

A successful ovarian cancer case

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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, cancerdiagnostics 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 [1] in Pune in India who treated the patient, Hema Bauskar, with a CellSonic VIPP machine. Hema has agreed to be identified and hermedical details made public. 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.

Patient Details...

Patient Name: Mrs.HemaBhauskar

Patient Age: 53 years

Consulting Doctor: Dr. Sarvesh Kulkarni

Case History: Patient suffering from ovarian cancer with confirmatory tests done in first week of December 2016.

For many years, Mrs. Hema has been under the care of her family doctor, Dr.

Sarvesh Kulkarni who is an Ayurvedic Doctor.



The indications were probably first noticed around first week of November 2016 when Mrs. Hema's stomach suddenly became bloated and increasing in size. She had a lot of pain and all her movements were very restricted. By end of November she was nearly bed ridden with immense pain. Also there was a hardness felt at two locations on the stomach matching to area of the tumor which was later confirmed by tests. The tumor growth was fast and painful.

The news of cancer came as a shock to Mrs. Hema. She was advised to go for surgical removal of the cancer tumor along with two sessions of Chemo treatment. Mrs Hema admits she thought she was going to die.

In the second week of December she contacted CellSonic India to find a cure without surgery or chemotherapy. After more than a week's discussion it was agreed to start the Cellsonic VIPP treatment on 22nd December 2016. A protocol was worked out for her treatment and up to the 28th December she has had four VIPP treatments.

Here its worth noting that from the initial depression phase, Mrs.Hema

has changed her complete outlook and approach towards this disease and decided to take it head on and fight it out rather than allowing the cancer to get the better of her. With all the discomfort and pain, she made a 500km bus ride there and back to visit her village.

She has now resumed work and started going to the office at the department of education and is doing her regular household work without any problem.

28th December 2016

Just back home after treatment of Mrs.Hema. She is looking fine.

Today she had been to Dr.Sarvesh for a checkup. She told me that the doctor looked much more relaxed compared to the last checkup when he could hardly believe what he was seeing and looked and

Sounded very tense. Now he accepts that there is an improvement.

Also Mrs. Hema told me that after the VIPP treatment she feels

Relaxed and energetic. She has gone back to her old habit of reading

for an hour before falling to sleep This is not a surprise to us as we know that the VIPP treatment has a therapeutic effect .She has got the feel good factor and therefore at this stage we can confidently say that she is on the path of curing which I am sure any oncologist would not say even after two or three treatments of Chemo. I did ask her if she felt that she has been cured or not for which she replied that she feels much better than she felt two weeks ago but would like to see the bloat of the stomach go to confidently say that she has been cured.

Probably we will do a sonography scan next week to check on the size of the tumour.

Session 1 (Day 1) – photograph



Shri Anandpur Trust
Charitable Diagnostic Centre, Pune
 Sr. No. 18, Hissa 32 + 4 BIL, Off. NIBM Road, Kondhwa Khurd, Pune - 411 048.
 • Tel.: 2683 5266, 2683 5666
 • Fax: 91-820-2683 1635
 • E-mail: sabcot@shros.co.in

DEPARTMENT OF RADIODIAGNOSIS
CT SCAN OF ABDOMEN & PELVIS

PATIENT'S NAME : MRS. HEMLATA BAUSKAR AGE : 53 yrs. / F
 REF. CLINICIAN : DR. KULKARNI DATE : 02-Dec-16
 CT SCAN NO. : 10878 REG.NO : 111999

CLINICAL NOTES : Abdominal distension.

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 anus.

- ▶ Gross ascites.
- ▶ Multiple enhancing soft fluffy cystic nodules from the omental margins contrasted by ascitic fluid seen in the right iliac and pelvic regions. These are s/o peritoneal metastatic seedings.
- ▶ The pelvis reveals a fluffy soft tissue density multi cystic mass, measuring approx. 10.9 X 9.6 cm, 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. G. Maudar Dr. D.N. Shete Dr. Anagha Gondekar Dr. Trupti Jagdale
 Consultant Radiologists.
 It is only a professional opinion, kindly correlate clinically. Not valid for medico legal purpose.

