

Clinical Experience of the Application of Intravenous Therapy with VIT. C, Ozonotherapy and Biomagnetic Therapy

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Abstract:

On the background of the announced COVID-19 pandemic, the treatment of seasonal viral infections demonstrates a serious irrational approach by ignoring numerous scientific publications about methods from the arsenal of integrative medicine. Among these methods stand out: intravenous vitamin C application in high doses, Ozone therapy and Scalar Biomagnetic therapy (SBT) with magnetic pairs. After a thorough review of a number of scientific publications and based on our clinical experience of the application of these methods in oncological diseases, we have prepared our own protocol for the treatment of viral diseases including these three methods. The protocol was prepared in January 2021. In this publication, we present the first results using this method for the treatment of oncological and viral diseases.

Key Words: Viral epidemics, Coronavirus, Cancer, Insulin Potentiation Therapy, Ozonotherapy, high doses vit. C, Scalar Biomagnetic Therapy

Introduction:

Diseases of the upper respiratory tract are common seasonal manifestations of a variety of viral infections. Among the most common viral infections are rhinoviruses affecting 30% of adults with multiple antigenic variations, parainfluenza or respiratory syncytial viruses, adenoviruses, enteroviruses, influenza (A, B, C), as well as coronaviruses (1).

Currently, the treatment of seasonal viral infections is symptomatic predominantly with pharmacological preparations, and the only hope of prevention for their spread is quarantine with masks and immunization (2, 3,4).

On the background of the declared COVID-19 pandemic, for one or another reason, facts and information from numerous scientific publications are being ignored that there are serious possibilities for treatment, and it is successfully applied by physicians engaged in the application of methods from the integrative medicine arsenal. Among the used methods are: Intravenously administered vitamin C in high doses, Ozone therapy and Biomagnetic Therapy (BT) with magnetic pairs (5,6).

After a thorough review of numerous scientific publications, we focused mainly on three methods: intravenous administration of high doses of vitamin C, Ozone therapy, and BT with magnetic pairs. BT was modified by using scalar devices (SBT). Based on our clinical experience of the application of these methods in oncological diseases and the literature review, we have prepared our own protocol for the treatment of viral diseases that includes these three methods. The protocol was prepared in January 2021.(7,8)

Description;

In this publication, we present the first results using this method for the treatment of oncological and viral diseases,

The main goal of the study is to evaluate the efficacy and safety of the application of the protocol we created for oncological patients, with or without viral infections.

The study includes patients with oncological diseases and those without oncological diseases who entered the clinic for treatment between January 2021 and January 2022.

On admission to the clinic, we take the patient's history of symptoms of viral infections, as well as for contact with other persons with viral diseases.

The diagnosis is based on clinical examination, laboratory tests, image tests, Beretta symptom index, Autonomic muscle test (5), oximetry, AMP Rapid Test SARS-CoV-2 IgG/IgM and Influenza A+B.

Treatment includes daily procedures with SBT combined sequentially with intravenously administered Vit.C – 12.0g + ALA (600 mg) on the first day. On the next day the Biomagnetic therapy is combined with intravenous Ozone therapy. Procedures are alternated at an interval of 6-7 days in mild and asymptomatic cases, and 10-12 days in impaired patients.

After the treatment, control tests are carried out, which include: laboratory tests, imaging if necessary, Beretta symptom index test, neuromodulation test, oximetry, AMP Rapid Test SARS-CoV-2 IgG/IgM and Influenza A+B.

Method of Carrying Out With Vit.C Infusion:

Intravenously administered Vit. C (12 g) + ALA (Thiogamma 600 mg.). The procedures take place every other day. Total number of procedures is from three to six.

Method Of Carrying Out Intravenous Ozonotherapy:

Ozone therapy is carried out by the method of intravenous administration of an ozonated 250 ml 0.9% NaCl. A "Medozons BM" device was used to generate ozone. The density of infused ozone is 3200 µg/L. Duration of the procedure – 35 min. These procedure take turns winh Vit. C in hibh doses and the total number is from three to six.

Methodology For BT:

After a long research period, we included BT with magnetic pairs in 2016 for the treatment of oncological diseases, initially using the application of static magnets. (9)

Fig.1: Biomagnetic therapy with static magnets.



After 2018 we introduced the SBT which significantly expanded our therapeutic possibilities and the arsenal of the methods used by us. .The SWD SWA-A device created by Prof. Konstantin Meyl for energy and information transfer was used for the procedure. Biomagnetic programs for the treatment of oncological, infectious and other chronic diseases, as well as programs for stimulating the body's immune system, are recorded on computer discs (CD). The electronic version of Rodriguez's Biomagnetism book (v. 12.3) was used to create these biomagnetic programs, as well as the Biomagnetism Guide by Dr. David Goiz Martinez and the Biomagnetic Guide (BMG v 4.1; 5.1 and 6.1) (9, 10).

Fig.2 Device SWD SWA-A created by Prof. Konstantin Meyl for energy and information transfer.



