PULSED ELECTRO MAGNETIC FIELD ENERGY THERAPY IN CLINICAL MEDICINE: OVERVIEW OF OUR EXPERIENCE AT THE TAG- VHS DIABETES RESEARCH CENTER

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Beginning Verse from Adithya Hrudayam

Tato yuddhaparishraantam samare chintayaa sthitam. raavanam chaagrato dr.ushtva yuddhaaya samupasthitam.

Daivataishcha samaagamyaa drashhtumabhyaagato ranam upaagamyaa braviidraama magastyo bhagavaan rishhi.

Raama Raama mahaabaahoo shrnu guhyam sanaatanam yena sarvaanariinvatsa samare vijayishhyasi.

Aaditya hrudayam punyam sarva shatru vinaashhanam Jayaavaham japennityam akshayyam paramam shivam.
Our Motto:
Providing a New Paradigm in Diabetes Research & Inclusive – Healthcare Models

Our Endeavour:
Connecting proportionately, the ancient Indian Medical wisdom, with Modern Medicine, Energy Medicine, and Wellness concepts, customized through an Innovative Tele-health initiative, to optimize and enhance Human Health Expectancy.
ENERGY MEDICINE

PULSED ELECTRO MAGNETIC FIELD ENERGY THERAPY – DR. GLENN GORDON’ S EM PULSE DEVICE

**About Dr. Gordon**

Founder of EM-PROBE, Dr Gordon is dedicated to a statement first expressed by Rachel Carson in her book, “Silent Spring”: “when man made solutions are forced upon the natural balance of things it diminishes the experience of man”. While Ms Carson’s concern was with overuse of chemical insecticides, Dr Gordon sees consumers sensing a similar risk in mankind’s overuse of chemicals to treat injury and illness.

Often introduced to other scientists as a “senior spokesman” for pulsed electromagnetic therapy in restoring tissues after injury or illness, Dr Gordon notes this natural energy has never been associated with side effects or death, events that are increasingly difficult to avoid as we substitute man made solutions for this timeless restorative aid to cells after injury or illness.

Dr Gordon’s new insights into electromagnetism’s central role in restoring tissues after injury and illness has resulted in invitations to speak at prestigious meetings around the world including Progress In Electromagnetic Research (PIERS) in Prague, 2007, and the 2008 IEEE meeting held in Shanghai, in addition to many invitations in the United States.

Dr Gordon’s peer reviewed papers include those published in *Journal of Cell Physiology* (2007) and *Proceedings of ICBB* (IEEE - 2008). Comments and questions on his work can be viewed at [http://www.emref.com](http://www.emref.com), the non-profit foundation that focuses on his education and research.

Early in his treatment of athletic injuries with electromagnetic therapy, Dr Gordon observed chemical changes that resulted in publishing his early papers on free radical damage, the first source of pain and cell death in trauma, surgery, and illness.

In the early 1990’s Dr Gordon was inducted as a Fellow of The American College of Sports Medicine. He continues to speak to students and scientists interested in advanced techniques for restoring athletic injury and other trauma. Dr Gordon considers his 30th year of science the same as his first, “a thrill every day.” He especially enjoys the resurgent interest in advanced therapies known to medical practice.
ENERGY MEDICINE

PULSED ELECTRO MAGNETIC FIELD ENERGY THERAPY – USING BM PULSER DEVICE

Bio-Magnetic, Non-invasive Healing Device:

BM Pulser is a simple magnetic device that alleviates pain and inflammation, encourages cell survival, and hastens the healing process with tissue restoration in trauma, injury and/or inflammation, using electromagnetic energy sans drugs or surgery in many disease states. It can also be used postoperatively for faster wound healing.

BM Pulser is useful in treatment of many illnesses and injuries related to tissue and bone damage such as whiplash, cervical spondylitis, spinal injury, sports injury, acute heart attacks, acute brain attack (stroke), arthritis, non-union fractures, sprains, low back pain and many other maladies.

We know that we need food, water, oxygen and sunlight. But, many of us do not know that PEMF (Pulsed Electromagnetic Field) is the sixth element vital and necessary for human life. The BM Pulser makes use of PEMF to help the healing process. However, it is safer to use this device under doctor’s supervision. Moreover, BMI Pulser should not be used during pregnancy or with heart pacemaker-organ transplant. It does not work in those who drink two pots of coffee or smoke two packets of cigarettes daily. It is not to be used in the case of a newborn child.