ONLINE
DIAGNOSTIC LABORATORY

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

• Co-Ordinator Pathology: Sargam Hospital, Gadh Road, Pune
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Building, Below Jeevika Pustantra, Near Famous Chowk, Chattraban Road, New Sangli, Pune. Ph.: 020 65337509

Reg. No : ML-16276 -Medline Lab- Received 30/11/2016 9:52:52
 Name : MRS. HEMA BAUSKAR Reported 30/11/2016 14:51:58
 Sex / Age: Female / 53 Year(s) Printed 30/11/2016 14:51:45
 Ref. By DR.: KULKARNI

TEST	RESULT	UNIT	REFERENCE RANGE
ESR - ERYTHROCYTE SEDIMENTATION RATE			
ESR	36	mm/1 Hr.	Male 0-15mm/1hr Female 0-25mm/1hr
METHOD USED :	WESTERGEN METHOD		
NOTE :	ESR is Erythrocyte Sedimentation Rate. It is an indirect indicator of inflammation in the body. However, it rarely leads directly to a specific diagnosis.		
TECHNIQUES & KITS USED : Processed on automated ESR analyser : Soma Diagnostic			

Dr. Ajay A Gangshettiwar
 M.D.(Pathology) R.No.080412

Timing: Mon to Sat : 9:30 a.m. to 8:25 p.m. Sunday 0:00 a.m. to 2:00 p.m.
 Authorised LIC Panel

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REPORT

NAME : MRS. HEMA BAUSKAR (53Y/F)
 REF. BY : SELF
 TEST ASKED : CA125

SAMPLE COLLECTED AT :
 SHRI ANANDPUR TRUST DIAGNOSTIC LABORATORY,
 SHRI ANANDPUR TRUST, NEAR FAMOUS CHOWK,
 CHATTRABAN ROAD, NEW SANGLI, P. - 413007

TEST NAME	TECHNOLOGY	VALUE	UNITS
CA-125	C.L.T.A	45.3	U/ml

Reference Range :-
 Less than 35.0 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 (antineoplastic 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 Cirrhosis of the liver.

Specifications:
 Precision: Intra Assay (%CV): 3.8 %, Inter Assay (%CV): 2.4%; Sensitivity: 1.5 U/ml
 External Quality Control Program Participation:
 College of American Pathologists (CAP): Tumor Markers Survey; CAP Certification Number: 7193855-01
 NIC Validation References:
 Mackey SE, Crestman WF. Ovarian Cancer Screening. J. Clin Oncol 1995; 13(3): 783 - 93.
 Please correlate with clinical conditions.
 Method :- FULLY AUTOMATED CHEMI LUMINESCENT IMMUNO ASSAY.

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

Sample Type : SERUM
 Labcode : 301128413/HS114
 Barcode : 79429003

Dr. Durgapriya N Agrawal Dr. Caesar Sengupta MD

Page : 1 of 1

ALPHA
DIAGNOSTICS
 A Beginning ... to stop the end!
 REG. DATE : 28/1/2016
 SAMPLE DATE : 28/1/2016
 Lab No. : 132811750

PATIENT'S NAME : MRS. BAUSKAR HEMLATA
 REFERRED BY DR : KULKARNI SARVESH
 AGE / SEX : 53 Years / Female
 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 cholecystitis noted. No e/o gallstones seen. CBD appears normal.
 Pancreas shows normal appearance. No evidence of pancreatitis, calcification or mass lesion.
 Both kidneys show normal size, no evidence of hydronephrosis or any obvious calculus. Right kidney measures 9.6 x 4.3cm. Left kidney measures 10.5 x 4.7cm.
 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 13.4cm 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 125 and CECT abdomen and pelvis.

Dr. Ravindra Patil
 Radiologist.

