

How to use Black Salve

****Please Note**** much of the info below was received from Alpha Omega Labs, a company that sold black salve under the commercial name "Cansema" which was very successful in treating skin cancers before the FDA illegally shut them down. **Where you see the words Cansema below, know that it refers to a black salve formula**, very similar to a select few quality black salves that are still on the market today, like those found at:

<http://www.bestonearthproducts.com>

As Alpha Omega Labs stated, the products found at risingsunhealth.com and bloodrootproducts.com are **NOT** quality slaves and are a waste of money, like many others being marketed as true black salves. As with any ailment, it is important to seek out the advice and treatment of a qualified physician. This site is purely for educational purposes. Information found in this site is not intended to diagnose, treat, cure, or prevent any disease. Many of the comments found on this site have not been evaluated by the FDA, FTC, AMA or any other US government regulatory agency. Please read **ALL** of the following information for better understanding of the process!

The medical definition of "cure" is the non-reoccurrence of pathology within five years after treatment. By the very definition used by orthodox medicine, Cansema is empirically a proven cure for skin cancer for the majority of those who use the product according to our instructions.

1. PREPARATION

First, as stated earlier, the user may want to have a biopsy or other diagnostic procedure performed to ascertain whether or not there is, in fact, skin cancer.

Many people, on the observation that they have a "mole" or similar skin marking that is growing and getting darker, have elected to use Cansema anyway. After all, Cansema is selective in its action and will only "go after" neoplastic (cancerous) tissue. Healthy tissue will only redden and become mildly irritated when Cansema is applied. This decision is entirely at the discretion of the user; there is no danger, toxic or otherwise, of applying Cansema to healthy tissue, although doing so is simply a waste of the product.

In addition, if you are targeting more than one growth, do one at a time.

2. APPLICATION

Cansema comes in a 1/4 oz. container. The product has the consistency of a thick, moist paste. It can easily be self-applied with the fingers and should be spread over the lesion or cancerous tissue in a thin covering, almost lightly "caked." Wash hands thoroughly before and after applying Cansema.

The applied area will start to tingle shortly afterwards -- anywhere between 5 minutes to 6 hours after the initial application. (In fact, if you feel "nothing" after three to six hours, it is

most likely that nothing more will happen: Cansema has failed to come into direct contact with the cancer. After 24 hours, you will want to remove the Cansema and reapply, repeating this process, until the Cansema can reach and "grab" the underlying aberrant growth.) In some cases, there is a burning sensation with larger lesions, so it is important to have ibuprofen, or other non-prescription pain killer, available during the process. Note: the moment the eschar falls out, usually within 6-10 days of the initial application, the pain will immediately stop! Areas larger than a square centimeter (or bigger than a U.S. "dime") may require even stronger analgesics, which, being prescription, will require the services of a cooperative physician. Otherwise, observing good "pain management" may require that the cancer be "taken out in stages." This involves applying a small amount to the edge of the growth, waiting for the sensations to die down as the eschar process begins, and then repeating this process on an adjacent area of skin until the entire area has been covered. Observe this same procedure if you are targeting more than one growth.

Do one at a time. In this fashion, any discomfort is minimized because the entire process, which can at that point last several days, has been spread out over time. This bears repeating: never apply Cansema to a large area, unless you are under a physician's care and advice.

It is also a good idea to place a bandage over the area, particularly if the forming eschar is on a place on the body that might be subject to being bumped or bruised in the course of daily activity. Another thing to consider is that Cansema can stain clothing, so for practical, aesthetic, and cleanliness issues, covering the site is a good idea.

" . . . I applied Cansema and no eschar appeared! . . . What do I do now?"

Cansema has to come into contact with the target cancer area in order to work. It has transdermal properties (i.e. skin penetrating ability) However, a couple of simple tricks can also speed up the process and/or reduce the number of applications required to "reach" a skin cancer that is well below the epidermis. Most people don't need these techniques if the skin cancer is close to the skin surface. We recommend that these "tricks of the trade" only be used if an initial application does not produce results - which turns out to be a minority of cases.

"Deep Loufah Wash" - Many people use a loufah sponge to *rigorously* wash and prepare the skin before applying Cansema Salve. This serves to remove some of the dead cells in the top layer of the epidermis (the stratum corneum), so that Cansema has less tissue through which to travel to get to the underlying cancer.

