

A successful ovarian cancer case

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Submitted: 14 May 2021; **Accepted:** 23 May 2021; **Published:** 27 May 2021

Citation: Andrew Hague, (2021) A successful ovarian cancer case. *Int J Cancer Res Ther*, 6 (2): 06-11.

Abstract

A lady discovered she had ovarian cancer in 2016 and was treated by CellSonic. The tumour remained big and had to be surgically removed after the cancer was stopped. Since then, cancer diagnostics have progressed and the electrical properties can now be easily detected allowing CellSonic to advance from stopping cancer in a patient to stopping cancer in a population.

The patient is well and has approved this article.

Keywords: Ovarian cancer, CellSonic, cell voltage, Sapiens Shield, Sundar Raman.

This report is based on information passed to me by Sundar Raman in Pune in India who treated the patient, Hema Bauskar, with a CellSonic VIPP machine. Hema has agreed to be identified and her medical details made public [1]. It is important to remember that it was Sundar with his colleague, Manoj Borad, who treated the first cancer patient with CellSonic, Amir Hossein from Bangladesh in November 2016 for prostate cancer and he is alive today.

To include all the details of the case so that you, the reader, can appreciate what was done and achieved, I am presenting the findings as they were received. Sundar Raman took great pride in putting the information in a form that is easy to comprehend so I am copying it straight into this article so that you see what I saw. Note the dates. The first report was at the end of 2016 and runs into early 2017 and then nothing more until April 2021. My observations will be made at the end after the findings.



Session 1 (Day 1)– photograph



Patient Details...

No Drugs...no side effects Lowest cost of cure Amputation is "NOT" healing

Good Morning. Attached are the latest test reports of Mrs. Hema conducted this week.

As per my understanding of the CT scan, there is a very slight increase in the tumour size or rather we can say that it remains the same. The CA 125 level has increased.

Another major development is that she is experiencing a paralytic type attack on her left side. Her left side of the face is not responding and also the left arm.

Her husband and brother have requested me to start the Cellsonic VIPP treatment immediately as they feel she was in a much better condition when being treated with VIPP.

Request your advice on how to proceed further. best regards
Sundar

Nuclear Medicine Department

Patient Name: Mrs Hemlata 8auskar Date: 17/1/17 Age/

Sex: S3Y/Female MRD no: 783616

Refer By: Dr Sarvesh Kulkarni Scan No: PET/160/17

fdg i z f - ct scan

CITnlcaT HTS: abdominal lesion with raised CA 12S for evaluation.

TechnIgue: 7mCi of °F•FOG Ts injected intravenously to patient after 6 hours of fasting. Patient was scanned on dedicated 16 Alice PET - CT (PHILIPS Cemini GLX] after 60 minutes at injection.

Standard uptake values fSUV) dubo in d ht obtained over lesions. W 5DBn was oLitained on a multisllce CT with 2 mm sliCe Thick-ness with oral contrast and with Intravenous contrast admInU-tratén.

5. Creatinine 0.58 mg/ml]

Findings:
Physiological distribution of tracer is noted in brain, tonsils, vocai cords, heart, liver, kidney, bladder and gut.

Shri Anandpur Trust
Charitable Diagnostic Centre, Pune
No. 16, Near 22 + 4 Bldg, Off. NEM Road, Kothrud, Pune - 411 004
Tel: 2662 2300, 2662 3698
Fax: 16-2662 3692
Email: info@anandpur.com

DEPARTMENT OF RADIODIAGNOSIS
CT SCAN OF ABDOMEN & PELVIS

PATIENT'S NAME : MRS. HEMLATA BAUSKAR AGE : 63 yrs. / F
REF. CLINICIAN : DR. KULKARNI DATE : 02-Dec-16
CT SCAN NO. : 11879 REG. NO. : 111959

CLINICAL NOTES : Abdominal distention.

A plain and contrast CT scan of the whole abdomen was performed after administration of oral and IV contrast medium 10 mm serial contiguous sections were obtained from domes of diaphragm downwards up to anis.

