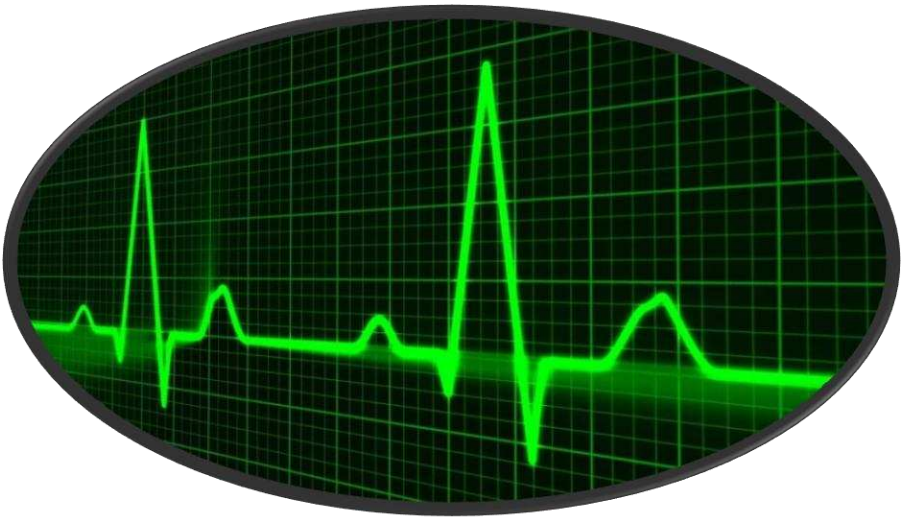
After the diagnosis



Martinus H.

After the diagnosis

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DISCLAIMER.

The content of this book has been carefully compiled based on scientific sources, practical experience, and public data.

It is not a substitute for medical advice.
If you have any health complaints, ALWAYS consult a qualified practitioner.

CONTENTS:

MY STORY.

My name is Martinus Hendrikus.

This book was born out of experience.
Out of love.
And out of frustration.

When my mother fell ill, and later my 77-year-old aunt, I was confronted with the same pattern time and time again.

As soon as someone is diagnosed with cancer, a lot changes. The shock causes a lot of stress.
Everyone wants information but, because there is so much to read, no one knows where to start or what to believe.

The stress of the whole situation leaves you feeling helpless; whatever you say to the person concerned, in most cases, it goes over their head.

As a coach, I have spent hours talking to patients and the people who support them.
On average, two to three hours per person.
Time and time again.

To explain everything:

- ✓ About nutrition.
- ✓ Cannabis oil.
- ✓ Fasting.
- ✓ Supplements.
- ✓ Sugar-free lifestyle.
- ✓ GKI measurement.

- ✓ Hope.
- ✓ Peace of mind.
- ✓ Structure.

And yet, what I said didn't always sink in.
Not because people are stupid, but because panic, fear, and medical jargon block their thinking.
Because no one ever offers them a real alternative.
Because the system only knows one route — and you are not allowed to deviate from it.

And so I thought: this needs to be explained in book form.
This needs to be explained properly once and for all.
So that I never have to repeat it over and over again, but people can read and reread the book and gain a better understanding of what the other options are.

WHY THIS BOOK IS NECESSARY.

There is a lot of information available on the internet.
You will come across names such as:

- Professor Thomas Seyfried.
- Dr. William Li, Joe Tippens.
- Rick Simpson and many others.

And, yes, much of the information available contains valuable insights. But, there's no overall structure, no one puts the information in a practical, useful order and no one helps you through the choices.

That is why this book was written.
It is not intended as medical advice, but can serve as a compass.
Think of it as an overview of what is possible when you feel lost.
When you have been declared *incurable*.
When the *system* can no longer help you and sends you away.
When no one says anything anymore, except: "You have to learn to live with it."
Or worse: "The prognosis is only a few months."

If any of that resonates with you, then this book is for you.

It is not meant to replace anything, but to show that there are other ways.

Ways that allow you to take responsibly for your own decisions, to help you maintain your autonomy, with knowledge, structure, and hope.

THE FINAL CONCLUSION.

After years of conversations, deathbeds, recovery stories, literature, and thousands of experiences, I'm going to dare to say it out loud:
We finance healthcare worldwide at the expense of cancer patients.

