Cervix Dysplasia
HPV viruses
Immunostimulation
Epiphysis

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1. Preamble

For 10 years, we have successfully treated HPV viruses and PAP alterations through local immunostimulation in combination with 36% Albothyl and Flammazine on the endocervix, and have studied how the immune system responds to immunostimulation so that the viruses are successfully controlled. By local treatment with the immunostimulation, we not only achieve an improvement in the PAP value, but also a regression of the viruses and the formation of antibodies.

By chance, as we explore this topic further, we have come across the publications of Australian psycho-sexologist Olivia Bryant, who is deeply involved in research on the cervix. In 2016 she found that the cervix is a very important sexual organ for the woman. It is the only organ connected to three nerve cords in the brain, as well as the vagus nerve, which is connected to the epiphysis. The epiphysis (also known as pineal gland) was already known to priest doctors of ancient Egypt, as well as Pythagoras as an important organ of consciousness.

Anatomically, the epiphysis is located above the pituitary and is connected to the third third of the brain. Because the structure of the epiphysis is very similar to the human eye, it is also called the third eye, or eye of Horus. The epiphysis is responsible for the production of the hormones melatonin, serotonin, as well as the molecule (possibly also hormone) the DMT (dimothyltryptophan). All three substances are responsible for the balance of the body, the protection against cancer, against bacteria, viruses and other diseases and in particular the stimulation of the immune system. As a psychologist, Olivia Bryant has proven that the stimulation of the cervix caused a free secretion of endogenous DMT. The researches of the medical Dr. Strassmann also show that the DMT molecule is responsible for near-death experiences and spiritual experiences ("DMT and Consciousness", Dr.med Rick Strassmann). DMT is thus a strong psychedelic. At the University of Sao Paulo in Brazil (Eduardo E. Schönberg) it has been proven that exogenous DMT (Ayahuaca) has the ability to inactivate viruses and fight cancer cells. Dr. Schoenberg writes that B-carbolines and DMT reduce the blood supply in various tumors, angiogenesis and apoptosis, so that the cancer cells are inactivated.

The same result was found in our practice with seven patients. The patients had a PAP IV.a, after conization a Ca in situ was histopathologically detected, unfortunately not removed in the healthy. Between two operations, we performed four immunostimulation experiments with Albothyl and Flammazine. After the second operation, it was found histopathologically that no Ca exists in situ, but only scar tissue is left behind. Here, just like in Brazil, we were able to detect the inactivation of the Ca cells to the great surprise of the histologists. It has not been possible to measure endogenous DMT, either in the blood or in the serum. It is the only organ connected to three nerve cords in the brain, as well with the vagus nerve, which is connected to the epiphysis. Since it is known that the DMT is in negative feedback in the body with serotonin, one could measure the serotonin in the serum and through the differences detect the release from the DMT.

Material:

In the last 10 years, I have created a study of 1054 and 54 patients in my practice. The patients were divided into different groups because of the age and the infestation in the cervix area (HPV infestation) and the cytological findings. The patients were informed in detail before the treatment and have given their consent. In particular, it was clarified that during treatment (about 6 - 8 weeks) any further infection should be avoided, eg. through sexual intercourse, sauna, swimming, etc. Morevover patients should not take any steroid hormones during this treatment (eg pill, etc.).

Information:

In Patients that had a Pap IVa a fractional abrasio + conization was carried out anyway. Exceptionally, in some patients, only this therapy was performed for 4x2 weeks, before a conization. In case of a Pap IVa an abrasio + conization would be necessary, because this one can remove the affected cells quickly and recognize whether a Carcinoma is present in situ. Of particular importance is whether the cone has been removed in the healthy. Three weeks after surgery, the 6 patients were treated twice a week with immunostimulation with Policresulen and sulfadiazine silver. Out of 53 Patients with a Pap IV, 7 patients refused surgery 8 years ago (fractions abrasio and conization). All 7 Patient were then treated twice a week with the immunostimulation mentioned above. During the treatment any danger of

infection was absolutely forbidden. The findings were startling, all 7 patients with high-risk HPV had negative findings and a cytological Pap II after treatment. The hystological findings show a scar infestation, no Ca in situ. Hystologically determined. The tracking in the last 8 years shows no recurrence. Despite the negative findings, I treat the patient with a Pap IVa, only with accompanying histological findings (fracture abrasio + conization).

Study:

a. We used the Hybrid Capture II System (Digene Comp.) (HC Cervical Sampler). Of which the: HPV low risk: Type 6/11/42/43/44 HPV high risk: Type 16/18/31/33/35/45/51/52/56.

b. When doing a Pap smear, I have used the classic normal cotton swab method for the smear preparations. Since February 2011, the SurePath method has been used in our practice. The deficiencies of the conventional smear, such as cell overlays, impaired blood, mucus and inflammatory cells or degenerative changes, can be avoided by the fluid-assisted preparation of the smear material (monolayer method) in the cytology laboratory.

Due to the separation of the cells in suspension (density gradient isolation) and the sample preparation, the following advantages result:

- no air drying artifacts and fixation errors;
- the entire cell material enters the laboratory;
- optimal readability of the preparation by uniform cell distribution and morphologically well-preserved cell nuclei;
- diagnostically relevant ingredients are retained (bacteria; tumor diathesis; fungi);
- further tests from the same material are possible, such as HPV tests or the production of further preparations for immunohistochemical special stains (p16ink4a, cyto-immune).

c. The drug Policresulen (Albothyl concentrate 100ml, 36% vaginal solution), 1g contains 360mg Policresulen, rest: water (Altana Pharm., Deutsch GmbH, 78467 Konstanz).

d. The preparation sulfadiazine silver (Flammazine cream), 500 gr. Not the normal tuber but Solvay medicines, pot of 500g.

Physiology of the immune system during an HPV infection:

The HP virus is an antigen for our immune system. Because of this, it provokes the immune system to react. In fact, the HPV virus in our organism can systematically produce specific immune products in the serum and locally in the cervix. It is known that the HP virus likes to attack keratinized epithelial cells. This is very important for the copy of the virus. Under these conditions, we now know that the spread of the HP virus is dependent on the differentiation of the epithelial cells that are keratinized. The viral protein HPV, which plays an important role in cell transplantation, are the early (E1-E2-E3-E4-E5-E6-E7) and the late proteins (L1-L2). With the first HPV infection in the cervix, there is an immune response with cyctocins, macrophage cells, T cells and B cells. Of the B cells, the immunoglobins (S-IgA) have the double molecular weight. The special anti-HPV Cyctocine or Cystotoxix T lymphocytes is against the protein E6 and E7. According to recent investigations these special T-lymphocytes, which are called CT2, are responsible for the destruction of the virus. The T lymphocytes that cause the B cells to react are CD4 and CD3. The CD4 cells become active the moment they see the antigen HPV, but only recognize it when they are bound together with MHC (mayor-histocombabilitiy) I or II and APCs. Then follows the activation of CD8 cells and the local response of B cells formed with the production of antibodies to this virus are mostly S.IgA. The B cells are low in concentration in the cervical area and these are mostly responsible for the special antibodies S-Ig-A. The B cells protect the further tissue from the HPV virus infestation.

Physiology of the virus:

The HPV is a small virus, with the size of 7.9KB and has 8 (Open reading frames QRFS) and 6 early proteins and 2 late proteins. The expression of its genes is dependent on the maturation of the cells of the epithelium. The proteins E1 and E2 are responsible for the support of the parabasal part, which is necessary for the stabilization of the chromosome virus DNA. This is important for the reproduction of the virus. The E2 programs the E6 and E7. These proteins attack the foreign cell and help to copy the HP virus. The L1 and L2 are only in the differential keratinized cell of

the epithelium. The same goes for E4. The E4 helps the new HPV parts get rid of the infested cells. The life cycle of the virus is complete when the new viral body parts are released from the mature keratin cells. The new virus body parts then seek new cell victims. The protein E7, which is high-risk, is bound with retinoplastoma Rp. The normal cell loses its structure and there is an uncontrolled cell development.

Clinical presentation:

Women have symptoms that are very similar to cystitis, they suffer from abdominal pain and urgency, but the urine controls are fine. Flu-like symptoms can also occur. In most cases, men have no symptoms. The smears taken from the penis show in most cases no finding.

It is also rarely known a penile carcinoma. Unlike with sperm examination, when using a particular method, a partial HPV infection can be detected. The HPV viruses are in the sperm inside. If patients are infected by sperm, they can only be detected by destroying the sperm by stirring the sperm in a test tube under pressure for several minutes.

Treatment method:

Please read the type of treatment carefully. The success is immediate if the doctor follows exactly the instructions.

1. First, the cervix is marked colposcopically. Mostly with acetic acid, so that the lesions can be better observed.

2. Long swabs are used. These are the same swabs that are used for the smears.

3. About 10 swabs are used. These are then left in abothyl solution 36% for a few minutes to react. I take the individual swabs in my hand and hold them like a pen. So you have enough hold to dab with cyclic movements, first the inner cervix and then the cervix, and scratch off, like an epilation.

4. It goes without saying that one disinfects the vagina before treatment.

5. As I said before, I focus on the cervix, and since recently I am focusing on the endocervix. One can now observe the formation of a white spot. The Albothyl attacks mostly the affected cells.