The device is made with therapeutic magnetic energy. It is best used with antioxidants (Vitamins C, E, green tea, etc.) for desirable results.

BM Pulser has no known side effects as it is using nature’s electromagnetic energy that sustains us through the Sun’s rays. The human cells cannot absorb the Sun’s energy effectively and hence the need for this device. Moreover, this device pulses it. Its continuous energy should burn the area being treated.

BM Pulser is equipped with an internal rechargeable battery that can be charged using the power adapter provided. A fully charged battery in healthy condition lasts well over 30 hours of continuous use.

Charging: The power adapter plug is attached to the charging port of the unit. Indicator “External Power” lights up when the adapter is powered, and “Charging” indicator lights up if charging is taking place. Once charging is complete, the “Charging” indicator stops glowing. The BM Pulser is equipped with circuitry to prevent over-charging. It is necessary to charge the battery fully prior to first use.

For a long life of the rechargeable battery, always ensure a complete charge cycle before disconnecting the power adapter. Always begin charging the battery upon first noticing the “BATTERY LOW” indicator on the BM Pulser. It begins to flash when the battery reaches its low level and turns the device (MPF subsequently after about 5 minutes of flashing.

Power ON Indicator: Glows when device is in operation. Turns OFF when device is turned OFF.

Power Switch recess: Press the switch buried inside this recess, using a pen or pencil tip, to toggle between ON & OFF of the device.

Charging indicator: Glows when Power Adapter is connected and device is charging the battery – turns OFF when battery is fully charged – power adapter can then be disconnected.

Battery Low: Indicator begins to flash when battery reaches its depleted level. After a few minutes the device turns OFF automatically. It is recommended to start charging the battery soon after this indicator begins to flash.

Battery: The BM Pulser is fitted with a Lithium-ion rechargeable battery. The type and model used is LiL-5C, a commonly available model typically used in cell phones. When you notice that the charge retention is not as fully charged.
ENERGY MEDICINE

PULSED ELECTRO MAGNETIC FIELD ENERGY THERAPY – USING BM PULSER DEVICE

Battery is near, or the battery is deformed or bloated, it is time to replace it with a similar battery. It is better to replace with the same brand and model of battery as that which was packed with the new BM Pulser device.

Storage for extended periods: When the BM Pulser is stored for extended periods of time without use (for any reason) it is recommended to remove the battery from the unit and store it separately. A full recharge is then necessary when service is intended.

Finding the BM Pulser on the body: The BM Pulser unit is equipped with an easy to use "Treatment Zone" indicating red circular area on the back, side of the unit. Simply place the treatment zone against your body on the area you want to treat. Best results are accomplished by placing the device directly on the body. The energy does pass through clothing and PO.P to the deepest parts of the body. However, it is most effective when the Treatment Zone is closest to the surface of the body.

Treatment Zone marking on the back side of BM Pulser

Battery compartment

How to use: Position the body while sitting or on a recliner chair so as to hold the device in the area you wish to treat. You can hold the BM Pulser in a fixed position for the entire treatment if the area is small, or slowly move it back and forth, over the area in large, like in the case of carpal tunnel or hip arthritis. When treating the back or neck, you may opt to lie on the device or position it on the body while sitting on a recliner chair to hold the device in place. Device may also be attached to the area of treatment with ace bandage or a Velcro® strap and left to treat for prolonged periods. Assistance by another individual may be required at times for some treatment applications. Treat an area of 6” x 6” or less for 30 to 60 minutes. This treatment can be repeated.

Typical application for knee arthritis

Application for Carpal Tunnel Syndrome
ENERGY MEDICINE

PULSED ELECTRO MAGNETIC FIELD energy therapy – USING BM PULSER DEVICE

- Electro Magnetic Field Energy Therapy in recovery from Intracerebral Haemorrhage & Coma: (video clippings).
- Electro Magnetic Field Energy Therapy in Parkinsonism with Remarkable recovery: (video clippings).
CASE I

Mrs. K was admitted with the h/o intraventricular haemorrhage and subarachnoid haemorrhage following a fall at home. She became deeply unconscious and was hospitalised for 2 months – 1 month in a corporate hospital and the second month in the Railway Hospital, Chennai. On admission to TAG VHS DRC, she was conscious but was not able to move her right lower and upper limbs. She was in a vegetative state with Ryle’s tube feeding and indwelling catheter. There was a deep bed sore over the left sacral region. There was loss of cognition. In addition to supportive care, she was also given BM Pulser therapy – applied over the areas of scalp corresponding to the areas of damage seen in the CT and MRI scans of the brain.
CASE I

After 2 days of BM Pulser therapy, she started speaking, but not coherently always. She also regained memory for old events. Over the next few days, her speech gradually improved and she is now able to converse in languages known to her. There is a very great improvement in her cognitive skills. She is off the Ryle’s tube feeding now and is able to take solid feeds orally. She is able to sit up in bed, stand with support and walk a few steps with a walker.