This is not about one doctor or hospital, but about the healthcare system as a whole, which is heavily dependent on the high costs of cancer treatments. As a result, many patients feel that they are more of a revenue model than someone who is actually being helped. And, if you look at the figures, it's true.

We continue to cling to old protocols, even though new science has long since proven that cancer is not purely genetic bad luck, but a metabolic problem.

Yet patients often still only receive standard treatments.
No information about, for example:

- ✕ Ketosis.
- ✕ Fasting.
- ✕ Sugar reduction.
- ✕ DON.
- ✕ Fenbendazole.
- ✕ Stress relief.
- ✕ Cannabis extracts.

Even when no conventional options remain, these strategies are rarely discussed.

And that's not just tragic. It's shameful!

WHY?

- Profit.
- Control.
- Ignorance.

CRITICISM FROM DEADLY LIES.

In the book *Deadly Lies*, the author tells how often treatments are more harmful than the disease itself.
How people die from the treatment, not from the tumor.
How the system is driven by protocols rather than logic. How patients are not allowed to make their own choices.

We have to do something about this.

WHAT DOES "END OF TREATMENT" MEAN?

This is perhaps the most misleading phrase in the entire healthcare system.

Because 'end of treatment' often does not mean that nothing more can be done. It usually means:
"You fall outside our protocol."
Or:
"The insurance will stop paying."

Not because you have no chance, but because that is where the system stops.
That is precisely where this book begins.

HOW HOPE IS ABUSED.

One more round of chemo. One more trial. One more attempt.
Sometimes it works. Often it doesn't.

But hope is used as a selling tool.
People are given the impression that they still have a choice —
when in fact there is no real choice.

And alternatives? They are often ridiculed. Or ignored.

But there are strategies that can support the body.
Extend quality of life.
Make the dying process gentler.
And sometimes — even — lead to recovery.

INSTRUCTIONS.

THIS BOOK IS NOT A REPLACEMENT FOR YOUR DOCTOR.

It is a guide.
An overview.
A compass.

Use it as:

- A supplement to what you are already doing.
- A starting point for your own research.
- An overview to share with your family.
- A last hope when you can't find anything else.

Everything you read is educational.
Not binding.
Not mandatory.
Based on science, practical experience, and thousands of conversations with people like you.

TARGET AUDIENCE.

- People with cancer who have been declared “untreatable.”
- People who are open to other approaches.
- Families who want to help, but don't know how.
- Coaches, therapists and counselors.
- Anyone who wants to take back control.

DISCLAIMER.

Everything in this book is intended as an educational overview.
It contains no medical claims or guarantees.
Application is always at your own risk.
If in doubt, always consult a doctor or practitioner.
This book does not contain any products, diagnoses, or promises.

PSEUDONYM STATEMENT.

To protect privacy and avoid legal barriers, *some names of scientists or experts **are listed** as pseudonyms*.
The content is truthful.

Would you like to verify the source? Please contact us at:

info@wietoliepuur.nl

CONCLUDING.

If you are reading this, please know that:

YOU ARE NOT ALONE.

You certainly did not choose to become ill.
But you can choose how to deal with it.

And this book will help you do that.

Martinus Hendrik.

THE NEW VISION ON CANCER.

1.1 INTRODUCTION: THE PARADIGM SHIFT.

Over the past decade, leading researchers worldwide have revealed a new approach to cancer.
The days of “bad luck with genes” as the main explanation are over. More and more studies point to a metabolic origin of cancer: a cell that remains in survival mode due to disrupted energy production.

Cancer is not a random mutation, but a form of cellular metabolic disruption.

These insights open doors to additional strategies:

- Ketosis.
- Fasting.
- Oxygen.
- Fat burning.
- Rest.
- Mitochondrial repair.

And that is precisely what this program is based on.

1.2 CANCER AS A METABOLIC DISEASE.

(Seyfried, Warburg)

American professor ***Thomas Seyfried*** builds on the work of Otto Warburg (Nobel Prize 1931).
Warburg discovered that cancer cells produce energy through the fermentation of glucose, even when there is sufficient oxygen present.
This is known as the Warburg effect.

Seyfried states:
If you restore the cell's energy balance via the mitochondria, normal cell function can also be restored.
If you don't, mutations and uncontrolled growth will continue to occur.