"Needle Points" - This technique is more effective, but more invasive. It involves taking a sterilized needle and carefully making holes in the skin - about a sixteenth to eighth inch deep, very much as an acupuncturist would - except that the needle is removed as soon as the holes usually spaced about a quarter-inch apart. Following the creation of the "skin holes," Cansema Salve is then (re)applied. We recommend that this technique be used by practitioners and not end users. We also advise that practitioners prep the area by rubbing peroxide (3-6%) into the freshly "pricked" skin before Cansema is (re)applied.

3. MANAGING THE ESCHAR

After 24 hours remove the bandage. Using hydrogen peroxide (H₂O₂ - 3%, available in most drug stores) and a Q-Tip, very lightly go over the lesion, removing any excess Cansema and other organic debris (i.e. pus, serous fluid, etc.) If a full pus formation is not evident or is incomplete, repeat step 2 and leave the new application on for an additional 24 hours before proceeding. Normally one application is sufficient for small tumors (the size of a pencil eraser), but no more than three applications are required for larger tumors. There *are* instances, however, when repeated applications of Cansema are required because of "accessibility" problems - although this can be limited using the techniques cited in the preceding section. In order to initiate the escharization process, however, and begin killing the cancer, it is vital that Cansema be able to penetrate and *reach* the subject site. This can take multiple (three or more) applications, though one to two applications is more common.

After the eschar has formed, keep it well protected. Once the scab has formed, you should apply the After Care Cream and continue to use until spot is completely healed. This product will insure the scarring is minimal and keep the scab moist.

Normally the bandage can be left on for a period of 10 days: however, in advanced cases there is considerable "drainage," that is, a steady emission of pus. In the sense that Cansema kills the cancer cells and takes certain leukocytes (defending white blood corpuscles) with it in the process of eliminating the neoplasm, it is a supportive agent: that is, drainage should not be viewed as abnormal. The range of possible response is very little pus and only one bandage ever required, to a regular change of bandages required in the case of advanced melanomas. Your case will be somewhere in-between.

4. REMOVING THE ESCHAR

The eschar itself represents the death of the neoplasm, and this occurs shortly after application. Everything that follows from there is the body's own reparative responses. From here on out, the body knows exactly what to do and wastes no time doing it. However, to us the days and weeks that follow may seem lengthy.

The next stage is the removal of the eschar, or scab. This usually happens within 10 days after initial application, unless the case is advanced and/or cancer(s) cover a large area of the body. **As with any scab, let it fall out when it is ready. Do not pull it out prematurely, if you remove the eschar premature, you further risk developing scar tissue.**

5. DECAVITATION & "HEALING OVER"

After the eschar comes out, the pit or "decaavitation" can look raw and unsightly. Nonetheless, if kept covered and the everyday principles of good hygiene are followed, there will be no threat of secondary infection. If you work in an area that is less than clean, however, you

might want to have hydrogen peroxide (available in any good drug store) handy and apply it liberally to the site once a day to kill any invasive germs.

Over a period of a few months, or in some cases two years, the entire area will be healed with only some "depigmentation" or scar tissue. The result is rarely more unsightly or unaesthetic than if surgery had been chosen instead.

Only in rare conditions does the cancer "come back" to the area applied, unless there is underlying metastasis. To be sure that the area is clear of cancer, many users elect to initiate a second, or even third, application after they get to the "heal over" stage. We take a dim view to doing this indiscriminately because the risk of scarring is increased with each new re-application. However, with particularly aggressive forms of cancer, such as melanoma, a user may want to weigh the potential advantages of re-application, particularly if the initial cancer is located somewhere on the body that is not usually aesthetically sensitive or viewed in public (i.e. on the back, upper leg, etc.). None of this should be taken as a substitute for using some of the better cancer marker tests that are now available from qualified, licensed physicians. In other words, if you don't need more than one application, why do it.

In other words, once Cansema has finished its work, there are normally no residual cells from the original neoplasm. This rule finds more exceptions the larger the original cancer growth is, the deeper it is beneath the skin, the more instances of skin cancer the subject has experienced, and/or the more extensive a person's history of skin cancer is or has been. Remember, you may need to repeat this process if the skin cancer is sufficiently extensive such that residual cancer cells have been left behind after you finish your first "cycle." (Although, this same admonition would exist if you had your skin cancer surgically removed.) To be on the side of caution, have your health care practitioner check the site to see if there is any remaining cancer. There are excellent antigen marker tests that your physician can utilize to determine if you have a "clean bill of health."