Swissmed
HEALTH

IT'S POSSIBLE

PATIENT STORIES

of healing and resilience with
Personalized Swiss Medicine

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personalized Swiss Medicine

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Introduction

About Swissmed Health

As human beings with hopes and dreams, we all aspire to live our lives to the fullest. Yet, the reality is that difficult health conditions and ageing can often hold us back and make it difficult for us to fulfill our goals and enjoy our daily lives.

Our mission is to be the home of clinical longevity both for health span and lifespan. Empowering the revolution in clinical longevity, we aspire to be the top medical destination in Europe for patients who want to live longer and better. Rooted in Swiss values of precision and trust, we help patients overcome difficult medical conditions and expand their health span. By seamlessly integrating cutting-edge diagnostics, compassionate care and innovative longevity treatments, we strive to eradicate health limitations, enabling a stress-free and pain-free lifestyle for patients, so they can lead a life of vitality and well-being.

A New Approach to Health

Swissmed Health offers patients a new approach to health called personalized Swiss medicine. Developed after working with over 22,000 patients, our approach synergistically combines the best of functional medicine, biological medicine and personalized medicine. By taking a holistic, personalized approach to healthcare, personalized Swiss medicine empowers individuals to achieve their unique medical goals and unlock their health potential.

Personalized Swiss medicine differs from conventional medicine in several ways. It focuses on identifying and addressing the underlying causes of disease rather than just treating symptoms. It also emphasizes the interconnectedness of the body's systems and the importance of addressing underlying imbalances. What's more, personalized Swiss medicine takes a more holistic, patient-centered approach to care, recognizing that every individual is unique and requires personalized attention.

The purpose of this book is to provide real-world examples of personalized Swiss medicine in action and show how it can help individuals achieve optimal health and wellness. By sharing the personal stories of 30 patients who have overcome their health challenges using personalized Swiss medicine, we aim to educate about this new approach to healthcare. At the same time, we recognize that everyone's health journey is unique, and that is why we have included a diverse range of case studies that showcase the versatility of personalized Swiss medicine.

By reading these patient stories and the additional health resources included in this book, you can join the growing community of individuals who are taking a proactive approach to their health and longevity. We also hope that this book will serve as a valuable resource for anyone interested in extending their life span, as well as a source of inspiration for those struggling with chronic health challenges.

Key Principles of Personalized Swiss Medicine

Personalized Swiss medicine focuses on the root causes of serious health problems, rather than simply treating their symptoms. Through a highly customized approach to care, personalized Swiss medicine practitioners aim to optimize patients' health and wellness using a combination of sophisticated testing, innovative, evidence-based therapies, holistic treatments as well as lifestyle modifications.

Following are the key principles of personalized Swiss medicine:

Principle 1: The Body is a Complex, Interconnected System

Personalized Swiss medicine recognizes that the body is a complex, interconnected system where all parts are interdependent. If one part of the body is not functioning properly, it can affect other areas of the body as well. For instance, poor gut health can lead to systemic inflammation, which can impact many different areas of the body, including the brain, joints and skin.

Principle 2: Each Patient is Unique

Personalized Swiss medicine considers each patient to be unique and therefore requires individualized care. Treatment plans are tailored to the specific needs of each patient, taking into account factors such as genetics, lifestyle and environmental factors.

Principle 3: Health is More Than the Absence of Disease

Personalized Swiss medicine focuses on promoting overall health and wellness, rather than simply treating symptoms or preventing disease. This involves addressing the root causes of health issues and optimizing the body's natural ability to heal and thrive.

Principle 4: The Body Has an Innate Ability to Heal

Personalized Swiss medicine understands that the body has an innate ability to heal itself when given the proper support. We focus on empowering the body to heal and recover.

Principle 5: Nutrition is Important

Personalized Swiss medicine values the significant role nutrition plays in overall health and wellness. Our treatment plans include a nutrient-dense, whole-foods-based diet that is tailored to the patients' unique needs. The diet may also include the elimination of certain foods that could be contributing to health issues, as well as targeted supplementation to address any nutrient deficiencies.

Principle 6: Mind-Body Connection

Personalized Swiss medicine recognizes the powerful connection between the mind and the body. Strategies to help patients reduce stress, improve sleep, and address any underlying emotional trauma that may be contributing to their health issues, are included in our treatment plans.

Principle 7: Lifestyle Factors Matter

Personalized Swiss medicine realizes that lifestyle factors play a critical role in overall health and wellness. Helping patients make positive changes to their lifestyle, such as being physically active, reducing toxin exposure, maintaining healthy weight among others, increase the success of each patient's treatment plan.

Principle 8: Prevention is Key

Personalized Swiss medicine values the importance of preventing disease before it occurs. This approach focuses on identifying and addressing potential health issues before they become more serious and may involve targeted testing and screening to identify potential risk factors.

Principle 9: Collaboration is Essential

Personalized Swiss medicine considersthat achieving optimal health and wellness requires a collaborative effort between the patients and their healthcare team.When developing a treatment plan, we take into account the patient's unique needs, preferences and health goals.

Principle 10: Evidence-Based Care

Personalized Swiss medicine understands the importance of evidence-based care. We base our recommendations on the latest scientific research and clinical evidence. Our team is dedicated to keeping up to date with innovations and technologies as they become available andbringing them to our patients.

We could envision the human body as an orchestra, where each organ represents an instrument, contributing to the symphony of overall health. In this analogy, personalized Swiss medicine embodies the conductor who orchestrates the harmony and balance among the various sections of the orchestra.

Just as an orchestra requires synchronization among its musicians to produce beautiful music, the body's organs need to work together in harmony to deliver optimal health. Each organ plays a unique role, much like different instruments playing diverse parts in a musical piece. When one section of the orchestra is out of tune or offbeat, it affects the entire composition. Likewise, when an organ is not functioning well, it can affect the health of the entire body.

Personalized Swiss medicine acts as the conductor, assessing each instrument (organ) individually and understanding how they collectively contribute to the body's symphony. It aims to identify

and address any disharmony or discordance within the orchestra. By considering factors like lifestyle, genetics, environment and unique health history, personalized Swiss medicine creates a comprehensive plan to restore balance and rhythm to the body's symphony, bringing about better health, wellness and vitality.

In conclusion, I invite you, the reader, to embrace the possibilities, empower yourself with knowledge, and take charge of your health and well-being. When you're ready, reach out to us and let's embark on the journey to a healthier and longer life together.

Swissmed
HEALTH

1 Elena's Story: Recovery from Hashimoto's Disease

1.1 Summary

A 34-year-old patient came to our center with back pain and dizziness and was diagnosed with Hashimoto's disease. Here are the patient's words about her recovery:

> "After three months of treatment, I experienced a full recovery not only from my thyroid issues but also from the pain and dizziness. I was amazed when I saw that my test results went from 600 to 9, compared to the normal range of 30. I am deeply grateful for the care I received." *Elena*

1.2 Patient History, Symptoms and Other Treatments

Elena, a 34-year-old woman, sought medical help for her back pain, high blood pressure (140/100 mmHg), dizziness triggered by neck movements, and a previously diagnosed lipoma on her back. Her examination revealed elevated levels of anti-TPO antibodies, confirming a diagnosis of Hashimoto's disease. Hashimoto's is an autoimmune condition where the body produces antibodies that attack the thyroid gland, gradually damaging it.

Here are Elena's own words describing her experience:

> "I visited the Swissmed center due to severe dizziness when moving my neck, along with back pain and high blood pressure. To my surprise, the doctor recommended a thyroid test, something no one had mentioned before. When I received the test results, I was shocked to see that my levels were twenty times higher than normal, and this caused me to panic." *Elena*

1.3 Understanding Hashimoto's Disease

Hashimoto's disease is a type of thyroiditis characterized by inflammation of the thyroid gland. It is the most common form of thyroiditis and is caused by an autoimmune response. In Hashimoto's, the body mistakenly produces antibodies that target and attack the thyroid gland.

While antibodies typically target harmful viruses and microbes, in Hashimoto's thyroiditis, they mistakenly identify thyroid cells as threats and gradually destroy them. This damage can impair the thyroid's ability to produce thyroxine, leading to an underactive thyroid. Many individuals with Hashimoto's require thyroid hormone replacement therapy to maintain normal hormone levels.

Without proper treatment, an underactive thyroid can cause symptoms such as throat swelling, pain, swallowing difficulties and breathing problems. Other common symptoms of hypothyroidism, resulting from an underactive gland, include fatigue, muscle pain, weight gain, depression, and skin issues.

In some cases, Hashimoto's disease may initially present with symptoms of hyperthyroidism. This condition, known as Hashitoxicosis, manifests as heat sensitivity, rapid heartbeat, restlessness, tremors, excessive sweating and weight loss.

1.4 Diagnosis and Test Results

The diagnosis of Hashimoto's disease was confirmed by the high levels of antithyroid antibodies (anti-TPO) exceeding 600, leaving no doubt about the autoimmune nature of the condition. Elena's neck pain and elevated blood pressure further supported the diagnosis.

Additionally, we conducted tests to assess the presence of toxic heavy metals in Elena's body by analyzing urine samples. Following a specific protocol, we measured the concentrations of 21 heavy metals, including mercury and lead. The results showed elevated levels of aluminum.

Specialized tests were also performed to evaluate intestinal health

and the presence of inflammation. Analysis of undigested food metabolites revealed malabsorption issues related to triglycerides. Further, a fecal culture indicated a high concentration of the potentially pathogenic bacterium Klebsiella in Elena's intestines.

1.5 Treatment Plan

The treatment plan focused on addressing the underlying causes of inflammation (pathogenic gut microbes), hypersensitivity (cadmium), and toxic effects due to aluminum accumulation. Therapeutically, Elena underwent a detoxification process to eliminate aluminum and cadmium from her system and received guidance to avoid exposure to these heavy metals. Additionally, her immune system was strengthened.

To address the presence of Klebsiella, suitable treatment was provided for eradication, and Elena was advised to avoid gluten and casein (a protein found in milk) to support her recovery.

1.6 Outcome

As a result of the comprehensive treatment approach, Elena experienced complete recovery from autoimmune thyroiditis. This was confirmed by a significant reduction in anti-TPO antibody levels, which decreased from 600 to 9. Her symptoms of hypertension and back pain also subsided.

The treatment strategy focused not only on the affected thyroid gland but also on addressing the root causes of the disease. By addressing the toxic agents causing inflammation, hypersensitivity, and concentration-related toxicity, the function of the thyroid gland was restored.

2 Daphne's Story: Recovery from Migraines that Started Forty Years Ago

2.1 Summary

Daphne, aged 59, came to the center, suffering from severe and frequent migraines. The migraines had degraded her quality of life and dated back to over a decade. After a six-month treatment, she completely recovered; the headaches, prostration and accompanying symptoms completely disappeared, while she was left with mild dizziness, which she felt as often as once a week.

Here is how Daphne describes her situation:

> "The truth is that I came here without much hope. I had visited many doctors without finding any real relief from the headaches that plagued me. My thought was, let's go here too, what do I have to lose? I didn't even have hope that I would get well. The most I could hope for was an improvement in my condition, for the headaches were frequent and unbearable for hours on end. When, after the end of treatment, the pains disappeared completely, as if they never existed, I felt like I was reborn. You see, I suffered from the pains for 40 years; I had learned to live with them. I didn't believe it at first, but I soon found that I was cured. I was relieved of the headaches. I will be forever grateful."
>
> *Daphne*

2.2 Patient History, Symptoms and Other Treatments

Daphne, aged 59, presented with a forty-year history of severe migraines. The attacks were severe both in terms of frequency (up to once a week) and severity (intense headaches in the left hemisphere of the brain, lasting up to three 24-hour periods), during which the patient was confined to bed and almost completely dysfunctional. Before each incident, she often had neurological symptoms, such as visual disturbances and numbness of the upper extremities.

These are the patient's own words:

> "When I visited the doctor at the Swissmed center, I was on the verge of despair. I had a seizure worse than any other time, and I was swallowing painkillers like candy, but they couldn't give me any relief. Recently, the crises had intensified, and this had created unbearable stress for me since I could not meet my duties as a mother and a wife. Just before the last seizure, I had such numbness in my arm and such blackness in one eye that I was sure I had had a stroke. The previous doctors told me not to worry, but how could that be? I didn't want to take sedatives on top of that; the painkillers I was taking by the buckets were enough for me. To my surprise, the doctor asked me to stop the painkillers and do a series of tests, which would help us identify the cause of the headaches."
>
> *Daphne*

2.3 Understanding Migraine

A migraine is a sharp, throbbing pain that follows the rhythm of the heart, usually located on one side of the head. In many cases, this is preceded by a series of symptoms known as aura, vertigo, blurred vision, fatigue, restlessness and impaired concentration.

In the past, migraines were exclusively attributed to the narrowing of the vessels that supply blood to the brain. However, newer research has shown that they may also be due to the inhibition of the action of the neurotransmitter serotonin in the brain.

The mechanism of migraines is related to stressors or other factors that affect serotonin metabolism, such as fatigue, severe stress or menstruation, weather changes, alcohol, or foods containing histamine or tyramine, and hypoglycemia.

Serotonin is a neurotransmitter that acts as a powerful vasodilator, improves blood flow, and enhances normal brain function. Large amounts of serotonin can cause intense nervousness, while low levels are involved in depression. Once the balance of serotonin levels is disturbed, a domino effect begins, producing the headache.

Migraine symptoms vary in duration and severity, from mild atypical headaches that sometimes go unnoticed to severe attacks. A typical migraine episode includes four stages:

a) The precursor stage, which occurs one to two 24-hour periods before the headaches and may include the following symptoms:

- Irritability
- Drowsiness
- Constipation
- Tension or pain in the neck

The precursor stage occurs in slightly more than half of the patients.

b) The aura, which includes focal neurological signs such as:

- Numbness
- Speech disorders
- Vertigo
- Dizziness
- Visual disturbances
- Hemiplegia (very rare)

The aura occurs in less than a third of thepatients, shortly before or at the same time as the headaches.

c) The headache, which has the following characteristics:

- It is of medium or high intensity
- It is usually located in one hemisphere of the brain, but this is not absolute
- It has a pulsatile character, and the patient perceives it as a pounding, each beat coinciding with his or her heartbeat
- It lasts from a few hours to three 24-hour periods
- It worsens with physical activity

In addition, the patient shows sensitivity to light (photophobia) and sounds (echophobia).

d) The resolution stage. When the headache goes away, some residual effects such as exhaustion, inability to concentrate, dizziness, and emotional disturbances are likely to remain.

Regarding the frequency of migraine attacks, about six in ten patients experience one to four episodes per month, three in 10 less than one per month, and one in 10 more than four per month. Regarding the intensity of the symptoms, about half of the patients become dysfunctional during the crisis and are unable to cope with their work and daily tasks.

2.4 Diagnosis and Test Results

Some recent studies seem to suggest that there is an association between migraines and a lack of vitamins C, D, B12, and trace elements, such as zinc. The deficiency of these components probably increases disturbances in the blood flow of the brain, which is blamed for causing migraines. We measured these four components in the patient's blood and found Vitamin D to be deficient, Vitamin C marginally low, Vitamin B12 normal, and zinc levels marginally low.

Afterward, we measured the concentration of 20 toxic heavy metals in the urine and found an increased excretion of gadolinium, which represents an overload of the body with this metal. Gadolinium is a rare metal and when it is present in increased amounts in the body,

it creates symptoms similar to those of nickel or copper overload, usually skin lesions and hair loss.

We evaluated the condition of the intestine and the existence of inflammation with a series of tests. From undigested food metabolites, it was found that there occurs a malabsorption of phospholipids.

