General methods
- Venesection, lymph drainage
- Infusions, reflexology
- Phytotherapeutic, homeopathic and spagyric agents for stimulation of detoxification systems
- Physical exercise, sweating
- Procaine-base-therapy

from: Oettmeier/Reuter „Like a fish in the wa

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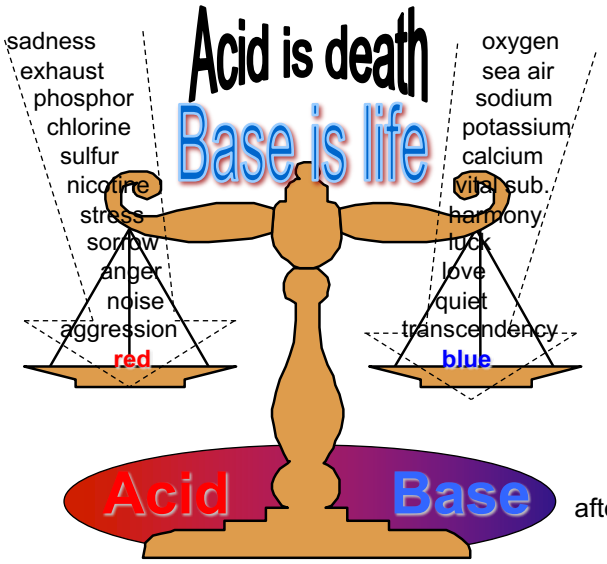
Acid Base Balancing

alkaline bath



after Dr. Beck

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Alkaline-rich & healthy Food

- Vegetables, Herbs, Herbal teas
- Potatoes (salted, boiled potatoes)
- Food (lacto-fermented)
- Fruits (unsweetened)
- Salad
- Soy products
- Dried fruit (unsulfured)
- No cow milk and dairy milk products
- No sugar, low fruit sugar (Glycoplan)

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Important components of holistic and integrative cancer medicine

- Special Medicine -

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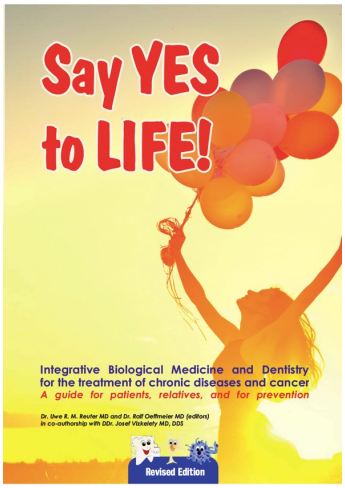
Biological Special Medicine

(primary in Prevention and Therapy)

- Comprehensive diagnostics on all levels of the body
- Eliminating key causes of illness and cancer
- Targeted drainage and detoxification
- Individualized nutrition
- Specific energy stimulation
- Orthomolecular therapy
- Immune modulation and stimulation
- Biological pain therapy
- Naturopathic medicine and homeopathy
- Specific psychoharmonization
- and much more



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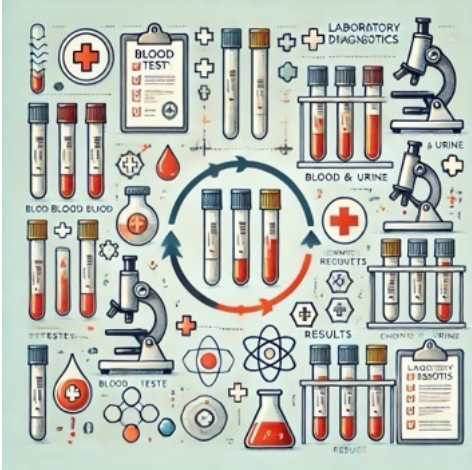
Special Laboratory

- Terrain diagnostics
- Lymphocyte typing
- Toxin diagnostics
- Differential Chemo-/Biopharmaceutical Sensitivity Test
- Microbiom testing



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Lymphocyte typing (short)

Patient O.H.: 46 y. old men., Near-rectal colorectal cancer, liver and brain metastases

CD3-/CD57+ Cells

4 CD3-/CD56+ Flow Cytometry					
4 T cells CD3+ (%)		69,47 %	59,70 - 82,00	[...*....]	
4 T cells CD3+ (absolute)	-	**230 /ul**	**900 - 2600**	**<* .....]**	
4 CD19+ B-cells (%)		11,31 %	7,20 - 22,50	[..*.....]	
4 CD19+ B-cells (absolute)	-	**37 /ul**	**100 - 600**	**<* .....]**	
4 NK cells CD56+ CD3- (%)		7,74 %	5,40 - 30,90	[*.....]	
4 NK cells CD56+ CD3- (absolute)	-	**26 /ul**	**77 - 427**	**<* .....]**	
4 CD57+ NK-cells (%)		31,12 %	2,00 - 77,00	[...*....]	
4 CD57+ NK-cells (absolute)	-	**8 /ul**	**100 - 360**	**<* .....]**	

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Lymphocyte typing (extended)

Immunstatus	Ergebnis	Einheit	Normbereich		Ergebnis	Einheit	Normbereich
Leukozyten	5800	/µl	4000-10000				
Lymphozyten	1079	/µl	1100-4000	-	19	%	20-40
Monozyten	400	/µl	140-800		7	%	2-14
Granulozyten	4321	/µl	2400-7400		74	%	42-75
T-Zellen	831	/µl	920-2580		77	%	61-84
CD45RA+ naive T-Zellen	498	/µl	300-1200		60	%	30-63
CD45RA- memory T-Zellen	333	/µl	300-1300		40	%	37-70
CD4+ T-Zellen Helper cells	383	/µl	550-1460		35	%	32-60
CD45RA+ naive					35	%	19-58
CD31+ Thymus					70	%	> 49
CD25++/CD127- Treg	26	/µl	35-120		6,9	%	4-10
CD39+ Treg					6	%	
CD8-Suppr.	297	/µl	280-930		28	%	23-40
CD8+/CD28+ (zytotox.)	82	/µl	130-450	-	28	%	57-94
CD8+/CD28- (regulativ)	215	/µl	20-300	+	72	%	6-43
CD4/CD8-Ratio	1,29		1-3				
CD4+/CD8+ T-Zellen	7	/µl	< 100		0,6	%	< 5
B-Zellen	125	/µl	120-630		12	%	7-21
NK-Zellen	78	/µl	210-740	-	7	%	10-30
Aktivierte NK-Zellen	3	/µl	< 40		4,2	%	< 17
HLADR+/CD3+	146	/µl	< 230	+	14	%	< 11
CD25+/CD3+	291	/µl	< 230	+	27	%	< 18