- Multiple enhancing soft fluffy cystic nodules from the omental margins contrasted by ascitic fluid seen in the right iliac and pelvic regions. These are also peritoneal metastatic seedings.
- The pelvis reveals a fluffy soft tissue density multi cystic mass, measuring approx. 10.3 x 8.6 cms, showing enhancement of its septae and soft tissue components. Few nodular enhancing hypodense solid components are associated.
- The right lateral border of uterus reveals a well defined isodense homogeneously enhancing sub serosal fibroid.
- Liver appears normal in size and enhancement pattern, without any focal or diffuse abnormality. The intrahepatic biliary and portal venous radicles appear normal. The portal vein and the common bile duct are normal.
- Gall bladder is well distended and reveals no intrinsic abnormality. There is no abnormal filling defect or mass lesion.
- Pancreas shows normal lobulations and contours. There is no evidence of any pancreatic calcification or ductal dilatation.
- Spleen is normal in size and does not reveal any focal lesion.
- Both adrenal glands are normal.
- Both kidneys are normal in size, shape and position and show adequate excretion of contrast. There is no evidence of any hydronephrosis or cortical scarring.
- Opacified small and large bowel loops are normal. IC junction and caecum are unremarkable.
- The urinary bladder distends well and shows no intraluminal filling defect. The bladder walls are normal. Both VU junctions are normal. There is no adenopathy.

IMPRESSION :
Fluffy enhancing multi cystic, multi septate pelvic mass with peritoneal metastatic lesions and gross ascites is consistent with ovarian cystadenoma Ca.
Uterine subserosal fibroid is incidental.

Dr. C. Masdar Dr. D.N. Shete Dr. Anagha Gondekar Dr. Trupti Jagdele
Consultant Radiologists.
It is only a professional opinion, kindly correlate clinically. Not valid for medico legal purpose.

ONLINE
LABORATORY

Dr. Ajay A. Gangshettwar
M.D. (Pathology)
Consulting Pathologist

411004, Near Junction Park Road, Near Park Road, Chhatrapati Shivaji Maharaj, Pune. Ph: 020-65331500

Pat. No : ML-14276 Specimen Lab: Received: 30/12/2016 9:32:52
Name : MRS. HEMA BAUSKAR Reported: 30/12/2016 14:51:58
Sex / Age: Female / 53 Years) Period: 30/12/2016 14:51:48
Ref. By : DR. KULKARNI

TEST	RESULT	UNIT	REFERENCE RANGE
ESR - ERYTHROCYTE SEDIMENTATION RATE			
ESR	14	mm/1 hr	Male 0-15mm/1hr Female 0-25mm/1hr
METHOD USED :	WESTERGREN METHOD		
NOTE :	ESR is Erythrocyte Sedimentation Rate. It is an indirect indicator of inflammation in the body. However, it cannot be directly to a specific diagnosis.		
TECHNIQUES & KITs USED :	Prepared or standard ESR reader - Westergren		

Dr. Ajay A. Gangshettwar
M.D. (Pathology) R.No.200412
www.onlinelab.com

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NAME : MRS HEMA BAUSKAR (S3YF)
REF. BY : SELF
TEST NUMBER : C125

THYROID TEST NAME : CA 125

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA 125	C.I.A.	45.3	U/ml

Reference Range :-
Less than 35.3 U/ml

Clinical Significance:
CA-125 is used to monitor therapy during treatment for Ovarian Cancer. CA125 is also to detect or monitor whether there is a recurrence of cancer or malignancy after surgical removal of tumor or radiation therapy or chemotherapy (antimetabolic drugs). This test is sometimes used to follow high-Risk women who have a family history of Ovarian Cancer. CA-125 may normally be increased in early pregnancy and during menstruation. It can also be increased in diseases such as pelvic inflammatory disease or endometriosis and sometimes in hepatitis and cancers of the liver.

