



التشفي الناري للعلاج الحراري بيخيم

العلاج الحراري هو علاج ناجح وفعال ضد الأورام لا يضيقه بل و اعوا و اليشير في ذلك .

العلاج الحراري
في عام 1994 قُدم لكم المبتشفي العلاج الناري فـ الحرارة و ليس خـ زال جسدي خدمـه الطـه ، نـ جنـقـدـلـكمـ علاج تـمـمـر فـ الحرارة . هذا العلاج مع العلاج الكـمـ (أى) تـسـهـ (تـ هو أفضل علاج لتخـلـصـ من الامراض لا يضيقه و نـفـومـ بـفـعـ درجـةـ لـحرارة الجسم بـلـفـمـلـهـ بـنـ 60 و 90 دقـقـةـ عـلـىـ درجـةـ حرارة 42 (و هذه عملـهـ علاجـهـ سرـعـهـ و مـجـدـهـ فيـنـفـسـلـوـقـتـ .الـعـلاجـ الـوـلـ كـون لـمـدةـ بـسـوعـ كـامـلـ ، و تـكـونـ الإقـامـ فـ المـبـتـشـفـىـ بـعـدـ ذـلـكـ نـفـسـ افـرون لـمـدةـ 6 أسبـعـ عـلـيـتـوـكـمـ و بـعـدـ هذه الفترـة بـدأـلـعـلاجـ منـ جـدـد .

لـمـقـابـه

خلال عملـهـ علاجـتـكـمـ و نـتـحـتـ الاشراف الطـه و العنـاـهـ الطـه الـمـشـدـدـهـ و الـمـراقـبـهـ الكـامـلـ لـلـجـسـمـ و التـعـرـاتـ الـتـ حـدـثـ عـلـ هـتـجـهـ العلاج ، الـعـلاجـ و فـ دوتـالـتـشـلـهـ أيـبـعـتـمـلـهـ أسـبـبـ عـتـكـونـلـهـ نـتـلـجـ أـجـلـهـ عـلـىـ الـمـرـضـ و ظـمـتـحـسـنـ عـلـىـ عـلـتـهـ الـمـرـضـ فـ العـمـوـنـطـلـقـريـ و لـوـيـنـ ، و تـخـفـ الألام و الـاوجـاع . الـمـرـضـىـ نـحـضـ عـورنـلـمـراقـبـهـ الـبـمـاشـرفـ المـبـتـشـفـىـ لـاـخـاصـ و الـحـدـثـ الـتـجـ فـزـلـنـا ، خـلـالـ العـلاجـ بـطـرقـةـ تـسـهـ ، و فـا أـخـذـونـبـتـنـاولـ الـادوـهـ الـمـبـشـطـهـ و الـمـسـاعـدـهـ و الـمـراقـبـهـ الـوـمـ لـلـدم .

لـلـاتـصـال

مبتشفي العلاج الحراري الناري
Hyperthermie- Tagesklinik
مركز المدينة / شارع غلـكـوتـمـ 87-89
بوخوم Bochum 44787

لـفـونـ +49 / 234 / 684378

الكس +49 / 234 / 684370

E-Mail: hyperthermie@hyperthermie-tagesklinik.de

Web: www.hyperthermie-tagesklinik.de

لـلـغـرفـ و مـعـاتـهـا

راح فنقـهـ	
جـهـازـسـوتـ / نـجـاح	
حـمـامـ / دـشـبـتـلـفـزـونـ / نـلـاجـهـ	
غـرفـ و مـجـالـ لـمـراقـبـةـ نـ و الـضـوـف	

لـلـمـسـرفـاتـ و الـابـعـاد

مطار دوتـمـنـد	32,4 كم
مطار شـلـدورف	39,3 كم
التـنـصـالـ فـالـهـايـ و ي	3,0 كم
مـحـطـلـقـ طـارـاتـ الـوـيـسـهـ	1,5 كم
بـتـروـلـفـاق	0,0 كم



