CellSonic customer cures diabetes

Here are two reports received this week:

➢ The Lancet sees diabetes as a plague
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00618-8/abstract

➢ Professor Billal in Kuwait announcing that he is curing diabetes with his CellSonic machine.

Karim Billal asks you to email him with your questions.

Professor K S Billal, FRCS
ksbelal@hotmail.com

Abstract of research using CellSonic VIPP on type 2 diabetes in Kuwait

15th March 2014 to 30th June 2016

The use of externally sourced stem cells to stimulate insulin production has failed to cure diabetes because more than insulin is required; it needs also the hormones such as somatostatin and glucagon. The cure is achieved by stimulating the body's own stem cells.

We have proved that the pancreas can be treated non-invasively with CellSonic VIPP pressure pulses to cause the body to generate stem cell migration to repair the pancreas.

This should be a permanent solution with the patient no longer needing tablets or insulin.

273 patients were selected who were non-insulin dependent diabetics; they were all on tablet medication. The ages were from 40 to 65.
47 already had cardiovascular complications.
All gave consent to 3 to 6 sessions of CellSonic VIPP treatments.

29 patients showed no signs of improvement after 6 sessions. The main reasons they did not improve were that they did not abide by the advice given to diet and exercise regularly. Management of diabetes is multi-disciplinary.

The 273 patients are classified in three groups:
1   176 patients who followed the recommended advice and improved.

2   31 who partially improved but still needed medication although in smaller doses.
3   66 patients who either rejected the treatments, were resistant or were already complicated cases.

The overall success and improvement rate was 76% which is excellent. There were no side effects.

This has to be considered a preliminary study. We need more patients, longer follow up times and the opportunity to try different protocols.