Specificities:
Precision: Intra Assay (NCV): 3.8 %, Inter Assay (NCV): 2.1%, Sensitivity: 1.3 U/ml

External Quality Control Program Participation:
College of American Pathologists (CAP), Tumor Markers Survey, CAP Certification Number: 7319355-01

Kid Validation Reference:
Haley SE, Costantino WT. Ovarian Cancer Screening. J Clin Oncol 1995; 13(2): 787-93.

Please correlate with clinical conditions.
Method :- FULLY AUTOMATED CHEM LUMINESCENT IMMUNO ASSAY

--- End of report ---

Sample Collected on (BET) : 30 Nov 2016 08:00
Sample Received on (BET) : 30 Nov 2016 22:41
Report Released on (BET) : 01 Dec 2016 08:05

Sample Type : SERUM
Labcode : 301120412195124
Barcode : 7842003

Dr. Durgaprabha N. Agrawal Dr. Cesar Sarvagada MD
Page: 1 of 1

Dr. Naiba Bhurat
MR. DENTIST

ALPHA
DIAGNOSTICS
A Regd. Co. - In Reg. No. 1001/2004
REG. DATE : 28/11/2004
REFERRED BY DR. : KILKARNI SARVESH
AGE / SEX : 53 Years / Female
Lab No. : 130811750
CENTRE NAME : NA

ULTRASONOGRAPHY (ABDOMEN & PELVIS)

The liver is normal in size. No focal hepatic lesion. The portal vein appears normal.
The gall bladder is well distended. No changes of cholelithiasis noted.
No size gallstones seen. CBD appears normal.

Pancreas shows normal appearance. No evidence of pancreatic calcification or mass lesion.
Both kidneys show normal size, no evidence of hydronephrosis or any obvious calculus.
Right kidney measures 9.6 x 4.3 cm. Left kidney measures 10.5 x 4.7 cm.
The spleen shows normal appearance.
Aorta and para-aortic regions appear normal.
There is no evidence of ascites or lymphadenopathy.

There is evidence of large cystic lesion seen in the abdomen measuring approximately of 14.4 x 16.1 x 13.4 cm with vol of 1600cc. Few mobile internal echoes and septae within it, however origin of the lesion cannot be defined as it is seen compressing the abdomen and pelvic structures.
Urinary bladder, uterus and both ovaries not seen.

IMPRESSION:
Large cystic lesion in the abdomen with few mobile internal echoes and septae within as described.

Suggest: Ca 12S and CECT abdomen and pelvis.

Dr. Ravindra Paul
Radiologist

Printed by: SUNITA
Dr. NAIBA BHURAT
RADIOLOGIST

Head:

A Ventricles and QF Spaces are unremarkable. Ho mass effect or midline shift is noted. There is no abnormal enhancement. Normal distnbution of metabolic activity is noted intracranially.

- Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable.
- No cervlcaT Tymphadenopathy.
- Heart and media\$stinal structures are unremarkable. There is no pleural or pericardiel Psion.

Lara MengashA Medical FoundB60n'6

E Any soft tissue dense nodule Ts noted in right upper lobe posterior segment without any FOG uptake. Too small to cfiaracte\ze.