6. Most patients notice a slight pulling or pressure around the uterus. Pain is rare. In severe pain, the treatment should be stopped immediately and the application of

sulfadiazine silver ointment should be done. The pain and burning subside then immediately after. The next appointment is then after a few days.

7. Until now, no allergic reactions have occurred. No burns were detected. It is up to the gynecologist to perform the treatment slowly and patiently. So 10 swabs are used with Albothyl, for about 10 minutes. The dabbing and scratching must be done carefully.

8. 2-3 days after treatment, the body reacts with a white-gray secretion. This is a local reaction, with dead cells and many leukocytes. The treatment should be repeated every 3-4 days.

9. Our body reacts, especially the mucous membranes, to a local cell destruction (with Albothyl). The cleansing and subsequent immediate healing by sulfadiazine silver ointment, is an acute reaction caused by istiocytes. The Albothyl attacks mostly the affected cells, thus a cleansing can be observed. Most patients notice fatigue a few hours later, as with a flu infection and fatigue. So a reaction of the immune system.

10. The women should absolutely, in the 3-week treatment period (2x per week), get no infection. Also, there should definitely be no sex contact, swimming, solarium and sauna. The treatment is absolutely not dangerous. An experienced gynecologist knows Albothyl and Flammazine ointment and should be able to follow everything as described here.

11. After the first cycle, the patient should continue therapy with Vagi-C Ovula. There should be a Vagi-C supp every 2 days. be introduced. This therapy with Vagi-C supp. should be done 2x. In parallel, for the next 6 weeks to stabilize the immune system, 1x 1 tabl. Selenium 200µg daily recommended. After 2 weeks then the first smear is made. It would be better, after consultation with the cytopathological laboratory, to carry out the method SurePath Test (for HP viruses and for the determination of the strength). The viruses are better represented by the PapilloCheck. Here, the equivalent strength or the strength of the virus is very important, because here you can determine whether there is a smear infection, or an infection caused by sexual intercourse. If the value is less than 400 equivalents strength, it is usually a smear infection, which is usually treated independently by the own immune system alone. A smear infection can attack the cervical cell and cause a cytological change.

12. Conclusion: After the first cycle you can see a clear success. There is a possibility that after the destruction of the first layer one sees and finds another, old

infection. In the second cycle another treatment is necessary (4-5 times). The cyto usually shows a pseudo-finding (a Pap III D) after the treatment for a few weeks. But that improves. Importantly, every new infection should be avoided. The patient must understand in her own interest that she must not have sexual contact. If the description is followed and with a little patience, the success will show. Vagi-C = ascorbic acid, Taurus company. Cleansing with vitamin C normalizes the flora during infections and additionally strengthens the natural defense mechanism of the vaginal mucosa against pathogens.

Summary:

a) In the first cycle: 2x per week immunostimulation with Albothyl and Flammazine ointment, 3 weeks long.

b) A final therapy with 6 Vagi-C supp. (Ascorbic acid), every other day.

c) Parallel Selenium 200µg 1x 1Tabl. Daily, for 6 weeks.

d) A second cycle is necessary, if the PapilloCheck has not come to 0 or there are HPV residues, an immunostimulation is performed for 2 weeks (4x). Finally, 6 more Vagi-C supp., Every 2nd day. If the values in the PapilloCheck evaluation have not come to 0, you should try a third cycle (treatment as in the second cycle). L1-Capsid and CINtec plus should be checked in the second cycle.

Possible symptoms after a treatment

Some patients feel as if they have a flu infection after treatment, are tired, or the lymph glands can swell up. There is also a slight headache in the forehead. Lower abdominal complaints can also occur. This is an immune reaction. All symptoms disappear after a few hours.

Result:

Group A: of 625 patients with only high-risk viruses and cytological findings Pap III D (moderate to severe dysplasia) after treatment with this method 487 patients with Pap II were cured. In the case of the high-risk viruses, I could tell from my patients that the infestation of the viruses was particularly high. Between 2500 and 4500 lies the strength. Most viruses have gone to zero, so that after the end of the 6- 10 sessions no viruses were detected. In a few cases, 3-4 more sessions are required to eliminate all viruses. Among my patients with a Pap IVa a carcinoma was detected in

situ and could be removed in the healthy. After this surgery I still do 3-4 immunostimulations. So far, among my patients with these findings, even after 48 months, no viruses were detected. At a rez. Pap III D it looks like the viruses are severely damaging the endocervix cells, so that the exposure to Albothyl concentrate is not so deep. Abrasion and conization is required in such a case and then a treatment with my method is recommended.

Group B: In 482 patients with a combination of HPV low risk, HPV high risk and cytological findings Pap III, I was able to help 415 patients to Pap II and a negative HPV result by 5-6 immunostimulations.

Group C: 72 patients with a combination of HPV low risk and HPV high risk and Pap III-D.

Here it should be noted the following:

It has always been thought that low risk viruses do not cause aggressive cells. The low risk virus number 42 shows the opposite. It is very bad to treat and also leads as a single virus infection to a Pap III-D. Despite its strength, the cytological finding after 6 immunostimulations shows a Pap II. At present, all patients who are receiving regular treatment have a negative result. Many patients ask me if the viruses have been eliminated after a conization. Conization and abrasion remove only the altered cells (which are responsible for an increased Pap level). An untreated raised Pap may lead to cervical cancer in the terminal stage. However, the HPV virus is responsible for the cell change, i.e. Pap increase. This raises the question why some women still have HPV viruses after conization and others do not. This can be explained by a difference in the immune system. Most of the time, HPV viruses are very central to the endocervix, so most women are virus free. High risk viruses are more resistant than low risk viruses. In a patient with the Pap IVa, a Ca was detected in situ and removed in the healthy during the conization. After the conization, an immunostimulation was performed 4x (3 weeks after the operation). For some patients with a Pap IVa, after the fract. Abrasion + conization, the carcinoma was removed in situ, not from the healthy. Between the n. surgery 4-5 sessions with immunostimulation (example findings of Mrs. D.) were carried out.

Additional therapy:

After immunostimulation, treatment with Vagi C suppositories is now additionally performed.

Description of Vagi C: The suppositories are introduced every other day. In addition, on the first day of treatment, to stabilize the immune system after immunostimulation, selenium 200µg tabl. is taken 1x daily.

HPV infection:

1. A Pap III or Pap IIID as a cytological finding is sometimes independent of the strength of the virus. It is possible to change a cytological finding with a smaller strength, e.g. Pap III or Pap IIID.

2. The aggressiveness of viruses has increased in recent years. After infection by the sexual partner, we can expect cytological findings such as Pap IIID in no time. Presumably, the peripheral immune system is often severely weakened by stress, pill and environment, increasing the aggressiveness of the virus.

3. It is recommended to additionally do a 3-4 week therapy with an immunostabilizing drug, e.g. Selenium or echinacea. It is additional security for the patients to the other measure.

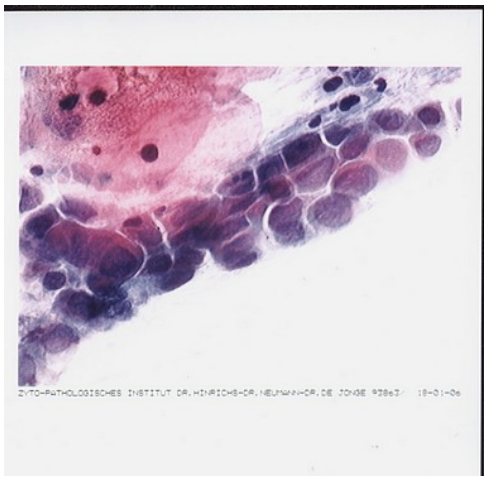
4. This virus infection is serious. However, we do not yet know how many of these high risk viruses or similar viruses are responsible for these forms and neoplasms.

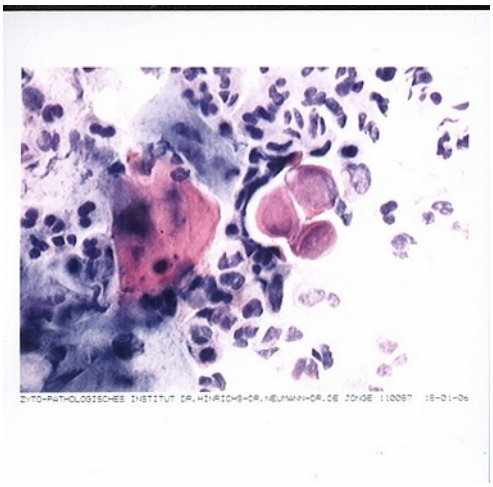
5. The method of immunostimulation should be strictly followed for optimal therapy. Deviations do not bring success. The patient should avoid any infection for 6 weeks. Infection between treatments destroys the process of immunization. However, some patients have said that they did not follow the instructions exactly. Therefore the immunization took longer.

6. In men, it is difficult to make a positive smear. The men, however, are the hosts who silently carry the infection. Many colleagues think that men do not have it. That's a big fatal mistake. It looks like the prostate contains high risk viruses. The viruses are most likely to cause prostate cancer. The change in the cell is a lengthy process because of the man's central immune system.

The following observations are to be mentioned in all groups. First the colposcopic findings are improved by healing the lesions, then the cytological findings are improved and then the HPV findings (negative).

