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INVENTION OF
NANOSCOPE AND HOLE—LESS—SURGERY AND DRUG—LESS--
THERAPEUTICS

HONOURABLE SIR ,,

I HAVE DEVELOPED A NEW EQUIPMENT AND NEW TREATMENT TECHNOLOGIES FOR TREATING ALL CANCER PATIENT, WITHOUT HARMING NORMAL TISSUES. MY RESEARCH TOPIC IS; -- HOLELESS SURGERY AND DRUG LESS THERAPEUTICS IN PREVENTION AND CURE OF ALL MICROBIAL DISEASES, USING A NEW EQUIPMENT ' NANOSCOPE', I HAVE DESIGNED, WHICH IS A MULTIPURPOSE, MULTI SITE, FEW MICRON DIA, FLEXIBE, DISPOSABLE, INFLATABLE, OPTICAL FIBRES INCORPORATED ON THE WALL, INTRODUCEBLE THROUGH A NEEDLE, SUB-EPIDERMALLY AND CAPABLE OF NAVIGATING TO ANY PLANE OF THE BODY UNDER DIRECT VISION ON THE MONITOR , CATHETER, COUPLED WITH, LIGHT SOURCE(I.R.LIGHT), HIGH POWER(WATT) LASER DIODE OR PHOTO OR SOLAR VAPORISER WITH OPTICAL FIBRE DELIVERY-MODE , COMPUTOR SYSTEM FOR IMAGING, PROVISION FOR INJECTING LOCALLY ACTING CYTOTOXIC OR ANTI-MALIGNANT DRUG IN TO UNWANTED TISSUES LIKE A CANCER LESION, HIGH POWER IRRIGATION AND SUCTION APPARATUS,

THE NANOSCOPE IS CAPABLE OF PERFORMING A HOLE-LESS-SURGERY ,VERY USEFULL IN TREATING CANCER PATIENTS AT ANY AGE, ANY STAGE OF THE DISEASE, CAN ABLATE LUNG/ LIVER SECONDARIES,AVOIDING HAZARDS OF GAMMA RADIATION, TOXICITIES OF SYSTEMIC CHEMO, AND DISFIGUREMENT AND DEFORMITIES OF RADICAL SURGERIES, OF CONVENTIONAL TREATMENT OF CANCER PATIENTS.

THE NANOSCOPE IS CAPABLE OF PERFOFMING SURGERIES OF ALL DESCIPLINES, ALSO.

WE CAN USE IT TO DELIVER ULTRA-VIOLET LASER OF LOW- WATT(0,5 WATT/MM2) OR CONDENSED

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SUNLIGHT OF SAME WATT OR A PHOTO-VAPORISER, WITH OPTICAL-FIBRE DELIVERY, INTRA-VENOUSLY OR INTRA-LESIONALLY TO PREVENT AND/OR CURE ALL MICROBIAL (INFECTIOUS DISEASES), INCLUDING AIDS, AVIAN FLU, SWINE FLE,ECT, WITHOUT ANY DRUG ADMINISTRATION AND THE PROCESS IS CALLED DRUG-LESS THERAPEUTICS.

I HAVE TREATED NEARLY 100 CANCER PATIENTS, WHO HAD EXTERNAL LESIONS AND DUE TO LACK OF FUNDS, I CANT MAKE PROTOTYPE OF THE NANOSCOPE, GET APPROVALS, DO ANIMAL STUDIES AND CLINICAL TRIALS, TO BRING THEM TO PUBLIC USE.

MY DESIGNING OF THE NANOSCOPE, A TINY, CATHETER, INTRODUCEBLE, THRO., A NEEDLE, SUB-EPIDERMALLY AND ABLATING, INTERNAL CANCER, LESIONS, UNDER, DIRECT, VISION, WAS, NEED BASED.

IT IS AIMED AT MINIMISING THE DISFIGUREMENT, TOXICITIES AND HAZARDS , CAUSED, BY CONVENTIONAL, CANCER TREATMENT METHODS LIKE, RADICAL SURGERIES, SYSTEMIC CHEMO THERAPIES AND GAMMA RADIATION., AND ALSO REJECTION OF TREATMENT, FOR RECCURRENCES / RELAPSES, WHICH ARE RADIO AND CHEMO- RESISTANT AND THE REJECTION OF TREATMENT, DUE TO OLD AGE(PATIENTS, ABOVE 60 YRS.)

AND THE COST OF THERAPY IS VERY HIGH, IN CONVENTIONAL THERAPIES AND THE DURATION OF TREATMENT IS AROUND, 6 MONTHS, WITHOUT, ANY RE-ASSURANCE TO THE PATIENT. WHERE AS IN THE TECHNOLOGY, USED , BY THE NANOSCOPE , THE COST OF THERAPY IS VERY VERY, LOW, PATIENTS CAN BE TREATED, AS OUT-PATIENTS, IN ALL HOSPITALS AND THERE IS NO NEED FOR SEPARATE, CANCER HOSPITAL.

