Case Study – Shank Fibromyxoma and Benefic Effects of A.D. Bio-Phyto-Modulator

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Abstract: It was realized a case study of a patient who presented a benign tumour – left shank fibromyxoma - which was operated several times, this formation relapsing and extending up to 1/3 lower thigh, becoming giant. Doctors proposed amputation of left leg, but the patient refused and used complementary remedy after establishing biocompatibility with DIEE® and DEA® using Oberon bioresonance device. It was obtained positive effects: the formation of tumour has not recurred, stopped progression of tumour formation, the patient no longer suffers to physical or mental level, thus avoiding amputation of left leg and disability, enjoying for normal life.

Keywords: fibromyxoma, recurrent muscular tumor formation, resection and excisional biopsy, bioresonance device, biocompatibility, DIEE® bio-phyto-modulators, complementary remedy

INTRODUCTION

The purpose of this paper is study of DIEE® and DEA® effects in case of a patient presenting a tumour in the left shank muscle mass - fibromyxoma. Fibromyxoma has a recurrent character, is not malignant, and in case of this patient was extended by 1/3 lower leg and thigh and proliferated, increasing much as dimension, requiring repeated resections with biopsies, and, eventually, was proposed left lower limb amputation. Using DIEE®, DEA® and antitumour and/or natural treatment, we obtained the desired effect, removing the tumour recurrence, reducing formation size, improving physical and mental pain, I stopped disease progression and disability have avoided - amputation.

MATERIALS AND METHODS

It was on the anvil a patient from a rural area diagnosed with left popliteal giant fibromyxoma, for a period of one year. Research has focused on studying the same human subject, male, aged 58 years, which were realized bio-energy-information assessments using non-linear analysis from Oberon device and DIEE® and DEA® A.D. bio-phyto-dynamic modulators. (Dinca, 2005, 2006; Dinca and Vusatiuc, 2005).

It was applied complementary treatment method with DIEE and DEA and bio-antitumour medication. The devices were applied after a treatment schedule to border of tumour formation and tumour centre. Note that this method is non-invasive treatment, without adverse effects.

Patient assessment was performed by Oberon, establishing biocompatibility of DIEE® and DEA® and other recommended treatments, both first consultation and following checks.
RESULTS AND DISCUSSION

It was on the anvil a male 58 years from Halmаш, Salaj County, with a muscular and fibrous tumour formation in the left popliteal space, with shank extension by 1/3 medium leg - fibromyxoma.

In the antecedents in 1999 the patient had a local traumatism after it occurred a local swelling and a fibrous and myxomatosis proliferation so that in one year, it grew as a peach. In 2000 he began to accuse local pain and the formation increased as size and pain were more widespread, so that on 6th of February 2001 was presented to the department of Orthopaedics and Traumatology Clinic from Cluj-Napoca. Fibromyxoma was diagnosed. (M. Gerson, 2005). Resection was performed in all muscle mass. The piece was sent to the anatomic-pathological examination, raising the suspicion of leiomyosarcoma and the result disproves the suspicion of malignancy, the diagnosis being established above. As location, tumour extends from the tibiae plateaus - back - down and creeps over the gastrocnemius and solar muscle; also it has fibrous adhesions with tibiae pillar throughout this stretch. It has dimensions of approximately 20 \times 10 cm polilobbed issue, it is well defined, by firm, fibrous, elastic consistency; is poorly vascularized, well defined by surrounding tissue, by section looks yellowish-white fibrous aspects, without neo-formation vessels.

On histopathological examination:
- Macroscopically it was revealed: the 14/6/5 cm tumour formation, on section fasciculate solid aspect, hoary with small myxoid areas;
- Microscopically, into the sections of tumour formation is found histological appearance of a fibromatosis which dissociates here and there muscle fibres. There are also areas of myxomatosis dystrophy, without malignancy character.

On general clinical examination the patient presents no adenopathy, no hepatosplenomegaly. He made a treatment with antialgic and anti-inflammatory drugs and was discharged. In June 2004 the tumour recurs, patient doing to Medex Medical Complex in Cluj-Napoca an ultrasound investigation of the left leg which revealed: the presence of giant formation which extends from 1\3 lower thigh by 1\3- lower leg with relative delimitation.
to surrounding structures, with areas of necrosis and fine calcifications, important shank edema, multiple inguinal adenopathy, suspected by malignant adenopathy. An extended sarcoma was suspected - leiomyosarcom - and another biopsy was recommended.

Between 30.06.2004 - 05.07.2004 was hospitalized to the Institute of Oncology from Bucharest - raising the suspicion of fibrosarcoma - where it was performed excisional biopsy and histological-pathological examination shows an atypical myxo-fibromathosis proliferation suspected of fibromyosarcoma. It was proposed leg amputation. He go home with the recommendation to avoid physical effort and local trauma and return for complete investigations.