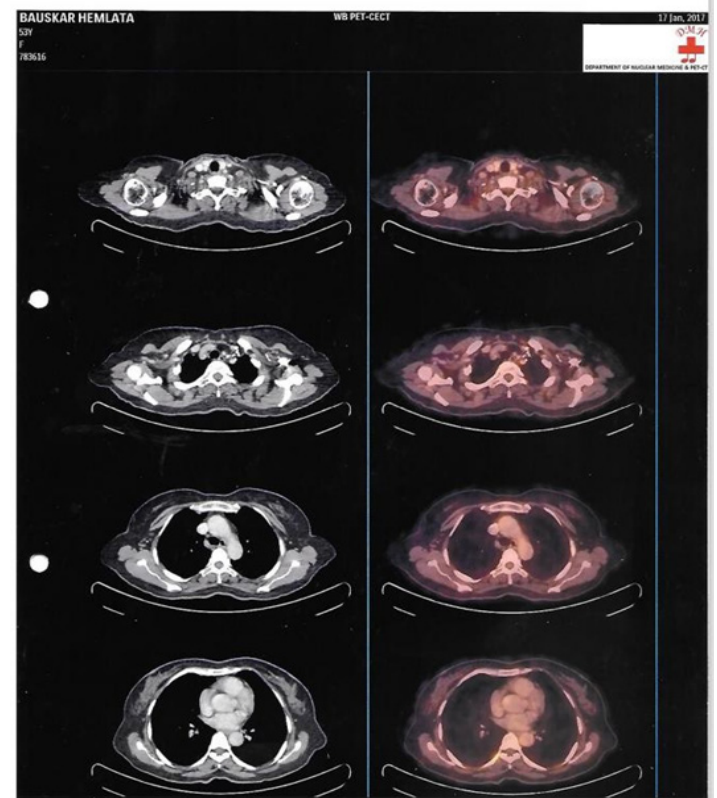
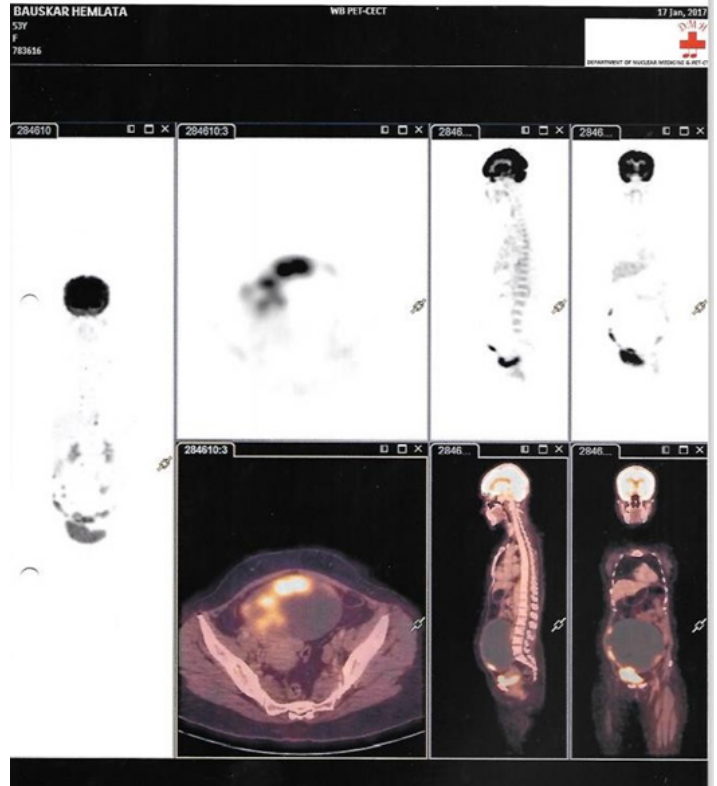
- Xo medlastinal lymphadenop'athY.
- + Uver ,Spleen.gallbladder pan@eas, kidneys and adrenals are unremarkable.
- O Large hypodense predominantly wstic lesion peTvi eDdominal Jeslon 'Is Seen measuring 21x10.2x17.8 Erri. The lesion shows min[mAT peripheral enhancement with avid FDG uptake. to septatlons / calc!flection noted in the leslon. MuIlipIe sort tissue dense Fdg avid csolid components are noted Involving pelvic part of the lesion. Maximum aree of FOG uptake' méasures approximately 40X26mm mm SUV 7.02. The lesion is seen inferiorly extending to left adnera. Right ovary Is normal. Left ovaw \s not seen separate.