Printed By : SUNITA

Dr. NAADINA BHURBAT
 RADIOLOGIST

Summary as on date 28th December 2016

Treatment started on 22^d
2900 pulses at EL 4

December 2016-

Total sessions completed as on 28th December 2016-4

**No Drugs....no side effects
Lowest cost of cure**

Amputation is "NOT" healing

Wed 26/04/2017 Dear Andrew,

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

 Lata Mangeshkar Medical Foundation's
DEENANATH MANGESHKAR HOSPITAL AND RESEARCH CENTER
Erandwane, Pune - 411 004. Tel : 66023000 / 40151000 / 49153000 Email : billing@dmhospital.org Website : www.dmhospital.org

1001100110011001

NUCLEAR MEDICINE DEPARTMENT & PET CT

Patient Name: Mrs Hemlata Bauskar **Date:** 17/1/17
Age/Sex: 53Y/Female **MRD no:** 783616
Refer By: Dr Sarvesh Kulkarni **Scan No:** PET/160/17

FDG PET – CT SCAN

Clinical history: abdominal lesion with raised CA 125 for evaluation.
Technique: 7mCi of ¹⁸F-FDG is injected intravenously to patient after 6 hours of fasting. Patient was scanned on dedicated 16 slice PET – CT (PHILIPS Gemini GLX) after 60 minutes of injection. Standard uptake values (SUV) normalized to body weight obtained over lesions.
CT scan was obtained on a multislice CT with 2 mm slice thickness with oral contrast and with intravenous contrast administration.
Blood sugar 114 mg/dl.
S. Creatinine 0.58 mg/ml

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

Head:

- Ventricles and CSF spaces are unremarkable. No mass effect or midline shift is noted. There is no abnormal enhancement. Normal distribution of metabolic activity is noted intracranially.

Neck:

- Nasopharynx, oropharynx and hypopharynx are unremarkable. Soft tissues are unremarkable.
- No cervical lymphadenopathy.

Thorax:

- Heart and mediastinal structures are unremarkable. There is no pleural or pericardial effusion.

- Tiny soft tissue dense nodule is noted in right upper lobe posterior segment without any FDG uptake. Too small to characterize.
- No mediastinal lymphadenopathy.

Abdomen & pelvis:

- Liver ,Spleen,gallbladder, pancreas, kidneys and adrenals are unremarkable.
- Large hypodense predominantly cystic lesion pelvi abdominal lesion is seen measuring 21x10.2x17.8 cm. The lesion shows minimal peripheral enhancement with avid FDG uptake. No septations / calcification noted in the lesion. Multiple soft tissue dense Fdg avid csolid components are noted involving pelvic part of the lesion. Maximum area of FDG uptake measures approximately 40X26mm mm SUV 7.02. The lesion is seen inferiorly extending to left adnexa. Right ovary is normal. Left ovary is not seen separate.
- no retroperitoneal and pelvic lymphadenopathy.
- No abnormal FDG avid omental lesion.

Musculoskeletal:

- degenerative changes noted in spine.

COMMENTS:

53 years female with abdominal lesion with raised CA 125 for evaluation.

