

8.5 Practical study of biological effects of MWO fields reported by Maniisha Bluntschli

Aim

The aim of this study was to note any significant subjective and objective health changes in a range of people (ranging from healthy to unhealthy status) as a result being exposed to 15 minutes treatment in a Multiple Wave Oscillator.

The machine used was generating between 10 and 30 KV/meter electrical field (Close to the antenna and at the basic carrier frequency). Such a field is generated by a source HVT setting of 30mA and 4KV. This is a power setting low compared with the maximum setting of the Vassileff MWO #1.

Method

A sample of 33 subjects, both male and female, ranging from 9 to 80 years of age, volunteered to undergo a series of tests before and after having a 15 minute session on the MWO. The tests were conducted immediately before and immediately after the MWO sessions. They included measuring blood oxygen levels, pulse rates, subjective scoring (out of 10) for levels of body pain, tension, vitality, calmness, well-being feeling and clarity of mind. Additionally a GDV (Gas Discharge Visualization) camera was used to take photographs of the ten fingers of the subjects before and after the session to measure bio-photonic/energy levels emanating from the body.

Pulse rates and blood oxygen rates were measured using an oximeter.

Subjective scorings were assessed by the use of a simple questionnaire requesting the subject to give a score out of 10, to represent their current level of pain, tension, vitality, calmness, wellbeing feeling and clarity of mind at the time of the test (before and after the MWO session).

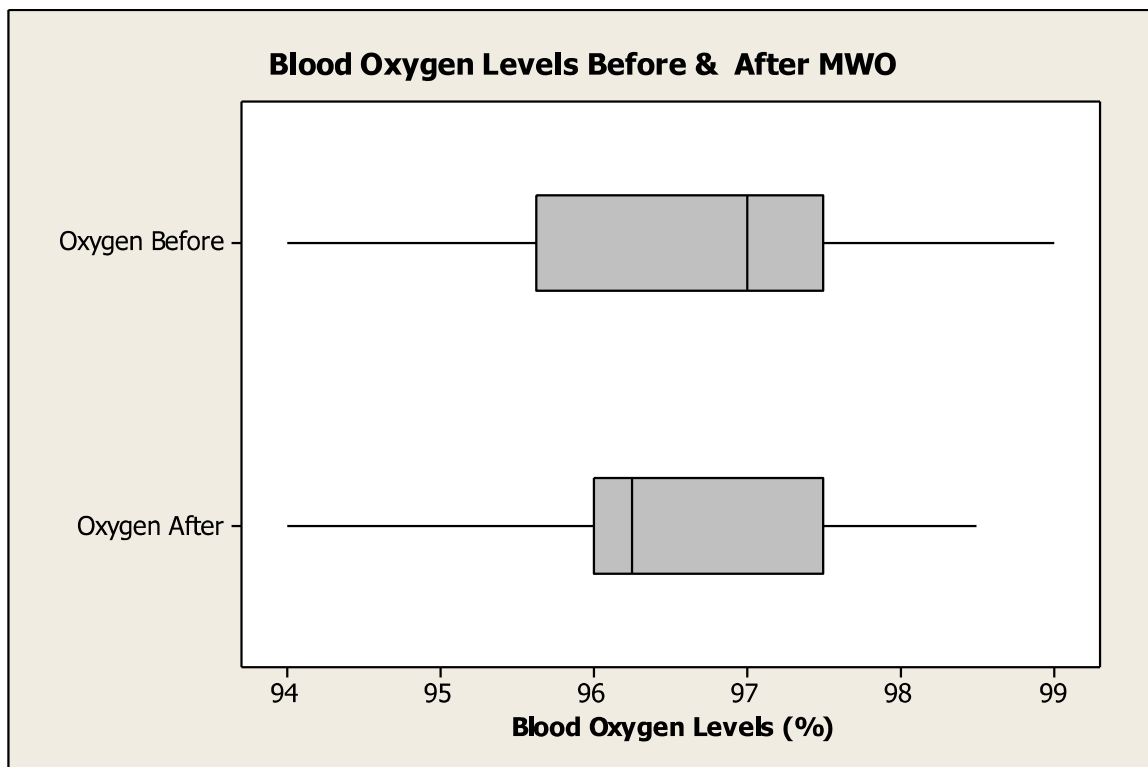
Results

A normality test (or probability plot) was done on data from all measured test parameters to ascertain which data was 'normal' and which was parametric (non-normal). The Paired T Test was used for all normal data, and Wilcoxin test for non-normal data.

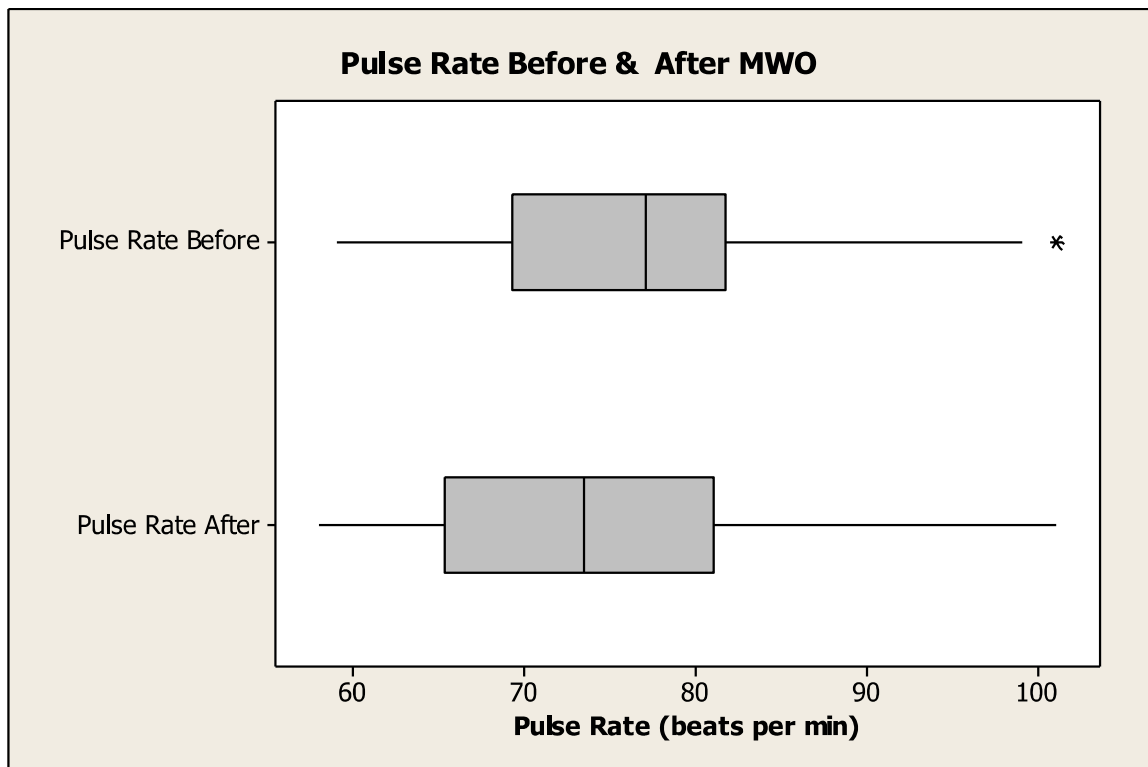
Results showed that there was a statistically significant change observed in data from tests before and after the MWO, for Pulse Rate, Pain Levels, Vitality Levels, Feeling of Well Being, Tension Levels, Calmness and Clarity of Mind levels. There was no statistically significant change for blood oxygen levels noted.

The following box plot graphs demonstrate before and after MWO session readings, and include changes in median values for the test group.

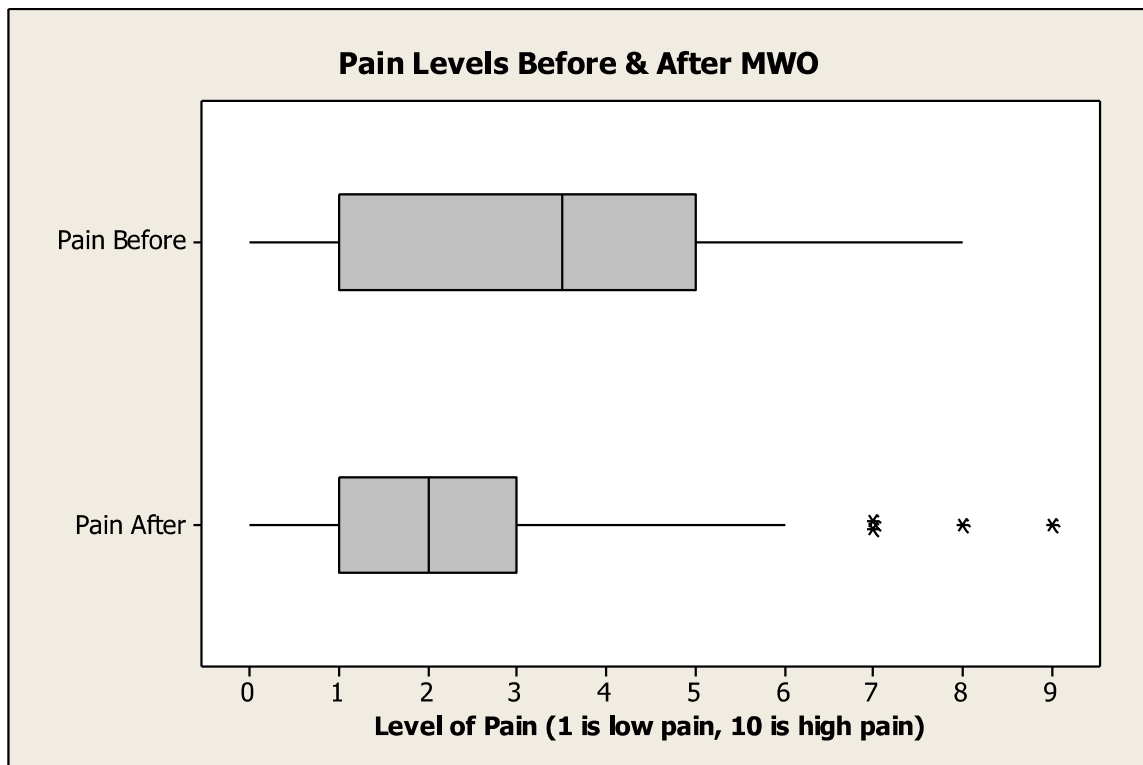
The following boxplots demonstrate the change in specified parameters, using the Wilcoxin test.