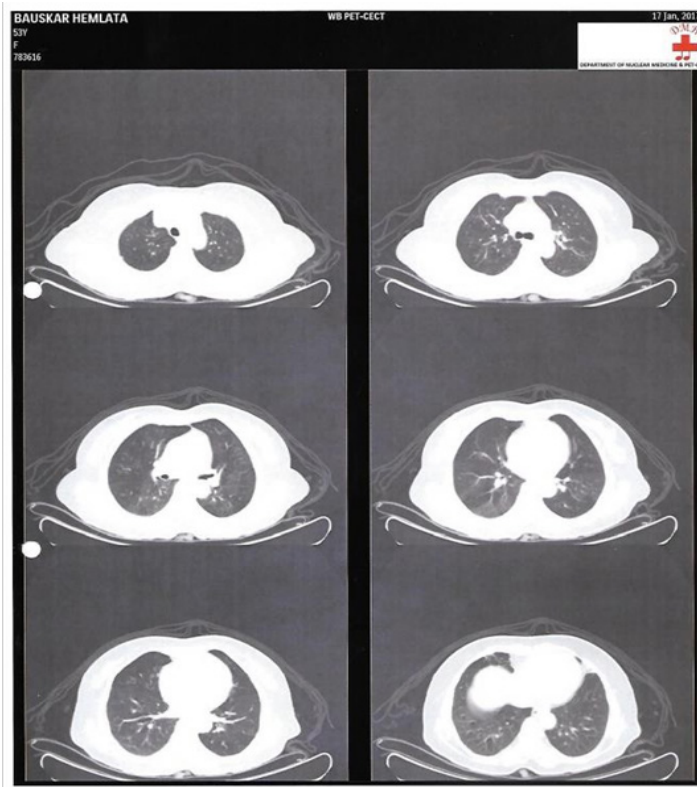
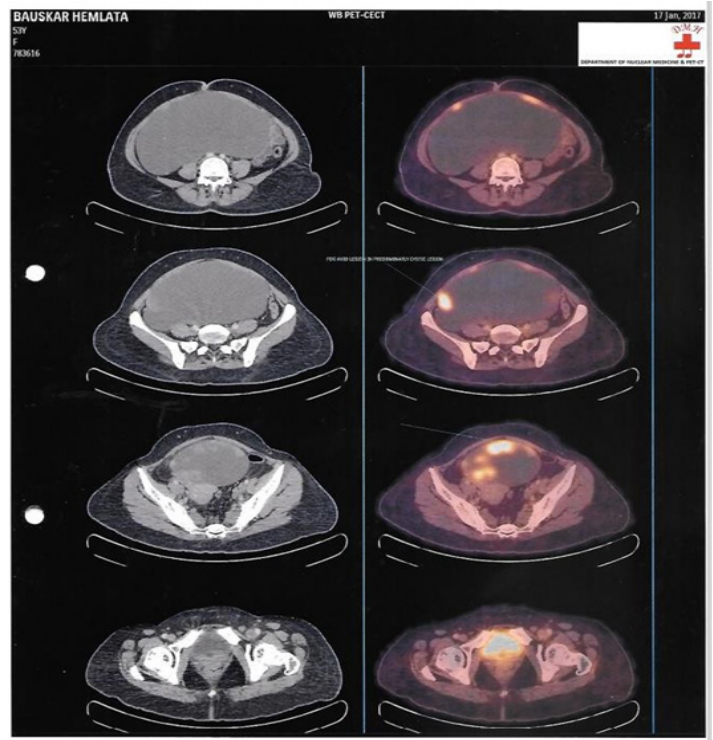
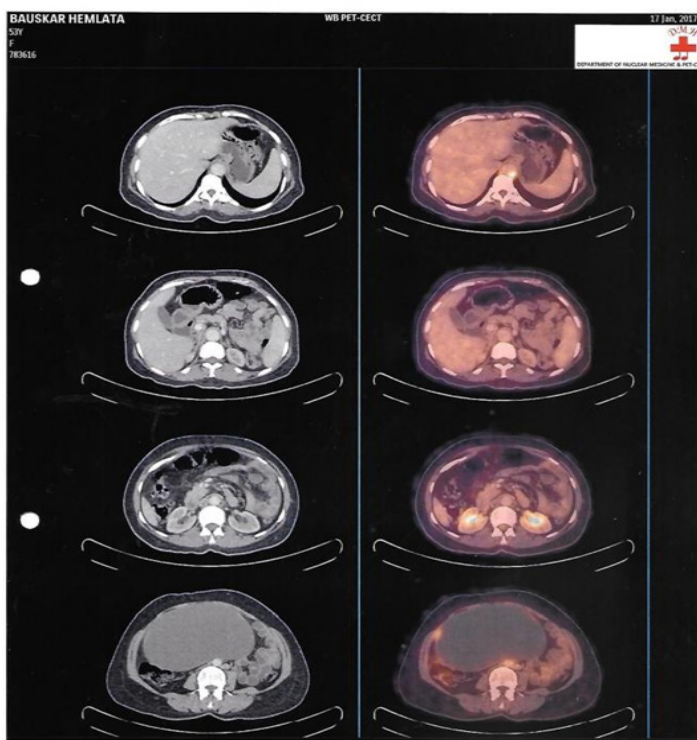
- no retroperitoneel and pt Ivic lymphadenopathy
- No abnormeT FDG avid omenfaf leslon.
- MuwuIos\'eW\:
- degeneretlve changes noted in spine.
- 53 years femala why abdominal lesloo with rabad CA 12S for evaluatlon.
- large predominantly cystfc pelvJabdomlnal lesion with hypardense nietabollically active soT@ Component w@Tzs are suggested of primary ovarlen malignancy.
- no other n\etabollically ectñ e dbease noted elsewhere



