

User Case draft for The Cancer Treatment Evaluation Institute (CTEI)

Cancer is currently the No. 2 killer in the world after cardiovascular disease, and it kills people in young and productive ages more than anything else. For most patients with advanced disease, there is very little hope for a cure within conventional medicine.

As there also are quite a few reports on people that have been healed from cancer using alternative and other non-conventional treatments, there is a growing interest worldwide in how to obtain and evaluate these treatments.

Because many of these treatment methods are relatively cheap and non-patentable, there are obstacles preventing the medical industry from sponsoring, citing and participating in large double-blind studies, which is the requirement to get these practices accepted into mainstream medicine.

Hence, patients can get very confused when searching for information on the Internet about the availability and effectiveness of various treatment methods. Most of the treatments have commercial interests behind them, which means that pharmaceuticals tend to over-rate their own treatment modalities, and also underestimate the value of their competitors offerings.

Therefore we have created the Cancer Treatment Evaluation Institute.

Our goal is to be able to provide unbiased information to all cancer patients, to provide assistance in comparing which treatment options might be best suited for them, and also to evaluate each case as thoroughly as possible so that the treatment recommendations can be continuously updated.

We intend to include every healing modality in our treatment data base, from proton therapy to shamanistic rituals, and will openly evaluate and inform the public about the scientific merits and the pros and cons of each treatment modality.

In order to achieve this goal our patients have to give descriptions as detailed as possible on their clinical condition, as well as on their nutritional, professional, socioeconomic, relational, spiritual and emotional status.

For this purpose we have developed an extensive qualitative questionnaire that will be used as a tool to track and report the effectiveness of a global inventory of treatment modalities used in our system.

For the first time in the medicinal history of mankind, we will also follow up and make statistical analysis of what happens when you take more than five different treatments at the same time, which is almost always the case with advanced cancer patients.

The Cancer Treatment Evaluation Institute is part of the New Earth Nation Paradigm and will be totally owned and managed by the users, and thus no commercial interests will ever be allowed to bias the results.

The payment will be made with the new zero-point International currency called New Earth Sovereigns, and every user will be entitled to take part in decision making inside the Institute by using the liquid democracy facilities

supplied by a new Internet platform and registry called the Humanisphere.

New Earth Sovereigns can be obtained by either purchase or by working for the New Earth Nation, where time-hours are credited to one's account as a fully independent and natural asset of exchange. Monopolistic insurance policies are also rendered obsolete, as the same time-currency or community-asset models will apply for both indemnity and insurance.

CTEI will also assist their members in getting better prices on cancer treatments not sponsored by the state/insurance companies by securing bulk-rate discounts. CTEI will also assist patients in making contact with participating health providers who provide the most affordable rates possible. This global searchable database of healers will be called the Independent Healers Network.

We will do everything in our power to protect the privacy of each of our members such that maximum security will be applied to protect individual data. No names will be used inside our system, but rather encrypted alpha-numeric identities that can only be tracked down by the patients themselves using personally selected encryption keys assigned to each member at the time of registration on the Humanisphere's maximally secured web portal.

This means that the members themselves will be the only ones who have complete access to their health data. Members can then be free to share these data with any health provider if and when they choose.

This is health sovereignty in action!

Health Status Questionnaire

Name/Known as:

Address/Location:

Contact details (phone/email):

Date:

Date of birth:

Time of birth:

Location of birth:

** (above are for Astrology to co-ordinate the birth chart)

Presenting Health issues (Part A- if none- proceed to Part B)

Part A

Presenting Previous Health issues and present secondary health issues (Part A- if none- proceed to Part B)

Previous Health issue 1: (Choose from a drop down list with different medical disorders, if none is applicable, he can also choose "other disease" and specify in plain text.)

Duration of health issue 1. From date a to date 2, choose from list

Severity of health issue 1, From 0 to 10.

Which treatments did you take? (dropdown list adjusted to the answer before on which disease it is related to)

More comments on health issue 1 (optional)

This pattern continues until all previous health issues are covered.

Part B

Present Disease/cancer

Primary Tumor: Choose from a drop down list with different primary tumors, if none is applicable, he can also choose "other disease" or "unknown diagnosis" and specify in plain text.)