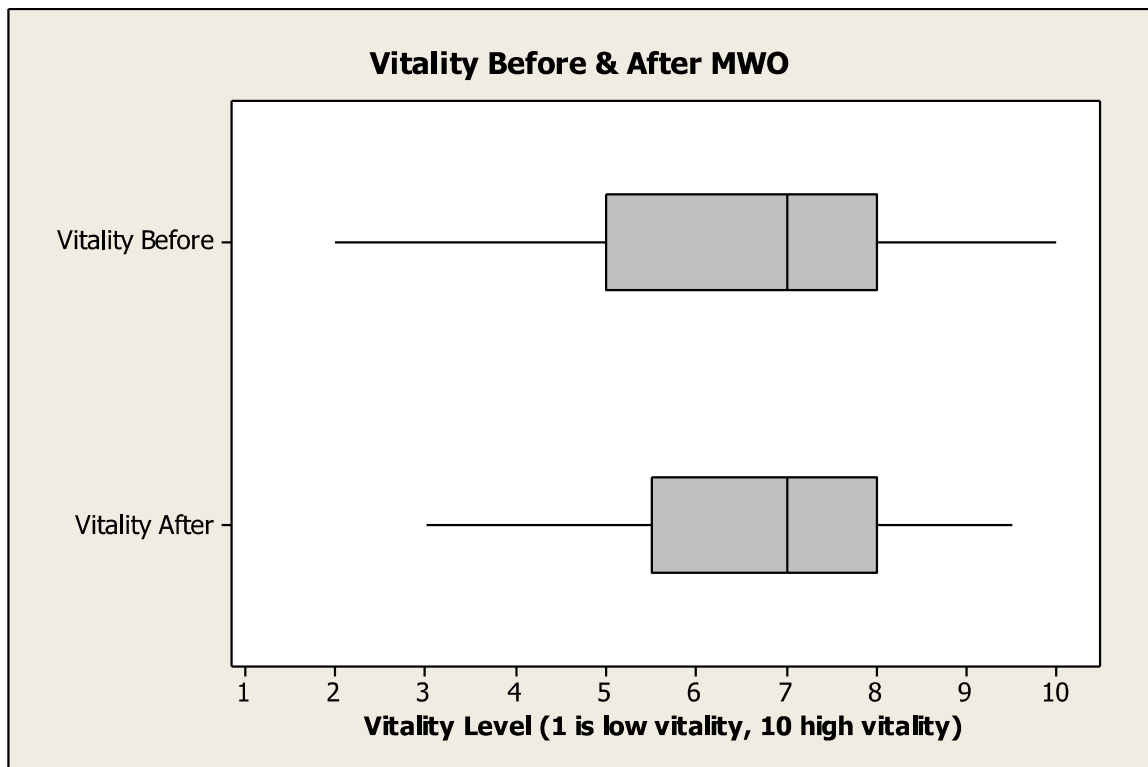
There was no significant statistical change in blood oxygen levels noted from before to after use of the MWO, as demonstrated in the above boxplot.



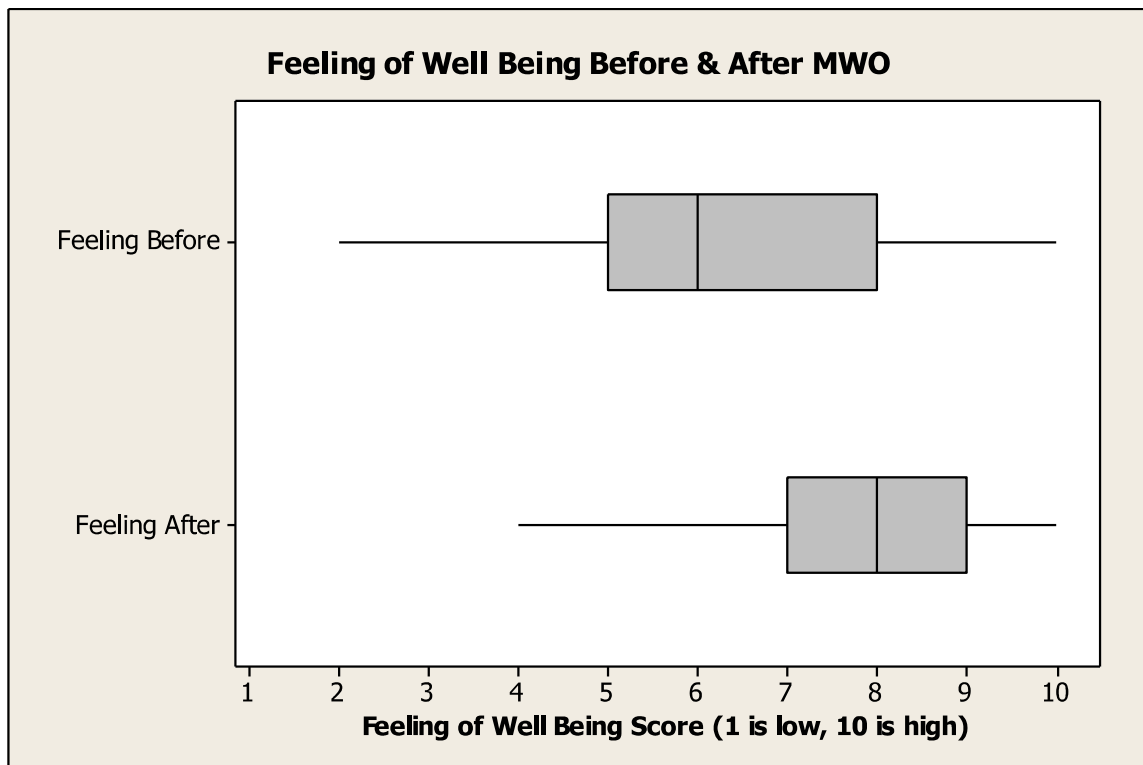
The above boxplot demonstrates the change which occurred in Pulse Rate in subjects before and after the MWO session. It can be seen that there was a significant drop in the median pulse rate reading for the group, from 77 beats per minute before to 73.5 beats per minute after the MWO.



The above box plot shows there was a statistically significant drop in the median pain levels for the group, from before to after use of the MWO. The median pain level before the MWO was 3.5, which dropped down to 2 after the MWO session. It is also interesting to note the change in distribution of pain levels in the group (before to after), as displayed by the shaded boxed areas. The bulk of the group had pain levels ranging from 1 to 3 after MWO, whereas they were registering higher levels up to 5 prior to the MWO use.



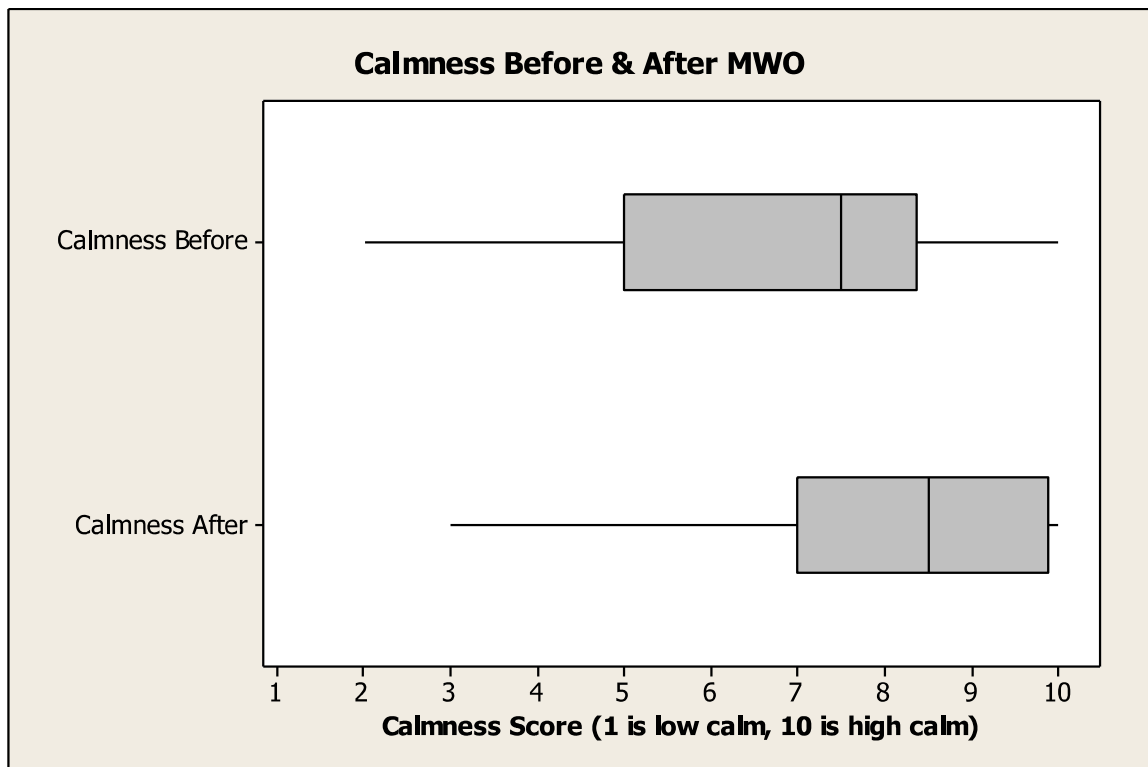
Using the Wilcoxin test to plot the vitality data, it was noted there was a statistical significant change in subject's vitality levels before and after the MWO use. However, comparing median values for the group before and after (both values being 7), there has been no noted change in the median values of vitality scores. There has however, by observing the shaded areas, been a noted change in the lower range of scores, with improved levels at the lower end of the group after the MWO session.



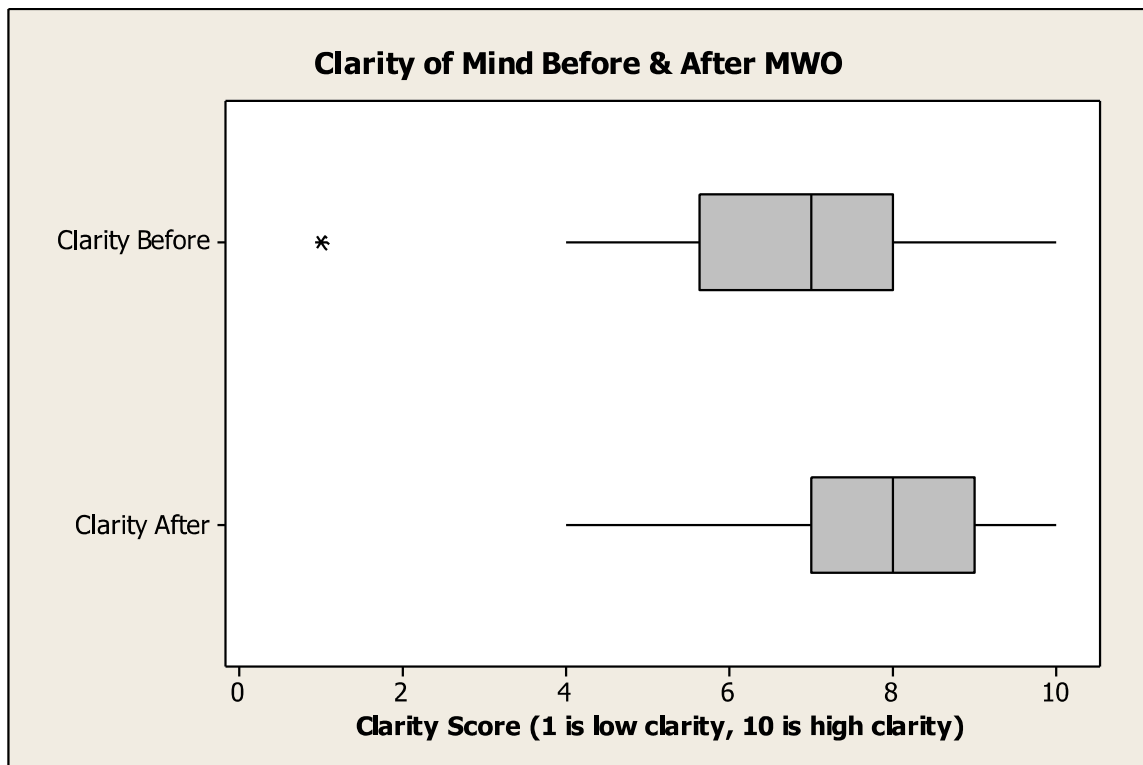
The box plot demonstrating data for changes in levels in Feeling of Well Being has shown significant statistical change. The median well-being feeling value for the group before MWO was 6, and after, changed to 8. This is a rise in 2 points for median values. However, observing the shaded areas in the box plot, it can be seen that the ranging scores for the group changed significantly, from 5 to 8 for before the MWO, to 7 to 9 after the MWO. This shows that people registering lower scores for well-being before the MWO were improved significantly after MWO readings.