Dr Bipin Kulkarni

MD
Radiology
Of 5u)t Nilegaonkar MBBS, DRM,RSO
DN8 Nuclear Medicine
D9096O76446





After a gap of more than four years during which time there was no mention of Hema, I received the following email from Sundar: Sat 27/03/2021 Hello Andrew,

With all the not so good news of the current situation globally on the Covid 19 pandemic, there is one good news which I got last week.

Hema Bauskar you remember was diagnosed of 4th stage Ovarian cancer with her cancer tumour nearly growing to a size of a baseball and weighing 2 kgs around 4 years back. In the initial stages of her cancer, as you may remember, she had refused to undergo any treatment and was taking Ayurvedic treatment of Dr. Kulkarni. After a few weeks into her diagnosis she was given around 8 sessions of CellSonic by me. It was only when she was unable to bear the weight of the 2 kg tumour and 4 kgs of fluid which had accumulated around the tumour that she decided to opt for surgery to

Remove the tumor but there was a condition put by the doctors (the MD surgery and MD Oncology at Dinanath Hospital Pune - I will not mention the names of the doctors) that she will need to undergo 13 sessions of chemotherapy before surgery. It was condition which had to be accepted in order to get the huge tumour surgically removed which actually looked as if she was 5 to 6 months pregnant.

After getting admitted to Dinanath Hospital and all the prescribed chemo sessions, she was operated and the tumour surgically removed.

After her operations, she was regularly having her tests done to check for any relapse signs every three months for the last four years.

Last week when she went to meet her Oncologist doctors with her test results, he told her that there was no further need for her to come and consult him as she was FREE from CANCER. Although she was confident that she had completely recovered from cancer, she wanted the doctor to himself declare it which has now happened.

best regards Sundar

Mon 29/03/2021 Hello Andrew,

Met Hema yesterday evening and passed on your greetings to her. Also told her if she could pen down her experiences till date. She said she would try but one of the side effects of the chemo we have seen is that it has affected her memory and ability to retain. Sometimes she would pick up her cell phone to call someone and then suddenly forget why she was calling this person. Also, unfortunately we did not take any pictures of her at the time of her treatment, as she did not want any residual memory of those horrible times.

All's well that ends well. regards

Sundar

Observations

Clearly, Hema is cured of the stage 4 ovarian cancer. At what time did the cancer cells cease to replicate profusely further malignant cells? The chemotherapy came long after the CellSonic treatments and having seen the speed of growth of her tumour it was CellSonic that stopped the cancer, not the chemotherapy. We now know that the electrical properties of the cells determine the behaviour of the cells and that CellSonic has an electrical field as part of its pulse action. When Sundar treated Hema in 2016, we were only thinking of pressure although we knew from other patients the effect on cancers.