She is able to sit in a wheel chair in the sun light for more than ½ hour. We hope that she will be able to make further progress in her condition by continued application of the BM Pulser and the constant and affectionate care and attention of the immediate family.
CASE I

13/05/2012
Dr. KS came for a routine review, bladder training and removal of catheter to TAG VHS DRC on 09/05/2011. She has improved remarkably. She is able to do her usual routine works on her own with little support. Bladder training given during her stay and indwelling catheter are removed. Her stay was uneventful and discharged on 13/05/2012.

19/04/2012
She is able to walk by holding on to the wall and with support from an attendant. Mental, emotional higher functions normal. Bowel movement normal.
Had UTI 10 days ago and was given antibiotics.
Bladder sensations are present.
To try clamping the indwelling catheter for 2 to 3 hours every day and then to eventually remove the catheter - to see if she is able to void urine without difficulty.
Otherwise, the catheter may have to be reintroduced with a local doctor's help.
She is not able to read much because of refractive error, has to get used to the glasses prescribed.
She is able to write.
She assists in the kitchen in simple jobs.
Impression (7-10-2011) @ Global hospital

Plain CT study of the brain shows: Small haemorrhage contusion in right high parietal region. Subarachnoid haemorrhage in left temporo parietal region.
CASE I

01-12-2011

11-12-2011

17-01-2012

19-04-2012
CASE II

Mr. AK aged 53 year with history of treatment for parkinsonism for 27 years. He has consulted the top neurologist in parkinsonism disease in Mumbai, UK, Germany and USA (Dr. Standley Fahn – USA, Dr. Levo David – Australia, Dr. Gerald stern – UK, Dr. Uday B. Muthane - Banglore) Presently his problem prevented him from functioning normally till about 2 pm in the afternoon, despite taking maximal dose of all the medicines and again he had an off period of 2 hours in the evening before he go to bed. He had following complaints.

Rigidity (stiffness) of total body with complete restriction (freezing) without Dopamine Agonists. Speech - slowing & slurring (but good memory). Walks with bending forward - can't walk without anti parkinson's drugs. Tremors:

1. Hands.

2. Shaking of heads - on & off.

3. Extra pyramidal facial movements.

He feels very unwell when he gets up in the morning's he feels his whole body is rigid, he is not able to even move in bed and his speech also is disturbed. He begins to feel better only after 11am to 12 noon after a few doses of medicines have gone in. The deterioration sets in again around 2.30pm. Patient is on Tab. Pramipex 0.5 mg 1 tds (7am, 12pm, 5pm), Tab. Syndopa Plus 6 times a day (7am, 10am, 12pm, 3pm, 5pm, 7pm), Tab. Syndopa CR 1 at bed time, Tab. Adcapone 200 mg 6 times a day (7am, 10am, 12pm, 3pm, 5pm, 7pm), Tab. Pacitane 2 mg 1/4-0-1/4 (7am, 5pm), Tab. Revital 1 od, Tab. Celin 500 mg 1/2 od, Tab. Quetiapine 25 mg 1 at bed time, Tab. Nexito 10 mg 1 at bed time, Tab. Rosavel 10 mg 1 at bed time.

He was started on Pulsed Electro Magnetic Field Energy Therapy by using BM Pulser over the appropriate areas of the head, neck and limbs.
CASE II

Physiotherapy was started simultaneously by Mr. AK, Physiotherapist and continued everyday.

