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This case highlighted the tremendous improvement experienced in a patient with Lung Cancer treated when conventional treatments were combined with PMF capsules.

We, therefore, conclude from what is observed and suggest a possible link between PMF and PMF Capsules in this patient's tremendous improvement from Lung Cancer. Further research is necessary including case series documentation to further reinforce the hypothesis that can be proven in larger case-control or cohort studies. Our case demonstrated improvement in the management of Lung Cancer using PMF capsules (500mg/day). PMF is alcoholic extract from camel urine.

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# A Case-Report Highlighting Effects of PMF Capsules on a Lung Cancer Patient

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## ABSTRACT

This case highlighted the tremendous improvement experienced in a patient with Lung Cancer treated when conventional treatments were combined with PMF capsules.

We, therefore, conclude from what is observed and suggest a possible link between PMF and PMF Capsules in this patient's tremendous improvement from Lung Cancer. Further research is necessary including case series documentation to further reinforce the hypothesis that can be proven in larger case-control or cohort studies. Our case demonstrated improvement in the management of Lung Cancer using PMF capsules (500mg/day). PMF is alcoholic extract from camel urine.

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## I. INTRODUCTION

Diagnosis. First Clinical Findings May 2014 Tuesday, May 13<sup>th</sup>, 2014: Checkup via Roentgen analysis, performed by a medical specialist in

pulmonology (Dr. med. Schroter, Trier, Germany) Result: Suspected lung cancer and lung fibrosis.

X-ray computed tomography (CT) on Thursday, May, 15<sup>th</sup>, 2014 (performed in the St.-Franziskus-Hospital at Saarburg near Trier). The next day Dr. med. Schroter confirmed the diagnosis and contacted other specialists for further examinations (Dr. med. Joachim Vogt, medical superintendent of pulmology, Dept. of Inner Medicine III, "Krankenhaus der Barmherzigen BT der", Trier, (Germany)).

Lothar Dieter wrote: we were all surprised by how quickly everything happened. I remember talking to him last Wednesday when everything was still very good.

What may be worth noting is that it was pretty clearly an infection or pulmonary inflammation being the cause of his death, not cancer (at least not directly). When he went to the hospital on Thursday night, all the typical checks were done computer tomography (CT), an x-ray of the lungs, etc.), but no acute or severe problem was found, nor any large tumors.

Well, we are all in the hands of God the Almighty. He is leading us according to his plans. And for my Dad, these plans were to leave our earthly world and to join the heavenly world today. But part of these plans also was to cross paths with you about two years ago... and we are so unbelievably grateful for this special gift of having made contact with you! Without you and your noble help, my Dad would have been dead already very long ago. It is your gift and the power of PMF that gave my Dad a second life and gave us almost two happy and good years with my Dad! We are just unbelievably grateful! Thank you so much!! And when writing this, it is of course also in the name of my sister and my Mom, who both want to express their sincere thanks.

After returning home yesterday morning, I have noticed from my Mom that his condition drastically worsened over the weekend. My sister had already come to Trier (where my parents live) on Saturday, and I drove there yesterday around noon time. All three of us (my Mom, my sister, and myself) spent the afternoon with my Dad in the hospital, and I was so fortunate to have some time with him being awake and relatively clear in the mind (although pain killers were bedimming his mind). He was aware of me being there, asked about the trip and you, and expressed his deepest thanks to all your noble support! In the evening, knowing that we all were with him, he became very calm and peaceful. The night was good and quiet. In the morning he even had some little pieces from the breakfast, then turned to the side, became even more relaxed, and within a few minutes peacefully passed away. He had no pain and no struggle. It just felt as if his time was over. Very simple. Very peaceful.

We will for sure stay in contact. I'll contact the lawyers as we discussed. And we will work on getting the import approval for the PMF capsules so we can help many other people. Concerning Mr. Leipe, tomorrow I'll hand over his 60 capsules (worth 1 month) as planned. Of course, I'm also happy to pass on all the capsules which were planned for my Dad — but in this case, I first wanted to hear your plans and opinion. At the end, these are your capsules and you should decide to whom to pass them on. So I didn't mention this to Mr. Leipe or promise anything — you shall decide what to do with my Dad's capsules.

