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Quantum Magnetic Resonance Therapy (QMR): A novel palliative treatment for terminally ill cancer patients

Abstract

Background

Developing an effective treatment for cancer continues to be one of the prime focuses of medical research, and, in recent years, several new treatment modalities have emerged. Although some of these have shown promise in the treatment of cancer in early stages, their application in the terminal stages of the disease is very limited owing to serious adverse events associated with cancer therapy. This paper describes, for the first time, the usefulness of Quantum Magnetic Resonance Therapy in alleviating the suffering of terminally ill cancer patients.

Methods and Principal Findings

This report is based on a study of 123 patients suffering from various terminal stage organ cancers for the study. All the patients had completed standard treatment modalities such as chemotherapy, surgery and radiotherapy, and were on palliative care and had come voluntarily for treatment. The patients were exposed to Quantum Magnetic Resonance Therapy daily for one hour for 28 consecutive days, and were assessed using the Karnofsky performance scale scores before and after exposure.

The statistical analysis revealed a highly significant correlation between QMR Therapy exposure and Karnofsky score improvement (paired t-test, p-value <0.0001). Further, 45% of the patients who were on analgesics, such as morphine, got significant pain relief, and all the patients were able to discontinue analgesic medication after completion of the course of treatment.

Conclusions

The patients consistently showed significant improvement in the Karnofsky performance score after exposure to Quantum Magnetic Resonance Therapy. The patients also got considerable pain relief after the therapy. Evidently, these findings can initiate a new strategy for terminal palliative care of cancer using Quantum Magnetic Resonance Therapy.

Manuscript

Introduction

Conventional treatment modalities for cancer such as surgery, chemotherapy, radiation, and hormonal therapy, are usually effective in restricting tumour progression therapy, extending life, and in some instances, curing the disease1-16. However, all these therapies come with marked side effects. These effects may be short-term and time-bound, long-term or permanent, or they may become evident only years after the treatment. Traditional therapeutic outcome measures such as disease survival and disease-free survival remain, indisputably, of central importance in decision making in treatment, and research in cancer17-26. However, there has been a growing recognition that measures of health-related quality of life is also of great significance in patients with incurable cancer. Despite this, there are rarely treatment options that offer proven and substantial benefits, without any serious adverse effects. Several studies27-30 have shown that palliative care of the terminally ill cancer patients, in particular the treatment of pain, should be given priority as pain can limit a person's functioning, and sometimes, even destroy the will to live.

Conventional methods to address unrelieved cancer pain appear to interact with another public health problem –that of drug abuse and addiction. Cancer patients, who need opioids, are sometimes perceived as addicts.31-34 Some studies reveal that opioids could lead to addiction and can negatively impact the quality of care and result in devastating consequences for the patient. There are several studies, which reinstate the usefulness of opioids.

The present study throws light on a new treatment strategy using Quantum magnetic Resonance, which in the near future may be of great significance in cancer treatment.

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Materials and Methods

Study setting

A total of 123 patients suffering from terminal

cancer were recruited for the study. The mean and median age of the study patients were 49.1 and 53 years respectively (table 1). The age range of the patients was from 3-83 years. Of the 123 patients, 64.8% were men. Most patients (98%) were on palliative care. About 45% of the patients were on analgesics for cancer related pain.

This study was conducted at the Institute of Aerospace Medicine, Indian Air Force, Bangalore: a premier Air Force Medical Research and teaching centre in southern India. This busy tertiary hospital has over 8000 patient visits each year. The study was conducted from July 2004 to July 2006. The study was approved by ethics committee at the Institute of Aerospace Medicine, Bangalore, India. A written informed consent was obtained from all the patients, and all tests were performed after appropriate counselling.

After identifying the region of interest (ROI) by examining the MRI, the patient is made to lie down on the QMR machine and a template is made using a transparent polypropylene sheet. The template is used for focussing the guns precisely on the core or ROI. The guns are activated after focussing. The exposure is for 1 hour each day for 28 successive days.

Study Patients: inclusion and exclusion criteria

Patients were recruited from both inpatient and outpatient facilities from the department of oncology, from several hospitals across the country. Consenting patients were interviewed, examined clinically, and provided pre-exposure and post-exposure counselling as per the guidelines of the Ethics Committee.

Pre-exposure and post-exposure Karnofsky Performance Scale (KPS) scores were recorded, along with pain relief measurements for patients on analgesics.

Terminally ill cancer patients, who met the following criteria were included in this study: a) confirmed clinical, histopathological and/ or radiological evidence validating the diagnosis of cancer; b) presence of signs and symptoms of terminal stage cancer disease (i.e., anorexia, pain, sleeplessness, or depression); c) had periodically completed all the available standard treatment modalities for diagnosed cancer and d) were on palliative care.

Patients were excluded from the study if they were: a) pregnant; b) had chronic debilitating conditions or mental health disorders that would preclude informed consent; c) could not complete at least 14 days of exposure to Quantum Magnetic Resonance Therapy; or d) if they were simultaneously started on any alternative medicine regimens (Ayurveda, Homeopathy, Unani, etc).