Stage and grading, -drop down list

Metastasis location -drop down list

Specifications of each metastatic location, amount, size, shape

Onset Symptoms (dropdown list related to diagnosis)

First grading and stage of the cancer

Metastasis in the beginning?

Previous treatments – drop down list

reiterate until all treatments are covered including supplements and natural treatments

Duration from date x to date y or still present on each treatment

Dosage -drop down list Pain? Where? Dropdown list

Quality and severity of the pain (also dropdown lists)

Other symptoms Nausea, constipation, ascites, oedema, hypercalcemia etc etc.

GAF (Global Assessment of Functioning Rating) rating

Blood tests, past and present, can maybe be scanned from lists.

X-rays, MRT investigations etc.

Pathological reports, can be scanned, also dropdown list

Part C Detailed Symptom Questionnaire:

For each the above physical symptoms,

Can you describe the sensation that you feel inside your body? Imagine the word pain does not exist, and find other words that describe it more completely.

Where exactly is the pain in your body (as described above).

Does it radiate anywhere?

Does it move from one location to another?

Even if the pain is mental/emotional (anxiety, depression, excitement etc.) where do you hold it in your body?

Does anything make the pain better or worse?

Is it better or worse at a certain time of day?

Does it come back periodically?

Are you better or worse with fresh air, sun, cold, warm, hot, muggy, frost, wind, wet, damp, etc.

Are you better or worse in a specific location? (For example, in the mountains, or by the seaside)

Are you better or worse with cold or hot drinks?

Are you thirsty in general?

Are you sensitive/allergic to any smells, chemicals, molds, noise, etc

Are you sensitive/allergic to any foods?

In which position do you typically sleep? (Back, right side, left side, stomach, a combination of_____)

Do you grind teeth, talk or walk or anything else unique during sleep?

Do you crave any drinks or food? (This has nothing to do with what is expected as good for you, it is more about the cravings, unique to you.)

Have you had any fears that are unique to you, especially, since childhood?

Do you remember any dreams that have repeated, especially since childhood?

Do you remember if the symptoms began? Did it happen after an emotionally charged event?

List anything else that is important, include symptoms, cravings, habits etc that are especially unique to you.

Part B

Family History

Mother (Dropdown Lists)

Father

Mothers mother

Fathers mother

Mothers father

Fathers father

Children

Siblings

Other

Personal Medical History

Pre birth

Birth

Infanthood

Childhood

Adolescence

Adulthood

Hospitalisations

Surgery

Vaccinations Y/N Reactions?

Traumatic events effecting health?

Does the statement "Never been well since" apply?

Recently travelled overseas?

What do you think is the weakest aspect of your health?

Strongest?

Dental history

Amalgam fillings? If yes, how many?

Root canal's? If yes, how many?

Any other dental work? Details

Anatomical Systems:

Gastro-Intestinal System (includes hepato-biliary)

Appetite

Reflux

Taste

Bloating

Wind- odour, pain

Ascites, (accumulation of water in the belly)

Icterus(yellow skin and eyes + itching due to high bilirubin)

Food

Aversions

Cravings

Intolerances

Allergies

Liver

Tolerance of fat

Tolerance of alcohol

Nausea, vomiting

Bowels

Regularity

Frequency

Recurrent diarrhoea/constipation

Straining

Pain

Transit time

Irritable/unpredictable

Stool

Colour- black/very dark; brown; green; yellow; whitish/very light

Consistency- well formed, hard, pellet, loose

Floating, sinking, oily

Undigested food

Blood or mucous

(Stool description, meaning, associated conditions and treatment can be included but is extensive)

Complete evacuation of bowels

Haemorrhoids

Continence

Cardiovascular System

Chest pains

Palpitations

Swelling of ankles/feet

Fluid retention

Pains in calves when walking

Bruising easily Bleeding

Anaemia Dizziness

Tingling Numbness

Restlessness Nose Bleeds

Haemorrhoids

BP high or low

SOB at rest < >

SOB on exertion < >

SOB at night in bed < >

Cold hands, feet

Sweaty hands, feet

Observations:

Colour of lips and fingers

Ear crease

Capillary refill

Pulse

Nervous System

Blackouts/Syncope

Headaches- tension, cluster, stress

Migraine's- aura, nausea, vomiting, pain

Memory

Concentration/ attention

Reading/writing problems

PNS- numbness, tingling, tremors, local weakness

ANS- chronic stress, sweating, burning feet, high or low blood pressure, fast or slow pulse

Head injury

Sleep quality, times, duration (too much, not enough), Insomnia

Trouble falling asleep Trouble staying asleep/ waking frequently
Dreams- Recurrent, nightmares, terrors
Sleep walking Snoring
Sleep apnea Daytime naps
Do you feel rested upon waking?