By stool culture, it was found that the bacterium Klebsiella pneumonia, which is potentially pathogenic, was present in a high concentration in the intestine. By the microscopic examination of feces, we confirmed that there are no parasites, and by P.C.R, the presence of protozoa was ruled out.

2.5 Treatment Plan

The therapeutic treatment was not focused on the symptomatic treatment with painkillers, but on the root of the very problem and on correcting the vascular disorders. The patient's personalized therapy focused on eliminating the toxic heavy metals, providing nutritional support, administering phospholipids, and reducing the inflammation caused by the pathogenic gut bacteria.

2.6 Outcome

After a six-month treatment, the said patient completely recovered; the headaches, prostration and accompanying symptoms completely disappeared, while she was left with mild dizziness, which she felt as often as once a week.

3 Anna's Story: Successful Treatment of Infertility

3.1 Summary

Anna, a 36-year-old woman, approached Swissmed after struggling for over a year and a half to conceive. Despite leading a healthy lifestyle in many aspects, she faced challenges related to her smoking habit, dietary choices, and a history of ovary removal at a young age. After undergoing a comprehensive treatment plan at Swissmed, Anna successfully conceived and gave birth to her son.

Here are her own comments:

> "After trying to conceive naturally and failing so many times, I became desperate, and I thought I would never fulfill my dream of having a family. So much stress. Only when a friend introduced me to the Swissmed clinic I dared to hope again, but even then, I kept my skepticism. To my great surprise, after a few months I became pregnant! Both my husband and I are very grateful, and we love our son so much!"
>
> *Anna*

3.2 Patient History, Symptoms and Other Treatments

From an early age, Anna faced reproductive health challenges. At 14, she had an ovary removed due to a misdiagnosis, leading to a long-term dependence on contraceptives for menstrual cycle regulation. This history significantly impacted her fertility. Anna's lifestyle included a diet heavy in dairy and sweets, abstaining from meat and fast food. However, she also smoked, which contributed to her irregular menstrual cycle and overall reproductive health challenges.

3.3 Understanding Infertility

Infertility is a multifaceted condition often resulting from a complex interplay of genetic, physiological, environmental, and lifestyle factors. It affects both men and women and can stem from a myriad of causes. For women, infertility can be due to issues such as ovulatory disorders, tubal blockage, uterine abnormalities, or age-related factors. In Anna's case, her early surgical intervention, where an ovary was removed, significantly contributed to her challenges. This early life event, combined with her reliance on contraceptives for menstrual regulation, had long-standing implications on her reproductive health.

Moreover, lifestyle choices, such as dietary habits and smoking, play a crucial role. Smoking, in particular, is known to have a detrimental impact on fertility, affecting ovarian reserve and egg quality, and can also lead to issues in the fallopian tubes and the uterus.

Dietary factors, while often overlooked, are equally important. Food intolerances and poor nutritional choices can disrupt hormonal balance, inflammation levels, and overall body health, which are all critical to fertility.

Furthermore, chronic stress, another factor in Anna's case, is an increasingly recognized cause of infertility. Stress can disrupt hormonal balance and menstrual cycles, making conception more challenging. Understanding the multifaceted nature of infertility is essential in developing a comprehensive and personalized treatment plan, addressing not just the symptoms but the underlying causes, thereby improving the chances of conception and a healthy pregnancy.

3.4 Diagnosis and Test Results

Extensive evaluations at Swissmed revealed several key issues: Anna had intolerances to dairy and wheat, significant burdens of cadmium and arsenic (attributed to smoking), and postural irregularities detected through pelmatography. These findings guided the formation of a personalized treatment strategy.

3.5 Treatment Plan

Anna's treatment at Swissmed was a carefully orchestrated journey, tailored to her unique needs and circumstances. The first step involved a complete transformation of her diet. Anna bid farewell to dairy and wheat, known culprits of her food intolerances, and embraced a vegetarian lifestyle rich in nutrients, a vital change for her reproductive health. Concurrently, Anna embarked on a challenging yet crucial path to quit smoking. Nerve recalibration therapy was a key component of this endeavor, supporting her both physically and mentally in overcoming her nicotine addiction. This step was not just about improving her chances of conception but also about enhancing her overall health.

Addressing stress, an often-overlooked factor in fertility, was another critical element of Anna's treatment. Swissmed's holistic approach included stress management techniques, recognizing the adverse effects that prolonged emotional strain can have on the body, particularly in the context of fertility. This aspect of the treatment was not just about reducing stress but also about creating a more positive and hopeful mindset, essential for Anna's journey to motherhood.

The treatment also included detoxification, specifically targeting the heavy metals like cadmium and arsenic that had accumulated in Anna's body due to her smoking habit. This detox regimen was crucial in purifying her system and reducing the toxic load that could impede her fertility. In tandem with detoxification, Anna underwent a series of interventions to correct her postural imbalances. These were not mere physical corrections; they were strategic moves to remove obstructions around her remaining ovary, enhancing her reproductive capabilities.

Lastly, Anna received a customized intravenous infusion plan, meticulously designed to replenish her body with essential vitamins, minerals, and antioxidants. This step was akin to nurturing a garden, preparing her body to support new life. Alongside these infusions, holistic support was provided to boost both her immune system and her reproductive health. This comprehensive and multifaceted treatment approach, addressing her health holistically, was pivotal in transforming Anna's dream into reality.

3.6 Outcome

The comprehensive approach led to remarkable results. Within two months of starting the treatment, Anna's health improved significantly. Just three months later, she became pregnant, and after a full-term pregnancy, she joyfully welcomed her son. Anna continues to follow a healthy lifestyle and remains under the care of the Swissmed Health team, ensuring her continued well-being and support in her journey as a mother.

4 Andrew's Story: Recovery from Halitosis

4.1 Summary

Andrew visited our medical center, complaining of severe bad breath that he had been experiencing for the past 10 years. He also mentioned issues with drooling. Here is how Andrew described his situation:

> "Unless someone has experienced it, they cannot truly understand the agony that I am going through. My confidence has been shattered, and I feel like a social outcast. I have very few friends, and my social life is limited due to this problem. I'm afraid to approach women, fearing the disgusted face they'll make as soon as I get close. People come near me to talk, and I instinctively take a step back, as I am afraid that they will smell the bad odor. I constantly feel my mouth full of saliva and dare not speak or even open my mouth for fear of the saliva and bad odor spilling out. I use mouthwashes and brush my teeth regularly, but without any result."
>
> *Andrew*

4.2 Patient History, Symptoms and Other Treatments

Andrew, a 51-year-old patient, came to our center with a complaint of severe bad breath that had significantly affected his social life. He mentioned constantly feeling excess saliva in his mouth, which added to his embarrassment. Andrew had been dealing with hypertension for five years and possibly gastroesophageal reflux for eight years.

In his own words:

> "I never thought I could be free from this torment, and I had convinced myself that I would have to learn to live with it. I was ashamed to even talk about it, and I was hesitant to see a doctor. However, in your clinic, I gained trust right from the start. Now that I'm free of this odor, it feels like I'm living a new life. People approach me, and instead of grimacing, they smile. I still feel anxious when someone comes near and my instinct is to step back, but then I remind myself that I'm normal now!"
>
> *Andrew*

4.3 Understanding (Bad Breath)

Halitosis can affect people of all ages and genders. It is a condition that can have unpleasant social, professional, and psychological repercussions. Often, individuals suffering from bad breath are unaware of the issue because they have become accustomed to the foul smell.

The primary cause of bad breath is an increase in bacterial concentration in the mouth, tongue, or teeth. These bacteria produce volatile sulfur compounds, which are responsible for the unpleasant odor. Several factors can contribute to the growth of bacteria in the mouth, including:

- ***Poor oral hygiene:*** Inadequate removal of food particles provides a favorable environment for bacterial growth and the resulting bad breath.
- ***Tooth decay:*** Damaged teeth, especially when abscesses are present, can cause bad breath.
- ***Gingivitis and periodontitis:*** Bacteria associated with bad breath can be found in these conditions. In periodontitis, food particles and dead cells accumulate in the gum pockets, promoting the growth of microbes.
- ***Blocked teeth, decayed teeth and dentures:*** These can create an ideal environment for bacterial growth and contribute to bad breath.

- ***Strongly flavored foods:*** Consuming garlic and onion, smoking, alcohol consumption, or certain medications.
- ***Extreme diets and prolonged fasting:*** The production of ketones during these periods can contribute to bad breath.
- ***Underlying systemic conditions (particularly diabetes mellitus and gastroesophageal reflux)***: Bad breath can be related to ketosis in diabetes and the presence of stomach acids in the esophagus.
- ***Other conditions:*** Dry mouth, kidney failure, esophageal cancer and stomach cancer.

4.4 Diagnosis and Test Results

Blood tests revealed deficiencies in vitamin C and folic acid:

- Folic Acid: 5.3 nmol/L (Reference Range: 7.0 - 45.0)
- Vitamin C: 2.1 mg/L (Reference Range: 6.0 - 20.0)

Additionally, Andrew had reduced levels of omega-3 fatty acids (specifically α-linolenic acid and eicosapentaenoic acid (EPA)), omega-7 and omega-9 fatty acids (total acid and nervonic acid). However, vitamin D, vitamin B12, zinc, magnesium and omega-6 fatty acids were within normal ranges.

It's important to note that the deficiency of omega-3 and omega-7 fatty acids can impact the mucous membranes of the mouth, eyes, and skin, leading to dry eyes, dry skin, and dry mouth. Taking omega-7 fatty acids can help prevent dry mouth, which contributes to dental plaque and gingivitis, resulting in bad breath. Adequate levels of omega-3 and omega-9 fatty acids are also essential for brain function and cardiovascular health.

The blood tests also revealed a reduced level of coenzyme Q10, which plays a crucial role in eliminating free radicals and preventing oxidative stress.

4.5 Treatment Plan

Andrew's treatment plan involved a referral to a dentist for the removal of the abscessed tooth and placement of zirconia. Additionally, Andrew was advised to take supplements of vitamin C, omega fatty acids, vitamin D and coenzyme Q10.

Homeopathic as well acupuncture treatments were also administered and herbal products containing trace elements and metals were prescribed.

4.6 Outcome

Within four months, Andrew successfully resolved the problem that had been troubling him for a decade. His bad breath disappeared, and the feeling of excess saliva in his mouth significantly diminished. He regained his confidence and social life, which had been greatly impacted by the condition. The psychological problems stemming from this situation also vanished for good.

5 Judith's Story: Detoxifiying from Mercury Poisoning

5.1 Summary

Judith sought treatment following acute mercury poisoning caused by a dental procedure. As a result, she experienced memory loss, anxiety disorder, inability to concentrate, and severe dysfunction. After undergoing a four-month treatment, the toxic metal was successfully removed from her body, and Judith returned to her normal state.

Here is how Judith describes her situation

> "I couldn't comprehend what was happening to me. Suddenly, I felt like I had lost myself. I had an incredibly stressful day and struggled to fall asleep until 3 am. During that time, I experienced intense itching on my hands and feet, which further hindered my ability to sleep. However, the most distressing aspect was my constant forgetfulness. I found it difficult to recall the current year, the name of my city, and at times, even my own name. Moreover, there were moments when my vision became blurred, as if shadows or clouds were obstructing my sight. At work, I received constant criticism due to my forgetfulness and frequent mistakes. I knew something was wrong, but couldn't identify the cause. Eventually, I became unbearable to my colleagues, resulting in my dismissal from my job."
>
> *Judith*

5.2 Patient History, Symptoms and Other Treatments

Judith, arrived at our center in a severely distressed mental and psychological state. She appeared utterly disoriented and

struggled to concentrate, even on simple questions. She displayed minimal reaction to external stimuli and experienced bouts of incoherent speech, insomnia, and itching in her hands and feet.

After her brain and neurological health were restored, she shared the following:

> "It was an incredibly peculiar situation, and I had no clue about its cause. I contemplated the matter, as I had always been well-organized, mentally sharp, and rarely forgot things. Yet, it seemed as if something had invaded my mind and blocked its normal functioning. Initially, I attributed it to fatigue and reassured my son that it would eventually pass. Instead of improving, however, the condition kept worsening. I began to fear that my end was approaching. Now that I have fully recovered, it all feels like a terrible nightmare. I am grateful to you for identifying the true cause of my illness and rectifying it, as other doctors I consulted had prescribed neurological medications instead. It's astonishing how something as seemingly simple as a dental procedure could have such profound consequences."
>
> *Judith*

5.3 Understanding Mercury Poisoning

Elevated levels of mercury in the blood and tissues can lead to irritability, anxiety, sleep disturbances (particularly insomnia), impaired cognitive function and memory loss. The affected individual may exhibit behavioral changes, ranging from heightened irritability and anger to apathy and depression. Other symptoms may include visual impairments (reduced visual field), auditory issues (hallucinations), speech difficulties and impaired coordination. In severe cases, there may occurparalysis, coma, or even death.

Chronic mercury poisoning manifests gradually, causing inflammation in the oral cavity (gums, mouth, and teeth), as well as skin abnormalities (redness, peeling, and toxic dermatitis).

Symptoms such as restlessness, light sensitivity (photophobia), increased sweating, and swelling of extremities may also accompany chronic mercury poisoning.

5.4 Diagnosis and Test Results

The diagnosis was based on the patient's elevated blood mercury levels (26.3 mg/L) compared to the normal range of less than 5 mg/L. Hematocrit and serum magnesium levels were within the normal range, while omega-3 and omega-6 fatty acids were normal or slightly elevated. Selenium levels were slightly elevated and zinc levels were below normal.

5.5 Treatment Plan

The patient underwent our heavy-metal detoxification protocol, with a particular focus on removing mercury. Additionally, hydrotherapy was administered and homeopathic treatments and specific mineral supplements were prescribed.

5.6 Outcome

After three months of treatment, the patient saw mercury successfully eliminated from her body, leading to a complete elimination of symptoms. Normal sleep patterns returned, memory function improved, and anxiety, irritability, lack of focus and behavioral disturbances disappeared. The itching in her hands and feet significantly decreased. Judith has since resumed her normal life, including returning to work as well.

6 Antonia's Story: Recovery from Facial Psoriasis

6.1 Summary

A woman visited our center with severe facial psoriasis, characterized by red and scaly patches with itching on her cheeks. After two months of treatment, her symptoms improved by 95%, providing relief from the significant social and psychological impact she had been experiencingas a result of her condition.

In her own words:

> "I felt deep shame about my face and experienced a sense of stigma. Whenever I saw other girls playfully interacting in front of a mirror, I would hide my face, wishing to disappear. What was there for me to see in the mirror? I was aware of how unpleasant I looked. Smiling or making eye contact, especially with boys, filled me with shame, anticipating their disgust. Now, with my recovery, everything has changed. Despite the challenging journey, I feel that life is gradually starting to embrace me with a smile."
>
> *Antonia*

6.2 Patient History, Symptoms and Other Treatments

Antonia, a 22-year-old woman, sought treatment due to severe facial psoriasis that had been troubling her during the past five years. Additionally, she was experiencing severe constipation.

Here is what Antonia shared with us:

> "I tried using creams and cosmetics to conceal my condition, but whenever the pimples flared up, nothing could save me. At those times, I would isolate myself at home, avoiding any social interaction. However, you won me over from the very beginning. It was your compassionate and warm approach that touched my heart."
>
> *Antonia*

6.3 Understanding Facial Psoriasis

Psoriasis is a chronic skin disease that is neither infectious nor contagious and can also affect the joints. It occurs when there is an overgrowth of skin cells (keratinocytes) in the outermost layer of the skin, leading to inflammation and the development of red, scaly patches on the skin.