Patient R.H., born 21.10.60, breast cancer, State after chemo and radiotherapy

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Whole Blood Analysis

Heavy metals

Parameter	Reference	Measurement	Unit	Comment
Aluminium	20.5*	5.9	µg/l	Moderate
Antimony	0.20	2.52	µg/l	Very high
Arsenic	1.00	6.52	µg/l	Very high
Barium	2.9	1.3	µg/l	Moderate
Bismuth	0.2	0.0	µg/l	Moderate
Blei	40.0*	8.7	µg/l	Moderate
Cadmium	0.05*	0.16	µg/l	Very high
Caesium	1.50 - 6.70*	22758.40	µg/l	Very high
Chromium	0.90	0.59	µg/l	Moderate
Cobalt	0.05	0.13	µg/l	Very high
Copper	654 - 1320	682	µg/l	Moderate
Gadolinium	0.05*	4.5		
Gallium	0.05	0.0		
Gold	0.05			
Indium	0.05			
Iridium	0.05			
Manganese	5.0 - 13.5	8.		
Mercury	0.9	10.		
Molybdenum	0.2 - 1.3			
Nickel	3.3*	1.6	µg/l	Moderate
Palladium	0.05	0.01	µg/l	N.D.
Platinum	0.05	337.44	µg/l	Very high
Rubidium	900 - 4145*	1722	µg/l	Moderate
Ruthenium	0.05	0.02	µg/l	Moderate
Silver	0.40	1.54	µg/l	Very high
Strontium	9 - 41*	27	µg/l	Moderate
Tantalum	0.05	0	µg/l	N.D.
Tellurium	0.05	0	µg/l	N.D.
Thallium	0.05	0.07	µg/l	High
Tin	2.0	0.2	µg/l	Moderate
Titanium	3.0	40.9	µg/l	Very high
Uranium	0.05	0	µg/l	N.D.
Vanadium	0.80*	0	µg/l	N.D.
Zinc	4080 - 7870	2148	µg/l	Deficiency
Zirconium	0.20	0.03	µg/l	Moderate
Sum		**23181.5**	**µg/l**	

Compared to the reference value

AYUS Laboratory Horgen/CH

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Whole Blood Analysis

Solvents and halogenated HCs (GC-MS)

Parameter	Reference	Measurement	Unit	Comment
1-Butanol	250.0	0	µg/l	N.D.
1-Propanol	100.0	0	µg/l	N.D.
2-Butanol	250.0	0	µg/l	N.D.
2-Propanol	100.0	39.5	µg/l	Traces
Acetone	10.0	2.6	mg/l	Moderate
Benzene	200.0	849.0	ng/l	Very high
Dichloro ethene	500.0	0	ng/l	N.D.
Dichloro methane	500.0	383.2	ng/l	Moderate
Ethanol	100.0	0	mg/l	N.D.
Ethyl benzene	500.0	402.3	ng/l	Moderate
i-Butanol	250.0	0	µg/l	N.D.
Methyl ethyl ketone	100.0	0	µg/l	N.D.
Methyl isobutyl ketone	100.0	0	µg/l	N.D.
Tetrachloro methane	500.0	0	ng/l	N.D.
Toluene	300.0	0	ng/l	N.D.
Trichloro ethane	500.0	0	ng/l	N.D.
Trichloro ethene	500.0	0	ng/l	N.D.
Trichloro methane	500.0	1379.0	ng/l	Very high
Trimethyl benzene	500.0	0	ng/l	N.D.
Xylene	300.0	476.0	ng/l	High
Acetone + Ethanol		**2.6**	**mg/l**	
Sum solvents		**39.5**	**µg/l**	
Sum halogenated HC		**1762.2**	**ng/l**	
Sum BTEX		**1727.3**	**ng/l**	

AYUS Laboratory
Horgen/CH

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Whole Blood Analysis

Pesticides, insecticides, PCBs (GC-MS)

Parameter	Reference	Measurement	Unit	Comment
Aldrin	50.00	0	ng/l	N.D.
Chlorothalonil	200.0	0	ng/l	N.D.
Chlorpyrifos	100.0	0	ng/l	N.D.
Cyfluthrin	200.0	0	ng/l	N.D.
Cypermethrin	200.0	0	ng/l	N.D.
Deltamethrin	200.0	0	ng/l	N.D.
Dichlorfluanid	100.0	0	ng/l	N.D.
Dieldrin	20.00	0	ng/l	N.D.
Endosulfan	20.00	0	ng/l	N.D.
γ-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Heptachlor epoxide	20.00	0	ng/l	N.D.
Hexachloro benzene	10.00	63.02	ng/l	Very high
PCB 101	20.00	0	ng/l	N.D.
PCB 138	10.00	76.12	ng/l	Very high
PCB 153	10.00	76.22	ng/l	Very high
PCB 180	10.00	24.81	ng/l	Traces
Pentachloro aniline	50.0	0	ng/l	N.D.
Permethrin	200.0	0	ng/l	N.D.
p-p-DDE	20.00	2033.66	ng/l	Very high
p-p-DDT	20.00	0	ng/l	N.D.
Tolylfluanid	250.0	0	ng/l	N.D.
α-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
β-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Sum		**2273.83**	**ng/l**	

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Differential Chemo-/Biopharmaceutical Sensitivity Test