The procedure is to place two CDs with recorded Biomagnetic programs on the receiver of the scalar device. Disc 1 includes magnetic pairs for tumor diseases, viral infections, detoxification, immune stimulation and emotional disbalance. Disc 2 includes programs for concomitant chronic diseases.

A glass bottle of water is placed on the transmitter for homeopathic information transfer. The patient drinks the water after the procedure. It lasts 30 minutes.

After the procedure, a control Autonomic muscle test is performed to measure the effectiveness of the treatment. In case the test shows the presence of unbalanced magnetic pairs, the procedure is repeated (10, 11).

Results:

For the period January 2021 - January 2022 we treated 69 patients as a total. 50 of them (72,4 %) were oncological patients and they all had latent or manifest viral infection and another nine (13 %) with viral infections without oncological diseases. Eight 8 (16%) of the treated oncological patients in the clinic are in stage I and II. Fourty two 42 (84%) patients are in stage III and IV. Thirty-six 36 (85.7%) of these advanced (III and IV) stage disease patients are only suitable for palliative treatment.

Oncological patients with COVID-19 were just 10 (20%) patients one (1) patient is with asymptomatic infection, 4 with mild infection, 3 with moderately severe infection and 2 with severe infection.

The remaining 40 (80 %) had other viral diseases: flu (Influenza), adenoviruses, enteroviruses. Fourteen 14 (35%) of them were with asymptomatic infection, 18 (45%) with a mild infection, 6 (15%) with moderate infection, and 2 (5%) with severe infection.

There were 9 patients with viral infections without oncological diseases. One (1) patient is with asymptomatic infection, 2 with mild infection, 2 with moderately severe infection and 4 with severe infection (Table 1).

Table 1. Clinical characteristics of the patients

SEVERITY \ PATIENTS	ONCOLOGICAL PATIENTS WITH OTHER VIRUSES	ONCOLOGICAL PATIENTS WITH COVID-19	NON ONCOLOGICAL PATIENTS
NUMBER/PERCENT	40 (80 %)	10 (20 %)	9
ASYMPTOMATIC INFECTION	14 (45 %)	1	1
MILD INFECTION	18 (36 %)	4	2
MODERATE INFECTION	6 (15 %)	3	2
SEVERE INFECTION	2 (5 %)	2	4
PATIENTS IN STAGE I AND II	8 (16 %)		N/A
PATIENTS IN STAGE III AND IV	42 (84 %)		N/A

Two patients have positive testes for COVID-19. Before the treatment, three of the patients were vaccinated against COVID-19 of their own volition. One of the vaccinated patients has COVID-19, and the rest have the flu.

The symptomatology of patients with COVID-19 and those with other viral infections does not show significant differences.

Two of the admitted patients with oncological diseases and viral infections had a previous vaccination for COVID-19. One of them entered the clinic in a severely impaired state and progressive liver failure. This necessitated an emergency referral to an intensive care unit. The other vaccinated patient responded successfully to the treatment.

A third vaccinated patient, in the course of his cancer treatment, voluntarily administered a booster dose without notifying us. This led to serious side effects and required discontinuation of the treatment of the underlying disease. The patient was referred to recovery treatment to manage the serious side effects. (third case)

The duration of therapy for patients with mild and moderately severe infections is 6-7 days. Only in two patients with severe infections the treatment lasted 10-12 days. Control tests demonstrated a significant improvement in all patients except one, who arrived after vaccination in an extremely damaged state, and required resuscitation care.

The achieved results allowed the treatment of the oncological disease to continue according to a prepared individual program. In the course of the treatment, no significant side effects and complications requiring hospital treatment were registered. During the preventive examinations of the staff of the clinic, viral infections were detected twice in 6 of the staff members, 3 of them were asymptomatic and the rest with mild symptoms. The performed diagnostic tests showed no infection with COVID-19. Each of them successfully underwent SBT which did not require additional treatment or interruption of their work activities.

Cases From Practice:

First case:

A 69-year-old man L.A.A. with complaints for 10 days - dry cough, shortness of breath, pronounced adynamia, elevated temperature up to 39°C, loss of appetite and chest pains. The patient is cancer-free. He was admitted for diagnostic clarification and treatment on March 10, 2021. Auscultation in the right lung base - presence of moist rales. SpO₂ – 85 %. From laboratory tests – hypoalbuminemia, increased total and direct bilirubin, as well as an increase in all liver tests, presence of protein and urobilinogen in urine, Abbott Diagn. SARS-Cov 2 (IgG) – 36275.90 AU/ml. Reference: < 50 (-) negative; > 50 (+). Rö gr pulmo et cor - the middle and lower lung fields with bilateral pneumonia. High standing of the right diaphragmatic dome - effusion, probably also with reaction of the interlobar pleura.

We performed the treatment with high doses of vit. C, intravenous ozone therapy and SBT. During the treatment which lasted eight days the general condition improved significantly, the pain and cough disappeared, the body temperature dropped to normal, the appetite was restored, and the laboratory parameters were normalized. Follow-up imaging studies demonstrated complete response to the treatment.

