

Dr. John Myers
Bio-Electro Brain Research

Post Office Box 1318
Roswell, GA 30077
Dr-John8@msn.com

**The DHFRT Brain Cancer Story...an unprecedented medical achievement
which simply must be given to the world!**

What I am about to tell you, in a very real sense represents the culmination of my twenty-five years of research with the Dual-Harmonic Frequency Resonance Therapy (DHFRT) program. First, let me say that the road has been long and rough. In fact, there were many times when it all seemed hopeless---I was broke, alone and my work seemly worthy of no one's serious interest. But somehow I could not stop. God has put a fire in my soul---that fire an unquenchable vision which only He can bring to pass, but which on August 31, 1984 He saw fit to entrust with me.

So I have persevered to this day, and in this article I want to share with you a glimpse of what might be called the flagship of my work. It is true that in doing this I will be referring to a series of limited, informal, behind-the-scenes clinical trials, which I realize cannot be accepted as absolute proof of anything. However, we are not talking about absolute proof---it will take controlled clinical trials, documented at a reputable medical facility to achieve that. I am simply talking about *evidence*. **In other words, I believe that as you read this article you will agree that in the many clinical cases presented I have sufficient evidence to support my belief that in this program, we have a program demonstrating unprecedented success with at least most forms of brain cancer....certainly enough evidence to warrant a controlled trial to prove out my assertion.**

Don't misunderstand. Brain cancer is not the only outstanding achievement we could talk about relating to this technology approach, but I consider it the most noteworthy. It also represents the focus of my heart's burden for a world which has so many who are sick and dying. *Please...listen to my story...and then pray.*

Several years ago I wrote a newsletter entitled, "The Dilemma of Success". My "dilemma" was being aware that the Lord had enabled me to develop a very successful technology in the DHFRT (Dual-Harmonic Frequency Resonance Therapy) program, but no idea as to how I could get it out of the underground research stage into something substantial. That letter was an urgent appeal for prayer.

The Lord answered quickly, partly by turning a supposed Lyme disease project in Florida into a series of spectacular cancer victories, which in turn brought my work to the attention of Berkley Bedell, the ex-Congressman from Iowa who heads up the *National Foundation for Alternative Medicine* (NFAM), then in Washington, D.C. Berkley was impressed and suggested that they should send me to a major medical center in South America for a controlled clinical trial to prove out my program.

For five years NFAM had been looking for the ideal cancer program, wanting to create a viable alternative to the obviously inadequate conventional protocol. Nothing, however, had materialized---there was always something missing---so now Berkley was thinking that perhaps my program would prove to be that special one they were looking for.

I, of course, thought this offer great, very probably the answer to my dilemma. But then God intervened. I was in Florida again, where the four “spectacular” cancer/tumor cases had taken place. One of these was Gail Holton, R.N., who by this time was wanting to associate with me in this ministry. One evening she was watching TV and something came on about children with brain cancer. She was suddenly forcibly struck with the thought, “This is what Dr. John should do--- *brain cancer with children!*”

At the same time, in another part of town, with no knowledge of Gail’s experience, I was praying and thinking about Berkley’s offer. Suddenly it was as if something leaped inside of me, “No,” I thought. “it is not South America, but rather the Ukraine where I should go to perform the controlled trials!”

I was recalling how five years before the Lord had led me in a most definite way (unusual guidance and miraculous financial provision) to go twice to the Ukraine. At that time Dr. Yuri P. Zozulya, the top doctor at the University of Kiev neurological center, had agreed to do a pilot clinical trial, stating that it would be with *children with brain cancer*.

I was not able to follow up on the offer then, and at the time that greatly distressed me. Now I suddenly felt that I knew why---I wasn’t ready then. But now the Lord could be moving to open that door again. “Yes!” I thought, “Of course, it should be children with brain cancer. This will best demonstrate my program and bring the needed recognition I am praying for.”