Testing profile

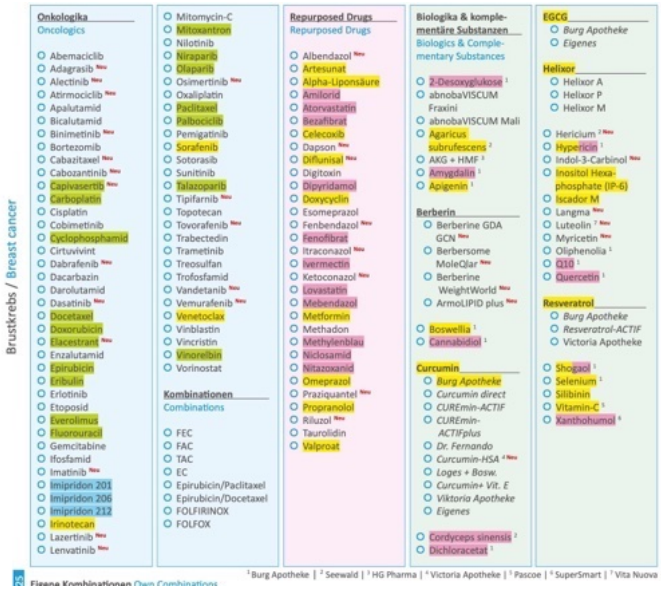
Breast Cancer

Humanstudien / Off-Label
Human studies / Off-label

In-vitro-Studien / Tierversuche
In vitro studies / Animal testing

Zugelassen
Authorised

Experimentell
Experimental



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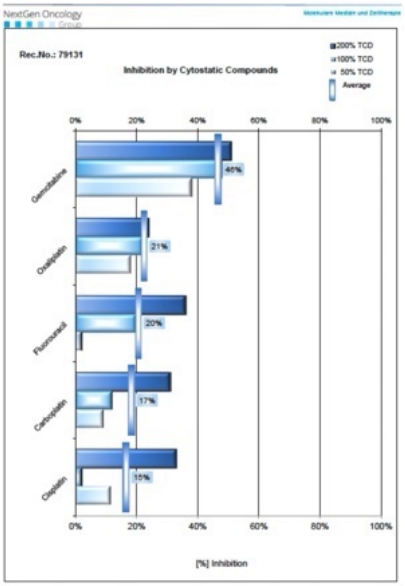
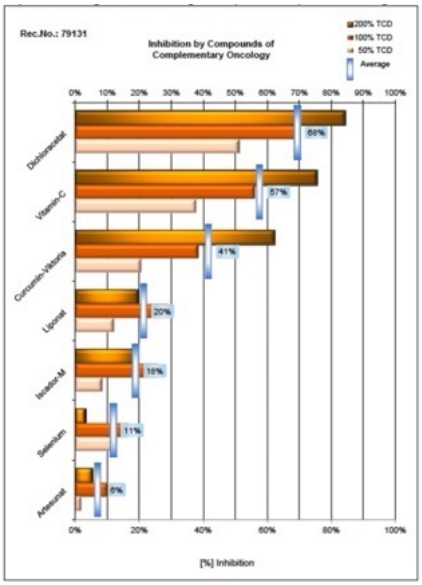
Differential Chemo-/Biopharmaceutical Sensitivity Test





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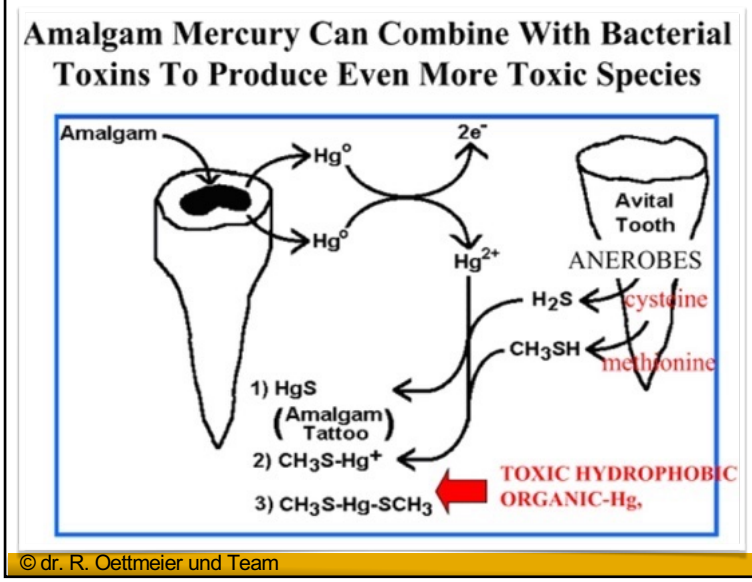
Potentiated toxic effect: Root canal & Amalgam!



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Mikrobiomanalysis

Biodiversity

CF Diversity (Shannon Index)	4.13 Index >4.30	Indicator for the variation of bacterial species diversity

Enterotype

CF	1	Enterotype 1: Bacteroides / Enterotype 2: Prevotella / Enterotype 3: Rum

Dysbiosis

CF The dysbiosis index is a measure of the deviation found within the bacterial intestinal microbiome. It takes into account parameters such as diversity, opportunistic and pathogenic bacteria, as well as protective and health-promoting bacteria.

Dysbiosis index 8

< 2: non dysbiotic
3-4: mild dysbiotic
5-6: moderate dysbiotic
7-8: progressive dysbiotic
9-10: severe dysbiotic

Parasites

Pathobionts

CF Blastocystis hominis (qPCR)	positive	Detection of Blastocystis hominis-specific DNA in stool. The agent is potentially pathogenic. Asymptomatic colonisation/excretion is possible. Anti-infective treatment should be considered, depending on the clinical symptoms.
CF Dientamoeba fragilis (qPCR)	negative	

Pathogenic intestinal protozoa

CF Cryptosporidium spp. (qPCR)	negative
CF Cyclospora cayetanensis (qPCR)	negative
CF Entamoeba histolytica (qPCR)	negative
CF Giardia lamblia (qPCR)	negative

Parasites

Parasites	positive

Milieu stabilization / displacement of potentially pathogenic germes

Candida	negative
Pathogens or potential pathogenic bacteria	positive
Bacterial metabolitic groups / toxic metabolites	abnormal

Leaky Gut / Inflammation and status of the intestinal mucous

Leaky Gut	no
Inflammation	no
Mucosal immunity	abnormal

Stabilization

Dysbiosis	yes
Butyrate formers (total + F. Prausnitzii)	abnormal
Mucine formation (A. muciniphila)	normal
Acidification flora	abnormal

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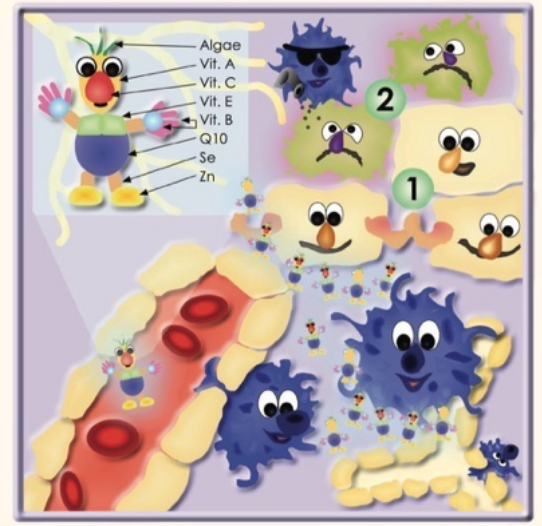
Supplementation - Ortho-Molecular Medicine



