Energy Medicine

Medicine of the future (Meta-Medicine)
BM Hegde

• MD, FRCP (London), FRCP (Edinburgh), FRCP (Glasgow), FRCPI (Dublin), FACC, FAMS.


• Chair, Bihar State Health Society’s Expert Comm.

• Prof. Human Health. University of N. Colorado.

• Former Visiting Professor of Cardiology. London University.

• Former Vice Chancellor, Manipal University.
Spanish Flag
The Limits of Science

• Sir Peter Medawar.
• Nobel Laureate
• Oxford University Press 1988.
“A-Duality”

Energy = Matter

“Advaiatha” ???
In Universe

- Known mass (Galaxies + Stars + Cosmic + Dust + Planets + People etc)
- Dark matter
- Dark energy

65%
30%
5%
Subtle Energy and the Cosmos

**Known Mass**
- Galaxies
- Stars
- Cosmic dust
- Planets
- People

**Known Energy**
- Electromagnetic
- Nuclear
- Gravitational

**Dark Energy**
Could not be measured by us as it does not react with electromagnetism. Dark energy causes repulsion between objects while gravitational energy attracts them.
Dark Energy

• Treatment modalities using dark energies.
William A. Tiller, Ph.D. is professor emeritus of Materials Science and Engineering at Stanford University. Tiller appears in the film What the Bleep Do we Know?. His seminal book is the 1997 Science and Human Transformation, which postulates the existence of Subtle Energies, beyond the four fundamental forces, which act in concert with human consciousness.
Figure 4: Typical Raman spectra when the laser is off: Comparison of probe in air (black line) vs. with Rick Hoover's hands near probe, intending to “heal” it (red line). Note: no changes to this “null spectrum” by the ordinary human hand and intention.
Energy transformers in the human body
Study of Pranic Healing using Imaging in vitro.
Objectives

• Critically evaluate Pranic Healing in a laboratory setting

• Specifically: investigate possible mediation effects of Praanic Healing on He La cells in culture subjected to gamma radiation
Experimental Model Used to Evaluate Pranic Healing

- HeLa cells in culture subjected to gamma radiation
- Measure radiation survival rates with and without Praanic Healing.
- Laboratory model is well established and well characterized
Importance of Conditioned Workspace

- Conditioned lab space (n = 520): no effect in 12% of experiments (62/520)
- Non-conditioned lab space (n = 50): no effect in 90% of experiments (45/50)
- “Very dirty” lab space (n = 50): no effect in 100% of experiments (50/50)
INVESTIGATIONS
OF
THE 12% FAILURE RATE (2)

• Results
  • No improvement in cell survival rates
  • BUT failure rate dropped from 12% to 4%
  • No correlations between success rate and amount donated or charity used

• Represents first experimental observation and measurement of karmic intervention
• Correlation between specific brain cortices & corresponding acu-point stimulation.

• Functional MRI
  – stimulation of visual cortex by light flashes
  – activation of brain cortices by stimulation of vision related acu-point.
• PH can reverse the effects of radiation on cells in culture
• PH stimulation of vision related acupoint is identical to needle stimulation seen with fMRI
• Results are independent of shielding & of distance between healer and subject
• Results are dependent on conditioning of lab space
• Success improved by karmic intervention
A Unique Clinical Experiment (study) of Telepathic Curative Energy transfer through Proxy Medium with Remarkable results on Human Metabolism and Diabetes (T2).

Prof. B.M. Hegde, Mangalore and Dr. C.V. Krishnaswami, Chennai, India.
## Before Treatment:

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Parameters</th>
<th>11.03.2009</th>
<th>12.05.2009</th>
<th>29.05.2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Blood Sugar</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fasting</td>
<td>208 mg/dl</td>
<td>----</td>
<td>190 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Post Prandial</td>
<td>269 mg/dl</td>
<td>----</td>
<td>260 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Random</td>
<td>----</td>
<td>283 mg/dl</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>HBA1c</td>
<td>8.3%</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Serum Fractosamine</td>
<td>----</td>
<td>----</td>
<td>3.09 mmol/Lt</td>
</tr>
<tr>
<td>2</td>
<td>Blood Urea</td>
<td>29 mg/dl</td>
<td>20 mg/dl</td>
<td>24 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Creatinine</td>
<td>1.0 mg/dl</td>
<td>0.9 mg/dl</td>
<td>0.8 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Uric Acid</td>
<td>6.9 mg/dl</td>
<td>7.0 mg/dl</td>
<td>7.2 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Sodium</td>
<td>139 mEq/L</td>
<td>137 mEq/L</td>
<td>140 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Potassium</td>
<td>4.6 mEq/L</td>
<td>4.55 mEq/L</td>
<td>4.5 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Chloride</td>
<td>94 mEq/L</td>
<td>96 mEq/L</td>
<td>95 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Bicarbonate</td>
<td>23 mEq/L</td>
<td>23 mEq/L</td>
<td>24 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Urine for Micro Albumin</td>
<td>102 mg/L</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Urine Sugar</td>
<td>+</td>
<td>----</td>
<td>(F) Trace (PP)</td>
</tr>
<tr>
<td></td>
<td>Acetone</td>
<td>----</td>
<td>----</td>
<td>Negative</td>
</tr>
</tbody>
</table>
## Before Treatment:

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Parameters</th>
<th>11.03.2009</th>
<th>12.05.2009</th>
<th>29.05.2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Cholesterol:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serum Cholesterol</td>
<td>308 mg/dl</td>
<td>476 mg/dl</td>
<td>572 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Triglycerides</td>
<td>1204 mg/dl</td>
<td>----</td>
<td>1309 mg/dl</td>
</tr>
<tr>
<td></td>
<td>HDL – Cholesterol</td>
<td>20 mg/dl</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>4</td>
<td>SGOT</td>
<td>67 U/L</td>
<td>19 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>SGPT</td>
<td>75 U/L</td>
<td>40 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>SAP</td>
<td>345 U/L</td>
<td>234 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Serum Amylase</td>
<td>64 U/L</td>
<td>732 U/L</td>
<td>75 U/L</td>
</tr>
<tr>
<td></td>
<td>Gamma GT</td>
<td>30 U/L</td>
<td>43 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Serum Lipase</td>
<td>----</td>
<td>557 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Urine Amylase</td>
<td>----</td>
<td>2376 U/L</td>
<td>----</td>
</tr>
</tbody>
</table>
# 1 day Before the Transfer of Energy & After Treatment

<table>
<thead>
<tr>
<th>S.No</th>
<th>Parameters</th>
<th>11-09-2009 (1 day before)</th>
<th>19.09.2009 (1 week after)</th>
<th>26.09.2009 (2 weeks after)</th>
<th>10.10.2009 (4 weeks after)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blood Sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fasting</td>
<td>200 mg/dl</td>
<td>211 mg/dl</td>
<td>223 mg/dl</td>
<td>147 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Post Prandial</td>
<td>257 mg/dl</td>
<td>255 mg/dl</td>
<td>254 mg/dl</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>HBA1c</td>
<td>9.0%</td>
<td>----</td>
<td>----</td>
<td>8.0%</td>
</tr>
<tr>
<td></td>
<td>Serum Fractosamine</td>
<td>----</td>
<td>3.20 mmol/Lt</td>
<td>2.97 mmol/Lt</td>
<td>2.79 mmol/Lt</td>
</tr>
<tr>
<td>2</td>
<td>Urine Analysis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serum Blood Urea</td>
<td>33 mg/dl</td>
<td>----</td>
<td>----</td>
<td>24 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Creatinine</td>
<td>1.0 mg/dl</td>
<td>----</td>
<td>----</td>
<td>0.8 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Uric Acid</td>
<td>10.8 mg/dl</td>
<td>7.4 mg/dl</td>
<td>7.1 mg/dl</td>
<td>7.1 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Sodium</td>
<td>142 mEq/L</td>
<td>142 mEq/L</td>
<td>140 mEq/L</td>
<td>140 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Potassium</td>
<td>5.0 mEq/L</td>
<td>4.7 mEq/L</td>
<td>4.3 mEq/L</td>
<td>3.9 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Chloride</td>
<td>100 mEq/L</td>
<td>99 mEq/L</td>
<td>98 mEq/L</td>
<td>95 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Bicarbonate</td>
<td>27 mEq/L</td>
<td>28 mEq/L</td>
<td>28 mEq/L</td>
<td>26 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Urine for Micro Albumin</td>
<td>187.0 mg/L (F) + (PP) +</td>
<td>137.0 mg/L (F) + (PP) +</td>
<td>104 mg/L (F) ++ (PP) +</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Urine Sugar</td>
<td>Negative</td>
<td>Negative</td>
<td>Negative</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Acetone</td>
<td></td>
<td></td>
<td></td>
<td>Negative</td>
</tr>
</tbody>
</table>
# 1 day Before the Transfer of Energy & After Treatment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Cholesterol:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serum Cholesterol</td>
<td>421 mg/dl</td>
<td>365 mg/dl</td>
<td>257 mg/dl</td>
<td>319 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Serum Triglycerides</td>
<td>1520 mg/dl</td>
<td>968 mg/dl</td>
<td>805 mg/dl</td>
<td>806 mg/dl</td>
</tr>
<tr>
<td></td>
<td>HDL – Cholesterol</td>
<td>26 mg/dl</td>
<td>----</td>
<td>----</td>
<td>30 mg/dl</td>
</tr>
<tr>
<td></td>
<td>LDL – Cholesterol</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>127 mg/dl</td>
</tr>
<tr>
<td></td>
<td>Ratio</td>
<td>16.1</td>
<td>----</td>
<td>----</td>
<td>10.6</td>
</tr>
<tr>
<td>4</td>
<td>SGOT</td>
<td>46 U/L</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>SGPT</td>
<td>66 U/L</td>
<td>----</td>
<td>41 U/L</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>SAP</td>
<td>420 U/L</td>
<td>----</td>
<td>210 mg/dl</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Gamma GT</td>
<td>72 U/L</td>
<td>----</td>
<td>88 U/L</td>
<td>----</td>
</tr>
</tbody>
</table>
Known Energy

• Treatment modalities using electromagnetic energy.
How does energy medicine work?
Wisdom of the Human Body!

