

LIVER CANCER AND CHIROPRACTIC
PALMER SPECIFIC

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Case History of

Gerald Lee

January 27, 1997

FORWARD

The following is a chronicle or case history of my journey with liver cancer. I am happy to say that it has been a successful journey. I am perfectly healthy now, I had liver cancer, or hepatocellular carcinoma, twice. The first affliction was in 1992 and the second time was in 1995.

In my first bout with the cancer I was under Chiropractic care (HIO, Palmer Specific) and also underwent Percutaneous Ethanol Injection by a medical doctor. My cancer went away, but since two methods were used, no definite conclusion could be made as to which method caused the demise of the cancer.

In my second round of liver cancer, I chose to undergo Chiropractic alone; that is, HIO-Palmer Specific. My Chiropractor was Dr. Clarence Jenson, who was a student of Dr. B. J. Palmer and interned under Dr. Palmer in his private clinic before and after graduation from the Palmer Chiropractic College in Davenport, Iowa. This was in 1955. He has since practiced successfully with this method for over 40 years in Sacramento and is now retired.

Prior to undergoing Chiropractic care during my second round of battle with liver cancer, I had studied most of Dr. B. J. Palmer's notes and case histories of his patients. I followed Dr. Palmer's post adjustment criteria exactly. Dr. Jenson followed and applied Dr. Palmer's methodology of analysis and adjustment on me to the letter. Because of that, I successfully conquered and survived my cancer!

Since my first release of my case history, I have talked to students, teachers and college administrators of chiropractic on my battle with cancer, on HIO and Dr. B. J. Palmer. It is sad to say that they have been misled, misinformed and have misconstrued and reached false conclusions on Dr. Palmer's technique. If HIO is being taught in some chiropractic colleges today, it is being improperly taught! Students have been led astray and consequently have not reproduced any of the results and successes comparable to that of Dr. B. J. Palmer. It is probably for this reason that HIO has been dropped from the curriculum in most Chiropractic Colleges. It is a dying technique of the Chiropractic profession.

Students should read this case history thoroughly and take it upon themselves to investigate and learn more about it. Form your own judgment. The Chiropractic profession will never encounter another case history as well documented as this one, which clearly illustrates the effectiveness of a chiropractic adjustment technique. I am just a layman of chiropractic, not a chiropractor, but I understand more about the technique and its chiropractic philosophy than any chiropractor other than Dr. Jenson. **I knew enough to wager my life on it!** Allow yourself to have an open mind as you read this case history. When you are through, call Dr. Jenson and talk to him about HIO. You will change your career plans!

This chronicle was written and directed to students of Chiropractic, in the hope that their minds have not been contaminated by the ignorance of their chiropractic mentors. It will be the students who have the intellect, insight and foresight to recognize, learn and master the technique and carry it to the next millennium. The world is ready for "alternative medicine". Medical science has priced themselves out of reality. They can only drug, poison, burn, cut and maim the patient; and in the process, hope not to kill the patient, which they do more often than not.

Chiropractors do not treat disease. Chiropractors merely correct the cause of imperfect function, thus allowing the body with its innate intelligence to repair the disease. This is what the world is looking and yearning for, since time began.

Recognize and reach for this "Holy Grail" to the healing arts. You will find the technique is effective not only for cancer, but that it is capable of allowing the body to freely restore itself, whatever the ailment. This is an astounding and unbelievable technique. You cannot become a Chiropractor and not know HIO.

Gerald Lee
July 12, 1997

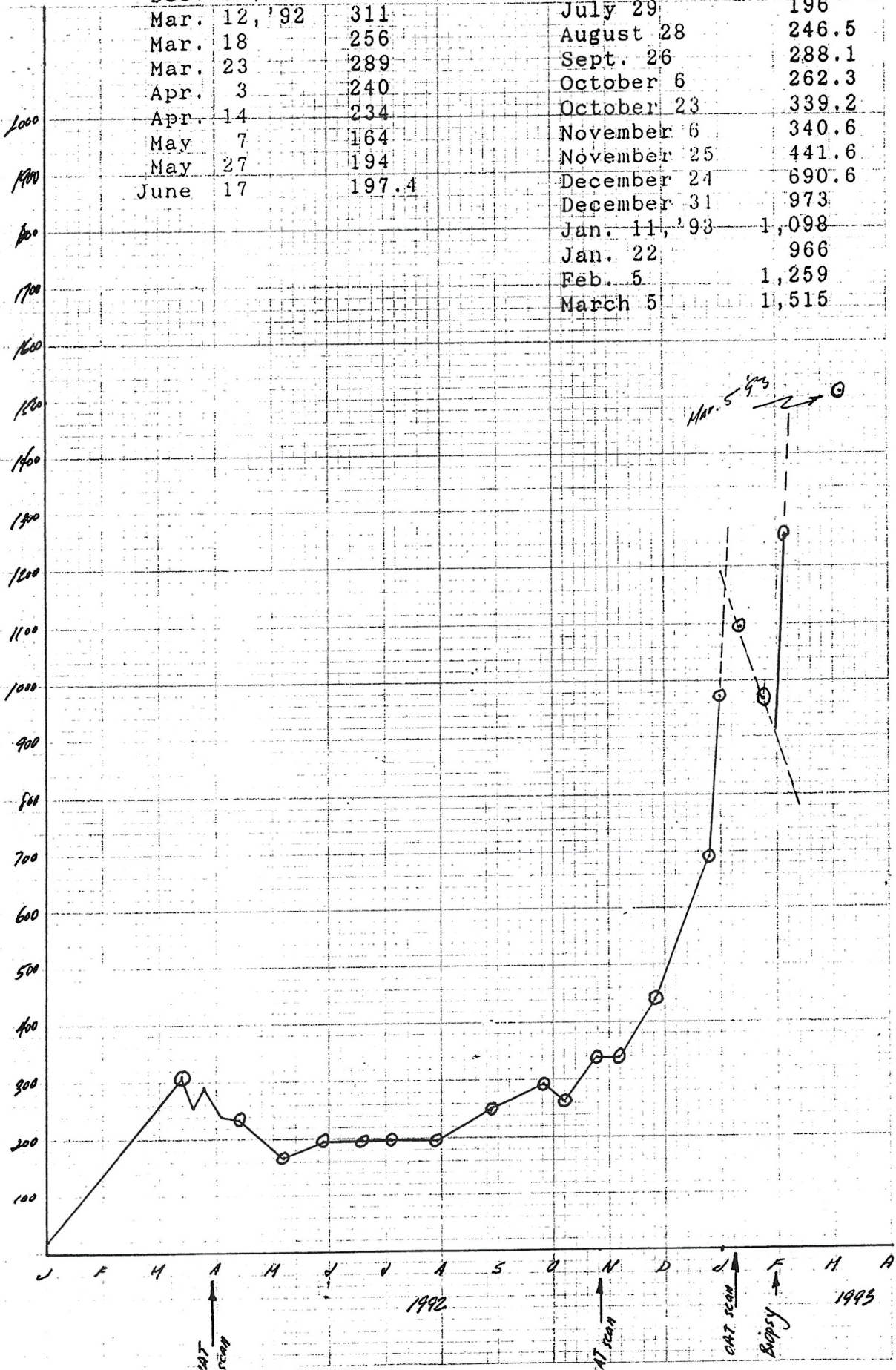
Dr. Clarence D. Jenson
3930 Maudray Way
Carmichael, CA 95608
(916) 481-5247

AFP data:

AFP data:

Dec. 30, '91	22.4
Mar. 12, '92	311
Mar. 18	256
Mar. 23	289
Apr. 3	240
Apr. 14	234
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Feb. 5	1,259
March 5	1,515



PERSONAL HISTORY- I was born in 1932 in San Francisco, California. I graduated from high school in 1950 and went to college at California State Polytechnic College in San Luis Obispo, majored in Mechanical Engineering and graduated with a Bachelor of Science Degree in 1957. I was drafted into the Army in 1954 and served for two years. After College I went to work for Aerojet General in Sacramento, California as a Research Design Engineer in rocket propulsion systems. I left Engineering in 1970 to branch out into a different career as a Real Estate Appraiser. As an appraiser, I worked for the Sacramento County Assessors Officer for 10 years and for Wells Fargo Bank for three years. In 1982 I went into business for myself, worked for ten years and retired in 1992. I was 60 years old and was forced to retire because of medical reasons.

DAY OF RECKONING- March 19, 1992, Dr. Eltorai, a gastroenterologist at Kaiser (HMO in Sacramento), called me into his office and told me that my last blood test showed an AFP reading of 311 ng/ml, an indication that I may have cancer of the liver. Needless to say, I was terrified, with the fear and terror that grips one when told of the dreaded prospect of cancer! I was in agony all the way home and dreaded telling my wife and family of the bad news. I knew all too well what my life would be like after this, and what my family would have to go through in the coming months.

Yes, it was a day of reckoning; as I have known for years that this inevitable thing was coming. I have known since 1972 that I have "Hepatitis B", and that I was infected with it at birth! My two older brothers also contracted the same virus at birth, they both had contracted liver cancer and died of the disease at age 50 and 52 respectively. I was 60 years old at the time I was told that I had the same cancer. I had out lived my brothers by 10 years and 8 years before it got to me, so I had waited a long time for it to happen.

My family doctor at Kaiser knew of my condition and family history for many years. He had my blood tested every year for AFP (Alfa-feto protein), a tumor enzyme marker produced by cancer cells in primary liver cancer or Hepatocellular Carcinoma victims. In December of 1991, my blood test data indicated an AFP level of 22.4 ng/ml, the acceptable level or range is 0 to 15. My doctor was alarmed and he then referred me to a gastroenterologist for further care. The second test in March 1992 indicated an AFP level of 311 units, the cancer had started. Blood tests for AFP were then performed periodically to track the progress of the cancer. This data is presented on the following page and throughout this report, the AFP on the following page is tracked from Dec. 30, 1991 to March 5, 1993.

CONFIRMATION- Immediately after I was told by my Kaiser doctor that I had cancer of the liver, I was scheduled for CAT scans for further confirmation. The CAT scans showed that I had two lesions 2 cm and 1 cm, in the right lobe of my liver. The doctor told me that I was fortunate to have caught the cancer in an early stage. I could be operated on and the cancer could be surgically removed.

SECOND OPINIONS- With the CAT scans and the blood test data in hand, I made appointments with two outside liver cancer specialists for confirmation and for second opinions. These specialists were Dr. Robert Lim of the University of California, San Francisco Medical Center and Dr. Myron Tong of the same University in Los Angeles. Dr. Lim is a liver transplant surgeon and Dr. Tong is a research doctor specializing in liver diseases. They both confirmed my condition; but stated that my condition was inoperable as I do not have a left lobe to my liver. I was born with only the right lobe and a stub of a left lobe. They both recommended a liver transplant immediately. If I did not get the transplant, I would have but a year to live. They both assured me that UCLA and UCSF would accept me as a candidate for liver transplant. Dr. Tong suggested I go to UCSF Medical Center and have Dr. Lim do it as UCSF is closer to Sacramento.

Dr. Jeffrey Smith, the surgeon at Kaiser in Sacramento, agreed with the diagnosis and recommendations of Dr. Lim and Dr. Tong, as both doctors are very well known in their field of liver cancer. Dr. Pauley, head of the Gastroenterology Department at Kaiser presented my case to the Kaiser Transplant Committee on May 8, 1992 for approval. The committee rejected the transplant, concluding that I was a poor candidate as the hepatitis virus in me would more than likely attack the new liver. They also concluded that since the cancer was still in its early stage and my liver function was not yet impaired, the doctors should try alcohol injection. This is a method used widely in Europe and Asia with a high degree of success in prolonging the lives of liver cancer patients.

Subsequent to the rejection of the transplant by the Committee, Dr. Lim of UCSF proposed that his transplant team can, but at great risk, perform a resection on my liver to remove the lesions leaving enough of my liver to sustain my life for a short time, and the liver would then regenerate back to normal size. The liver is the only organ in the human body that can regenerate. The doctors at Kaiser did not concur as the risk was too great.

CHIROPRACTIC- While this was going on with the medical Doctors and from the very first day that I was diagnosed with liver cancer, I had gone straight to my Chiropractor, Dr. Clarence Jenson. Dr. Jenson has been a practicing Palmer Specific or HIO chiropractor for over 40 years. I told him about my medical diagnosis and he told me to start seeing him for adjustments every day! I did, except for weekends and the times when he was on vacation or I was out of town. The medical doctors did not know that I was being treated by a chiropractor.

