Slides from Dr Karo Maeda's interview to "Rede Globo de Televisão" (Globo Television) of Brazil in 2004 about the use of Brazilian *green propolis of baccharis dracunculifolia* as a nutritional supplement for cancer patients in Japan.

Dr Maeda has been using propolis with his patients for 25 years. He uses Brazilian green propolis by <u>Pharmanectar</u> of Belo Horizonte MG Brazil. He has treated more than 17,000 patients.

In 2004 he gave the talk "Wonder of Bi-Digital O - Ring Test to contribute to early discovery and an early treatment of cancer" at the Bi-Digital O-Ring Test Association, which he currently presides in Japan (http://www.bdort.net/).

Dr. Karo Maeda M.D., PhD. is Prof. Emeritus at the Tokyo Women's Medical University and Director of the Advance Clinic Yokohama.

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BRAZILIAN GREEN PROPOLIS INTERVIEW REDE GLOBO DE TELEVISÃO 2004



Prepared by Dr Gerson Machado PhD <u>info@brazilianpropolis.com</u> This information does not constitute medical advice; consult with your doctor for that.

It is not a medication, but if you ask me where it acts I'll tell you it attacks the cancer cells and kills bacteria and viruses that emerge along with tumors.



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Before prescribing it we do a molecular resonance test and introduce a diet to increase the patient's immunological resistance.

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http://bdort.net/pdf/13thEngAbst.pdf

Abstracts of 13th Annual Meeting of Japan Bi-Digital O-Ring Test Medical Society July 20(Sun)- July 21(Mon), 2003; Sanjyo Conference Hall, Tokyo University, Tokyo, Japan

INFECTIOUS DISEASES LIKELY TO BE DIAGNOSED AS CANCER RECURRENCE AND THEIR TREATMENT

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Objectives: Even if resonance of cancer disappears in response to a variety of treatments and patients look cured, their symptoms sometimes aggravate in several months to several years. One of the causes is cancer recurrence and the other is found in a case in which although there is no resonance of cancer by BDORT, cancer recurrence may be suspected for the symptoms such as tumor marker elevation, an increase in tumor size, and infiltration of a tumor. In an attempt to elucidate the cause of the latter, it was investigated by BDORT whether Chlamydia trachomatis, Tuberculosis (Tbc), Hg, Cytomegalovirus (CMV), existed.

Subjects: We investigated patients with ovarian, gastric, hepatic, lung, or breast cancer, and more than 30 photos of the cases in which BDORT showed no resonance of cancer but tumor growth resulted in surgery or death.

Methods: The regions where resonance of cancer disappeared were examined by BDORT quantitatively for Chlamydia trachomatis, Tbc, Hg, CMV. In cases with elevated values, appropriate drugs were administered, and the Selective Drug Uptake Enhancement Method by Dr. Omura was instructed. For evaluation, the Imaging method, visual inspection, physical examination, computed tomography (CT) and magnetic resonance image (MRI) were employed.

Results: In most of the cases in which resonance of cancer disappeared but tumors increased in size, the amount of Chlamydia trachomatis increased 10 to 20 times higher than the normal, followed by an increase of CMV. In most of these cases, furthermore, after appropriate drugs were selected by BDORT and the Selective Drug Uptake Enhancement Method was subsequently instructed, about two weeks of intake decreased tumors in size and the amount of Chlamydia trachomatis (1-2 times more than the normal). Even if a similar tumor existed, as long as there was no resonance of cancer and the amount of Chlamydia trachomatis was within the normal range, it did not increase in size and a relatively good clinical course was observed. In addition, there was a close relationship among Chlamydia trachomatis, larvae of Ascaris in dogs and cats, and corona virus causing Severe Acute Respiratory Syndrome (SARS). There was no case in which only Hg elevated. In cases with concurrently increased Chlamydia trachomatis and CMV, the association was observed at a ratio of 18 to 16. Even in cases with Tbc infection, drugs for Tbc did not significantly reduce tumors in size. As immune system was strengthened, the degree of these infections decreased, and to get rid of these infections, especially Chlamydia trachomatis and CMV, was presumed to be advantageous for macrophage activation.

Conclusion: After resonance to cancer is eliminated by BDORT, quantization of Chlamydia trachomatis and its treatment are considered a critical factor for prognosis.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed&cmd=search&term=%22Karo+Maeda%22 Oncol Rep. 2004 Apr;11(4):771-5. Related Articles, Links

In vitro and in vivo induction of human LoVo cells into apoptotic process by non-invasive microwave treatment: a potentially novel approach for physical therapy of human colorectal cancer.

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The human LoVo and WI-38 cells were exposed to high power non-invasive microwaves. The apoptotic effect of the microwaves on the cells was examined with TUNEL, DNA fragmentation and flow cytometry. The human colon cancer LoVo cells showed pathological change of apoptosis but the normal human WI-38 cells showed no detectable apoptotic response. Exposure of the mice bearing tumor tissue to microwave resulted in a significant regression of the tumor tissue in the animal models. We demonstrate that the LoVo cells can be induced into apoptosis by microwave treatment both in in vitro and in vivo. The data described in this communication implies the possibility that microwave therapy may become a novel approach in human colorectal cancer treatment.

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