• This wisdom keeps us alive.
• Modern medical science has no place for keeping man either healthy or alive.
• Need for a new science of man.
• Example: stem cell:
  • exogenous Vs endogenous.
Intermittant Hypoxia

• **Praanaayaama.** Expiratory breath holding.
• Artificially done from outside.
• High altitude living.
• Encourage pre-conditioning in the various organs like heart etc.
• Stimulates erythropoietin secretion.
• Etcetera.
Global Signalling

• Every cell DNA emits photon particle light.
• Medicine, applied to one part, results in massive changes in the photon output, even in distant cells.
• ? Teleportation!

(Fritz Albert Popp. 1970.)
Fritz Albert Popp 1970

- Health is a state of perfect subatomic communication and ill health is a state of communication breakdown. When we are ill we are out of synch with our waves.”
Photon light emission from the human body
Dementia Epidemic???

- Mostly drug induced!!!
- Cardiac drugs, cholesterol lowering drugs, sleeping pills, anti-psychotics, narcotics, stimulants, anti-cholinergics, anti-epileptics, and drug cocktails.

- Drug Induced Dementia (Book)
- Grace E. Jakson MD
Transepithelial Potential Changes

Mammalian

MORE NEGATIVE → LESS NEGATIVE (MORE POSITIVE) → MORE NEGATIVE

Amphibian

MORE POSITIVE → LESS POSITIVE (MORE NEGATIVE) → MORE POSITIVE
Silver Nylon & Microcurrent

Moist Gauze Stent

Ag Nylon

0.9 V DC
Finger Tip Amputation

Date of Injury: 16 May 1995

Day 1
Day #3

Clinical Applications
Silverlon™
Photograph # RL- 2

© Argentum International, L.L.C.
Date of Injury: 16 May 1995

Day 17
The body cell

Examples of Different Cells

- Epithelial Cell
- Muscle Cell
- Nerve Cell
- Connective Tissue Cell
Dr. Glen Gordon’s PEMF
Before Treatment

Mr. VR, Male 71 Years
Mr. VR, Male 71 Years

After Treatment

Ortho
After Treatment
Mrs. P aged 45. with acute disc prolapse
Is the heart a simple muscular pump?

• Liver pumps blood - Galen 127 AD.
• Heart Pumps blood. W. Harvey 1628 AD.
• Does the heart pump blood?
• “Knowledge advances NOT by repeating known things, but by REFUTING false dogmas.” Karl Popper
Capillary Bed
Heart absent for 20 weeks.
Bath tub emptying
Whirling flow inside a blood vessel
Fills by venous dance!
Heart fills by Venous dance.
Heart as a seat of emotions!
Voltaire

• "Every man, as to character, is the creature of the age in which he lives. Very few are able to raise themselves above the ideas of their times."
Medical Education

- 1857 London University Syllabus.
- Some tinkering here and there but no overhauling so far.
- Totally irrelevant to Indian conditions.
- Future is for an integrated system.
- Need based education is the need of the hour.
- Community based teaching is a must.
Medical Research

- Dangerous CROs have invaded India.
- Mostly repetitive research.
- 99% is Pharmaceutical company sponsored research. (90% + Vs 30%+)
- “Copy Cat”-“me too” research.
- Enough & More research fraud already!
Future plans.

- **Invent a new science of man:** Her/his individuality & not as a group.
- **Reinvent a science to rebuild a sick man** back to health using his own inbuilt defenses and not outside chemicals and drugs.
- **De-school society:** Society thinks that doctors and medicines alone could keep mankind healthy!
World Academy of Authentic Healing Sciences.
Based in Mangalore, India. Subsidiary of the “Friends of Health,” USA.

Founder President:
Professor Rustum Roy
Evan Pugh Distinguished Professor of Material Sciences and Medicine, Penn State University.
Announcing A New Journal

The Science of Healing Outcomes

Editor in Chief, B. M. Hegde
MD, FRCP, FRCPE, FRCPG, FRCPI, FACC, FAMS.