The next day I went to see Gail and found we were both bursting to tell the other what we had seen. Needless to say, this simultaneous, dual guidance was awesome, and I felt assured that God had spoken. Immediately I wrote a letter to Berkley telling him all about the trips to the Ukraine five years earlier, and how Dr. Zozulya had agreed to do a pilot trial with children with brain cancer. I urged him to consider sending me there instead of South America.

To make a long story short, NFAM agreed and I have now gone twice to Kiev seeking to set up the arrangements for this. However, it was not as simple as it was in 1997, so I found myself facing some problems with the medical system and their rules of procedure. But apart from that, especially on my last visit, the Lord wonderfully opened doors before us.

From the beginning, I had been warmly welcomed by *Youth With a Mission* (YWAM) and they have made their base in Kiev my “home”. The director of the base, Kelly Hoodikoff, became a counselor and friend, completely identifying with my plans and heart burden. Also, Oxhanna Terlestsky, the wife of one of the principal base leaders, unselfishly gave her time to be my secretary, as well as guide and interpreter, working with me literally night and day whenever necessary. And there was a lot more that happened, especially during the last visit, which I won’t go into here, but it all still points to the Ukraine very likely being part of our future in this endeavor.

Actually, what has at least temporarily stopped all progress in this direction was the betrayal of my engineer right after my return from this last visit. My entire electronic system depended on this man, so his absence left me paralyzed, unable to proceed until I could completely re-design the program. This however, has now been done, and our present electronic system---far better than the previous one---is the result.

Our Present Situation

Now, I have pointedly referred to cancer in children, not because I do not want to treat children with other forms of cancer (or adults as well), it is just that I feel the Lord has centered my attention and burden here. Also, this has been where my most outstanding success has been. From every standpoint this is definitely the ideal place to start. *The National Foundation for Alternative Medicine* (NFAM) had in mind a major breakthrough at the University Medical Center in Kiev which would be followed up on there in Europe, but also which they could use to arrest the attention of the Western world. Ideally, they envisioned a success so remarkable that it would catch the attention of the European media then spill over to the rest of the world. Such a scenario, along with hard copy documentation from the University's neurological center, could enable the Foundation (among other things) to persuade a major medical center here in the States to agree to duplicate the trial. The idea is to create a virtual avalanche that will sweep away all opposition and finally issue in FDA approval of the technology.

Berkley Bedell once said to me, in effect, "John, I wonder if you realize the importance of this. If you can get into that neurological center at the University of Kiev and succeed, it could begin to change the face of Western Medicine.

The fact is that brain cancer, especially in children and young adults, yields to my program significantly better than other forms of cancer. So I am sure you see the picture: *Children with brain cancer being cured in unprecedented numbers!* Nothing could be more impressive and give the Foundation a more poignant story to herald in pursuit of their goal. And they would not be the only ones who would be thrilled with such a victory and who would soon join them in the fight.

Now, in saying all this, I am stating my strong confidence that if I can just get the opportunity to demonstrate the effectiveness of my program in a controlled clinical trial, *unprecedented* success will be the result. I base this confidence, of course, on God's blessing, but also on past success, just as David did when confronted with Goliath. He had present-tense faith that God would give him victory over the giant, but he also looked back on his experiences with the lion and the bear. Likewise, in order to accomplish this I only need to achieve what I have already done on a good number of occasions with virtually no failures.

In my independent, behind-the-scenes clinical trials I have had at least eleven successful cases of brain cancer, mostly in children, and two more presently in the works (both of these looking real good). Most of these were very serious cases and I was successful with every one of them. I had no failures! It is true that beyond the twelve there were three who died, but in each case it was not the failure of my program but other factors which occasioned their deaths.

In addition to this track record, I feel it is important to point out that we are talking about a program that is relatively simple to perform, painless, non-evasive and completely benign. The children, young people and adults I treat are spared the chaotic, invasive, and often terribly distressing treatment forms so often employed in conventional medicine. Then too, the program is a hundred times less expensive than the present protocols.

