

New Strategies for Fighting Cancer

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We will disclose new strategies for fighting cancer. Several distributions must be considered in formulating the new strategies.

1. Two Cancer Probability Distributions

Cancer cell formation distribution. Cancer cells form from time to time and thus there is a probability density for different time intervals along the time course. Such a distribution could be found for the whole body of a person, a population, or a particular organ of a person, etc. However, the characteristics of this distribution are cannot be evaluated by using an experimental approach. It can be inferred only by intuition; and may be studied by theoretic approach. Since most of formed cancer cells are killed by the immune system, it would be impossible to model this distribution by using experimental data. Despite the elusive nature, this distribution must be considered in treating cancer. The basic studies done can establish that the characteristics of this distribution depends upon genetics, cell quality, blood chemical compositions including pollutants and contaminants and toxins, immune system surveillance, etc.

Tumor's detectable times and their frequencies. A first detectable tumor detected in a person is only a realized event. The first tumor could happen in different times because cancer formation is a random process; cancer developing speeds are affected by a large number of random variables, and detection times are influenced by many variables. Each person could have one such a distribution (e.g. the same person has many duplicate copies and the first tumor would happen in different times). The distribution of a second tumor could be affected by changed lifestyle factors. Obviously, it is difficult to study this distribution for an individual person by experiment because there is no way to repeat the person life. This distribution also depends upon tumor detection technology and frequencies at which diagnostic tests are performed to find tumors. Data acquired from annual physical checks is poor and unreliable. It is an empirical distribution useful for studying clinically important tumors because detectable tumors often have health implications. We use this arbitrary distribution because we can use the massive reported cancer data. A similar empirical distribution could be built for a well defined population.

While it is impossible to establish the characteristics of this distribution, we believe that the first tumor is detected from 5 to 11 years, some tumors are detected in 70 years. Five years is the shortest time based upon traceable exposures. Latent time longer than ten years cannot be studied conveniently. It is impossible to study the latent times for naturally occurring cancers. We will use empirical latent times for most tumors could be from 5 to 80 years, based upon the following evidence: (1) A latent time of 70 years has been found for

mesothelioma; (2) autopsy data for old males reveal undetected tumors in old people at higher frequencies, and this indicates that first cancer detectable time is age-dependent, (3) prostate cancer is common among people aged 50 to 80, and 19 studies involving 6025 males reveal that nearly half of them had prostate cancer; and (4) finally, abundant cancer self-healing cases show that the apparent rate constants for cancer progression can be changed from positive values to negative values, which implies that cancer cells number can stay in a dynamic equilibrium or slowly disappear.

The above evidence is conclusive for finding a detection frequencies-time distribution. The longest latent times can be found only for cancer that is caused by distinctive causes. No data can foreclose the upper limit.

While the lower side frequencies can be studied more easily, the frequencies in the higher side are elusive. Autopsy data is used with some adjustments. Autopsy cannot detect micro tumors containing less than millions of cancer cells or tumors having no solid structures. Second, those 19 studies were focused on male prostate cancer. What is in the rest of 37 trillion body cells was not studied. If we include frequencies for missed tumors, undetectable micro tumors, and tumors in other parts of the body, we predict that modern people at middle to senior ages have at least one type of cancer in a unity probability. Some small tumors in old persons could take additional 10s years to have health impacts or to become detectable.

We have another two lines of evidence to further extend latent times. Humans living like wild animals would have very low or even negative apparent rate constants. Abundant cancer miracles also indicate that cancer can be reversed. Those two facts suggest that cancer development times can be much longer than 70 years. Thus, if cancer detectable times are extrapolated to times beyond lifespans, they would happen after deaths IF the host persons had not died from other causes and IF tumors had developed in similar trends.

The frequencies distribution for a population is useful in exploring cancer fighting strategy, but cannot be directly applied to individual persons. A similar distribution could be constructed for each person. Since both cancer formation and detection of the first tumor are random processes, we cannot use realized events to formulate strategy for fighting cancer. If a person lived the same lifestyles again and again, she or he would have gotten a first detectable tumor in different times and resulted in a detection frequencies and times distribution. This distribution will be much narrower than the distribution for the population. While the population's distribution cannot be directly applied, the population data indicates how frequencies and times depend upon the person's genetics and lifestyle factors. It could be in the ranges (5, 7), (7, 20), or (30, 100). We use the first number as the shortest time and the large number as the longest time. In doing so, we ignore tail regions on two sides because it is so small that their values do not have practical meanings. For persons, who have cancer-resisting genes, live excellent life styles in clean environments, the frequencies may be zero for all time intervals in their entire life times.