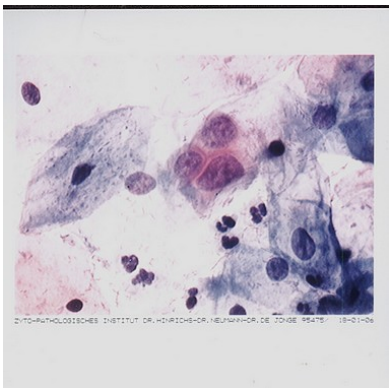
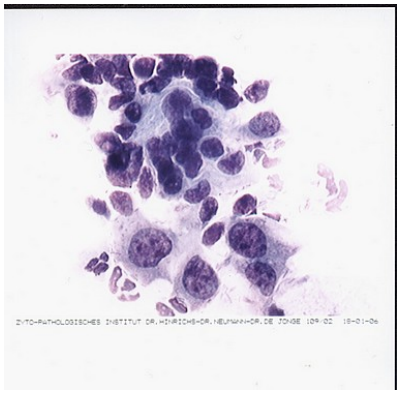
1.) It is likely that the HPV high risk viruses are very aggressive lately. Many authors have thought that carcinogenesis takes many years. The strength and aggressiveness of the viruses are related to the intake of steroid hormones and the weakness of the immune system; this accelerates carcinogenesis. I have observed that in 15-17 year olds, who have been infected quickly, after a short time a cell change has shown. The combination shows a higher HPV high risk infection with a Pap IIID, or a clear cell change is not uncommon. The periods of cell change are sometimes very fast, even 4-6 months from the time of infection. We often had open discussions with patients.





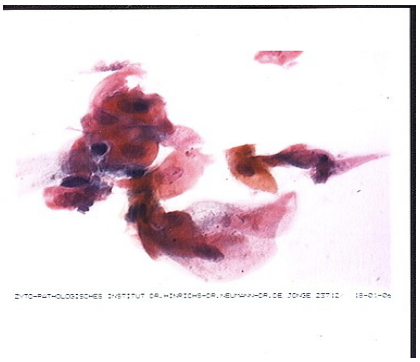
Case 1: Mrs. M.M. 48 years old

Findings: Pap IVa Dysksarioses of the middle and deep layers (see picture 30.09.03) HPV high risk viruses positive (28.10.03) At the request of the patient no conisation. immunostimulation with Policresulen concentrate and sulfadiazine silver ointment every 3 days. Cytology on 13.11.2003 Pap III, inflammatory cell picture HP-Virus of 13.11.03 neg. Cytology 10.12.03 Pap II, NAD, HPV neg. Cytology 15.09.04 Pap II, NAD, HPV neg. Cytology 17.11.05 Pap II, NAD, HPV neg. Recommendation For a Pap IVa, one should always concretise and then carry out an immunostimulation with Policresulen concentrate and sulfadiazine silver ointment 4 weeks after the operation.

Case 2: Ms B.M., 21 years old.

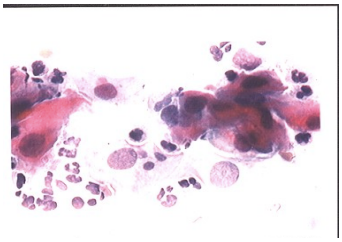
Findings: Pap IVa. Dysksarioses plentiful, especially deep cell layers (18.10.02). HPV high risk pos. At the request of the patient no immediate conization. Therapy in a short period of time every 3 days, with Policresulen concentrate and sulfadiazine silver ointment (see picture). Cytology on 02.11.02 Pap III, inflammatory cell picture with strongly suspicious nuclear change. Cytology on 03.01.03 Pap III, inflammatory cell alteration (see picture). Cytology on 07.03.03 Pap II, NAD.



Case 3: Ms K. F., 51 years old.

Findings: Pap III. Inflammatory cell picture with suspicious change (see picture, 10.03.04). Therapy up to 8x with Policresulen concentrate and sulfadiazine silver ointment. Cytology on 28.04.04 Pap II, inflammatory metaplasia. Cytology on 08.09.04 Pap II, NAD Cytology on 24.09.05 Pap II, NAD.

Case 4: Mrs. M.T. 56 years.

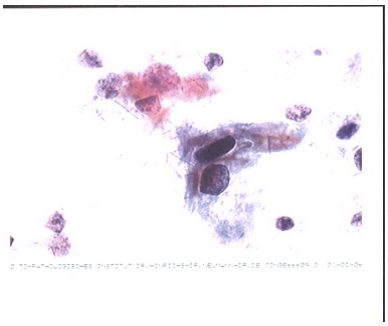



Cytological findings: Pap III suspected nuclear changes. 26.07.05 HPV high risk; Strength 83.6. 21.09.05 cytological findings Pap IIID, dysplasia HPV high risk viruses after treatment negative. Histological findings of conization: extensive cervix ulceration with chronic inflammation, no dysplastic cell elements.

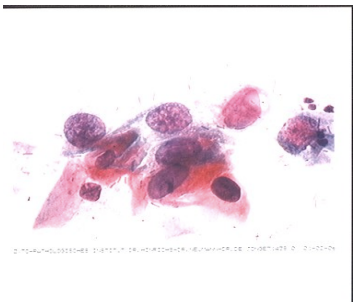
Case 5: Mrs. K.T. 31 years. 20.07.05 cytological findings: Pap III suspected nuclear changes. 26.07.05 HPV high risk; Strength 83.6. 21.09.05 cytological findings Pap IIID, dysplasia HPV high risk viruses after treatment negative. Histological findings of the conization: extensive cervixulceration with chronic inflammation, no dysplastic cell elements.

Case 6: Mrs. G.K. 55 years The positive HPV high risk finding was treated. The HPV finding is negative after treatment. Cytologic recurrent Pap IIID, dysplasia. On the basis of the cytological picture, the patient was advised to receive a conization. Conization on 27.10.05 Histology: chronic erosive inflammatory response. Corpus and cervix without dysplastic cell alteration. Conclusion: There is an explanation for this: The cytological findings are a typical pseudo-finding. Due to the purifying effect and the healing, a crater has formed in the endocervix, which has evolved over time as an ulcer. The ulcers give off a cytopseudodefense with their cells, with moderate to severe dysplastic cells. The cytologist reacted very well and drew my attention to this so-called cell change.

Case 7: Mrs. B.H. 52 years.



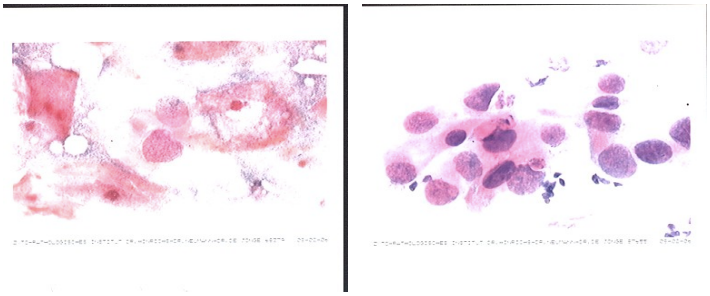
Condition after hysterectomy with HPV high risk viruses and a Pap IIID. On June 7, 2005, a Pap IIID was detected (cytoplasmic vaginal smear). On 12.07.05, a HPV high risk strength of 528.1 was found. After several treatments, the cytological findings have normalized. On 29.08.05, the HPV high risk strength has been reduced to 406.5. The treatment was continued and on 11.10.05 the HPV high risk strength had dropped to 17.9, on 06.12.05 the HPV findings and the cytological smear were negative. Conclusion: In women who have had a hysterectomy, the treatment is difficult. The cleaning and healing principle responsible for antibody production is difficult to perform because the vaginal mucosa is very thin. The treatment has to be handled very carefully and it should be used several times. Otherwise, the risk of vaginal fistula formation is very high. - See cytological images.



Case 8: Mrs. R.K. 33 years.

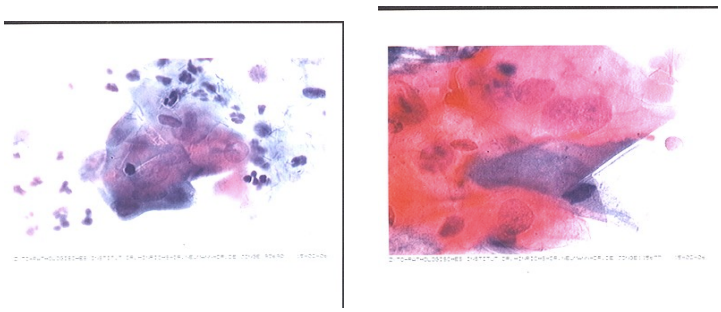
06.08.02 cytologically detected Pap IIID. HPV high risk infection detected. After therapy with Policresulen + sulfadiazine silver ointment. 05.02.03 cytological smear Pap II 05.11.04 cytological smear Pap II 30.09.05 cytological smear Pap II HPV are not positive anymore. Last smear on 30.09.05, Pap II unremarkable.

Case 9: Mrs. R.V. 29 years.



