



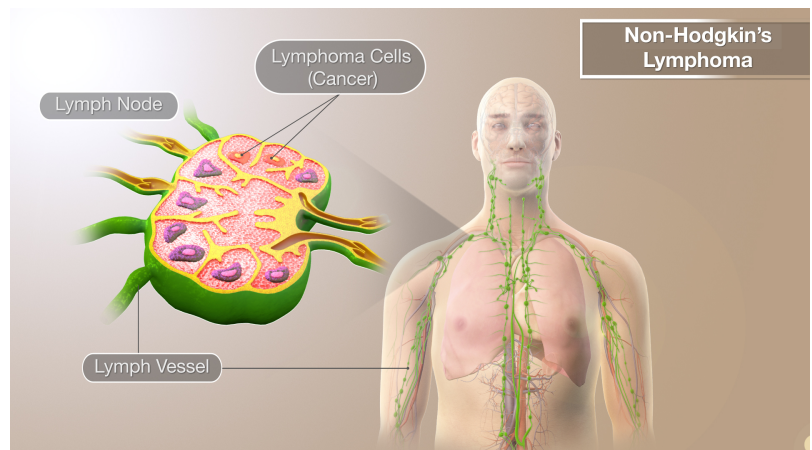
ISNS Case Study

Non-Hodgkin's Lymphoma

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Non-Hodgkin's Lymphoma is a type of cancer that begins in the lymphatic system, which is part of the body's germ-fighting immune system. In Non-Hodgkin's Lymphoma, white blood cells called lymphocytes grow abnormally and can form growths (tumors) throughout the body. Non-Hodgkin's lymphoma (NHL) is a term used for many different types of lymphoma that all share some of the same characteristics. NHL most often affects adults, but children can get it too. Lymphoma can start anywhere in the body where lymph tissue is found. The major sites of lymph tissue are lymph nodes, the spleen, bone marrow, the thymus, the digestive tract, adenoids and tonsils.

Non-Hodgkin's Lymphoma is a general category of lymphoma. There are many subtypes that fall into this category. Diffuse large B-cell lymphoma is the most common type of NHL and is marked by rapidly growing tumors in the lymph nodes, spleen, liver, bone marrow, or other tissues and organs. Follicular lymphoma is the most common type of low-grade lymphoma and develops when white blood cells



cluster together to form lumps in your lymph glands or organs. The other general category of lymphoma is Hodgkin's lymphoma. Advances in diagnosis and treatment of non-hodgkin's lymphoma have helped improve the prognosis for people with this disease.

The lymph system is made up mainly of lymphocytes, a type of white blood cell that helps the body fight infections. There are 2 main types of lymphocytes B lymphocytes and T lymphocytes. B lymphocytes (B cells) normally help protect the body against germs (bacteria or viruses) by making proteins called antibodies. The antibodies attach to the germs, marking them for destruction by other parts of the immune system. There are several types of T lymphocytes (cells). Some T cells destroy germs or abnormal cells in the body. Other T cells help boost or slow the activity of other immune system cells. Lymphoma can start in either type of lymphocytes, but B-cell lymphomas are the most common.

Types of NHL can also be grouped based on how fast they grow and spread. Indolent lymphomas grow and spread slowly. Some indolent lymphomas might not need to be treated right away but can be watched closely instead. The most common type of indolent lymphoma in the United States is follicular lymphoma. Aggressive lymphomas grow and spread quickly, and usually need to be treated right away. The most common type of aggressive lymphoma in the United States is diffuse large cell B lymphoma (DLBCL). Some types of lymphoma, like mantle cell lymphoma, don't fit neatly into either of these categories.

Signs and symptoms of NHL may include swollen lymph nodes in your neck, armpits, or groin. Abdominal pain or swelling, chest pain, coughing or trouble breathing, persistent fatigue, fever, night sweats, and unexplained weight loss. In most instances, doctors don't know what causes NHL. It begins when your body produces too many abnormal lymphocytes, which are a type of white blood cell. Normally, lymphocytes go through a predictable life cycle. Old lymphocytes die, and your body creates new ones to replace them. In NHL the lymphocytes don't die, and your body keeps creating new ones. This oversupply of lymphocytes crowds into your lymph nodes, causing them to swell. Non-Hodgkin's Lymphoma generally involves the presence of cancerous lymphocytes in your lymph nodes. The disease can spread to other parts of your lymphatic system. These include lymphatic vessels, tonsils, adenoids, spleen, thymus, and bone marrow. Occasionally, NHL involves organs outside your lymphatic system. Most people diagnosed with NHL do not have any obvious risk factors. Many people who have risk factors for the disease never develop it. Some risk factors that may increase the risk for NHL include medications that suppress the immune system, chemicals, old age and infection with certain viruses and bacteria such as Epstein-Barr and HIV.