For modern people, tumors might start in different times. We estimate that the first detectable tumor could happen from 5 to 80 or even 100 years. Most tumors falling in the right long-time region will not affect health. The characteristics of this distribution depends upon genetics, tissue physiological properties, metabolic conditions (especially, the blood glucose level and nutrition levels), blood chemical compositions (especially, oxygen, minerals and toxic compounds), physical properties such as temperature, mechanical vibrations, and immune surveillance and responses, the biological mind, etc.

2. Cancer Progression Dynamic Properties

Cancer cell increasing constant v. time profile. Based upon a large number of cancer cases, we estimate that the apparent cancer rate constant increases with development of cancer. Thus, rate constants can have various values. Up to the time that a first tumor is detected, rate constants are very small and their values can fluctuate daily, depending upon a large number of lifestyle factors. If rate constants are treated as a static constant, the final cancer cell number would be multiplied by e to the power of the product of rate constant and day number. In a five year period, if the rate constant is 0.05, it would result in e to 91.25 power. This means that the final cancer number is the original cell number multiplied by 4.25×10^{39} ! However, the cancer number in a real situation is much worse. Rate constants are like variable daily interest rates of loans. After a first tumor is detected, the rate constant will arise rapidly. Thus, the best approach is to use numeric simulations (e.g. compute actual numbers using various rate constants for the entire time course). Our computation results consistently show that cancer cells can eventually swallow the person.

Cancer cell number v. time profile. The cancer cell increasing speed of the first tumor is very slow, up to the time of its detection. After that point, cancer cell number will rise rapidly. The cell number might be shapely reduced by chemotherapy, radiotherapy and surgeries. If a surgery is used, nearly all cancer cells can be removed. However, none of those treatments can eliminate all cancer cells, none of them can reduce the frequencies of cancer cell formation, and none of them can lower rate constants for new or returned cancers. Due to dramatically increased rate constants, a return cancer, a pipeline cancer, or a new cancer together with multiple undetected tumors will eventually climb exponentially. Eventually, cancer cell number will rise like a vertical line shooting into the sky.

3. Strategies for Curing Cancer

The two distributions and the two time-dependent profiles are vitally important because they indicate that cancer can happen in human life time but could be shifted outside human lifetimes. For the purpose of treating cancer, we would divide each cancer development course into three phrases: the latent phase, a progressive phase, and a final phrase.

The latent phase is estimated in the range from 5 to 80 years. Based upon early cancer frequency, it would be very easy to push the detection time to times

beyond human lifespans. The population's cancer occurring trend shows that cancer occurring rate is rapidly increasing. The departure of current cancer prevalence from old counterpart is an indicator of how far away modern people lifestyles have departed from those developed in evolution.

In the latent phase, cancer cell population can be controlled or eliminated. Rate constants can be changed rather easily. In early history, the low cancer occurrences really mean that few cancers were detected. That fact most probably implies that cancer cell formed at lower frequencies and/or cancer developed at slower speeds so that it would not show up in human life times. Considering steadily rising cancer occurrences, we infer what has changed is much higher rate constants. A large number miracles reveal that cancer can self resolve in following situations: scheduled surgical operation was aborted due to widespread metastasis; patients would not pay for surgeries and chemotherapy; patients choose to use alternative options; or patients are discharged due to terminal health conditions. By using lifestyle factors, one could restore cancer rate constants to sufficiently low or even negative. Stopping or reversing cancer in the latent phase should be easy, and cancer may naturally disappear from time to time without getting human's attention.

After the detection of the first tumor, the apparent rate constants will rapidly increase for all following reasons. First, panic is the number-one factor for raising the rate constants. Panic was natural because cancer cells could engulf the person. Panic impairs biological mind and disturbs sleep. The biological mind's role is beyond question based upon indirect evidence and our personal observations, but cannot be proved by numbers.