The comments by Hema's family that she felt better after CellSonic is significant. This is observed in almost every treatment and not just for cancer but also the many other ailments covered by CellSonic such as wounds and physiotherapy. It needs further investigation because the likelihood is that CellSonic is anti-depressant. It has an effect on the emotions and we know that stopping cancer requires a positive mental state. In Sundar's first report, he states that Hema felt positive; that is medicine. It might not be measurable but it is still science even though the direct link between cause and effect is not yet obvious to us but as we go on with more patients we shall watch for the mental shifts and I am sure we shall see a discernible pattern.

We now have better cancer diagnostics that were not available to Sundar four years ago. The hospital's diagnostics saw a tumour and declared it malignant [2]. It may have been benign after the CellSonic treatment. If it had been malignant, it would have continued the cell replication profusely but it didn't. It just sat there as a heavy lump and eventually had to be removed surgically. Whether the immune system would have dissipated the lump over time, we do not know. A smaller lump may have been tolerated but for

Hema its size made it painful.

The mental damage Hema suffered caused by the chemotherapy is a result of ignorance at the hospital. Chemo has a success rate of 2.5% which is a failure rate of 97%. In other words, chemo is total failure [3]. Why did the surgeons insist on chemo before operating? Perhaps they thought it would stop cancer cells spreading when they cut through tissues. Before then, CellSonic had stopped the cancer so there were no cancer cells left to spread.

Hospital and their doctors work with lawyers standing on their shoulders. Only the lawyers benefit and they don't care about anyone else. Politicians likewise remain ignorant and get cancer as much as other people. CellSonic is steadily demonstrating that cancer is not a biochemical problem, drugs have no effect; it is an electrical problem with biophysics being the effective science. This is an area of medicine previously neglected. Biochemistry in the hands of Big Pharma has only three products: anti-biotics, vaccines and anaesthetics. All their other offerings do not work whatever claims they make.

Biophysics deal with chronic illness and are showing as low voltage area[4]. Correct those voltages and the chronic condition improves without drugs.

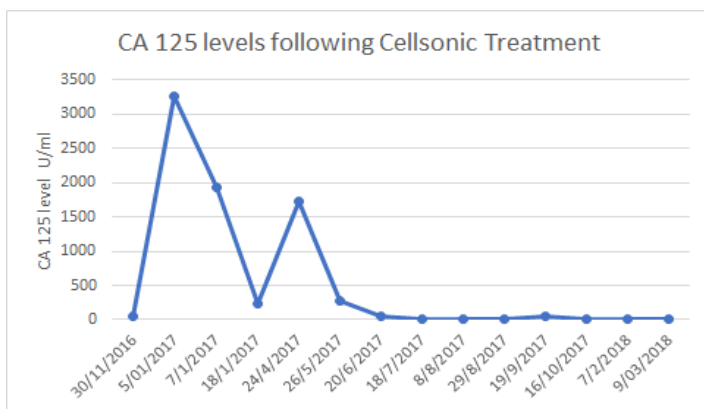
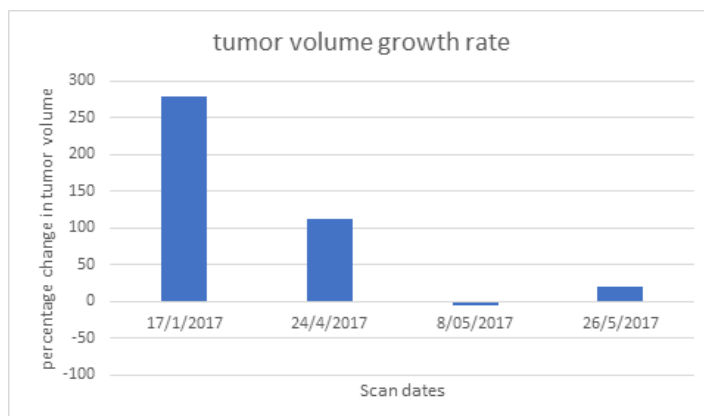
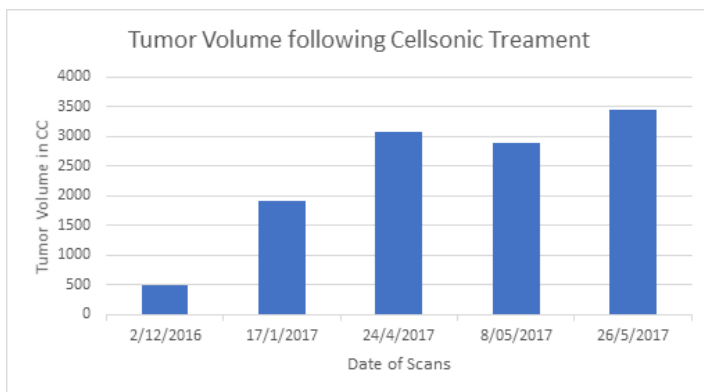
Mental diseases are also responding to electrical fields, not direct blasts of electrical current but exposure to short duration electrical fields. If the patient preferred a totally natural cure, they would have to go outside during a thunderstorm, be careful not to be hit by lightning but close enough to a lightning strike to receive an increase in cell voltage. Such a protocol is impossible, dangerous and inadvisable. CellSonic is safe. It is essentially, what has been used by urologists for forty years to remove kidney stones on millions of patients with no side effects. CellSonic can be called a hand-held thunderstorm [5,6].