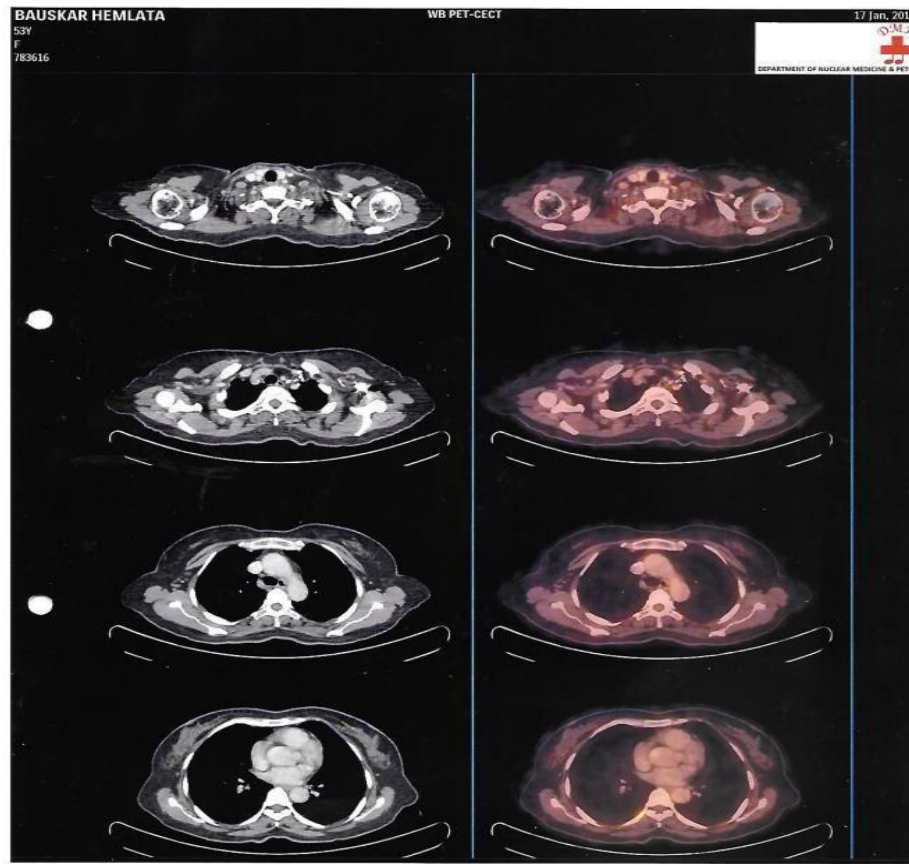
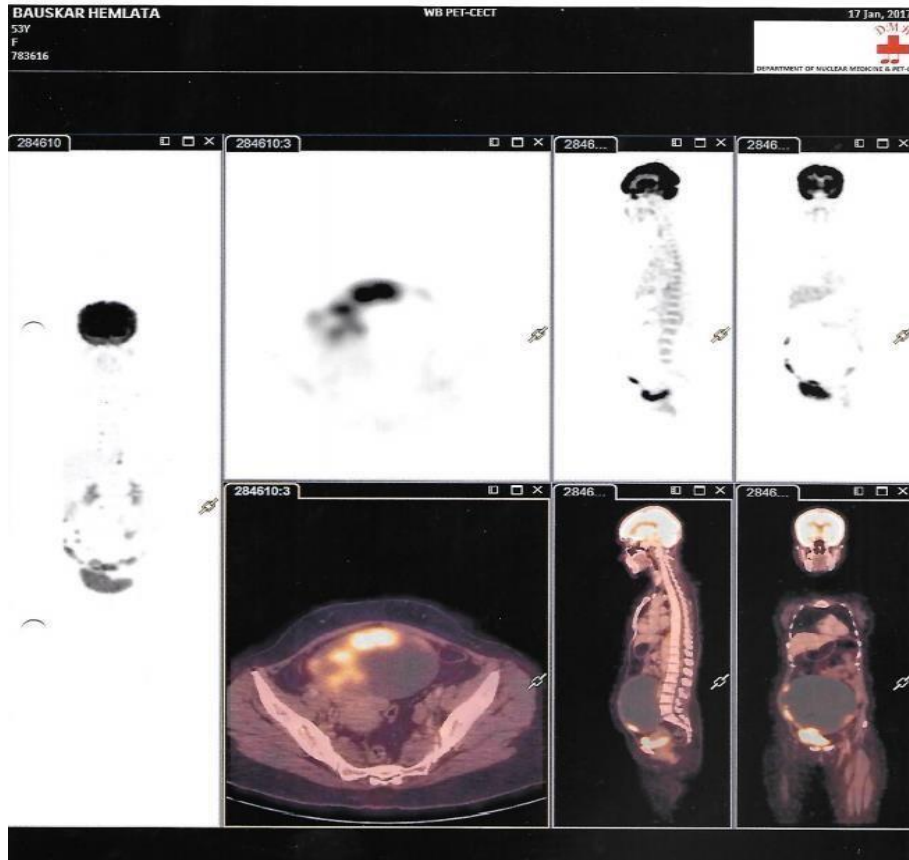
- Large predominantly cystic pelviabdominal lesion with hyperdense metabolically active solid component within are suggestive of primary ovarian malignancy.
- No other metabolically active disease noted elsewhere.