But you may be thinking, “Just how important is this?” Recently I read an article in which the author was quoting the NCI (National Cancer Institute). He stated that there are approximately 18,000 new cases of primary brain cancer diagnosed each year in the U.S.A. alone (and I understand that most of these are children).

Then he went on to say that nearly half of these are Glioblastoma Multiform (which surprised me), adding that there is virtually a zero chance of survival (cure) with this form of brain cancer. In fact, he said doctors have nicknamed it “The Terminator” (referring to the motion picture of that name). Then, there is Medulloblastoma, which according to the oncologist working with one of my cases has only a 15% chance of survival. Neuroblastoma, I understand, has a 30% to 60% (average 45%), and on and on it goes. I think Astro Glioma Multiform is nearly always fatal also.

What does this mean? I would say it means that with the present medical protocol those 18,000 patients diagnosed with a malignant brain tumor each year have *at best* a 30% chance of survival. This translates to nearly 13,000 of the 18,000 new cases of brain cancer dying, year after year. When you contrast this with our DHFRT program, potentially offering a cure rate at least in the 90% range---well, there just is no comparison! And this is what wrenches my heart every time I hear of another child (or person) being diagnosed with brain cancer.

Now, don't misunderstand, I am not blaming the dedicated medical doctors and nurses working in this field. I am sure, for the most part, they are doing the very best they can with what they have to work with. I am questioning what they have to work with.

To give a touch of reality to what we are talking about, let me now briefly review the cases I have referred to. This will be brief and I will only use first names. However, more details (names, addresses, phone numbers, etc.) are available as needed.

Mary Ann

First, there was Mary Ann, age twenty. I had cured her mother of breast cancer and the family had witnessed several other successful cancer cases. The girl was impressed and asked if she could come to Tulsa and apprentice with me. I agreed, but after a short time she began failing to show up at the clinic. I discovered that she was suffering from recurrent, severe headaches which proved to be a malignant brain tumor.

Dr. Gerald Hall was with me at the time, and put her on our program. In just a few months she was cancer free and has had no recurrence in the years since that time. I might add that four years later, when her parents retired and sold their beautiful farm in Western Oklahoma, Mary's mother came to me and volunteered to work full time without wages. Her name is Marjorie Mathis. She became

my head nurse and served with me for five years. We saw many people of all ages cured of cancer during those years.

Alice

Two or three years after Mary's cure there was a young lady in her late twenties. She had come to Tulsa practically penniless, fleeing from an abusive husband. Immediately upon arrival in the city she went to a service at the church where Pat Palmer (one of my patients) was an altar worker. Pat met her that evening and seeing her plight invited her to stay in her home. This she did, but soon it became apparent that the young woman was suffering from severe headaches. Pat brought her to see me.

Upon examination I discovered that the headaches were from a brain tumor and immediately put her on a program. This proved successful, but an unfortunate side effect occurred. As the tumor died it began to swell, putting pressure on the surrounding brain tissue. This caused symptoms of ataxia to a degree that the young lady could no longer drive her car or safely go up and down stairs. This new development alarmed Pat's husband. He wasn't sure what it meant and he now had to drive her to appointments and even stay home to make sure she didn't fall down the stairs.

His negative attitude greatly distressed Alice. I tested and assured her that nothing serious was wrong and that she was progressing exceptionally well. But after another week or so, because of the conflict at home, she decided to stop treatments in hope that the ataxia would diminish so that she could leave the house on her own. This took me by surprise and before I could intervene she had not only stopped treatment but moved out and disappeared (going into a shelter for homeless women we found out later).