I first started going to Dr. Jenson in 1977, when I was suffering from lower back pains. Dr. Jenson was the first Chiropractor I had gone to and I did not know he was different from other Chiropractors until on one occasion I went to see another chiropractor. I was in a car accident in 1984 and suffered lower back and neck pains. I went to a Chiropractor who had an office in the same office complex as mine, thinking he would be more convenient. He took X rays, charged me for them, and never even looked at the X-rays before he started adjusting me! He adjusted every bone in my vertebrae whether it needed it or not. Needless to say, I walked out of his office hurting more than when I walked in. I went straight back to Dr. Jenson, he treated me and I got well. I have stayed with him ever since. I knew then that he was different.

He never told me about HIO until I started questioning him, and little by little he educated me on the technique. I had a slight fever one day and a lot of people were down with the flu at this time. I went to see Dr. Jenson, but not because of the temperature; he asked me how I felt and I told him I had a slight temperature and may be coming down with the flu. He said "I'll take care of that". I didn't give much thought to what he had said, but by the end of the day when my temperature was gone I couldn't believe it. I did not take any medicine; how did the temperature come down and I was back to normal? How did my immunity system get in gear? I knew from my readings on cancer research that institutions like John Hopkins had been doing research on fighting cancer by trying to trigger the body's immune system to attack it; but they have never been successful.

I started studying Dr. Jenson's method! I found out about the different kinds of patients he had been treating and what they were suffering from. I was amazed, but not quite believing it, yet! Never the less, when I found out about my liver cancer and he told me to come see him every day, I did, I had hope. I knew that at best, medical science can only prolong my life, not cure my cancer. A liver transplant would give me five or more years, but at great risk.

I knew that medical science did not have much hope for me, my two brothers died after subjecting themselves to what medical science had to offer them at the time including Interferon, and medical science had not progressed any further after their deaths. Interferon has since proven to be ineffective. Doctors got better at transplants and new drugs were developed to suppress rejection and the hepatitis from attacking the new liver, but at a very high cost. A liver transplant cost over \$300,000. The anti-rejection and anti-hepatitis medicine cost \$50,000 per year!

LIVER CANCER MARKER- One new development since the death of my brothers has been the discovery and establishment of a marker for liver cancer, Alfa-feto protein. Biopsies on primary liver cancer tissues are very inconclusive, AFP is a very reliable indicator as it is an enzyme produced by the tumor cells and is found in the blood stream.

PERCUTANEOUS ETHANOL INJECTION- Alcohol Injection is used to treat hepatocellular carcinoma in patients who are at high risk for resection. Liver cancer caused by hepatitis is rare in the United States. It is common in Europe, Africa and Asia because of sanitary conditions. It is widespread in Asia, China has the highest incidence of it in the world. Consequently, percutaneous ethanol injection is used widely by medical doctors in Europe and Asia and they are adept at doing it. They are also adept at resection or surgical removal of the tumors. Transplants are illegal in Japan, consequently research is emphasized on lesser modalities such as alcohol injection.

CRYOSURGERY- One new development in the United States is Cryosurgery, or removal of cancer tumors by freezing. A cryoprobe was developed by Dr. Gary Onik, a radiologist at Allegheny General Hospital in Pittsburgh, Pennsylvania. It is used mainly for prostate cancer and metastasized cancer of the liver.

Prior to submitting myself to alcohol injection, I applied for and was accepted as a patient for evaluation as a candidate for Cryosurgery by Dr. Onik. His team invited me to Pittsburgh for the evaluation. A Kaiser radiologist performed a biopsy on my cancer tumor on January 29, 1993 to confirm the cancer. A chest X-ray was also taken to see if the cancer had spread. The pathology report indicated the tissue sample from the biopsy was malignant. The chest x-ray was clear. The biopsy and chest x-ray were required for the cryosurgery evaluation in Pittsburgh.

On February 16, 1993 I flew to Pittsburgh with my wife for the cryosurgery evaluation. An arteriogram with CT Portography was performed at Allegheny General Hospital. Dr. D.P. Atkinson, a surgeon on the cryosurgery team, diagnosed and evaluated me for cryosurgery. His diagnoses was the same as all the other doctors, that I had two malignant lesions. At the conclusion of his evaluation, he told me that I was a perfect candidate for cryosurgery. My lesions were small and accessible to the cryoprobe, the cryoprobe can effectively destroy all of the malignancies. However the operation could not be done until April. The estimated cost would be \$70,000 and more if complications were encountered.

The procedure would require extensive abdominal surgery where I would be cut open and the liver disconnected from the many ligamentous attachments and lowered from the rib cage to allow the cryoprobe access to the liver. The cryoprobe would be guided into the liver tumor by ultrasound, once the cryoprobe was in place, liquid nitrogen at -190 degrees centigrade is injected into the the tip of the cryoprobe to freeze the surrounding tumor tissues. After the freezing procedure, the liver would be raised and reconnected to its proper location and the abdominal opening closed back up. It would be a major operation with a high degree of risk.

Dr. Atkinson also indicated that if I elect not to go with cryosurgery, alcohol injection might also work for me as my lesions were small and the locations posed no problem; but, Kaiser should not do it as they did not have the experience.

Kaiser rejected Cryosurgery as the procedure was considered too experimental and expensive at \$70,000 or more and they would not pay for it. They also refused to cover my expenses for the Pittsburgh evaluation. Kaiser emphasized again that they had the expertise to perform the alcohol injection. The cost for my Pittsburgh evaluation was \$7,000.

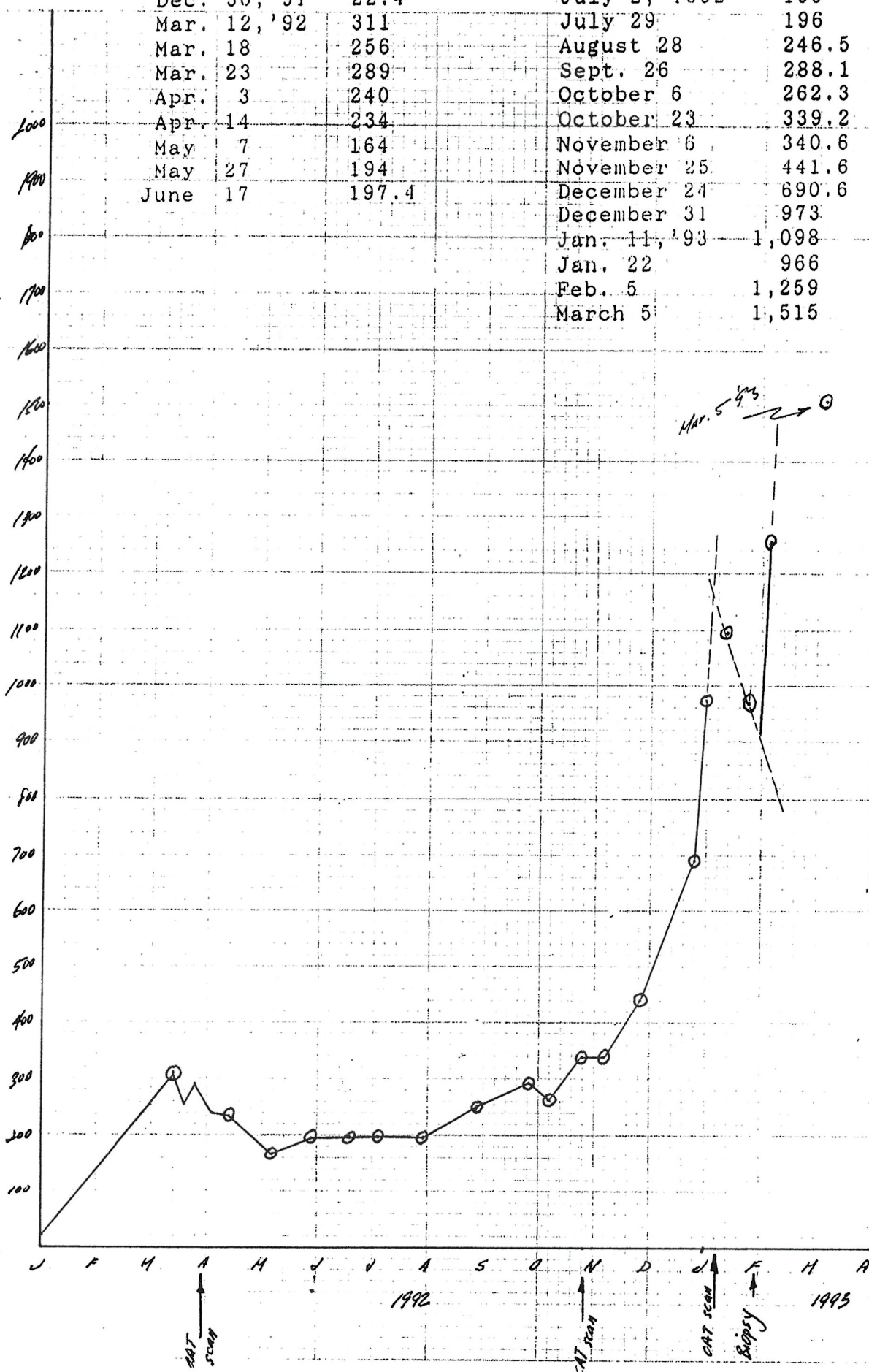
Before I left Pittsburgh, Dr. Atkinson had recommended that I search for a radiologist in the United States who has experience in alcohol injection. Soon after my trip to Pittsburgh, I saw a gastroenterologist in private practice in San Francisco who has had his liver cancer patients undergo alcohol injection treatments. He had an interventionist radiologist, Dr. Richard Jacobs of the Childrens Hospital in San Francisco, perform the alcohol injections on his cancer patients. His recommendation was that his radiologist should do it and not Kaiser. The cost would be approximately \$3,000 per injection session under CAT scan; he estimated four to five sessions for a total cost of \$15,000. Kaiser rejected the recommendation and insisted that their radiologist will do it.

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GO AHEAD ON ALCOHOL INJECTION- The progress of my cancer is shown in graph of AFP versus time on the opposite page. It had been exactly a year since I was made aware of my cancer. I had evaluated all my limited options and had decided to go ahead with the alcohol injection. It was the least invasive and the only option Kaiser would do.

Aside from Kaiser's opposition to the transplant, I also did not want the transplant. I did not want the risk of the transplant operation and to have to take anti-rejection drugs and anti-hepatitis drugs for the rest of my life. A liver transplant would give me five or more years.

The survival rates from the cryosurgery study and the survival rates from the Japanese alcohol injection studies were the same, from one to five years; so I rejected cryosurgery for the cost and the high risk involved. Besides, I also had chiropractic going for me.

EFFECT OF CHIROPRACTIC- I had been under chiropractic HIO care for a whole year and my cancer had gotten progressively worse as my AFP data was showing. But I was not sick yet! The transplant doctors had told me that if I didn't have the transplant, I would be dead in a year. Kaiser doctors had been tracking my blood data for the whole year and my liver function was still normal and had not been compromised any. Enzyme tests for SGOT, SGPT, alkaline phosphatase, and bilirubin were elevated in the beginning but receded back to normal and remained normal (see blood test data on the next page). The only test that showed liver compromise was blood clotting time. The medical doctors were perplexed, but I was not, nor was Dr. Jenson.

Doctors who were not familiar with or lacked experience with AFP were not sure that I had liver cancer until a biopsy was performed. Doctors who believe in AFP readings as the prime indicator, were perplexed about my condition. They told me so! They did not know that I was under the care of a chiropractor. If I had told them they would not have believed it was helping me. I knew Chiropractic HIO was keeping me healthy. I had watched how my two brothers' cancer had progressed and finally died from it. I knew how the cancer progressed, how the liver functions progressively fail and what the symptoms were. My AFP readings were elevated and I was scared, but I was healthy!

ALCOHOL INJECTION STARTED- I started alcohol injection with Kaiser on March 11, 1993. Alcohol injection is simply injecting 200 proof alcohol through a small needle into the tumor. The needle was inserted through my skin, between my ribs, into my liver and into the tumor or lesion. Then a syringe was connected to the needle and 2 to 4 cc of alcohol was injected. When the alcohol came into contact with the liver tissue, the pain was excruciating. The agony that followed scared even the radiologist and lasted about five minutes until the pain gradually subsided. The efficacy of the alcohol lasts only a few minutes and is diluted upon mixing in with the blood flow.

