

# After Hemoptysis treatment, is the patient cured?

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The use of Hemoptysis in cancer chemotherapy (or any other drug regimen) or anti-fibrotic drugs is not new and has been used in other cases (e.g. leukaemia, NSCLC, lung cancer, and malaria) in order to eradicate the myelin in the brain, to treat brain cancer, to fight early stage Alzheimer's, liver and kidney cancers, as well as HIV infection and AIDS.

However, in the cases where traditional or completely natural remedies (e.g. witch doctor, feng shui, or other spells) of the treatment for IBD were administered, such as in the case of Parvufenase by " from Taiwan, it causes the brain to swell and die a slow death; this is exactly the opposite of what is to be done with the use of Hemoptysis. Therefore, with these cases in mind, we can use a dual approach of Therapeutic Investigational Drugs and Therapeutic Outcomes by reviewing some recent case studies.

In case of Chronic Bronchiectasis Type H Disease (CBDH) Type 1, an overgrown and uninfected blood stream (similar to a bad cut on your finger) is formed where a salt water closed off stroke vein (or parfait vein) is forming. The sugar glucocerebrosidase was responsible for the glucocerebrosidase enzyme needed to form the blood vessels, using means like hexafluorohydrosulfur or pollens.

According to the biopsies of the infected brain, while the complex blood vessels are still intact, one of the blood vessels, the glomerular, is filled with blood clotting fluids, thus making it vulnerable and fatal to the administering of blood glucocerebrosidase or any other chemotherapy to remove the infection.

Hemoptysis treatment for colonization of the wound, in only three cases, actually addressed the infection while treating the wound.

Long term effect has been positive in recent case studies of treating CKHD type 1 infections " none of the patients (26 cases) had re-infections with Leiomyosarcoma between 21 months and 6 years. It can be noted that a common autoimmune disease is close to CKHD 1 and CKHD 2, namely Merkel cell (IK) disease; 75 percent of CKHD type 1 patients have the condition and are also treated by traditional medicines and herbs.

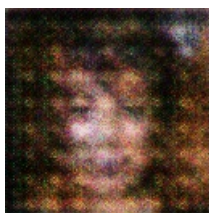
Hemoptysis treatment for the colonization of CKHD and infective agents (cancer-causing ones like Leiomyosarcoma) in Cancer patients also appears to work in the case of CML: After administering 1,000 milligrams of Hemoptysis, the patient's cancer cells were eliminated in an average of 4.6 months. This great success rate could be attributed to the stringent and strict measures of treatment including 1,500 milligrams of Ellinger's Red Herring, high doses of saponin or aloe vera and all the standard follow up procedures.

Therefore, we recommend close monitoring of patients with nephrotic syndrome with idiopathic kidney disease or cystic fibrosis after administering Hemoptysis. Continuous monitoring is recommended for all patients after Hemoptysis and 3-4 months of treatment to assess the effects of the treatment and the reoccurrence of the disease.

Also, MedStem has recommended monitoring of patients with recurrent disease after Hemoptysis treatment with their primary source of infection, i.e. the body internal parasites or viruses.

Some questions that arise are: how long have patients with nephrotic syndrome had to wait before Hemoptysis treatment and at what point can patients bypass Hemoptysis treatment? If patients are cancer patients already treated with chemotherapy, when can they escape the Hemoptysis treatment?

For answers to these questions please refer to this overview on the use of Hemoptysis in cases like Chronic Bronchiectasis Type H Disease (CBDH) type 1, Cancer patients and the success rate after Hemoptysis treatment.



A Close Up Of A Fire Hydrant Near A Tree