I was dismayed by this turn of events, fearing the cancer would begin to grow again and all would be lost. However, to my great relief this did not happen. We were so close to closure that the tumor went on and died on its own (or perhaps the Lord stepped in). In any case, within just three weeks or so Alice was not only well, but able to enter a vocational school to train to be a hair dresser. She later became a patient of Dr. Michael Taylor, a doctor friend of mine, and I was able to keep track of her progress. The brain cancer was completely arrested and he was only treating her for a musculo-skeletal problem.

Little Peter

Peter, aged four, was brought to me from Florida in 1994. The child had been diagnosed with brain cancer. He was completely paralyzed and could not talk. The parents had placed him under conventional treatment, but seeing that he was only getting worse, they decided to come to Tulsa.

Within the first month or so after commencing treatment, Peter said his first word. It was "Da Da", spoken to his daddy and the next morning when they arrived at the clinic, he said his second word. It was when he saw me, and it was his own cute version of "Doctor". I will never forget that moment, for I knew that this little guy realized that I was helping him and was expressing his gratitude. Needless to say, he progressed rapidly and in only a few months was completely well, with all his faculties restored to normal. Later I received a letter from his mother stating that the

doctors who originally treated him removed all the shunts and pronounced him completely free of cancer.

Monica

Thus far I do not have any information on this case. The mother of this young woman emailed me recently and asked where I was, with the thought of whether or not I might be able to treat her daughter again in regard to a chronic problem she is having. She reminded me that I had cured the girl of brain cancer back in the nineties. I asked her to please send a detailed statement concerning this healing and also managed to email Monica herself to ask for the same, but as of this date they have not responded. All my records of that period have been lost, so unless they help me I cannot share any details on this case.

Note: the above cases were treated before I fully developed the present electronic program. The following cases, however were all treated with my present technology package.

Little Tanner

In the fall of 1999 I undertook one of my most memorable cases. It was little Tanner, the ten month old daughter of a lovely young lady named Jamie. The doctors discovered Tanner's brain tumor when she was five months old and after initial, but badly botched surgery she had been referred to the famous Mayo Clinic in Rochester, Minnesota where chemotherapy was being administered. However, all during the five months of treatment she had grown progressively worse, and by the time I saw her she was almost completely comatose (paralyzed) and was blind.

I was holding a ten day clinic in Park Rapids, Minnesota, some eighty miles from the Moer home in Fargo, North Dakota, but Jamie and her mother, Penny, brought the child in for treatment nearly every day. Then they made arrangements to follow me to Tulsa for follow up. Within about four or five weeks after they arrived, little Tanner was making cute little baby sounds, wiggling around and looking at everything with her big blue eyes. The paralysis was at least partially gone and she could see! Needless to say, it was the talk of the clinic, everyone was amazed and thrilled.

By the time the family managed to get back to Mayo Clinic in Minnesota they were more than two weeks late for their appointment to have Tanner checked. The doctor came out to the waiting room with a nurse, and they were furious. They had been told that the family was on a vacation.

"Don't you know that this child is critically ill," the doctor said sharply. "How dare you go off on a vacation and neglect her care!" With that the nurse almost jerked the tiny girl from her mother's arms and they hurried off down the hall. Later the doctor came back, and the family told me he was practically dancing. "Oh!" he exclaimed. "The tumor is greatly reduced and the child is recovering wonderfully!" All Jamie and her Mom could do was meekly say, "We told you she was doing fine."

Later I returned to Park Rapids and in order to continue treatments they again traveled the eighty miles between the two locations, usually at night. This unfortunately was not enough, however, and I was not able to completely eliminate the cancer before I had to leave the area again.

It was two years before I was able to return and search out the whereabouts of little Tanner. Although I found the cancer still active on a low grade level, amazingly it had not progressed like it did before. Perhaps we had arrested it to such a degree that the chemotherapy was able to hold it in check. One side of her body was paralyzed, but I found her quite mobile and still able to see. She was a happy child and simply adorable! However, she wasn't talking and her mental acuity was as yet unknown.