Case Study I

Patient: Female

Age: 52-year-old

History: No family history. In 2021, she was diagnosed with Non-Hodgkin lymphoma

(histological dg: low-grade, follicular)

Clinical tests:

PET scan: Multiple involvement

Laboratory: there was no major difference

Symptoms: Swollen, small lymph nodes in the neck and all over the body, persistent fatigue, and night sweats.

She goes for a check-up at the hospital every quarter, the last 3 times she has developed swollen lymph nodes in more and more places

Treatment/Method: She received biological therapy continuously. She also received proprietary blends.

Proprietary Blend I: 2x5 drops, morning and evening, for 3 days, then every 3 days then increased by 1-1 drops every 3 days **to 2x12**

Proprietary Blend III: 1/2 sachet in the morning for 7 days then 1 sachet in the morning for 7 days then 1 sachet in the morning and 1 sachet in the evening for 7 days then 2 sachet in the morning and 1 sachet in the evening

Proprietary Blend IV: 1 teaspoon in the morning.

Proprietary Blend V: 1 teaspoon in the in the evening for 7 days, then 1 teaspoon in the morning and 1 teaspoon in the evening

Proprietary Blend VI: 1 in the morning for 7 days then 1 in the morning and 1 in the evening for 7 days then 2 in the morning and 2 in the evening

She also did exercises to achieve positive mental and emotional states such as yoga, meditation, breathing exercises and stress management. A special diet based on Dr. Ketskes' personal experience was followed. It consisted of refined carbohydrates and animal protein free, vegetable based and gluten free diet.

Results: In the first month of treatment, fatigue and night sweats decreased. After 3 months of treatment the fatigue and night sweats were gone. No new lymph node swelling developed, and the swelling of the existing ones also decreased. Consciousness of illness has passed.

LEGEND:

Proprietary blend I: silica, vitamin c, and trace minerals.

Proprietary blend II: N-acetyl L-tyrosine, anhydrous caffeine, L-theanine, velvet bean seed, pine bark, curcumin, and vitamin d.

Proprietary blend III: black seed oil, resveratrol, turmeric, raspberry ketone, apple cider vinegar, aloe Vera, and d-ribose

Proprietary blend IV: Vitamin C, Zinc sulfate, and Vitamin D3.

Proprietary blend V: Inulin, Green Banana Flour, Apple Fiber, Bacillus Coagulans, Spirulina, Wheat Grass, Barley Grass, Alfalfa Leaf, Flaxseed, Psyllium Husk Powder, Chlorella, Broccoli, Kale, Spinach, Green Cabbage, Parsley, Aloe Vera, Cayenne Pepper, Blueberry Powder, Pomegranate Seed Powder, and MCT Coconut Oil Powder

References

- Arslan, B. A., Isik, F. B., Gur, H., Ozen, F., & Catal, T. (2017). Apoptotic Effect of *Nigella sativa* on Human Lymphoma U937 Cells. *Pharmacognosy magazine*, *13*(Suppl 3), S628–S632. https://doi.org/10.4103/pm.pm_93_17
- Deubler, E. L., Gapstur, S. M., Diver, W. R., Gaudet, M. M., Hodge, J. M., Stevens, V. L., McCullough, M. L., Haines, L. G., Levine, K. E., & Teras, L. R. (2020). Erythrocyte levels of cadmium and lead and risk of B-cell non-Hodgkin lymphoma and multiple myeloma. *International journal of cancer*, *147*(11), 3110–3118. <https://doi.org/10.1002/ijc.33136>
- Frazzi, R., & Tigano, M. (2014). The multiple mechanisms of cell death triggered by resveratrol in lymphoma and leukemia. *International journal of molecular sciences*, *15*(3), 4977–4993. <https://doi.org/10.3390/ijms15034977>
- Mayo Foundation for Medical Education and Research. (2022, October 26). *Non-Hodgkin's Lymphoma*. Mayo Clinic. Retrieved May 1, 2023, from <https://www.mayoclinic.org/diseases-conditions/non-hodgkins-lymphoma/symptoms-causes/syc-20375680>