Findings of 29.08.05 HPV virus infestation high risk, reaction strength 1407.6. Cytological findings: Pap III, suspected nuclear alteration, photo from 21.07.05. In

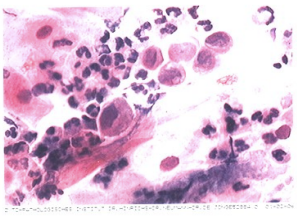
September 2005 I treated the endocervix 4 times with the combination of Albothyl concentrate and Flammazine ointment (cleansing effect + healing effect). At the next check, an affected layer with the reaction strength high risk 1953.2 was found and a Pap IVa (severe dysplasia, Ca in situ). Histology vom 20.10.05 Ca in situ detected. This is about the following: It looks like I have already described in my work, the previous virus infections remain deep inside and continue to work. In this case the following would probably have happened without this therapy: a) The first pseudo-finding Pap III remains untouched for several months. b) A fatal consequence would have been if the posterior layer had continued to work with the old concentration of HPV viruses. Then it would probably be a cervix Ca. and no cervix has been in situ.



Case 10: Mrs. O.F. 20 years.

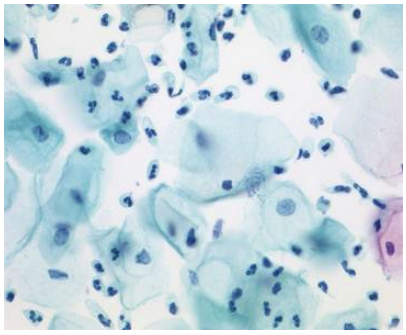
14.10.05 Pap IIID, moderate dysplasia 11.08.05 HPV-high risk, reaction strength 760,6. The patient received treatment with Policresulen concentrate and sulfadiazine silver ointment 5 times. After the destruction of the 1st endocervix layer (cleansing + healing), on 22.12.05 a representation of an older HPV high risk infection had come to an HPV strength of 1991.6. Cytological smear: moderate dysplasia. The patient had a conization on 09.01.06. Histology: glandular erosion of the portio. Circumscribed small-sized, small to moderate squamous dysplasia. Four weeks after surgery, a new HPV smear was taken from the endocervical wound and the posterior cervix. HPV reaction strength: 2282.2. Conclusion: A conization is not a therapy, or the viruses are not removed. A conization is a tool to prove that there are no malignant cells. The patient receives 5-6 x a local immune stimulation with Policresulen concentrate and sulfiadiazine silver ointment.

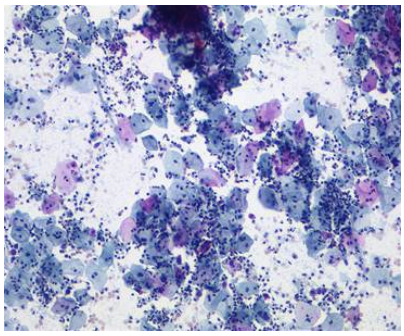
Case 11: Mrs. K.S. 31 years.

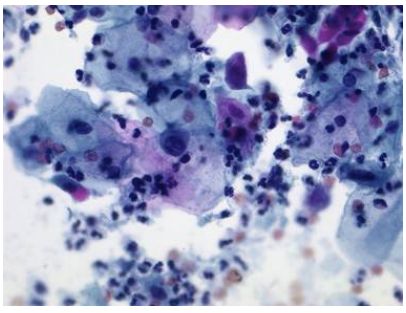


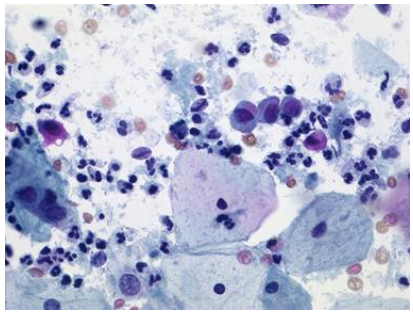
07.06.05: Pap IVa + HPV-findings positive; Reaction strength: 162.3. Conization on 30.06.05. Histology: large cell carcinoma in situ of the portio, moderately differentiated. Four weeks after the conization, a total of 6 x immunostimulation was performed. The cytological findings and the HPV findings are negative so far. Method: The first 2 treatments are not used directly in the cervical wound but are done in the cervical margin for about 8 minutes. The next 4 treatments are used directly in the endocervix. So you can avoid postoperative bleeding.

Case 12: Mrs. R.K. 21 years.

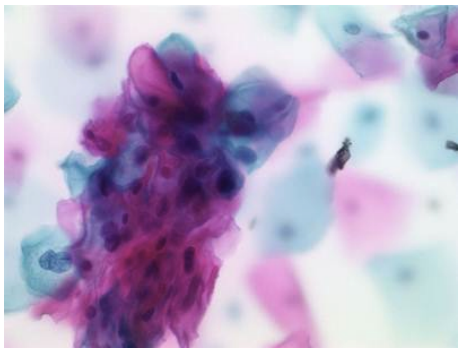
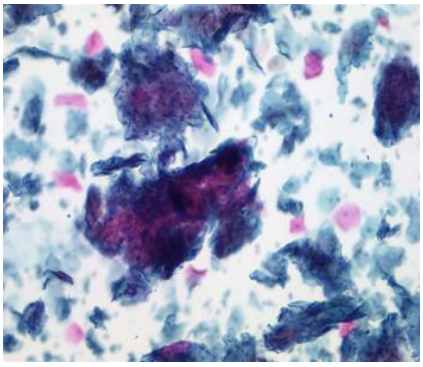
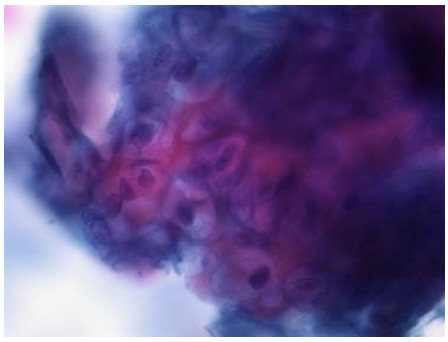
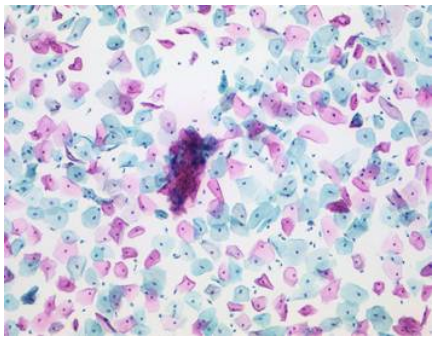








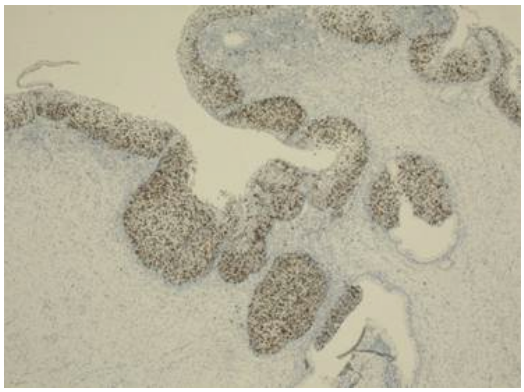
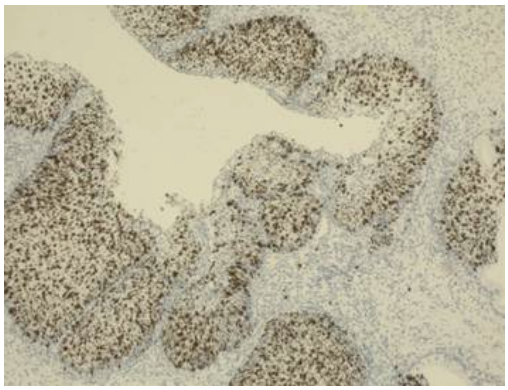
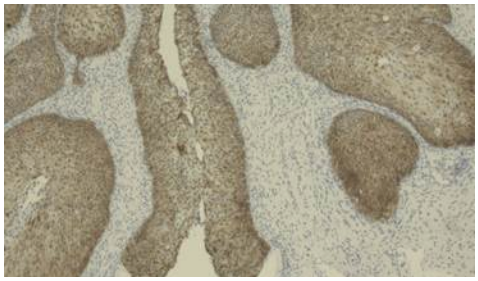
Pap III D with strong infestation of several, viral strains. After more than 10 immunostimulations no viruses were detected in August 2011. The Pap II D is still there and will continue to be controlled. 24 Strains: HPV 45-304.5 HPV 35-27.3 HPV 56-2755, HPV 51-2074.2 HPV 53-182.7 HPV 54/56-43.2.