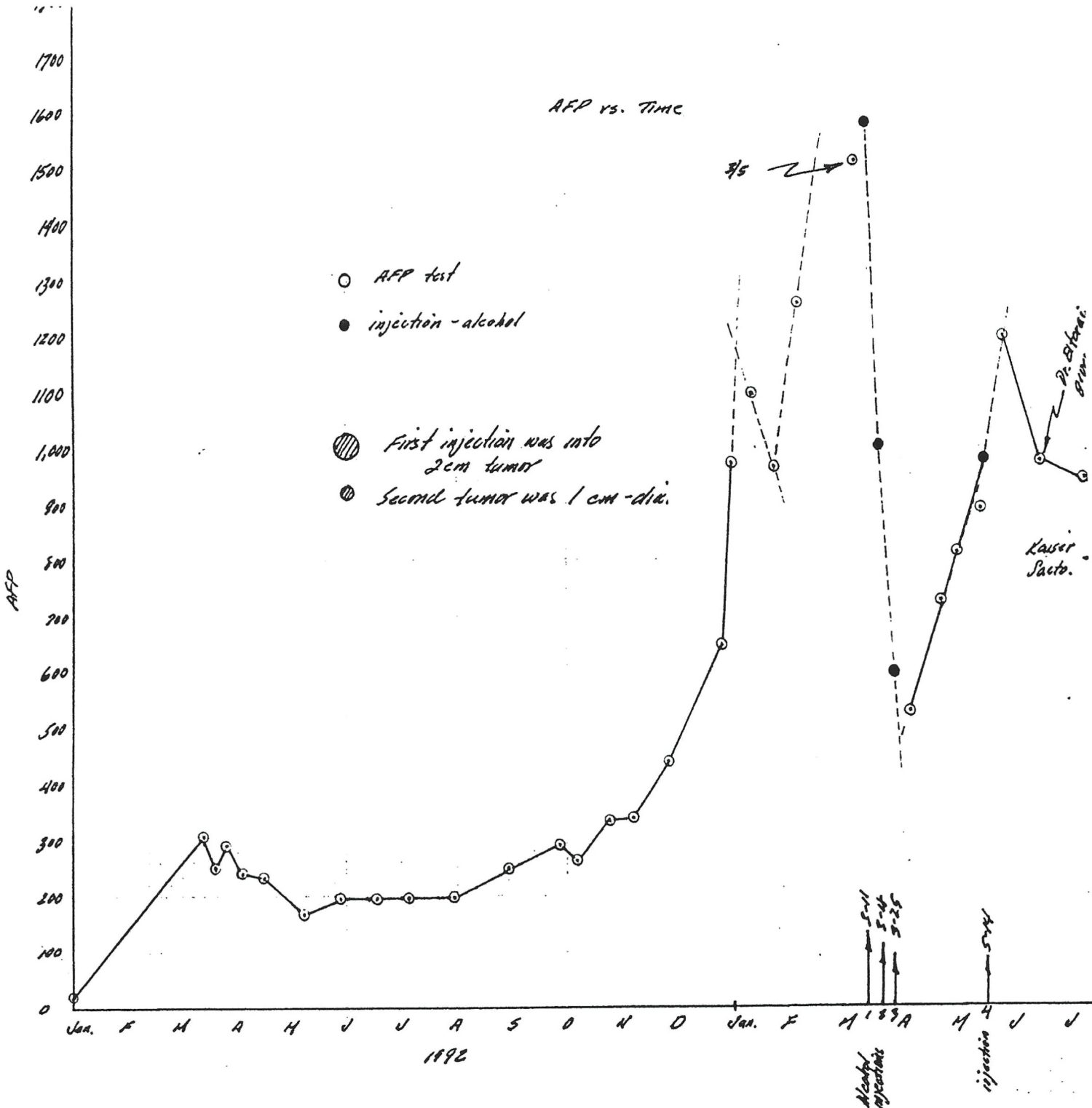
Prior to the injection procedure, I had researched all the medical journals for articles on Percutaneous Ethanol Injection. The Italians, the French, the Chinese and the Japanese had articles on

Liver Enzyme test	Normal Range	1992							
		3/12	4/3	4/14	5/7	5/27	6/17	7/29	
SGOT (AST)	14 - 48	134	37	41	33	36	40	38	
SGPT (ALT)	5 - 71	87	54	44	38	38	38	43	
Alk. Phos.	47 - 137	148	133	-	121	82	115	103	
Albumin	3.3 - 4.7	3.0	3.0	-	3.4	3.5	3.9	3.7	
Clotting Factor	11.6	14	14.4	-	-	13.8	14.1	-	
Bilirubin	0.2 - 1.4		-	-	0.5	0.6	0.9	0.5	

Except for clotting factor all enzymes remained normal after April 3rd of 1992.

Liver Enzyme test	Normal Range	1993									
		11/6	11/25	12/24	1/11	2/5	3/5	3/26	6/15	1/94	
SGOT (AST)	14 - 48	36	36	34	40	39	44	30	29	25	
SGPT (ALT)	5 - 71	41	53	51	50	44	44	29	28	-	
Alk. Phos.	47 - 137	105	88	92	82	105	75	96	64	61	
Albumin	3.3 - 4.7	3.7	4.0	3.9	4.0	4.0	3.8	3.9	4.0	-	
Clotting factor	11.1	-	13.1	-	-	-	-	-	-	-	
			7/93								
			13.3							-	
Bilirubin	0.2 - 1.4	0.4	0.7	0.8	0.8	0.4	0.8	1.0	0.6	.8	

AFP vs. TIME



the procedure. The latest article at the time was by the Japanese where they showed the documented results of a study on fifty liver cancer patients treated with alcohol injection. The Japanese and all others used ultrasound for guidance of the needle. The picture may not be as clear as a CAT scan, but the needle insertion can be viewed on the monitor and the needle can be directed or guided into different target areas within the tumor or lesion.

The Japanese make two or three injections in one injection session of three or four total sessions prior to testing for AFP. They saturated the tumor with alcohol. If the AFP is still high, more injections are made. The injections took no longer than four weeks for each patient. They had over 95% success rate in lowering the AFP and eliminating AFP in there patients. The Japanese had injected alcohol to a total of 150 patients by then.

The American doctors in using CAT scan can only hope to hit the target tumor, under CAT scan they cannot choose different locations within the tumor. The Japanese radiologist sits next to the patient, the ultrasound operator sits on the other side of the patient. The radiologist inserts the needle and guides the needle into the tumor by watching the monitor positioned in front of him. He is able to pick and choose different locations within the tumor.

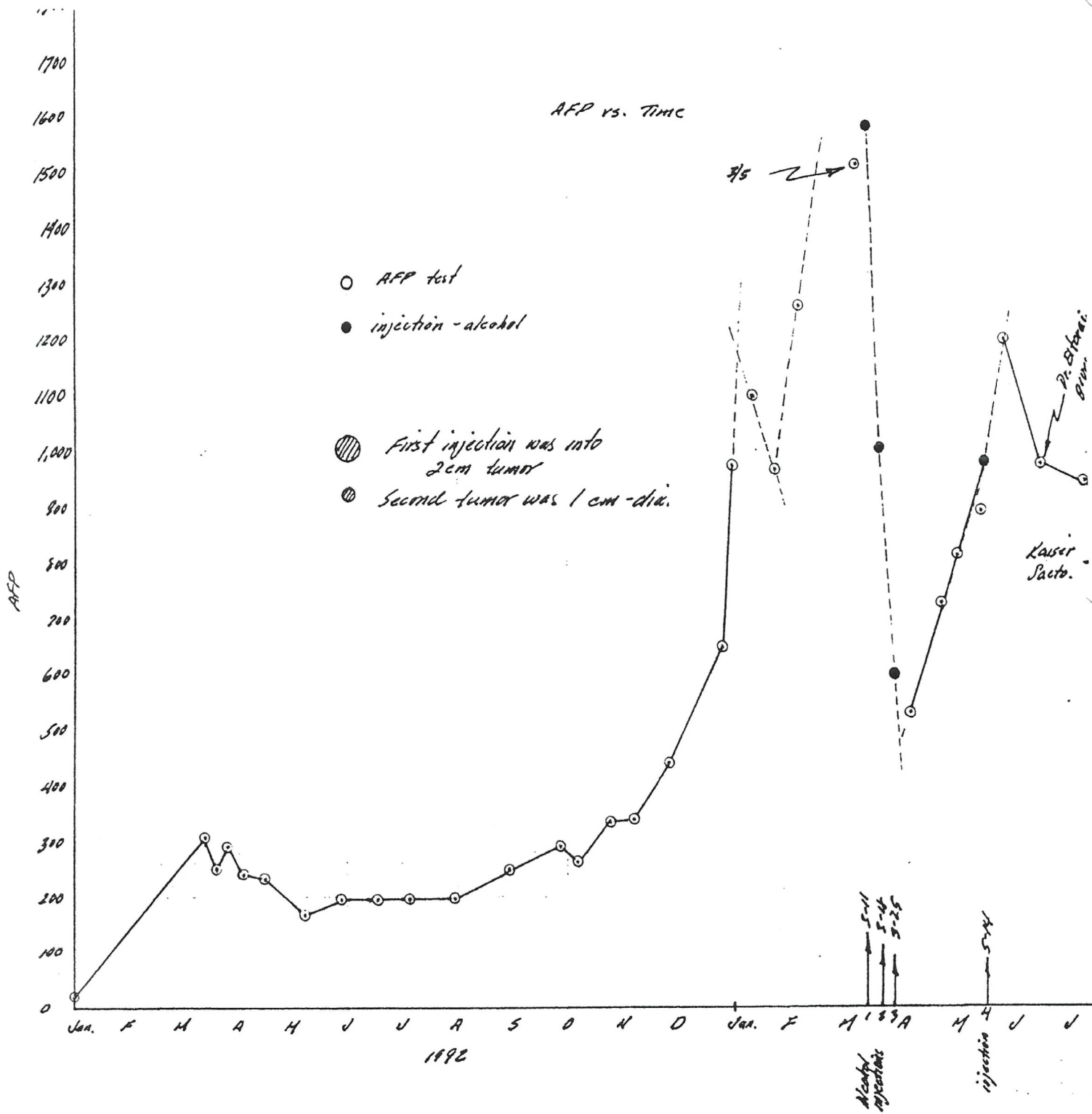
The American doctor using CAT scan, inserts the needle in the direction of the liver to a certain depth, leaves the room, slides the patient into the CAT scan core, takes a picture to see where the needle is, comes back into the room, slides the patient out from the core, inserts the needle further in and leaves the room to repeat the process. He may repeat this process three or four times until he has the needle where he wants it. He is satisfied or lucky if he hits and penetrates the tumor.

I firmly believe that (based on my background as an engineer), to reproduce the same results in any experimental procedure, the operator must follow the exact same procedure step by step with the same instrumentation. We learned this from our very first course in chemistry in high school. What happened to medical doctors when they were in high school and college? The Sacramento Kaiser doctors refused to follow the Japanese procedure.

The Sacramento Kaiser doctors insisted that they have the expertise to do alcohol injection, in spite of the fact that they have not done it before. They believed that with CAT scan rather than ultrasound they can be better than the Japanese, the Italians, the French and the Chinese. Kaiser had refused me alcohol injection by an outside source. In March 1993 I allowed my doctor at Kaiser to go ahead with alcohol injection. The last AFP reading was 1,515 on March 5, 1993. The effect on AFP is shown on the opposite, facing page.

On March 11, 1993 my Kaiser radiologist, Dr. Brown, injected the larger tumor with alcohol under CAT scan; he held off doing the smaller one for later. On March 18, he injected a second shot into the same tumor. On March 25, another radiologist injected the same tumor a third time but missed. He did not know what he hit. He did not even know where the needle was and where the alcohol had gone. I experienced no pain. The first radiologist took over and finished

AFP vs. TIME



the injection. On March 26, an AFP reading was taken and showed AFP at 596, a marked improvement.

By now, the excruciating pain I experienced after each injection and the mishap of the March 25, injection had disturbed the radiologist. Subsequent AFP blood test readings indicated The AFP was going back up. On April 1, Dr. Brown prepared to inject alcohol into the second, smaller tumor. After an hour under CAT scan, he claimed he could not find the tumor! On April 9, eight days later, he found the tumor under ultrasound. By May 13, the AFP was at 891. On May 14, he injected alcohol into the large tumor again. The AFP test reading on May 25, was 1,207. No malignancy was encountered, see graph on opposite page.