THE PATIENTS ARE REASSURED AND THERE IS NO REJECTION OF ANY CANCER PATIENT. ONE, CAN, EVEN, INTERVENE 10 MINUTES, BEFORE, THE DEATH OF THE CANCER PATIENT, RELIEVE THE PRESSURE EFFECT / REMOVE THE INVOLVEMENT, TO VITAL ORGANS AND SAVE THE PATIENT.

REGARDING THE USE OF U.V. LASER OR U.V. LIGHT, TO TREAT AIDS, 1) WHEN WE SEE THE EPIDEMIOLOGY, OF AIDS, ONLY COUNTRIES, WITH BLACK SKINNED ;PEOPLE ARE MORE AFFECTED AND THE PREVALANCE AND INCIDENCE ARE GOING UP. A FEW YEARS, BACK INDIA AND CHINA, HAD ALMOST EQUAL NUMBER OF CASES AND AMERICANS, EUROPEANS , HAD ALSO HAD MORE PREVALANCE OF AIDS CASES. BUT NOW, ONLY, INDIA AND AFRICA HAVE MORE PREVALANCE.

THE REASON, I, BELIEVE IS THAT THE WHITES, INCLUDING CHINEES, ARE PROTECTED, BY, SUN LIGHT. i.e, AS THERE IS NO MELANIN PIGMENT IN THEIR SKIN, TO, FILTER, THE U.V. RAYS FROM SUNLIGHT, AND THE U.V.RAYS, PENETRATE, THE SKIN AND KILL, ALL THE H.I.V.s, PRESENT IN THE BLOOD, IN THE CAPILLARIES OF THE SKIN. THE WHITES, ALSO HAVE A HABBIT OF TAKING SUN BATH. EVEN, IF THEY DONT TAKE SUN BATH, THE U.V.RAYS, IN THE SUN LIGHT, PENETRATES, THE EXPOSED PART OF THE BODY AND KILL THE HIVs, IN THEIR BLOOD.

WE KNOW THAT SEXUALLY TRANSMITTED DISEASES , AFFECT PEOPLE, WITH AIDS. IN THAT CASE, THE ROYAL SOCIETIES OR KINGS OF ENGLAND HAD MORE PREVALANCE OF SYPHYLLIS AND THE DISEASE, IS NAMED AS ROYAL DISEASE. SO, WE PRESUME THAT, THEY, HAD AIDS, ALSO..

AND THE SEXUAL CULTURE WAS, VERY OPEN AND PRE-MARIETAL, EXTRA-MARIETAL, SEX, WAS /IS VERY COMMON AND THEY ACCEPT IT, AS A PART OF CULTURE. AND DIVORCE AND REMARRIAGES, ARE VERY COMMON, THERE. INSPITE OF ALL THESE RISK FACTORS, THEY, HAVE BEEN PROTECTED, BY THE U.V. RAYS IN THE SUN LIGHT

AS, THE PREVALANCE OF AIDS IS, BACOMING MORE AND MORE, IN BLACK-SKINNED, POPULATED, COUNTRIES , IT IS THE MELANIN PIGMENT, WHICH, PREVENTS THE U.V.RAYS OF SUN LIGHT, TO PENETRATE

**THE SKIN AND KILL ALL THE H.I.V.s, IN THE CAPILLARY,
BLOOD CIRCULATION OF THE SKIN, CAUSING AIDS.**

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**HENCE, I, CAME-OUT, WITH THE IDEA OF KILLING, ALL
THE H.I.V.s, BY, INTRA-VENOUS, EXPOSURE OF THE
BLOOD , WITH, U.V. LASER / U.V.LIGHT, FOR 10 TO 15
MINUTES/ DAY FOR 1 WEEK FOR PREVENTION (PHYSICAL,
VACCINE) AND FOR 2 TO 3 WEEKS FOR CURE.**

**THE INTRA-LESIONAL EXPOSURE OF THE
SAME IS FOR ERADICATING, THE OPPURTUNISTIC,
NOSOCOMIAL INFECTIONS, AFFECTING THE AIDS
PATIENTS, DUE TO VERY LOW COUNT OF CD4
LYMPHOCYTES.**

**I REQUEST YOU, TO GUIDE, ME , WHETHER,
I CAN REGISTER, IN THE OPEN INNOVATION NET WORK
OR TO APPLY TO, TEPP-PHASE-11, AFTER COMPLETING
TEPP-1, WITH, A SMALLER PRODUCT, LIKE, SOLAR-
VAPORISER?, AND TAKE NECESSARY ACTION, AS
APPROPRIATE, TO MAKE THE PROTOCOL IN TO A
PROTOTYPE, & BENEFIT MANKIND.**

**THANKING YOU,
WITH KIND REGARDS AND RESPECTS,**

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