Thank you so much for everything you did for my Dad! It is because of you that he lived happily and with so much confidence for the past two years! thank you so much for your warm-hearted message and your greetings to our family! I will for sure pass those on to my Mother and my Sister!

Of course, it is anything but easy to lose a loved one. And in quiet moments, we're all very sad. But life goes on, and looking at it from a broader perspective, we are so grateful for having such a long and great time with him. We're so blessed to

have him as our Father and Husband! He had a good and long life, was never seriously ill, and even in the last two years when faced with this illness, he had a comparatively good time. And this is, in particular, owing to you! Because of your caring, your support, the capsules, and your positive thinking, he was so faithful, happy, and also physically doing well! We thank God for bringing us in contact with you, and we're so extremely grateful for all your support! Please pass on our sincere thanks and our best wishes also to your Wife and your family! And pass on to your Wife that we're all doing fine, being very grateful, and thanking God for every little detail of life (even if death is part of it).

Concerning Mr. Leipe: He contacted me last week, being nervous about his Dad running out of capsules and him not having enough time to travel quickly to Kuwait within the next few days. (Well, capsules running out shouldn't have come as a surprise to him... but he seemed a little overstrained). I know I have promised you not to pass on capsules before Mr. Leipe contacted you first. But before risking an interruption in his Dad's medication, I anyway passed on another month's worth of capsules to him. I hope this was in your intent as well.

One difficulty for Mr. Leipe is, that he doesn't speak (or write) English but he has to ask a friend to translate and write his emails — this is the reason, why it took him a few more days to get in contact with you.

As you gave my Dad a 3 months ration with 3 capsules per day (total  $3 \times 90 = 270$  capsules), and I already handed over a normal 1-month ration (60 capsules) to Mr. Leipe last week, I still have a good 3 months worth of capsules (210) left. Mr. Leipe had been aware of me having a 1-month package, but he's not yet aware of me having additional 3 packages. With your consent, I'm of course happy to pass on those capsules to him.

And yes, for sure I'm happy to stay involved in the contact with Mr. Leipe, and possibly others in the future, too.

Concerning our endeavor to get an import approval for PMF: I contacted the lawyer Mr. Ballke as mentioned in my last email, but didn't hear from him until last Friday. On Friday, he apologized that he had been sick for the last week and just returned on Friday. He will discuss the next steps with the laboratory and come back to us within the next few days with a formal offer on how to proceed. Of course, I'll let you know as soon as I hear from him.

## II. CASE PRESENTATION, MANAGEMENT AND FOLLOW-UP REPORT

### Cancer Report

Patient: Dieter Baum

The year 2014

Diagnosis. First Clinical Findings May 2014

Tuesday, May 13<sup>th</sup>, 2014: Checkup via Roentgen analysis, performed by a medical specialist in pulmonology (Dr. med. Schroter, Trier, Germany.) Result: Suspected lung cancer and lung fibrosis.

X-ray computed tomography (CT) on Thursday, May, 15<sup>th</sup>, 2014 (performed in the St.-Franziskus-Hospital at Saarburg near Trier). The next day Dr. med. Schroter confirmed the diagnosis and contacted other specialists for further examinations (Dr. med. Joachim Vogt, medical superintendent of pulmology, Dept. of Inner Medicine III, "Krankenhaus der Barmherzigen BT der", Trier, (Germany).

Thursday, May 29<sup>th</sup>, to Saturday, May 31<sup>st</sup>, 2014 in-patient treatment in the hospital, Execution of the first biopsy, lung functionality test, echocardiography, BT Thorax. Finding: Increasing number of pulmonic seats (see 9 (1).

### 2.1 Clinical Findings June 2014

Wednesday, June 11<sup>th</sup>, 2014: Position Emission Tomography together with X-ray Computed Tomography (PET/CT) arranged by Dr. J. Vogt.

June, 26<sup>th</sup>, to June, 28<sup>th</sup>, 2014: In-patient treatment for clearing ("Krankenhaus der Barmherzigen Brüder", Trier). Several check-ups based on electrocardiography, Roentgen,

magnetic resonance imaging/MRT (head), second lung biopsy.