As noted from the above box plot, tension levels decreased significantly after the MWO. The median tension value for the group before MWO was 3, and after was 1.5. Also the range of tension scores after the MWO was significantly reduced to lower levels, from 1 to 5.5 before to 1 to 3 after. This represents a significant reduction in nervous tension as a result of the 15 minute MWO session.



Calmness level scores showed a rise from before to after the MWO use. Median values for the grouped changed from 7.5 before, to 8.5 after. Additionally the range variance for the group changed from 5 to 8 before, to 7 to 10 after. This demonstrates a significant improvement in calmness levels as a result of the MWO session.



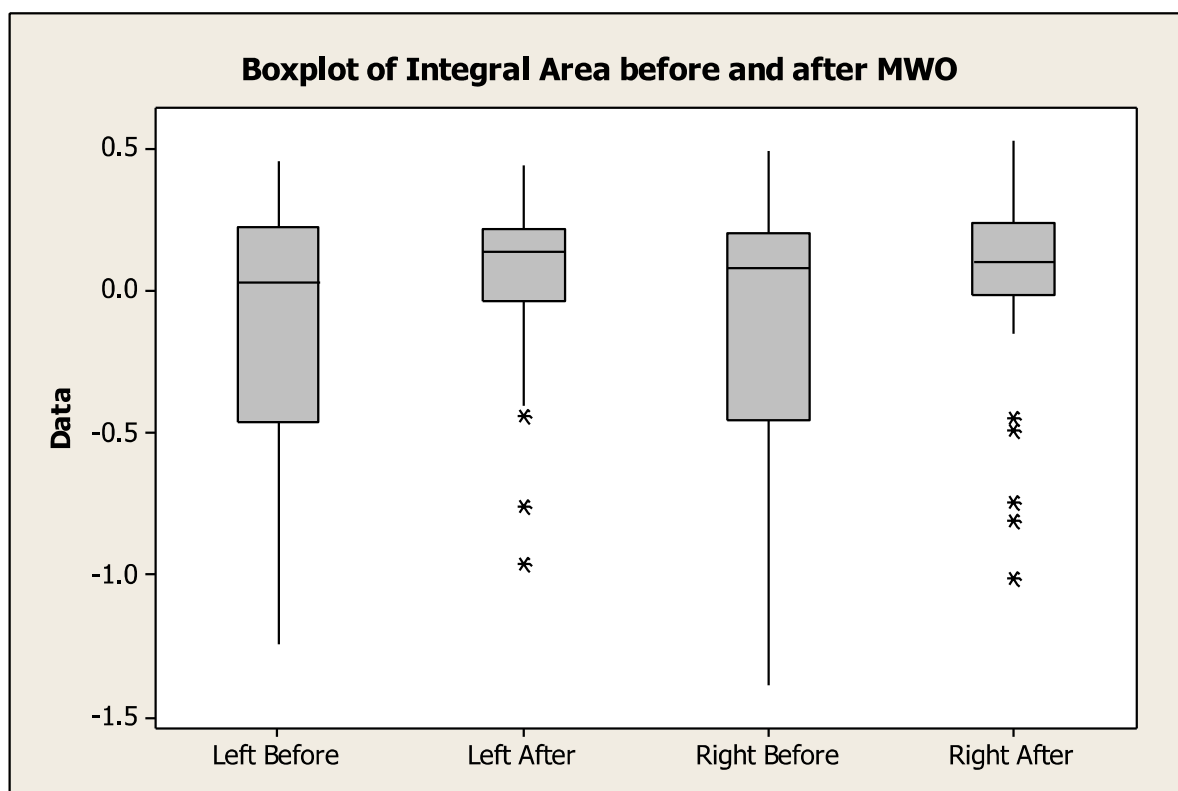
The box plot graph above shows us that there was a small yet significant change in clarity of mind levels from before to after MWO use. The median level of the group before for clarity of mind was 7, which changed to 8 after the MWO use. This represents a small, yet significant rise in mental clarity as a result of the MWO use.

The GDV camera data gave us two main parameters to study –

- 1) Area (Integral and Projectile) from Left, Right and Frontal perspectives of the body. Area values indicate levels of energy or bio photonic emission from the body.
- 2) Entropy (Integral and Projectile) from Left, Right and Frontal perspectives of the body. Entropy values indicate the variance away from harmonic balanced optimal health.

The Area data measurements represent the amount of energy and light emissions from the body. An increase in area indicates a quantitative increase in the bio-energetic field area being emitted from the body. In short, this means, an increase in area indicates an increase in body energy.

The box graphs below show the changes of Area readings for before and after the MWO sessions.

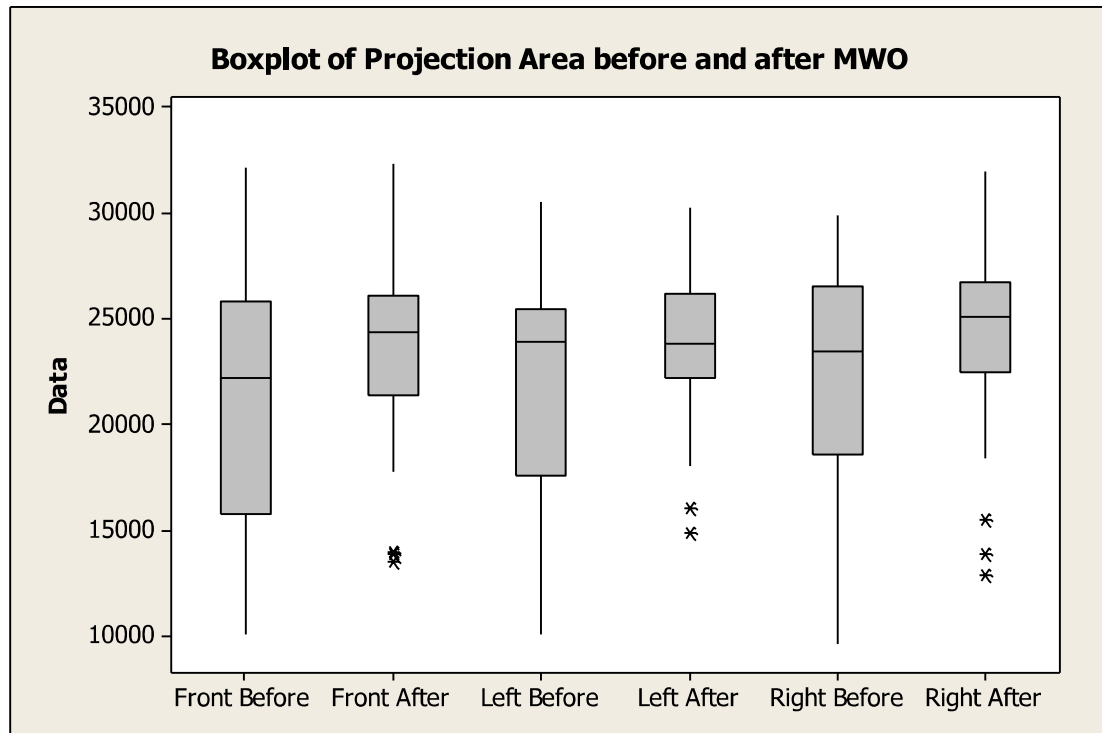


This graph shows us that the lower end range of energy readings were significantly lower before MWO use, and higher after the MWO sessions. This means that those people with low energy readings before the MWO session were brought up significantly in their energy levels after the MWO session.

The bulk of people registered in a tight range of high energy levels after the MWO use (as shown by the shaded areas).

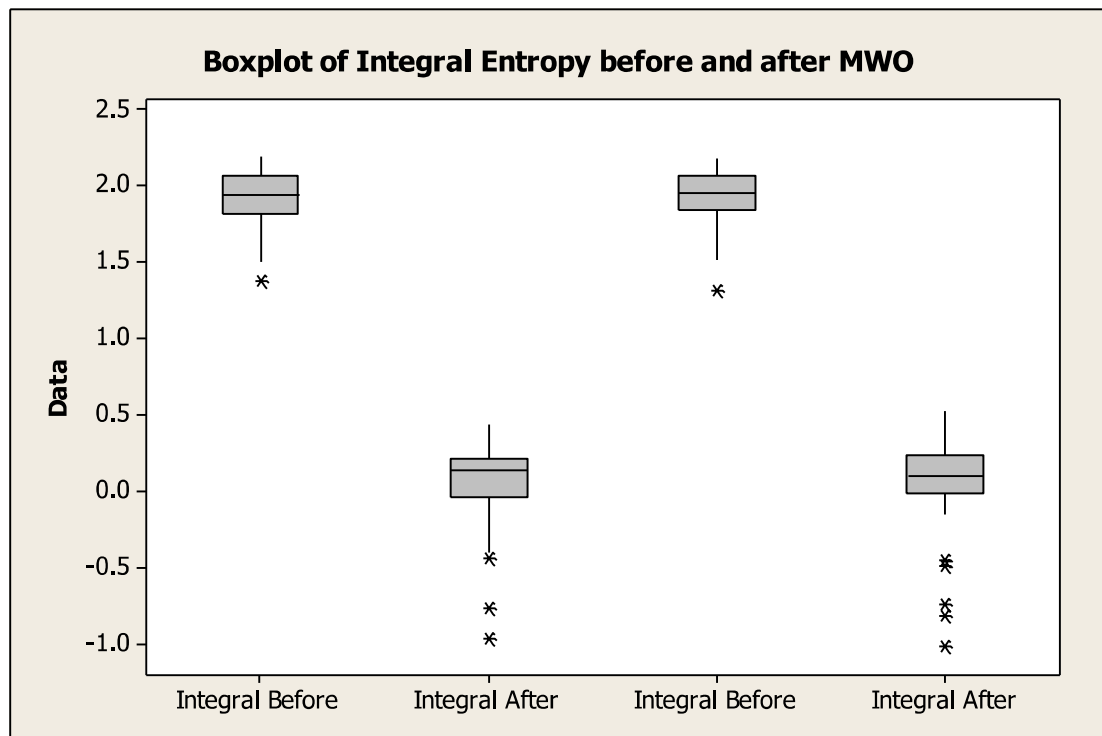
Analysis

From the GDV camera data findings, it is clear to see that subjects who began the experiment with low energy levels, had improved energy levels after the use of the MWO. However, those subjects who initially start at reasonably strong and healthy levels of energy are not greatly changed or improved by the use of 15 minutes of MWO use.