Progress report at the time of discharge:

1. Rigidity of the limbs is markedly less.
2. Tremors are definitely reduced, especially shaking of the head. Extra pyramidal facial movements are also reduced.
3. Speech is improved. No slurring.
4. He is able to hold his head and trunk straight while sitting, standing & walking.
5. He swings his arms while walking.
6. According to his younger brother, who is the constant attendant, Mr. Anand Kumar's 'on' - 'off' phenomenon is showing a change for the better, namely the duration of the 'on' is becoming more and the quality of the 'on' is also exhibiting marked improvement.
7. He reports improvement in his condition in the evenings, even when the effect of the medicines is wearing off, which is a very positive gain of BM Pulser therapy. He has not experienced this positive improvement up till now in the past 24 years.
CASE II
CASE III

Mrs. B. aged 58 years with h/o treatment for hypertension x 17 yrs presented for PEMFE therapy for Peripheral Vascular Occlusive disease (No Arterial pulses felt in both lower limbs) with Claudications – Left > Right leg – for 2 months, diagnosed elsewhere.

The CT Aortogram of the Abdominal Aorta was remarkable in that it showed a Total Occlusion of the Aorta (below the Renal artery), but with a leash of collateral Neovascularization which perhaps occurred over the period preceding the gradual total occlusion resulting in minimal symptoms in an otherwise ambulant & active lady! Her BP was 240/140mm of Hg!!

A case of slow LERICHE’S syndrome with full haemodynamic compensation.

Her symptoms (claudication) fully improved with PEMFE therapy (using EM pulse solo device).
CASE III

Before PEMFE Treatment

05.11.2009

After PEMFE Treatment

08.02.2010
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Pulsed electromagnetic field energy in the management of ischaemic heart disease and heart failure

BM Hegde*, CV Krishnaswami**

Abstract

Introduction: A patient with intractable left heart failure due to extensive advanced coronary artery disease, who was resistant to conventional treatment, was treated with pulsed electromagnetic energy field treatment using a new device, Em Probe, an invention of Late Dr. Glen Gordon of USA, that delivers short pulses of electromagnetic energy to heart muscle cells. This stimulates three important proteins inside the cell which rejuvenates the mitochondria. We now manufacture the same in India. One of us has the patent (BMH). It, BM pulse, is ready for use right now.

Case history: An 86-year-old man was admitted with acute heart failure (NYHA Classification stage IV) at St. Isabel Hospital, Chennai, India on the 16th December 2008. He had been on ACE-inhibitors, diuretics, isosorbide dinitrate, aspirin, and other symptomatic treatments. Surgeons were not ready to do bypass surgery and the patient refused any invasive methods of management. We therefore fitted the electromagnetic pulsed wave dispenser onto his chest over the precordium, using adhesive tape. The machine is the size of a cell phone and runs on a 9-volt battery. The patient improved remarkably and has since been discharged to an assisted care home. He manages his day-to-day routine with very low doses of diuretics on a regular basis. On review a month later and eight months later he was in NYHAC stage I.

Conclusions: To the best of our knowledge, this is the first such report of this sort of treatment and the results were very encouraging. Since then we have treated 159 patients with multiple pathologies where cell damage was the basic damage due to ischaemia, injury, or inflammation, like heart attacks, brain attacks, fractures, inflammatory lesions, etc., using the device. The results are being readied for publication as a series.

Key words: Em probe, electromagnetic energy, intractable heart failure.
Type 1 and Type 2 diabetes taking insulin injections have benefited by the BM Pulser that is used for better insulin absorption at injection site and prevention of lipodystrophy.
We have presented an update on PEMFE in parkinsonism disease and ischaemic heart disease, but there are a host of other conditions pertaining to

1. Logo Motor System (Injuries, Arthritis, Bone & Soft Tissue Healing)
2. GI Tract (Acid peptic disease, GER D, Upper GI bleeding, Abdominal pain & colic, Adhissions, Sub acute Intestinal obstruction)
3. Ischemic & Haemorrhagic cerebro vascular strokes.
4. Peripheral vascular diseases.
1) Sunlight Can Cut Your Risk of Death in Half

Having low vitamin D levels has been linked with deaths from heart disease and other causes, adding to growing evidence about the "sunshine" vitamin's role in good health.

People with the lowest blood levels of vitamin D were about two times more likely to die from any cause during an eight-year period than those with the highest levels. The link with heart-related deaths was particularly strong in those with low vitamin D levels.

The study involved over 3,000 men and women in southwest Germany. Participants were aged 62 on average, and their vitamin D levels were checked in weekly blood tests.

It's estimated that at least 50 percent of older adults worldwide have low vitamin D levels, and a significant number of younger people may also be affected. Low vitamin D levels may result from spending less time outdoors, air pollution and a decline in your skin's ability to produce vitamin D from the sun as you age, the researchers said.

Sources:
THANK YOU