Respiratory System

Nose- smell, sinusitis, rhinitis
Throat- sore, post nasal drip
Chest pain- tightness, wheezing, congestion
Cough- wet, dry, productive
Sputum- colour, quantity, blood

Immune System

Frequent viral infections- cold/flu Severity
Other constant infections
Swollen lymph glands
Removed lymph glands
Allergies
Muscle fatigue
Chronic pain
Wound heal time
Vaccinations/ reactions

Musculoskeletal System

Artificial joints
Any trauma, accident, injury
Reconstructive surgery
Joint pain- shoulder, elbow, wrists, hands/fingers, hips, knees, feet, neck
Back pain- Neck/shoulder, upper back, middle back, lower back
Stiffness
Discomfort
Cramping
Numbness, tingling or weakness in limbs
Vertigo
Posture

Loss of balance

Poor coordination

Difficulty walking

Joint swelling

Observations- full orthopedic evaluation

Pain- please mark the area/s of pain and rate them on a scale of 1-10

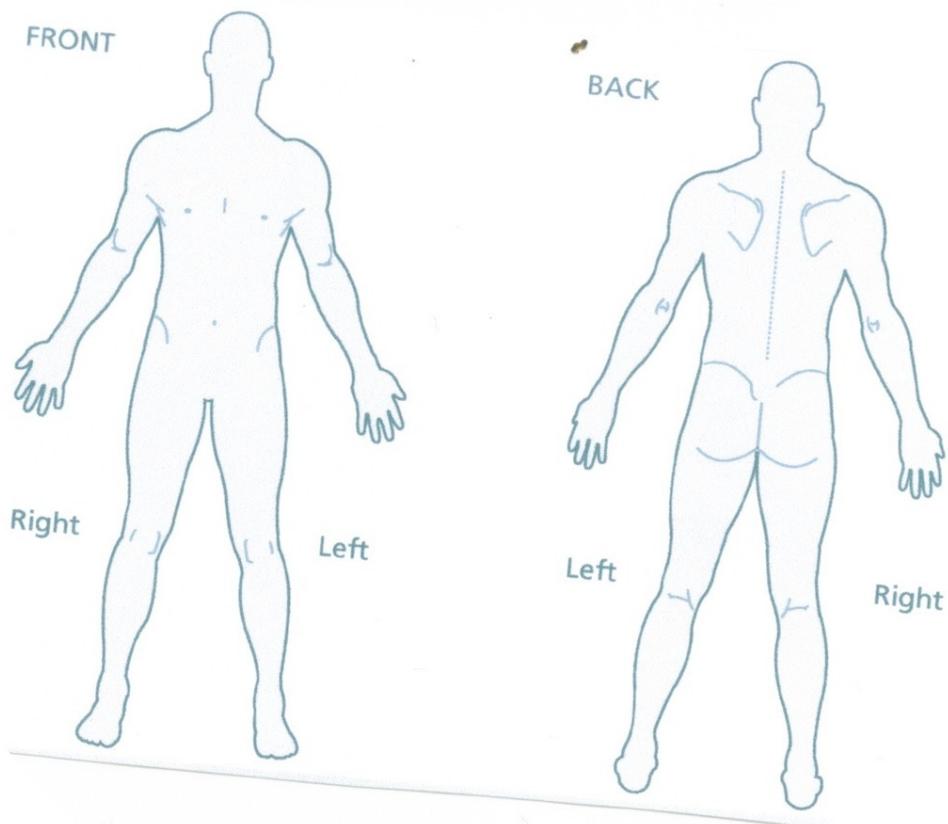
1 slight awareness of discomfort

2-3 awareness of discomfort as an aggravation

4-6 pain is strong but you are still functional

7-9 pain is so strong you are unable to function normally

10 you feel like you need emergency intervention



Urinary/Renal System

Urination-

Pain

Discomfort

Burning

Trouble starting or stopping

Frequency

Incontinence

Urine- colour, cloudy, blood, strong odour

Thirst

Ringing in ears, ear aches, hearing impairment

Low back pain

Knee problems

Integumentary System

rash, boils, cysts, growths, warts, moles, freckles

General Condition- dry, oily, flaky, cracked, itchy, colour changes, thin, thick

Scars/adhesions - raised, red, keloid

Endocrine System

Thyroid - low libido, weight gain, weight loss, thick brittle nails, fatigue, depression, anxiety