I promptly put her on the program again and stayed with her until I was assured that the cancer was completely gone. Testing indicated that there was a lot of scar tissue, which was the cause of much of her paralysis. But also there was an unknown amount of brain damage as well. I could have dissolved the scar tissue with the DHFRT program, but at the time this was contraindicated because of the shunts which were still present. Therefore, I had to leave her again, hoping that in time the doctors would become aware that the cancer was dead and remove the shunts.

Recently, I again was able to make contact with the family. Tanner is now nine years old and still completely free of cancer, but very much handicapped because of the scar tissue and brain damage. Since I now can do much toward eliminating both of these issues, I trust that we shall yet see significant improvement in the future.

Cecil

Cecil, a sixty year old man from central Florida, was one of those “spectacular” cancer cures I referred to earlier which brought my work to the attention of the NFAM and focused attention on brain cancer. He had a brain tumor which, according to specialists at several prominent cancer centers, including Duke University and The Mayo Clinic in Rochester, Minnesota, was inoperable and always fatal. Never had such a tumor even been partially reduced by aggressive medical treatment, much less arrested. Everywhere he went the prognosis was the same, “There is nothing that can be done.”

I put Cecil on my program in the spring of 2003 and at the time he was having some very disturbing symptoms, which the doctors told him would only get worse before the end. But after four months on the program Cecil announced that he was virtually free of these symptoms, so his local doctor ordered an MRI. This was done, and the radiologist reported that the tumor was 75% reduced. However, he told Cecil that he would not put that in his written report because, as he said, “This couldn’t happen and if I say it did happen I could get into trouble”.

This seemed ridiculous, but we simply could not persuade the man to alter his position. Another, independent, MRI would have cost Cecil about \$1800, as I remember, and since his insurance would not pay for such he felt he could not afford to have it done.

In spite of this strange set-back Cecil went on to complete recovery, and is still today completely recovered. In fact, the last time I saw him, I think in early 2005, he said he hadn’t felt so good in twenty years.

As with most of these testimonies, there were a number of witnesses who were present at the time who can attest to the accuracy of this account.

Little Hayden

The story of this precious little guy will be best told by his grandmother, Gail Holton, who is an R.N. and also (as I mentioned earlier) one of my cured cancer patients. She writes:

"Hayden was born on April 4, 2004. His delivery was considered normal and both mother and child checked out in top condition. However, after three or four weeks I noticed that Hayden did not appear to be looking at his mother while nursing. Since he had been three weeks premature, I decided to simply watch his development for another two weeks. But there was no apparent change in his vision.

"During his next regularly scheduled well-baby visit with his pediatrician I mentioned my fears, but the doctor said she was not concerned. Three more weeks went by and still there was no change, so I made an appointment with a local eye doctor. After examination, he determined that the child was blind. Immediately an appointment was made to see a pediatric eye specialist in Winter Garden, Florida.

"The specialist examined Hayden and confirmed the diagnosis. Hayden was blind. His eyes, however tested normal in every respect, which indicated that a brain tumor was the probable cause. The doctor wanted to order an MRI, but decided to wait until Hayden reached five months of age due to the requirement of sedation during the procedure.

"It just so happened, that right after our visit to the specialist, Dr. John Myers came to town to check on his research patients. We had him test Hayden, and he determined that indeed there was a malignant growth near the optic nerve. Hayden also had an obvious eye infection since birth which was resistant to all treatment. Dr. John said he would put Hayden on a DHFRT program to address that as well as the tumor.

"Five days after treatments began with Dr. John's technology, Hayden began to respond to his surrounding environment. One month after treatments began, Hayden could see as well as any baby his age. When we returned for the scheduled appointment with the eye specialist, he announced with surprise that Hayden's sight was indeed completely normal and that no further testing was needed. It was noted that his eye infection was also much improved."