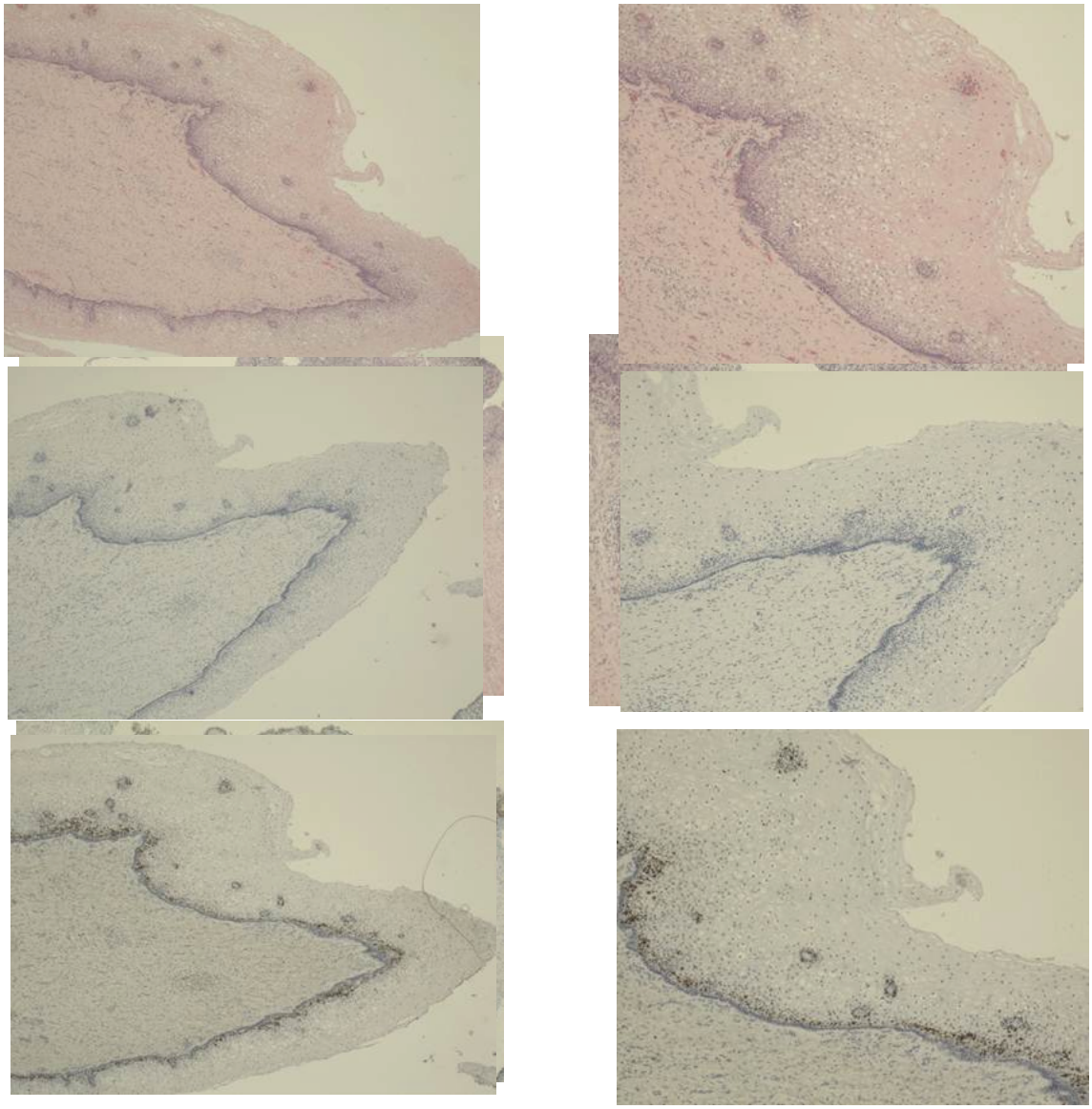





Case 13: Mrs. D.G. 34 years.

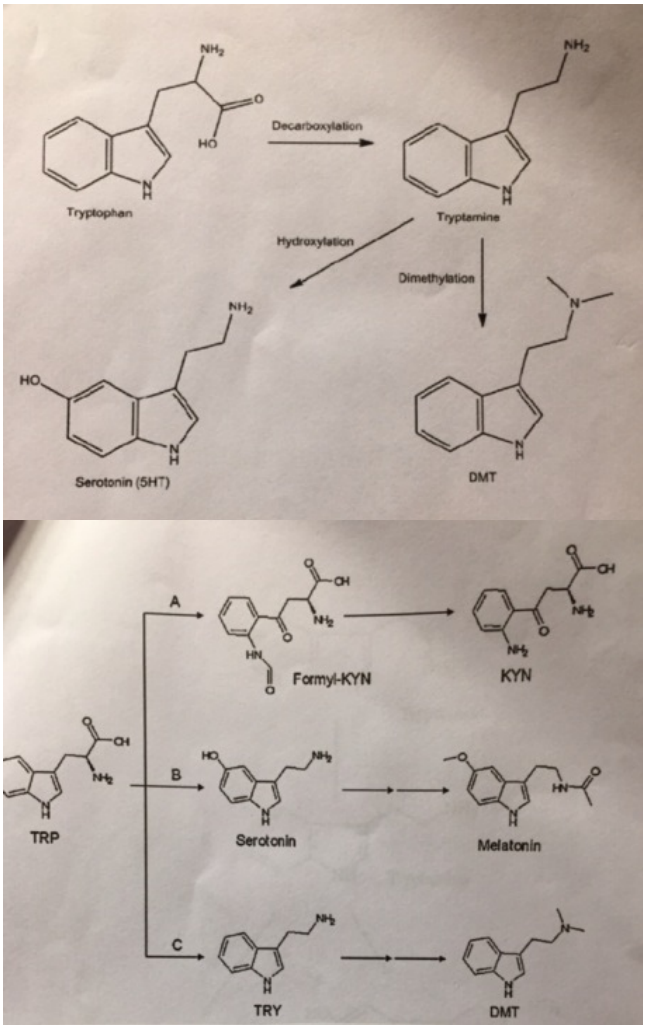
Due to a strong virus attack, a Pap IV a developed. A conization and fractional abrasion was performed in early 2011. 3 weeks after surgery, I started with immunostimulation. Last result: Pap II and no viruses detectable. These were the strains: HPV 16 - 3486.4 HPV 52 - 2494.9.

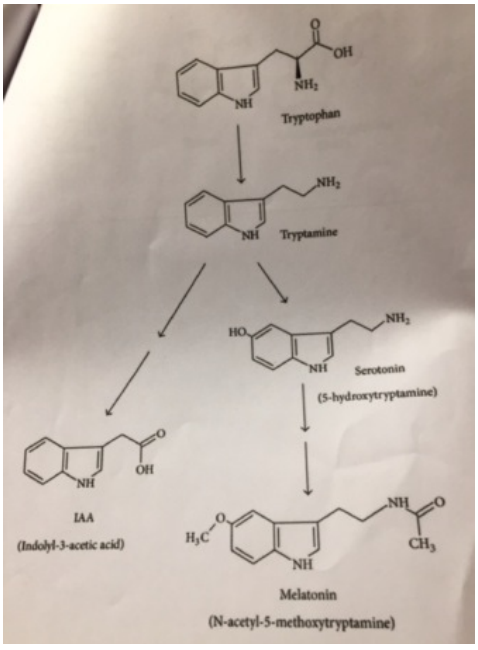
Case 14: Ms D.B. 36 years, 2 children.

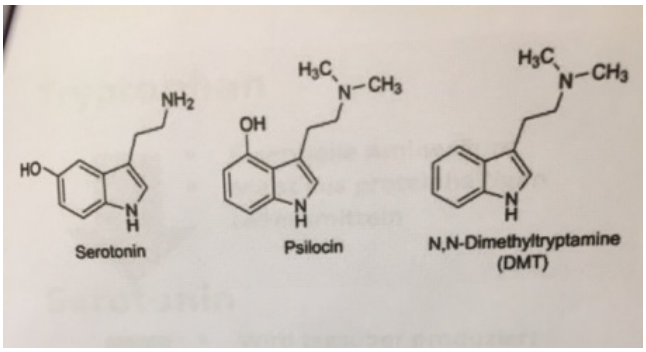




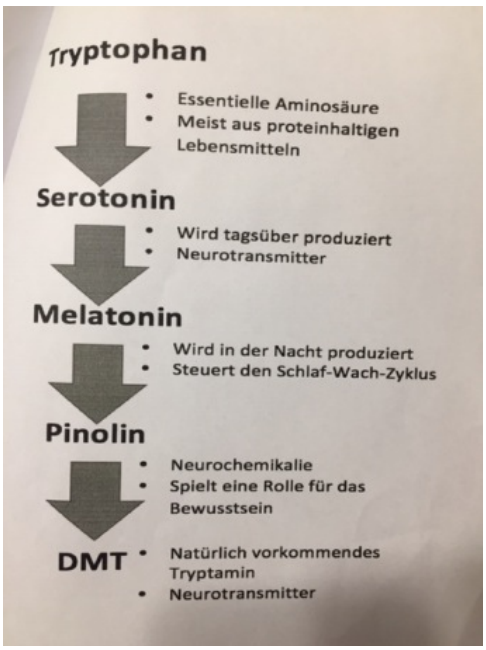


Case Pap IVa, condition after conization. Pat. Ms D.B., born in 1977, was in my practice for the first time in March 2013. On 19.03.2013, a Pap IVa (for the first time) was determined in cancer screening. Cytological review: Cells of severe dysplasia / Ca in situ, inflammatory bowel inflammation.HPV examination in March 2013, has shown an HPV infestation (HP 16, strength 3175, 1 positive). Report of 21.03.13 (Institute of Pathology and Cytology). As part of the additional molecular pathological investigation, the HPV type of the high risk class (HPV 16) was detected. Because of a marcumar therapy conization and abrasio was performed on 06.05.2013. (histological findings from 08.05.2013) Material: Fractionated Abradat and Portioconus (see Findings of 08.05.2013) Assessment and Critical Opinion F and G, Tumor Stage PTis, RI. 28 29 30.