Chairman, State Health Society’s Expert Committee, Govt. of Bihar, Patna.
Former Visiting Prof. Cardiology, University of London,
Affiliate Prof. of Human Health, Northern Colorado University,
Retd. Vice Chancellor, Manipal University,
Manjunath Pa is Hills, Bejai
MANGALORE-575004. India

Co-Editor in Chief,
Rustum Roy, PhD.
Evan Pugh Professor of the Solid State Emeritus
Professor of Science Technology and Society Emeritus
The Pennsylvania State University
102 MRL
University Park, PA. 16802
Distinguished Professor of Materials,
Arizona State University
Visiting Professor of Medicine,
University of Arizona

Published from Mangalore, India

www.thejsho.com
JSHO Board of Editors
(as of November 2007)

Iris Bell
Professor of Family and Community Medicine,
(Program in Integrative Medicine),  
University of Arizona  
Tucson, Arizona USA

Juliana Brooks
Senior Managing Director  
General Resonance, LLC  
Havre de Grace, Maryland USA

Effie Chow
East West Academy of Healing Arts  
San Francisco, California USA

Barbara Dossey
Director, Holistic Nursing Consultants  
Co-Director, Nightingale Initiative for Global Health  
Santa Fe, New Mexico USA

Hans-Peter Duerr
Dir., Max Planck Institute  
Munich, Germany

Bart Flick
Visiting Professor  
University of Georgia  
Athens, Georgia USA

Krishnaswami CV.
Retd. Prof. Clinical Medicine,  
Head. Diabetology, VHS centre,  
Chennai, India

Viktor Inyushin
Doctor of Biology, Professor at  
Al-Farabi Kazakh State University  
Almaty, Kazakhstan

Wayne Jonas
President  
Samueli Institute for Information Biology  
Alexandria, Virginia USA

Joie Jones
Professor of Radiology  
University of California Irvine  
Irvine, California USA

Brian Josephson
Nobel Laureate, Physics  
Cambridge University, UK

Mark Mortenson
General Resonance, LLC  
Havre de Grace, Maryland USA

Konstantin Korotkov
Professor of Physics  
St. Petersburg State Technical University  
St. Petersburg, Russia

Herbert Nehrlich
Family Physician, & Poet.  
Hobart, Tasmnia.  
Australia.

Marc Newkirk
President  
Mobius Sciences Inc.,  
Massachusetts, USA

Marilyn Schlitz
Director of Research  
Institute of Noetic Sciences  
Petaluma, California USA

Richard Smith
Former Editor of British Medical Journal  
CEO of Health Europe Inc.  
London, UK

Susan Lark M.D
Stanford University,  
Palo Alto, California.

William Tiller
Professor Emeritus of Materials Science  
Stanford University  
Stanford, California USA

Vladimir Voeikov
Professor, Vice-Chairman  
Faculty of Biology  
Lomonosov Moscow State University  
Moscow, Russia

Andrew Weil
Director, Program of Integrative Medicine  
University of Arizona  
Tucson, Arizona USA

Ortho
Editorial Board of JSHO
Results....

Surgeon FRCS. KVS aet. 86 yrs

- In perpetual LVF for the last one year despite effective treatment.
- Heart attacks in the past.
- Was on 18 tablets daily.
- Getting admitted to ICU at least once a week.
- Has become a different person doing what he wants to do. EF increased significantly.
Mr. V.R, Male, aged 71 years – DM (T2) x 17 years, with Triopathy and Diabetic Foot ASCVD/HTN/CAD-Post PTCA Status (since 2001). Developed a Trophic ulcer in the **left great toe** which got infected in July 2008.

He presented to us in February 2009 with a highly swollen, infected digit pouring out pus (in patients’ own words “a huge rotten potato and stinking foul smell emanating from the wound”
Mr.VR, Male 71 Years

Before Treatment
Mr.VR, Male 71 Years

After Treatment
A case of severe Acute Myocardial Infarction (complicated by Klebsiella Pneumonia) managed Successfully using Pulsed Electro Magnetic Field Energy (EM Pulse (solo) device)
Energy healing

- Diseases recognised as energy imbalances in physics.

- Correcting that imbalance by:
  a) Life vessel treatment.
  b) Energy waters.
  c) Spiritual energy—Praanic healing
  d) Electromagnetic energy (PEMF)
  e) Electrical energy.
  f) William Tiller’s intention energy.
• Ayurveda and many ancient systems were based on subtle energy understanding of our rishis.

• Electromagnetism is the only energy system that could be used for treatment in a very scientific way although all other energy systems do play a VITAL role like the Chakras, pranic healing, Reiki etc.
A super-peer reviewed publication devoted to research data and reports on outcomes of healing interventions. Including single case studies.

Luke: before the LifeVessel treatment

Luke: after the LifeVessel treatment

Editor in Chief – B.M. Hegde
Co Editor in Chief – Rustum Roy
Who Cures?