These patches, called psoriatic plaques, appear as rough areas on the skin, often having a white-silver coloration. They frequently shed scales, causing intense itching. Psoriasis can affect various areas of the body such as the elbows, knees, scalp, palms, soles, and in rare cases, the face.

This disease significantly impacts the quality of life and mental health of patients. It often coexists with other conditions such as eye disease, ulcerative colitis, psoriatic arthritis, obesity, and depression, among others. Genetic and environmental factors, including stress, certain medications, exposure to external toxins, as well as injuries, can contribute to its development. In fact, obesity doubles the risk of developing psoriasis.

Although relatively uncommon, psoriasis can manifest on the face, which can have a profound psychological impact on patients. While the plaques on the face tend to be smaller than typical psoriasis plaques, they still appear as red, scaly patches that cause itching.

These plaques can appear on the forehead, sides of the nose, cheeks, eyelids, or ears. During flare-ups, they may result in peeling, itching, and discomfort. The fact that they occur on such a prominent and observableparts of the body can create unbearable psychological and social challenges for the patient.

6.4 Diagnosis and Test Results

Based on our clinical examination, we concluded that the patient had an elevated concentration of heavy metals and xenohormones in her body. This could be attributed to her work environment and the cosmetics she heavilyused to conceal her psoriasis.

6.5 Treatment Plan

The patient underwent a comprehensive treatment plan, which included extended ozone therapy, ear acupuncture, intravenous treatments to strengthen and detoxify the organs, pulsed electromagnetic-field therapy, and a fermented concentrate of herbs and plants enriched with lactic acid bacteria cultures, among other interventions.

6.6 Outcome

After two months of treatment, Antonia was able to overcome the burden of psoriasis that had tormented her for the past five years, impeding her from living a normal life and causing her psychological distress. Happily, Antonia has truly regained control of her life.

7 Oscar's Story: Improvement from Graves' Disease

7.1 Summary

Oscar traveled from Oslo with a diagnosis of Graves' disease, an autoimmune hyperthyroidism that can also affect the eyes. He had been living with this condition for 25 years. Following a two-week treatment at our medical center in Cyprus, he was able to reduce his medication by half. With ongoing monitoring and home treatment, he eventually achieved a 75% reduction in his medication dosage, and his thyroid test results returned to normal.

7.2 Patient History, Symptoms and Other Treatments

Oscar, a 52-year-old patient, sought treatment for Graves' disease, an autoimmune form of hyperthyroidism that he had been diagnosed with 25 years ago. His condition primarily affected the eyes. At the time of his visit, he was taking neomercazole 5mg twice a day and levothyroxine 125mg once a day. Ultrasound examination revealed an enlarged thyroid gland with a few small cysts measuring less than 3mm.

In addition to the common symptoms of hyperthyroidism, such as irritability, emotional disturbances, insomnia, and rapid heartbeat, Oscar also experienced vision problems. He associated the onset of these problems with the removal of his amalgam fillings. He reported feeling easily fatigued and exhausted, particularly after engaging in physical activities.

During his initial visit Oscar had this to say:

> The problems began when I had my amalgam fillings removed. Along with irritability, anxiety and emotional instability, I started experiencing vision problems. I now easily tire and exhaust myself with no worries, especially after participating in sports activities.
>
> *Oscar*

7.3 Understanding Graves' Disease

Similar to Hashimoto's thyroiditis, Graves' disease is an autoimmune disorder. In this condition, the body produces antibodies that stimulate the thyroid gland, mimicking the action of thyroid-stimulating hormone (TSH). This excessive stimulation leads to hyperthyroidism. While Graves' disease can affect individuals of any age or gender, it predominantly affects women aged 20-50, particularly those with a family history of thyroid disease. The symptoms associated with this disease mirror those of hyperthyroidism and include:

- Sleep disturbances
- Fatigue
- Heat intolerance and excessive sweating
- Rapid heartbeat and irritability
- Tremors in the hands
- Increased appetite accompanied by weight loss
- Diarrhea
- Menstrual irregularities and fertility issues
- Eye irritation and inflammation

In some cases, the disease can cause goiter (an enlarged thyroid gland) and may be accompanied by exophthalmos, a condition where the eyes appear bulging due to swelling behind them. However, this complication is relatively uncommon.

Severe cases of Graves' hyperthyroidism often present noticeable painless enlargement of the thyroid gland. Complications of Graves' disease can include heart failure or osteoporosis. Pregnant women with Graves' disease face a higher risk of miscarriage, preterm birth and low birth weight.

7.4 Diagnosis and Test Results

Ultrasound examination revealed an enlarged thyroid gland with slight inhomogeneity in the tissue, a few scattered cysts smaller than 3mm and a few small nodules smaller than 3mm. The adjacent salivary glands appeared normal, and no enlarged lymph nodes were detected.

Urinary tests revealed increased excretion of toxic heavy metals, including mercury, arsenic, barium, rubidium, and tin, possibly attributed to Oscar's work environment and the amalgam fillings he had removed. Moderate increases in lead, antimony, cesium, and nickel excretion were also noted.

The heavy-metal sensitivity test indicated mild intolerance (allergy) to aluminum and silver, with no reaction detected for lead, organic mercury, mercury, nickel, or cadmium. It's worth noting that silver, found in amalgam fillings and other products like jewelry and water filters, can cause allergies in certain individuals. Chronic exposure to silver can lead to a condition called argyria, characterized by a grayish-silver discoloration of the skin.

Aluminum, present in trace amounts in food and drinking water, does not have a direct link to any specific disease, although its role in Alzheimer's disease remains unclear. To reduce aluminum exposure, it is advised to avoid consuming water containing aluminum salts and minimize consumption of canned goods, processed cheese, and cakes.

In addition, Oscar tested positive for IgG antibodies against measles, Epstein-Barr, and cytomegalovirus (C.M.V.), indicating past infections with these viruses.

Stool tests revealed increased levels of IgA, suggesting an elevated microbial load of potentially pathogenic bacteria and the need

for antimicrobial treatment. There was also an increased risk of infection by the protozoan blastocystis spp. Cultivation identified the presence of Klebsiella oxytoca and Citrobacter freundii, potentially pathogenic bacteria. Microscopic examination did not reveal any parasites, but sparse detection of blastocystis spp. was confirmed using P.C.R.

It is important to note that non-pathogenic intestinal microorganisms exist in symbiosis with humans, meaning they coexist harmoniously. However, dysbiosis occurs when potentially pathogenic microorganisms disrupt this balance, leading to problems and diseases.

Dysbiotic bacteria are associated with various conditions, including gastrointestinal disorders (such as irritable bowel syndrome, Crohn's disease, ulcerative colitis, gastritis, and ulcers), autoimmune diseases (such as rheumatoid arthritis, systemic lupus erythematosus, and Graves' disease), allergies, asthma, diabetes, and cardiovascular diseases (such as hypertension and heart disease).

7.5 Treatment Plan

The treatment plan included a combination of intravenous therapies, such as DMPS (a chelating agent), magnetic field therapy, intestinal hydrotherapy, plaque injection therapy, phosphatidylcholine infusions, and more.

7.6 Outcome

Following the two-week treatment in Cyprus, Oscar reduced his medication dosage by 50%. With acontinued treatment at home for three months, a further reduction to 75% was achieved.

The TRAb (thyrotropin receptor antibodies) test, which measures the antibodies stimulating thyroxine production, showed significant improvement. While the initial value upon arrival was 11, the test result in July 2022 was 3.7, although still higher than the normal range (<1.8).

8 John's Story: Remarkable Improvement in End-Stage Foot Gangrene

8.1 Summary

A 60-year-old patient suffering from end-stage gangrene in his diabetic foot was successfully treated. Prior to seeking treatment at our center, he had been informed that amputation was inevitable due to the severity of his condition. However, after undergoing a two-month treatment with us, he experienced an 80% improvement. Remarkably, he left without the need for crutches or any assistance. Here is a statement from the patient:

> "I used to be an active rugby player, always on the move. The thought of losing my leg and being confined to a wheelchair for the rest of my life was devastating. But now, as I leave, I'm a completely different person than the one when I arrived. I will forever be grateful to you for giving me a new lease on life."
>
> *John*

8.2 Patient History, Symptoms and Other Treatments

When John, a 60-year-old individual, came to our center, he relied on crutches for mobility. He had reached the end-stage of gangrene in one of his legs, which necessitated amputation and rendered him disabled. John had a long history of diabetes since the age of 12 and had been using insulin for the past four years. Additionally, he had a history of hypertension, with a blood pressure reading of 150/80 mm Hg.

In his own words:

> "I learned about your center from a compatriot of mine who had coronary heart disease and was successfully treated without surgery. I believed that your place was my last chance to resolve my health problem. Being an incredibly active person and a sports enthusiast, I used to engage in daily exercises before my condition deteriorated. The thought of losing my leg was worse than death itself."
>
> *John*

8.3 Understanding Diabetic Foot

Diabetic foot is one of the most serious complications arising from diabetes mellitus. It occurs when there is a reduction in arterial blood supply to the lower limbs, leading to the development of ulcers or gangrene. Diabetic foot refers to the foot of a patient with diabetes mellitus, which presents complications such as ulcers, tissue infections, peripheral neuropathy, or diabetic arteriopathy.

The underlying mechanism involves the following processes:

Diabetes mellitus causes the deposition of various components on the walls of arteries, leading to the formation of atherosclerotic plaques. This results in the narrowing of the arteries and reduced blood flow beyond the narrowing point. Should diabetes remain untreated, the narrowing worsens, potentially progressing to complete thrombosis and artery obstruction. This interruption of blood supply to the affected limb results in necrosis, leading to amputation.

Peripheral Diabetic Neuropathy is another serious complication of diabetes mellitus. It involves nerve damage, leading to a loss of limb sensitivity and the inability to feel pain, thereby increasing the likelihood of injuries. Smoking and hyperlipidemia are contributing factors. Patients with Peripheral Diabetic Neuropathy are prone to developing ulcers and run an increased risk of diabetic foot.

Common symptoms experienced by patients include:

- Swelling, smoothness, and redness in the leg
- Frequent occurrence of blisters and calluses
- Dry skin
- Bruising or discoloration of the leg
- Presence of ulcers and inflammations
- Hair loss

8.4 Diagnosis and Test Results

Upon John's arrival, he underwent a vascular Doppler examination to assess the condition of his arteries, including the common and superficial femoral arteries, popliteal arteries, and tibial and dorsal arteries in the feet. The results indicated diffuse arteriopathy related to diabetes mellitus, with the presence of small atheromatous plaques in some of the arteries.

Mild narrowing of the middle and lower sections of the shin arteries was observed due to these lesions. Additionally, signs suggestive of arteriovenous communication were identified in the area where osteomyelitis had developed in John's left leg.

Magnetic resonance angiography performed on the abdominal aorta and peripheral vessels revealed severe osteomyelitis in the left foot, partial toe amputation and ulceration of the plantar soft tissue.

John's serum tests showed a glucose level of 194 mg/dL and a glycated hemoglobin A1c level of 8.1%, with normal values being below 6%. His C-reactive protein (C.R.P.) levels were significantly elevated, vitamin C levels were very low, coenzyme Q10 levels were low, and folic acid, vitamin D, and vitamin B12 levels were within the normal range.

Urinary tests for heavy metals showed no increased excretion of any of the 20 metals analyzed, indicating the absence of heavy metal toxicity. However, the presence of exogenous organic substances overload was hypothesized.

Stool tests revealed an increased concentration of E. coli and enterococcus species. While these microbes are part of the normal intestinal flora, an elevated concentration can have the following effects: a) Excessive concentration of E. coli, particularly in the presence of hydrocarbons, can lead to increased gas production and subsequent flatulence. In the presence of excessive protein, E. coli produces metabolites such as tyramine, histamine, and ammonia, which can burden the liver. b) Enterococci are normally present in the intestinal flora and have saccharolytic effects. Therefore, it is necessary to investigate whether the patient consumes a significant amount of sugar. When present in high concentrations, certain strains of enterococcus can cause diarrhea and mild fever.

The stool tests also indicated increased concentrations of fats and proteins, which may suggest pancreatic dysfunction or poor nutrition.

8.5 Treatment Plan

To address the intestinal dysfunction, the patient was advised to avoid animal proteins and fats, as well as all types of packaged or industrially processed bread or pastries containing additives, as these additives can cause inflammation of the intestinal mucosa.

The therapeutic approach included the administration of intravenous therapies, homeopathic and isopathic treatments, gallium detoxification therapy and quite a few more. As in all cases, all treatments were personalized to the patient.

8.6 Outcome

John arrived at our center, limping and relying on crutches, having lost hope of saving his leg. However, after undergoing two months of treatment, he left standing on his own two legs, without any support. The final outcome demonstrated that the treatment he received was effective, given the circumstances.

9 Aviva's Story: Improvement of Ulcerative Colitis Symptoms

9.1 Summary

This is the case of Aviva, a 31-year-old patient with ulcerative colitis and polyarthritis. During her crisis, she experienced up to ten episodes of diarrhea daily. She sought treatment at a clinic in Israel, where surgery was suggested to remove a portion of her intestine. However, after two months of treatment at our center, her bowel movements were significantly reduced to 2-3 per day. More importantly, upon revisiting the clinic in Israel, she was informed that surgery was no longer necessary. Aviva's pain decreased by over 50%, and she experienced improved calmness and better sleep.

Aviva shares her experience:

> "After two months of treatment, I started feeling much better. My toilet issues were resolved, and I could sleep peacefully throughout the night without constantly waking up. When I was told that I no longer needed surgery, I felt an overwhelming sense of happiness and relief, as I have a great fear of surgery."
>
> *Aviva*

9.2 Patient History, Symptoms and Other Treatments

Aviva, 31 years old, came to our center having been diagnosedwith ulcerative colitis ten years ago. She also suffered from severe joint pain. Five years ago, she developed intense arthritis in her right tibiocarpal joint, causing mobility difficulties. Additionally, she experienced pain and arthritis in her left ankle and right knee. Aviva endured up to ten episodes of bloodyhad droped as low as

8.1 g/dl, necessitating blood transfusions. Aviva had a history of colon polyps, which had reappeared. She experienced irritability and nervousness and consumed milk, which we advised her to discontinue. She also used cortisone, iron and omega-3 fatty acids.

Aviva shares her struggles:

> "The joint pain was distressing and made me feel almost disabled. I constantly needed to use the toilet, which caused embarrassment and hindered my ability to go out. I was always on edge, picking fights for no reason. Nights were particularly difficult, as the excruciating pain persisted for hours, making sleep nearly impossible."
>
> *Aviva*

9.3 Understanding Ulcerative Colitis

Ulcerative colitis is a chronic, inflammatory bowel disease characterized by flare-ups and remissions. Unlike Crohn's disease, which can affect various parts of the digestive system, ulcerative colitis exclusively affects the large intestine.

The exact causes of ulcerative colitis are not fully understood, but there is a possible link to genetic factors and immune system deficiencies. Environmental factors such as intestinal infections, anti-inflammatory medications, an unhealthy diet, smoking, and stress may also contribute. Psychological factors may also play a crucial role as they can trigger disease flare-ups.

In ulcerative colitis, inflammation is limited to the mucosa of the large intestine, unlike Crohn's disease, which can extend deeper into the intestinal wall. The condition fluctuates with periods of exacerbation and remission. During acute phases, bloody diarrhea occurs, with severity depending on the intensity and extent of the inflammation. If the entire large intestine is affected, diarrhea and bleeding can be severe. In cases where only the sigmoid colon is affected, stools may be mixed with blood and mucus.