Second case:

A 64-year-old patient Z.M.G. with advanced left breast carcinoma was successfully treated in the clinic in February 2018 with IPT&BMT, and in remission for 3 months. She was then lost to follow up. This female patient was admitted again for treatment on 03/24/2021 with evidence of a relapse of the disease, combined with pronounced symptoms of a viral disease - temperature, chills, dry cough, pain, tightness in the chest and pronounced adynamia. The patient was positive for COVID-19 IgG antibodies - Abbott Diagn. SARS-COV-2 IgG II – 4746.30 (< 50) negative; (> 50) positive. Rö gr pulmo et cor - well expressed peribronchitic changes. The patient was treated with high doses of vit. C, intravenous Ozone therapy and SBT. Within ten days, the objective status progressively improved – the cough, fever and pain disappeared, and the general condition improved significantly. This made it possible to continue the treatment of the main disease - scalar insulin potentiation therapy, Ozone therapy and SBT. We performed 10 treatment procedures. The performed control tests reported disease remission with full recovery of working capacity. Three months after treatment, the patient was again lost to follow-up.

Third case:

A 56-year-old patient K.D.R. was diagnosed in September 2020 with anorectal carcinoma without metastases. The patient was treated with 35 days of radiation therapy combined with oral chemotherapy. During follow-up fibrocolonoscopy (FCS) and PET/CT after the operation, a residual tumor formation with slightly reduced sizes and pronounced inflammatory changes in the absence of metastases was detected. He was admitted to the clinic for treatment on 09/27/2021 with no symptoms of a viral infection and was negative for COVID-

19. She was put on combined IPT&BMT therapy after high dose Vit C therapy, intravenous Ozone therapy and SBT. Subsequently, six IPT applications were conducted. At the end of November, the patient's condition suddenly worsened. A nasopharyngeal infection and the presence of the influenza virus were detected. At the same time, the patient informed us that she had previously been treated with two doses of vaccines for COVID-19 without notifying us. The acute worsening of the condition occurred after the third booster dose. Subsequent clinical and laboratory tests showed a pronounced inflammatory reaction and intoxication. IPT treatment had to be stopped, and we started a recovery therapy with Ozone, high doses of vit, C and SBT. After two weeks, the follow-up examinations and tests showed that despite resolution of symptoms, intravenous IPT could not be resumed. The patient was offered scalar IPT&BMP, which she refused. The presented case is another example from our clinical practice of serious consequences of the administration of vaccines in the treatment of patients with oncological diseases.

Inferences:

Our clinical experience accumulated so far in the treatment of patients with oncological diseases allowed us to draw the following conclusions:

- The fact that latent or manifest viral infection was found in all oncology patients admitted to the clinic is mainly explained by the seasonal activity of viral diseases, side effects of previous conventional treatment, concomitant chronic diseases and increased stress. All this has implications for immune deficiency.
- In all oncological diseases with viral infections, a pronounced inflammatory reaction was found, which, against the background of reduced immunity, is the reason for the activation of the disease.
- The used diagnostic tests for COVID-19 are of questionable information value, and cannot be decisive in the diagnostic and treatment process.
- Due to the created fear psychosis among the population during the pandemic, the number of treated patients in the clinic was significantly reduced (by more than 40%). We were put in a situation to predominantly treat patients with indications for palliative treatment, which affects the efficacy of the treatment we administer. The created stressful situation seriously worsens their condition, and has serious consequences, especially in advanced cases. Discontinuation of the treatment of patients with oncological diseases was massively observed in the same period in other medical institutions in our country.
- The protocol prepared and implemented by us for the treatment of viral diseases demonstrates a high therapeutic effectiveness even in cases bordering on palliative care. In practice the treatment is without any side effects. Moreover, accumulated clinical experience demonstrates that this protocol can also be successfully applied to the treatment of oncological diseases.
- Our practical activity in the treatment of viral diseases has shown that without special suits and masks of the staff with strict observance of standard hygiene requirements, the safety of the staff can be ensured without any problems.
- Based on serious scientific facts and data, as well as on our own clinical experience, the treatment of cancer patients with antiviral vaccines is extremely undesirable and carries a serious risk for disease progression.

Conclusions:

The presented results of the application of our protocol of combined treatment with high doses of intravenously administered vit. C, Ozone therapy and SBT show that this technique can be successfully applied to viral infections without any side effects. The protocol prepared by us for the treatment of viral diseases became necessary as a mandatory preparatory treatment for patients with oncological diseases. Our accumulated experience so far gives us reason to consider untenable the imposed paradigm that incurable viral diseases are affected only by antiviral vaccines. The observations in our country in the course of the pandemic demonstrated another worrying fact - the stress and the created psychosis not only had negative consequences on the immune system of the population, but also led to interruption and mass refusal of treatment for oncological patients with all the consequences of this. An urgent reassessment of the consequences of the treatment activities carried

out during the pandemic is imperative, as well as the development of new treatment strategies and actions based solely on scientific facts and data.

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