Diagnosis of a first cancer often turns everything upside down. This is well reflected in movies, books, and patients' experiences (including personal experiences in dealing false detection). The second effect is through impaired sleep. In most sleep cycle times, breath is deep and long. During those times, deep breath will bring in a higher amount of oxygen into the lungs. The higher concentration of oxygen will travel to all parts of the body and reach mitochondria of cancer cells, where oxygen is used to generate biological energy. Since the body is in a rest state, most produced energy will be used for cell maintenance and waste removal. Cancer cells and normal cells get biological energy by two different metabolic pathways. When oxygen is lacking in cancer cells, the cells rely upon fermentation pathways to get biological energy, and thus such cells are unable to get threshold amounts of energy for performing basic normal cell functions. In other words, panic will promote cancer metabolic pathways. The fourth factor is advanced age. Most cancer patients are in middle ages, a battery of other health factors might affect their overall health, which is critical important in fighting cancer.

The most important factor is the side effects of chemotherapy, radiotherapy and surgical operations. All those treatments can kill or remote cancer cells completely. They also dramatically raise both the cancer cell formation frequencies and the apparent rate constants. This is implied in the relapse time

for returned cancer or appearance of a new cancer which is much shorter. The cancer return or relapse time is shortened to 1 to 5 years with the median time being around 3 years. Apparent rate constants are about 0.009 to 0.05 roughly with the median value being 0.02. This is equivalent to the multiplication factor of 7.1×10^{15} . At this apparent rate constant, the chance to survive over five years does not exist. If any patients can survive, it must be attributed to successful efforts for lowering the rate constants.

The time the first tumor is detected is a pivotal point for raising rate constants. As we have demonstrated that rate constants determine the outcomes of cancer fights. Cancer development speed increases with time. Increased apparent rate constants can be attributed to four factors, which include (1) damages caused by rapidly increasing cancer cell number, (2) increasingly compromised immune system, (3) increasingly weakened the CNS control over cancer cells (or the biological mind), and (4) weakened cancer cell apoptosis which is in large part caused by sleep problems. Panic can directly impair biological mind; the massive cell number weakens immune functions; chemotherapy can weaken central nerve system and the immune system; and surgical operations can damage organs and tissues and thus raise the rate constants. Therefore, chemotherapy, radiotherapy and surgery in conjunction with panic can dramatically raise the apparent rate constants. Current medical professionals are not enabled to appreciate the decisive role of high rate constants and do too little to manage panic which has gained its force due to past failed treatments.

Our kinetic study reveals that the medical industry has made two fundamental errors.

When chemotherapy is used, it is assumed that cancer cells are diminished to very low levels. As we have found that even if a drug can kill 90% cancer cells each day, it cannot cure cancer if it raises rate constants. We must assume that drugs can cause massive damages to tissues (37 trillion cells) and organs and thus raise frequencies of new cancer cell formation. We cannot assume that every cancer cell can be killed. Even if it is true, it will not make real differences. Thus, as long as there is one remaining cancer cell or a new cancer cell, it will develop into a new tumor in a much shorter time. As long as a drug can hurt organs, body tissues, the central nerve system, the immune system, and stem cell health, chemotherapy cannot yield real benefits. This is why chemotherapy does not extend total survival times and a super majority (75%) of U.S. doctors could refuse to use chemotherapy on themselves. They recommend chemotherapy to patients because it is a standard of care. Now, we see a clear trend to avoid using chemotherapy for early stage cancer. Chemotherapy is still used in palliative care, our simulations show it has no real benefits, neither.

For same reasons, radiotherapy cannot yield true benefits in a vast number of cases. However, its adverse impacts can be limited to local tissue.

We will consider whether surgery can yield real benefits. We must affirmatively say negative for a super majority of cases. An operation can remove

a massive number of cancer cells, can lower cancer biomarker concentrations in the body and thus help restore the immune system. However, a surgical operation is based upon the same wrong assumption that all cancer cells can be removed. The widespread use of operations can be attributed to the fact that medical community fails to appreciate the cancer cell formation distribution and decisive role of rate constants on cancer outcomes. If a person has a first cancer, it implies that the body must have more pipeline tumors. Surgeries cannot lower cancer cell formation frequencies and apparent rate constants, and thus cannot cure cancer.