Very Important

- **Vitamin C**
- **Essential Amino Acids**)
- **Magnesium**
- **Potassium**
- **Glutathion**
- **Zinc**
- **Selenium**
- **Unsaturated Fatty Acids**
- **Probiotics**
- **Healing Herbs**

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High-dosed Vitamin C-Infusion

- **Short description:**
  - Infusion for antioxidation and immunomodulation in the context of integrative oncology and in combination with tumor-destructive methods
- **Indication**:
  - As part of the targeted treatment of immunodeficiency and tumor disease
  - Proven antioxidant deficiency
  - Weakness of antioxidant enzymes in genotyping laboratory analytics
  - Accompanying in the context of local and whole body hyperthermia (Iratherm, Indiba) and active fever therapy
  - Complementary with ongoing chemotherapy (minimum 1 day interval)

Medikament hinzufügen...	✖ NaCl 0.9% 500ml (CHF 7.95)		
✖ Vitamin C 30 mg (100 ml/ml) (CHF 93.00)	1	ml	CHF 93.00
✖ Taraxacum Comp. Heel (1ml) (CHF 2.94)	1	amp	CHF 2.94
✖ Milchsäure Pflüger (5ml) (CHF 3.66)	2	ml	CHF 3.66
✖ Arthrokehlan U (1ml) (CHF 12.25)	1	ml	CHF 12.25
✖ Citrokehl Sanum (1ml) (CHF 1.59)	1	ml	CHF 1.59
✖ Tationil 600mg (4ml) (CHF 6.30)	1	amp	CHF 6.30

Application:

1 – 2 x weekly; all together 5-10 Infusions,

Combination

useful with Ozone, Hyperthermia, Curcuma Infusion

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More Infusions in Biological Cancer Medicine

- Artesunate (250-500 mg)
- Selenium (0,5 – 1 mg)
- Mito-Energy
- EGCG (Greentea-Extract)
- Frankinsence (Bosvene)
- Curcurmin / Resveratrol
- Dichloracetate 1000 mg
- Amino acids Immune

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Time to Detox

Detox Whole Body Approach Medicine and Dentistry

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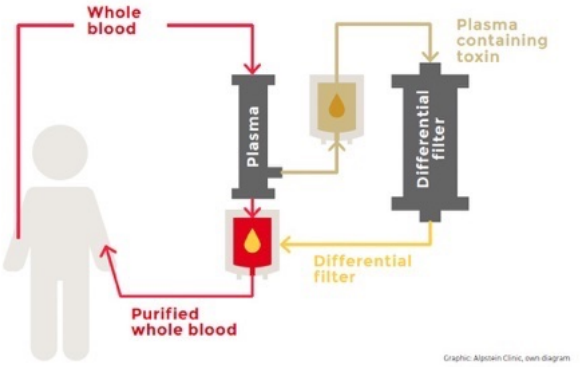
INUspheresis also in Cancer Cases

How INUSpherese® works at the Alpstein Clinic



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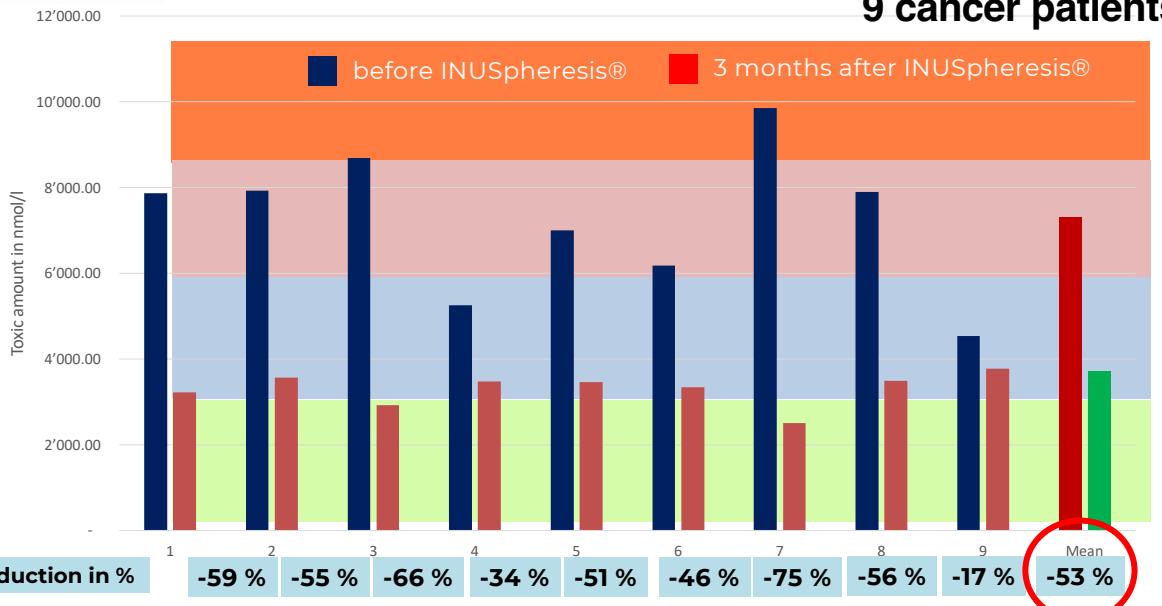
Toxin analysis before & after INUSpheresis: 9 cancer patients