•“I only dress the wound, God (Nature) cures it!”
Water, the life giver
Fig. 8 The enormous variety of structures of the molecules in which almost certainly the chemical entity H2O can exist. The well known H2O monomer with its precisely defined tetrahedral angle is shown on the top left and below it a series of dimers, trimers, tetramers which can be constructed on paper from the relatively rigid H2O molecule, and so on. Moderate sized molecules are on the right. See Chaplin 2004 (q.v.) for individual references for any particular structure pictured above.
Transepithelial Potential Changes

**Mammalian**

More Negative \[\rightarrow\] Less Negative (More Positive) \[\rightarrow\] More Negative

Dead Cornified Layer - Living Layer - Dermis

**Amphibian**

More Positive \[\rightarrow\] Less Positive (More Negative) \[\rightarrow\] More Positive

Pond Water - Epidermis - Dermis
Silver Nylon & Microcurrent

Moist Gauze Stent

Ag Nylon

0.9 V DC
Finger Tip Amputation

Date of Injury: 16 May 1995
Day 1

Day #1
Date of Injury: 16 May 1995
Day 3

Clinical Applications
Silverlon™
Photograph # RL- 2
© Argentum International, L.L.C.
Date of Injury: 16 May 1995

Day 17

1 JUN. 1995
Date of Injury: 16 May 1995

Day 88
Phase space plot of Normal heart rate (CD = 0.46)
Phase space plot of heart rate with CHB (CD = 2.14)
CWT plot of Normal heart rate
CWT plot of heart rate with Isc. /Dil. Cardiomyopathy
Fig. 12. EFFECT OF DIAPHRAGMATIC BREATHING ON HRV IN DIFFERENT CONDITIONS OF I H D

- **Unstable Angina**
- **Stable Angina**
- **MI**
- **MI with CF**

- * P<0.05, ** P<0.01, *** P<0.001 – Initial Vs I Follow Up
- ▲ P<0.05, ▲ ▲ P<0.01, ▲ ▲ ▲ P<0.001 – Initial Vs II Follow Up
To publish all authentic healing outcomes if they are well documented and pass through our “super-peer review” system.

To encourage research into ancient Indian systems for their authentication.

Needs your benevolence.

No company advertisements accepted!

Journal runs on philanthropy only.
Announcing A New Journal

The Journal of the Science of Healing Outcomes

Editor in Chief,
B. M. Hegde
MD, FRCP, FRCPE, FRCPI, FACC, FAMS.
Chairman, State Health Society’s Expert Committee,
Govt. of Bihar, Patna.
Former Visiting Prof. Cardiology, The Middlesex Hospital Medical School, University of London,
Affiliate Prof. of Human Health, Northern Colorado University,
Former Visiting Prof. Indian Institute of Advanced Studies, Shimla,
Retd. Vice Chancellor, Manipal University.

Co-Editor in Chief,
Rustum Roy
Evan Pugh Professor of the Solid State Emeritus Professor of Science Technology and Society Emeritus
The Pennsylvania State University
102 MRL
University Park, PA. 16802
Distinguished Professor of Materials,
Arizona State University
Visiting Professor of Medicine,
University of Arizona

Published from Mangalore, India
First issue: 1st Quarter, 2008.
www.thejsho.com
B.M. Hegde, Editor  
Visiting Professor, Cardiology  
University of London, UK

Rustum Roy, Co-editor  
Evan Pugh Prof. of Solid State Emeritus  
The Pennsylvania State University  
University Park, PA USA

Iris Bell  
Professor of Family and Community Medicine,  
(Program in Integrative Medicine),  
University of Arizona  
Tucson, Arizona USA

Juliana Brooks  
Senior Managing Director  
General Resonance, LLC  
Havre de Grace, Maryland USA

Effie Chow  
East West Academy of Healing Arts  
San Francisco, California USA 

Barbara Dossey  
Director, Holistic Nursing Consultants  
Co-Director, Nightingale Initiative for Global Health  
Santa Fe, New Mexico USA

Hans-Peter Duerr  
Dir., Max Planck Institute  
Munich, Germany

Bart Flick  
Visiting Professor  
University of Georgia  
Athens, Georgia USA

Krishnaswami CV.  
Retd. Prof. Clinical Medicine,  
Head. Diabetology, VHS centre,  
Chennai, India

Viktor Inyushin  
Doctor of Biology, Professor at  
Al-Farabi Kazakh State University  
Almaty, Kazakhstan

Wayne Jonas  
President  
Samueli Institute for  
Information Biology  
Alexandria, Virginia USA

Joie Jones  
Professor of Radiology  
University of California Irvine  
Irvine, California USA

Brian Josephson  
Nobel Laureate, Physics  
Cambridge University, UK

Mark Mortenson  
General Resonance, LLC  
Havre de Grace, Maryland USA

Konstantin Korotkov  
Professor of Physics  
St. Petersburg State Technical University  
St. Petersburg, Russia

Herbert Nehrlich.  
Family Physician, & Poet.  
Hobart, Tasmania.  
Australia.

Marc Newkirk  
President  
Mobius Sciences Inc.,  
Massachusetts, USA

Marilyn Schlitz  
Director of Research  
Institute of Noetic Sciences  
Petaluma, California USA

Richard Smith  
Former Editor of British Medical Journal  
CEO of Health Europe Inc.  
London, UK

Susan Lark M.D  
Stanford University,  
Palo Alto, California.