To find that the cause of pain is cancer is to realise that the cancer has been multiplying for many years, maybe ten, and lay hidden until the tumours became big enough to hurt. By then, there will have been many single cancer cells migrating from the parent tumour affecting other organs even though they will be too small to show on a scan. This is a bad situation. CellSonic is taking a different approach.

Having improved the diagnosis of cancer, CellSonic Limited is working to diagnose and stop cancers in people before the person is aware of it. In other words, going from stopping cancer in a person to stopping cancer in a population[7].

Dr Glen Halls has analysed the data on Hema and reports as follows:

In the five months following CellSonic treatment, a reversal of trend is noted. The tumour growth rate is dramatically reduced, accompanied by downward adjustments in tumour volume change.



The Cellsonic VIPP treatments occurred in late December of 2016, just prior to second data point on the graph. We note that overall, the CA-125 levels have stabilized at below normal levels, which suggests the cancer is either in remission or even possibly absent. As of May 2021, the patient continues to thrive and enjoys a normal and active life following combination therapy utilizing the Cellsonic VIPP, even though the survival rate for stage 4 ovarian cancer is only 17%. Although there initially is a pronounced rise in CA-125 levels following treatment, this may be explained as follows: endometriotic cyst fluids contain very high concentrations of CA-125 but the thick walls of the endometriotic cyst prevents the large CA-125 glycoprotein molecules from reaching the peripheral circulation, although the block is not total. Some of the CA-125 molecules leaking from the endometriotic cyst may be transferred through the peritoneum and the associated inflammatory reaction

of the mesothelial cells of the peritoneum was probably the most important contributor to the presence of very high level of serum CA-125.

It is likely that the mutated/cancer cells were ruptured by the VIPP pressure waves, resulting in 'spillage' from the cystic mass into the blood stream. The sudden and sharp rise in CA-125 levels following Cellsonic VIPP treatment is not due to an intensified disease state. On the contrary, this spike is evidence of waste materials from de-natured cancer cells spilling into the bloodstream where they will be processed and removed via the kidneys. The data suggests that a detoxification/blood cleansing protocol might be a prudent adjunct to the treatment. This could be as simple as increased purified water intake.

Good news: I sent the draft of this article to Sundar for approval. He took it to Hema and she was pleased. Here is the picture Sundar took of Hema in her garden yesterday. She is happy and grateful to CellSonic.
5th May 2021



References

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