DOCTORS ARE LIARS OR ARE INCOMPETENT- The radiologist, Dr. Brown, now concludes that the high AFP readings must be coming from smaller lesions too small to be seen by CAT scan and not from the larger tumor. He concluded that the larger tumor is now completely necrotic. He further concludes that the smaller lesion is a benign hemangioma and as such, can not be injected with alcohol nor can a biopsy be performed on it. He now had a reason to stop the alcohol injection. In fact he had called some radiologist friends of his in other Kaiser facilities who agreed and concurred with him on his conclusions.

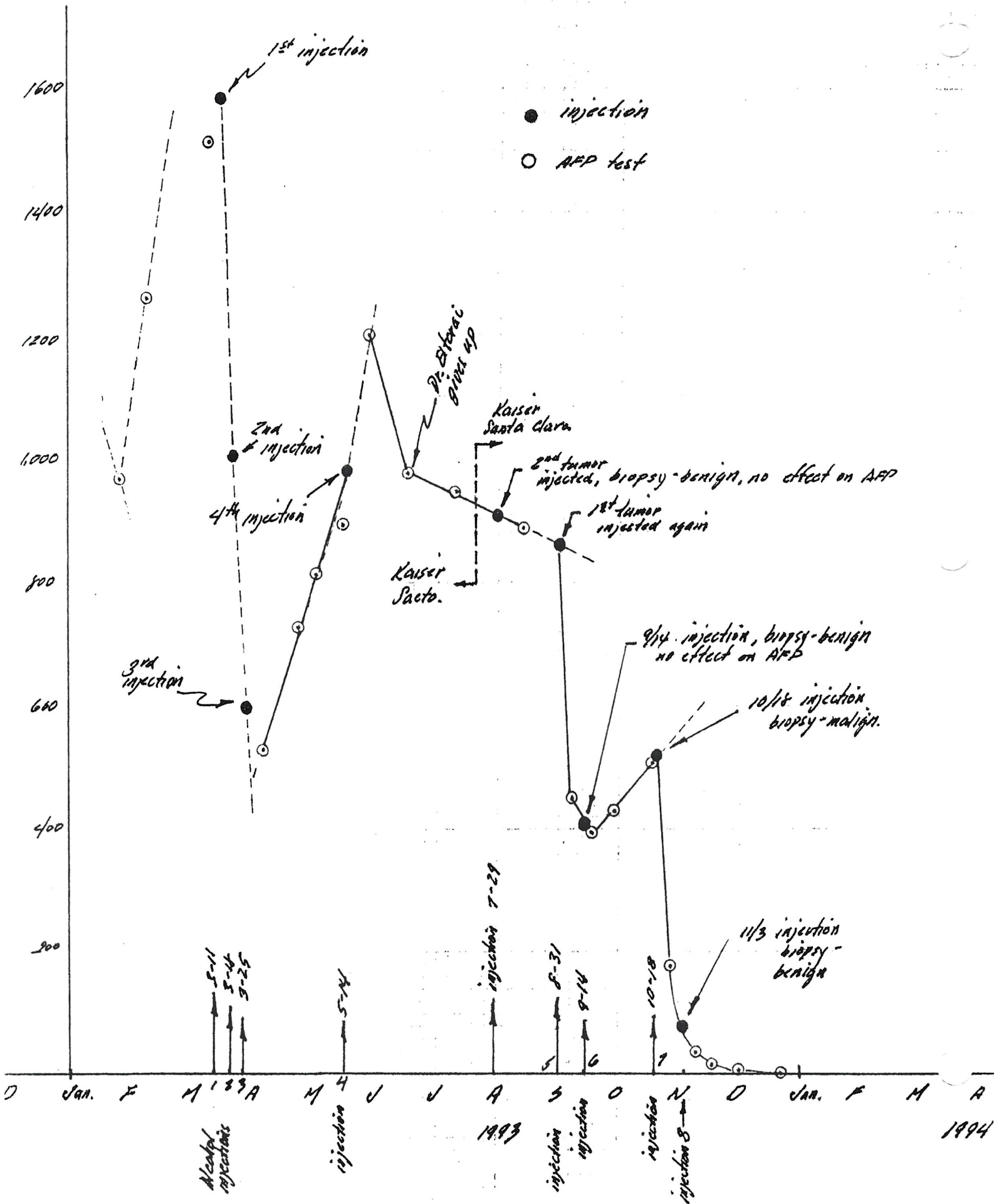
On June 15, 1993 Dr. Eltorai, my gastroenterologist, called me on the phone and informed me that he and other Kaiser gastroenterologists have concluded that the benefit derived from alcohol injection, being experimental, does not justify the risks involved in trying to inject the second lesion. The number one risk is that it is a difficult lesion to get to. A second reason is that the lesion being so close to the inferior vena cava may cause damage to the blood vessel and cause blood clotting or bleeding. The third risk is that it may be a hemangioma, which shouldn't be touched at all. All this was said to hide the fact that their attempt at alcohol injection had failed. They just didn't have the experience and knowledge to do it properly.

The gastroenterologist further stated that all other options considered before like liver transplant, resectioning and cryosurgery are not options available to me at Kaiser. He further stated that there will be no other treatment proposed for me, but to monitor me and let the cancer progress until I die. Kaiser will take care of me only by making me comfortable.

He did not even see any reason for my going to another source for a second opinion as he and other Gastroenterologist in his department agrees with his opinion. Medical doctors really think patients are dumb, ignorant and stupid.

OUTSIDE OPINION- I conferred with the liver transplant surgeon at UCSF about this and he stated that a hemangioma can be injected with alcohol and no harm can come of it, in fact it would clear it up. He also said that the location of the smaller lesion poses no problem. Even Kaiser surgeons had said so before the start of the alcohol injections.

AFP vs. TIME



BUT THERE ARE COMPETENT DOCTORS IN KAISER- The gastroenterology doctor did not know my resourcefulness! I found out from my sister that a school mate friend of mine was now a prominent doctor and very high up in the echelon of the Kaiser system. I called him up and found out that he was the Chief Physician of the Kaiser Hospital in Santa Clara, 125 miles southwest of Sacramento. I told him about my predicament. He asked for my medical records and test data. I sent him the scans and the data. He analyzed the scans and the data and came up with the same diagnosis. He called me back up and stated that if the second lesion is a hemangioma it can be injected and the location of the lesion is no problem. He further stated that he also has an interventionist radiologist in his hospital that is experienced in alcohol injection. He told me that he would take care of me. In a few weeks he had me and my medical records transferred to Santa Clara. His name is Dr. Christopher Chow, he is also a gastroenterologist!

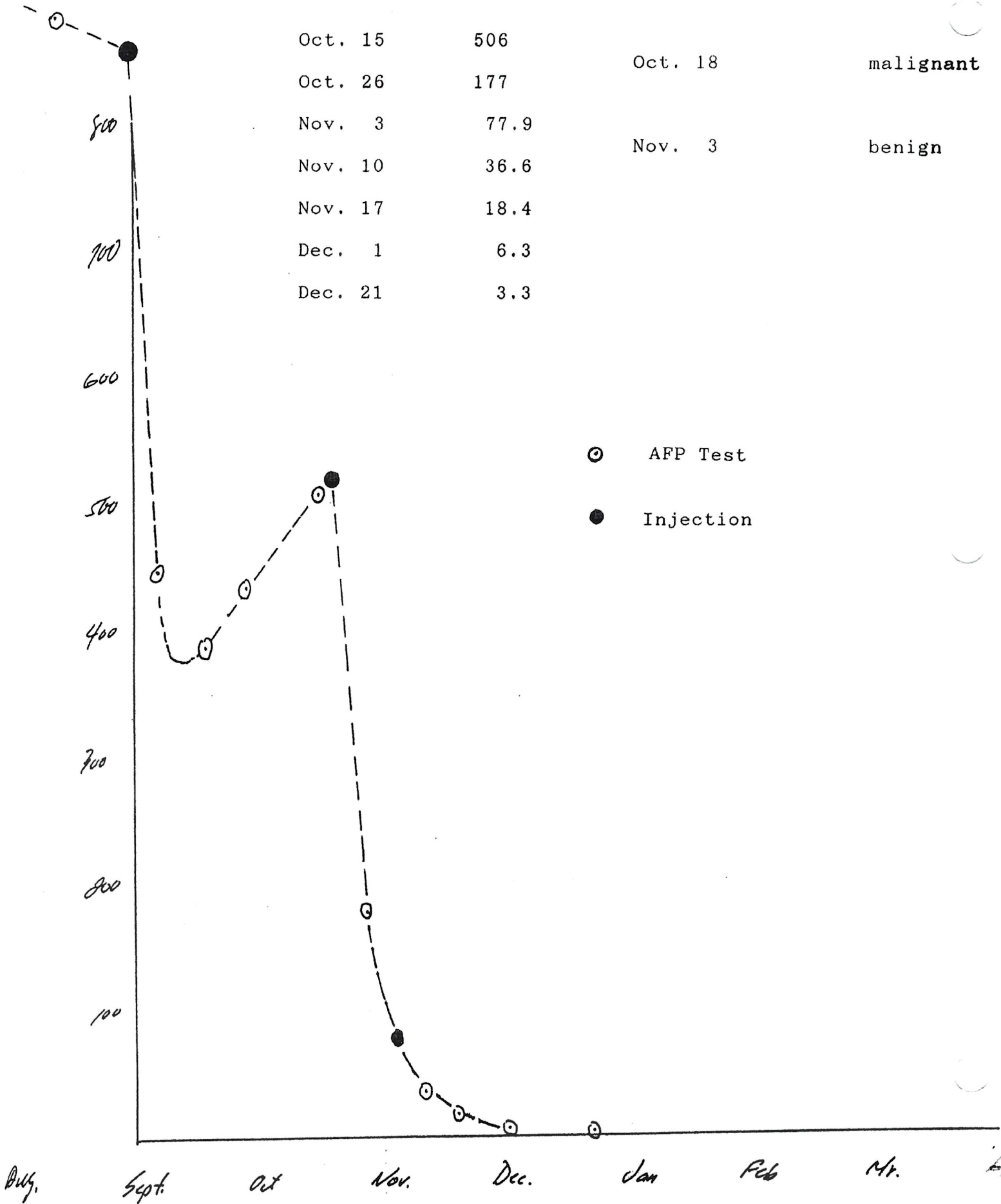
Dr. Keith Terasaki, the radiologist in Santa Clara, injected the second smaller lesion with alcohol on July 29, 1993. Prior to the injection, he extracted some tissue sample for analysis. The tissue was benign. A blood test for AFP before the injection on July 9, showed an AFP reading of 944, the AFP blood test on August 12, was 886. The injection had no effect. The second lesion that was thought to be a hemangioma by the doctors at Kaiser, Sacramento was concluded to be benign by Dr. Terasaki. Dr. Terasaki further concluded that the AFP must still be coming from the larger lesion or tumor as that is the only known source of malignancy, it may not be completely necrotic. On August 31, he injected the larger tumor. On September 7, the AFP reading was 447 (AFP was 886 on August 12). He was ecstatic. The pathology report on a tissue sample he took prior to the injection also indicated malignancy. The graph of AFP is shown on the opposite page.

On September 14, he injected again and also took tissue sample prior to the injection. The pathology report from that injection was benign, The AFP reading from the blood test of September 17, was only 384. Another blood test on September 28 indicated a reading of 431. The injection of September 14, was unsuccessful.

Dr. Terasaki tried again on October 18, a blood test reading taken before the injection on October 15 indicated the AFP at 506, a tissue sample taken before the injection was malignant, Dr. Terasaki injected into two locations in the tumor guided by ultrasound instead of CAT scan. He wanted to saturate the tumor. The AFP reading on October 26, was 177! We were ecstatic.