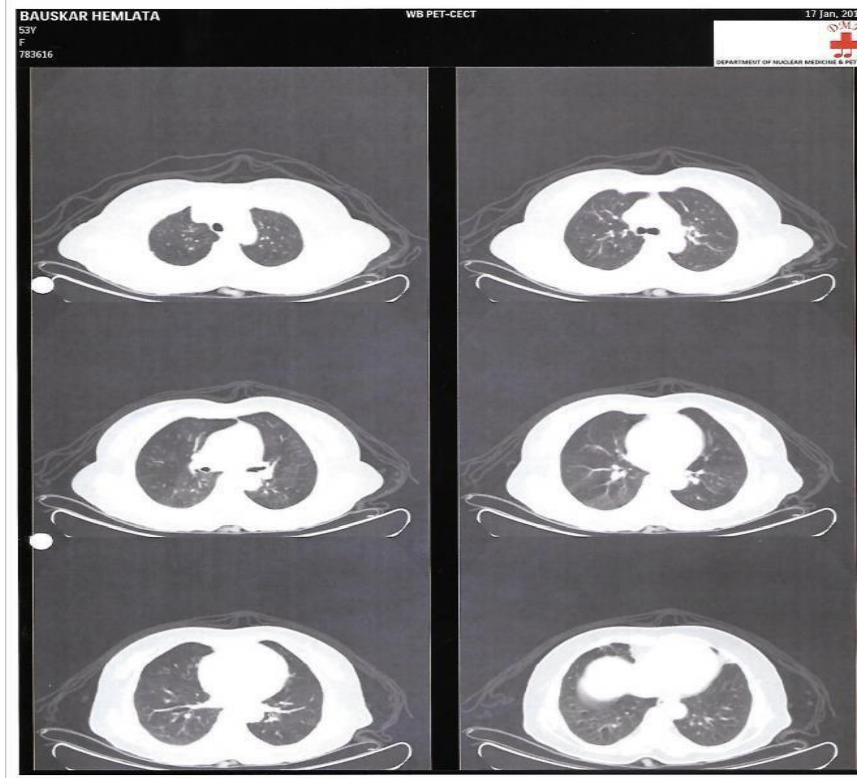
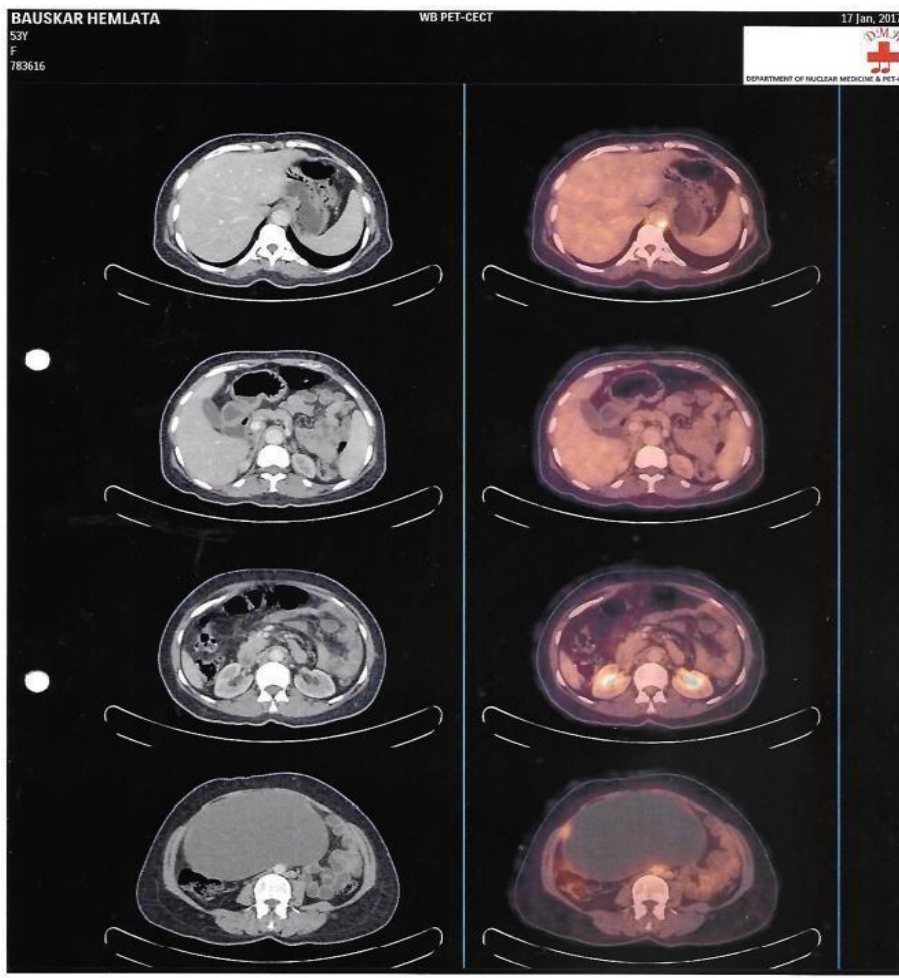