Martin

In October of 2005 two serious cases of Medulloblastoma were brought to me for treatment. One of these was a young fifteen year old boy named Martin who had multiple recurrent Medulloblastoma. This means that he once had what is called "standard risk Medulloblastoma", which after intensive treatment had gone into remission but then later started up again (so the term "recurrent").

According to medical statistics there is not a single person with this "recurrent" form who has survived. As his oncologist, Anna Janss M.D., put it in a memo on 4-17-06, "I have in the past discussed with the family the fact that there is no medical expectation of curative therapy with recurrent Medulloblastoma."

Upon examination, I identified the active malignancy, but also another notable fact. I usually find a nano form (very small bacteria or virus) associated with the cancer, but in Martin's case I found both a nano bacteria and a nano fungal form.

We commenced treatment on October 8, 2005 and in approximately eight and one half months, by the summer of 2006, my testing indicated that the cancer was dead---Martin was cured---but there was still considerable tumor mass, as well as impaired brain tissue. It is necessary that all this be cleared or it constitutes a pre-cancer state and the cancer could easily start up again.

All during the Fall of 2006 and on into 2007 I continued on with this repair and stabilization program while Dr. Janss also periodically checked Martin with MRIs. But before I go further, let me quote a couple of earlier progress reports written by Martin's mother.

The first one was on **February 24th, 2006**:

"I write these comments before seeing Dr. Myers tonight (sixth visit). I believe Martin's cancer is dying and will go away forever! In the past few weeks Martin has made statements like, 'I don't think I have cancer anymore.' He is much more alert and thinks quicker than he has in all the years since the cancer started. There is a brightness---clarity in his eyes---that has not been there since his first surgery in 1998. He is able to get up at 6:10 am, get dressed, eat breakfast, take numerous pills, and then go off to school at 6:45 am. He is also doing well in his classes in school. First semester was rough, but now he is much better able to handle the work load, as well as the organization involved in succeeding in high school, all the while continuing with oral chemo (Temodar) with Dr. Janss.

"I attribute this success to the combination of Dr. Gardner's natural supplements, 'fixing' Martin's physical body in addition to Dr. Myers work (which now includes an electronic signature to 'repair' Martin's brain). I believe this because we have been following the instructions of the medical field (Dr. Olson and Dr. Janss) for YEARS and Martin's physical (let alone mental) capacities have NEVER improved. Their medicine, I believe, did initially save Martin's life and slowed down the cancer's growth, but it did not totally kill it---the proof of this being his second recurrence in October of 2004.

"At that time (October 2004) Dr. Janss gave Martin a zero chance of long term survival. When I asked her how many people have survived a second recurrence of Medulloblastoma, she replied, 'None. No one has ever recovered.' Well, Martin is going to be the FIRST!! The difference between Martin and the other patients Dr. Janss is referring to is the addition of Dr. Myers' work. It seems crystal clear to me that Dr. Myers is saving Martin's life!"

When Mrs. Blaisdell wrote the above we had 69% of the cancer killed and had eliminated approximately 74% of the nano bacteria and 64% of the nano fungal form. We also were doing a brain repair signature. He was wearing the electronic belt 5 hours each day.

Right after this, in early March, they did another MRI. It showed reduction of one tumor and no enlargement of the other one. Martin's mother said this shocked Dr. Janss, since she felt sure Martin would be worse. This, however, was in line with my program. Since I was addressing the "life" of the cancer, not the structure of the tumors. I would not expect a large change in tumor size.

But on **July 5th, 2006** when my testing showed the cancer dead and Martin was feeling great, another MRI was performed, and I will quote the ecstatic email I received from Martin's mother when she got the results:

"Dr. Myers...I just wanted you to know the GREAT news!! Dr. Janss found the MRI to show Martin's tumors to be much less brilliant, less enhancement, less in size and thickness---less, less, less!! She was 'very pleased', as are we! Thank you!"

