AHIT™
Autologous Immune Therapy on cancer
by Dr. med. Horst Kief
Presentation Istanbul Okt 2012
Energy gain by normalization of the oxidative metabolism of the cancer cell

H. Kief Istanbul 2012
Leucocytes populations

Production code 02/17
Autologous Cell cultures under different conditions

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Differential Blood Count

Autologous Cell culture stimulated with bact. RNA

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Development of different Leucocytes in AHIT cultures

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AHIT™ Cell culture

Monocytes cell layer

Dendritic cell

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AHIT™ Cell culture

Mitosis of a eosinophil granulocyte

Thrombocytes cell layer

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Vital cancer cell (electron microscope)
Attacked by T-cells
Indications of AHIT™

Cancer – The decisive benefits of AHIT™

1. combinable with conventional therapies
2. hardly any side-effects
3. reduces side-effects of chemo and/or radiation
4. improves beneficial effects of chemo
5. increase of life-quality
Indications of AHIT™

Cancer – Advantages of AHIT™

1. body-own substances are well-tolerated
2. customized therapy allowing flexible reaction on patient’s condition
3. effects are quantifiable
4. supply of medications lasts 6-8 months
5. positive cost-effectiveness
Indications of AHIT™

Cancer – Disadvantages of AHIT™

1. production time of min. 6 weeks
2. sometimes causes fever
3. currently no controlled study available
4. no insurance coverage
Lung Metastasis from a cancer, origin unknown
First diagnosis prostate cancer

Full remission in 7 weeks
AHIT Therapy: AHIT + Hormone deprivation

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Lung Metastasis from a cancer, origin unknown
First diagnosis prostate cancer

Full remission in 7 weeks
AHIT Therapy: AHIT + Hormone deprivation
B-Cell Lymphoma

Full remission in 1 year with AHIT Monotherapy
Long Time Remission over 16 years

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Ovarian Cancer, Liver Metastasis

Remission under AHIT Monotherapy
AHIT Ca on Ovarian-Ca

Retrospective Study

<table>
<thead>
<tr>
<th>Reaction Type</th>
<th>AHIT-Monotherapy</th>
<th>Complementary</th>
</tr>
</thead>
<tbody>
<tr>
<td>total remission</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>partial remission</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>mixed reaction</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>stabilized</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Non Responder</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Open</td>
<td>1</td>
<td>6</td>
</tr>
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</table>

Total: n = 27

AHIT-monotherapy: n = 2

Complementary therapy: n = 25

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AHIT Ca on Colon-Ca

Retrospective Study

<table>
<thead>
<tr>
<th>Category</th>
<th>Monotherap.</th>
<th>Complementary</th>
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</thead>
<tbody>
<tr>
<td>total remission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>partial remission</td>
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<td></td>
</tr>
<tr>
<td>mixed reaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stabilized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>non Responder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>open</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- total: n = 24
- monoth.: n = 17
- complem.: n = 7

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AHIT Ca on Bronchial-Ca

Retrospective Study

<table>
<thead>
<tr>
<th>Reaction Type</th>
<th>AHIT-monotherapy</th>
<th>Complementary</th>
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<tbody>
<tr>
<td>total remission</td>
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<td>4</td>
</tr>
<tr>
<td>partial remission</td>
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<td>23</td>
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<tr>
<td>mixed reaction</td>
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<td>2</td>
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<tr>
<td>stabilized</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>non Responder</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>open</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

total n = 29
monoth. n = 15
complem. n = 14

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AHIT Ca on Prostata-Ca

Retrospective Study

<table>
<thead>
<tr>
<th>Category</th>
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<th>Complementary</th>
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<tr>
<td>Full Remission</td>
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<tr>
<td>Stabilized</td>
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<td>5</td>
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<td>Non Responder</td>
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<td>2</td>
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<tr>
<td>Unknown</td>
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Total: 31
AHIT-monotherapy: 7
Complementary: 24

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Reduction of prostate specific antigen

-100,00  -50,00  0,00  50,00  100,00  150,00  200,00  250,00

n = 20
Mean before AHIT: 83,47
Standard deviation: 206,52
Mean with AHIT: 4,70
Standard deviation: 8,19

161 days (mean)

PSA before AHIT
PSA with AHIT

Time

Mean before AHIT: 83,47
Standard deviation: 206,52
Mean with AHIT: 4,70
Standard deviation: 8,19

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AHIT Ca on malignant diseases

Retrospective Study
AHIT Ca Monotherapy versus AHIT Ca Complementary Therapy

- Full remission
- Partial remission
- Mixed reaction
- Stabilized
- Non responder
- Unknown

AHIT-monotherapy
Complementary

Total n = 198
Monoth. n = 89
Compl. n = 109

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Different cancer diagnosis on AHIT Ca

Retrospective Study
rare cases of cancer

- total remission
- partial remission
- mixed reaction
- stabilized
- non Responder
- open