Reduction in %	-59 %	-55 %	-66 %	-34 %	-51 %	-46 %	-75 %	-56 %	-17 %	-53 %

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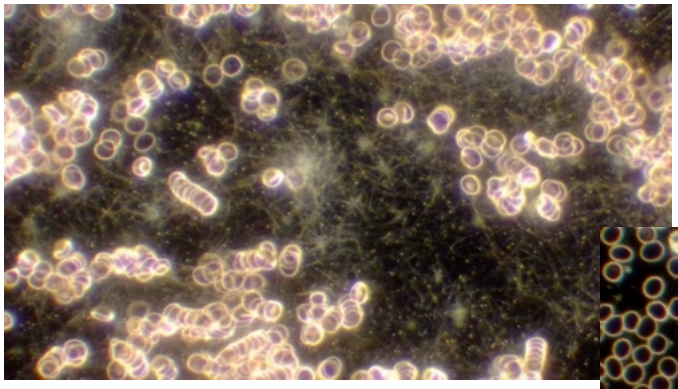
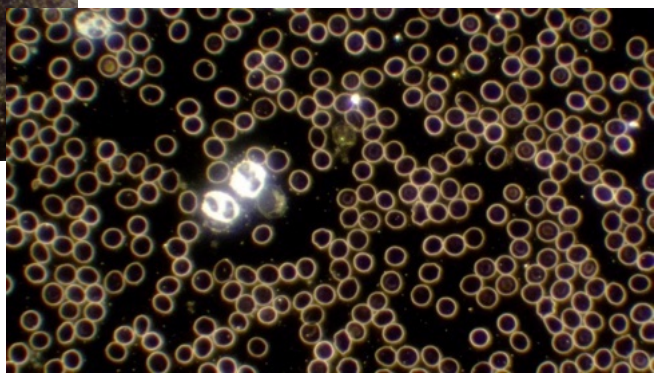
Comparison Dark Field Microscopy



Before INUSpherese

Patn. E.D.: 67 y., breast cancer with bone and liver metastasis, extreme fatigue

After INUSpherese



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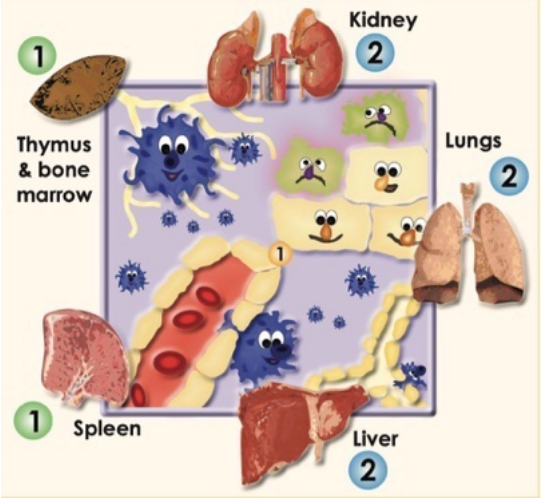
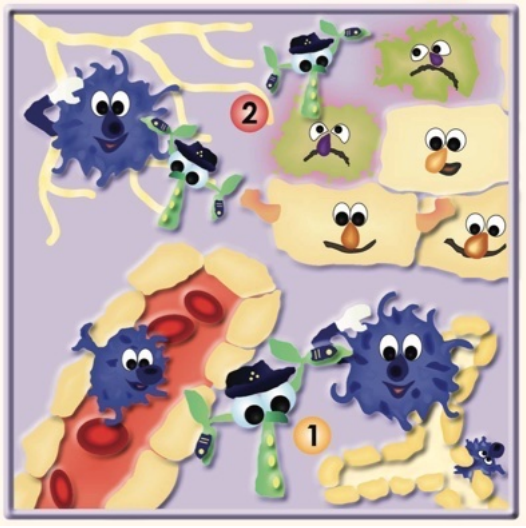
Immuno Modulation & Immuno Stimulation



Organo-Peptides and Mistletoe



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See webinar 2025

Immunological Support

Immune concept		
Neythymun®	**Nr. 29** f+k St. II	Thymus (bovis fetal + suis juvenil)
NeyIm®	**Nr. 73**	Funiculus umbilicalis, Placenta, Thymus
NeyNormin®	**Nr. 65**	Hepar, Cutis, Ren, Lien, Diencephalon, Thymus, Mucosa intestinalis tenuis, Mucosa intestinalis crassi, Mucosa vesicularis urinalis, Medulla ossium, Vasa, nasalis, Pancreas, Mucosa vesica fellea, Glandula suprarenalis, Glandula pituitaria, Funiculus umbilicalis, Lymhonodi, Mucosa nasalis, Pancreas, Mucosa vesica fellea, Glandula suprarenalis, Glandula pituitaria, Glandula parathyreoidea
NeyVit® Thymus	**Nr. 29**	Organpulver Thymus (400 mg), Selen (55 µg), Vitamin D3 (20 µg), Vitamin K2 (15 µg).

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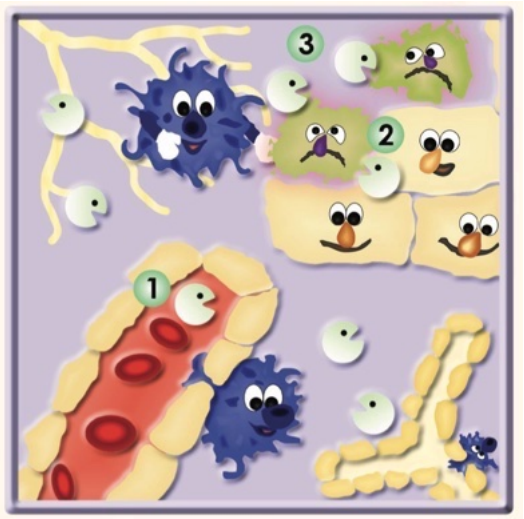
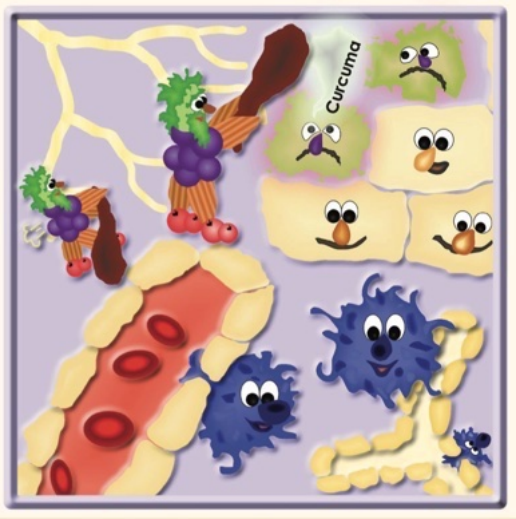
Immuno Modulation & Immuno Stimulation