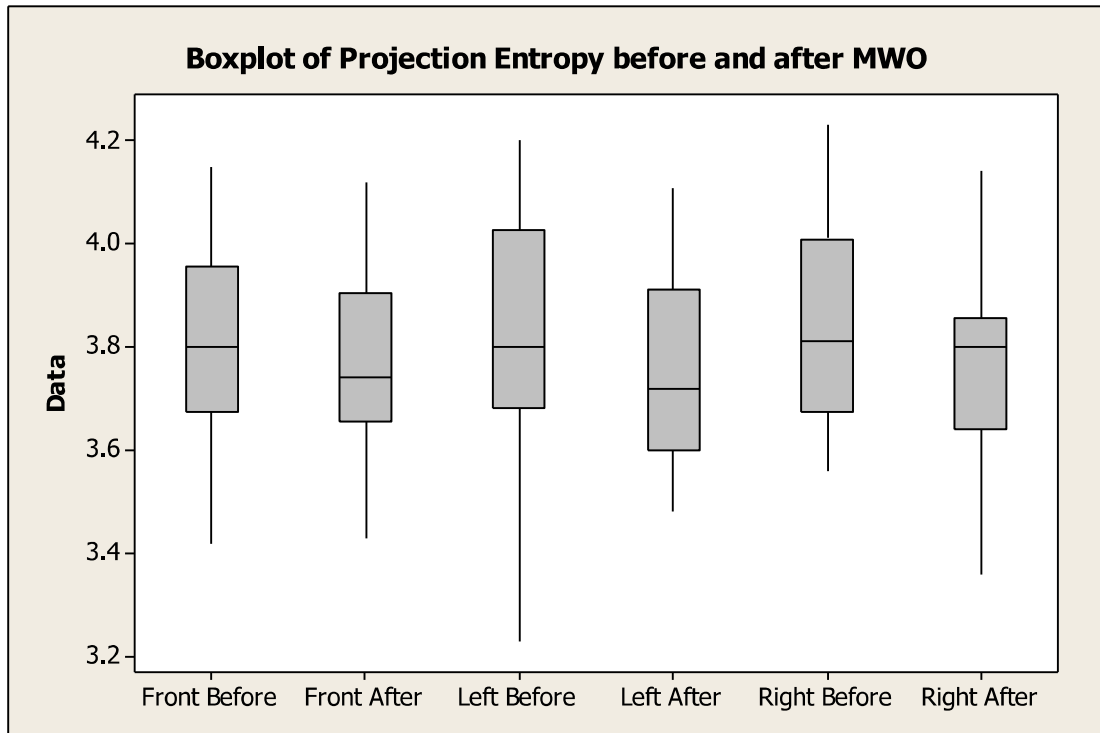


The above graph shows very similar findings to the first graph, indicating that people registering with low energy area readings before the MWO have raised energy reading values after the MWO, for all Front, Left and Right perspectives.

Entropy values indicate a deviation from optimal health. As such, a high entropy score shows a high level of 'unhealthiness' or 'imbalance' in health. If entropy levels are decreased as a result of a treatment method, the body has regained some of its balance. A high entropy score shows poor health balance, whereas lower entropy scores are beneficial and conducive to good health.



In the above graph, it can be observed that Entropy levels for the group before and after the use of the MWO change significantly. The optimal Entropy reading for good health is 0.0. In both cases of Right and Left perspectives, the Entropy levels for the group change from high levels (indicating a large deviation from balanced health) to low values (close to 0.0), indicating a return to a balanced health state.



In the above graph, the Entropy level readings for before and after the use of the MWO are also shown to decrease.

Conclusion

It can be concluded that short term MWO use (a once off 15 minute session) had no significant effects on altering blood oxygen levels, however it did have a small effect in reducing pulse rate levels.

The most significant subjective changes that the MWO incurred were: an increase in feeling of well-being, a decrease in pain and decrease in nervous tension.

Additionally, the MWO brought about smaller, yet still significant changes, in increasing calmness and clarity of mind. Of all the subjective parameters measured, the MWO had least effect in changing perceived levels of vitality.

From the GDV camera data, it was clearly seen that the MWO had the capacity to significantly increase a subject's energy field and photon emissions. Additionally, it was shown that the MWO could be used to significantly reduce 'entropy' in an individual's bio-energetic field, meaning it could bring the body back to a state of harmony from a state of imbalance, in just one short 15 minute session.

To further improve and expand the range and validity of information regarding the effects of MWO use, additional testing could be conducted using prolonged and repeated treatment programs using the MWO for repeated sessions over a 6 to 8 week period, and/or targeting people with a specific type of illness and also including a control group in the testing. Further exploration would be beneficial.

8.6 Reported results of 3 years of clinical practice

Reports on the effectiveness and beneficial results from MWO replicas are based on user accounts, rather than acceptance by conventional medicine or science in general. These machines are built for as electronic test instruments. No claims regarding medical diagnoses, treatments or cures are stated or implied.

8.6.1 Positive results

It can be summarized that several 15 minute MWO sessions have significant effects on:

- Increase in overall condition.
- Reduction in fatigue.
- Faster recovering of skin tissue
- Very positive influence on the central nervous system.
- Increasing of immunity
- Very positive effects for depression

Several clinical results have been obtained with replica MWO's in the last 3 years. At least 25 cancer cases have been reported that resulted in 70 percent of success. In these cases the tumor disappeared in only a few sessions. However these cases related to people that not could be helped anymore with classical medicine and had other therapies before and/or during the MWO use.

The indications and the clinical working area should be further elaborated by larger amounts of subjects.

8.6.2 Disappointments

Concerning clinical results, it is our opinion that the membranes and the mitochondria's must be well cleaned; if the cell is cleaned, it will automatically often functioning back as it should. If a cell regains resonance by for example application of the MWO, the first reaction might be 'self-cleaning' ... So MWO is a help for deep cell cleaning! Of course, the body also has to respond to the frequencies and it is here that often a problem occurs... specific root causes here are often hormonal disorders to dental problems...

Bio-energetic blockages can be both underestimated and overestimated. But when they do cause interference, bio-energetic blockages can greatly reduce the therapeutic regulation effect of biophysical frequencies. The ability to evaluate the effect of these blockages and determine how to resolve them is a crucial criterion for successful treatments. When therapies are not succeeding, carefully test these blockages and eliminate them

The term "lateralization dysfunction" comes from Kinesiology and means that the two halves of the brain are not working together properly. This arises primarily from unilateral activities such as working for hours on the computer each day or even intense artistic work. This condition is increasingly being seen in today's world.

Electro Sensitivity

The hazard of chronic over-exposure to electrical frequencies is one of adaptation to symptoms triggered by a particular pattern of frequencies until they become indistinguishable from a disease condition. The problem seems to arise when the frequency pattern of a toxic chemical in the body matches that of the person's electrical environment. It is the frequencies in the electrical environment which makes the body think it is under chemical attack.

Typical Subjective Symptoms Relating to Electrical Sensitivities:

Drowsiness, malaise and headache, mood swings, tearfulness and eye pain, poor concentration, vertigo and tinnitus, numbness and tingling, nausea and flatulence, convulsions, noise sensitivity, alteration in appetite, visual disturbances, restlessness, blushing.

People that are electro sensitive have to be careful of using the MWO. As a consequence of use headache is reported.

8.7 New MWO Procedures

In this chapter procedures are described that are reported to be advantages. A field analyser is developed that allows repeatable settings of the MWO fields.

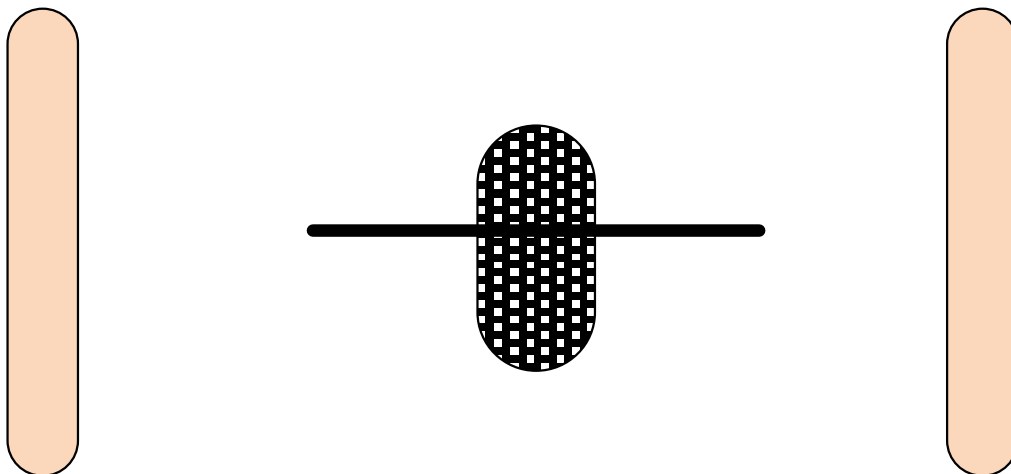
8.7.1 MWO electrical field analyser

A measurement tool has been developed to verify the MWO field. With this tool it is possible to measure the MWO average electrical field at the sitting position while the MWO is operating with or without a person. The MWO average electric field can be measured in the 3 directions but as seen in the chapter “Analysis of MWO fields” there is not much difference between the measured amplitudes of the fields in the 3 directions.

The “MWO electrical field analyser” measures the average amplitude of the MWO field.

It is recommended to measure the field with the plasma antenna ends pointing to both MWO antennas.