In some instances, symptoms may extend beyond the digestive system, leading to complications in other organs, such as joints, bones (osteoporosis), eyes (iridocyclitis), skin (erythema, and purulent discharge known as pyoderma), liver and lungs (fibrosis).

9.4 Diagnosis and Test Results

While focusing on improving the patient's symptoms and quality of life, our priority was not extensive diagnostic testing. Regular checks were conducted on Aviva's hematocrit, hemoglobin, iron, and ferritin levels to prevent severe anemia and the need for transfusions. As expected, with the reduction in bowel movements, the extent of blood loss also decreased, maintaining satisfactory hemoglobin levels. We also monitored inflammatory markers such as C.R.P. and erythrocyte sedimentation rate.

9.5 Comprehensive Treatment Plan

In addition to Aviva's existing cortisone, iron, and omega-3 fatty acid treatments, we implemented a holistic approach to her care. This included the use of homeopathic and isopathic remedies, probiotics and acupuncture sessions, among other therapies.

9.6 Outcome

While complete cure is not typically feasible in chronic conditions like ulcerative colitis, our goal is to improve symptoms and enhance the patient's quality of life, a task that was successfully achieved in Aviva's case. We also managed to effectively control flare-ups. Aviva experienced significant reductions in diarrhea and joint pain, maintaining her hemoglobin levels consistently above 8mg/dl without requiring transfusions. Moreover, her sleep quality improved as we assisted her in managing anxiety and eliminated the need for frequent bathroom visits during the night. Aviva now feels psychologically morestable, less irritable and more self-assured.

10 Eleni's Story: Overcoming Fibromyalgia

10.1 Summary

Eleni, a 51-year-old patient, had been suffering from severe pain all over her body for years. Recently diagnosed with fibromyalgia, she embarked on a three-month treatment journey that led to a complete recovery from her pain.

> "I couldn't believe it myself, but it's the reality I experienced. Unbearable pain that tormented me for years and left me physically and mentally exhausted miraculously disappeared within three months. I struggle to express the immense joy and gratitude I feel towards the incredible team that helped me. You are not only compassionate and caring but also highly effective. I was tired of empty words from doctors, but you showed me real results."
>
> *Eleni*

10.2 Patient History, Symptoms and Other Treatments

Eleni, aged 51, battled with severe pain throughout her body, which greatly affected her self-confidence, mental well-being and sleep quality. She was taking statins, amirol (a tricyclic antidepressant and pain reliever), and vitamin D. Additionally, Eleni had been neglecting her dental hygiene.

She describes her experience:

> "The days were challenging as I could hardly move and experienced excruciating pain. However, the nights were pure agony. I slept very little, constantly tossing and turning, desperately searching for a position that would provide relief. But it was all in vain; it felt as if my body was covered in sharp nails. I reached the brink of despair and depression. My mind was constantly clouded, my speech slurred, and I began forgetting almost everything." *Eleni*

10.3 Understanding Fibromyalgia

Fibromyalgia is a widespread form of rheumatism that primarily affects the muscles, rather than the joints. Patients with fibromyalgia experience diffuse, intense and deep pain in the muscles, tendons, and fibrous tissues, often accompanied by fatigue and sleep disturbances. Additional symptoms may include stiffness, burning sensations, swelling, tingling, weakness, and heightened sensitivity in various areas of the body. Sleep disturbances contribute to an ongoing feeling of fatigue.

Fibromyalgia is often associated with conditions such as headaches, tinnitus, intolerance to temperature changes, irritable bowel syndrome, speech and memory difficulties, reduced mental clarity and overall cognitive impairment.

Although fibromyalgia mainly affects women over 50, it can develop at any age. The exact causes of fibromyalgia remain unclear, but environmental, genetic, and psychological factors are thought to play a role. Fibromyalgia is considered a syndrome due to its complex nature. It can be either primary or secondary, the latter occurring when it develops alongside another condition like rheumatoid arthritis, osteoarthritis, systemic lupus erythematosus, Sjogren's syndrome, and more.

In patients with fibromyalgia, neurotransmitter function is disrupted, leading to lower levels of serotonin and norepinephrine, as well as dysregulation in neuroendocrine activity. There is also a significant elevation of substance P, which contributes to heightened pain perception.

10.4 Diagnosis and Test Results

A diagnosis of fibromyalgia is typically made when a patient reports at least three months of severe, widespread pain affecting all four quadrants of the body. Additionally, the presence of more than ten tender points on the body when pressure is applied helps confirm the diagnosis.

Biochemical blood tests revealed normal levels of calcium and magnesium, while zinc levels were low. Among the vitamins, vitamin C was within the normal range, vitamin D was decreased, and B12 slightly increased. Parathyroid hormone and thyroid antibodies (anti-TPO and anti-Tg) were normal, while IgG antibodies against Epstein-Barr virus (EBV) and cytomegalovirus (CMV) were positive, indicating past infections with these viruses. The levels of the latter were notably high.

Urine tests to detect heavy metal levels showed increased excretion of mercury, as well as upper physiological limits of lead, cadmium, and tin. Two months after undergoing detoxification treatment, a repeated examination showed normal excretion levels of all minerals, indicating successful detoxification.

Subsequent heavy metal testing revealed mild intolerance to mercury, silver and cadmium. Eleni also underwent extensive allergen testing for various foods to identify her specific allergies and enable the implementation of an appropriate diet.

Stool tests (stool profile) indicated an increased risk of opportunistic infections, such as from the protozoan blastocystis spp, due to disturbances in the normal microbial flora of the intestine. Increased secretion of IgA suggested an elevated microbial load of potentially pathogenic bacteria.

No parasites or protozoa were detected, and there was no evidence of pancreatic elastase deficiency or malabsorption of fats or phospholipids. Calprotectin and secretory IgA levels were normal.

10.5 Treatment Plan

In addition to continuing the use of statins, amirol (a tricyclic antidepressant and pain reliever) and vitamin D, Eleni received vitamin C, zinc, magnesium, a probiotic containing eight strains of live bacteria to restore the balance of intestinal flora, as well as glutathione. She was also advised to address her dental issues, which she promptly did, and was provided with a diet tailored to her food sensitivity test results.

Furthermore, Eleni underwent personalized intravenous infusions, intestinal hydrotherapy, ozone therapy, and biofeedback therapy with electromagnetic field application.

10.6 Outcome

After three months of treatment, Eleni achieved near complete elimination of pain. She now enjoys restful sleep and her memory and psychological well-being have been fully restored.

11 Oliver's Story: Improvement of Neurological Symptoms and Brain Fog

11.1 Summary

Oliver, a 42-year-old male suffering from a rare genetic disorder, came to us for help. Over the past five years, the patient had been experiencing worsening symptoms including brain fog, fatigue, difficulty in speaking and walking. These symptoms had significantly impacted his daily life, rendering him unable to work or drive.

Here is a statement from the patient:

> "My life now is by no means perfect. I still have various health issues that need to be addressed but I feel much more in control of my life now. I gained my independence back. I can drive where I want to go most of the time. Beforehand, I had been restricted to my local town. The way I explain it to friends and family is that Swissmed was able to help me in two weeks more than any hospital, doctor or neurologist had been able to help in four years. Overall, I'm in a much better situation mentally than I was before paying a visit to Swissmed in Cyprus."
>
> *Oliver*

11.2 Patient History, Symptoms and Other Treatments

Oliver, a previously healthy adult, grappled with debilitating symptoms, including extreme fatigue, brain fog, memory impairment, balance issues, difficulties in speaking, and more, for the past five years. While he had undergone extensive evaluations by neurologists and other medical specialists in Ireland and Australia, a definitive conclusion regarding the cause of his condition was not reached.

Oliver's neurologist in Australia had identified a rare mitochondrial syndrome known as POLG (polymerase gamma). Additionally, a PCR test conducted six months ago detected the presence of two microorganisms, Borrelia burgdorferi and Babesia duncani, which are associated with Lyme disease. Investigation for syphilis yielded negative results.

In his own words:

"My name is Oliver. I am in my early forties, living in Ireland with my wife and two daughters. Before coming to Swissmed I had a number of challenging health symptoms that I was seeking help with. After five years of trying to find someone who could help me, I felt I was running out of options and I was almost out of money too. I heard about Swissmed through the Lyme Disease Association of Australia. I had never thought of Cyprus as a country you would go to seeking medical help. I am an Australian citizen and from a young age we are taught that the Australian medical system is supreme. There is no need to go anywhere else. I have reasons to question that now.

My symptoms included brain fog, poor digestion, balance issues, poor memory, fatigue, bladder issues, shortness of breath, noise sensitivity, light sensitivity, extreme stress levels, dizziness, poor driving ability, difficulty in sleeping, difficulty in talking clearly at times, poor concentration, ringing in the ears, depression and anxiety.

I had an extremely positive experience with the treatment provided at Swissmed. All the staff were very welcoming and saw to my every need. Because I have issues with balance and walking, the staff made sure I had someone to drive me to the clinic in the morning and someone to drive me back home each night. This was especially important during my first week while I was getting my bearings.

When I first arrived, I had a lot of shortness of breath and brain fog. These were my two most debilitating symptoms

at the time. Already by the third day of treatment, the shortness of breath went away, and I haven't had this since. Not all my symptoms have improved but I had been there only for two weeks, not the recommended four, mainly for financial reasons. The focus was to get my mind working well enough so that I could start working again. I normally work in accounting, and I haven't been able to work for the past 18 months. I feel like my mind is working well enough again to be able to secure employment, but my wife would like me to wait until after the summer holidays, when the kids are back to school.

Before receiving treatment at Swissmed, I wasn't able to help much at home with family life due to allthese symptoms I had. I am pleased to say that since arriving home my family life has improved as I'm able to do a lot more around the house to help my wife and drive the kids to all their activities. I rarely experience brain fog anymore and most of my other symptoms have improved. Time to start working on these legs of mine. ”

Oliver

11.3 Understanding POLG (Polymerase Gamma)

POLG is a rare genetic disorder characterized by defects in the POLG gene, which encodes the enzyme polymerase gamma. This enzyme plays a crucial role in the replication and repair of mitochondrial DNA. Mitochondria, often referred to as the powerhouses of cells, are responsible for producing energy within the cells through oxidative phosphorylation.

In individuals with POLG-related disorders, the defective polymerase gamma enzyme leads to impaired mtDNA replication and repair mechanisms. This, in turn, results in mitochondrial dysfunction and compromised energy production. As mitochondria are essential for the proper functioning of various organs, including the brain, muscle, and liver, POLG-related disorders can manifest with a wide range of symptoms and organ involvement.

The clinical presentation of POLG-related disorders is highly variable and can include neurological symptoms, such as progressive external ophthalmoplegia (weakness or paralysis of the eye muscles), ataxia (loss of coordination), myopathy (muscle weakness), peripheral neuropathy (nerve damage affecting the limbs), and seizures. Additionally, liver dysfunction, gastrointestinal disturbances and endocrine abnormalities may be observed in some cases.

11.4 Diagnosis and Test Results

The patient underwent an evaluation of the autonomic nervous system and a pelmatogram to assess and correct postural issues. Additionally, antibodies IgG and IgM tests were conducted to determine the presence of Lyme-related organisms, with the results showing negative.

11.5 Treatment Plan

With the challenges posed by Oliver's diagnosis of POLG, a genetic condition with no available cure, the treatment plan aimed to address other potential factors compromising his health and restore his nervous system functioning to the greatest extent possible. The plan primarily focused on detoxification, supporting brain function and enhancing mitochondrial function. Furthermore, efforts were made to improve gastrointestinal function, considering the presence of leaky gut syndrome and its impact on brain fog. Oliver was also advised to eat organic fruits and vegetables, while avoiding dairy products and gluten.

11.6 Outcome

After two weeks of treatment, Oliver reported partial improvements in his overall health. His brain fog improved by 50%, digestion and intestinal function showed a 90% improvement, balance and walking abilities improved by 40%, memory improved by 50%, fatigue decreased by 40%, and shortness of breath completely resolved (100% improvement).

12 Stella's Story: Recovery from Hip Injury

12.1 Summary

Stella suffered from a hip injury that caused severe post-traumatic pain, making it difficult for her to walk. However, after undergoing two months of treatment, the pain disappeared, allowing her to return to her normal life and work.

12.2 Patient History, Symptoms and Other Treatments

While driving, Stella suddenly felt a sharp pain in her hip and heard a noise resembling something breaking. After undergoing diagnostic tests, she was informed that she had inflammation in the acetabulum of her left hip. Despite receiving physical therapy and taking anti-inflammatories, the pain continued to worsen, eventually rendering her unable to walk.

In her own words:

> "I am a yoga and Pilates teacher who experienced a hip injury that left me in excruciating pain. I followed the advice of traditional medicine, but these did not provide relief. Then, I sought treatment at the Swissmed center, where I received homeopathic treatment, ozone therapy, acupuncture and machine sessions to manage both my acute and chronic pain. Within a short period, my condition improved significantly, the pain decreased and eventually vanished completely, allowing me to resume my normal life and work."
>
> *Stella*

12.3 Understanding Hip Pain

Hip pain is a common ailment that many of us may experience at some point in our lives. It is often accompanied by stiffness and can affect individuals of all genders and age groups, although women and the elderly are more susceptible. Contributing factors include body weight, previous injuries, or other existing medical conditions.

The hip joint is one of the largest joints in our body, connecting the pelvis to the thighs and supporting our entire body weight, enabling us to walk. Due to its location and function, it is subjected to significant stress, rendering it prone to injury.

12.4 Diagnosis and Test Results

During Stella's examination, it was discovered that her vitamin C levels were slightly low but still within the normal range. Intraurethral magnesium was found to be low, and initially, zinc levels were below normal but improved significantly after treatment. Vitamin D levels increased from 25 to 36 ng/ml, while parathormone was initially near the upper normal limit but later decreased. Additionally, an ovarian cyst was incidentally detected through imaging.

12.5 Treatment Plan

The patient was prescribed a combination of natural remedies that possess anti-inflammatory, analgesic and toxin-removal properties. Furthermore, she was advised to take vitamin D, omega-3 fatty acids, coenzyme Q and other supplements.

In addition to the prescribed regimen, Stella underwent a series of sessions with our medical instrument specifically designed for chronic pain management and more.

12.6 Outcome

As a result of the treatment, Stella experienced a complete disappearance of her pain and was able to return to her work and normal daily routine.

13 Georgia's Story: Successful Pregnancy Attempt

13.1 Summary

Georgia sought our assistance for musculoskeletal issues in her knee and neck, but her primary concern was her inability to conceive. Following three months of treatment, she became pregnant and gave birth to a healthy baby boy.

13.2 Patient History, Symptoms and Other Treatments

Georgia experienced knee pain for five years, which worsened during her menstrual cycle and became constant recently. She reported high levels of stress, difficulty insleeping, and migraines. Additionally, she had various musculoskeletal problems and experienced joint pain in different areas. At the age of 15, Georgia underwent surgery to remove her right ovary due to polycystic ovaries.

In her own words:

> "I tried for a long time to conceive, but I was unsuccessful. I visited different doctors who recommended hormone therapy and IVF, but those options did not resonate with me. Eventually, I sought treatment at the Swissmed center under the care of Dr. Xydas. The treatments I underwent here involved acupuncture, nutrition-based detoxification and posture correction. Three months later, I successfully became pregnant."
>
> *Georgia*

13.3 Understanding Female Infertility

Female infertility can be attributed to issues related to egg quality, fallopian tubes, or the uterus. Anovulation, the absence of egg release during the normal cycle midpoint, can result from polycystic ovaries, intense stress, excessive physical exercise, obesity or malnutrition, brain tumors, kidney and liver diseases, or progesterone deficiency. A woman's fertility potential is highest around the age of 25, gradually declining until the age of 40, after which it decreases significantly.