On November 3, Dr. Terasaki made still another injection, again by ultrasound. This would be my ninth injection. Prior to the injection he took blood sample and tissue sample. The AFP reading prior to the injection was 77.9; the pathology report on the tissue sample was benign. The following is a synopsis of the test data and events:

AFP Test date	AFP	Injection date	Tissue sample Pathology
Oct. 15	506		
Oct. 26	177	Oct. 18	malignant
Nov. 3	77.9		
Nov. 10	36.6	Nov. 3	benign
Nov. 17	18.4		
Dec. 1	6.3		
Dec. 21	3.3		

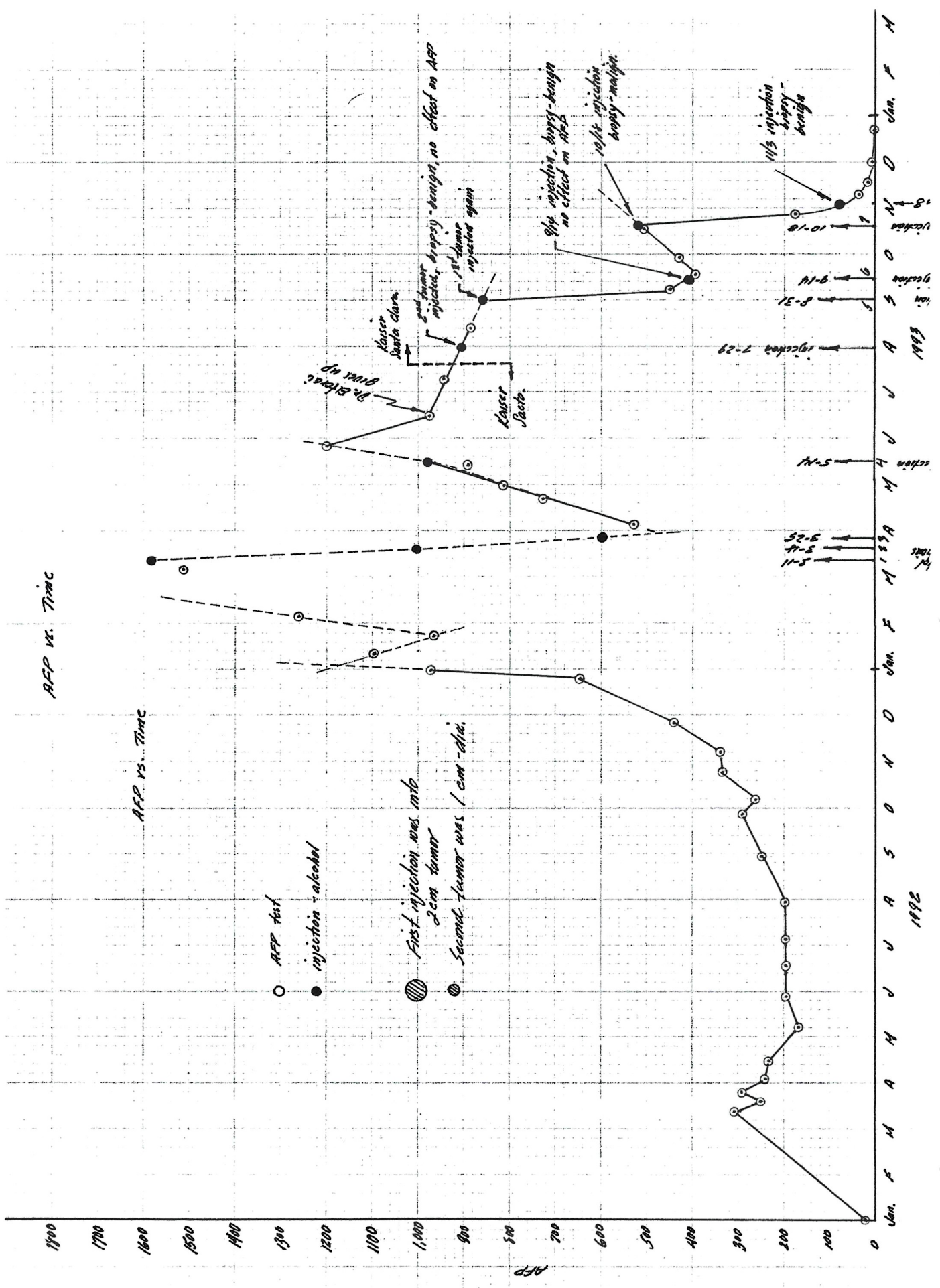


<u>AFP Test date</u>	<u>AFP</u>	<u>Injection date</u>	<u>Tissue sample Pathology report</u>
Oct. 15	506		
Oct. 26	177	Oct. 18	malignant
Nov. 3	77.9	Nov. 3	benign
Nov. 10	36.6		
Nov. 17	18.4		
Dec. 1	6.3		
Dec. 21	3.3		

The last injection on Nov. 3, 1993 did not hit any malignancy, there was no drastic drop in AFP. Dr. Terasaki was bewildered by the AFP data. He did not hit any area of malignancy on Nov. 3, and on that day, he stated “why was the AFP still declining from the injection of Oct. 18th, when no further injection was made after that date? Why did the AFP keep declining even when the injection of Nov. 3rd did not hit any area of malignancy? “ The AFP had declined from the October 18th injection to 6.3 by Dec. 1st. The acceptable limit of AFP is 15. The cancer was over, I was saved!

TO STUDENTS OF CHIROPRACTIC AND CHIROPRACTORS- Dr. Terasaki consulted with an immunologist doctor and friend of his at UCLA about the injection test data and the immunologist pondered and concluded that my body’s immune system must have taken over and eradicated the malignancy from October 15th on. The alcohol injection may have induced the body to continue on and destroyed the cancer by itself! Medical doctors have known that extreme pain has been known to induce the immune system to take over and eradicate the cancer. This is a very rare occurrence, like between one in a thousand to one in ten thousand cases. Medical science calls this “spontaneous remission”.

Dr. Terasaki also did not know at the time that I had been under the care of a chiropractor. When Dr. Terasaki told me about the immunologist’s conclusion, I told Dr. Jenson and we both knew what had happened, the body had finally taken over, and HIO had caused it to happen.



SUCCESS, BUT BY WHOM?- Dr. Terasaki has performed alcohol injections on six other patients since my case, all six patients have died, none have been successful. From the day I was told I had cancer I had gone to Dr. Jenson. His adjustments had kept my AFP from exploding like the surgeon Dr. Lim was anticipating, but did not occur until August of 1992. It declined from 311 on March 12, 1992 to 196 on July 29th.

Now that I look back on events of 1992, I had gone on a cruise August 9, 1992 and came back on August 23, 1992. I had not seen Dr. Jenson for adjustments for two weeks. In August the AFP started rising and couldn't be stopped in spite of all the adjustments by Dr. Jenson. Why did the adjustments fail? Or was it partially successful? The doctors were amazed at my physical condition and amazed that my liver function was never impaired. I was never sick throughout my ordeal.

If Chiropractic had anything to do with it, why did it take nearly two years to defeat the cancer? My journey with cancer was from December 30, 1991 to December 1, 1993. Throughout my ordeal I had control of my sickness, I had full knowledge of what my doctors were doing. I believed Chiropractic was my salvation, but I cannot prove it. Medical doctors will say that alcohol injection did it, and if not, my body's immune system did it, which is what HIO attempts to do.

NOT CANCER!- To critics who may say I probably did not have cancer in the first place should be reminded that nine medical doctors diagnosed my cancer. These were: Dr. Robert Lim, Surgeon, University of California, San Francisco. Dr. Myron Tong, Specialist in Liver Diseases, University of California, Los Angeles. Dr. Eltorai and Dr. Pauley both Gastroenterologists at Kaiser Sacramento. Dr. Jeffrey Smith, Surgeon, Kaiser, Sacramento. Dr. Atkinson, Surgeon, Allegheny General Hospital, Pittsburgh, Pennsylvania. Dr. Patrick Wong, Gastroenterologist, San Francisco. Dr. Christopher Chow, Gastroenterologist and Chief Physician, Kaiser, Santa Clara. and Dr. Keith Terasaki, Radiologist, Kaiser, Santa Clara.

The Cat scan pictures of the lesions or tumors are on record and tissue samples from biopsies have been analyzed by pathologists to be malignant, reports are on record. All my medical data is on record.

REMISSION- My cancer was in remission for the most part of 1994. I had been taking blood tests for AFP and other liver enzymes monthly to monitor my remission.

In September of 1994 Dr. Jenson retired from his practice. While he was packing up his chiropractic library of books to bring back to his house, he came across B.J. Palmer's book of four case histories of patients treated with HIO. One of the cases dealt with a man cured of liver cancer. Dr. Jenson gave it to me to read, I studied the cases over and over. I was amazed that the liver cancer patient was cured in about a month and with only one adjustment! The other cases were just as amazing.

The one requirement that B. J. Palmer demanded of his patients that caught my attention was that all his patients were required to sleep three hours after their first adjustment. It is unbelievable that only one adjustment was required to cure the patients in some of his other cases.

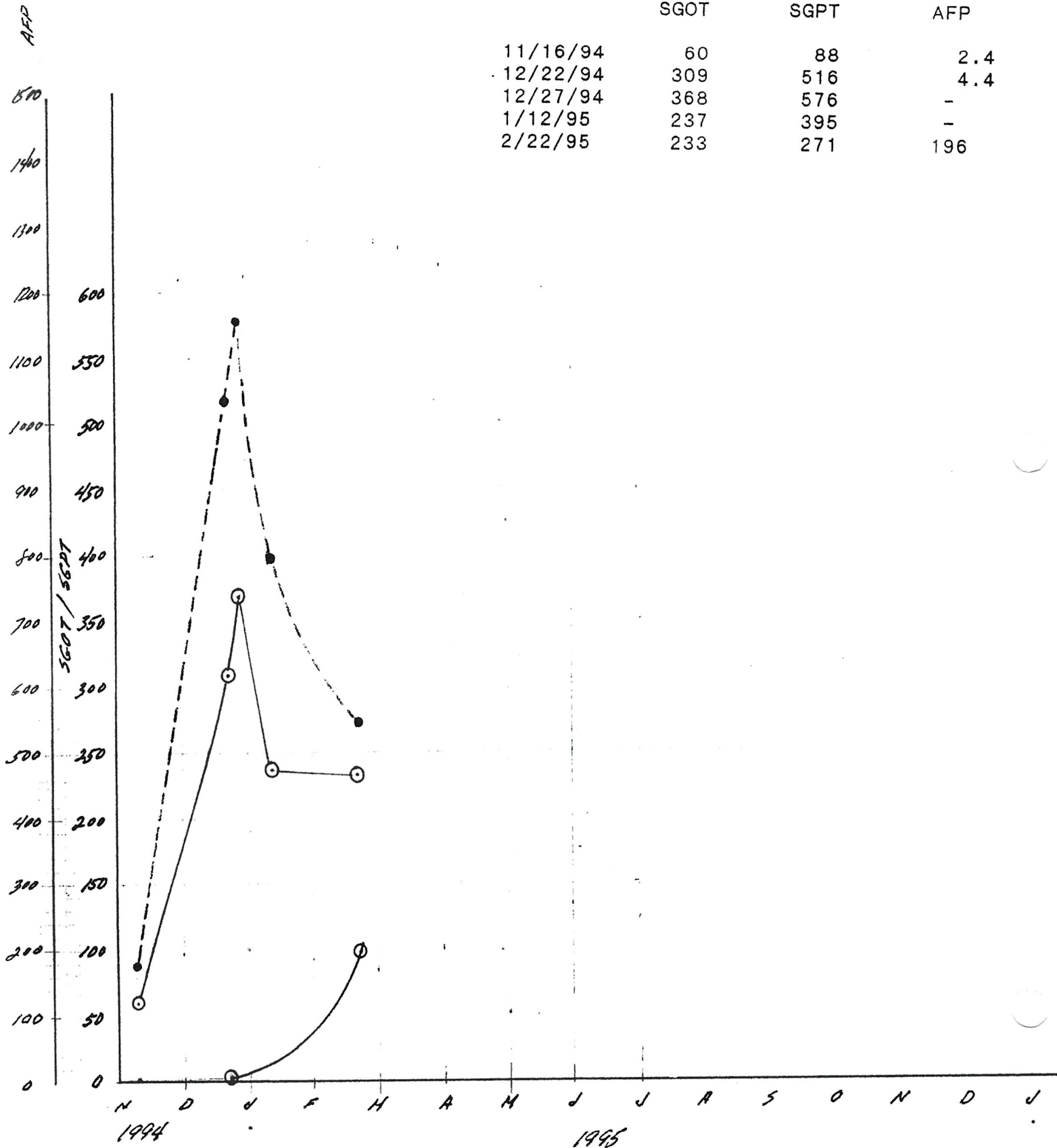
Dr. Jenson had worked in Dr. Palmer's private clinic after graduation and told me that B.J. had a 90% success rate with his patients, and that they were all rejects or concluded to be incurable cases that were given up by the medical profession. If that was the case, I wondered why HIO was rejected by the chiropractic profession and never continued to be taught.

I theorize that most of the small majority of students who elected to learn and use HIO in their practice after graduation were never successful with it. They could not reproduce the same results and success rate of B. J. Palmer. I concluded that they may not have learned: (1) how to take proper x-rays, (2) how to correctly analyze the x-rays, (3) how to determine the correct adjustment from the x-ray analysis, (4) how to execute or make the adjustment, and (5) that the patients must be required to sleep three hours after the adjustment.