العلاج لحراري

إن عمل العلاج المزدوج فـ الحرارة والمواد الكـمـيـة (تسهـت) لهـ عملـه و دوله ناجحـه لتخلـص من كـثـر الامراض السرطـنـه و الاورام لا ضئـه وقد رتـحـمـل مـرـضـها سـهـلـه و مـرـحـمـب عـض مـذـه الامراض سرطـان الشـدي، سرطـان المـعـده و الامـعاء البـاطـنـه (سرطـان البنكريـس)، (الروماتيزم، لاجـهـاـهـو لـ و النـقـاس لـ) سرطـان البـصـ (إلـسرطـانـات لـمـجـد، سرطـانـات الـعـظام و الاجـزاء اللـحـمـه إلـسرطـانـات لـضئـف افسـم و الوقـه) اللـفـبـو و الـتـشـره (كـذـالك الأندولسرطان لـضئـف و الـتـشـر، جـمـع لـوـاع النـشـرالـسرطـان و لـضئـف الـجـسـم و كـذـلك الـسرطـان الـفـاوي و سرطـان الـمـبـل و اعـه.

إن طرق العلاج هذه طرق قـمـيـة و بـدـلـه عـن دطـشـل كـل طـرق الـعـلاج الـتـبـعـف و و قـتـنـا مـذا لـقـه سـجـلـنا نـجـاح الـفـبـرف عـلاج سرطـان البنكريـس و الـسرطـانـات لـضئـه و الـهـيـطـه و النـقـاس بـاقـرف الـعـلـفـبـتـسـجـل مـذا النـجـاح و بـبـاتـقـوتـانـف مـذا الـمـجـالـعـلم و الـطـب لـقـه حـسـن الـوضـع الصـحـ و الـمـخـنـس لـلـمـرـض .

الخصائص

إن لم يتفقى النـهـار لـيـسـخـف بـوـخـفـر قـمـل مـن الـأطـباء الأخصـيـن اللـذـن عـلـون مـذا 15 سـنـه مـعـا، الـاطـباء مـ: الـتـشـور أنـو مـر / أخصـائـى الـحراري لـجـسـدي (الـمـذـر الـبـر و فـسـور الـكـال بـر مـر / أخصـائـى سرطـان و أمـراض ضئـه، الـتـشـور رانـر لـو مـان / تـخـذـر. لـفـر قـال عـام لـدنـا مـن أطـباء و مـمـرض تـبـكـل مـون فـيـلـلـغـات الـتـلـه . الـجـلـز مـه إلـعـبـه إلـرـوس إلـطـلـه لـلـطـاق مـالـطـب لـدنـا مـتـدرب و دارس أخصـائـى الـعـادات و النـقـال الـشـعـوب الـاخـرى مـن اـحـة الـكـل و لـشـرب و الـتـلـه فـ الـتـشـفـى الـحراري فـ بـوـخـمـن راعـ طـلـبـتـكـم و إحتـاجـتـكـم و نـشـاركـكـف الـقـرار الـطـبـل مـرضـكـم، نـوـشـكـم و نـوـجـكـم لـمـه الـصـواب و الصـحـح لـحـل مـشـكـلـكـم و جـسـكـم .



لـمـتـشـفـى و مـجـهـيـزاتـه

- خـدمـة الـمـطـار
- عـفـه أـحـادـه / مـزـدوجـه
- إقـتـبـال الـمـلـفـقـن و الـضـ و فـف غـرف مـجـاوره
- بـاب نـهـشـل الـغـرف الـمـجـاوره
- خـدمـة فـيـقـه
- لـكـر الـمـجـلـسـارات

لـيـوفـسـيـر بـر مـر
مـذـقـسـيـلـسـرطـان
و الـذـواء الـكـوـرائـى

الـتـشـير هـار
لـتـداوي فـي الـحراري و فـعـ درجـة
الـحراره بـتـخـذـر، الـوـذـر

Information for patients

With this info-sheet, we would like to outline our Integrate Cancer Combination Therapy. This is a gentle and special way to treat cancer. The Integrate Cancer Therapy is a combination of well-known ways of treating cancer under the conditions of whole body heating. Mostly performed in form of thermo-chemotherapy the therapy combines on a scientific basis the natural elements of oxygen, glucose and infrared-A heat with exemplary results for advanced cancer cases.