Diagnosis: Confirmation of cancer status. Lung-carcinoma within the right lower lung lobe (6.5 cm x 7.4 cm x 6.2 cm).

Monday, June, 30<sup>th</sup>, 2014: Tumor conference, hospital" Krankenhaus der Barmherzigen Brüder", Trier (see [2]).

## III. RESULTS

State of tumor:

cT4 cN3 cMx / G2.

UICC-state: III B.

Histology: Plate epithelium carcinoma.

Karnofsky-Index: Normal state, 100 % (ECOG 0).

July 2014 Tuesday, Juli 8<sup>th</sup>, 2014: Preparatory explanation of planned chemotherapeutics. Cancer is incurable, only palliative chemotherapeutics with medicament *Gemuor (Gemeitabine-monolkeropeutics)*. treatment planned in 6 cycles, each cycle comprising two weekly infusions and one week for blood control, so 6 cycles within 18 weeks. Control CT on September 16<sup>th</sup>, 2014 (half-time).

Thursday, July 17<sup>th</sup>, 2014: Second diagnosis from university hospital Heidel-berg (surgeon professor Dienemann). Operation possible in case of chemother-apeutical success.

September 2014

Friday, September 5<sup>th</sup>, 2014: Additional second diagnosis from the university hospital Frankfurt: Same result.

Presumably around these dates: Documentation via TV" telecasting on arabic tradition with respect to camel urine as a medicine against cancer. Contact addresses got from scientific articles written by Professor Fatin. A. Khorshid and co-authors: "The Cytotoxic effect of PM 701 and its Fraction on Cell Proliferation of Breast Cancer cells. MCF 7" (4), and" Cytotoxicity of the urine of different camel breeds on the proliferation of lung cancer cells A 549' with Dr. Z. Alghamdi (5). E-mails sent to Dr. Z. Alghamdi (September 30<sup>th</sup>. 2014) and Prof. Fatin A. Khorshid (October 2<sup>nd</sup>, 2014) asking for the possibility to use camel urine.

Tuesday, September 16<sup>th</sup>, 2014: Control CT shows new pulmonary metastases and cancer progress (see [6]).

Breaking off chemotherapeutics on Wednesday, September 24<sup>th</sup>. Monday, September 22<sup>nd</sup>, 2014: First contact with Dr. med. Martin Sebastian, medical superintendent of oncology, university hospital Frankfurt. In the following, he became the treating medical doctor.

#### October 2014

After nearly 10 months of not having showing up in at university office, I spent on Monday one hour around noon in the office.

October 13<sup>th</sup>, 2014, together with a colleague.

First Stayed for one hour in my university office. During that time I have received a call directly to my Office phone ( ++49 - (0) 651 201 2845) from Kuwait. It was from his excellency, Sheik Musab AlYaseen. He offered to give the camel urine capsules free of charge if I could manage to visit Kuwait.

Friday, October 31<sup>st</sup>, to Sunday, November 2<sup>nd</sup>, 2014: It was my first trip to Kuwait.

#### November 2014

Monday, November 10<sup>th</sup>, to Wednesday, November 12<sup>th</sup>, 2014: First in-patient treatment at the university hospital in Frankfurt. CT-controlled puncture for tissue extraction; CT thorax and abdomen. Lung functionality control (see [7]).

November 14<sup>th</sup> 2014: Started using the given camel urine capsules.

Monday, November 17<sup>th</sup>, to Tuesday, November 18<sup>th</sup>, 2014: Second in-patient treatment at the university hospital in Frankfurt. Second CT-controlled puncture for tissue extraction (see [8]).

#### December 2014

Friday December 5<sup>th</sup>, to Sunday, December 7<sup>th</sup>, 2014: It was the second trip to Kuwait. It was the second meeting with his excellency Sheik Musab AlYaseen, and his family and friends as well.

By the middle of December: Intensive pain due to bone metastases. He was using crutch for walking.

Christmas time: Medical examination took place at the St. Joseph's hospital in Hermeskeil; recommendation was given by doctors for bone scintigraphy.

Monday, December 29<sup>th</sup>, 2014: A call from Dr. Sebastian / Frankfurt: Tissue analyses showed, MET-amplifier, permitting special treatment with medicament Crizotinib.