8.7.1.1 Positioning



Direction of MWO field analyser between the Lakhovsky antennas

8.7.1.2 Pictures



Top view MWO electrical field analyser



Electrical Field indicator of MWO field analyser

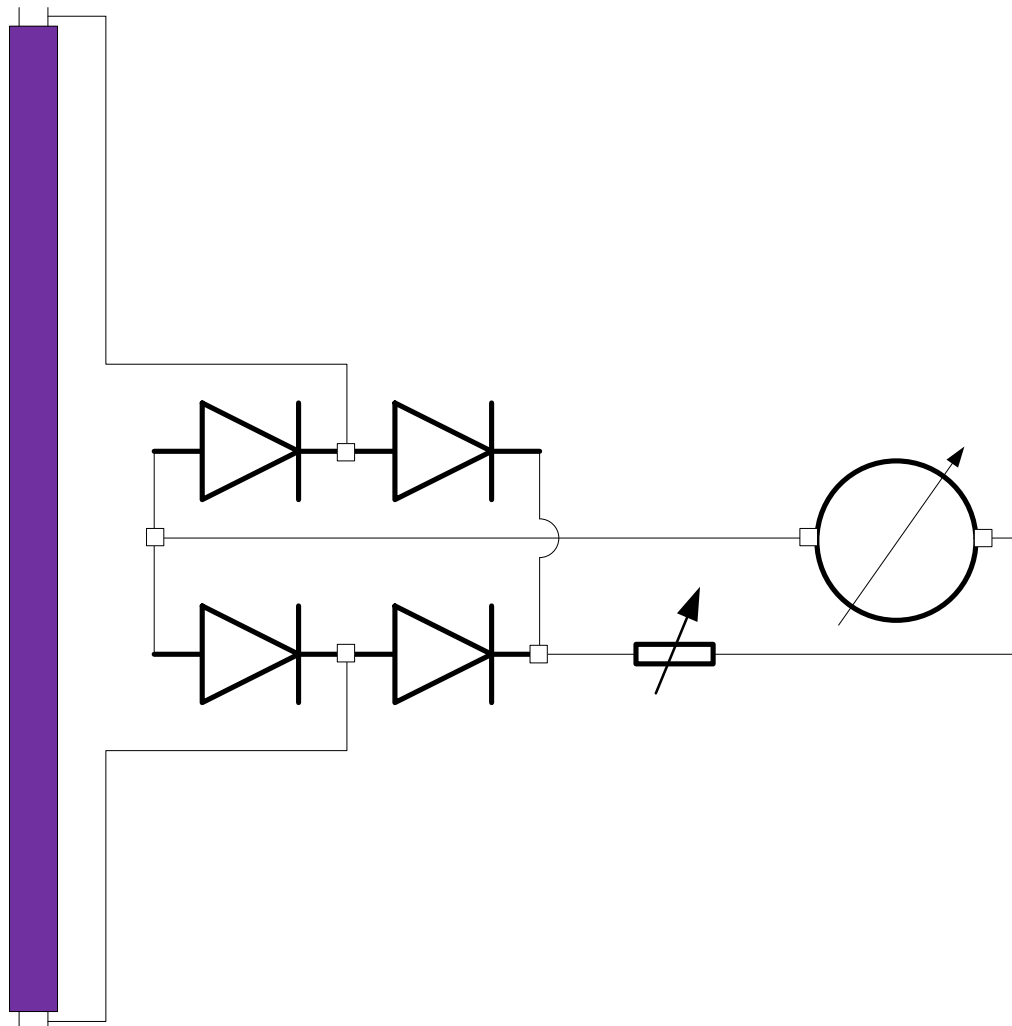


Bottom view MWO field analyser



Bottom view MWO field analyser

8.7.1.3 Schematic



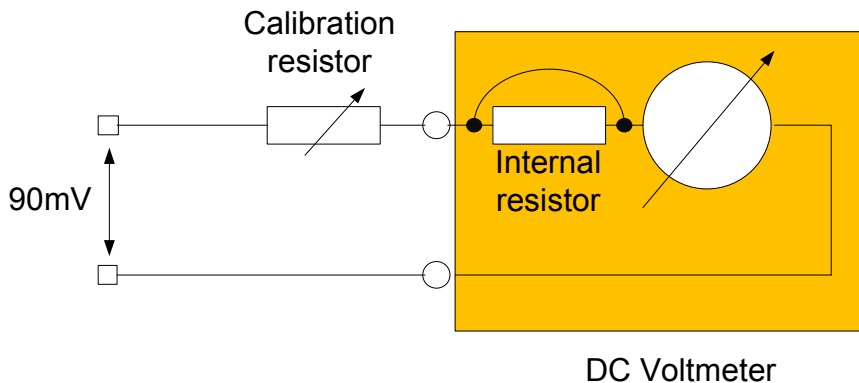
Electrical schematic of the field analyser

8.7.1.4 Parts

Fluorescent lamp	220 mm Philips TL6W/33
4 Germanium diodes	AA119
DC Voltmeter	15 Volt range (or 30Volts)
Calibration Resistor	variable resistor; value see the alignment procedure
Plastic case	190x110x60 mm
Plastic case	protection for the fluorescent lamp

Other Germanium diodes can be used

8.7.1.5 Alignment procedure



- Open the DC voltmeter
- Short circuit the internal 30Kohm series resistor of the DC Voltmeter
- Close the DC voltmeter
- Connect the calibration resistor to the DC Voltmeter
- Apply 90mVolts DC on the meter + calibration resistor
- Adapt the value of the calibration resistor for 15 Volts indication

The value of the calibration resistor depends on the current sensitivity and DC coil resistance of your DC voltmeter. Please note that more current sensitive instruments (higher series resistor value and higher DC coil resistance values) are not suited. Such an instrument will have a different calibration than the one that is used in the MWO settings tables.

Preferred instrument

A DC voltmeter with 30Kohms internal series resistance requires 0.5mA to indicate 15Volts. Applying 90mVolts and a calibration resistor of 94ohms results in 15Volts indication.

Less current sensitive instrument

A DC voltmeter with less than 30Kohm and a DC coil resistance below 90 ohms can be calibrated in the same way as described above and will have the same calibration than the one that is used in the MWO settings tables.

More current sensitive instrument

A DC voltmeter with a higher than 30Kohm internal resistance can be calibrated in the same way as described above only if you use a higher calibration voltage, for example 180 mV. In this case you will have a different calibration than the one that is used in this eBook. The multiplication factor between the reading of your instrument and the tables in this eBook can be found by:

Multiplication factor = new value / 90mV
This is 180mV/90mV = 2 in this example

MWO average electric field = multiplication factor x your reading

8.7.2 Improved settings and procedures for MWO

Attention: These procedures must not replace diagnosis and therapy control by a health care professional! Even if the results of a MWO replica can be impressive (even with very serious and chronic illness), it is not intended as replacement for a well-controlled medical therapy. The MWO replica is not an approved medical device and may be used for research purposes only, not to treat illness. The Author does not assume any responsibility.

This section reflects the experience of one person. It cannot be a prediction of results that may be achieved by other individuals.

Experience shows that for most patients an additional therapy or other steps must be taken.

8.7.2.1 MWO Replica settings

If the disease area is deep beneath the skin's surface, care must be taken to insure that the disease site will receive MWO field energies having strength from (7) to (12). Naturally, should the cancer be within the body, this means we would have a higher than MWO field strength on the body's surface. To assure proper dosage to the cancer site, the table below can be used, then selecting the proper MWO field strength and procedure.

The setting of the MWO field can be done as follows:

First set the high voltage at the indicated voltage

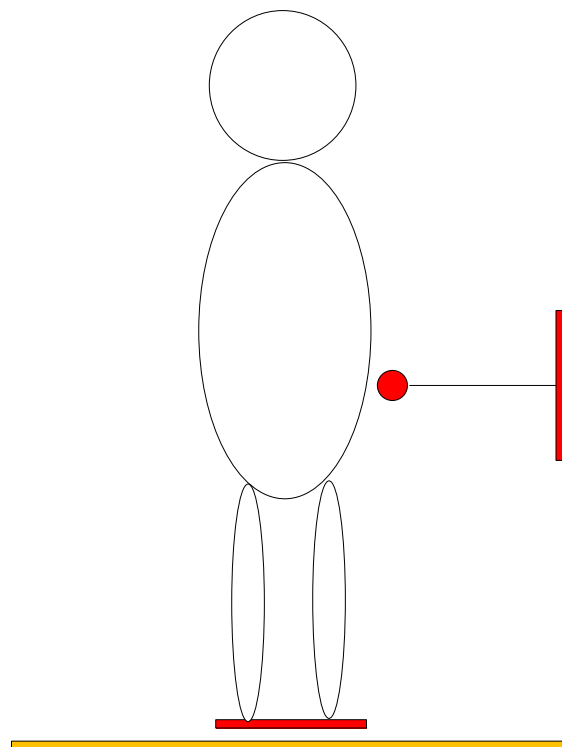
Secondly set the spark gap until the Field intensity is reached

	High Voltage	Proposed Field intensity
	Volts	Volts
Increasing energy	3500	7
Reduction in fatigue	3500	7
Increase Immune system	3500	7
Liver Tumor	4000	12
Pancreas tumor	4000	12
Brain tumor	3500	10

8.7.2.2 MWO Replica setup

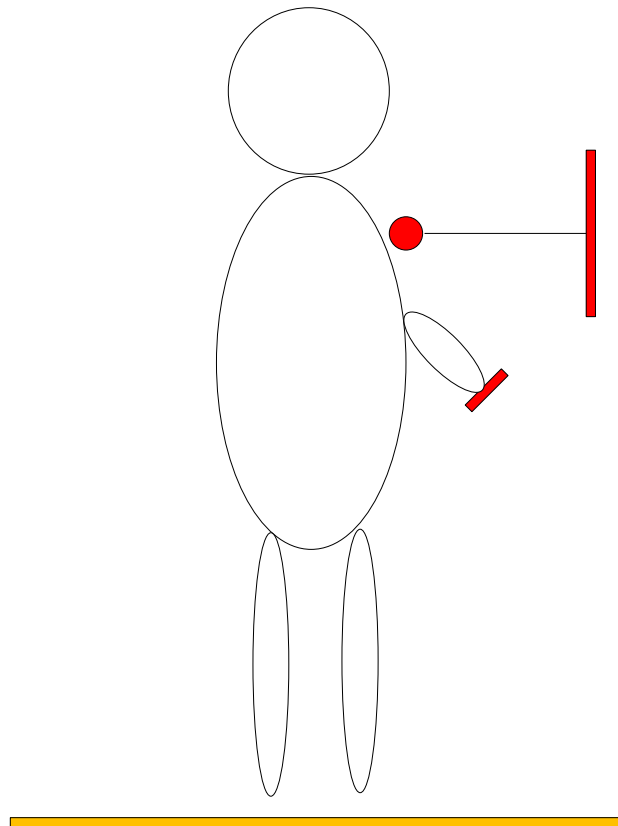
Remove all jewelry, finger rings, watches and other metal parts, otherwise the MWO replica effect will be greatly reduced.

If the problems are below the navel in the area of bladder, abdomen or joints, you can let the current flow through the soles of your feet. While doing this, your floor should be insulated. The simplest way to accomplish this is to place a plastic foil on the floor, place the feet on the plates.



Position of spiral electrode and feet plates

If the problems are above the navel in the area of lungs or arms, you can let the current flow through the hands. While doing this, your floor should be insulated. The simplest way to accomplish this is to hold the hand electrodes.

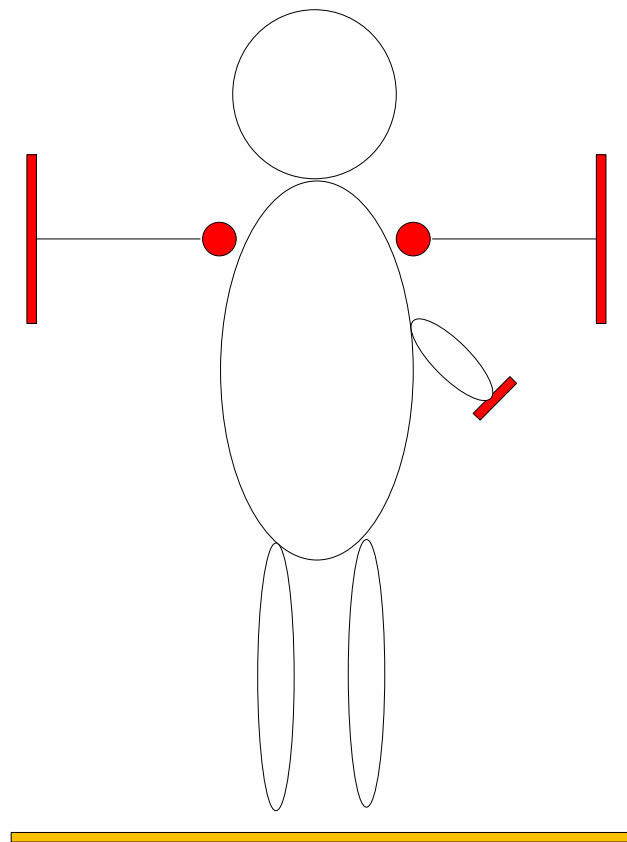


Position of spiral electrode and hand electrodes

In both cases the spiral electrode can be used as close as possible to the problem area.