What is thermo-chemotherapy ?

The thermo-chemotherapy (TCHT) is a combined modality treatment with high tolerance for malignant tumours of the mammary gland, of the whole gastric intestinal tract (specially pancreatic cancer), of the lungs, of the urogenital tract (specially ovarian-cancer), of the skin, bones and soft-tissues as well as oral and neck advanced malignant tumors (specially node metastasis). In principle, adenocarcinoma and squamous epithelium carcinoma with metastasis (as well bone metastasis) or without metastasis, osteo sarcoma and soft-tissue sarcoma of nearly all localisations, the malignant melanoma and non-Hodgkin lymphoma and also pleural malignant mesothelioma can be treated.

The TCHT main treatment, which lasts several hours, is followed by approximately 24 hours of intensive care treatment in the specially equipped hyperthermia-clinic. This means, the patient stays in our clinic for one day, one night and to midday of the following day, before being transferred to our more comfortable private hospital.

The treatment itself is based on a controlled interaction between whole-body hyperthermia (body warming-up), induced hyperglycaemia (increasing of the blood glucose level), relative hyperoxemia (oxygen enrichment of the blood) and pre-arranged with the patient modified chemotherapy. Thanks to this multistep therapy, one has the chance to positively influence the course of the illness - even when tumours have not previously responded to radiotherapy, to cytostatics or to hormones.

How does TCHT work?

Cancer tissues accumulate lactic acid at an extremely increased glucose level, because cancer cells metabolise glucose to great extent into lactic acid, even in the presence of oxygen. This overacidification makes the cancer cells more sensitive to hyperthermia. On the other hand, the normal cells are stabilised energetically by glucose in the presence of oxygen. Therefore, in a temperature range between 41.9 and 42.5 °C (106.7 to 108.5 °F), the cancer cells are destroyed or at least damaged. The normal tissues of the organism, however, are not affected. The increased oxygen saturation in the blood results in a stabilisation of the cardiac functions, the circulatory system, the respiratory system and the central nervous system. Some cytostatics act better in an acid environment, so that the efficacy of chemotherapy can be increased through overacidification of the tumour.

Hyperthermia itself also increases the efficacy of some cytostatics. Some side effects of chemotherapy can be alleviated by relative hyperoxemia. On the basis of this complex interaction, an individually adapted chemotherapy in combination with the hyperthermia is highly effective and, in general, well tolerated.

What side effects can occur?

During the first days after the TCHT main treatment, the occurrence of fever up to 39 °C (102.2 °F) measured axillary (under the arm), can be read as an expression of a strong immunostimulation and is desirable in most cases. At this time, though, exhaustion, weakness, nausea, vomiting, headaches, diarrhoea and herpes labialis (blisters on the lips) can also occur.

Occasionally, thermally conditioned disturbances of the cell tissue metabolism in the different layers of the skin and the subcutis fat tissue, dependent on individual factors (e.g. vascularisation), can lead to thermal tissue injuries. Cases requiring treatment are, however, observed in less than 3 % of the therapies.

In rare single cases after TCHT treatment, an increased amount of oncolytical products can lead to an overstrain of the excretory mechanism (liver, kidney). As a consequence, temporary jaundice (icterus) as well as an increase of the liver and kidney values may occur.

Although the side effects of most of the cytostatics are milder than those of conventional chemotherapy, toxic effects of isolated cytostatics caused by the TCHT are observed in very few cases. Temporary functional disturbances of the peripheral nerves can, though, occur with temporary strength reductions, predominantly in the extremities.

During the TCHT main treatment, a moderate anaesthesia is given. The patient is unable to drive for at least three days after the main treatment. In the following days, due to various reasons (e.g. after-effects of the chemotherapy or additional medications), reaction times can be reduced and, therefore, driving ability is considerably limited.

Treatment procedure at our clinic

The treatment starts with a comprehensive medical consultation as well as with a clinical examination. If the previous medical-imaging reports (for example, sonographics, X-rays, CTs, MRIs, nuclear medical graphics) from the family doctor are too old, these examinations must be brought up-to-date before arrival or in a radiological clinic in Bochum so that the extent of the tumour structures can be determined exactly before the TCHT treatment begins.