Surgical operations can raise both cancer cell formation frequencies and rate constants in several ways. First, various drugs used in connection with surgery can damage whole body's tissues and organs. Second, most operations can impair holistic health by removing too much of tissues or even whole organs. When a patient loses significant portions of stomach, liver, lungs, intestines, or colons, the patient's ability to fight cancer is ruined. The widespread use of operations is also due to a wrong assumption that cancer tissues cannot be replaced by normal organ tissues. Recent advancements in stem cell research and self-healed cancer miracles prove again and again that cancer tissues can be replaced by normal cells. In contrast, surgically removed organs cannot be regenerated at the present time (or extremely difficult). We believe regenerating tissues for scars is much difficult than replacing cancer tissues by normal cells.

At present, surgeries are routinely used like fixing cuts and gun wounds. In dealing gun wounds, operations work in certainty. This same approach is unsuitable for treating cancer. One obvious reason is that carcinogens, injurious foods, or bad lifestyle factors attack all body cells in similar ways. While each disease agent might attack different cells in different degrees, and thus results in different cancer cell-formation probabilities, a huge number of body cells to all body cells suffer from the same injuries. In other words, cancer formation and development are random processes, and workable solutions cannot designed to address happened or realized events, e.g. the found tumor. Another tumor would be found here, there or anywhere, or now and then or in different times. Cancer cannot be removed like removing a bullet. This is exactly why operations cannot stop endless eruptions of original cancer, new cancer, and secondary cancer. It can only make cancer outcomes worse by raising cancer formation frequencies and the apparent rate constants.

We now consider if early detection and surgical removal are proper measures for curing cancer. First, we note that cancer screening always cause anxiety, pains, uncertainty, and panic, and often require people to accept discomfort and embarrassing procedures. Some studies show that the five survival rate for early detection can be as high as 87%. However, five years survival rate is clearly an improper and arbitrary criterion which is inconsistent with natural laws. If you consider autopsy findings, we know that most of small tumors would never develop into tumors in human life times. Most of those tumors might be slow in development but malignant (as viewed in biopsy), some of them would heal naturally, some will become detectable tumors long after five

years, some might have health implications long after deaths (if the person had not died from other causes). Thus, we must say that the claimed benefit is not true.

However, early detection of a tumor does have one indirect benefit. The finding of a small tumor and subsequent operation serve as a strong warning that forces the patient to adjust lifestyle factors which are actually responsible for shifting personal cancer developing times for second, third, and N tumors out of their times. Some of them might develop negative rate constants so that no cancer could form. Since lifestyle factors are determinant, it would be better to develop a different cancer-prevention culture: the population is taught to use good lifestyle factors as primary means for preventing and curing cancer. This strategy is better because it would not routinely cause anxiety, pain, anxiety, and panic. It can also help avoid removing tissues and organs that can impair cancer-fighting ability.

In the last phase, cancer cells increase explosively. This is the time that the total cancer cell number is huge, and the apparent rate constants are very high. Still, abundant cancer miracles can be found. Miracles happen when patients run out of treatment options or metastasis tumors cannot be removed. At this stage, the strategy is to apply an emergency brake on cancer proliferation. The key is still rate constants. Chinese Medicine recognizes cancer as a disease that cannot be cured but controlled. The strategy for controlling cancer development is indicated by our simulation results. The ancient medicine did not focus on disease progression rate, but several doctors and healers addressed this problem. Guolin developed Qigong which cured widespread metastasis tumors. Her method has the effect of lowering rate constants by doing extensive special exercises. The second method is herb treatment methods. A Chinese Medicine doctor, Dr. Ke Li, disclosed several herb formulations which were based upon ancient formulations. One main improvement is to increase herb dosages by many times. Since the side effects of herbs are not debilitating, his formulations were able to reduce cancer cell number without irreversible side effects.

To control cancer proliferation, we must look at the five main mechanisms: cancer cell necrosis, cancer cell apoptosis, the immune system's killing functions, physical properties (having different impacts on cancer cells and normal cells), and cancer cell natural deaths and stem cells differentiation functions. Biological mind must command all those mechanisms, but modern medicine fails to invest money on it. Stem cells replacement is unworkable due to slow speed. The immune system has been disabled due to indirect reactions of the massive number of cancer cells. Immunological drugs will not work in most cases even if target drugs exist. Altering biological mind is out of question for a vast number of people. The only revenues are cancer cell necrosis, cancer cell apoptosis, and physical properties. Those three mechanisms always work because they do not require molecular specificity and can deliver effects in fast time scales.