Enzymes and Healing Plants



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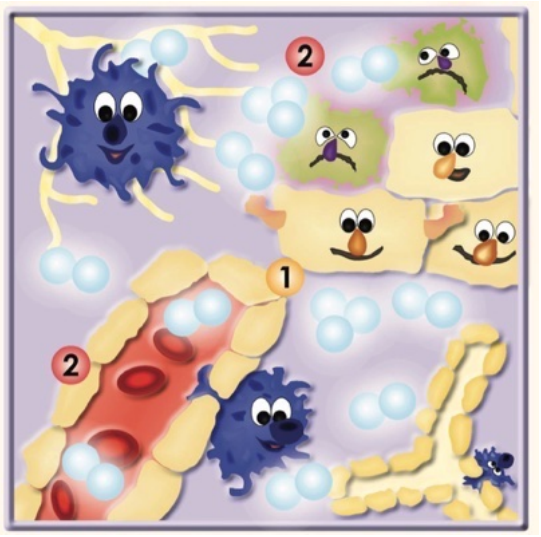
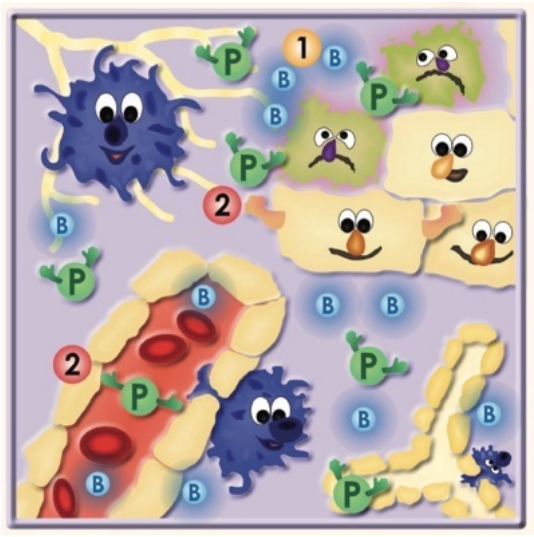
Immuno Modulation & Immuno Stimulation



Oxygen,
Ozone,
and
Procaine



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Active and passive Fever Therapy

From: Say YES to LIFE : Reuter, Oettmeier & Vizkelety, 2019

See webinar 2025

- Reduced blood flow (1),
- freezing immune cells (2),
- cancer cells with acid mantle (3)

- Increased blood flow (1),
- Activated immune cells (2),
- Cancer cells and pathogens exposed and vulnerable (3)

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Immune Modulation with Hyperthermia

Whole Body Hyperthermia
Iratherm 1000
Von Ardenne Institute Germany

Local Deep Hyperthermia
Active CT 9
INDIBA Germany

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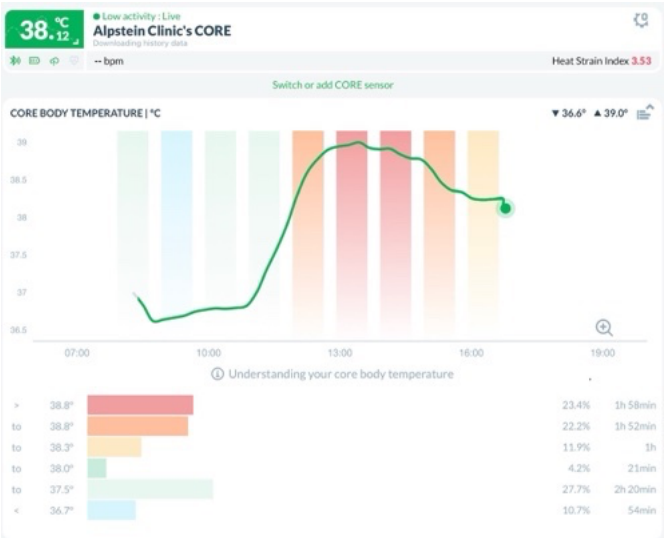
Documentation body core temperature

1st fever therapy



2nd fever therapy

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Change of natural killer cells

CD3-/CD57+ Zellen

5 Lymphozyten-Differenzierung					
5 T-Zellen:CD3+		74,78 %	59,70 - 82,00	[.....*..]	
5 T-Zellen (CD3+)	-	**866 /ul**	**900 - 2600**	**<* .....]**	
5 NK-Zellen (CD56+CD3-) %Lymph		7,59 %	5,40 - 30,90	[*.....]	
5 NK-Zellen (CD56+CD3-) abs.		88 /ul	77 - 427	[*.....]	
5 CD57+ NK-Zellen %		28,28 %	2,00 - 77,00	[..*.....]	
5 CD57+ NK-Zellen absolut	-	**25 /ul**	**100 - 360**	**<* .....]**	**before**

2 Lymphozyten-Differenzierung					
2 T-Zellen:CD3+		67,98 %	59,70 - 82,00	[..*.....]	
2 T-Zellen (CD3+)		947 /ul	900 - 2600	[*.....]	
2 NK-Zellen (CD56+CD3-) %Lymph		10,34 %	5,40 - 30,90	[.*.....]	
2 NK-Zellen (CD56+CD3-) abs.		144 /ul	77 - 427	[.*.....]	
2 CD57+ NK-Zellen %		29,76 %	2,00 - 77,00	[..*.....]	
2 CD57+ NK-Zellen absolut	-	**43 /ul**	**100 - 360**	**<* .....]**	

After
1st ferver therapy

2 Lymphozyten-Differenzierung					
2 T-Zellen:CD3+	+	**83,37 %**	**59,70 - 82,00**	**[..... *>**	
2 T-Zellen (CD3+)		1607 /ul	900 - 2600	[...*....]	
2 NK-Zellen (CD56+CD3-) %Lymph		8,29 %	5,40 - 30,90	[*.....]	
2 NK-Zellen (CD56+CD3-) abs.		160 /ul	77 - 427	[.*.....]	
2 CD57+ NK-Zellen %		50,90 %	2,00 - 77,00	[.....*..]	
2 CD57+ NK-Zellen absolut	-	**81 /ul**	**100 - 360**	**<* .....]**	

After 3x fever therapy

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Small miracles happen often, but big ones sometimes happen too…

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Case Report:
metastatic lung cancer, stage 4 (advanced)

Key treatments since Dec. 2024

- Weekly infusions with 30 g of vitamin C and 500 mg of turmeric
- Removal of root-canal-treated tooth 46
- Chelation infusions (EDTA, DMPS) every 3 weeks for heavy metal detoxification
- Whole-body hyperthermia and active fever therapy, 10 times until June 2025
- INUSpheresis® for intensive detoxification, a total of 5 times until June 2025
- Psychotherapy and hypnotherapy
- Comprehensive program of orthomolecular substances and phytochemicals
- Intestinal cleansing with colon hydrotherapy and pre- and probiotics
- Hypoallergenic diet according to Glycoplan