Decarboxylation
Tryptophan
Tryptamine
Hydroxylation
Dimethylation
Serotonin (5HT)
DMT
A
Formyl-KYN
KYN
TRP
B
Serotonin
Melatonin
C
TRY
DMT


Tryptophan
Tryptamine
Serotonin
(5-hydroxytryptamine)
IAA
(Indolyl-3-acetic acid)
Melatonin
(N-acetyl-5-methoxytryptamine)





The biochemistry of the epiphysis:

The last group of 54 patients we have left as last observations.

It is a group in which local application with Albotyl and Flammazine at the endocervix should prove direct contact of the vagus nerve with the epiphysis. The epiphysis is a small endocrine gland located in the center of the brain that has been forgotten for 1400 years. It was also thought of as the center of our health system. The epihysis plays a very important role in our immune system. The epiphysis produces 2 hormones, which are neurotransmins and neurotropic. The first is called melatonin, the second is serotonin and a molecule DMT (dimethyltrptamil) the epiphysis is cira 5-8 mm long, 3-5mm thick gland and looks like a pine cone shape.

The last group:

So far we have examined 54 patients with 4 PAP III d. to PAP IV.a had multiple virus infestations with a severity between 2000-5000 high risk viruses. Before therapy, at

8:30 am, where serum serotonin is readily measurable in serum, we measured 125-143 nanograms of serotonin per ml / serum in the 50 patients. Two weeks later, after four immunostimulation treatments with Albothyl and Flammazine, we found significantly less serotonin in these patients, with about 102-111 nanograms of serotonin per milliliter - a difference of 18-23% less. Since the serotonin is in negative feedback compared to DMT, the difference is caused as a re-distribution. We assume that the difference was caused by the DMT redistribution.

At the same time, the viruses and the cytological findings are much better. Melatonin plays a major role in the night, mostly to repair broken and infected cells, also to protect against carcinomatosis and pesticides. The melatonin has not shown any changes in all patients, before treatment and 2 weeks after the treatment we have a melatonin average of 2.5-6.8 nanograms per ml. This means that the melatonin as night hormone, can only be detected in the dark. 1 patient suffers from inactive MS (multiple sclerosis). Before treatment, serotonin measurement was 170 nanograms per milliliter, and after treatment serotonin levels increased to 370 nanograms per milliliter. This is probably due to the disease of MS. One patient was free of any anamnesis without any particular illnesses and shows normal serotonin and after treatment serotonin increases by 22%, without cause.

But this proves that immunostimulation in the endocervix with Albothyl and Flammazine strongly influences the epiphysis via the vagus nerve. The other 2 patients suffer from depression with neuroleptics, no effect on serotonin, either before or after treatment. The work was recorded with pure cytological, hystological and hormonal findings. It looks like the epiphysis is reacting like an energy gland. For example: We have a few treated patients who have remained after therapy, with mild positive high risk viruses. The cytological findings are unremarkably improved. However, the patients have a special disorder in the body, mostly in the intestinal area. Lactose intolerance, fructose intolerance or intestinal polyps or general intestinal dysregulation. Only 4 weeks later, we surprisingly found that the viruses are no longer there.

Since the own body concentrates first on the "construction site" and then after improvement of the complaints, was focused again on the immunostimulation and

treated. The body has reacted autonomously. This means that epiphysis, as a computer, stores the information as an immunostimulation, and when the body is in order, the epiphysis passes on the information for self-healing.

Discussion:

The preparation Albothyl Concentrate 36% vaginal solution attacks mostly affected cells and leaves the normal cells intact. The etching is not as strong as 85% trichloacetic acid, which causes strong reactions. Albothyl is milder, does not cause any cardiovascular reaction, nor allergic reaction, but the findings and the PAP smears are amazingly good. The application of Albothyl 36% is unremarkable, causing almost no allergic reactions. In about 1100 patients, we found 2 mild intolerances and mild allergic reactions. Rinsing with normal sterile water reverses the reaction immediately.

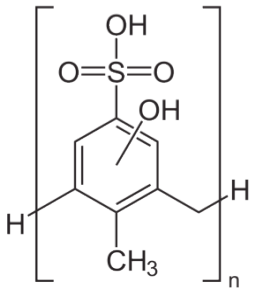
Let's talk about Flammazine, that is sulfadiazine silver. The Flammazine is used more locally as a healing and sedation process after the treatment of Albothyl. Colposcopically, the cervix lesions caused by the HPV viruses will show significant improvement with the first treatment. After 24 hours, you will notice tissue loss like a gray paper, little headache, and a flu infection. Patients with mild abdominal discomfort may be treated with an antiflogistic drug. I did not believe that epilation, or scratching on the endo cervix, caused so many reactions to our body and immune system. It is unbelievable that only these local applications cause so many reactions. It's not just healing, the central system certainly plays an important role. I was looking for responsibility in a protein distribution.

Through Olivia Briant, I came across the epiphysis. Olivia Briant, from her psychosexual point of view, has proven that the cervix and epiphysis are interconnected. The same are the examples which Dr. Rick Strassmann (the spirit molecule) wrote about the DMT payout. Dr. Strassmann has done a great deal of research with the permission of the US government to experiment with exogenous DMT. His findings show description of other world encounters, with immune system responses with high secretion of DMT, during childbirth, as well as during death. The immunostimulation of the endo cervix and the connection with the vagus nerve of the epiphysis have shown a marked improvement of the PAP smear and the virus

infestation. The findings are amazing. The cytology has improved by over 90%. The affected cells are normalized, the CA incitu cells are neutralized. This is cytological, as well as histologically proven. The HPV high risk viruses have mostly gone back to zero. Patients no longer show relapses for years.

In our experience, we urgently need the equivalence or strength of the virus during the treatment, for the affected cells. This strength allows us to know exactly how far and how successful the treatment is. Experience has shown us that up to 400 equivalents strength of the virus, this is mostly a smear infection. From swimming, sauna or solarium. A good immune system can handle this through self-healing processes. Selenium, ascorbic acid, Vagi-C and a good immune system can support this. Over 400-6000 Equivalence Strength is most often caused by sexual intercourse and can attack Endocervix cells within 9 months, depending on the aggressiveness. With acetic acid and iodine it is possible to differentiate very precisely the lesions in the cervix area and to carry out a concrete therapy with albotyl and Flammazine. Mostly twice a week, for a total of 3 weeks, so in 6 treatments. The cervix mucosa usually needs 48 hours to recover after each treatment. An experienced gynecologist should not be afraid of therapy with Albothyl and Flammazine, even small complications can be treated like this.

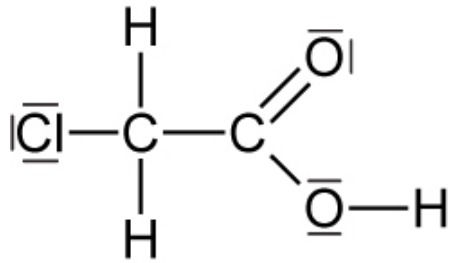
Policrasulen



Policrasulen is used for hemostasis, it helps after burns faster to stop the dead tissue. Also for the contylovarte curinalle anti-optical effect and antimicrobial effect. It has an acid character and helps against fungi and protozoa altered tissue coagulation in pathologically altered tissues.

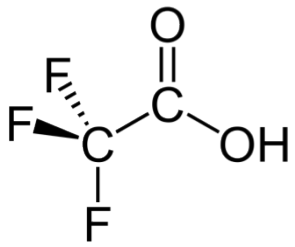
- Local treatment of cervix inflammation and inflammation of the vagina or infections and tissue defects as well as of warts and the like.
- Local treatment of portioectopy
- Hemostasis after biopsy and removal of uterine polyps.
- Chlamydia infection of the lower genitourinary tract
- Candidosis (fungal infection) of the vulva and vagina
- Trichomoniasis urogenitalis

Chloroacetic acid



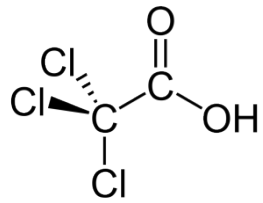
Chloroacetic acid is the starting material for carboxymethylcellulose, mercaptoacetic acid and pesticides, dyes or pharmaceuticals. Monochloroacetic acid is used directly in the warping of warts (name: acetocaustine) The use of monochloro- and monobromoacetic acid as a disinfectant and preservative in the beverage industry led to a beer scandal in Bavaria in 1985.

Trifluoroacetic acid



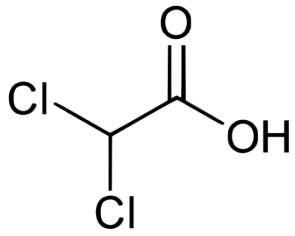
Trifluoroacetic acid (abbreviation: TFA) is a synthetic chemical Compound from the group of carboxylic acids. She is a fluorinated offspring the acetic acid, with all three hydrogen atoms of the methyl group through Fluorine atoms are replaced ("substituted"). Their salts and esters are called Trifluoroacetates.

Trichloroacetic acid



Trichloroacetic acid (abbreviation¨TCA) is a chlorinated organic chemical compound from the group of carboxylic acids. In her, the three hydrogen atoms of the methyl group are completely through Chlorine atoms replaced (substituted). Their salts are called trichloroacetates.