In order to trigger those three mechanisms, we now look at our hundreds

of factors methodology. Due to the massive number of cancer cells, one has to raise the fighting power by many folds. We propose the following measures:

(1) Strictly control blood glucose levels. Due to massive tumor sizes, an estimated two thirds of cancer cells in certain parts of tumors are in unfavorable conditions to get sufficient energy and nutrition. To reduce blood glucose will put a super majority of cancer cells at risk of necrosis, notwithstanding cancer's ability to generate blood vessels. The idea is to limit the amount of glucose availability for each unit volume in a unit time. Such restrictions will not have real adverse impacts on normal cells.

(2) Another viable option is to do exercises and dramatically raise exercise fighting power. If a sufficient amount of oxygen is filled into cancer cell mitochondrion, the cancer cells will activate the oxidative metabolic pathways. When sufficient amounts of energy are produced, the cells reactivate their inherent cell functions. Cancer cells are either overly crowded or otherwise have nutritional deficiencies. Thus some cancer cells will start cell apoptosis.

Since cancer cells divide on a 24 hours basis, exercise must be performed each day. It must achieve sufficient time-average effects and accumulated effects. A fighting schedule in each day might look like this: exercising for 10 to 30 minutes, taking a break and doing deep breath for 10-30 minutes, and exercising for 10 to 30 minutes and again taking a break and doing deep breath for 10 to 30 minutes. The idea is to start apoptosis pathways and also create mechanical condition that is unfavorable to cell proliferation. If one does not have required physical strength to get out of bed, do exercise in bed (many in-bed exercise varieties can be found from internet). A great deal of activities should involve gently rotating the spine in a back-and-forth manner.

Exercise can lower blood glucose level, but also raise blood flow by 100% to 200%. Some experts suggest that the improved blood flow will improve blood circulation into tumors. However, observed results are always opposite. The blood flow during exercise is a poison fuel for cancer cells because it contains a lower level of glucose but a higher level of oxygen. The improved blood flow will force the fuel to reach more of inner cancer cells. If the fuel could not reach certain inner cells, those inner cells die from necrosis. If the fuel reaches the inner cells, those inner cells will restart their energy engines (e.g., the mitochondrion). When the cells can get enough biological energy, they will revive their normal cell functions. The cancer cells have only three options: stopping growth, committing suicide, or reforming themselves.

(3) The third line of measures is natural compounds from foods, herbs, plants and natural products. While applying a brake is vitally important, the speed to kill cancer cells is not critically important. Which is much important is preserving cell and organ functions. A large number of natural products such as herbs contain natural compounds that can promote cancer cell apoptosis. Those things should be used. Unfortunately, too few studies have been done due to lack of financial rewards.

Willpower is a determinant factor. In that stage, patients are very weak. They generally do not have physical strength for getting out of beds. Glucose intravenous administration provides best nourishment to cancer cells and almost certainly shorten patient lives. Many cancer miracles reveal cancer survivor's extreme willpower. They have to rise from beds, sit up, and then walk. If they fall, stand up and walk again (make sure the floor must be safe). They walk a few steps, then take a rest, then walk a few more steps, then take more rest, and then walk few steps more. Behind many cancer miracles are brutal struggles that can only be driven by extremely strong willpower to survive. They keep doing exercises while experiencing pain, suffering, starving, bleeding, health deterioration, symptom setback, poor responses, etc. Most importantly, they continue doing exercise against contrary popular belief, clear signs of failure, and even advice of doctors and experts. That is how miracles happen.

Such exercises will pose serious risk to a super majority of cancer cells. Preserving body cells quality, the CNS functions, the immune system health, the organs, etc. is far more important than killing cancer cells quickly. Whatever patients do should push daily rate constants to nearly zero and then to negative. Luck might be a factor, too. Three months later, the patients might win time to improve their immune systems and improve their biological mind. If they can push rate constants down to negative values, cancer will resolve by itself.

4. Conflicts with Medical Treatment Models

Having pointed out the flaws of current treatment paradigm, we will show why modern medicine would not improve its paradigm. Modern medicine development was heavily influenced by common law thinking. Those flaws can be traced to the binary system, categorization method, evidence based approach, etc.