#### The year 2015

##### January 2015

Monday, January 5<sup>th</sup>, 2015: CT Thorax + pelvis at Saarbürg, St. Franziskus hospital accomplished. Bad cough.

Findings: Considerable Pleural effusion (disk with picture data available).

Thursday, January 8<sup>th</sup>, and Saturday, January 10<sup>th</sup>, 2015: Emergency ward," Krankenhaus der Barmherzigen Bruder", Trier: Pump off of 4.75 liters of malignant blood water from the lung. CT-findings: Bone metastases; considerable deterioration of tumor status, diffuse progressions of pulmonary metastases. Morphine based analgesics *Tilidin*.

Thursday, January 15<sup>th</sup>, to Tuesday, January 27, 2015: In-patient treatment at the University of Frankfurt. Pleurodesis was not feasible due to residual pleural effusion. Scintigraphy shows bone metastases. Started the treatment with Crizotinib on Tuesday, January 27<sup>th</sup>, 2015.

#### February 2015

Wednesday, February 4<sup>th</sup>, to Tuesday, February 17<sup>th</sup>, 2015: In-patient treatment in the Hospital "Mutterhaus der Borromäerinnen", Trier, Germany.

Second attempt of pleurodesis. The patient started with radiation therapy.

Monday, February 9<sup>th</sup>, 2015: Control-CT at the hospital "Mutterhaus der Borromäerinnen". Findings: Manifestation reduction of the lung metastases (see [9]).

Interpretation Dr. Sebastian, Frankfurt: Fantastic results!

February 9<sup>th</sup>, 2015: Results were interpreted as the first proof of the success of PMF treatment.

Wednesday, February 11<sup>th</sup>, 2015: Pleurodesis at the hospital "Mutterhaus der Borromaerinnen".

Monday, February 16<sup>th</sup>, 2015: Roentgen- control; findings: No pneumothorax, progress of an emphysema (see [10]).

Sunday, February 22<sup>nd</sup>, 2015: Emergency ward, "Krankenhaus der Barmherzigen Brüder", Trier: Skin emphysema, swelling over the whole body. Reception as in-patient. Pneumothorax on the right side. CT controlled thorax drainage (see [11]).

Friday, February 27<sup>th</sup>, 2015: Discharge from the hospital "Krankenhaus der Barmherzigen Brüder", Trier: Skin emphysema removed (see [12]).

#### *March 2015*

During March 2015: Oedema in legs.

Monday, March 30<sup>th</sup>, 2015: Thorax-CT, hospital "Krankenhaus der Barmherzigen Brüder", Trier. Skin emphysema removed, pleural effusion diminished (see [13]).

#### *April 2015*

Tuesday, April 21<sup>st</sup>, 2015: CT thorax and abdomen, "St.- Franziskus-Hospital" at Saarburg. Findings: No deterioration, decline of primary tumor, considerable regression of pulmonary seats (see [14]).

Wednesday, April 29<sup>th</sup>, 2015: Judgement of Dr. Sebastian, from the university hospital Frankfurt. Tumor status reassuring, was declined by over 50%, fibrosis probably side-effect of medicament Crizotinib. Therefore, dosage reduction to 2 x 200 mg per day.

Wednesday, April 29<sup>th</sup>, 2015: Result interpreted as a second proof of the success of PMF treatment (Based on reference [15]).

#### *May 2015*

Friday, May 1<sup>st</sup>, 2015: First car travel to daughter Friederike in Lippstadt.

#### *June 2015*

Thursday, June 11<sup>th</sup>, 2015: First injection of medicament Xgeva for stabilizing bone reorganization.

#### *July 2015*

Saturday, July 4<sup>th</sup>, 2015: Second longer car driving (black forest).

Friday, July 10<sup>th</sup>, 2015: X-ray computed control tomography Thorax and Ab domen, St.-Franziskus-Hospital, Saarburg. Clear regredient pleural effusion, no significant change of pulmonary seats, suspicion of bone metastases as before (see medical report CT thorax and abdomen [16]).