Infections of the fallopian tubes, such as chlamydia, can lead to tubal blockage or the formation of adhesions that render the fallopian tubes non-functional. Prior abdominal surgeries can also cause adhesions. Uterine causes of infertility include fibroids, endometrial polyps, recurrent inflammation, endometrial adhesions from repeated scraping procedures, cervical narrowing, and disruption of cervical mucus. Other contributing factors encompass endometriosis, smoking, alcohol, drug use, exposure to toxins and environmental chemicals.

13.4 Diagnosis and Test Results

A comprehensive hormonal analysis revealed normal levels of cortisol, prolactin, FSH, LH, estradiol, testosterone, and DHEA, with a slightly low progesterone level. Homocysteine, SGPT, and LDH levels were also within normal range, although serum iron was low. Antibodies against EBV, cytomegalovirus (CMV) and measles were present, indicating prior exposure to these viruses.

Elevated levels of interleukin-6 and interleukin-2, along with an overall heightened immune response, were observed. This is typically associated with inflammatory conditions, autoimmune diseases, neoplastic diseases and gynecological infections. The fatty acid profile analysis revealed normal levels of naturally saturated, monounsaturated, and omega-6 polyunsaturated fatty acids, but lower levels of certain omega-3 fatty acids. This could be due to insufficient dietary intake or reduced synthesis in the body, possibly stemming from deficiencies in trace elements like magnesium, iron and vitamins. Such deficiencies may contribute to chronic stress, depression, insulin resistance and allergies.

Stool examination indicated elevated levels of calprotectin, which increases in inflammatory and intestinal disorders, as well as increased levels of A1 antitrypsin, a marker of inflammation. Additionally, high levels of IgA indicated an augmented immune response to an antigen, and increased levels of eosinophilic protein X pointed to inflammation and disruption of the normal intestinal flora. Microorganisms detected included E. coli, enterobacter sp., enterococcus and candida albicans. Overall, an inflammatory and dysbiotic intestinal profile with disrupted microbial balance was observed.

13.5 Treatment Plan

Initially, knee pain was addressed with acupuncture and the use of specialized insoles to improve posture and distribute joint pressure. In addition, Georgia received a combination of detoxification treatments, nutritional support and immune system enhancement.

13.6 Outcome

Three months after undergoing treatment at our center, Georgia successfully achieved pregnancy.

14 Theodore's Story: Pain Relief from Post-Operative Neuropathy

14.1 Summary

A patient experienced severe disability due to a previous injury to the 4th and 5th lumbar vertebrae, leading to muscle atrophy, tremors, weakness, and numbness. Despite undergoing surgery, the condition did not improve. However, after receiving our specialized treatments, the patient noticed significant improvements, including reduced tremors, enhanced stability while walking and the ability to drive without pain, dizziness, or trembling. The symptoms subsided by approximately 80%.

14.2 Patient History, Symptoms and Other Treatments

Theodore, aged 73, sought our help for pain, tremors, weakness and numbness in his right leg, which severely affected his daily functioning. These symptoms were likely a result of a past altercation that involved a blow to his lumbar region with a gun stock. Although he underwent waist surgery, the problems persisted and potentially worsened. Subsequently, Theodore was diagnosed with diabetes and has been undergoing antidiabetic treatment.

In his own words:

> "I consulted an orthopedic doctor who, after conducting x-rays, recommended surgery due to leg atrophy. Two months later, I underwent the procedure, but my leg remained numb, extending to my fingers and feet. I felt extremely weak, and it trembled with every movement. I became fearful and had to stop driving. Additionally, my

balance was compromised, causing frequent falls. Doctors advised against sudden movements and heavy lifting. Furthermore, I had trouble sleeping when lying on my left side. According to the doctors, these issues may have stemmed from a previous altercation where my vertebrae were damaged.”

Theodore

14.3 Understanding Post-Traumatic or Post-Operative Neuropathy

Post-traumatic or post-operative neuropathy refers to neuropathic pain that may arise after an injury or surgery. Typically, individuals with this condition have been experiencing chronic pain and have sought assistance from many doctors. The pain is often severe, radiating throughout the area innervated by the affected peripheral nerve.

Common symptoms include:

- Pain in the region supplied by the affected nerve, with possible referral to distant areas.
- Neuropathic pain characterized by a burning, sharp or piercing sensation, resembling an electric current. It may be accompanied by hypersensitivity, tremors, numbness, paresthesia and muscle weakness, depending on the nerve type (motor, sensory, or mixed).
- Application of pressure to the affected nerve can reproduce pain and associated symptoms.
- Allodynia, a heightened sensitivity to pain, may be present.
- Sympathetic overactivity in the affected area, resulting in excessive sweating and altered perception of hot and cold temperatures.

14.4 Diagnosis and Test Results

The diagnosis was based on the patient's medical history and findings from magnetic resonance imaging (MRI) and x-ray scans. Additionally, a formetric scan, a 3D reconstruction of the spine through surface topography measurement was employed to monitor the improvement of the patient's lordosis and kyphosis.

14.5 Treatment Plan

The patient received systematic mesotherapy, a medical procedure involving the intradermal injection of various substances, such as vitamins, antioxidant enzymes, amino acids and medicinal agents, through multiple punctures in the skin.

Moreover, the treatment plan included physiotherapy, specialized insoles to improve body posture, kyphosis, and lordosis, along with additional personalized therapies.

14.6 Outcome

According to the patient, symptoms, including pain, tremors, and numbness, improved by approximately 80%. Theodore has regained the ability to walk at a fast pace and has resumed activities like olive picking, which previously had become challenging due to his condition.

15 Michaela's Story: Improvement of Migraines and Back Pain

15.1 Summary

This case involves a 35-year-old patient who has been suffering from severe and frequent migraines since the age of eight, as well as back pain for the past ten years. After following the recommended treatment, the patient gradually experienced relief from the pain. A year later, the pain had significantly subsided by a large percentage.

Here's what the patient shared:

> "By following Mr. Xydas' therapeutic guidance, I noticed steady improvement in my condition, even within a month. Today, one year after completing the treatment, both my migraines and lower back pain have been reduced by 90%. This means that the pain I experience now is only one-tenth of what it was initially."
>
> *Michaela*

15.2 Patient History, Symptoms and Other Treatments

Michaela, aged 35, suffered with chronic migraines occurring 4-5 times per week and chronic back pain that had worsened over the past five years. She had been relying on Ponstan and Solpadeine for daily relief from migraines.

In her own words:

> "When I arrived at the center, I was on the verge of despair. I had consulted multiple doctors, who merely prescribed painkillers for my migraines and recommended surgery. Despite taking painkillers daily, the migraines continued to overwhelm me and my back pain worsened."
>
> *Michaela*

15.3 Understanding Back Pain

Back pain refers to discomfort experienced in the lumbar spine. It is estimated that four out of five individuals will experience back pain at some point in their lives, with the most vulnerable age range being personsbetween forty and fifty, when intervertebral disc degeneration (herniated disc) and subsequent vertebral joint degeneration begin.

Back pain often results from spinal injuries sustained during exercise. Other causes include scoliosis, spondylolysis and microbial infections. In some cases, the pain may radiate to the lower back, while the actual cause is located elsewhere, such as in gastrointestinal problems.

The underlying issue frequently stems from injuries, tears, displacements, or degeneration of intervertebral discs. These discs play a crucial role in absorbing vibrations and pressure. However, when damaged, the stress is transferred to the vertebrae and joints. As a result, pressure on the intervertebral nerves occurs due to the narrowing of the intervertebral disc.

Consequently, the pain can be felt in various remote areas, specifically where the pinched nerve is distributed.

15.4 Diagnosis and Test Results

An X-ray revealed spondylolisthesis in the O5-I1 vertebrae. The patient had been experiencing migraines at a frequency of four to five episodes per week for the past ten years. Additionally, she had suffered from gastroesophageal reflux, which has since been successfully treated. Foot imaging showed overpronation and flat feet.

15.5 Treatment Plan

The patient received customized treatments to support her musculoskeletal system, improve walking and distribute pressure more effectively.

15.6 Outcome

With a rapid and significant improvement in both the migraines and back pain, reducing both symptoms by approximately 90%, the patient experienced substantial relief.

16 Christina's Story: Improvement from Symptoms of Scleroderma

16.1 Summary

Christina, a 55-year-old patient, sought help at our center for scleroderma, an autoimmune disease that affects the skin and internal organs. Through treatment, her condition improved significantly, enabling her to regain mobility and carry out her daily activities.

16.2 Patient History, Symptoms and Other Treatments

Christina had been experiencing severe symptoms associated with scleroderma, including stiff joints, muscle weakness, and thickening of the skin, which rendered her unable to walk. In addition to scleroderma, she also suffered from heart disease and had a reduced lung capacity.

In her own words:

> "My name is Christina, and I have been battling scleroderma for the past five years. A few years ago, when I had lost all hope and struggled with walking, I visited Dr. Xydas. Prior to that, my previous doctors had informed me that there was no cure or specific treatment available. They recommended trying different medications until we found one that worked for me.
>
> The uncertainty surrounding which medication would be effective worried me greatly, as I feared the potential harm caused either by the pills or the disease itself. Consequently,

> I decided to explore alternative options to improve my condition.
>
> When I embarked on this journey with Dr. Xydas, I adopted a strict diet, received homeopathic treatments, and incorporated nutritional supplements into my routine. I also take a low dosage of medication prescribed by my rheumatologist, along with hemp oil. This combined approach revitalized me. Over time, I regained the ability to walk, exercise, and care for myself independently, without relying on my family. This achievement holds immense significance for me.”
>
> *Christina*

16.3 Understanding Scleroderma

Scleroderma, also referred to as systemic sclerosis, is a chronic autoimmune disease that affects the body's connective tissues. It is characterized by the abnormal production and accumulation of collagen, a fibrous protein providing structural support to various tissues. This excessive collagen deposition results in widespread fibrosis, skin thickening and damage to internal organs such as the lungs, heart, kidneys, and gastrointestinal tract.

In scleroderma, the immune system mistakenly activates fibroblast cells responsible for collagen production, leading to an overproduction of collagen. Consequently, scar tissue forms, causing hardening and tightening of the affected areas. Thickening, tightness and reduced flexibility of the skin are common manifestations of this condition. Systemic sclerosis can also result in vasculopathy, leading to impaired blood flow and tissue damage in multiple organs.

While the exact cause of scleroderma remains unknown, it is believed to involve a combination of genetic predisposition and environmental triggers. The disease can manifest in different forms, such as limited cutaneous scleroderma and diffuse cutaneous scleroderma, each exhibiting varying degrees of skin involvement and internal organ damage.

16.4 Diagnosis and Test Results

Upon confirming Christina's diagnosis of scleroderma, we conducted blood tests to assess her overall condition and identify any nutritional deficiencies.

16.5 Treatment Plan

Christina's treatment plan comprised acupuncture sessions, homeopathy, nutritional supplements, and adherence to a strict diet. Within 30 days, she experienced a 90% reduction in hand pain, a restored appetite and a renewed sense of clarity. After a few months, she regained the ability to walk unassisted, providing her with great relief. However, she experienced diarrhea upon consuming fruits.

16.6 Outcome

Following her treatment, Christina observed a significant reduction in scleroderma symptoms, including pain relief, improved balance and regained mobility, allowing her to care for herself without external assistance.

17 Grace's Story: Preventing the Recurrence of Cancer

17.1 Summary

Grace, a 48-year-old patient, sought post-cancer treatment support at our center. She had previously battled uterine-cervical cancer, diagnosed as squamous cell carcinoma located in the cervix, uterus, vaginal and right parametrial infiltration. After undergoing chemoradiotherapy and brachytherapy, her main concerns were gastrointestinal issues and a desire to strengthen her body and prevent cancer recurrence.

17.2 Patient History, Symptoms and Other Treatments

Grace's diagnosis was confirmed through biopsies and histological examination. MRI scans revealed locally advanced disease with vaginal and right parametrial invasion, but thankfully, no metastases or lymph node involvement. She underwent 14 months of radiochemotherapy, followed by interstitial high-dose-rate brachytherapy. Post-treatment, Grace experienced mild enteritis and cystitis due to radiation, which were expected side effects of her treatment.

17.3 Understanding Cervical Cancer

Cervical cancer originates in the cells lining the cervix — the lower part of the uterus that connects to the vagina. This type of cancer can be slow-growing and may not present immediate symptoms. However, if detected early, it is often treatable. Screening tests like Pap smears are crucial for the early detection of cervical cancer. A Pap smear can detect precancerous conditions of the cervix, allowing for early intervention.

There are several types of cervical cancer, with squamous cell carcinoma and adenocarcinoma being the most common. Treatment options for cervical cancer depend on several factors, including the stage of the cancer, the size and shape of the tumor, the patient's age, and overall health.

17.4 Diagnosis and Test Results

Upon arrival at our facility, Grace was a post-cancer treatment patient. We began investigating potential underlying conditions that could compromise her immune system. This included food allergy testing, heavy metal and toxic elements testing, specialized stool tests for intestinal health, thyroid function checks and evaluations of her vitamin and mineral levels. We also conducted liquid biopsy tests to determine if any cancer cells remained in her blood.

Results indicated a presence of 2.4 cancer cells per ml of blood, as well as various toxic and heavy metals, including lead, mercury, antimony, cadmium and gadolinium. Several food intolerances were also identified and subsequently excluded from her diet.

17.5 Detailed Treatment Plan

Our treatment plan aimed at eliminating the identified heavy metals and supporting Grace's immune system to combat circulating tumor cells. This included dendritic cell vaccine therapy, where cells were isolated from Grace, cultivated to recognize her cancer cells and then readministered to her. We also prescribed probiotics, vitamins and minerals to restore gastrointestinal function, along with Supportive Oligonucleotide Therapy (SOT) to target genes overexpressed in Grace's cancer cells. A personalized nutrition plan was also developed to support her overall health.

Tests to identify circulating tumor cells were repeated every three months, showing a decrease to 2.0 and then 1.8 cells/ml of blood. Treatment continued to decrease these circulating cancer cells. Grace also underwent all recommended check-ups suggested by her oncologist to monitor for any signs of relapse, all of which returned normal results.

17.6 Results

Grace's post-cancer treatment showed a consistent decrease in circulating tumor cells. Grace also reported improved gastrointestinal health and overall well-being. Her commitment to the treatment, including dietary changes and regular check-ups, was crucial in her recovery and ongoing prevention of cancer recurrence.

18 Jonathan's Story: Improvement in Crohn's Disease

18.1 Summary

A 21-year-old patient with Crohn's disease made remarkable progress after treatment. Prior to seeking treatment at our center, the patient experienced up to ten episodes of bloody diarrhea every day. While studying in England, he received guidance to undergo surgical intervention due to the ineffectiveness of drug therapy. However, after just two months of treatment, his stool frequency has returned to normal, and he is now thriving.

In his own words:

> "I visited Dr. Xydas at my mother's urging. After a detailed medical history and thorough examination, he assured me that if I followed his instructions diligently, I would recover. I followed the plan to the letter, and I gradually noticed significant improvements in my condition. After two months, I achieved complete recovery, and today I am in excellent health, with just one bowel movement a day."
>
> *Jonathan*

18.2 Patient History, Symptoms and Other Treatments

Jonathan, a 21-year-old individual, was diagnosed with Crohn's disease. He tested positive for Helicobacter pylori and had received an extensive course of antibiotics to eliminate the infection. For years, he had been suffering from up to ten instances of bloody diarrhea daily, resulting in significant blood loss and anemia. Additionally, he experienced stomach pain, bloating, fatigue, and irritability. During acute episodes, he also endured fever and extreme exhaustion.

