

## GASTROINTESTINAL CLINICAL MEDICAL ONCOLOGY

GASTROONCOLOGY

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## BIREDYAHU

ONCOLOGIC EMERGENCIES,
PARANEOPLASTIC
SYNDROMES, COMPLICATIONS,
TOXICATIONS

ADVERSE EFFECTS
THEOREM AND ADVOCATES

1.ALL OF THE ONCOLOGIC EMERGENCIES
EXISTENCE LOSS OF HOMEOSTATIC BALANCED

2.ALL OF THE ONCOLOGIC EMERGENCIES
EXISTANCE PATHOPHYSIOLOGICAL CONDITIONS
DOMINANTLY

3.VARIOUS DEGREE/RATE LOSS OF PHYSIOLOGICAL CONTROL

4.ALL OF THE OXIDANTS MECHANISMS RELATED DIFFERENT DEGREE OF PATHOLOGICAL CONDITIONS

5.MUTATIONS, CHROMOSOMAL ABERRATIONS EXISTENCE VARIOUS DEGREE/RATE

6.ANTIOXIDANT MECHANISMS EXISTENCE VARIOUS DEGREE / RATE REMOVED / REDUCED

7.MOLECULAR MICROENVIRONMENTAL CONDITIONS LOSS OF PHYSIOLOGIC BALANCED

8.MOLECULAR GENETICS INSTABILITY FOR DIFFERENT STAGES MECHANISMS EXISTENCE VARIOUS DEGREE/RATE

9.ALL OF THE MAIN ESSENTIAL MECHANISMS

DYNAMICS EFFECTED AT FIRST STRUCTURAL THEN

FUNCTIONAL

10.CLINICAL RESPONSE OF MEDICAL ONCOLOGICAL CORRECTIONS DEGREE DEPENDENCE OF PATIENTS INDIVIDUALISED AND MEDICAL REALITIRES

11.CLINICAL STAGES DIRECLY RELATED OF HOMEOSTATIC BALANCED DEGREE/RATE

12.CLINICOPATHOLOGICAL GRADES RELATED DIRECTLY THERAPEUTIC DEGREE / RATE

13.ALL OF THE TOXICATIONS DEGREE /RATE DIRECTLY RELATED MOLECULAR PATHOPHSIOLOGY DEGREE

14.TOXICATIONS AND EFFECTIVE THERAPEUTICS NET RESULTS DEPENDENCE OF RATIO BOTH OF EACH OTHER

15.MACROANATOMICAL STABILITY - INSTABILITY RATIO WILL HAVE BEEN CAUSED PHYSIOLOGIC BALANCED RATIO

16.LOSS OF PHYSIOLOGIC BALANCED RATIO EQUAL MACRO MICRO PATHOLOGICAL ABNORMALITY RATIO

17.LOSS OF BIOCHEMICAL REFERECE RANGE
PARAMETERS DEGREE WILL HAVE BEEN CAUSED
MOLECULAR THEN UNBALANCED CLINICAL DEGREE

18.ALL OF THE HEMATOONCOLOGICAL DISORDERS
DEGREE RELATED HOMEOSTATIC BALANCED DEGREE

19.VARIOUS DEGREE INFLAMMATORIAL CONDITIONS
RELATED DIRECTLY ONCOLOGICAL
EMERGENCIES, PARANEOPLASTIC
SYNDROMES, TOXICATIONS-ADVERSE EFFECTS DEGREE

20.ALL OF THE POOR CLINICAL CONDITIONS RELATED DIRECTLY OR INDIRECTLY MACRO MICRO MOLECULAR PATHOLOGICAL ABNORMALITIES WILL BE CAUSED INADEQUATE ENERGY THEN UNBALANCED PHYSIOLOGY

21.DECREASING OF PHYSIOLOGICAL DYNAMICS
MECHANISMS WILL HAVE BEEN CAUSED INCREASING
PATHOGENIC AGENTS; BACTERIES, VIRUSES, MYCOTIC
ACTIVITIES ETC.

22.AGRESSIVE AND IMMUN TOLERANCE BOTH OF THESE WILL HAVE BEEN CAUSED CARCINOGENESIS, POOR CLINICAL TREATMENT AND ALL OF THE NEGATIVE CONDITIONS SUPPORT BY CAUSATIVE FACTORS.

23.SUCCESSFUL OF ONCOLOGICAL THERAPY
ABSOLUTELY DEPENDENCE PARALLEL OF
PHYSIOLOGICAL DYNAMICS AND MECHANISMS

24.CURATIVE THERAPY AND PALLIATIVE CARE WELL PROGNOSIS DEPENDENCE OF MUTATIONS AND WILD NORMAL DYNAMICS REALITIES AND PRINCIPLES.

25.CANCER THERAPY NEED TO BALANCED BETWEEN
MAIN ESSENTIAL ONCOLOGICAL DISEASE / PATIENTS AND
ONCOLOGICAL EMERGENCIES, PARANEOPLASTIC
SYNDROMES, TOXICATIONS, COMPLICATIONS ETC.