	High Voltage	Field intensity	Electrodes	Spiral1
	Volts	Volts		
Increasing energy	3500	7	No	No
Reduction in fatigue	3500	7	No	No
Increase Immune system	3500	7	No	No
Liver Tumor	4000	12	Feet	Yes
Pancreas tumor	4000	12	Feet	Yes
Brain tumor	3500	10	Hand	Yes

Recently an improved method to direct the current has been used by means of 2 spiral electrodes. The first spiral electrode is positioned as close as possible to the problem area and the second spiral electrode is positioned in line at the other side of the body.



Position of spiral electrodes

	High Voltage	Field intensity	Electrodes	Spiral1	Spiral2
	Volts	Volts			
Increasing energy	3500	7	No	No	No
Reduction in fatigue	3500	7	No	No	No
Increase Immune system	3500	7	No	No	No
Liver Tumor	4000	12	Feet	Yes	Yes
Pancreas tumor	4000	12	Feet	Yes	Yes
Brain tumor	3500	10	Hand	Yes	Yes

8.7.2.1 MWO Replica applications

It has been found that the body needs sufficient time for recovery after a session with a MWO replica machine.

Application examples

Increase immune system

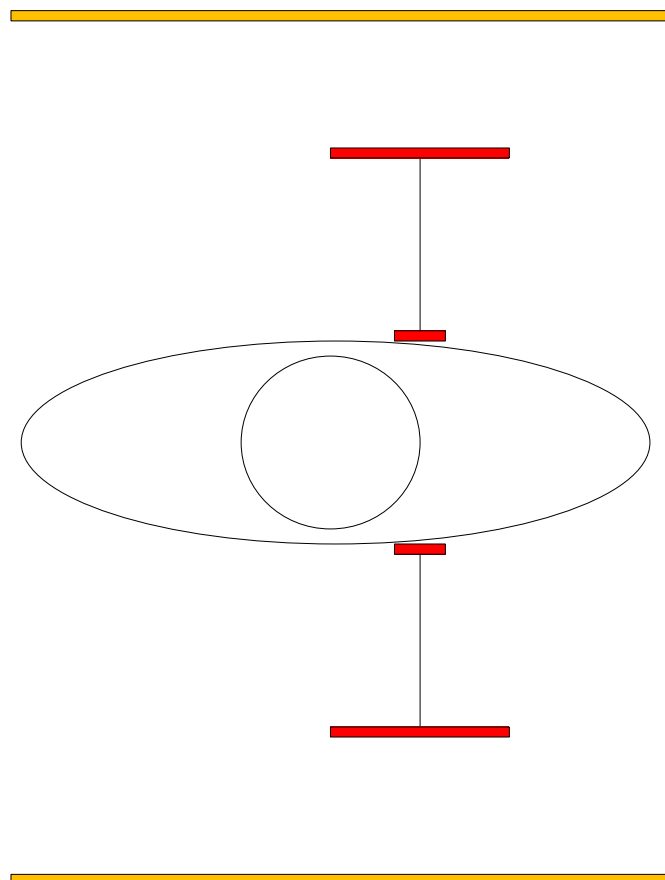
1 session every 2weeks of 10 minutes

Pancreas Tumor

Start with 3 sessions, one session per week

Session of 15 minutes

Orientation: head looking to Tx antenna



Orientation and position of spiral electrodes

Liver Tumor

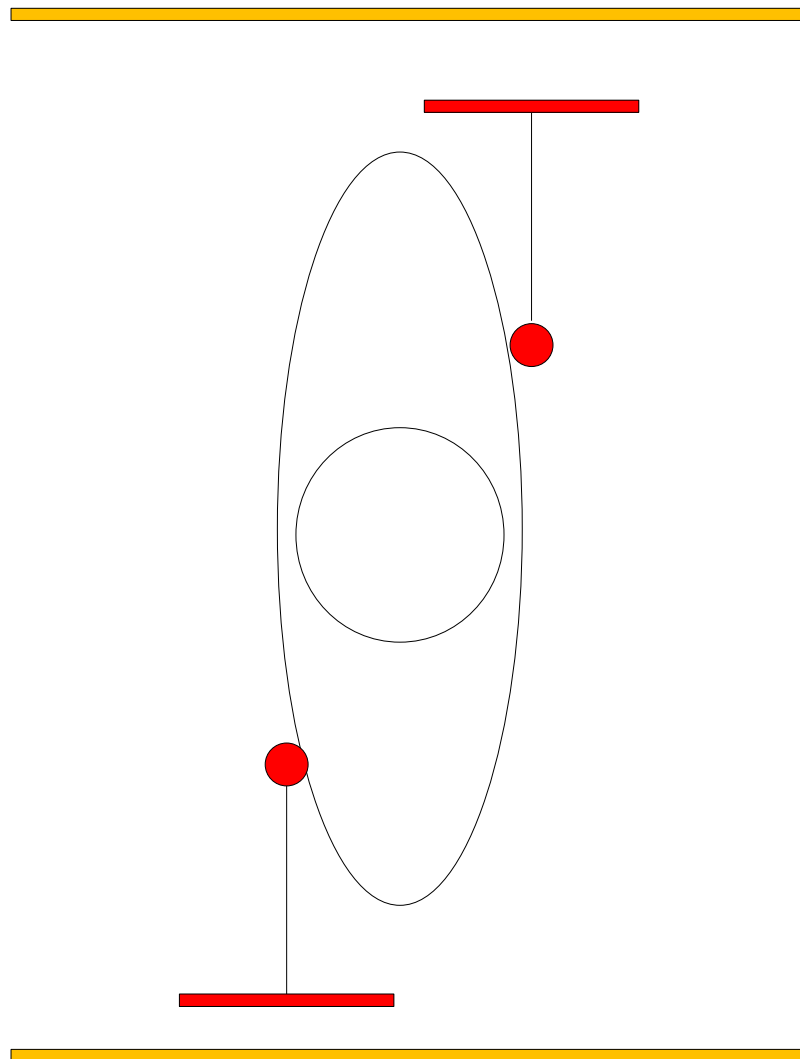
Start with 3 sessions, one session per week

Session of:

10 minutes with spiral1 and 2

10 minutes without spirals

Orientation: head looking out of the antenna, liver side pointing at Tx antenna



Orientation and position of spiral electrodes

8.7.2.2 Additional measures

In general, some additional measures to the use of the MWO replica machine are useful to support the therapy:

Drinking

It is not difficult to understand that a sufficient quantity of liquid is indispensable to regularly detoxify the body and maintain its vital functions. This fact has not yet been sufficiently recognized. Because of the increased amounts of toxins that come about MWO replica sessions, it is important to drink a minimum of 1.5 liter of un-carbonated water daily, regardless of other beverages. Neglect of this rule is one of the most common mistakes when using the MWO replica.

Vitamin C

Vitamin C is one of the most important catalytic converters our body needs for a large number of internal processes. Vitamin C plays a crucial role in metabolic processes, as well as detoxification processes of the immune system and is increasingly more important in the fight against pathogens. It is important to ingest a sufficient amount because vitamin C cannot be produced by the body itself. It must permanently be supplied. Nowadays the content of vitamins in our food is drastically reduced. This is due to environmental toxins as well as the conditions under which vegetables and fruits are grown and processed. For this reason, supplying additional vitamins has unfortunately become increasingly necessary in our civilization.

Eliminating heavy metals

A general phenomenon of using the MWO replica machine is that heavy metals from teeth etc are become unbounded and has to be removed. This can be done by means of Chlorella tablets.

8.8 Clinical results reported by Dr. José de Felipe Junior

8.8.1 Introduction

Recently Brazilian MWO members introduced Dr. José de Felipe Junior, experienced Doctor, former Professor at Santa Casa Medical University Brazil, researcher for new techniques for health and the cure of the cancer. He has a long resume and is an academically graduated PHD in Physiology and Associate Professor at the Medical Clinic and Intensive Therapy Center. He has been working with a Multiple Wave Oscillator for more than a decade and has treated lots of pathologies. Some of Dr. Felipe's experience will be shared in the section.

8.8.2 Summary of clinical results

Dr. José de Felipe Junior used a MWO for several years with various non-cancer patients. A grasp of these many cases will be presented in this chapter. The overall conclusions can be found here below:

- Increase in CD4, CD8, CD56 (>Immune system)
- Increase of T and B lymphocytes (>Cell mediated immunity)
- T4 increased with a decrease of TSH (>Thyroid function)
- Increase of IGF-1 (n=34) (Somatomedine C)
- Increase of testosterone
- Great improvement of non-alcoholic hepatic steatosis

Helpful study material to understand the medical terminology can be found here:

CD4	http://en.wikipedia.org/wiki/CD4
CD8	http://en.wikipedia.org/wiki/CD8
CD56	http://en.wikipedia.org/wiki/Neural_cell_adhesion_molecule
T lymphocytes	http://en.wikipedia.org/wiki/T_cell
B lymphocytes	http://en.wikipedia.org/wiki/B_cell
T4	http://en.wikipedia.org/wiki/Thyroid_hormone
TSH	http://en.wikipedia.org/wiki/Thyroid-stimulating_hormone
IGF-1	http://en.wikipedia.org/wiki/Insulin-like_growth_factor

Besides the various non-cancer patients. he handled also many cases of cancer including one of oat cell. The most responsive is found to be prostate cancer. Several cases will be presented in this chapter.

8.8.3 MWO device

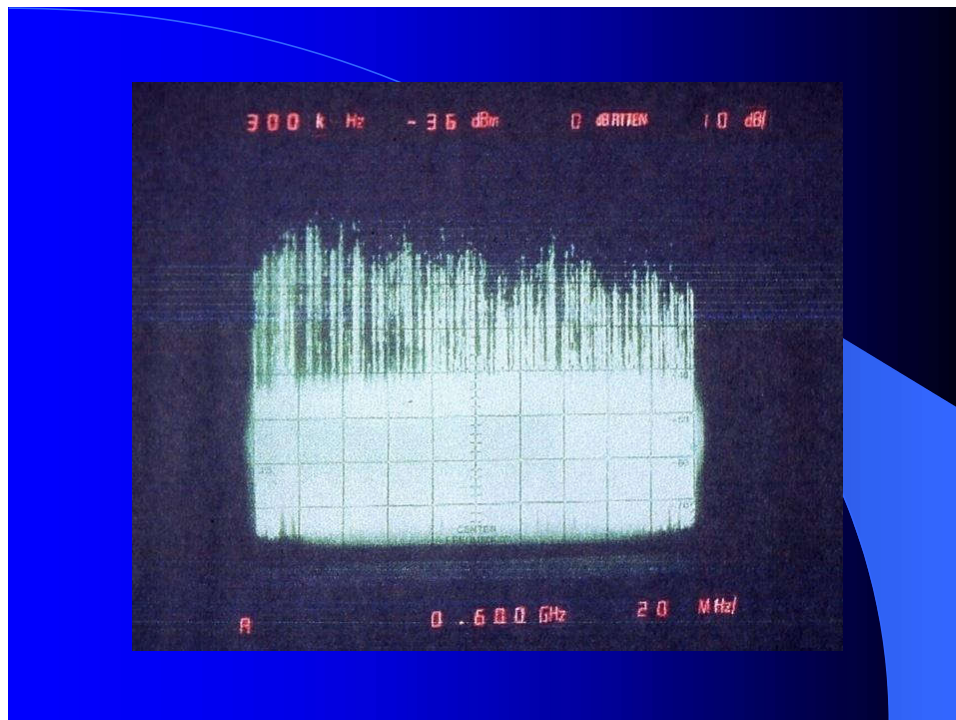
The MWO device used in the clinical cases described below is built by Prof. Dr. Silvio Cognier Graduate in Microelectronics by Polytechnic School of the University of São Paulo.