Here are his own words describing his experience:

> I had no significant health problems until one day I suddenly developed severe abdominal pain accompanied by frequent bloody stools. At that time, I was a 21-year-old student studying in England and was admitted to a local hospital, where I received a diagnosis of Crohn's disease. They prescribed cortisone and Asacol as part of my treatment regimen. Although I faithfully followed the prescribed treatment, my condition did not improve. The bloody stools persisted. The doctor overseeing my case concluded that I was unresponsive to treatment and recommended surgical intervention to remove the affected portion of my intestine.
>
> *Jonathan*

18.3 Understanding Crohn's Disease

Crohn's disease and ulcerative colitis are chronic, idiopathic, inflammatory bowel diseases. While ulcerative colitis affects only the large intestine's mucous membrane, Crohn's disease can impact any part of the gastrointestinal tract, ranging from the mouth to the anus. Although they share similarities, there are distinct differences between the two conditions. Ulcerative colitis remains localized exclusively in the large intestine, while Crohn's disease can extend deeper into the intestinal wall.

The precise causes of Crohn's disease are not fully understood, but factors such as genetics, immune system deficiencies, inflammatory intestinal bacteria, anti-inflammatory drugs, poor dietary habits, smoking, and stress may contribute to its development. The condition affects both sexes and often emerges between the ages of 25 and 40. Psychological factors can also trigger flare-ups of the disease.

Crohn's disease manifests itselfin fluctuating cycles, with acute phases characterized by severe abdominal pain, diarrhea (with or without mucous discharge) and weight loss. The intensity and extent of inflammation determine the severity of symptoms. If the entire large intestine is affected, diarrhea and bleeding can be

severe, whereas involvement of the sigmoid colon may result in stools mixed with blood and mucus.

Chronic fatigue is a common symptom for Crohn's disease patients, intensified during flare-ups and accompanied by fever. Anemia, which often develops, can exacerbate fatigue. Additionally, a small percentage of individuals with Crohn's disease may experience symptoms in other organs, such as joint damage, bone conditions (osteoporosis), eye inflammation (iridocyclitis), skin issues (erythema and pyoderma gangrenosum), as well as liver and lung complications.

18.4 Diagnosis and Test Results

The patient had already received a diagnosis at a hospital in England, where Helicobacter pylori was detected and subsequently treated with a substantial course of antibiotics. We regularly monitored the patient's hematocrit, hemoglobin, iron, and ferritin levels to manage anemia. As expected, with the reduction in bowel movements, blood loss decreased, maintaining normal hemoglobin levels. We also measured the inflammatory markers C-Reactive Protein (CRP) and erythrocyte sedimentation rate.

18.5 Treatment Plan

The patient was already prescribed cortisone and Asacol (mesalazine), which possess anti-inflammatory effects on the intestine. Our treatment approach consisted of four components: a) Neural therapy, a specialized treatment targeting chronic pain, involving the infusion of local anesthetics into peripheral nerves, ganglia, glands, and other tissues. Its purpose is to reorganize and restore autonomic nervous system function. b) Isopathic remedies. c) Ozone treatments. d) Diet recommendations.

18.6 Outcome

Following two months of treatment, the patient is almost symptom free. He now experiences only one bowel movement per day, with a significant reduction in fatigue and irritability.

19 Ava's Story: Overcoming Mild Cognitive Decline

19.1 Summary

Ava, a 68-year-old woman, came to our center worried about her mild cognitive decline, particularly her difficulty in remembering names. Following a comprehensive treatment plan, she experienced a significant improvement in her memory, now being able to recall names that previously eluded her. This progress brought her great satisfaction.

> "I was deeply concerned when I started forgetting names of familiar people. It was like losing a part of my connection with them. Thankfully, after the treatment, my ability to remember has improved remarkably. It's a relief and a joy to regain this part of my memory."
>
> *Ava*

19.2 Patient Description, History, Symptoms, and Other Treatments

At 68 years old, Ava presented with symptoms characteristic of mild cognitive decline, mainly her troubling inability to recall names. This issue, a common aspect of age-related cognitive changes, significantly impacted her social interactions and overall sense of well-being.

19.3 Understanding Age-Related Cognitive Decline

Age-related cognitive decline is a natural part of aging that can manifest as minor memory lapses, such as forgetting names or misplacing objects. It differs from severe conditions like Alzheimer's disease in that it doesn't dramatically impair daily functions.

Cognitive decline results from changes in the brain, including neuron loss and decreased neurotransmitter levels, which impact memory and cognitive abilities.

Lifestyle factors, including diet, physical activity and mental engagement, play a significant role in the progression of cognitive decline. New research conducted in the USA shows that intervention with a holistic approach can often slow or improve these age-related changes.

19.4 Diagnosis and Test Results

During Ava's assessment, we discovered she carries one APOE4 gene variant, associated with an increased Alzheimer's disease risk. Additionally, our evaluations revealed the presence of heavy metals, potentially contributing to her cognitive decline, and signs of underlying cardiovascular issues. These findings were critical in shaping her personalized treatment plan, enabling her treating physician to focus on the underlying root causes of her cognitive decline.

19.5 Detailed Treatment Plan

Ava's treatment plan was an integrated approach to address her cognitive and physical health. A vital component was heavy-metal detoxification, essential for removing toxins that could exacerbate cognitive decline. This process involved chelation therapy and dietary adjustments to support her body's natural detoxification pathways. Concurrently, we addressed her cardiovascular health, understanding its profound impact on cognitive function. This included dietary modifications to promote heart health, alongside Plaquex and other heart-strengthening infusions.

In parallel, Ava embarked on a journey to enhance her cognitive abilities. She embraced a brain-healthy diet, crucial for supporting brain function, along with physical exercise. Ensuring adequate and quality sleep was also prioritized, given the critical role of sleep in cognitive function. Supplementing her diet with omega-3s, B-vitamins and antioxidants further supported her brain health, tailored to her specific needs.

19.6 Results

After diligently following her personalized treatment plan, Ava reported substantial improvements in her memory, especially her ability to remember names. She expressed a sense of relief and happiness with her progress. Continuing with the lifestyle changes and treatment protocols, Ava maintains her cognitive health and overall well-being.

20 John's Story: Improvement of Coronary Artery Disease

20.1 Summary

The patient was admitted to a hospital in Scotland with a severe heart attack, and since then, he has been hospitalized regularly (every 2-3 months) with episodes of angina pectoris. A decade later, he underwent two coronary angiograms with stent placement, and doctors informed him that bypass surgery would be necessary during his next hospitalization. However, after undergoing multiple sessions of detoxification serums (chelation) at our medical center, he not only avoided bypass surgery but also regained strength, being able to walk and ride a bicycle without experiencing any heart-related issues.

Here is what the patient himself said:

> "While on vacation in Cyprus, I shared my problem with my brother, who recommended Doctor Xydas for chelation treatment. After careful consideration, I decided to follow his advice and visited the doctor. After reviewing my medical history, Doctor Xydas administered the bloodless chelation treatment. He recommended a series of chelations, and I completed the first round in October and the remaining sessions the following year.
>
> From the first five treatments, I felt a boost in strength and could walk 1-2 miles without getting tired. Ever since I completed my treatments, I have been feeling great, and my heart has been trouble-free. Remarkably, despite being 70 years old, I continue to cycle and enjoy my life in Glasgow. I am immensely grateful to Dr. Xydas for healing

me and to my brother for recommending him.

After undergoing chelation treatment, I went to a hospital in Scotland to have a lump near my belly button operated on. The surgeon requested a heart condition certificate, so they conducted a coronary angiography and found all my previously 75% blocked arteries to be open after chelation. This allowed the surgeon to proceed with the operation. Thanks to chelation, I have avoided bypass surgery for the past ten years. I am grateful, and I hope the doctor continues this method for the benefit of all those who suffer with heart issues. ❞

John

20.2 Patient History, Symptoms and Other Treatments

Here are the patient's own words:

❝ I was hospitalized due to severe heart pain, where I was diagnosed with an extensive heart attack. They prescribed aspirin and various medications. Following this incident, I frequently visited the hospital every two to three months with chest pain. When my first angiography was performed, it was revealed that two major arteries were blocked. During a subsequent visit, another angiography with simultaneous angioplasty was performed, but after eight months, the stent became ineffective and required replacement. It was then that I was informed that bypass surgery would be necessary should I experience heart pain again. ❞

John

20.3 Understanding Coronary Artery Disease

Coronary artery disease occurs when the coronary arteries, which supply blood to the heart and myocardium, become narrowed due to the buildup of atherosclerotic plaques on the inner walls of the vessels. These plaques consist of cholesterol, fatty elements, fibrous materials, and sometimes calcium. The narrowing of the vessel lumen leads to reduced blood flow to the heart, resulting

in angina pectoris characterized by chest pain and shortness of breath.

Angina typically occurs when there is an increased oxygen demand from the heart, such as during physical activity, but it can also arise due to vascular damage. One of the main complications of coronary artery disease is a myocardial infarction, which occurs when a coronary artery or one of its branches becomes completely blocked, cutting off blood supply to the affected area of the heart.

Myocardial infarction (commonly called a heart attack) is accompanied by acute chest pain, shortness of breath, and sometimes vomiting. The symptoms of coronary artery disease vary from person to person and are often asymptomatic until the time when chest pain, heart attack, or even cardiac arrest develop. These symptoms are nonspecific and can include chest discomfort radiating to the back, shoulder, arm, neck, or jaw. Shortness of breath and a burning sensation in the chest area may also occur. Symptoms usually appear during physical exertion or emotional stress, last for a few minutes, and subside with rest.

Risk factors for developing coronary artery disease include high blood pressure, smoking, diabetes, obesity, a sedentary lifestyle, poor diet, high cholesterol levels, depression and alcohol abuse.

20.4 Diagnosis and Test Results

The diagnosis of coronary artery disease was confirmed through the patient's medical history and coronary angiography.

20.5 Treatment Plan

The treatment plan consisted of chelation intravenous therapy, which helps detoxify the patient from heavy metals.

20.6 Outcome

The patient successfully avoided open-heart surgery, overcame angina attacks and, despite his age, he can walk, cycle and enjoy his life just as he did before falling ill.

21 Charlotte's Story: Making Chronic Fatique a thing of the past

21.1 Summary

The patient suffered from chronic fatigue syndrome, accompanied with brain fog and difficulty in performing daily tasks.

Here is the testimony of the patient herself:

> "I started treatment with advanced detoxification methods and state-of-the-art diagnostics. When we completed the treatment plan, I felt like I was given my life back. The energy and zest for life have returned, my mind has cleared and I can think straight and feel good again. I am so grateful that I have no words to express my gratitude to the very competent staff of the clinic. They are professionals who truly care about their patients."
>
> *Charlotte*

21.2 Patient History, Symptoms and Other Treatments

Here is the patient's testimony:

> "My name is Charlotte, and I am from the USA. I was diagnosed with severe chronic fatigue syndrome and was told to get tested for toxic heavy metals. I felt extremely tired, had memory lapses, a constant blur in my mind, and my body ached. So, I came to the Swissmed center in Cyprus to seek help. Even though I had a wide range of doctors to choose from in the USA, I decided to turn to Dr. Xydas and his team of doctors because I discovered that they are working on the root cause of the problem and they don't

> just treat the symptoms. I was initially subjected to analyses of toxic metals in the blood and urine and we found that the levels of mercury in my blood were 30 times higher than normal, and two or three other heavy metals were also at toxic levels. Additional stool tests were conducted to establish the state of my digestive system and issues related to the digestion and absorption of various components. The doctor told me that if I followed the treatment, I would be fine. ❞
>
> *Charlotte*

21.3 Understanding Chronic Fatigue Syndrome

Chronic fatigue syndrome or systemic fatigue disease is a complex disorder characterized by immense physical and mental exhaustion. Those who suffer of chronic fatigue syndrome do not feel rested after sleeping; instead, they feel the same tiredness they had before they fell asleep. Gradually, these chronic fatigue symptoms can become debilitating and affect the quality of life of patients that is seriously degraded.

Poor nutrition, little and poor-quality sleep, or a chronic illness can trigger chronic fatigue syndrome. This syndrome can affect anyone, even children, but it shows a preference for women aged 30-50 years. It is quite common and affects up to 20% of the population. It manifests itself with the following symptoms:

- Feeling of fatigue and tiredness throughout the day, which persists even after sleep.
- The normal fatigue after physical activity remains for a long time.
- Sleep disorders (insomnia, waking up at night).
- Weakness of thinking, disturbances in memory, and ability to concentrate.
- Psychological instability that may lead to depression.
- Headache, dizziness, malaise.
- Muscle and joint pains.
- Influenza-like symptoms.

The causes of chronic fatigue syndrome are unclear, but it seems to be related to a decline in the immune system, which may be related to an overload of toxic substances, heavy metals, or to viral infections (Epstein-Barr EBV, human herpesvirus 6, and other viruses).

21.4 Diagnosis and Test Results

The diagnosis of chronic fatigue syndrome was based on the patient's medical history, while blood and urine analyses revealed an overload of mercury and other toxic heavy metals in the body. Additionally, a stool test was conducted to determine the functional state of the intestine, the balance of the microbial flora, and the malabsorption of certain components.

21.5 Treatment Plan

The focus of the treatment was the detoxification of the body from mercury and other heavy metals as well as ozone therapy and nutritional support.

21.6 Outcome

Following the treatment, the patient experienced a remarkable transformation. Fatigue greatly diminished, replaced by a renewed sense of energy and clarity. Her memory and concentration abilities were fully restored, while all physical pain went away. More importantly, her psychological well-being reached a stable state, enabling her to regain control of her life.

22 Sophia's Story: From Osteoporosis to Osteopenia

22.1 Summary

Sophia, a 62-year-old patient, experienced osteoporosis in her left femoral neck and osteopenia in the 01-04 vertebrae. After four months of treatment, her bone density improved significantly. A DEXA scan revealed that the osteoporosis of her femur bone was reversed to osteopenia.

Here are her own words:

> "I was told that osteoporosis cannot be reversed and I was happy to see that my osteoporosis dropped back to osteopenia. Thank you. I'm, grateful!"
>
> *Sophia*

22.2 Patient History, Symptoms and Other Treatments

Sophia has a medical history that includes gastritis, for which she underwent Helicobacter pylori eradication therapy. She also had hepatomegaly with fatty liver infiltration and underwent cholecystectomy due to gallbladder polyps. Her main concern was osteoporosis, which caused radiculopathy of the fourth and fifth cervical vertebrae, as well as a fracture of the right patella a year ago.

22.3 Understanding Osteopenia and Osteoporosis

Osteopenia and osteoporosis are stages of the same chronic bone metabolism disorder. They involve a progressive decrease in bone density and degeneration. Initially, bone density is reduced (osteopenia), and if it progresses, it leads to osteoporosis, where bones become soft, brittle, and prone to fractures. The main

causes of osteoporosis include menopause, aging, endocrine or hematologic diseases, cortisone use and prolonged immobilization.

Inheritance appears to play a role, while environmental factors such as diet, physical activity and hormones also impact bone health. Exercise plays a protective role against osteoporosis, especially during adolescence, as it increases bone mass. Additionally, exercise in adulthood helps maintain bone mass. Risk factors for osteoporosis include reduced calcium intake, limited exercise and excessive use of coffee, alcohol, or tobacco. Osteoporosis is more common in women.