AHIT-monotherapy: n = 27,
complementary: n = 18

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Full- and partial remissions

Stage grading

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## Treatment of malignant diseases with AHIT aM

<table>
<thead>
<tr>
<th>Disease</th>
<th>Patients</th>
<th>full remission</th>
<th>partial remission</th>
<th>Mixed reaction</th>
<th>Stabilized</th>
<th>Non Responder</th>
<th>Open</th>
<th>Total or partial remission</th>
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<td>11</td>
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<td><strong>Total</strong></td>
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<td><strong>41</strong></td>
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<td><strong>25</strong></td>
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## Treatment of different diagnosis with AHIT aM (1)

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<th>Diagnosis</th>
<th>Patients</th>
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<th>Mixed reaction</th>
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<th>Non Responder</th>
<th>Open</th>
<th>Total or partial remission</th>
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<td>Morbus Hodgkin</td>
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<td>Non Hodgkin</td>
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<td><strong>Total</strong></td>
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<td><strong>8</strong></td>
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<td><strong>3</strong></td>
<td><strong>2</strong></td>
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### Treatment of different diagnosis with AHIT aM (2)

<table>
<thead>
<tr>
<th>Patients</th>
<th>full remission</th>
<th>partial remission</th>
<th>Mixed reaction</th>
<th>Stabilized</th>
<th>Non Responder</th>
<th>Open</th>
<th>Total or partial remission</th>
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<tbody>
<tr>
<td>Peritoneal-Ca</td>
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<td>Larynx-Ca</td>
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<td>Osteo-Ca</td>
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<td>Pharynx-Ca</td>
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<td>0</td>
<td>2</td>
<td>1</td>
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<td>Medullo-Ca</td>
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<td>Leucamia</td>
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<td>Oesophagus-Ca</td>
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<td>Collum-Ca</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>3</strong></td>
<td><strong>0</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
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</table>
Comparison AHIT Ca Monotherapy

AHIT Ca versus therapy with monocytes derived dendritic cells for different malignant diseases

H. Kief Istanbul 2012
Bronchial cancer

Full remission under AHIT complementary therapy
Bronchial cancer

Fullremission under AHIT complementary therapy
Glioblastoma

Partial Remission under AHIT Monotherapy
Glioblastoma
Glioblastoma

Full remission under AHIT complementary therapy
Lung Cancer

Fullremission under AHIT complementary therapy
Hodgkin Lymphoma

Full remission under AHIT Monotherapy

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Remission under AHIT Monotherapy in 10 month
Full remission time more than 4 years
Bronchial Cancer, light cell carcinoma

Partial Remission under Radiation and AHIT

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Kaposi Sarkoma

Effect of AHIT Monotherapy on Kaposi lesions
Ovarian Cancer, Peritoneal Carcinosis, Ascites

Full remission under AHIT Monotherapy

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Dissolved metastases from an Osteosarkoma
Remission of a brain metastasis of a head CA
Tuesday, July 28, 2009 Dear Family and Friends:

Have you ever heard a Doctor say this?

"Dumbfounded! I am Dumbfounded!! I am Dumbfounded!!"

TODAY:

7:20 am: We arrived at Baylor Hospital in Dallas for the blood draw and test...Done

9:00 am: We arrived at the hospital office where the CT scan was performed...Done.

9:30 am: We ate breakfast in the hospital cafeteria

11:15 am: We were called into Dr. McCollum's hospital office for consultation. We waited 15 minutes for the doctor to arrive in the examining room. Then he walked in...

Dr. McCollum stood at the door and just looked at us without greeting us (highly unusual) or saying anything. Then he said: "I'm dumbfounded" 3 times in a row!

Dr. McCollum, when he looked at the CT scan report, said he thought he had the wrong report. He had walked down to the CT scan office and looked again at the scan picture. He confirmed that it was mine and came back to his office Suite. He said to us "This never has happened! I don't know what to say, but I am dumbfounded." There is nothing an the report and if I didn't know about the previous report, I would never believe this was a cancer patient.

We just shouted "Praise the Lord!" He looked at me and said "the previous scan clearly showed cancer in the neck, later confirmed by a biopsy, and cancer in the adrenal gland the size of a racket ball. Now, there is nothing there. If I didn't know you had cancer in these areas I would not have believed it. There is just nothing there and along with the blood being perfectly normal, there is no evidence of cancer in your body. I don't have anything to say. What is the treatment you are taking from Germany?"

Needless to say, we were ecstatic and joyful. I then reviewed for him the treatment I was taking, as recommended by Dr. Kief from Germany, and he just listened and said I would be the subject of a Future report.

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The Autologous Immune Therapy

Summary/Conclusion

1. systemic treatment
2. wide range of indications
3. possible to treat multiple indications
4. no transferable infections
The Autologous Immune Therapy

Thank you for your attention