Immunohistochemical tests were conducted on 05.10.2004 for the diagnosis at the National Institute for Research and Development in Pathology and Biomedical Sciences - Victor Babes - Bucharest, where histopathological diagnosis refute the presence of neoplastic lesions.

During the period 06/09/2005 to 05/10/2005 is hospitalized at the Clinic of Plastic Surgery and Recuperation in Timisoara with tumour formation to left popliteal space - having surgery, collecting a tumour fragment. Hystopatological exam excludes a malignant formation, emphasizing the proliferation of star, uniforms, a proliferative fasceita fibroblasts and myofibroblasts.

In about a month relapse occurs and is re-hospitalized from 10/25/2005 to 11/23/2005 at Clinic in Timisoara with diagnosed: benign tumour recurred left shank 1\3 lower leg, re-intervening surgically by partial removing of formation, suture and drainage.

In 2008 the patient relapsed and decided to no longer operate, came to my consulting room to use A.D. bio-phyto-modulators as treatment. Positive diagnosis was based on history, clinical and laboratory dates resented the patient.

At the first consultation the patient was presented with the following symptoms: pain in left shank, impossibility of left leg extension performance, the presence of a firm, elastic palpation, extended by 1\3 lower leg and 1\3 inferior left tumour, general condition slightly altered, numbness of left leg.
At general clinical examination the patient had: strong tumour formation, elastic to touch, increased of venous vascular design; inguinal adenopathy. From laboratory examinations, histopathological examination revealed typical changes of fibromyxosis formation.

Patient was evaluated using Oberon bioresonance device and it was tested biocompatibility of DIEE® and DEA®, herbal medication, compiling them as a treatment and application schedule of bio-phyto-modulators.

During assessing with bioresonance device it was establish the biocompatibiltiy of DIEE and DEA as follow: 42% from first consultation, 59% after 3 months, 74% after 6 months and 76% after one year.
We note that in general, for all types of treatments recommended, a benefit biocompatibility is considered over 20 %, which it actually found to periodic evaluations of the patient. We followed patients for one year.

<table>
<thead>
<tr>
<th>Period of examination</th>
<th>Presence of symptomatology</th>
<th>Objectiv clinical exam</th>
<th>Entropy</th>
<th>Biocompatibility (%)</th>
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<tbody>
<tr>
<td>First examination</td>
<td>- slightly impaired general condition;</td>
<td>- tumour ***** 1/3 lower thigh and leg;</td>
<td>E 5</td>
<td>42</td>
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<tr>
<td></td>
<td>- pain intensity increased;</td>
<td>- presence of inginal adenopathy;</td>
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<tr>
<td>After 3 months</td>
<td>- good general condition;</td>
<td>- tumour **** decreases in size;</td>
<td>E 4</td>
<td>59</td>
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<tr>
<td></td>
<td>- moderate pain;</td>
<td>- adenopathy in remission;</td>
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</tr>
<tr>
<td>After 6 month</td>
<td>- good general condition;</td>
<td>- tumour *** decreases in size;</td>
<td>E 2</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>- weak pain intensity;</td>
<td>- no adenopathy;</td>
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<tr>
<td>After one year</td>
<td>- no pains.</td>
<td>- tumorală ** continuous decrease in size;</td>
<td>E 1</td>
<td>76</td>
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<td>- no adenopathy;</td>
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<td></td>
<td></td>
<td>- without relapse.</td>
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The conclusion that emerged from this research is:
• tumour no longer grow in size;
• no need for a surgical intervention;
• managed to stop the disease progression - relapse;
• reduced of the tumour formation’s size and improved the patient's physical and mental pain, bringing bio-energy-information harmony.

Scheduled checks of the patient - at 3 months, 6 months and one year - have shown a reduction or disappearance of symptoms which appeared at first consultation and no recurrence of tumour.

CONCLUSIONS

The complementary treatment method by DIEE® and DEA® can be used for this medical affection – fibromyxoma - with great success. It would be necessary to extend this therapeutic method to a few cases.

Using non-invasive complementary treatment with DIEE® and DEA® phyto-energy-therapeutic remedies I was able to determine a vibration structural jump with entropy reduction, inducing order to system, to the human body, these proliferating tumour formations being actually a disorder, an anarchic multiplication of cells that no longer respect the genetic information.

Using DIEE® and DEA® I applied successfully:
• to remove patient suffering reducing pain, so no longer required analgesics;
• to improve quality of life;
• to avoid amputation of left leg;
• to reduce the size of fibromyxoma with these cosmic lasers;
• to prevent the recurrences of fibromyxoma’s characteristic;
  • to determine the self-regulation and stabilization of body functions by activating its reserve powers.
REFERENCES