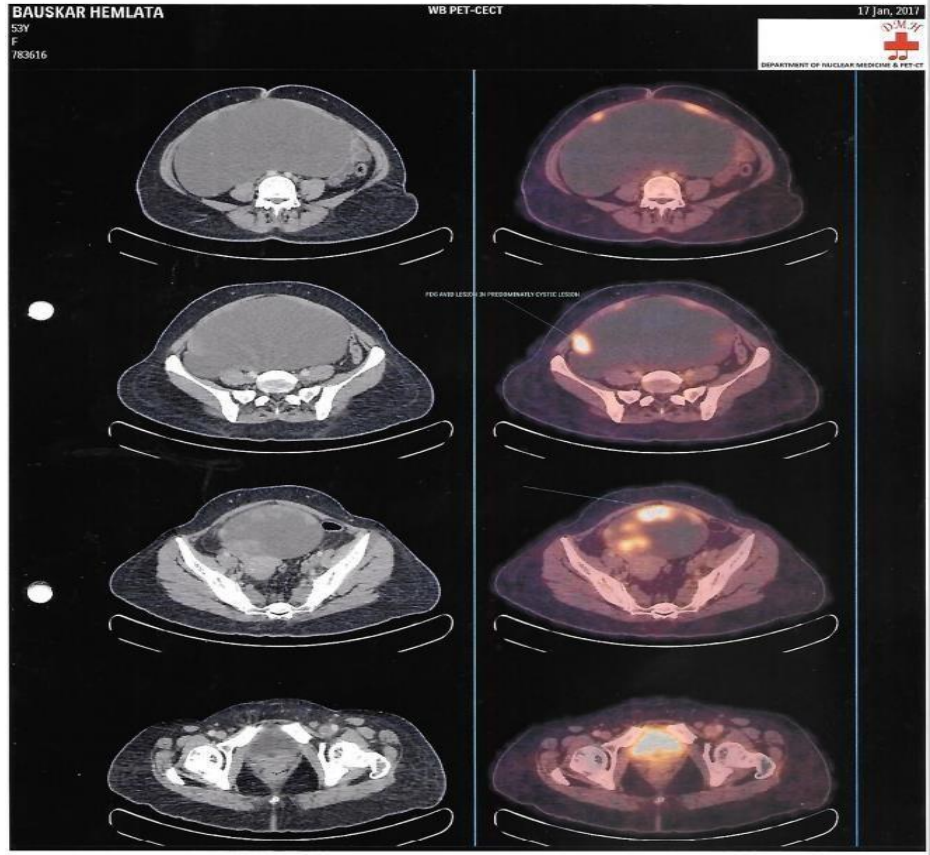
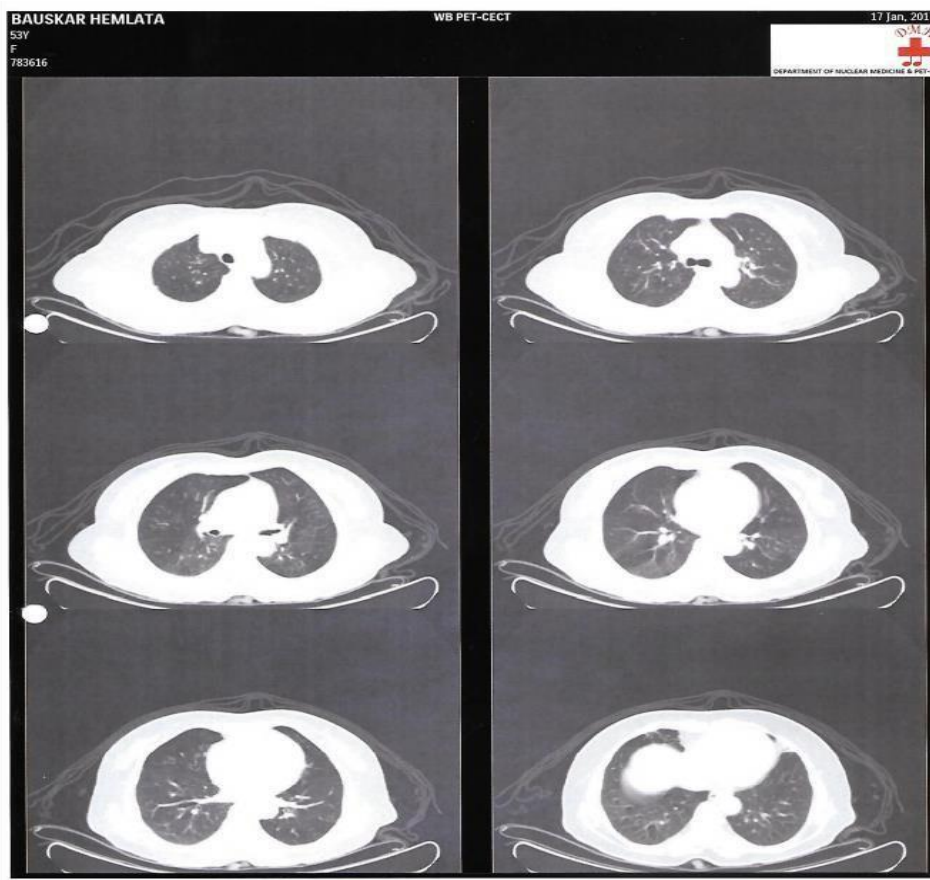
Dr Bipin Kulkarni
MD
Radiology