1.3 PRESS–PULSE STRATEGY.

Seyfried introduced a two-part approach:

- Press: continuous metabolic pressure on the tumor through ketosis, fasting, sugar and glutamine restriction
- Pulse: temporary “attacks” with therapies such as hyperbaric oxygen, heat, exercise, or agents such as fenbendazole.

This combination disrupts the tumor's energy advantage without harming healthy cells.

1.4 KETOSIS, FASTING & AUTOPHAGY.

(*Jason Fung, Eric Berg, Longo et al.)*

By eating less frequently, eliminating sugar, and using fat as fuel, you activate:

- Ketosis → fat burning + ketones.
- Low insulin → less inflammation.
- Autophagy → cells clean themselves up.

Many people experience the following after just a few days:

- Better sleep.
- Less pain.
- Better appetite.
- More rest.

YouTube Autophagy.

1.5 IMMUNOLOGICAL RESET AND MITOCHONDRIAL REPAIR.

Ketosis and fasting have broader effects than just fat burning. They activate multiple repair systems:

- NK cells and T cells become more sensitive.
- Mitochondria become larger and more efficient.
- The microbiome releases fewer toxins (less intestinal leakage).

❖ *Result: a less tumor-promoting environment.*

1.6 MUKHERJEE: CANCER AS A SURVIVAL MECHANISM.

In The Emperor of All Maladies, Dr. Siddhartha Mukherjee describes cancer not as an enemy, but as a cell that has lost control of its own survival strategy.

“A cancer cell is an ordinary cell that has forgotten how to die.”

This view is consistent with the metabolic approach:

- ✓ restore the cell environment, and you activate the ability to self-destruct (apoptosis) or come to a standstill.

1.7 THE RISK OF PUNCTURES AND BIOPSIES.

Sometimes medical procedures seem harmless, such as a biopsy. But with certain tumors, puncturing or cutting can lead to accelerated spread via the blood or lymph.

Always consider whether imaging (MRI, PET, ultrasound) is safer than intervention — especially in the case of metastatic tumors.

1.8 CANNABIS AS A METABOLIC REGULATOR.

Cannabinoids are more than just pain relief.

They can influence the metabolism of tumor cells:

- CBD / THC inhibit blood vessel growth (angiogenesis).
- Induce apoptosis (programmed cell death).
- Reduces inflammation (less immune stress).

- Improves appetite, sleep, mood, and recovery.

1.9 SUMMARY: WHY THIS APPROACH WORKS.

- ✓ Cancer is often a metabolic disorder, not a genetic fate.
- ✓ You can influence this derailment through diet, sleep, exercise, and supplements.
- ✓ Immune recovery, mitochondria, and the microbiome respond directly to ketosis.
- ✓ The entire process described in this book is aimed at increasing metabolic pressure on tumor cells—without damaging healthy cells.

MEASURING & MONITORING.

2.1 INTRODUCTION: MEASURING IS POWER (AND PEACE OF MIND).

Without insight, there is no direction.
Measuring gives you control.
Not to become obsessed, but to create peace of mind: you see what works and where adjustments are needed.

In this chapter, you will learn how to easily measure:

- Your glucose-ketone ratio (GKI).
- Your weight and body composition.
- Your sleep quality and recovery capacity (HRV).
- Your microbiome and nutritional response (Viome).

This data helps you understand how your body is responding to the program.

GKI-meter.

2.2 GKI – GLUCOSE-KETONE INDEX.

The GKI (Glucose-Ketone Index) shows whether you are in ketosis. This number is crucial in cancer recovery, especially in a ketogenic program.

Calculation:

GKI = Glucose (in mmol/L) ÷ Ketones (in mmol/L)

Interpretation:

- GKI > 9 = no ketosis.
- GKI 3–6 = mild ketosis.
- GKI 1–3 = therapeutic (for cancer <2).

Measurement times:

- Fasting before breakfast.
- 60–90 min after a meal.

What does your GKI mean?

GKI	Description	Application
>9	No ketosis	Standard eating / no therapy
6–9	Moderate ketosis	Weight loss / prevention
3–6	Stable ketosis	Metabolic support
<1	Maximum metabolic pressure (deep ketos)	Cancer recovery / neurological recovery

Goal for cancer: target GKI <2 – ideally around 1.0

Sources: *keto-mojo.com, perfectketo.com*