SLEEP!- Yes, sleep is one of the steps in B. J. Palmer's procedure in all the case histories. I firmly believe that "if you want to reproduce the same results in any experiment, you must follow the same procedure step by step under the same conditions and with the same instrumentation as the people who did it before you". Of course, this is also assuming that you know how to use the instrumentation and how to read the graphs. All engineers and scientists know this.

DR. JENSON:- I believe Dr. Jenson knows the correct technique from (1) through (4), he does require his patients to sleep a half hour, but is that enough? It may be in most cases, but not in some. I think B. J. Palmer required three hours of sleep to cover all cases. Dr. Jenson has been very successful in his practice for 40 years. He had in his office facility, before he retired, two sleeping rooms with over 30 beds each in private cubicles for patients to sleep in.

Dr. Jenson is a very dedicated chiropractor. I have watched him for years as a patient. He is a purist in his HIO technique and appears to have maintained and has carried on B.J. Palmers demand for dedication and exactness in analysis and adjusting technique. He was fortunate to have studied directly under B.J. Palmer in his private clinic. Dr. Jenson realized the potential of HIO and dedicated his whole career to it. He treated every single patient with the same dedication and exactness in analysis and adjustment technique. There are very few HIO chiropractors left in the United States and even fewer who had studied directly under B.J. Palmer in his private clinic. Dr. Jenson may be the only one left!



	SGOT	SGPT	AFP
11/16/94	60	88	2.4
12/22/94	309	516	4.4
12/27/94	368	576	-
1/12/95	237	395	-
2/22/95	233	271	196

CANCER, SECOND TIME

On November 9, 1994 my test results indicated normal AFP but an abnormal amount of the SGOT and SGPT enzymes with levels at 60 and 88 u/l; maximum acceptable level is 40 u/l. The data indicated possible liver damage. My family physician said it may be due to my hepatitis acting up. A few weeks later, on December 22, 1994, the SGOT was 309 and SGPT was 516! Everything else was normal.

By that time I was seeing Dr. Armstrong, the chiropractor who had taken over Dr. Jenson's practice. Dr. Armstrong is also a HIO chiropractor. Dr. Jenson had retired in September of 1994 and had sold his practice to Dr. Armstrong.

By December 1994, I was feeling nauseated all the time. Dr. Armstrong was adjusting me and there was no relief from the nausea. I started to panic, what can follow liver damage is liver cancer. In March 1992 at the beginning of my first round of cancer, the SGOT and SGPT readings were just slightly high, 134 and 87. This time, on Dec. 27, 1994, the levels were up at 368 and 576, the AFP was not tested. On Jan. 12, 1995 the levels were lower at 237 and 395, AFP was inadvertently not tested again. The last test for AFP was Dec. 22, 1994 and it was at 4.4 units.

In January of 1995, I made an appointment and went to Santa Clara to see Dr. Ready, a new gastroenterologist I was assigned to. Dr. Chris Chow had also been retired by this time. She said hepatitis will from time to time resurface and attack the liver, but she did not know at what level of damage the liver can tolerate before cancer sets in. She said the hepatitis attack will eventually subside. I called Dr. Myron Tong in Los Angeles about this and he essentially said the same thing, it will go away.

On Feb. 22, 1995 the SGOT and SGPT were lower at 233 and 271. The AFP was finally tested and it was 196! (safe limit is 15). Surface and core antigen were both positive. I was getting worried. I called Dr. Ready three times and left messages, she never returned my calls. I then called Dr. Terasaki, the radiologist, he told me to have a retest of AFP. He said it could be an error. Meanwhile he had set up an appointment for me for a CAT scan.

On March 3, 1995 I tested for AFP again, there was no error to the Feb. 22, test, it was now at 485! The cancer had started! I went to Santa Clara on March 10, for the CAT scan. On March 13, Dr. Terasaki completed his analysis of the CAT scan and informed me that one or four small lesions grouped together measuring 2 cm wide by 4 cm. long appears in the stub end of the left lobe of my liver. I do not have a left lobe in my liver, just a stub. He was going to present my case to the Kaiser surgeons in Santa Clara for their opinion as to whether surgery is possible or not.

CHIROPRACTIC- In January of 1995, when my nausea started and SGOT and SGPT had gone up, I was getting concerned about the rise in my hepatitis. I decided to go back to Dr. Jenson for adjustments occasionally. Dr. Armstrong was adjusting me most of the time. By March 1, the nausea was not going away and Dr. Armstrong's adjustments did not help alleviate it. Dr. Jenson checked me and did not like the graph results, he told me to ask Dr. Armstrong to take new upper cervical x-rays. On March 6, 1995 new x-rays were taken. Dr. Armstrong analyzed them and adjusted me from the new analysis. My nausea still did not go away.

On March 9th, Dr. Jenson asked for the my new x-rays, he studied them and found that Dr. Armstrong had analyzed them incorrectly! Yes, incorrectly! Dr. Jenson analyzed the x-rays the right way and determined the proper adjustment. He adjusted me. I slept ONE HOUR on his adjusting table and went home and slept THREE more hours. The next day, on March 10th, I drove to Santa Clara for my CAT scan. This brings me back up chronologically, to the second paragraph above this one.

NO SURGERY- Dr. Terasaki called and informed me that he had presented my case to the surgeons at Santa Clara and they had declined to operate, stating that it was too risky. Dr. Terasaki then asked me if I wanted to go ahead with alcohol injection right away or not. He would have to do a biopsy first. I shocked him when I told him that I was planning not to do anything medical, no transplant and no alcohol injection. I did not tell him about my chiropractic option, just that I was planning to do "alternative medicine". I told him I would call him when I got well and tell him everything about it. I thanked him for all his help and he wished me well. Dr. Terasaki is a very good radiologist.

MEDICAL DOCTORS- I told my family physician Dr. Wen Pen Lui that I rejected alcohol injection and was going with "alternative medicine", but I did not tell him what it was. His hands were tied, Kaiser only had alcohol injection to offer me. Dr. Ready, the gastroenterologist, never returned my call; she had abandoned me completely, this was medical science and HMO at its worst. I was not disturbed, I had no need for medical doctors and medical science.

My cancer tumor measured 2 cm by 4 cm; in volume, it would be more than ten times the size of the tumor in my last bout with cancer. If I had opted for alcohol injection, the amount of alcohol needed for the injection would be far more painful than the last time. I cringed at the thought of it.

I was convinced of my conclusion from my study of B.J. Palmer's case histories and Dr. Jenson's books on HIO. I was completely convinced that Dr. Jenson has, and retained, Dr. Palmer's skill and technique in HIO. The only missing ingredient was sleep! I was willing to gamble my life on it! I believe that B.J. Palmers case histories were not exaggerated; Dr. Palmer was a genius, he had his patients cured with one adjustment, but under his controlled environment. Again, from what I had emphasized in my battle with the Kaiser doctors over alcohol injection: "If you want to reproduce the same results in any experiment, you have to follow the same exact procedure used".

THE BATTLE IS ON:- On March 9, 1995 Dr. Jenson made the “correct adjustment” based on the new set of x-rays. On March 3rd, the AFP was at 485, on March 15th, the AFP was 1,260! My blood test data is tabulated as follows:

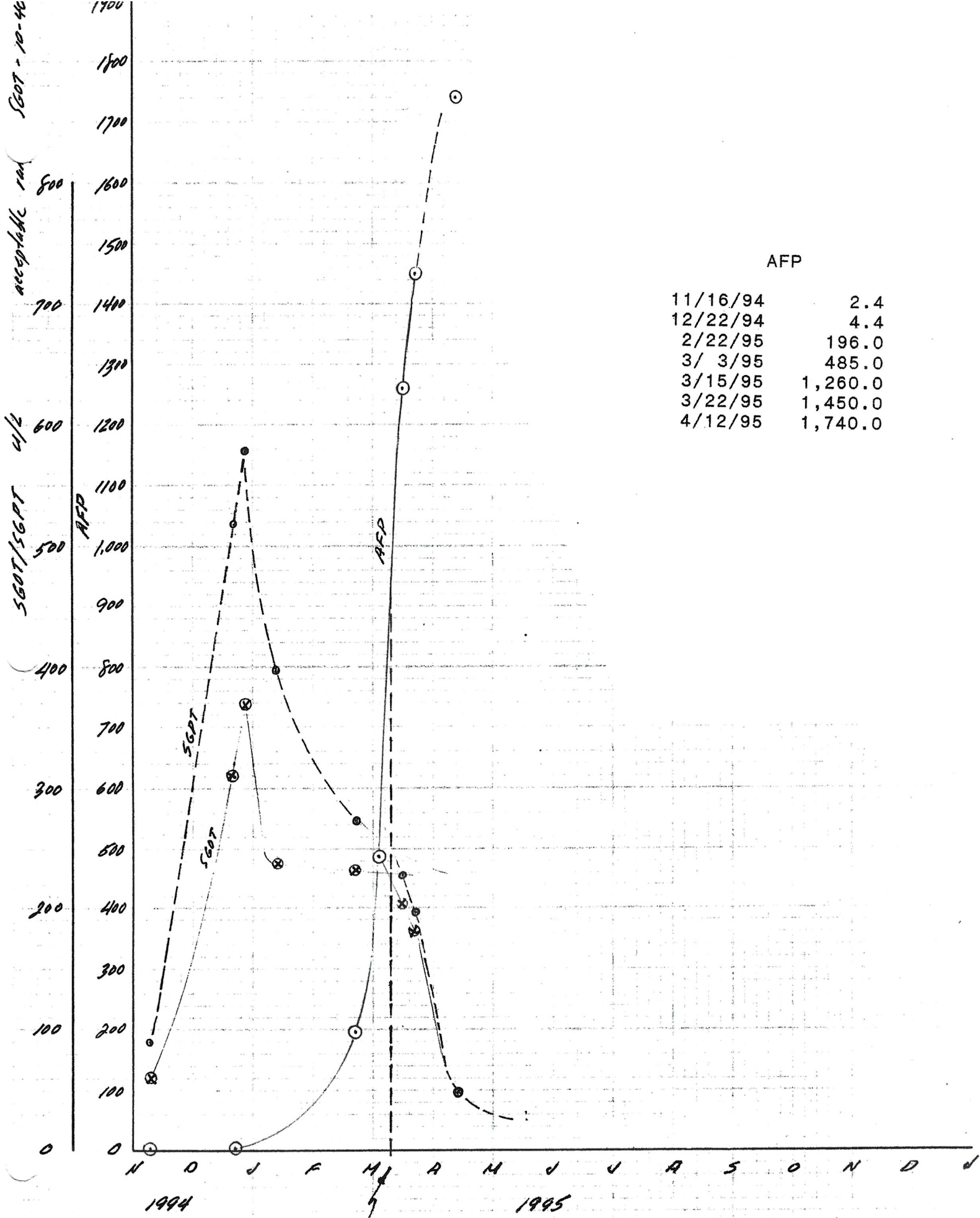
<u>TEST DATE</u>	<u>SGOT</u>	<u>SGPT</u>	<u>AFP</u>
2-22-95	233	271	196
3-3-95	N/A	N/A	485
3-9-95	Dr. Jenson adjusted		
3-15-95	202	226	1,260
3-22-95	181	194	1,450
4-12-95	51	48	1,740

This data is also plotted on a graph on the next page.

Please note that after Dr. Jenson adjusted me on March 9th, the SGOT and SGPT started to decline and settled close to the safe limit of 40 by April 12th. This data indicated the liver damage was diminishing and my body was suppressing the hepatitis. This was good news, Dr. Jenson’s adjustment had released my innate intelligence and my body was healing.

In Hepatocellular Carcinoma cases, the AFP rises exponentially. It more than doubles each time, such that if it is plotted on logarithmic graph paper, data points will appear on a straight line. In liver cancer patients, the AFP will rise into the thousands, tens of thousands and sometimes as high as 100,000.