Dr Sujit Nilegaonkar
MBBS, DRM,RSO
DNB Nuclear Medicine
09096076446







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 tumour 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 a 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 [2] that were not available to Sundar four years ago. The hospital's diagnostics saw a tumour and declared it malignant. 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 areas [4]. Correct those voltages and the chronic condition improves without drugs.

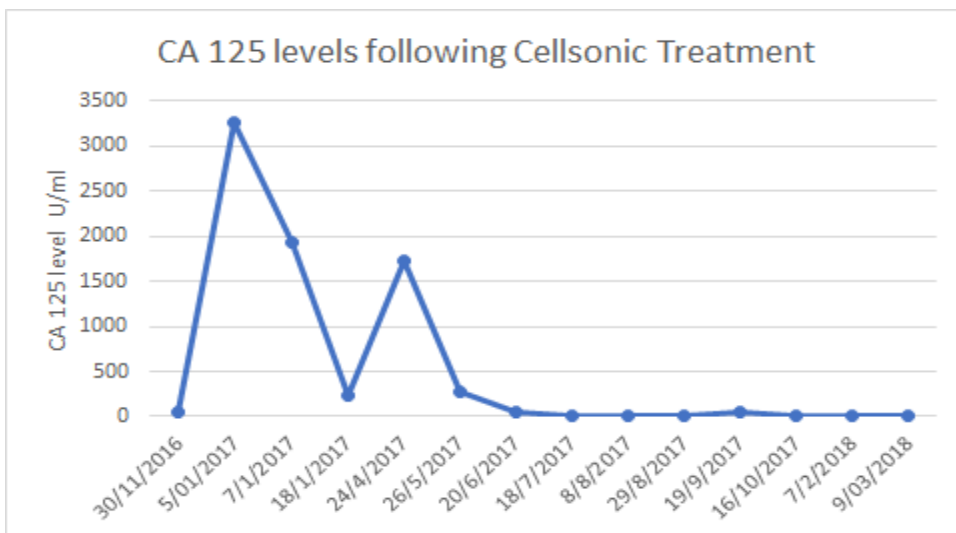
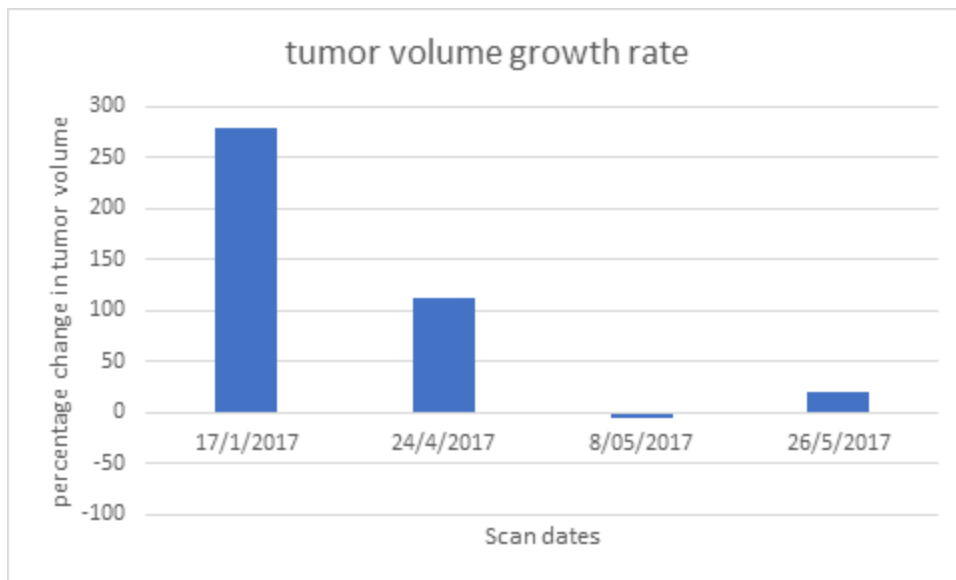
