

Rapid Clinical, Radiological, and Neurological Improvement in Stage 4 Metastatic Cancer Using Copper Pendulum Therapy: A Case Report

Authors:

Dr. Shishir Mishra¹, Dr. Manoj Prabhakar², Dr. Ishwar Chandewar³

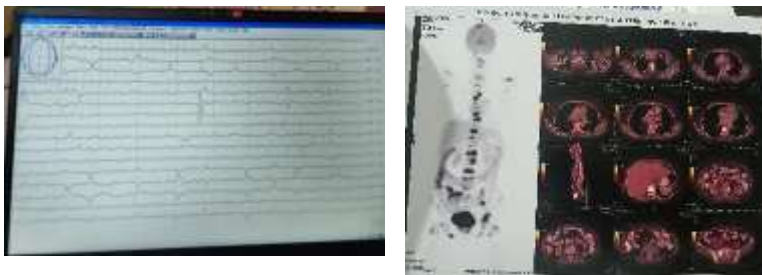
¹²³ Bharat Copper Therapy and Research Center (BCTRC), Nagpur, India

Website: www.bctrc.org

Email: research@bctrc.org

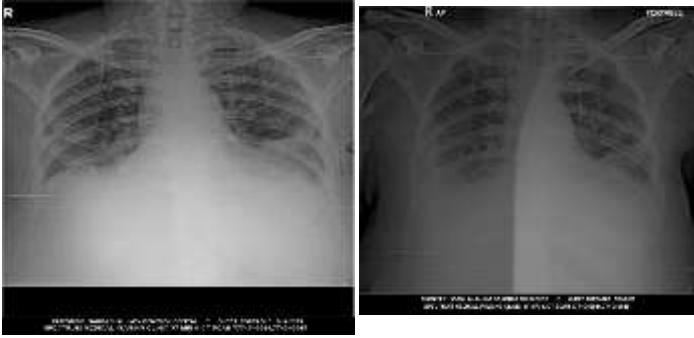
Abstract

Background: Stage 4 metastatic cancer carries a poor prognosis, with conventional treatments often offering limited symptomatic relief and survival benefits. Copper Pendulum Therapy, an energy-based healing modality, is practised at the Bharat Copper Therapy and Research Center (BCTRC) to promote systemic healing through vibrational energy transfer.



Case Presentation: We present the case of a 52-year-old female patient, Saroj Sahu, diagnosed with Stage 4 metastatic cancer involving the lungs and bone marrow, confirmed by PET-CT. Baseline symptoms included severe chest pain with heaviness, pain in the right parietal region, breathlessness, loss of appetite, weakness, and haemoglobin (Hb) of 6 g/dL.

Intervention: The patient underwent three to four sessions per day (each ~30 minutes) of Copper Pendulum Therapy over a total of 35 days, without concurrent chemotherapy or radiotherapy.



Results: Sequential chest X-rays demonstrated a ~40% improvement in lung field clarity and a ~45% reduction in pleural effusion. Hb levels improved from 6 to 8.2 g/dL and stabilised. EEG analysis revealed improved rhythmic stability in alpha and beta frequency bands, correlating with enhanced neurological function. Symptomatically, pain reduced, breathing improved, and appetite began to return.



Conclusion: This case suggests that Copper Pendulum Therapy may contribute to measurable clinical, radiological, haematological, and neurological improvements in advanced cancer patients. Larger studies are warranted to validate these findings.

Keywords: Stage 4 Cancer, Copper Pendulum Therapy, Energy Healing, X-ray Improvement, EEG Stability, BCTRC

Introduction

Stage 4 metastatic cancer is characterised by widespread disease dissemination beyond the primary site, often involving multiple organ systems. The prognosis is generally poor, with median survival ranging from months to a few years, depending on cancer type, burden, and patient comorbidities. Conventional treatments — including chemotherapy, radiotherapy, targeted agents, and immunotherapy — can offer disease control in some patients but are frequently associated with significant toxicity and diminished quality of life.

Complementary and alternative medicine approaches are increasingly being explored for their potential to improve quality of life, relieve symptoms, and, in some cases, contribute to disease regression. Energy-based therapies, in particular, aim to restore the body's intrinsic balance and stimulate self-healing mechanisms through subtle electromagnetic and vibrational influences.

Copper Pendulum Therapy, developed and practised at the Bharat Copper Therapy and Research Center (BCTRC), Nagpur, India, is a non-invasive healing modality that employs specially designed copper pendulums to detect and

modulate the body's energy fields. Copper, a metal with high electrical and thermal conductivity, is hypothesised to facilitate energy transfer between the therapist and the patient, potentially affecting physiological and biochemical processes at the cellular level.