Dichloroacetic acid



Occurrence

Dichloroacetic acid can be produced in chlorinated drinking water on contact with organic matter.

Extraction and presentation

Dichloroacetic acid can be obtained from trichloroacetic acid or in the reaction of acetic acid with chlorine, but a mixture of mono-, di- and trichloroacetic acid is formed, which is difficult to separate. Direct access results from the reaction of chloral hydrate and potassium cyanide or potassium hexacyanidoferrate (II) in aqueous solution by boiling under reflux.

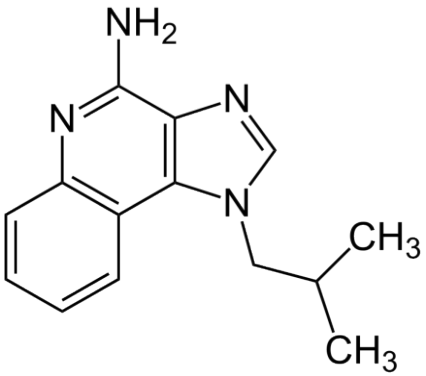
Use

Dichloroacetic acid is used as a solvent and as a starting material for the synthesis of other chemicals (such as sulfonamides).

Medicine

In clinical studies, the use of dichloroacetate as a drug in the metabolic disease lactic acidosis is being tested because it inhibits the enzyme's own kina-se of the enzyme complex pyruvate dehydrogenase. Since a scientific publication in January 2007, use as a drug has also been the subject of investigations against specific types of cancer. For commercial marketing, there are as yet no adequate data for clinical efficacy and safety. A study had to be discontinued in 2006 because of nerve damage. Due to the lack of patentability, the financing of clinical studies is very difficult, as there is no financial incentive for pharmaceutical companies.

Imiquimod/ Aldara 5%:



Imiquimod is an antiviral drug used to treat small, superficial basal cell skin cancer (basalioma), actinic keratosis and condyloma (condylomata acuminata), as well as cutaneous warts. Imiquimod was developed by 3M. It is distributed worldwide, in Europe by the Swedish pharmaceutical company MEDA under the trade name Aldara. The follow-up substance of imiquimod is the still under development

Resiquimod (R848), which has the same mechanism of action, but is much more effective and binds to two Toll-like Receptor (TLR).

Operation

Imiquimod is an immunomodulator. It does not destroy the viruses and cancer cells, but it activates the immune system of the skin, so that it even fights against the virus or the tumor. Imiquimod provokes an inflammatory response by binding to TLR7. It is a surface molecule of cells of the immune system, especially of macrophages, which, if appropriate substances attach to it, the immune system, the signal "foreign" ("not belonging to the body") mediates. Unlike traditional methods of cutting, freezing or cauterizing warts, imiquimod does not damage the skin.

Contraindications

Imiquimod should not be applied to open wound areas or irritated skin. In addition, it should only be used after an intensive risk-benefit assessment in pregnancy. In lactation, the intake is excluded because the drug passes into breast milk. In children and adolescents under the age of 18, the drug should not be used as there is insufficient research for this patient population.

Further discussions:

We have some cases where the uterus was removed. The women are infected with a PAP IIID, PAP II or PAP IV A. Here one should treat in the vaginal end, on the intestine not with albotyl etchings. Since injuries can occur here in the intestinal area. Since the intestinal mucosa is not to be etched and epilate, since there is a risk that a hole will form. Epilation can be done right or left, where the muscles are, with good results. Here it looks like the nerves also have contact with the epiphysis.

It looks like the epiphysis is reacting as the actual energy gland and sending different math signals to our body. Influences the control of the internal clock and influences the physical and mental aging process. The Egyptian doctors and priests used a 63/64 formula as a measure of epiphysis. Each point of the epiphysis or the environment has been numbered. Thalamus was measured at 1/2, Hypothalamus 1/64. Epiphysis is the only organ in our body with the highest serotonin concentration per gram of tissue, 3190 nannogram (Prof. Nocholas Giamin / Prof. of Pharmology

and Daniel Freedmann / Prof. of Psychiatry). In 2008, the first time a protein was discovered in the epiphysis, it was given the name Klotho (from the Greek goddess who spins the life thread). Without Klotho we can not live, it is responsible for the physical health, explained in his lecture Prof. Ulrich Warnke in the 14 DGH Congress 2015 / Rotenburg in the Fulda. Biologists and physicists explain the role of the epiphysis in other dimensions. The Berlin physicist Timomathik explains the numbers magic from the epiphysis in mathematics and physics. The physicists and mathematicians work very much in the field of epiphysis, especially in the field of energetic glands. Certainly we will get a lot of experience through these special investigations.

For us as doctors, it may be difficult to understand everything. But everything is important. The forbidden and forgotten gland plays a tremendous role in the therapies of various diseases associated with our immune system. The recent research on microbion has shown that overall our mucous membranes are in balance. The bacteria and the viruses are controlled by the immune system and here the amino acid triptophan plays a special role.Not to forget that triptophan is biochemical, the precursor of serotonin, melatonin and the DMT. So that's the energetic gland that controls everything. The epiphysis is threatened by calcification lately. The calcifications are mostly caused by fluoride (toothpaste) and various environmental influences. Doctors have proven that calcification of the epiphysis is responsible for breast cancer and other infections or inflammation. Also for example in Alzheimer's. Maybe also the weakening of the immune system. The decalcification of epipysis can be treated with high-dose vitamin B complex, zinc and magnesium. This was proved by computer tomographies (CT).

Cytological laboratory Bensberg 51429 Bensberg

Gynecologists from the Bensberg laboratory used a swab before the cervix in the patient with a swab soaked in Albothyl and removed it after 24 hours. The successes were only 50%, here is only a passive reaction and no energetic reaction. In order to achieve an energetic reaction, one must scratch or perform epilation and with the onset of a tuper that is not enough.

General:

Other acid is a chloroacetic acid, used for the etching of warts, but only in the skin area, not on the mucous membrane. The mucous membrane causes burns. Another acid is trifluoroacetic acid. But in the vaginal area causes severe burns. Aldare 5%, comes in the form of cream. Is suitable for Kondylomata Acuminate. Also known as an immune stimulator, in the vulvar area. In the mucous membranes, however, this makes significant burns. In the autumn seminar in Hamburg was also about the microbiome of Prof. dr. Dr. med. W. Heizmann presented in a discussion Prof. Dr. med. Heizmann has explicitly said that microbiome, contains millions of microorganisms that stabilize our Balance in the intestine, mucous membrane and skin and they protect against invaders such as viruses, bacteria and various diseases, infections and cancer. The basis of this development, or our stabilization of the immune system is usually the D-tryptophan. L-thyptophan and D-tryptophan are the precursors of melatonin, serotonin and DMT. The o.g. Hormones and molecules are produced in the epiphysis. This means that the epiphysis plays a very important role in the treatment of various diseases for the immune system.

In the following table the serotonin measurement was always measured at 8.30 o'clock. Once before the therapy, once after the therapy, also a smear was made before and after the therapy.

Patient No.	**Serotonin** Before the therapy	**PAP** value before the therapy	**Serotonin** after the therapy	**PAP** value after the therapy
1	128 ng/ml	III D2	103 ng/ml	II a
2	142 ng/ml	III D1	111 ng/ml	I
3	140 ng/ml	III D1	110 ng/ml	I
4	139 ng/ml	III D1	119 ng/ml	II a
5	128 ng/ml	IV a	102 ng/ml	I
6	141 ng/ml	III D2	109ng/ml	I
7	132 ng/ml	IV a	104 ng/ml	II a

8	130 ng/ml	III D1	102 ng/ml	I
9	140 ng/ml	III D2	121 ng/ml	I
10	129 ng/ml	III D1	108 ng/ml	I
11	133 ng/ml	III D1	109 ng/ml	II a
12	143 ng/ml	III D2	121 ng/ml	I
13	127 ng/ml	IV a	104 ng/ml	II a
14	138 ng/ml	III D1	118 ng/ml	I
15	131 ng/ml	III D1	120 ng/ml	I
16	136 ng/ml	III D2	109 ng/ml	I
17	134 ng/ml	III D2	103 ng/ml	II a
18	129 ng/ml	III D1	102 ng/ml	I
19	135 ng/ml	III D2	105 ng/ml	I
20	141 ng/ml	III D2	109 ng/ml	I
21	125 ng/ml	III D1	103 ng/ml	II
22	129 ng/ml	III D1	108 ng/ml	I
23	132 ng/ml	III D2	111 ng/ml	II a
24	141 ng/ml	III D1	111 ng/ml	I
25	135 ng/ml	IV a	110 ng/ml	I
26	98 ng/ml	III D1	69 ng/ml	I
27	131 ng/ml	III D1	102 ng/ml	II a
28	130 ng/ml	III D2	108 ng/ml	I
29	131 ng/ml	III D1	108 ng/ml	I
30	126 ng/ml	IIID1	102 ng/ml	I
31	138 ng/ml	III D1	109 ng/ml	I
32	141 ng/ml	III D1	112 ng/ml	I
33	143 ng/ml	III D2	110 ng/ml	II a
34	145 ng/ml	IV a	111 ng/ml	I
35	133 ng/ml	III D1	105 ng/ml	I
36	137 ng/ml	III D2	110 ng/ml	I
37	132 ng/ml	III D2	109 ng/ml	II a
38	142 ng/ml	III D1	110 ng/ml	I
39	131 ng/ml	III D1	110 ng/ml	I

40	125 ng/ml	III D2	104 ng/ml	I
41	139 ng/ml	III D2	115 ng/ml	II p
42	141 ng/ml	III D2	122 ng/ml	I
43	131 ng/ml	III D1	105 ng/ml	II a
44	133 ng/ml	III D2	112 ng/ml	I
45	142 ng/ml	III D2	118 ng/ml	I
46	137 ng/ml	III D1	108 ng/ml	II a
47	136 ng/ml	III D2	111 ng/ml	II p
48	132 ng/ml	III D1	109 ng/ml	I
49	148 ng/ml	III D1	121 ng/ml	I
50	146 ng/ml	III D1	117 ng/ml	II a

Graph einfuegen

Tabelle einfuegen

Epicrise:

Immunostimulation on the endocervix with Albothyl and Flammazine affects the epiphysis through the vagus nerve. The release of DMT deactivates the viruses and affected cells. Thus, cytological findings such as PAP IIID1, or PAP III D2 or PAP IV will regress. The viruses, HPV will regress to 90%, this will remain synonymous for the next 10 years, even if the partner is HPV positive. It's as if the body is making antibodies.