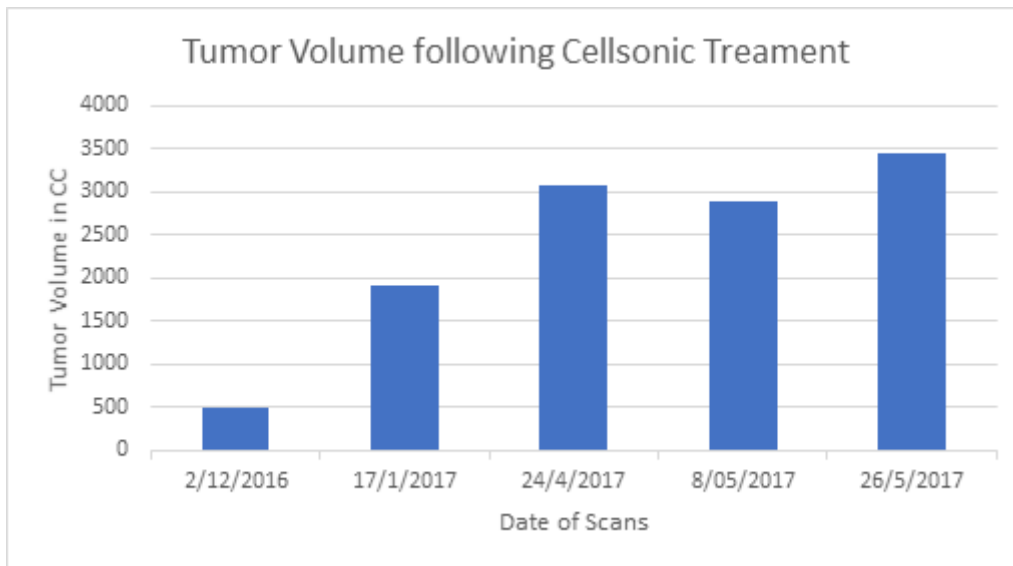
Mental diseases are also responding to electrical fields, not direct blasts of electrical current but exposure to short duration electrical fields. If the patient preferred a totally natural cure, they would have to go outside during a thunderstorm, be careful not to be hit by lightning but close enough to 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:

1. Sundar Raman sundarpunein@gmail.com
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5. https://www.medicalandresearch.com/journals/view_article/112
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