Adrenals - Anxiety, fatigue, cravings, dark circles under eyes

Pancreas - Leg ulcers

Hyperglycaemia, excessive urination, increased thirst, sweet cravings, sweating

Hypoglycaemia- excessive hunger, weak and trembling, feeling the cold, mentally tired and spacey

Reproductive System

Female

History or current reproductive complaints or diagnoses: Ovarian cysts, Endometriosis, PCOS, PMS, PID, Infertility, Fibroids, STD's, cancer

Libido, painful intercourse

Menarche age

Menstruation- cycle length, regularity, duration, flow light/heavy, colour, clotting, pain/dysmenorrhoea, leucorrhoea

Pre menstruation- onset, fluid, breast tenderness, emotions, headaches, sugar cravings

Pregnancy/fertility- history, miscarriages, terminations

Contraception- OCP? How long for

Breast- lumps, tenderness/pain, nipple discharge

Menopause age

Menopausal- flushing, sweats, moods, vaginal issues

Male

History or current reproductive complaints or diagnoses: BPH, STD's, Impotence, Infertility, Inguinal hernia, cancer

Discharges

Pain on urination Dribbling Problems urinating

Erectile problems Impotence

Libido

Testicular pain or swelling

Emotional Wellbeing

Anxiety

Depression

Mood Swings

Irritability

Panic attacks

Fears/Phobias

Handling frustration and anger Easily angered

Sociability

Satisfaction with work

Work/life balance

Friend/family relations

Obsessive tendencies in work

Need for company Autonomous

Difficulty making decisions/plans

Emotional expression

Lifestyle:

Coffee

Tea

Soft drink

Alcohol

Tobacco

Other recreational drugs

Exercise type/frequency

Hobbies/Relaxation activities

Stressors

How is stress handled?

Do you believe stress is bad for your health?

Energy levels /10

Motivation levels /10

Best time of day

Worst time of day

How does weather effect you?

Any symptoms of a cyclical nature?

Occupation/s

Last doctor visit date

Reason

Last Natural health practitioner visit date

Reason

Medications

List

Reason for taking

How long for

Prescribed by

Supplements

List

Reason for taking

How long for

Prescribed by

Physical examination:

Height: cm

Weight: kg

Desired weight:

BMI: kg/m²

Pulse:

Adult HR at rest 60-80BPM (check medication)

Descriptions & possible indications:

Thready/feeble- very active, nervous disposition, interrupted sleep, dry, tight bowel function

Moderate/jumpy- moderately active, irritable disposition, inflammatory, hot conditions, soft loose bowel function

Broad/slow- lethargic, greedy disposition, excess fluid retention, circulatory deficiency, mucous conditions, heavy slow bowel function

Tight/wiry- highly strung, suppressed anxiety, dry tight bowel function

BP / mmHg Right/left arm Blood Type

Hypertension- systolic BP consistently over 140 and/or diastolic BP consistently over 90

Hypotension- systolic BP consistently under 100 and/or diastolic BP consistently under 70

Cardiac status

Naturopathic analysis:

Breathing/breath/odour

Skin

Posture

Disposition/Appearance

Nails

Convex- possible respiratory weakness

Convex, hooked nail/clubbed fingers- possible cardiovascular condition

Concave- nutritional/circulatory/energy deficiency

White spots- possible Zn or Ca deficiency

White horizontal stripes/ridges- possible Ca deficiency

Vertical ridges- possible silica and nutritional depletion

Cracked and split- possible connective tissue weakness

Thickened- possible hypothyroid function

Loose- possible hyperthyroid function

Peeling- possible achlorhydria and nutritional deficiency

Bitten- possible nervous condition

Tongue

Coating

Normal- thin slightly moist, creamy white coating, easily removed, thicker at root and centre of tongue