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ALPSTEINCLINIC

Follow-up TOXINS: Case report
stage 4, metastatic lung cancer

Heavy metals

Parameter	Reference	Measurement	Unit	Comment
Aluminium	20.5*	5.9	µg/l	Moderate
Antimony	0.20	2.52	µg/l	Very high
Arsenic	1.00	6.52	µg/l	Very high
Barium	2.9	1.3	µg/l	Moderate
Bismuth	0.2	0.0	µg/l	Moderate
Blei	40.0*	8.7	µg/l	Moderate
Cadmium	0.05*	0.16	µg/l	Very high
Caesium	1.50 - 6.70*	22758.40	µg/l	Very high
Chromium	0.90	0.59	µg/l	Moderate
Cobalt	0.05	0.13	µg/l	Very high
Copper	654 - 1320	682	µg/l	Moderate
Gadolinium	0.05*	4.53	µg/l	Very high
Gallium	0.05	0.04	µg/l	Moderate
Gold	0.05	0	µg/l	N.D.
Indium	0.05	0	µg/l	N.D.
Iridium	0.05	0	µg/l	N.D.
Manganese	5.0 - 13.5	8.7	µg/l	Moderate
Mercury	0.9	10.9	µg/l	Very high
Molybdenum	0.2 - 1.3	0	µg/l	N.D.
Nickel	3.3*	1.6	µg/l	Moderate
Palladium	0.05	0.01	µg/l	N.D.
Platinum	0.05	337.44	µg/l	Very high
Rubidium	900 - 4145*	1722	µg/l	Moderate
Ruthenium	0.05	0.02	µg/l	Moderate
Silver	0.40	1.54	µg/l	Very high
Strontium	9 - 41*	27	µg/l	Moderate
Tantalum	0.05	0	µg/l	N.D.
Tellurium	0.05	0	µg/l	N.D.
Thallium	0.05	0.07	µg/l	High
Tin	2.0	0.2	µg/l	Moderate
Titanium	3.0	40.9	µg/l	Very high
Uranium	0.05	0	µg/l	N.D.
Vanadium	0.80*	0	µg/l	N.D.
Zinc	4080 - 7870	2148	µg/l	Deficiency
Zirconium	0.20	0.03	µg/l	Moderate
Sum		23181.5	µg/l	

17.12.24

Heavy metals

Parameter	Reference	Measurement	Unit	Comment
Aluminium	8.0*	0	µg/l	N.D.
Antimony	0.20	0.06	µg/l	Moderate
Arsenic	1.00	5.13	µg/l	Very high
Barium	2.9	2.5	µg/l	Moderate
Bismuth	0.1	0.1	µg/l	High
Blei	40.0*	0.1	µg/l	Moderate
Cadmium	0.05*	0.01	µg/l	Moderate
Caesium	5.20*	2865.76	µg/l	Very high
Chromium	0.50	0.57	µg/l	High
Cobalt	0.05	0.49	µg/l	Very high
Copper	699 - 1397	1664	µg/l	High
Gadolinium	0.05*	0.03	µg/l	Moderate
Gallium	0.05	0.02	µg/l	Moderate
Gold	0.05	0	µg/l	N.D.
Indium	0.05	0	µg/l	N.D.
Iridium	0.05	0	µg/l	N.D.
Manganese	0.3 - 0.9	0.3	µg/l	Moderate
Mercury	0.9	1.8	µg/l	Very high
Molybdenum	0.3 - 1.2	0.3	µg/l	Moderate
Nickel	2.8*	0.3	µg/l	Moderate
Palladium	0.05	0	µg/l	N.D.
Platinum	0.05	16.50	µg/l	Very high
Rubidium	78 - 317*	108	µg/l	Moderate
Ruthenium	0.05	0.02	µg/l	Moderate
Silver	0.40	0.45	µg/l	High
Strontium	18 - 73*	31	µg/l	Moderate
Tantalum	0.05	0	µg/l	N.D.
Tellurium	0.05	0.03	µg/l	Moderate
Thallium	0.05	0.03	µg/l	Moderate
Tin	2.0	6.3	µg/l	Very high
Titanium	7.7	25.0	µg/l	Very high
Uranium	0.05	0.08	µg/l	High
Vanadium	1.10*	0.15	µg/l	Moderate
Zinc	700 - 1500	441	µg/l	Deficiency
Zirconium	0.20	0.09	µg/l	Moderate
Sum		2925.52	µg/l	

25.6.25

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ALPSTEINCLINIC

Follow-up TOXINS: Case report
stage 4, metastatic lung cancer

Pesticides, insecticides, PCBs (GC-MS)

Parameter	Reference	Measurement	Unit	Comment
Aldrin	20.00	0	ng/l	N.D.
Chlorothalonil	200.0	0	ng/l	N.D.
Chlorpyrifos	100.0	0	ng/l	N.D.
Cyfluthrin	200.0	0	ng/l	N.D.
Cypermethrin	200.0	0	ng/l	N.D.
Deltamethrin	200.0	0	ng/l	N.D.
Dichlorfluanid	100.0	0	ng/l	N.D.
Dieldrin	20.00	0	ng/l	N.D.
Endosulfan	20.00	0	ng/l	N.D.
γ-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Heptachlor epoxide	20.00	0	ng/l	N.D.
Hexachloro benzene	10.00	87.77	ng/l	Very high
PCB 101	20.00	0	ng/l	N.D.
PCB 138	10.00	203.34	ng/l	Very high
PCB 153	10.00	167.69	ng/l	Very high
PCB 180	10.00	61.47	ng/l	Very high
Pentachloro aniline	100.0	0	ng/l	N.D.
Permethrin	200.0	0	ng/l	N.D.
p-p-DDE	10.00	4948.99	ng/l	Very high
p-p-DDT	10.00	0	ng/l	N.D.
Tolylfluanid	250.0	0	ng/l	N.D.
α-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
β-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Sum		5469.26	ng/l	

17.12.24

Pesticides, insecticides, PCBs (GC-MS)