26.HIGH DOSE ONCOLOGICAL PATIENTS TREATMENTS
EXISTENCE VARIOUS POSITIVE AND NEGATIVE RESULTS
DEPENDENCE OF GENETICS AND ENVIRONMENTAL
FACTORS

27.CYTOTOXIC DRUGS THERAPEUTICS RATIO AND TOXICATIONS RATIO DEPENDENCE OF PHISIOLOGICAL AND PATHOLOGICAL SUPPORTIVE RATIO

28.ALL OF THE STATIC AND DEVELOPING PATHOLOGICAL CONDITIONS OPPOSE OF HOMEOSTATIC PHYSIOLOGIC BALANCED

29.VARIOUS DEGREE CONVENTIONAL AND
UNCONVENTIONAL –NATURAL DRUGS PARALLEL OF
VARIOUS DEGREE OF MUTATIONS AND WILD NORMAL
DNA

30.ALL OF THE CANCER CHEMOTHERAPEUTIC AGENTS-DRUGS WILL HAVE BEEN PLANNED OPPOSED OF NATURAL DRUGS AS PARALLEL JUST LIKE TOXIN ANTITOXIN NEGATIVE EFFECTS NEUTRALISATIONS

31.ALL OF THE CANCER TREATMENT CYCLE INTERVAL DEPENDENCE DRUG TOXICITY, TOLERANCE, HOMEOSTATIC BALANCED, OPPOSITION BALANCED, NATURAL CONVENTIONAL OPPOSITION BALANCED ETC.

32.ALL OF THE ONCOLOGICAL
EMERGENCIES, PARANEOPLASTIC SYNDROMES, ADVERSE
EFFECTS, COMPLICATIONS ETC. RELATED DIRECTLY OR
INDIRECTLY EACH OTHER AND SUPPORT
PATHOPHYSYOLOGICAL POOR CLINICAL PROGNOSIS

33.ALL OF THE VİTAL PARAMETERS OF CLINICAL ONCOLOGY DISEASE / PATIENTS ALL THE TIME POOR PROGNOSTIC EFFECTED BY VARIOUS CAUSATIVE FACTORS THAT LOSS OF BALANCED PHYSIOLOGICAL, BIOCHEMICAL, MOLECULAR GENETICS, PATHOLOGICAL ABNORMALITIES, ENDOKRINOLOGICAL DISORDERS THAT ALL OF THE CLINICAL PARAMETERS ABNORMALITIES WILL HAVE BEEN DETERMINED SURVIVAL OUTCOMES, REMISSIONS-RELAPSE, PROGNOSIS, METASTASES, DRUG RESISTANCE ETC. FOR ABSOLUTE CLINICAL REGIMENS THERAPY TREATMENT.

33.1)ALL OF THE REPLACEMENT / CORRECTIVE
PRACTICAL APPLICATIONS NEED TO GENERAL MACRO –
GROSS PRINCIPLES AND INDIVIDUALISED-PERSONALIZED
REALITIES FOR SUITABLE PHYSIOLOGIC BALANCED

33.2)ALL OF THE MULTIPLE RECOMBINATIVE
THERAPEUTIC AGENTS EXISTENCE VARIOUS DEGREE
TREATMENT AND VARIOUS DEGREE RECOMBINATIVE
TOXICATIONS, COMPLICATIONS, ADVERSE EFFECTS ETC.

- 33.3)CHEMOTHERAPY HAVE TO EXISTENCE CORRECTIVE CHARACTER OF DIFFERENT PROBLEMATIC MECHANISMS ,PEACEFUL PHYSIOLOGIC RULES-LAWS,DOSAGE NATURAL AND ARTIFICIAL BALANCED AND ALL OF THE THERAPEUTIC PRINCIPLES SUPPORTED COOPERATIONS FOR TOTALLY COMPLETELY HELTINESS
- 33.4)DEPENDENCE SIZE OF TUMOREGENIC MASS WILL HAVE BEEN ORGANISED ECOSYSTEM, CONNECTIONS WITH NORMAL MATURED TISSUES PRIVATELY JUST LIKE BODY ORGANS THAT CHEMOTHERAPY OR RADYOTHERAPY OR OPERATION SHOULD BE MADE TRAVMATIC/METABOLIC SHOCK AND WILL BE DIE
- 33.5)DEPENDENCE OF CLINICAL CANCER VARIOUS
  PROPERTIES ,STAGES,MOLECULAR
  GENETICS,PATHOLOGICAL GRADES,METASTASES
  ETC.WILL HAVE BEEN MULTIPLE DESTROYED-DAMAGED
  PHYSIOLOGIC BALANCED NEED TO MULTIPLE
  THERAPEUTIC CORRECTIVE-REPLACEMENT MECHANISMS
- 33.6)ALL OF THE PATHOLOGICAL ABNORMALITIES OF CANCER IDENTITY NEED TO PARALLEL THERAPEUTIC IDENTITY FOR PEACEFUL OF CANCER CELL REALITIES FOR ABSOLUTE ANY STAGE THERAPY
- 33.7)ALL OF THE THERAPEUTIC APPLICATIONS THAT
  OPPOSE OF OUR BODIES PHYSIOLOGY AND NATURAL
  DYNAMICS MEANS EQUAL OF CANCER DISEASE AND ITS
  CELLS WILL HAVE BEEN SUPPORTED AND POWERFUL
  BEFORE EARLY POSITION AND CONDITION
- 33.8)EVERY ONCOLOGIC EMERGENCY OR COMPLICATION OR PARANEOPLASTIC SYNDROME OR TOXICATION ADVERSE EFFECT ETC. EXISTENCE DIFFERENT MEASURE SIZE QUANTITY ABNORMAL NEGATIVE EFFECT

33.99) CANCER CARCINOGENESIS HAD BEEN STARTED ABSOLUTELY JUST ONE CELL THEN MULTIPLE THEN ONE BODY JUST LIKE ALL OF THE ABNORMALITIES MOLECULAR AND CLINICAL PRESENTATION JUST SAME PARALLEL AND ALSO THERAPEUTIC APPLICATIONS JUST SAME PARALLEL BECAUSE OF ALL OF THE SYSTEM COMPONENTS HARMONY PHYSIOLOGICAL OR PATHOLOGICAL REGULATIONS EXISTENCE ONE PHILOSOPHICAL UNIVERSAL MIND