For osteoporosis, recommended exercises include weight-bearing activities like walking, cycling, running, dancing, tennis, basketball, as well as strength training exercises such as ground exercises, weightlifting and resistance band workouts.

22.4 Diagnosis and Test Results

Bone density measurement is conducted using a DEXA scan, and the severity of osteoporosis is estimated by comparing the results with non-osteoporotic individuals of the same nationality and gender. This comparison is represented by the T-score. A T-score > -1 is considered normal, values between -1 and -2.5 indicate osteopenia, and values >2.5 indicate osteoporosis. The Z-score indicates the deviation from the average population mean.

Sophia's DEXA scan revealed that the mean top value of the 01-04 vertebral bodies was 1.004, which is above the osteoporosis limit of 0.88. This corresponds to a T-score of 1.9 and a Z-score of 1.7. The measurement of bone density in the left femur neck showed a value of 0.611, below the osteoporosis limit of 0.69. This corresponds to a T-score of 3.5 and a Z-score of 2.7.

The initial DEXA scan indicated osteopenia in the lumbar vertebrae 01-04 and osteoporosis in the left femur neck. The subsequent DEXA scan conducted four months later showed improvement. The mean top value of the 01-04 vertebral bodies increased to 1.047, with an osteoporosis limit of 0.88. This corresponds to a T-score of 1.5 and a Z-score of 1.3. The bone density of the left femur neck also increased to 0.803, surpassing the osteoporosis limit of 0.74. This corresponds to a T-score of 2.1 and a Z-score of 1.2.

We observed a small but significant improvement in osteopenia for the lumbar spine and left femur neck in Sophia's case. Compared to the previous control scan conducted four months prior, there was a 4.5% and 9.5% improvement, respectively. Furthermore, the damage caused by osteoporosis in the left femur neck improved, and the bone returned to the osteopenia phase.

Additional diagnostic tests performed on Sophia included dark-field microscopy, detection of toxic metals in urine, stool tests and measurement of xenoestrogens in the blood.

22.5 Treatment Plan

Sophia received a combination of treatments, including heavy-metal detoxification, Plaquex infusions, pulsed electromagnetic field therapy, ozone treatments, nutritional support, and more.

22.6 Outcome

As a result of the treatment, Sophia experienced an increase in her bone density. Specifically, the osteoporosis in her left femoral neck was reversed, and it progressed to osteopenia.

23 Michael's Story: Improving the Symptoms of Adult ADD

23.1 Summary

Michael, a 45-year-old patient, came to the center seeking help for attention deficit disorder (ADD). Despite experiencing ADD symptoms for most of his adult life, his symptoms worsened over the past year, making it challenging for him to remain productive at work.

Here is his description of his experience:

> "When I arrived at the Swissmed center, I was desperate for assistance because ADD was negatively impacting both my professional and personal life more than usual. The journey had its ups and downs, but now I feel in control of my mind. I can focus effectively, and I'm enthusiastic about achieving my career and family goals. I'm grateful for the support provided by the medical staff throughout this process."
>
> *Michael*

23.2 Patient History, Symptoms and Other Treatments

Michael had a history of attention difficulties and impulsivity. His symptoms included difficulty in focusing, disorganization and challenges with time management. Despite trying various coping strategies, such as drafting schedules and using organizational tools, Michael continued to struggle with ADD symptoms.

In his own words:

> "My name is Michael, and I'm from the United States. Living with ADD was a daily struggle for as long as I can remember.

> While I could focus on detailed tasks if absolutely necessary, keeping my mind focused on one thing for more than a few minutes felt like torture. People described me as intelligent but impatient and disorganized. When I consumed coffee, my voice became so loud that people in the next room could hear me.
>
> After receiving treatment at the Swissmed clinic in Cyprus, my life and work relationships significantly improved. People are shocked that my voice is now soft, normal. I can focus on work tasks for extended periods without frequent breaks to check the news or listen to music. I also experience much less stress, and I could even say I'm more patient. It feels like my brain has been somehow rewired.
>
> *Michael*

23.3 Understanding ADD

Attention deficit disorder (ADD) is a neurodevelopmental disorder characterized by persistent patterns of inattention, impulsivity and hyperactivity that can significantly impact daily functioning. Individuals with ADD often struggle with maintaining focus, organizing tasks, sustaining attention to details, and managing impulsivity, which can lead to difficulties in academic, occupational and social settings. Although the exact causes of ADD are not fully understood, research suggests that a combination of genetic, environmental and neurological factors contribute to its development.

ADD is typically diagnosed in childhood but can persist into adolescence and adulthood. In children, symptoms often are manifest on the patient as being easily distracted, forgetful, having difficulty following instructions and being unable to sit still or engage in quiet activities for extended periods. Adults with ADD may face challenges related to time management, organization, and consistent productivity. It's important to note that symptoms can vary from person to person.

23.4 Diagnosis and Test Results

In addition to the diagnosed ADD, we conducted blood and urine tests that revealed Michael's sensitivity to gluten. He also exhibited adrenal insufficiency, low dopamine levels, and a higher-than-normal concentration of mercury.

23.5 Treatment Plan

Michael's treatment plan involved a multimodal approach that incorporated nutritional support, reduced carbohydrate and sugar intake, stress management techniques and optimized sleep. Additionally, he received homeopathic treatments, intravenous therapies to remove excess mercury, pulsed electromagnetic-field therapy, neural therapy, and more.

23.6 Outcome

Over the course of several months, Michael diligently followed his treatment plan and experienced significant progress in managing his ADD symptoms. He achieved improved focus, enhanced organizational skills and a reduction in impulsivity, all without the need for medication.

24 Alexandra's Story: Relief from Joint Pain

24.1 Summary

The patient reported complaints of joint pain, primarily in the knees and the joints of the right-hand fingers. By the second month of treatment, she experienced improvement, with the pain being reduced by half. After five months, she had fully recovered. Here are the patient's own words:

> "I started experiencing pains six months ago, but in the last month and a half, the situation became unbearable. The pain was affecting my knees, fingers, and almost my entire body, and it was terrible. I would constantly toss and turn at night due to the pain. Fortunately, the treatments worked, and I'm feeling much better now."
>
> *Alexandra*

24.2 Patient History, Symptoms and Other Treatments

Apart from the joint pain, the patient also suffered from daily headaches. Additionally, she experienced scleritis and dry eyes, which could be complications of her recent diagnosis of Hashimoto's thyroiditis. Furthermore, she had a rash on her left leg and in the past she had been affected by the Epstein-Barr virus.

24.3 Understanding Joint Pain

Joint pain, whether in the knees, shoulders, or elsewhere, is a common symptom that affects approximately 20% of people. It can be associated with factors such as aging, obesity, poor diet, lack of exercise, and poor posture. Chronic or severe pain can significantly impact a patient's mobility and lead to further complications.

In individuals aged 50-60 years oldand above, joint pain often indicates osteoarthritis. However, if accompanied by fever, it may suggest an autoimmune inflammatory arthritis. There are also cases where the problem lies in the tendons, ligaments, or other components of the joint. The term "arthritis" commonly refers to osteoarthritis, primarily affecting the knees, hips, and hands. It is more prevalent among women and obese individuals.

When people mention "rheumatism," they usually mean autoimmune inflammatory arthritis, particularly rheumatoid arthritis, which can also affect other systems such as the kidneys, lungs, eyes, and skin. Inflammatory arthritis includes conditions like psoriatic arthritis and ankylosing spondylitis, while gout is classified as a metabolic arthritis.

24.4 Diagnosis and Test Results

The blood tests revealed the following results: Vitamin D levels at 25 ng/mL (normal values: 30-100 ng/mL), CRP at 11.2 (normal values: 0-6 mg/L), and an increased white blood cell count of 13,000. The presence of elevated anti-TPO and anti-TG antibodies, measuring 38 (normal values: 0-5.6) and 66 (normal values: 0-4) respectively, confirmed the diagnosis of Hashimoto's autoimmune thyroiditis.

The patient also exhibited elevated antibodies against the Epstein-Barr virus, indicating a past infection. Parathyroid hormone and vitamin B12 were within normal ranges. Tests were performed to assess the excretion of toxic heavy metals, revealing increased levels of mercury, lead and nickel.

24.5 Treatment Plan

The patient followed a comprehensive treatment protocol, which involved intravenous therapy to eliminate toxic heavy metals, nutritional support, ozone therapy, and other interventions.

24.6 Outcome

Shortly after initiating the treatment, the patient experienced a 50% reduction in joint pain and headaches, leading to improved sleep at night. By the end of the treatment, all pain had completely disappeared. A subsequent blood test conducted two months later showed normal white and red blood cell counts. Four months later, the levels of anti-thyroid antibodies had decreased to 22 out of 38 for anti-TPO and 51 out of 66 for anti-TG.

25 Zoe's Story: Improvement from Lupus

25.1 Summary

Zoe received a diagnosis of Systemic Lupus Erythematosus (SLE) two years ago. She presented symptoms such as joint swelling, arthralgia, irritability, dizziness, lightheadedness, gastroesophageal reflux, chest pain, Raynaud's syndrome, diplopia, and even experienced a thrombosis. However, after undergoing treatment, Zoe observed a decrease in joint pain and a subsiding of Raynaud's syndrome.

25.2 Patient History, Symptoms and Other Treatments

When Zoe came to our center, she shared the following details:

> "I was diagnosed with Systemic Lupus Erythematosus two years ago. Initially, I didn't notice anything specific, just occasional fatigue, headaches and mild pain. Some doctors reassured me, claiming it would pass, but I sensed that something wasn't right, because the fatigue and weakness worsened. When strange rashes appeared on my skin, a doctor recommended specific lupus tests, which came back positive. Since then, I've been taking methotrexate and hydroxychloroquine, but they caused me nausea and lightheadedness.
>
> The doctor explained that these symptoms were due to the disease, but I believe the pills were responsible because when I stopped taking them, the symptoms decreased. Over the past year, I've experienced severe dizziness and lightheadedness. I take Vertigo Vomex for lightheadedness, but occasionally I have double vision. After undergoing

tests, they discovered a pituitary gland tumor (adenoma).

I feel psychologically exhausted, unable to concentrate on anything, and easily irritated. I'm unsure what steps to take. When I stop taking the pills, the chest, shoulder and toe pain drives me crazy. When I restart the treatment, I suffer from dizziness and nausea. I'm also dealing with hemorrhoids and gastritis, experiencing stomach pain at times. Someone recommended you, praising your compassionate care for patients and your success in treating challenging diseases. That's why I decided to come to you.”

Zoe

25.3 Understanding Systemic Lupus Erythematosus (SLE)

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that can affect various organs, including the skin, kidneys, joints, and central nervous system (CNS). While it is rare in children before adolescence, it is more common in women of reproductive age (15-45 years). In people with SLE, the immune system mistakenly attacks and destroys its own cells, triggered by genetic factors. It is not infectious or contagious, but factors like sunlight exposure, stress, viral infections, medications and hormones can contribute to the onset or exacerbation of the disease.

Symptoms of SLE start gradually, with initial non-specific manifestations like fatigue, anorexia, lethargy, weight loss, and intermittent fever. Over time, additional symptoms may arise, including dermatological manifestations like rashes, photosensitivity (rash after sun exposure), oral and nasal ulcers, and the characteristic butterfly rash on the cheeks and nose. Hair loss and Raynaud's syndrome, which causes circulatory issues in the hands upon exposure to cold, leading to color changes, are common. Swollen joints, muscle pain, hypertension, anemia, bleeding tendency, headaches, spasms and chest pain may also occur.

Kidney involvement is frequent and indicates the disease's progression. Severe renal involvement may present as hypertension, leukocyturia, hematuria, and edema in the feet,

legs, and eyelids. The severity and variety of symptoms can vary between patients, with a potentially more severe form occurring in children.

25.4 Diagnosis and Test Results

The diagnosis of SLE was based on the clinical presentation, supported by positive anti-nuclear antibodies (ANA) and anti-DNA antibodies. A subclinical adenoma was detected through magnetic resonance imaging. Dark-field microscopy revealed the presence of rouleaux formations (clumped red blood cells). Autonomic nervous system examination indicated sympathetic hyperactivity and parasympathetic hypofunction. Osteopenia was also identified.

Inflammatory markers showed persistently elevated Erythrocyte Sedimentation Rate (ESR) above 70, which eventually dropped to 44, while C-reactive protein (CRP) slightly exceeded the upper limit of normal (5). Parathyroid hormone levels were near the upper limit of normal, vitamin C consistently below the limit, vitamin B12 near the lower limit but improved to satisfactory levels, and there was a deficiency of vitamin D within the normal range. Zinc levels remained low despite supplementation. Anti-thyroid antibodies (anti-TPO and anti-TG) were within normal limits. Tests for heavy metals showed the presence of high cobalt concentrations.

25.5 Treatment Plan

This patient received a comprehensive treatment approach, including customized intravenous infusions, pulsed electromagnetic frequency therapy, neural therapy, intestinal hydrotherapy, ozone treatments, and more. As always, each treatment was tailored to meet the patient's unique needs.

25.6 Outcome

After two months of treatment, Zoe noticed a decrease in joint pain. By the fifth month, chest and finger pain completely disappeared and she experienced relief from Raynaud's syndrome. Although dizziness, nausea and lightheadedness persisted for several months, approximately one year after the start of treatment, symptoms improved as well.

26 Yianna's Story: Enjoying Life After Chronic Stress

26.1 Summary

Yianna experienced severe stress and debilitating anxiety, unable to identify its underlying cause. After following the recommended treatment, she successfully gained control over her anxiety and significantly relieved herself from its grip.

This is how she described her own life:

> "Ever since I can remember, anxiety has been my constant companion. It plagued me, whether it was about my health, loved ones, work, or anything else, even without a reason I could discern. Life's joys eluded me as others constantly asked me what was wrong with me, yet I had no answer to give them. I believed it was an inherent aspect of my character, and I resigned myself to living with perpetual anxiety. I never imagined that I could break free. You've given me a new lease on life and for that I am grateful."
>
> *Yianna*

26.2 Patient History, Symptoms and Other Treatments

Yianna, a 30-year-old banker, sought help due to intense stress and anxiety, along with hypochondriacal features. She experienced frequent headaches, occurring twice a week, accompanied by a sense of pressure around her left eye, as well as involuntary trembling of her left eyelid and leg. Additionally, she frequently suffered from headaches and cervical syndrome. Compounding her anxiety was a small cyst in her spleen, which exacerbated her fears. This is how Yianna described her daily existence:

> My life felt mechanical, devoid of enjoyment. A perpetual knot gripped my chest, an unseen menace perpetually looming over me, and I was burdened with an unshakable sense that something was amiss. At work, anxiety consumed me, as I was suffering from a constant conviction that I had erred in some way. I trembled, blushed, my heart pounded within my chest, and breathing became arduous. Dizziness, trembling and an imminent collapse plagued me. Sleep eluded me, especially during times of heightened anxiety. I subsisted on a poor diet, hastily consuming junk food, simply because cooking seemed impossible. Never did I consider that my diet might be tied to the anxiety that plagued me.
>
> *Yianna*

26.3 Understanding Chronic Stress and Anxiety

Anxiety arises from an overall sense of discomfort due to perceiving vague and often unrealistic threats. This feeling triggers heightened physical and psychological readiness, leading to stress within the body. Individuals experiencing anxiety endure unease and an intangible sense of disharmony. Often, anxiety exists without an identifiable cause, yet it remains pervasive.

In normal amounts, anxiety can be advantageous as it mobilizes and energizes the body when necessary. However, excessive anxiety is pathological, rendering the individual immobilized instead of activated. Normal anxiety is brief, within reasonable limits and helps in realistically assessing threats and the overall situation.