William Tiller  
Professor Emeritus of Materials Science  
Stanford University  
Stanford, California USA

Vladimir Voeikov  
Professor, Vice-Chairman  
Faculty of Biology  
Lomonosov Moscow State University  
Moscow, Russia

Andrew Weil  
Director, Program of Integrative Medicine  
University of Arizona  
Tucson, Arizona USA
Editorial Board of JSHO
• I am the beginning, the middle, and the end terminal,
• O Arjuna, I am the creator of all the creational phenomenal,
• Of all sciences I am the science of Overself supernal,
• Among argumentatives I am conclusive Truth eternal.

Chapter 10. Verse 32. (GB Jain)
Human Cells

- Love one another. e.g. infarct.
- Love other’s cells.
- “Me-You”.
- Complex!
- ??? Autoimmunity!
Thank You All
Million Thanks

• Go home and think.

• “Old order changeth, yielding place to new, lest one good custom shall corrupt the world.”

• Medical care delivery cries for an urgent need for change for the good of mankind.
Further ECG tracing showed typically evolving myocardial infarction involving Anterior, septal and lateral wall extensively including the LV apical region (LAD territory) (vide Table I) The Cardiac Echo study done on 01.09.2009 showed severe hypokinesia of lower 2/3rd of IVS, anterior wall and apex with LV EF 36% (vide Table II). The blood investigations showed elevated Cardiac Enzymes and other blood parameters were non-contributory (vide Lab. Table).

**On the 3rd day after admission he developed high temperature, Cough, Blood stained Phlegm and Breathing difficulty.** A Chest X-ray showed Bilateral Patchy Pneumonitis with Left side worse than the right lung; (In view of blood stained Sputum Inj. Heparin and aspirin were stopped) and he was straightaway started on Inj. Pipercillin/Tazobactum,
which proved to be sensitive to the organism grown from the sputum later (Klebsiella species) – perhaps of nosocomial origin! From then on he made a remarkably smooth and uneventful recovery, became afebrile with no breathing difficulty and was shifted out of the ICU on the 6th day. The serial Chest X-rays and Lab profiles may be viewed (Tables III & IV). During the entire stay, both in the ICU and the room he was given PEMFE (EM Pulse solo device) to the precordium continuously. The other drugs used were Tab. Isosorbide, Clopidogrel, Digoxin, Frusemide, Alprazolam and supportive therapy.
He was ambulant and was able to attend to his personal needs from the 6th day onwards. He experienced absolutely no chest pains from third morning after admission (viz 36 hrs) and required no medication. He had no haemodynamic or arrhythmic crises during his stay.

He was discharged on 13.09.2009 fully asymptomatic and ambulant with Temp: Normal, PR 80/mt, regular, BP 104/64mm Hg and was advised rest at home with restricted activities. He was advised to continue using the EM Pulse (solo) to the precordium at home, continuously for the next 3 weeks and report for review.

The Cardiac Echo Study done the day of discharge showed very good improvement in the LV ejection fraction (40%) – (Table II).
• "Our studies have shown that silver effectively kills falciparum in human blood culture.

• In addition, it is very effective in chloroquine resistant Malaria."

• "Urgent human studies are needed."

• Prof. V. S. Chauhan Director International Centre for Genetic Engineering and Biotechnology (ICGEB) Aruna Asaf Ali Marg New Delhi – 110 067 INDIA Tel: 91-11-
Sorry for delay in response. We had some trouble with our culture for a while and wanted to be doubly sure of the results before I sent you any confirmatory answer. The silver preparation has fairly high anti parasitic activity in culture. It is not clear however but whether it is because all the silver particles or something in the medium. Although, I suspect, it must reconsider all the colloidal silver. Good thing is that it also inhibits the
Results....

Musician with advanced IHD and multiple arrhythmias.
Aet. 81 yrs.

- Vent.tachycardia-AV dissociation- tachy-brady syndrome.
- Settled down within 24 hours to regular rhythm of about 44 to 50 betas per minute.
- AV dissociation still persists but the QRS complexes are normal going down the bundle of HIS. No aberrant conduction. His LVEF much better symptomatically.
- Feels a lot better and is up and about.
House wife with acute Brain attack

- Admitted 24 hrs. after an acute brain attack.
- BP 240/130 mm Hg.
- NO DRUGS GIVEN AT ALL!
- Aphasia with right hemiplegia as also vertigo.
- Aphasia almost cleared in 8 hours and the
  hemiplegia cleared in 24 hours.
- BP came down to 140/90 in 12 hours.
- Went home walking after 2 days stay, mostly sitting on a chair as she did not get a bed!
Housewife in her 60s with ischaemic cardiomyopathy and fast AF: resistant to therapy.

- AF with heart failure on multiple drugs.
- Rate came down to normal in 24 hours. Basic AF remains with normal ventricular rate
- Patient feels fine and is very, very happy to be up and about.
Results.....

PhD in management aet 85 with OLD multiple small infarcts in the brain with residual motor aphasia and contractures in the left hand muscles.