On the day of main treatment, patients come at 8:00 to the hyperthermia-clinic with an empty stomach (on the day prior to the treatment, eating is permitted until 8:00 p.m. and drinking until midnight), a premedication (a sedative injection) is given in the morning before plus the attachment of an indwelling bladder catheter. The patient then lies naturally down - without being belted - on the net-bed of the IRATHERM 2000 infrared-A machine, free and reachable from every side, not locked in anything.

The following measures are taken in order to intensively monitor all the body functions. Two peripheral venous accesses in the form of flexible soft-tip catheters are attached for infusions, intravenous injections and blood sampling. The painless localisation of the thermometric probes (rectal, axillary, as well as on the skin of the stomach and the back), of the pulse oxymeter (on the right middle finger) and of the ECG miniature adhesive electrodes complete the intensive medical monitoring. During the whole treatment time, the ECG and oxygen saturation are very closely observed and all the relevant parameters are monitored by means of blood samples every 15 minutes. Continuous blood pressure measurements as well as regular blood-gas analysis are monitored. In this way possible deviations are recognised and corrected early. Serious disturbances can thus be averted to the greatest possible extent.

During an approximately 60-minute controlled infusion period, still at normal body temperature, the blood glucose level is increased by the three to four-fold of the initial value (by continuing the infusion during the TCHT main treatment, the blood glucose level attains a five to six-fold level of the initial value). Then, the body-warming-up process (hyperthermia) begins at approximately the same time as a moderate anaesthesia (neuroleptic analgesia at maintained spontaneous respiration; intratracheal intubation only if necessary) which acts over a time frame of approximately 6 hours. By means of infrared-A (short-wave part of the infrared spectrum) the body-core temperature is raised to 42.0°C (107.6 °F) within about 90 to 120 minutes. The chemotherapy is administered during the warming-up phase just before the body reaches 42.0°C (107.6 °F)

In the following so-called temperature-plateau-phase, a main body temperature of 42.0°C to 42.5°C (107.6°F to 108.5°F) is constantly maintained over 60 to 90 minutes. The cooling-off phase lasts for approximately another 90 to 120 minutes and uses the same monitoring measures as the warming-up and the plateau phase. An anti-emetic (a means to reduce vomiting) is added to the infusion during the last phase.

During the TCHT main treatment, lasting altogether approx. 8 hours, two doctors and two nurses are constantly at the patient's side (one doctor and a nurse continuously during the night and the next morning) then the patient will be transferred to the adjoining intensive care unit, an intensive care phase follows. The next morning at about midday the patient will be transferred by an accompanying doctor to the convenient private hospital to recover. For about 5 days the patients need infusions and medicines for recovery and initial daily blood sampling.

After a comprehensive concluding review, the patient can begin his or her trip home. In a detailed report which you will take along, we recommend the follow-up checks as an outpatient later at the home town.

What you should also know and consider

In case you have not yet been at our clinics and intend to be treated by us, please send us copies of all available reports of operation, histologies, X-rays, CTs, MRIs (magnetic resonance imaging), sonography (ultrasound) results, epicrises, physicians' letters (respectively on-going, intermediate or therapy reports). Please also provide an e-mail address, a telephone and fax number, where we can reach you. Immediately after our team of physicians has reviewed your case file, we will contact you. We will then arrange an introductory meeting with you which, as a rule, is the beginning of your treatment at our clinic. At the end of the treatment, you will receive your therapy data in a summarised treatment report, which will be made available to your family doctor.

We will do our best to arrange suitable accommodation in our private hospital with hotel comfort. Before the main treatment time, an accompanying person is of great benefit to the patient. For the time after the TCHT main treatment, an accompanying person is imperative.

The therapy costs depend on the individually tailored therapy, whereby we require payment in advance of the expected therapy costs (cash or by bank account) for each treatment.

The response to the TCHT will be carefully monitored after the first treatment (re-staging 6 weeks afterwards at home town) and only continued with proven results. This means two repetitions in intervals of 8 weeks in case of success.