Pathological anxiety, on the other hand, is intense, prolonged, and frequent. It diminishes an individual's functionality, manifests severe physical symptoms and leads to an exaggerated assessment of existing threats. Anxiety differs from stress, which represents the body's state of readiness under demanding circumstances. Furthermore, anxiety varies from fear, where the threat is evident and explicit.

Common anxiety types include work-related, social, illness-related (hypochondria), fear over sexual performance, pregnancy and agoraphobia. However, underlying these visible anxieties lie subconscious anxieties of death, commitment, separation, rejection, failure, inadequacyand change in everyday life. Such existential anxieties often persist.

Symptoms of anxiety encompass nervousness, irritability, hyperactivity or inertia, terror, fear, impatience, difficulty in concentrating, confusion and memory impairment. Anxiety's physical manifestations stem from the autonomic nervous system's disruption and include a wide range of symptoms, such as headaches, insomnia, muscle spasms, weakness, fatigue, anorexia or bulimia, cardiovascular symptoms (tachycardia, arrhythmias, hypertension), gastrointestinal symptoms (nausea, gastritis, gastroesophageal reflux, dyspepsia, bloating, irritable bowel syndrome), and more.

26.4 Diagnosis and Test Results

The patient underwent examinations to determine nutritional deficiencies and also rule out medical issues related to anxiety.

26.5 Treatment Plan

Given the patient's overall physical health, the treatment primarily focused on rectifying nutritional deficiencies. Yianna also received acupuncture sessions and more.

26.6 Outcome

Significant reduction in anxiety was achieved, making it more manageable. Headaches and neck pain were minimized and eye discomfort improved.

27 George's Story: Recovery from Achilles Tendinitis

27.1 Summary

George had been experiencing severe pain in the Achilles tendon for three years. After following the recommended treatment, the pain was effectively managed, enabling the patient to resume physical activities.

Here are the patient's words recording his own experience:

> "Following the instructions of Dr. Xydas, I experienced a remarkable improvement after five months and I was able to start going to the gym and running. It's been eight months now, and even though I stopped the treatment, I still feel good and can exercise."
>
> *George*

27.2 Patient History, Symptoms and Other Treatments

George, a 65-year-old individual, presented at the center with persistent pain in his Achilles tendon that had been troubling him for three years. Previous doctors had advised him to discontinue his workout routine and running, which led to feelings of depression. Additionally, he had two nodules in both lobes of his thyroid and was taking thyroxine medication.

In George's own words:

> "I had already seen three doctors before visiting Mr. Xydas, and they prescribed painkillers and advised rest. One even recommended that I refrain from walking altogether. But as an athlete, I felt like my foundation was slipping away from under me every time I heard this. When I came to the center, I was almost desperate and didn't have high expectations, to be honest. But I was pleasantly surprised. Well done!"
>
> *George*

27.3 Understanding Achilles Tendinitis

Achilles tendinitis is a condition characterized by chronic inflammation of the Achilles tendon, which is the body's strongest tendon, connecting the calf muscles to the heel. Tendinitis can result in partial or complete rupture of the tendon. Symptoms include pain, localized tenderness, swelling, and joint stiffness. The condition can occur after an acute or chronic course and is typically caused by micro-tears and micro-injuries to the tendon, often stemming from intense sports activities or uphill running.

The acute form may manifest as severe pain that can become chronic. A more serious complication of Achilles tendinitis is the partial or complete rupture of the Achilles tendon. If left untreated and the tendon continues to experience micro-tears, an Achilles tendon rupture may occur, which is a severe complication affecting walking ability and usually requiring surgery.

Ruptures commonly occur in male athletes between 30 and 50 years of age, such as distance runners, tennis players or football players. Overweight individuals who do not wear appropriate footwear are also at higher risk of suffering an Achilles tendon rupture.

27.4 Diagnosis and Test Results

The diagnosis of chronic Achilles tendinitis was primarily based on the patient's medical history. A bone density measurement of the Achilles tendon revealed osteopenia. Improvement was noted

after treatment.

27.5 Treatment Plan

The patient was given customized insoles to improve posture and achieve better weight distribution on the joints. Additionally, glucosamine was administered to protect the cartilage and joints, accompanied by omega-3 fatty acids, vitamin C, and other supplements. Acupuncture therapy was also incorporated into the treatment plan.

27.6 Outcome

The treatment resulted in a significant reduction in pain, allowing the patient to lead a more active life and engage in exercise without the limitations imposed by the previous condition.

28 Lars's Story: Recovery from Vertigo

28.1 Summary

Lars, a 77-year-old individual, experienced vertigo and pain in his shoulders and right hip. Following treatment, Lars experienced rapid improvement in both pain and vertigo symptoms.

In his own words, he shared thushis experience:

> "Whenever I turned my head, everything would spin around meand I had to close my eyes for a while to prevent falling. When I opened my eyes again, there was a blur and darkness that took time to fade. When getting up from a chair or bed, I needed support because it felt like being on a boat in rough seas. There were instances when I fell and hit something, luckily without sufferingany fractures. My sleep was dreadful; I woke up every hour and struggled to fall back asleep. Mornings felt like I had been run over by a train, with soreness all over, particularly in my shoulders and hips. Thankfully, I am better now."
>
> *Lars*

28.2 Patient History, Symptoms and Other Treatments

Lars presented severe peripheral-type vertigo. He had a history of various health issues, including a hypertensive crisis twenty years ago and pancreatitis thirteen years ago. What's more, fifteen years ago, he experienced hypercholesterolemia, and his uric acid levels were elevated. Bone density testing revealed osteopenia.

Lars struggled with poor sleep, snoring, waking up frequently and feeling physically tight in the mornings. He also dealt with arthritis and pain in his shoulders and hip. Additionally, he had developed

scleroderma in his legs and abdomen, an autoimmune condition characterized by skin thickening, changes in skin color and joint stiffness.

28.3 Understanding Vertigo

Vertigo is a common symptom that many people experience. It involves a false sensation of rotation, a feeling of falling, or simply dizziness and instability. There are two types of vertigo: central and peripheral. Peripheral vertigo occurs due to damage in the labyrinth or the vestibular nerve, which connects the inner ear to the brain. Central vertigo, on the other hand, originates from a problem within the brain, particularly the cerebellum, responsible for balance and coordination.

The most frequent causes of central vertigo include vascular brain episodes, cerebellar tumors, migraines and multiple sclerosis. Peripheral vertigo is often caused by the displacement of otoliths (special crystals in the labyrinth) from their normal position. This is the most common cause and leads to spinning vertigo with sudden head movements or when getting up abruptly from bed. Other causes include Meniere's syndrome, characterized by vertigo, ear noises and hearing loss, as well as labyrinthitis or vestibular neuritis, which involve acute inflammation of the labyrinth or vestibular nerve and result in intense vertigo.

28.4 Diagnosis and Test Results

The patient's stress levels, immune function and organ performance were evaluated. Abdominal ultrasound confirmed the presence of pre-existing kidney cysts and revealed a newly detected liver hematoma. Biochemical tests indicated elevated uric acid levels, normal vitamin B12 levels, and borderline vitamin D levels above 30, which indicates a deficiency.

28.5 Treatment Plan

The patient received a comprehensive treatment plan, including medication, nutritional support, mesotherapy, natural anti-inflammatories, and other therapies.

28.6 Outcome

Lars experienced significant improvement in vertigo, with his hip pain largely resolved and shoulder pain reduced by half, and blood pressure regulated at 120/80 mmHg. However, he still faced challenges with unstable and intermittent sleep and joint stiffness upon waking.

29 Paula's Story: Recovery from Adult Acne

29.1 Summary

Paula experienced acne, bloating, constipation, periodontitis and gum discoloration. Following treatment, her acne was significantly reduced by 80%, bloating improved, and she experienced occasional but not persistent constipation.

29.2 Patient History, Symptoms and Other Treatments

Paula, a 36-year-old patient, sought treatment primarily for severe acne. She had cysts on her face that would rapidly grow and cover almost her entire face. Since childhood, Paula had suffered from spastic colitis, experiencing weekly vomiting from the age of seven to ten. Presently, she still faced gastrointestinal issues, including bloating, gas, and constipation. Additionally, she dealt with thrombophilia (increased blood clotting tendency) and periodontitis, which led to gum discoloration.

Paula shared her personal experience:

> "I've had intestinal problems since I was a child. Doctors diagnosed me with spastic colitis and I learned to live with it. I've always had anxiety, and smoking became a coping mechanism. I smoke a pack a day, despite knowing it worsens my condition because it helps me relax. Lately, I've been facing significant problems with constipation and bloating in my stomach. It has made me very anxious, and I started developing pimples on my face. They looked like small blisters that itched and suddenly swelled up, covering my entire face. I didn't know how to deal with them, but that wasn't the only issue. My gums were painful, making it

> difficult to chew properly. Looking in the mirror, I noticed they had changed color, becoming dark red and brown, like dark bricks.
>
> *Paula*

29.3 Understanding Adult Acne

Acne is commonly associated with younger ages but can occur at any age, even after forty, and is not exclusive to adolescence. It primarily appears on the face, upper chest, and back. Acne tends to recur and causes significant psychological distress. It is caused by increased sebum production, creating an environment suitable for local inflammation from bacteria, particularly Propionibacterium acnes.

Factors contributing to acne development include heredity, skin type, hormonal disorders, anxiety, smoking, and disruption of the intestinal flora. Various forms of acne exist:

- **Comedonal:** The mildest form with no inflammation, characterized by comedones on the skin.
- **Papulopustular:** Moderate-severity acne with red papules and pus-filled pimples.
- **Nodulocystic:** More nodules and painful cysts beneath the skin.
- **Cystic:** The most severe form that may result in scarring. Large cysts appear, extending beyond the face to the chest and back. This was the form our patient suffered from.

29.4 Diagnosis and Test Results

Testing for toxic heavy metals revealed a high concentration of tin and moderate levels of mercury, lead, copper, and arsenic. A sensitivity test assessed the patient's tolerance to each heavy metal. Additionally, the autonomic nervous system was evaluated, and dark-field microscopy of blood smears showed reduced white blood cell motility and the presence of hypochromic cells.

Hematological examinations indicated deficiencies in vitamin

B12 and folic acid. Stool sample analysis revealed an increase in proteolytic bacteria E. coli and Clostridium species. These bacteria metabolize proteins and animal fats, and their elevated levels in the intestine lead to increased intestinal pH, causing the production of alkaline toxic metabolites that can damage the intestinal mucosa and burden the liver over time.

While E. coli is part of the normal intestinal flora, its concentration above normal limits is undesirable. Excessive growth of E. coli results in gas production, leading to bloating and flatulence when carbohydrates dominate the diet.

29.5 Treatment Plan

The patient underwent personalized intravenous infusions to eliminate toxic heavy metals, strengthen the immune system, and address the root causes of acne and other symptoms. Magnetic field therapy and nutritional support were also provided to enhance digestion and strengthen the beneficial gut flora. Dietary advice included specific instructions to reduce animal fat and protein intake, increase consumption of plant fibers and seeds and avoid processed foods, particularly baked foods with additives known to cause inflammation in the intestinal mucosa. Traditional baked goods or homemade bread were recommended as preferable alternatives.

29.6 Outcome

Acne was effectively treated, with occasional appearance of pimples that quickly disappeared. Bloating and stomach discomfort have significantly improved, while constipation persists on some days. The color of the gums has been restored by half.

30 Toula's Story: Recovery from Autoimmune Progesterone Dermatitis

30.1 Summary

Toula, a 25-year-old patient, struggled with rashes caused by an allergy to progesterone. After a year of receiving treatment, she successfully eliminated the rashes. Here's how she described her healing journey:

> "I have a rare autoimmune dermatitis due to progesterone allergy. A few days before my period, when my progesterone levels would rise, I would develop rashes that lasted for about five to six days. Thankfully, Dr. Xydas correctly diagnosed my condition, and I started treatment to restore my immune system and detoxify my body. Initially, we focused on regulating stress and improving sleep using acupuncture. We also incorporated intestinal cleansing through hydrotherapy and administered ozone to my blood. To support my overall health, I followed a specific meal plan, took essential vitamins and made significant dietary changes. I eliminated gluten, dairy, sugar, caffeine and mollusks, while reducing my meat consumption. I faithfully followed Dr. Xydas' advice and instructions, and as a result, the therapies had an immediate and positive effect on my body. Within less than a year, we managed to restore my body to a healthy state."
>
> *Toula*

30.2 Patient History, Symptoms and Other Treatments

Toula's immune system encountered difficulties due to long-term use of hormone medications, a poor diet and chronic stress, specifically related to the hormone progesterone. It seems that her body had become accustomed to synthetic progesterone through medication, leading to a failure in recognizing her own natural progesterone. Consequently, her body treated the endogenous progesterone as a foreign substance, triggering an attack on her own tissues.

Toula shared her personal experience with her condition:

> "I had my first period at the age of 15, but it was irregular, with intervals of three to nine months between each period. I underwent various blood tests, hormonal tests, and thyroid tests, as well as tests for polycystic ovaries, but my personal doctor couldn't identify any issues. To stabilize my periods, I started a hormone therapy program without proper guidance. For about three years, I took one progesterone pill a day for three to five days each month.
>
> When I turned 20, my periods began to stabilize and I no longer needed the specific pills. After I stopped taking them, I suddenly developed small rashes on my skin, ranging from my face to my knees. These rashes resembled mosquito bites and were accompanied by intense itching and a burning sensation upon touch.
>
> Since then, my periods have been regular every month without medication, but the rashes continued to appear once a month, becoming more intense and painful over time. I tried using antihistamine creams and pills, but they had no effect on the frequency or appearance of the rashes. Within two years, the rashes changed from intense pink to dark burgundy, covering larger areas of my skin, and the burning sensation intensified."
>
> *Toula*

30.3 Understanding Progesterone Allergy

Progesterone allergy is a rare condition that triggers allergic reactions, primarily dermatological, upon exposure to progesterone. It typically occurs in women as an autoimmune reaction to their own endogenous progesterone but can also be provoked by the administration of exogenous progesterone. Therefore, it is not limited to women of reproductive age but can affect those undergoing hormone replacement therapies after menopause as well.

The condition can manifest at various ages, but it does not occur before the onset of menstruation. Although dermatological symptoms are the most common, rarely, other systems may also be affected, leading to a condition known as autoimmune progesterone dermatitis. Dermatological manifestations include blisters, wheals, bullae, rashes, eczema and hives.

30.4 Diagnosis and Test Results

The patient underwent stool tests and an evaluation of the autonomic nervous system. Before treatment, blood tests revealed normal levels of the G6PD enzyme and hemoglobin (14.2g/dL). Vitamin D levels were slightly above the lower normal limits (32.2ng/mL) with the accepted range between 30-100ng/mL, while vitamin C levels were very low (2mg/L) compared to the normal range of 6-20ng/L.

Dark-field microscopy showed that red blood cells were clumped together in columns before treatment but returned to a normal appearance after treatment.

30.5 Treatment Plan

The patient received a comprehensive treatment plan consisting of colonic hydrotherapy, ozone therapy, customized nutritional support and more.

30.6 Outcome

The primary issue of progesterone-induced dermatitis was successfully addressed. Although occasional small rashes still appear, they are transient and of minimal size, and do not cause prolonged discomfort.

Facing challenging health conditions and the inevitable aging process, can sometimes hinder us from achieving our goals and savoring the everyday moments of a lengthy life. Swissmed Health introduces a new health approach known as personalized Swiss medicine, emphasizing the identification and resolution of underlying causes of diseases, rather than just treating symptoms.

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