- Aphasia improved in 24 hours significantly and since then has come back to normal.
- The left hand muscles have completely relaxed but still have some residual weakness after 3 weeks.
- Walks normally.
Young lady with mild peritonitis-post operative.

- Unbearable pain not relieved by usual pain KILLERS!

- 6 hours later after putting the PEMF machine on her R.I. Fossa her pain disappeared completely.
Results.....

Miracle man of 70 yrs.

- Was in a foetal position for years. Looked like a skeleton.
- Old Pott’s spine and gibbus. Has had adequate anti-TB drugs in the past.
- Neurologic position and disability never changed.
- In 72 hours the man was relaxed with limbs stretched and opens his eyes to smile at people and respond to commands.
Prof. OBGY aet. 85. Female with motor aphasia with a 2 year old stroke.

- Not much improvement in 12 hours.
- Slight improvement after 24 hours.
- Further results awaited.
88 year old lady with IHD and advanced Osteo-arthritis both knees.

- Unbearable rest pain in the right knee where the PEMF was applied got relieved in 3 hours but the walking pain continues after 6 hours. Further reports awaited.

- Pain almost gone after 24 hours. Walks normally.
Young dermatologist with renal failure waiting for transplant.

- 70% glomeruli damaged and fibrosed with interstitial fibrosis on biopsy with 6.8 creatinine.
- Possibly STATIN related!!
- Since he did not want transplant and since he is my old student doing REFUTATIVE research in dermatology which has attracted international attention, I have applied one PEMF on the surface marking of the R kidney which was not biopsied.
- Waiting with bated breath!!!!!!!!
## Comparative Lab Studies of T.E. Raman

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/09/2009</td>
<td>05/09/2009</td>
</tr>
<tr>
<td><strong>Blood Sugar:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random</td>
<td>140 mg/dl</td>
<td></td>
</tr>
<tr>
<td><strong>Urine Analysis:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Urea</td>
<td>38 mg/dl</td>
<td>47 mg/dl</td>
</tr>
<tr>
<td>Serum Creatinine</td>
<td>0.9 mg/dl</td>
<td>0.8 mg/dl</td>
</tr>
<tr>
<td>Serum Uric Acid</td>
<td>5.5 mg/dl</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td>141 mEq/dl</td>
<td>138 mEq/dl</td>
</tr>
<tr>
<td>Potassium</td>
<td>4.63 mEq/dl</td>
<td>3.32 mEq/dl</td>
</tr>
<tr>
<td>Chloride</td>
<td>96 mEq/dl</td>
<td></td>
</tr>
<tr>
<td>Bicarbonate</td>
<td>20 mEq/dl</td>
<td></td>
</tr>
<tr>
<td>Albumin</td>
<td>Trace</td>
<td></td>
</tr>
<tr>
<td>Sugar</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td>Acetone</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Colour</td>
<td>Straw Yellow</td>
<td></td>
</tr>
<tr>
<td>Reaction</td>
<td>Acidic</td>
<td></td>
</tr>
<tr>
<td>Specific Gravity</td>
<td>1.025</td>
<td></td>
</tr>
<tr>
<td>Bile Salts</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Bile Pigments</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Urobilinogen</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Epithelial Cells</td>
<td>4-5</td>
<td></td>
</tr>
<tr>
<td>Pus Cells</td>
<td>6-8</td>
<td></td>
</tr>
<tr>
<td>Bacteria</td>
<td>Present</td>
<td></td>
</tr>
</tbody>
</table>
## Comparative Lab Studies of T.E. Raman

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/09/2009</td>
<td>04/09/2009</td>
</tr>
<tr>
<td></td>
<td>05/09/2009</td>
<td></td>
</tr>
<tr>
<td><strong>Haematology Report:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb</td>
<td>14.9 gm%</td>
<td></td>
</tr>
<tr>
<td>WBC</td>
<td>13,400 cells/cumm</td>
<td>8,300 cells/cumm</td>
</tr>
<tr>
<td>RBC</td>
<td>4.99 millions/cmm</td>
<td></td>
</tr>
<tr>
<td>PCV</td>
<td>43.40%</td>
<td></td>
</tr>
<tr>
<td>Neutrophils</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Eosinophils</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Platelet Count</td>
<td>2.60 lakhs/cmm</td>
<td>1.76 lakhs/cmm</td>
</tr>
<tr>
<td>ESR</td>
<td>12 mm/1 hr</td>
<td></td>
</tr>
<tr>
<td>Activated Partial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thromboplastin Time:</td>
<td></td>
<td>40 seconds</td>
</tr>
<tr>
<td>Activated Partial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thromboplastin Control:</td>
<td></td>
<td>31 seconds</td>
</tr>
<tr>
<td>Bleeding Time</td>
<td></td>
<td>01 min 30 sec</td>
</tr>
<tr>
<td>Clotting Time</td>
<td></td>
<td>21 min</td>
</tr>
<tr>
<td><strong>Liver Function Tests:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGOT</td>
<td>63 U/L</td>
<td></td>
</tr>
<tr>
<td>L.D.H.</td>
<td>760 U/L</td>
<td></td>
</tr>
<tr>
<td>CPK</td>
<td>943 U/L</td>
<td></td>
</tr>
<tr>
<td>CPK (MB)</td>
<td>60 U/L</td>
<td></td>
</tr>
<tr>
<td><strong>Sputum Culture Report</strong></td>
<td></td>
<td>Klebsiella SP are isolated in culture.</td>
</tr>
<tr>
<td><strong>Lipid Profile</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum Cholesterol</td>
<td>217 mg/dl</td>
<td></td>
</tr>
</tbody>
</table>
Whole Abdomen Scan