As I indicated earlier, although the cancer was actually dead at this time, there was still much work to be done to repair brain damage and completely eliminate the remaining tumor mass. For, as I said, otherwise we would leave a dangerous pre-cancer condition. So I continued treatments

until **June of 2007** when Martin's parents elected to quit. He had been doing so good for so long that they figured we had done enough, that he was truly cured. This, however, was a mistake, mainly on my part, but at the time I was not as aware of the need to follow through to the end as I am now, so I did not object.

In August the cancer started up again, and Dr. Janss caught it in September. I did not get back until October, but on **October 27th** I again put Martin on a program to eliminate this new onslaught of the malignancy. This renewed program proved very successful and the cancer was dying faster than before, but undoubtedly the medics had intensified their chemotherapy and in early January, 2008 Martin developed leukemia (which they attributed to the chemotherapy).

Of course, I adjusted my program to address the leukemia, but that program, for some reason, did not work. Martin went steadily downhill and died just four months later in May, 2008. I last saw him shortly before the end, and on that visit the cancer itself tested 97% destroyed, meaning that if only he hadn't contacted the leukemia we would have had a second great victory. It is clear that Martin died of leukemia and not the Medulloblastoma. I am convinced that if back there in June we had just continued the repair treatments (until testing showed that we were truly through) Martin would be alive today and be the first person ever to survive recurrent Medulloblastoma. You can be sure that I don't intend to ever let this happen again.

Will

The other Medulloblastoma patient---a seventeen year old young man named Will---came to me at the same time as Martin. But Will was different in that he was in remission when I started treatment. My testing, however, indicated that cancer was definitely present and undoubtedly it would have soon started up again. In fact, at the time his doctors told Will's parents that in spite of the remission there was only a *15%* chance that the cancer would not start again (and if so that would be fatal). In other words, Will had only a 15% chance of recovery.

My task with Will, therefore, was to eliminate the cancer and follow through with whatever repair necessary to insure that he never have that recurrence. This we have done. In fact, we are still at it, although now most of the program is addressing other issues. Even though Will has been cancer free and doing well for three and one half years, both he and his parents (as well as myself) are determined to see this fine young man not only never experience a recurrence of the cancer, but go into adult life in the best of health possible.

So I believe we can say that Will is a cured Medulloblastoma patient, doing well, and now preparing to enter his senior year at a major university, studying Engineering.

Cara

Another brain cancer case I started about the same time as the above two cases---in **June 2005**---was a loveable young lady, fifteen years old, already a quadriplegic, who had a very large brain stem astocytoma. This tumor was not only present in the base of her skull but also protruding down into her neck (6.4 cm in crainiocaudal dimension). The last MRI three months earlier, in March, had showed a significant increase in the tumor size from the previous MIRI before that.

By **February 13th, 2006**, just under eight months after beginning treatment, my testing indicated that Cara's cancer was dead, but we still had a large tumor mass and no doubt a great deal of brain tissue damage. Cara was still a quadriplegic. Thus we commenced a lengthy period of treatments

to gradually reduce this damage, not only to prevent a recurrence of the malignancy but in the hope of restoring Cara's health and well being. This continued until January, 2008, when her parents decided to discontinue further treatment. This decision was made primarily because both Cara and her parents felt that the Lord had given them a special word of assurance that her full recovery would come as a spiritual healing and that they should trust Him for that.

In March of 2009 I checked with the family and although Cara is still a quadriplegic, her mother told me she is doing well otherwise and is very happy in her faith and walk with the Lord. It being four years since I first saw Cara and started treatment---considering her condition at that time---I believe it is quite obvious that the active cancer itself was indeed eliminated by my program (as my testing indicated). During none of this period has Cara had any form of medical treatment other than my program and a cancer like this doesn't just stop on its own after such a previous history of radical growth and devastation.