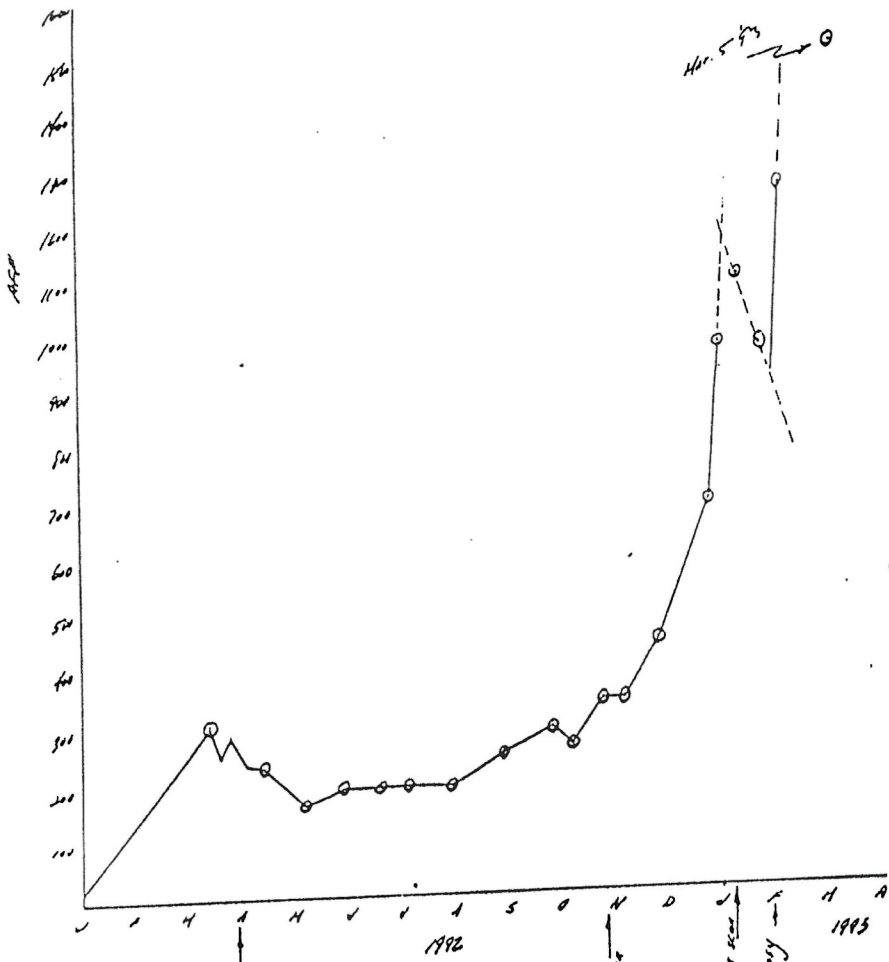
Note that the AFP rose from 196 to 485 to 1,260. The 1,260 could have been higher, the test was made after March 9th; but it is still more than double the 485. On the next data point I would expect a number higher than 2,520 but definitely not 1,450! and certainly not 1,740 for the next following data point on April 12th. If Dr. Jenson’s adjustment was not right, that number on April 12th would have been at least 5,000. The data definitely indicated Dr. Jenson’s adjustment was right on. I was relaxed and happy. I had something to celebrate on, April 12, as it is also my birthday.



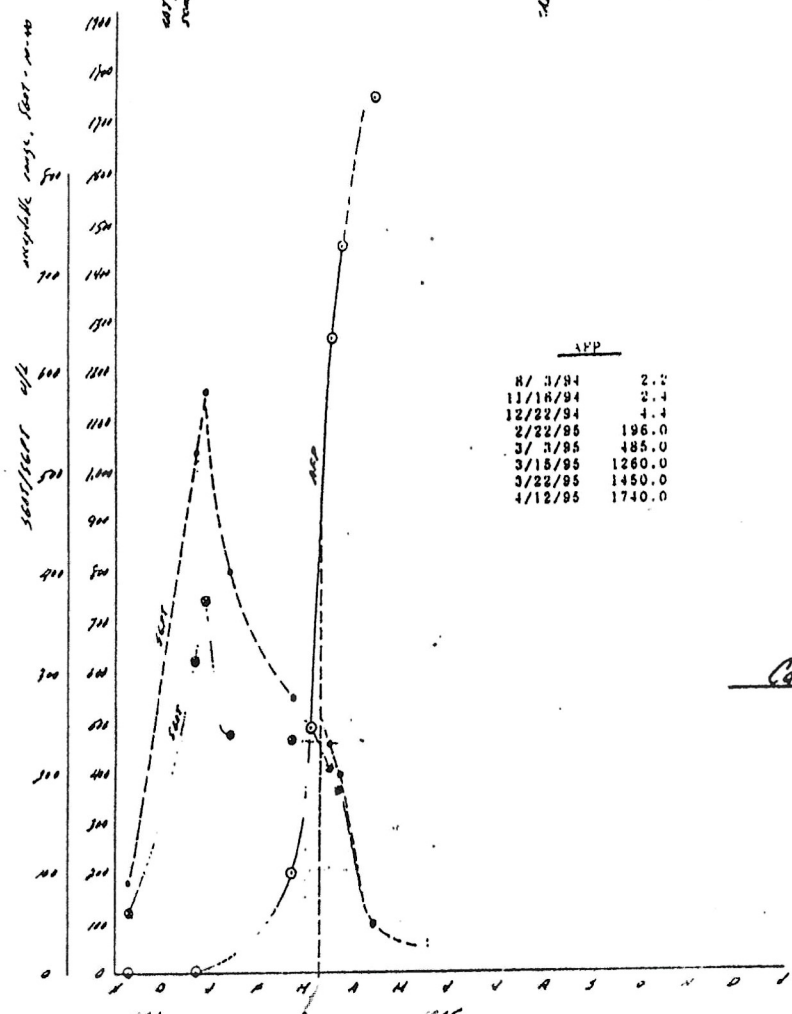
AFP

11/16/94	2.4
12/22/94	4.4
2/22/95	196.0
3/ 3/95	485.0
3/15/95	1,260.0
3/22/95	1,450.0
4/12/95	1,740.0

3/9/95 new x rays + new adj: by Dr. Jensen



Cancer - 1st round



Cancer - 2nd Round

AFP	
8/ 3/94	2.2
11/16/94	2.4
12/22/94	4.4
2/22/95	196.0
3/ 7/95	485.0
3/15/95	1260.0
3/22/95	1450.0
4/12/95	1740.0

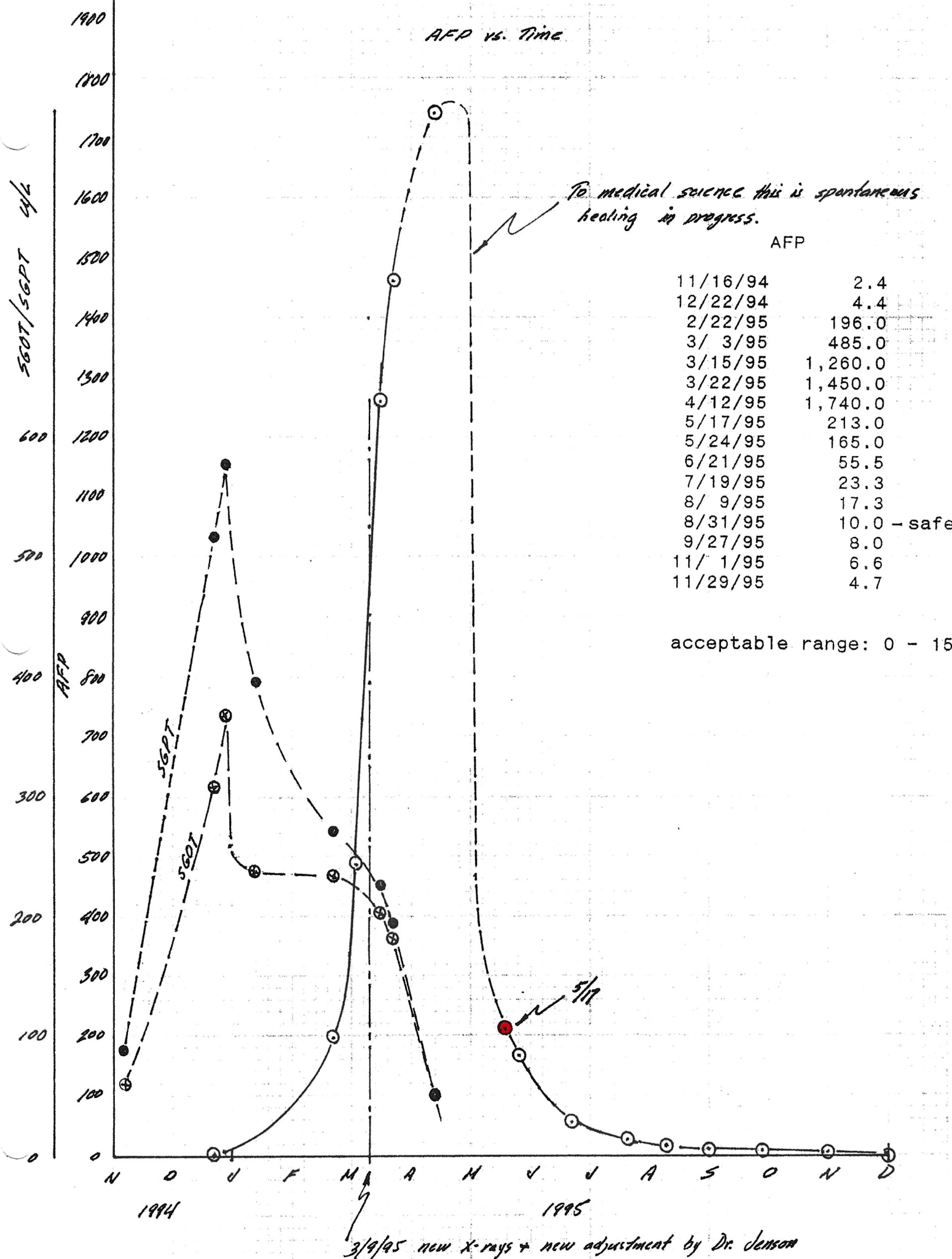
Dr. Wen Pen Lui, my family physician, had authorized all my blood test requests. Dr. Ready was completely out of the picture. I had been requesting them more frequently than he liked. On April 14th, after the last data point of 1,740 for AFP, he refused to authorize any more blood tests. He said, "we definitely know that the cancer is there, and the AFP readings will not come down. In fact, it will go higher, but until we decide what to do about it", he said, "further testing will accomplish nothing". I told him that I was on "alternative medicine" and I needed to monitor my AFP to know how the technique is doing. He compromised and allowed me one test a month.

My last battle with liver cancer lasted close to two years. I wanted to know when the AFP would peak and how high? In my last battle the AFP peaked at 311 when the cancer first came on. So I settled down to wait for May 15th. I was prepared for a long siege. At this time I was very tired, but not sick, my liver was still not compromised. I felt tired and fatigued. I slept a lot. During the month of March, after March 9th, I had a total of seven adjustments by Dr. Jenson and Dr. Armstrong. In April I also had seven adjustments. In the month of May I had only three adjustments. Each time that I was adjusted, whether it was by Dr. Jenson or by Dr. Armstrong, I slept a total of three hours after the adjustment. Usually one hour at their office and two hours at home.

Dr. Palmer had his patients stay in his hospital clinic and consequently they were allowed no activities. In those days, in the 1940s, a stay in the hospital meant complete bed rest, there was no such thing as ambulatory patients. If the patient wanted to go to the bathroom, a bed pan or urinal was brought to his bed. I surmised that was how Dr. Palmer was successful with just one adjustment. My theory is that if a patient needed another adjustment after the first, the patient had been too active.

NEXT AFP TEST- My Next AFP test was performed on May 17, 1995. The test data is shown on the following page. The AFP on April 12th, was 1,740. My last battle with cancer took close to two years before I won. See what follows on the next page—

AFP vs. Time



3/9/95 new X-rays + new adjustment by Dr. Jenson

YES!- the AFP was at 213 on May 17, 1995; it had come down from 1,740 in 35 days! On August 31, 1995 it went below the acceptable safe limit of 15 units. My second bout with cancer was over! The acceptable level varies from laboratory to laboratory where the test is made. My battle with cancer lasted from Nov. 16, 1994 to August 31, 1995. The major part of the battle was from March 9, to August 10, a total of 150 days. I think Dr. Jenson came close to or has reproduced the results of B.J. Palmer. Dr. B.J. Palmer measured his liver cancer patient by the level of bilirubin, he did not have the benefit of AFP.

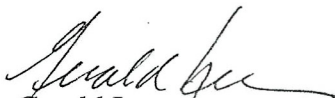
The drop from 1,740 to 213 is mind staggering, incredible and unbelievable. This is what medical science calls "spontaneous healing"! The innate is powerful. Drugs and chemicals cannot eradicate cancer this fast! My first bout with cancer took close to two years to defeat, this time it just took eight and a half months. The difference this time is SLEEP, three hours of sleep after an adjustment. During my first round with cancer I only slept half an hour after an adjustment. On November 6, 1995 I went to Kaiser Santa Clara for a CAT scan of my liver by Dr. Terasaki. The lesions or tumors were gone.