LIVER: Normal in size. Shows increase in echotexture. IHBR and Portal radicles are normal. CBD and Portal vein are within normal limit.

GALL BLADDER: Normal in distension, size and contour. There is no alternation of internal echoes. The wall thickness appears normal.

PANCREAS: Normal in size and echoes. MPD is not dilated.

Spleen: Normal in size with uniform parenchymal echoes.

BOTH KIDNEYS: Right - 102 x 47 mm. Normal in size and contour. The corticomedullary differentiation is maintained. The pelvicalyceal system appears normal.

Left - 111 x 49 mm. Normal in size and contour. The corticomedullary differentiation is maintained. The pelvicalyceal system is normal.

GREAT VESSELS: The abdominal aorta and IVC appears normal.

BLADDER: Empty.

Impression

- BILATERAL PLEURAL EFFUSION.
- DIFFUSE FATTY CHANGES.

(RADIOLOGIST)
ST. ISABEL'S HOSPITAL

Name: MR. RAMAN 59 M
MRN: 09-09-07-120004
DOB: 
Age: 
Gender: 

Abdominal

Height:
Weight:
Lab Result:
Previous Surgery:
Indication:

[Image: Ultrasound scans of abdominal region]
Conclusions:
1. This is a case of Acute extensive Myocardial infarction, complicated by Klebsiella Pneumonia, who voluntarily opted for the non-conventional PEMFE therapy over the conventional therapy with Thrombolysis, ACEI, Statins, and Interventional procedures like CAG, PTCA/CABG. Perhaps two reasons are responsible for his decision

   a) His absolute faith in god and his personal physician.

   b) Economic aspect of hospitalisation for such conditions as his?
2. Incidentally **the total hospital stoppages for him was INR 40,000/- (US $ 800/-) (for the 12 days including 5 days in the ICCU).**

The total hospital stoppages would have been very much less if he had been in a general bed (instead of the private room) and the ICCU stay reduced, but for the lung complication. (An estimated cost for the above scenario could be around Rs.10,000 or even less!).

3. This case has a happy outcome with very encouraging lessons to be learnt in the management in the ICU and the hospital.

4. It also emphasises the need for further organized, ethical controlled clinical studies (not RCTs!) in the management of Acute Myocardial Infarction cases.
Dr. Glen Gordon & His wife with the EMI Pulse Equipment.
On 07.10.2009 he reported for review. His recovery has been uneventful and remarkable. His BP 120/74 mm Hg, PR 84/mt, regular, and Cardiac/Respiratory Status were normal on clinical examination. The ECG and Cardiac Echo done on 07.10.2009 have shown very good improvement (vide respective Tables). He is presently taking the following medications.

<table>
<thead>
<tr>
<th>Generic/Brand Name</th>
<th>Strength</th>
<th>Dosage Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab. Sorbitrate</td>
<td>10 mg</td>
<td>1+1+1</td>
</tr>
<tr>
<td>Tab. Trimetazidine Di HCL - MR</td>
<td>35 mg</td>
<td>1+0+0</td>
</tr>
<tr>
<td>Tab. Digoxin</td>
<td>0.25 mg</td>
<td>½+0+0</td>
</tr>
<tr>
<td>Tab. Lasix</td>
<td>40 mg</td>
<td>½ +0+0 x 5/7 days</td>
</tr>
<tr>
<td>Tab. Ecosprin</td>
<td>75 mg</td>
<td>1+0+0</td>
</tr>
<tr>
<td>+ Vitamins + EM Pulse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Comparative Cardiac Echo Studies of T.E. Raman**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Parameters</th>
<th>Pre PEMFE *</th>
<th>Post PEMFE *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LV FUNCTION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LV Ejection Fraction</td>
<td>36%</td>
<td>42%</td>
</tr>
<tr>
<td>3</td>
<td>Valves</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>Trivial MR</td>
<td>Trivial MR</td>
<td>MV, AV, TV and PV.</td>
</tr>
<tr>
<td></td>
<td>Trivial AR</td>
<td>Trivial AR</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Any Other Remarks</td>
<td>CAHD.</td>
<td>Mild Pulmonary Hypertension.</td>
</tr>
<tr>
<td></td>
<td>No pericardial effusion.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PEMFE * Pulse Electromagnetic Field Energy**