Joannie

Joannie was diagnosed with Glioblastoma Multiform stage 4 in August of 2006. As you will remember, this is the brain cancer form the doctors have nicknamed, "The Terminator". In other words, no chance of survival! Initially, she underwent surgery to remove a large mass on the right side of her brain, but there was another tumor in the center of her brain that was inoperable. Thirty three days of radiation and six months of chemotherapy followed. At this time her oncologist, Dr. John Tate at the Roger Marais Cancer Center in Fargo, N.D. stated that Joannie's prognosis was not good. His analysis was later confirmed by a follow-up MRI and consultation with a surgery team. It was clear. Everyone agreed that she only had about 60 days to live.

Shortly after this her husband heard of me and my program and he appealed for help. We started treatments in April of 2007. Although the medics were no longer treating Joannie, they continued to perform MRIs every six to eight weeks, and to their surprise they reported no recurrence of the removed cancer and no change in the inoperable tumor.

After one year on my DHFRT treatment program, testing indicated that the cancer was completely dead, although there was still tumor mass present. I told Joannie and her husband this, and said we would need to continue treatments in order to dissolve the remaining tumor and repair brain damage (which was considerable). Five months later, in the fall of 2008 an MRI showed absolutely no tumor and the doctor pronounced Joannie completely free of cancer. He stated at the time that to his knowledge this had never happened before and he was simply amazed.

To this day we are still continuing treatment to eliminate all brain damage and restore Joannie to full recovery. Needless to say, the family is *very* appreciative. Every time Joannie comes in for an update on her program, she rushes over to me in tears to hug me, saying, "Thank you again, Dr. Myers, for saving my life!!" This experience deeply touches me, and it is just such experiences that make all the struggle and sacrifice worthwhile.

Little Lydia

Lydia is an adorable little three year old girl, diagnosed with Pilocytic Astro Cytoma (also called, Optic tract glioma), a serious brain cancer. I first met the family in early 2007, but after consultation the parents decided to wait before starting a program with me. The child was seemingly doing well with their current medical program, and they felt that they should let well-enough alone for the time being. We prayed together and I agreed with them that the situation did not appear urgent and that it would be ok to wait and see for awhile... and trust the Lord.

In the spring of 2008, however, the parents called and said things did not look good and that they wanted to come to see me. It turned out that their last MRI showed the tumor to be five times larger than in the previous MRI. They felt it was time to do something before it was too late.

I started Lydia on the program and after about four months a new MRI showed a drastic reduction in the sizes of the tumors. This was most encouraging, but we weren't out of the woods yet by any means, so we proceeded on with our regular monthly updates of the program. From a symptom standpoint during this time the child also was steadily improving.

Even as early as January of 2009 Lydia's doctors at the University of Minnesota stated that she had "exceeded any and all expectations anyone had for her". Now, in June of 2009, my testing indicates that the cancer is dead. However, we will have to wait for the medical confirmation before we can consider this official. She will have her next MRI in August, and I believe (because of certain indications) that test will show the tumors to be completely gone. So, although this is yet an unfinished case, things are looking very good. Therefore, I felt to enter her case in our report as at least a tentative success.

I believe the above testimonies speak for themselves, and I might add that we have other eye witnesses, besides me, for each one. In Little Tanner's case there were ten witnesses I could locate, and now even more for Joannie Price. In 2006 I included sworn statements for many of these in the presentation notebook I prepared for the neurological center in Kiev.

I think you will agree that this evidence is more than sufficient to warrant putting the DHFRT program to the test in a controlled trial at a major medical center. Perhaps this yet will take place at the University of Kiev in the Ukraine, but it would be much better if it could happen here in the USA. Please join us in prayer, for as I indicated at the beginning of the article, this is a not a dream. *It is a medical reality!* It simply must not be withheld from the world!

Sincerely,

Dr. John Myers

If you would like more information, or would in some way like to help, please contact us at the address below:

Dr. John Myers, P.O. Box 1318, Roswell, GA. 30077

Dr-John8@msn.com