In antiquity it was spoken with reverence for the epiphysis and firmly believed that the epiphysis is the center of our soul and our health. The epiphysis was called the third eye or the eye of Horus. Mathematical and geometric calculations were performed. And every point of the epiphysis was numbered extra. And with the sentence of Phytagoras, various treatments were performed. In 380 AD, the emperor Theodosus the Great forbade everything in this direction, as did the epiphysis and all known knowledge. After 1400 years the epiphysis was discovered very slowly again. Physicists, mathematicians and doctors talk about the influence of the epiphysis in our immune system.

In our work we have tried to prove and I am actually convinced that the good results of the cytological and hystologic findings are due to the reaction of the epiphysis. It's probably a way that we use the epiphysis to treat new ways of infections to treat various cancers. It looks like the epiphysis is functioning as a energy gland. And thus can open new ways. I would like to thank the psychologist Olivia Briant in Melborne, Australia, for the idea I got from her work that the endocervix is connected to the epiphysis. This publication is dedicated to my colleague Dr. Elbering in Bensberg (cytology) who helped me a lot with his findings.

Literature

1. Stanley MA. Virus-keratinocycte interactions in the infectious cycle. In:PL Stern and MA Stanley, Editors, Human Papillomaviruses and Cervical Cancer, Oxford University Press, Oxford 1994:116-131.

2. Pfister H, Fuchs PG. Papillomaviruses: particles, genome organization and proteins. In:K Syrjanen, L Gissmann and LG Koss, Editors, Papillomaviruses and Human Disease, Springer-Verlag, Berlin 1987:1-18.

3. Sedman J, Stenlund A. Co-operative interaction between the initiator E1 and the transcriptional activator E2 is required for replicator specific DNA replication of bovine papillomavirus in vivo and in vitro. EMBO J 1995; 14:6218-6228.

4. Qi YM, Peng SW, Hengst K. Epithelial cells display separate receptors for papillomavirus VLPs and for soluble L1 capsid protein. Virology 1996;216:35-45.

5. Crook T, Vousden KH. HPV oncoprotein function. In: C Lacey, Editor, Papillomavirus Reviews: Current Research on Papillomaviruses, Leeds University Press, Leeds 1996:55-60.

6. Stoler MH, Rhodes CR, Whitbeck A, Wolinsky SM, Chow LT, Broker TR. Human papillomavirus type 16 and 18 gene expression in cervical neoplasias.

7. Scheffner M, Werness BA, Huibregtse JM, Levine AJ, Howley PM. The E6 oncoprotein encoded by human papillomavirus types 16 and 18 promotes the degradation of p53. Cell 1990;63:1129-1136.

8. el Awady MK, Kaplan JB, Ob SJ, Burk RD. Molecular analysis of integrated human papillomavirus 16 sequences in the cervical cancer cell line SiHa. Virology 1987;159:389-398.

9. Choo KB, Pan CC, Han SH. Integration of human papillomavirus type 16 into cellular DNA of cervical carcinoma:preferential deletion of the E2 gene and invariable

retention of the long control region and the E6/E7 open reading frames. Virology 1987;161:259-261.

10. Kessis TD, Slebos RJ, Nelson WG. Human papillomavirus 16 E6 expression disrupts the p53-mediated cellular response to DNA damage. ProcNatl Acad Sci USA 1993;90:3988-3992.

11. Romanczuk H, Howley PM. Disruption of either the E1 or the E2 regulatory gene of human papillomavirus type 16 increases viral immortalization capacity. Proc Natl Acad Sci USA 1992;89:3159-3163.

12. White AE, Livanos EM, Tlsty TD. Differential disruption of genomic integrity and cell cycle regulation in normal human fibroblasts by the HPV oncoproteins. Genes Dev 1994;8:666-677.

13. Lee AK, Eisinger M. Cell-mediated immunity (CMI) to human warts virus and wart-associated tissue antigens. Clin Exp Immunol 1976;26:419-424.

14. Balmelli C. Roden R. Potts A, Schiller J, De Grandi P, Nardelli Haefliger D. Nasal immunization of mice with human papillomavirus type 16 virus-like particles elicits neutralizing antibodies in mucosal secretions. J Virol 1998;72:8220-8229.

15. Harro C, Pang Y, Roden R. Safety and immunogenicity trial in adult volunteers of a human papillomavirus 16 L1 virus-like particle vaccine. J Nat Cancer Inst 2001;93:284.292.

16. Use of vaccines for the precention and treatment of cervical cancer
Petropoulou VP, Petropoulos PV
The role and significance of vaccines for the prevention and treatment of cervical cancer are presented. Volume 17, N1 2005, Hellenic Obstetrics and Gynäkology

17. HPV Infektion und Immunsystem Ch. Mantouvalos, Topics in obstetrics und Gynäkology Okt. 2002.

18. Barbosa MS, Schlegel R. The E6 and E7 genes of HPV-18 are sufficient for inducing two-stage in vitro transformation of human kreatinocytes. Oncogene 1989;4:1529.

19. Benton C, Shahidulah H, Hunter IAA. Human papillimaviruses in the immunosuppressed. Papillomavirus Rep 1992;3:23.

20. Connor ME, Stern PL. Loss of MHC class I expression in cervial carcinomas. Int J Cancer 1990;46:1029.

21. De Mattel M, Martini F, et al. High incidence of BK virus large T-antigen-coding sequence in normal human tissues and tumors of different histiotypes. Int J Cander 1995;61:756.

22. Zur Hausen H, de Villiers EM. Human papillomaviruses. Annu Rev Microbiol 1994;48:427.

23. Peug S, Frager IH, Fernado GJ, Zhou J. Papillomavirus virus-like particles can deliver defined CTL epitopes to the MHC class I pathway. Virology 1998;240:147.

24. G. E. Gross; HPV- Infektions with aceto diagnostik. Sexualmedizin Heft 2, Februar 1988

25. Zahlenzauber aus der Epiphyse, Vom Berliner Physiker Timomathiks
aus der Zeitschrift Raum & Zeit / Oktober 2013

26. Pytagoras und Epiphyse
Dokumentationsbilder von Google

27. Oliva Briant aus Melborne aus Australien Psychologin

28. Bent RW über die Entwicklung der Lungen, Zeitschrift fd. gs. Anat. Entwicklungsgesch. 75 1925

29. Bronner Die Verkalkungdes Corpus Pineal, Fortsch. at.geb. d. Röntgenstr.

30. Descartes, Brief und Versöhne. 1639 (Google Scolar)

31. Frienthal H. Allgemeine und spezielle Psychologie des Mensch 1914

32. Luke J. Fluoride depositon in der agent human pinael glant, caris Res.2001 März/April

33. Hr. Grasar K. Marquart et al. Gynäkologische Zytodiagnostik der Zorix Münchner Nomosklatur III Frauenatz 2013 N11 S 1042-1948

34. f Gasto, B. Cochand- Prsollot at al Cross sectional study of Convontionol coical smoar, monolayor cytology und human Pepillona virus DNA tasting for carvial screening Brief 2003, 126 S. 733-340

35.Richard M D. May Theo PAP Test, ASCP Pross 2005

36. Manfred Kaufmann Sorban-Dan Costa et al Die Gynäkologische Springer Berlin 2006 ISBN 3-540-25664-4.

37. Leitlinie Diagnostik und Therapie des Zervix Karzinoms (9/2014) Deutsche Krebsgesellschaft Deutsche Gesellschaft für Gynäkologie und Geburtshilfe

38. Cancar incitance aut Mortality Worlwirde 2012

39. Zykla Monkos HPV Impfung Deutsches Ärzteblatt Band 2016 Nr. 23, 2009 A979

40. C Sonne, S. Strauss, f.f. Gray Dotocation of Human papilomvirus DNA on the finger of patients wth Gnistel warts, sexually transmittel infontrans, Band 75 Nr.5, OCA1999, S 307-319

41. C Wittokind TNM klassifikation Malignar Tumors Achte Auflage VCH Verlag 2017