Parameter	Reference	Measurement	Unit	Comment
Aldrin	50.00	0	ng/l	N.D.
Chlorothalonil	200.0	0	ng/l	N.D.
Chlorpyrifos	100.0	0	ng/l	N.D.
Cyfluthrin	200.0	0	ng/l	N.D.
Cypermethrin	200.0	0	ng/l	N.D.
Deltamethrin	200.0	0	ng/l	N.D.
Dichlorfluanid	100.0	0	ng/l	N.D.
Dieldrin	20.00	0	ng/l	N.D.
Endosulfan	20.00	0	ng/l	N.D.
γ-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Heptachlor epoxide	20.00	0	ng/l	N.D.
Hexachloro benzene	10.00	63.02	ng/l	Very high
PCB 101	20.00	0	ng/l	N.D.
PCB 138	10.00	76.12	ng/l	Very high
PCB 153	10.00	76.22	ng/l	Very high
PCB 180	10.00	24.81	ng/l	Traces
Pentachloro aniline	50.0	0	ng/l	N.D.
Permethrin	200.0	0	ng/l	N.D.
p-p-DDE	20.00	2033.66	ng/l	Very high
p-p-DDT	20.00	0	ng/l	N.D.
Tolylfluanid	250.0	0	ng/l	N.D.
α-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
β-Hexachlorocyclohexane	10.00	0	ng/l	N.D.
Sum		2273.83	ng/l	

25.6.25

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Follow-up HEMATOLOGY: Case report
stage 4, metastatic lung cancer

09.12.24

General hematology				
Hemoglobin	L	110	g/l	135-172
Hematocrit	L	0.366	l/l	0.395-0.505
Erythrocytes	L	3.42	10E12/l	4.30-5.75
MCV	H	107	fl	80-99
MCH		32.2	pg	27-33.5
MCHC	L	301	g/l	315-365
RDW-CV	H	16	%	12-15
RDW-SD	H	63	fl	37-54
Thrombocytes		244	10E9/l	160-370
Leucocytes		4.62	10E9/l	3.90-10.20

13.08.25

RBC	红细胞计数	4.27	(	4.01 -	5.36	mil/uL)
HGB	血红蛋白	14.1	(	13.0 -	16.9	g/dL)
HCT	红细胞比积	44.2	(	35.6 -	50.6	%)
MCV	红细胞平均体积	103.6 H	(	79.1 -	97.4	fL)
MCH	红细胞平均血红蛋白	33.1	(	25.5 -	33.1	pg)
MCHC	红细胞均血红蛋白浓度	32.0	(	30.9 -	34.8	g/dL)
RDW	红细胞体积分布宽度	13.4	(	12.2 -	15.4	%)
MPV	血小板平均体积	8.3	(	6.8 -	10.4	fL)
PLT	血小板计数	236	(	140 -	460	ths/uL)
WBC	白细胞计数	3.55 L	(	4.20 -	11.00	ths/uL)

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Follow-up TUMOR MARKERS: Case report
stage 4, metastatic lung cancer

09.12.24

Tumor markers				
CA 125 (CMIA, Abbott)	H	**1497.2**	kU/l	<35.0
CA 19-9 (CMIA, Abbott)	H	**285.4**	kU/l	<37.0
CEA (CMIA, Abbott)	H	**736.3**	ng/ml	<5
Cyfra 21-1 (CMIA, Abbott) °		1.4	µg/l	<3.3
NSE (TRACE, B.R.A.H.M.S.)	H	**14.2**	µg/l	<12.5
SCC (TRACE, B.R.A.H.M.S.)		<0.1	µg/l	<1.9
TNF alpha °		5.0	pg/ml	<9.0

13.08.25

TUMOUR MARKER STUDIES

Collection Date: 13 August, 2025
Time: 09:25:46 AM

		RESULT	REFERENCE	UNITS
CEA	癌胚抗原	51.6 H	(<=5.0	ug/L)
CA 125	糖链抗原125	50.0 H	(<=35.0	U/mL)
CA 19-9	糖链抗原19-9	50.7 H	(<=37.0	U/mL)
PSA Total	前列腺特异抗原	0.453	(<=4.000	ug/L)

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Follow-up CT: Case report
stage 4, metastatic lung cancer

Date: 14.08.2025 / Mt Elizabeth Hospital
Name: C[redacted]
ID / Case: S7108268G / 2025065032
DOB/Gender: 13.03.1971 / M MRN: 4044238
Ref. Doctor: Dr Lim Hong Liang
Examination: 250312079 CT CHEST

Mediastinum : No enlarged lymph nodes seen. Coronary artery calcification seen. Central line noted.

Trachea and mainstem bronchi: To bronchial stents are seen ,one in the left upper lobe bronchus and one in the lower lobe bronchus.

Comments:

1. Compared to the previous CT scan of July 2025 the area of ground-glass shadowing seen previously in upper lobe right lung has cleared and the small ground-glass lesion seen previously in the right apex also is less obvious on the current examination.

2. No new finding of note in the rest of the thorax and mediastinum. No interval progression of disease is seen.

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Follow-up CLINICALLY: Case report
stage 4, metastatic lung cancer

Last consultation on October 21, 2025

- Feels very well
- Long walks daily,
- went to Engerdin over the weekend and did a long hike
- Can breathe properly again
- Hardly any coughing
- **BACK IN LIFE**

Laboratory 21.10.25

Tumor markers				
CA 125 (CLIA, Siemens)		24.4	kU/l	<35.0 New me values.
CA 19-9 (CLIA, Siemens)	H	43.2	kU/l	<37.0 New me values.
CEA (CLIA, Siemens)	H	27.1	ng/ml	<5 New me

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Perhaps the Most Important Healing Factor?

Say YES to LIFE

Find out your inner sources of energy and harmony...

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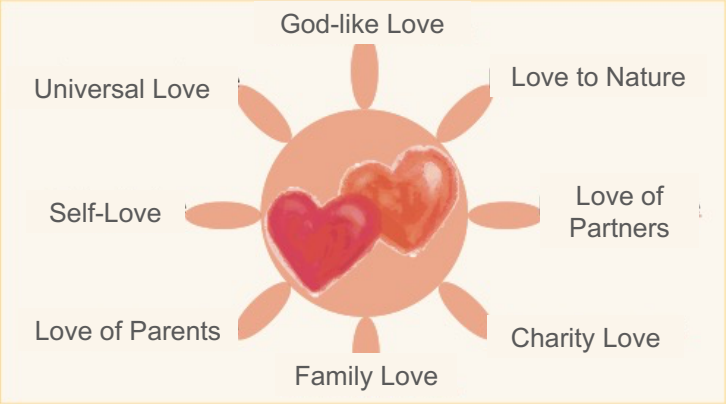
Reaching a higher Level of Awareness



Find the Meaning of Life

The different Kinds of Love

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Reaching a higher Level of Awareness

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Wisdom

“The soul of therapy is the therapy of the soul.”

Hildegard von Bingen

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