Everything must be defined by yes or no in the common court. This tradition makes all problems simpler. When this idea is ported into medicine, we see normal v. abnormal, health and diseases, etc. The idea of treating one dollar as same as a trillion dollars is accepted naturally in common law nations. Such a medicine cannot cure chronic diseases due to massive errors.

Our cancer fighting strategy clashes with mainstream medical philosophy. We say that food can cure cancer, exercise can, and can air, water, herbs, mind regulation, emotion control, animal products, soils, stones, happy moments, etc. Medical studies regard some of those things as risk factors, but deny them as cure. By its convention, modern medicine requires that every question be answered in yes or no. This puts itself into a self-contradictory position. When a yes or no scale is used to evaluate those lifestyle factors, everything falls short. So, FDA and health care laws only recognize direct killing effects, but refuse to recognize cures that work by borrowing knives to kill cancer cells.

The classification method has nothing to do with natural laws. By using this convention, all similar things can be classified as a group. This concept is used in medicine research too. Thus, medicine has to classify cancer patients as one

group and classify others as a normal group. A chemotherapy protocol is for everyone. However, classification is always made by using useless, meaningless diagnostic data, which could not evaluate random variables in most cases. It is unable to detect millions cancer cells in development. Medicine cannot view the cancer problem as a health property with one continuous spectrum. By using this convention, it introduces massive subjective errors. Many normal people have serious cancer problems, and some cancer patients really do not have serious problems. Even high blood pressure is defined artificially. The change in the high blood pressure standard in 2017 instantly reclassified about 31 million Americans as having hypertension. However, this standard has serious problems with old people. The medical approach of fitting everything into a category violates natural laws.

The worst problem is that modern medicine is bound by its limited ability to collect evidence. The common law court had to use evidence to decide each case. Modern medicine follows this tradition and it could not handle problems without using evidence. So, everything is evidence-based.

Biological mind could be sensed vaguely by a small number of people but cannot be reduced to objective evidence. Modern medicine could not study it by any method and unable to interpret signals from the CNS to tissues, it thus denies its roles in fighting cancer. On the other hand, it also agrees that job pressure and emotion play roles in causing chronic diseases and cancer. Also, modern medicine is unable to detect isolated cancer cells and thus refuses to admit existence of cancer cells. By using this wrong approach, it routinely misleads patients. In reality, patients having massive number of undetectable cancer cells are told they are cancer free. We could see them by intuition, but most patients routinely are misled to their detriments.

5. Conclusion

In cancer latent periods, good lifestyles and good dietary factors, etc. are the most powerful methods to lower cancer-cell formation frequencies and decrease the frequencies or shift tumor detection times to the times outside human lifespans. A determinant factor is the apparent rate constant. Cancer reversals may happen under various conditions.

After a first tumor is detected, chemotherapy, radiotherapy and surgical operations can reduce cancer cell number, but raise both cancer cell formation frequencies and the apparent rate constants. All standard treatments are based upon a wrong assumption that cancer is same as a bullet in an organ. All those treatments will alter the cancer progression cure: cancer cells progress from a much lower number at much faster rate, resulting in much worse outcomes at a later time. Our computations show that if the rate constant is sufficiently high, it is impossible to live more than five years. Our findings are consistent with consensus that chemotherapy and radiotherapy cannot extend total survival times in most cases. They should not be used as standard of care. A rational strategy is relieving panic and protecting cells and organs, the central nerve system, and the immune system by using hundreds of factors. Our findings are

consistent with the outcomes of massive number of cancer outcomes and cancer miracles.

Our computation data also refute the benefits of cancer screening and surgical removal practices. The five survival rate is an arbitrary measure does not tell true story. Surgeries raise apparent rate constants by reducing functional tissues in vital organs. A benefit, however, is the warning message that causes patients to change lifestyles and thus help them cure future cancers. However, this warning effect could be achieved by cancer-prevention education programs that do not subject people to discomfort, anxiety, uncertainty and panic. Since the failure in a cancer battle is only an small imbalance in daily cell number, removing a significant part of an organ is a bad strategy in most cases.

In the final phrase when medical treatments are no longer available, glucose control, continuous exercises, and continuous deep breath are the best measures for controlling cancer proliferation and reversing tissue damages. Good diets with high vitamins should be used. Nothing else could work better due to lack of required time. Miracles will happen only on relentless fighters.