Statistical Analysis

Analysis was made using Stata software (Version 9.0; Stata Corp, College Station, TX, USA). The main outcome measures were the improvement in Karnofsky performance scale index after exposure to QMR, with 95% confidence interval.

Results

Karnofsky performance scale improvement on exposure to QMR

All 123 patients were exposed to QMR. Acceptability of the QMR treatment refers to the number of people who agreed to receive treatment with QMR voluntarily of the eligible persons who were offered therapy. In our study, QMR exposure acceptability was 100% (123/123). For all patients, the pre-exposure Karnofsky scores were calculated prior to their first exposure to QMR, while post-exposure Karnofsky scores were calculated after 28 days of QMR therapy.

As shown in Figure 1, exposure to QMR increased the Karnofsky performance scores in 98 of the 123 patients (80%). The paired t-test revealed a statistically significant correlation between QMR therapy and Post-exposure Karnofsky score improvement ($p < 0.0001$).

Cancer pain and QMR exposure

All the 45% of the patients, who were on analgesics like morphine, obtained significant pain relief after exposure to QMR to an extent that they could discontinue their medication.

Discussion

This study provides evidence that QMR is highly effective for the palliative treatment of terminally ill cancer patients. Almost all the patients have shown an increase in their KPS after exposure to QMR and indicate that QMR therapy may be used as a effective treatment modality for alleviating the suffering of advanced stage cancer patients who have undergone all standard treatment modalities viz. the surgery, chemotherapy and/or radiotherapy.

The radiological findings documented only a minor increase in the size of the lesion (in the range of 1-2 cm in the majority of the cases and rarely ≥3 cm). A few cases even showed a minor reduction in the tumor size contrary to high rate of progression in the size of tumor expected in

advanced cancer stage.

Almost all the patients, who completed the treatment showed appreciable pain relief and prolonged survival following exposure to QMR leading to discontinuation of analgesics like morphine and NSAIDs. Most of the patients returned to routine daily activities, some even went back to their professional or household work.

The existing treatment modalities for cancer including surgery, radiotherapy, chemotherapy and the biological therapy which involve administration of monoclonal antibodies, immunomodulatory cytokines, immunocompetent cells, tumour vaccine, etc play a major role in the treatment and in palliation often with improved survival. However each of these treatment strategies have their own drawbacks in the form of adverse effects or limited success in palliation. The proposed treatment modality in the form of QMR which uses the radiofrequencies (with intensity of one-third of that used in MRI) has shown considerable promise in the palliative treatment of terminally ill cancer patients without any adverse effects.

An important issue raised by our results is whether QMR is sufficient to confer complete palliative care to the advanced stage cancer patients. A likely explanation for at least those patients who did not show improvement in their KPS score could be either very late presentation at the hospital with high-grade metastasis or the patient compliance towards the treatment.

The following explanation is offered to describe the mechanism by which the QMR works in the terminally ill cancer patients. QMR delivers highly complex quantum electromagnetic pattern in the radio and near radio frequency spectrum, with precise command and control. This is non-thermal, non-ionizing radiation that transmits information which would produce order in the bio-structures involved.

In summary these results support a model treatment that provides palliative care, and improved survival and quality of life in terminally ill cancer patients.

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September 14, 2008
"AP IMPACT: Tons of drugs dumped into wastewater," by Jeff Donn, Martha Mendoza, and Justin Pritchard;, blog posted on Huffington Post. www.huffingtonpost.com/2008/09/14/ap-impact-tons-of-drugs-d_n_126330.html
According to an ongoing Associated Press investigative series, U.S. hospitals and long-term care facilities annually flush millions of pounds of unused pharmaceuticals down the drain, pumping contaminants into the nation's drinking water supplies. Minute concentrations of pharmaceuticals in water affect at least 46 million Americans. Research indicates that even extremely diluted concentrations harm fish, frogs and other aquatic species in the wild. Also, researchers report that human cells fail to grow normally in the laboratory when exposed to trace concentrations of certain drugs.

September 19, 2008

"Something's Gotta Give: Ten-Point Plan for Integrative Health Care Reform," by Alison Rose Levy, M.A. ; blog posted on Huffington Post. www.health-journalist.com/HufPo/GottaGive.htm With the recent Wall Street (and global) economic tremors, the next U.S. Presidential administration will undoubtedly need to cut the costs of one of the U.S. economy's highest ticket items: health. In this blog, Levy, the Friends of Health Media Initiative Director, advocates that current proposals for U.S. health care reform widen their reach to include integrative options. She details ten action/policy changes items that would begin to institute the best of integrative care. www.huffingtonpost.com

Figures and Tables

Table 1 Baseline Characteristics of study population

Age (years)	n (%)
≤ 5	02 (1.6)
6-14	04(3.25)
15-45	37(30)
46-60	42(34.1)
≥60	38(30.8)
Sex	
Male	75 (61)
Female	48 (39)

Table 2

Karnofsky performance scale score	Number	Mean	Standard Deviation (SD)	t-value	P-value
Pre Exposure	123	53.25	15.4		
				4.51	0.0001
Post Exposure	123	61.54	27.7		

Paired t-test P-value < 0.0001, the correlation is very highly significant.

Figure 1