Tuesday, July 14<sup>th</sup>, 2015: Trip to Frankfurt, discussion with treating medical doctor M. Sebastian. Positive assessment of status: He was agreeably surprised reading the actual findings; again used the word "fantastic". I asked him what was the opinion of the medical doctor, not being acquainted with my case, would give just after observing the last CT-pictures, and he said: "Cancer could diagnose only as part of a differential diagnosis".

Wednesday, July 22<sup>nd</sup>, 2015: The patient received a second Xgeva injection (for stabilizing bone reorganization).

#### *August 2015*

Wednesday, August 19<sup>th</sup>, 2015: Third Xgeva injection was given to the patient (for stabilizing bone reorganization).

#### *September 2015*

Wednesday, September 30<sup>th</sup>, 2015: Fourth Xgeva injection was given to the patient (for stabilizing bone reorganization).

#### *October 2015*

Thursday, October 15<sup>th</sup>, 2015: CT thorax and abdomen, St.-Franziskus-hospital, Saarburg. Findings: Small liver metastasis (5 mm), fibrosis has progressed, some more lymphatic nodules. Apart from that no further findings (see [14]).  
Friday, October 23<sup>rd</sup>, 2015: MRT head, St.-Franziskus-hospital, Saarburg. Findings: No metastases (see [17]).

### November 2015

There was an increasing appearance of oedemas in legs and hands, tussive irritations. Slight lung pain.

Thursday, November 5<sup>th</sup>, 2015: A decision to discontinue Crizotinib (Dr. Sebastian agreed).

Wednesday, November 18<sup>th</sup>, 2015: Fifth injection of Xgeva (for stabilizing bone reorganization). Strong coughing, obviously due to lung infection.

Monday, November 23<sup>rd</sup>, 2015: Antibiotic treatment for 10 days was followed.

### December 2015

Friday, December 4<sup>th</sup>, to Sunday, December 6<sup>th</sup>, 2015: Third trip to Kuwait. Very bad condition, the trip was a wrong decision.

Thursday, December 10<sup>th</sup>, 2015: Emergency ward, "Krankenhaus der Barm-herzigen Bruder", Trier. Thorough check including electrocardiography, blood analyses, roentgen, medical ultrasound, percussion, and auscultation of the lung. The medical doctor seemed somewhat surprised and consulted the medical director of the pulmonology department, Dr. J. Vogt, who shortly arrived and did few tests over again.

However, both told me that all results were very satisfying! The findings of electrocardiography, blood analyses, roentgen, and the ultrasound images showed normal status (as long as taking into account my age). There was no pleural effusion worth mentioning, the cancer seemed to be inactive, the immune system should be able to cope with small metastases. The actual bad condition should be due to an infection. Altogether they suggested doing NOTHING! That is, to apply no therapy at the time being. Alternatively, I should have asked the doctors at the university hospital in Frankfurt for other therapy options if any.

Thursday, December 10<sup>th</sup>, 2015: Results interpreted as third proof of success of PMF treatment (based on reference [18]).

Christmas time: Quick worsening status, strong cough, loss of weight, severe pain, massive weakness. Analgetics Tilidin (morphine based), Novalgin, Ibuprofen.

### The year 2016

#### January 2016

Monday, January 18<sup>th</sup>, 2016: X-ray computed control tomography (CT), performed at the St.-Franziskus-Hospital at Saarburg. Findings: New pulmonary seats, considerable progress of tumor and mediastinal lymph nodes. Liver metastases as before, additional new liver metastases. In thorax as well as in abdomen: considerable tumor progression (see [19]).

#### February 2016

Wednesday, February 3<sup>rd</sup>, 2016: A visit to Frankfurt university hospital (no self-driving). Dr. Sebastian confirmed that the cancer is back, and is incurable. And only, the lung cancer that could be treated. Meanwhile, the metastases probably could be handled the same way as previous. He suggests starting all over again with the medicament Crizotinib.

#### Patient Consent

Consent A written consent has been obtained from the patients.

#### Conflicts of Interest

The authors declare no conflicts of interest.

### ACKNOWLEDGMENTS

The authors wish to acknowledge the contributions of the following consultants in providing for reviews and commenting on the patient scanned reports.

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