Students of chiropractic interested in HIO must study Dr. Jenson's technique, learn from him, emulate him! Dr. Jenson triggers "Spontaneous Healing" every day, and he has been practicing HIO for over 40 years! Do not let the medical profession put their hands on it and call it their scientific discovery and break through of the century! Medical doctors can also make chiropractic adjustments. Dr. Jenson is the one last true student of Dr. B.J. Palmer. Learn the method from him and continue B.J. Palmer's legacy; carry it on to the next millennium. It will be an exciting career for you if you do.

Your college administrators must invite Dr. Jenson to your campus and have him teach and demonstrate to you the technique. Dr. Jenson is not getting any younger. Learn it and be an exciting chiropractor for the next 40 years or more of your career. Be an instrument of God, being an HIO chiropractor is like having God work through your hands. God heals! not doctors.

HIO is truly a hole in one. It is the "Holy Grail" to the healing arts! College administrators must not miss the boat on this. Dr. Jenson must pass the "Grail" to you, the students.

January 27, 1997


Gerald Lee
6340 North Point Way
Sacramento, Calif. 95831

(916) 422-5875

APPENDIX

Copies of some of the Kaiser computer printouts of blood test data are presented on the following pages. From the latest to the beginning of the second round of cancer of the liver.

PATIENT 02667579	PROVIDER _____	CATEGORY LAB_____	VIEW RESULTS__	FR DATE 01 / 11 / 97	TO DATE 02 / 10 / 97
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PATIENT 1 OF 1 PERSONAL PHYSICIAN : WEN P LIU, M.D. SAC
LEE, GERALD 64/M LABORATORY RESULTS PAGE: 1 OF 1
-- PROCEDURE -- RESULTS (REFERENCE RANGE)
LOG#: 669703600826 COL: 02/05/97 12:10 OUTPA SAC REQ: LIU, W P M.D.
AFP, NONMATERNA ** 3.3 NG/ML (0.0 - 15.0)
** ROSEVILLE MEDICAL OFFICES **
PT
ANTICOAG THER? NONE
PATIENT PHONE# NONE
PT, PATIENT H 16.0 SEC (10.7 - 12.2)
PT INR 1.5 RATIO

LAB.RES

SACNLV 02/10/97 15:44

PATIENT 02667579	PROVIDER	CATEGORY LAB	VIEW RESULTS	FR DATE 08 / 01 / 96	TO DATE 10 / 28 / 96
---------------------	----------	-----------------	-----------------	-------------------------	-------------------------

PATIENT 1 OF 1 PERSONAL PHYSICIAN : WEN P LIU, M.D. SAC
 LEE, GERALD 64/M LABORATORY RESULTS PAGE: 1 OF 3

--- PROCEDURE --- RESULTS --- (REFERENCE RANGE) ---
 LOG#: 669629701293 COL: 10/23/96 16:09 OUTPA SAC REQ: LIU, W P M.D.

AFP, NONMATERNA 3.6 NG/ML (0.0 - 15.0)
 AST (SGOT) 23 U/L (10 - 40)
 ** REGIONAL LAB **
 ** ROSEVILLE MEDICAL OFFICES **

PT NOT IND
 ANTICOAG THER? 422 5875
 PATIENT PHONE# H 16.6 SEC (10.7 - 12.2)
 PT, PATIENT
 PT INR 1.6 RATIO

LOG#: 669624801484 COL: 09/04/96 17:09 OUTPA SAC REQ: LIU, W P M.D.

AFP, NONMATERNA 2.6 NG/ML (0.0 - 15.0)
 AST (SGOT) 27 U/L (10 - 40)
 ALT (SGPT) 29 U/L (-< 40)
 ** REGIONAL LAB **

SACNLV 10/28/96 14:24

LAB.RES

PATIENT 02667579	PROVIDER	CATEGORY LAB	VIEW RESULTS	FR DATE 08 / 02 / 95	TO DATE 09 / 01 / 95
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Patient 1 of 1 Personal Physician : WEN LIU, M.D. SAC
 LEE, GERALD 63/M Laboratory Results Page: 1 of 3

--- Procedure --- Results --- (Reference Range) ---
 ===== SACRAMENTO MEDICAL CENTER =====

LOG#: 01057 COLLECTED: 08/30/95 14:30 OUTPA SAC LIU, W P MD
 *** REGIONAL LAB ***

Albumin		3.7 g/dL	(	3.3 -	4.7)
Alkaline Phos		99 U/L	(	47 -	137)
Bili, Tot Adult		0.7 mg/dL	(	0.2 -	1.4)
Creatinine		1.0 mg/dL	(	0.1 -	1.2)
AFP, NonMaterna		10.0 ng/mL	(	0.0 -	15.0)
Potassium		4.3 mEq/L	(	3.5 -	5.5)
AST (SGOT)		29 U/L	(	10 -	40)
ALT (SGPT)		28 U/L	(	3 -	40)
Sodium		139 mEq/L	(	133 -	145)
CBC					
WBC x 10 ⁻³		4.5 K/uL	(	3.5 -	12.5)
RBC x 10 ⁻⁶	L	3.77 M/uL	(	4.10 -	5.70)
Hemoglobin		13.3 g/dL	(	13.0 -	17.0)
Hematocrit	L	38.3 %	(	39.0 -	51.0)

3.RES

SACDAG 09/01/95 09:29

05/22/95 09:52 MR# 2667579 LEE,GERALD AGE:063 SEX: M
PAGE: 002 OF 002

SACLMM
MORE: -

..... ***** REGIONAL LAB *****
COLLECTED: 05/17/95 10:26 OUTPT SAC LOG#: 00493 REQ: READY,J B MD

----- (CONTINUED) -----

POTASSIUM		4.0mEq/L	3.5 -	5.5
CREATININE		0.9mg/dL	0.1 -	1.2
AST (SGOT)		31U/L	10 -	40
ALT (SGPT)		26U/L	3 -	40
AFP NONMATERNAL	H	213.0ng/mL	0.0 -	15.0
HEP B SUR AB		NEGATIVE		

04/14/95 15:00 MR# 2667579 LEE,GERALD AGE:062 SEX: M

SACMJI
MORE: +

..... ***** REGIONAL LAB *****
COLLECTED: 04/12/95 14:34 OUTPT SAC LOG#: 01004 REQ: LIU,W P MD

T. BILI.		0.8mg/dL	0.2 -	1.4
AST (SGOT)	H	51U/L	10 -	40
ALT (SGPT)	H	48U/L	3 -	40
AFP NONMATERNAL	H	1740.0ng/mL	0.0 -	15.0

..... *****
COLLECTED: 03/22/95 10:40 OUTPT SAC LOG#: 00497 REQ: LIU,W P MD

ALK. PHOS.		117U/L	47 -	137
T. BILI.		1.3mg/dL	0.2 -	1.4
AST (SGOT)	H	181U/L	10 -	40
ALT (SGPT)	H	194U/L	3 -	40
AFP NONMATERNAL	H	1450.0ng/mL	0.0 -	15.0

..... *****
COLLECTED: 03/15/95 15:17 OUTPT SAC LOG#: 01258 REQ: LIU,W P MD

T. BILI.		1.1mg/dL	0.2 -	1.4
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MORE..

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
PRDL-PRRSDL01

02/27/95 13:37 MR# 2667579 LEE,GERALD AGE:062 SEX: M

SACMBW
MORE: +

..... ***** REGIONAL LAB *****
COLLECTED: 02/22/95 15:44 OUTPT SAC LOG#: 01246 REQ: READY,J B MD

ALK. PHOS.		88U/L	47 -	137
T. BILI.		1.0mg/dL	0.2 -	1.4
SODIUM		140mEq/L	133 -	145
POTASSIUM		4.5mEq/L	3.5 -	5.5
CREATININE		1.0mg/dL	0.1 -	1.2
AST (SGOT)	H	233U/L	10 -	40
ALT (SGPT)	H	271U/L	3 -	40
ALBUMIN		3.7g/dL	3.3 -	4.7
AFP NONMATERNAL	H	196.0ng/mL	0.0 -	15.0
HBSAG		* POSITIVE		
HEP B COR AB		POSITIVE		

..... ***** SACRAMENTO *****
COLLECTED: 02/22/95 15:44 OUTPT SAC LOG#: 01246 REQ: READY,J B MD

PATIENT PHONE# NI
ANTICOAG THERAPY NOT IND

MORE..

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
PRDL-PRRSDL01

01/25/95 16:34 MR# 2667579 LEE,GERALD AGE:062 SEX: M

SACRDT
MORE: +

..... ***** REGIONAL LAB *****
COLLECTED: 01/12/95 16:17 OUTPT SAC LOG#: 01358 REQ: LIU,W P MD

ALK. PHOS.		90U/L	47 -	137
T. BILI.		1.2mg/dL	0.2 -	1.4
AST (SGOT)	H	237U/L	10 -	40
ALT (SGPT)	H	395U/L	3 -	40

..... *****
COLLECTED: 12/27/94 16:43 OUTPT SAC LOG#: 01099 REQ: LIU,W P MD

ALK. PHOS.		118U/L	47 -	137
T. BILI.		1.0mg/dL	0.2 -	1.4
AST (SGOT)	H	368U/L	10 -	40
ALT (SGPT)	H	576U/L	3 -	40

This result was repeated by dilution
and confirmed.

HBSAG * POSITIVE
Results Repeated and Confirmed
ANTI HAV TOTAL NEGATIVE

MORE..

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
PRDL-PRRSDL01

.....***** REGIONAL LAB *****
COLLECTED: 12/27/94 16:43 OUTPT SAC LOG#: 01099 REQ: LIU,W P MD

ALK. PHOS.		118U/L	47 -	137
T. BILI.		1.0mg/dL	0.2 -	1.4
AST (SGOT)	H	368U/L	10 -	40
ALT (SGPT)	H	576U/L	3 -	40

This result was repeated by dilution and confirmed.

HBSAG

* POSITIVE

Results Repeated and Confirmed

ANTI HAV TOTAL

NEGATIVE

ANTI HCV

NEGATIVE

..... COLLECTED: 12/22/94 16:48 OUTPT SAC LOG#: 01184 REQ: LIU,W P MD

CBC				
RBC X 10 ⁻⁶		4.57M/uL	4.10 -	5.70
HEMOGLOBIN		15.1g/dL	13.0 -	17.0

MORE..

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
PRDL-PRRSDL01

.....***** REGIONAL LAB *****
COLLECTED: 12/22/94 16:48 OUTPT SAC LOG#: 01184 REQ: LIU,W P MD

HEMATOCRIT		44.6%	39.0 -	51.0
MCV		98fL	80 -	100
CBC PLATELET		201K/uL	140 -	400
WBC X 10 ⁻³		4.2K/uL	3.5 -	12.5

(CONTINUED)

..... COLLECTED: 12/22/94 16:48 OUTPT SAC LOG#: 01184 REQ: LIU,W P MD

ALK. PHOS.		112U/L	47 -	137
T. BILI.		1.4mg/dL	0.2 -	1.4
GLUCOSE RANDOM		93mg/dL	60 -	199
AST (SGOT)	H	309U/L	10 -	40
ALT (SGPT)	H	516U/L	3 -	40
AFP NONMATERNAL		4.4ng/mL	0.0 -	15.0

BOTTOM

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
PRDL-PRRSDL01

11/18/94 12:34 MR# 2667579 LEE,GERALD AGE: 62 SEX: M

SACMJI

.....***** REGIONAL LAB *****
 COLLECTED: 11/16/94 14:48 OUTPT SAC LOG#: 01120 REQ: LIU,W P MD

 AFP NONMATERNAL 2.4ng/mL 0.0 - 15.0

..... COLLECTED: 11/09/94 11:26 OUTPT SAC LOG#: 00597 REQ: LIU W P MD

 ALKALINE PHOSPHATAS 73U/L 47-137
 BILIRUBIN, TOTAL 0.5MG/DL 0.2-1.4
 AST (SGOT) 60* U/L 10-40
 ALT (SGPT) 88* U/L 3-40
 ALBUMIN 4.0G/DL 3.3-4.7

BOTTOM

F1=HELP F3=MENU F4=TOP F5=BOTTOM F6=NEW PT. F7=UP1 F8=DOWN1
 PRDL-PRRSDL01