In this case report, we present the clinical, radiological, haematological, and neurological improvement observed in a patient with Stage 4 metastatic cancer involving the lungs and bone marrow following 35 days of intensive Copper Pendulum Therapy, without concurrent conventional anticancer treatment.

Case Presentation

A 52-year-old female, Saroj Sahu, presented to the Bharat Copper Therapy and Research Center (BCTRC), Nagpur, India, in July 2025 with a confirmed diagnosis of Stage 4 metastatic cancer. The diagnosis was based on positron emission tomography-computed tomography (PET-CT), which revealed multiple FDG-avid lesions involving both lungs and bone marrow, consistent with widespread metastatic disease.

Baseline Symptoms:

Severe, persistent chest pain with marked heaviness in the chest

Pain in the right parietal region of the head

Shortness of breath, worsened by minimal exertion

Loss of appetite

Generalised weakness and fatigue

Haemoglobin level of 6 g/dL

Known bone marrow involvement, contributing to anaemia

Medical History:

The patient had no concurrent chemotherapy, radiotherapy, or other conventional anticancer treatment at the time of presentation to BCTRC. Supportive medications were minimal and limited to symptomatic relief.

Baseline Imaging and Tests:

PET-CT: Demonstrated widespread metabolic activity in lung fields and bone marrow regions, indicating advanced disease burden.

Chest X-ray (14 July 2025): Diffuse bilateral haziness, reduced lung aeration, and signs of pleural effusion occupying approximately 60% of the lower lung fields.

Haematology: Hb 6 g/dL; other parameters within limits for supportive care.

Neurological Evaluation: No focal neurological deficits; baseline EEG demonstrated irregular patterns with unstable alpha-beta wave activity.

Investigations

1. Baseline PET-CT Scan

A whole-body PET-CT performed prior to therapy initiation revealed multiple FDG-avid lesions in both lung fields and evidence of bone marrow involvement, consistent with Stage 4 metastatic disease.

2. Sequential Chest X-ray Findings

Date	Findings	Lung Field Clarity (%)	Pleural Effusion Level	Improvement vs. Baseline
14 July 2025	Diffuse haziness, reduced aeration, severe pleural effusion (~60% lower lung fields)	Severe Baseline		~40%
18 July 2025	Slight reduction in opacity, early aeration improvement	+10% clarity	~50%	Moderate-severe (~50%)
28 July 2025	Marked reduction in fluid shadow, improved lung expansion	+25% clarity	~65%	Moderate (~35%)
1 August 2025	Significant clearing, near-normal rib cage visibility		~80%	Mild (~20%) +40% clarity overall

3. Haematology

Hb improved from 6 g/dL to 8.2 g/dL over 35 days and remained stable.

4. Electroencephalography (EEG)

Baseline EEG: Irregular alpha and beta waves with occasional transient spikes.

Post-therapy EEG: Improved rhythmic stability, increased alpha wave dominance, and reduced abnormal transients.

Therapy Protocol

The patient underwent intensive Copper Pendulum Therapy over 35 consecutive days, with 3–4 sessions per day, each lasting approximately 30 minutes.

Pendulums used: Garun Pendulum for deep systemic balancing; elemental pendulums (Indra, Vayu, Agni, Jal) for targeted organ healing.

Focus areas: Lungs, pleural cavity, bone marrow, and right parietal head region.

No chemotherapy, radiotherapy, or targeted drugs were given during this period.

No adverse effects were reported.

Results

Clinical: Pain reduced, breathing improved, appetite returned, energy levels increased.

Radiological: ~40% lung clarity improvement, ~45% pleural effusion reduction.

Haematology: Hb improved from 6 to 8.2 g/dL.

Neurology: EEG stabilisation with improved alpha rhythm.

Discussion

Possible mechanisms include energy field modulation, improved oxygenation, stimulation of haemopoiesis, neurological regulation, and systemic immune enhancement. Such rapid improvement without conventional oncological therapy is rare, suggesting Copper Pendulum Therapy warrants further study.

Conclusion

Intensive Copper Pendulum Therapy was associated with multi-system improvements in a Stage 4 metastatic cancer patient within 35 days, without conventional treatment. Controlled trials are recommended.

Patient Consent

Written informed consent was obtained from the patient for publication and use of anonymised medical data.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received.

References

1. Hanahan D, Weinberg RA. Cell. 2011;144(5):646-674.
2. Kumar V, Abbas AK, Aster JC. Robbins Basic Pathology. Elsevier; 2018.
3. Oschman JL. Energy Medicine: The Scientific Basis. Churchill Livingstone; 2016.
4. Burr HS. The Fields of Life. Ballantine Books; 1972.
5. BCTRC Internal Case Records, 2025.