The MWO apparatus consists of an automotive coil as high voltage transformer and four automotive sparks plugs as spark gap. There is only one coil in the antenna near the generator. The antennas are designed in logarithmic progression and are made of copper-steel-brass and maintained with pure silk strings. The grounding pin is made of 12mm copper tube 2 meters long.



This MWO has less power compared with a replica Lakhovsky machine. Measurements on such a device have shown however that the field at the base frequency is cancelled out at the middle between the two antennas, comparable with a replica Lakhovsky machine. The orientation of the antennas is North-South. The patient is sitting between the antennas, the face to the transmitter antenna. No additional electrodes are used. The sessions were at random time in the day but more frequent in the morning.

Measured frequency spectrum generated by the MWO



It should be noted that the Electromagnetic radiation falls far short permitted by global EMC rules.

8.8.4 Clinical cases

Note from Dr. José de Felipe Junior:

Clinical cases where we used the MWO, where always with the consent of the patients. Also it should be noted that the EM radiation emanating from the MWO falls far short permitted by global rules of safety and interference of electromagnetic waves.

8.8.4.1 Case 1: Hashimoto's Thyroiditis

Diagnose

Female, 43 years old

Hashimoto's Thyroiditis

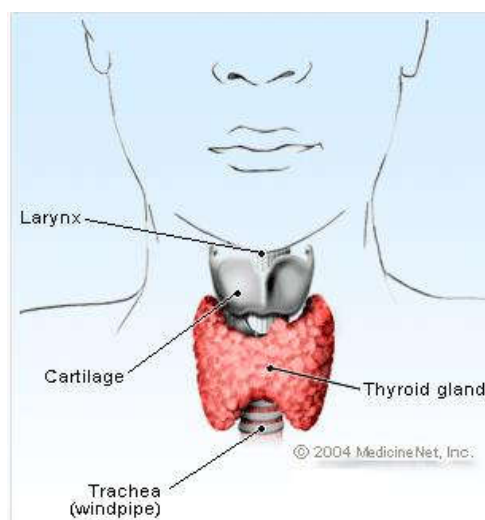
There were 14 MWO exposures of 15 minutes during two months.

Results

	Initial	Final
Free T4	0.76	1.07
TSH	2.57	3.74
Antibody peroxidase	35.0	10.0

Conclusion:

There was an increase of 40.8%% in free T4 production by stimulating the pituitary gland, since the elevation of TSH. However difficult to observe in practice, but we also note a large decrease of autoimmunity as tested by the dramatic decrease in antibody peroxidase.



8.8.4.2 Case 2: Uterine Myoma

Diagnose

Female, 43 years old

Uterine myoma with heavy bleeding initially for 1 year. Ovarian cyst D and E

Results

After the third MWO exposure bleeding decreased and after the 5th exposure ceased completely.

After the tenth exposure the values below are tested:

	Initial	Final
Uterine myoma	21mm	11mm
Right ovary	5.1 cm ³	1.3 cm ³

Ovarian cysts: no detected ovarian cysts previously diagnosed

Conclusion:

We observed a decrease of 47.6% of the fibroid volume with disappearance of ovarian cysts, along hemorrhage stagnation.

8.8.4.3 Case 3: Urinary tract infection

Diagnose

Female, 60 years old

Recurrent urinary tract infection by two calculations (17 and 18 mm) in the renal pelvis by long-time in patient with ischemic stroke in pre-surgery for the removal of calculus.

There were 9 MWO exposures of 20 minutes

Results

Calculations in renal pelvis with 17mm and 18mm diagnosed last month no longer were present with Ultrasound verification. The surgery was suspended.

Conclusion:

Interesting and difficult to explain the disappearance of long-time calculations in renal pelvis, but the fact is that the patient got rid of the scheduled surgery to remove them.

8.8.4.4 Case 4: Rheumatoid Arthritis

Description

81years old

Rheumatoid Arthritis, with severe pain.

Results

After the third MWO exposure: mild pain relief

A week after the 8th exposure: Complete disappearance of pain. The family noticed that the facial skin was more hydrated, fresher and less wrinkled.

Conclusion:

Anti-inflammatory / analgesic effect of MWO in patients with rheumatoid arthritis. This fact is of importance because the patient no longer needs to NSAIDs so harmful to the kidneys.

8.8.4.5 Case 5: Influence of MWO on IGF

Diagnose

IGF (Somatomedine C)

I collected the results of 9 people who underwent MWO exposures and we had dosed the IGF before and after the session. Two to three sessions a week were given.

Results

	Initial	N	Final	Variation
Female, 43 years	458	28x	602	+31%
Male, 52 years	124	36x	312	+252%
Female, 52years	263	9x	524	+200%
Male, 56 years	140	8x	180	+30%
Male, 52 years	303	10x	368	+21%
Female, 33 years	235	8x	418	+78%
Female, 64yaers	88	10x	172	+95%
Female, 72 years	220	10x	356	+62%
Female, 90 years	95	10x	157	+65%

Note: Variation: mean +/- standard error

N = number of MWO sessions

Conclusion:

The results are better than injections every 4 days of growth hormone, plus the absence of side effects caused by hormone.

8.8.4.6 Case 6: Prostate benign hypertrophy

Diagnose

Male, 56 years old

Prostate benign hypertrophy, difficulty in urinating,
8 MWO exposures, 15 minutes duration, twice a week.

Results

	Initial	Final	Variation
PSA	4.0	2.6	improving urination
IGF-I	140	180	+ 30%
Total testosterone	750	1010	+ 35%
Free testosterone	18	22	
LH	4.9	2.7	
FSH	3.0	4.9	
DHEA sulfate	1500	600	
T4 free	0.8	0.9	
TSH	3.9	3.0	
Lymphocytes T	1548	1700	+ 10%
Lymphocytes B	90	120	+33%
CD4	612	740	
CD8	918	1000	
Uric acid	8.2	6.0	-27%
Fibrinogen	343	258	-25%
Ferritin	190	68	- 64%
Cholesterol total	271	258	
Cholesterol LDL	178	147	-20%

Note: Variation: mean +/- standard error

Conclusion:

Only 8 MWO sessions improved urination and decrease the PSA along with increased testosterone, which means that no increase in dihydrotestosterone. Testosterone increased concurrently with the decrease of LH which means an increase in testicular function. There was improvement of the immune system that polarized to Th1, increases in IGF-I, the uric acid decreased and bad cholesterol decreased. The increase in IGF-I means increased ability to synthesize proteins and therefore means healthcare. It is important to decrease the ferritin which means improvement in liver function and decreased ability to form free radicals of oxygen.

8.8.4.7 Case 7: Senility

Diagnose

Male, 90 years old

Senility, under treatment with Deposteron 30/30 days for 3 months

2 MWO exposures / week: 10 weeks

Results

	Initial	Final	Variation
IGF-1	95	157	+65%
Testosterone total	1011	1272	+26%
Testosterona free	14,7	24,1	+64%
FSH	59,8	17,6	
LH	18,4	7,9	
T4 free	1,3	1,4	
TSH	1,8	0,6	
Ac. Antiperoxidase	170	94	
Leukocytes	5800	5200	
Lymphocytes total	1740	1612	
Lymphocytes B	63	68	
Lymphocytes T	1042	1452	
CD4	527	585	
CD8	402	372	
TGP	14	8	
Gama GT.	14	9	
Alkaline phosphatase	345	281	

Note: Variation: mean +/- standard error

Conclusion:

We note large increase in free and total testosterone along with decrease in LH which means an increase in testicular function. Maintenance of free T4 levels with much lower TSH means stimulation of thyroid gland function. There was a decrease of autoimmunity, attested by the large decrease of antiperoxidase antibodies. In this patient we observe improvement of Th1 immune system by increase of T lymphocytes. There was improvement in liver enzymes – better hepatic function. Of great importance was the large increase in IGF-I that increases protein synthesis and function of the heart as a pump: HEALTH.

8.8.4.8 Case 8: Prostate Hypertrophy

Diagnose

Male, 64 years old

Prostate Hypertrophy, difficult urination,

MWO applications: duration 15 min, 2x week: Total: 10x

In this case the patient stood in front of the main antenna

Results

	Initial	Final	Variation
PSA total	2.9	1.2	melhoria da micção
PSA free	0.70	0.38	
IGF-1	178	225	+26.5%
Testosterone total	549	672	+22,5%
Testosterona free	10.3	45.3	+235% (radiation in the anterior region)
LH	2.6	3.6	
FSH	2.3	3.2	
DHEA sulfate	657	378	-74%
T4 free	1.3	1.2	
TSH	2.7	2.1	
Lymphocytes T	794	1341	+ 70%
Lymphocytes B	114	207	+ 80%
CD4	880	631	
CD8	416	428	

Note: Variation: mean +/- standard error

Conclusion:

Only 10 applications have improved urinary flow with a decrease of 58.6% PSA. There was 235% increase in free testosterone, a fact never before observed by us. A possible explanation is that the patient received the front firing directly in the genital region, different from what we did in all other cases, the lateral region of the body. The large increase in testosterone consumed 74% of DHEA sulfate which is the precursor of testosterone. The small increase in LH with the large increase in testosterone says there was little stimulation of the pituitary and big testicular stimulation. We note increased immune function that polarized the system to Th1. As always we noticed there was an increase of IGF-I. There was no change in thyroid function seen irradiation does not reach the neck region. The patient was standing in front of the antennas.

8.8.4.9 Case 9: MWO impact on immune system of 12 cancer patients

Diagnose

Effect of MWO sessions and immune stimulatory glucan on the immune system of 12 cancer patients undergoing an average of 24 MWO sessions

Duration: 15minutes, 2 to 3 times per week for 3 months.

Results

	Initial	Final	Variation
Cells "Natural Killer" (CD56)	75 +/-23	226 +/-47	+201% p<0.01
Lymphocytes T	865 +/- 99	1149 +/- 144	+33% p < 0.05
Lymphocytes B	152 +/- 49	285 +/- 73	+89% p < 0.05
CD4	433 +/-70	637 +/- 92	+47% p<0.05
CD8	292 +/- 62	364 +/- 46	+25% NS

Note: Variation: mean +/- standard error

Conclusion

MWO along with glucan (immunomodulator) was able to significantly and dramatically increase the number of immune cells that work in anticancer defense, mainly by increasing CD56 and CD4 that diverts Th2 immune system to Th1 (strong carcinostatic effect).