White- excessive cold, deficient stomach digestion

Yellow- congestion of digestive tract, liver/GB

Grey/brown- toxic congestion

Moist- sluggish lymph and circulation

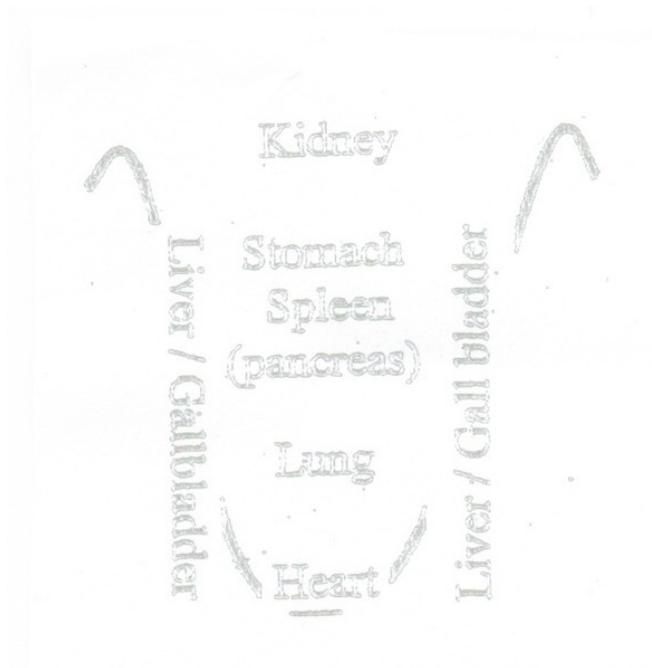
Dry- dehydration

Shape

Scalloped- poor digestive function, sluggish lymph, circulatory deficiency

Cracks/fissures- fluid imbalance, kidney and adrenal deficiency

(Additional tongue signs can be included - also extensive)



Oral Cavity and Lips

Abnormalities or lesions can indicate gastrointestinal pathology and possible nutritional deficiency.

Cheilosis, angular stomatitis, gingivitis, glossitis, mucosal ulceration: all consistently may indicate deficiency of Fe, folic acid, B12, B6, Zn, B2

Lips provide a map of the digestive system; abnormalities/lesions on different areas may indicate problems.

Upper lip= upper GIT, stomach

Lower lip= lower GIT

Corners of mouth = duodenum; left corner = pancreas and secretion ; right corner = liver gall bladder

Lip colour reflects circulation

Iris

Colour

Texture

GIT

Wreaths

Lymphatic

Sclera

Lesions

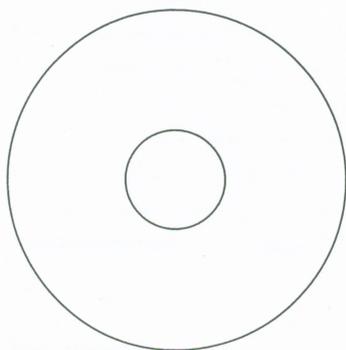
Eyes- eye pain, dry eyes, watery eyes, vision problems

(Iris analysis information can be added but also quite extensive)

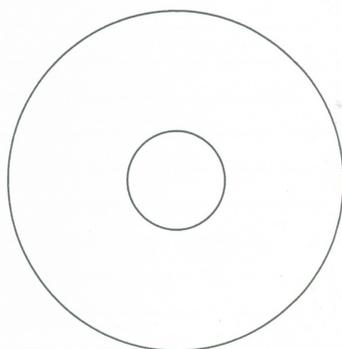
Iris

Colour..... Texture.....
GIT..... Wreaths.....
Lymphatic..... Sclera.....
Lesions.....

Right



Left



Diet

Average daily diet OR food diary includes- quantities, times, ingredients, sources

Breakfast

Midmorning snack

Lunch

Afternoon snack

Dinner

Desserts

Beverages

Water

Are you responsible for your own food choices? Shopping/Cooking

Any special diet followed? If so, why?

If you are a vegan are you prepared to eat meat/fish if advised to?

Food sources and preparation (local, organic, raw, cooked etc).