8.8.4.10 Case 10: MWO impact on growth hormone

Diagnose

We observed the effects of MWO in IGF-I levels in 35 consecutive patients without replacement of 45 essentials nutrients and without removal of toxic metals. They were subjected to MWO for 15 minutes, 2x per week for a total of eight applications.

Results

An increase of IGF-1 in 30 patients, i.e., 85.7% of patients undergoing MWO, and this increase was on average 27.7% as compared to levels before treatment.

	Initial	Final	Variation	
IGF-1	190 +/- 15	242 +/- 20	+27.5%	p< 0.001

Note: Variation: mean +/- standard error

5 patients	no response
3 patients	higher ferritin > 80 ng / ml
2 patients	mercury > 0.8 ppm
1 patient	lead > 5.0 ppm
2 patients	no increase of toxic metals

Conclusion

In two month at applications 2 times a week the MWO was effective in 85.7% of patients and led to an average increase of 27.5% in the levels of IGF-1, values considered highly significant statistically.

Finally we show the treatment of patients diagnosed with cancer by pathological examination. All conventional strategies used have not been effective and the patient continued to evolve with tumor pathology. Most were too severe patients, considered terminally ill and who agreed to undergo treatment with MWO. It should be noted again that the EM radiation emanating from the MWO falls far short permitted by global rules of safety and interference of electromagnetic waves.

8.8.4.11 Case 11: Inoperable Hepatocellular Carcinoma

Diagnose

Female, 82 years old

Patient with hepatocellular carcinoma treated with nutrient replacement, removal of toxic metals and MWO. Tumor disappearance in 4 months

The patient came to the office after emergency surgery one week ago for infectious acute abdomen where a large mass in the liver taking almost 1/3 of the liver parenchyma was found compatible with primary hepatocellular carcinoma. In the surgery cleaning the cavity was done and administered antibiotics being referred to the oncologist.

Oncologist: before the tomography made the diagnosis of primary hepatocellular carcinoma and gave high with palliative care for dying at home.

Anamnesis: complaining of weight loss in the last 3 months, lack of appetite, lack of energy, extreme tiredness, "softness" in the body, decreased morale and fighting spirit, hipostênica syndrome with poor digestion and bloating, abdominal pain, difficulty walking and heartbeat out of rhythm.

Physical examination: general state, discolored, lower limb edema and painful palpable liver 3 fingers the costal margin in the midclavicular line. Rare ventricular premature beats.

Personal history took more than five years for control of ventricular arrhythmia, Dilacorón 80mg 2x a day that we know increase of 4-6 times the risk of developing

cancer and blood pressure control was taking Co-Renitec .There one year underwent cholecystectomy for gallbladder calculus.

Toxic metals in the capillary tissue: lead, arsenic and aluminum.

Tests:

Blood glucose: 91mg%
Insulin 8UI / ml
IGF-I: 137.3 ng / ml
Hemoglobin: 10,9g%
VHS: 90mm / 1st hour
TGO: 44.5 IU / ml
TGP: 12 IU / ml
Alkaline phosphatase: 108 IU / ml
Prothrombin Time: 72% of normal
Fibrinogen 477mg%
Creatinine: 0.70 mg / d
Prolactin: 23.9 UUI / ml
CD4: 779 cells / ml
CD8: 320 cells / ml
T4livre: 0.82
TSH: 4.4
Estradiol: 44,5pg / ml
DHEA sulfate: 272 ng / ml
Vitamina B12: 216pg / ml
Vitamin B9: 5,6ng / ml
CEA: 6,1U / ml

Treatment

Removal of toxic metals with intravenous EDTA, 10 applications and then Mild systemic oxidation: serum with hydrogen peroxide, 10 applications. Supplementation of nutrients and phytonutrients including: B12, B9, B6, E, C, and minerals: Mg, Zn, Cr, Se, Mn, and curcumin. Correction of glandular function and digestion: Euthyrox, DHEA, pancreatin.

Strategy for increasing mitochondrial ATP production
Three weekly MWO sessions of 15 minutes, total 24

Results

Evolved improving the overall condition quickly after replacement of nutrients, the removal of metals and the MWO. The palpable early liver to 3 fingers of the costal margin, no more was palpable at 4 months of treatment. At 4 months beyond the liver

no longer be palpable, the general condition was good, appetite returned and tiredness disappeared indicating clinically that the tumor was no longer present: Clinical disappearance of the tumor after 4 months of treatment. In the first six months gained 5 kg and took over the household duties, no pain, no fatigue and present and voracious appetite.

Evolution

In May 2001 presented erysipela, in December 2002 broke his femur and after surgery complicated by pulmonary embolism. Four years after a stroke, she dies in 2009.

Abdominal CT scans

Fig-101: 09/20/1999: large mass occupying almost one third of the hepatic parenchyma

Fig-102: 9/03/2000: drastic reduction of liver tumor

Fig-103: 10/05/2001: no tumor.



Fig-101: Tomography 12/27/1999. Hepatocellular carcinoma occupying almost one third of the hepatic parenchyma

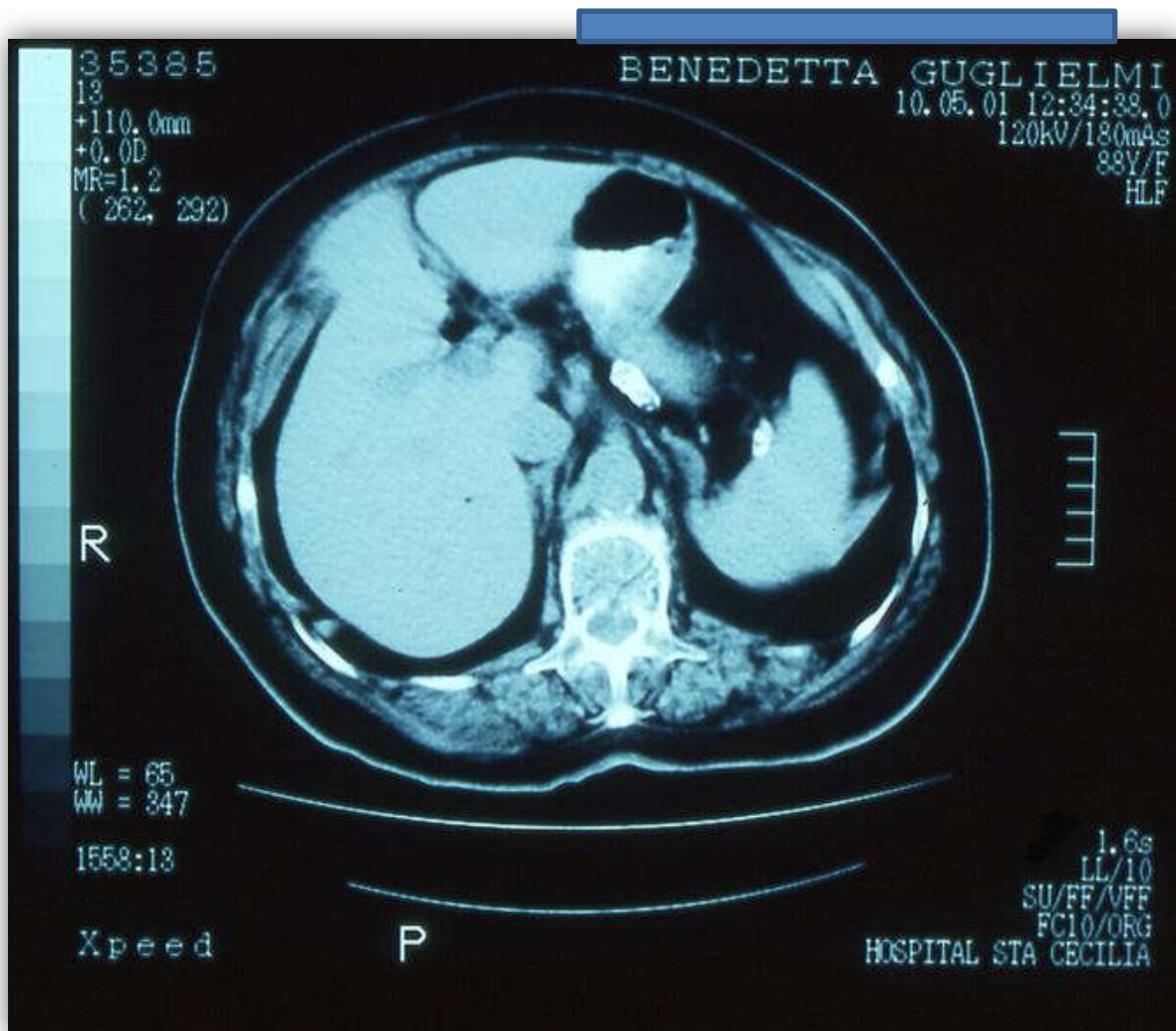


Fig-103: 05/10/2001- Tomography showing absence of hepatocellular carcinoma

Discussion

This case shows that even elderly patients have many chances to be cured when treated in the appropriate manner and that the oncologist could have referred the patient to a biomolecular clinician before sealing their prognosis. It is what we call oncologist - clinician integration, which we hope one day will be there, one helping the other to increase the therapeutic efficacy. The biomolecular clinician does not treat the cancer, but the patient that has cancer. In this case the replacement of the nutrients that were missing in the body, the removal of lead and arsenic known carcinogens, next to the correction function of the digestive system, thyroid gland and adrenal, restored the homeostasis of the organism. Of importance: we have used the multiple wave oscillator for the first time. According to the hypothesis Felipe Jr to carcinogenesis: "Persistent chronic inflammation caused by toxic metals, pesticides or biological agents, evolves in an hypotonic due to interstitial edema around the inflammatory site cells which causes mild" cell swelling "and the consequent decrease in the

concentration of cytoplasmic osmolytes kosmotropes which slowly cause the change of structured intracellular water for unstructured water which gradually decreases the degree of order-information cell thermodynamic system when the maximum point bearable entropy causes the cell a "state of near death." At this point of low concentration of osmolytes, predominance of unstructured cytoplasmic water and high entropy cell cells become and struggle to stay alive and the only way to survive is through cell proliferation. They put into action ancient mechanisms of survival, precisely those who kept the common ancestor cell and its descendants living on the planet during the evolution to the present day. Thus, there is activation of factors and signaling pathways, cytoplasmic alkalinization, Embden-Meyerhof predominance of the cycle, regardless mitochondrial oxidative phosphorylation, etc., which promote cancer cell proliferation, apoptosis stopping the formation of new vessels and the cessation of cell differentiation. The predominance of water increases in the intracellular unstructured increased hydration and cell volume caused by hypotonicity the inflammatory milieu. The strategies that transform unstructured water in structured water, interstitial hyperosmolarity and intracellular osmolytes kosmotropes, restore the physiology and bioenergetics and cell neoplastic cells differentiate into normal cells and walk for life and then to the continuous physiological process of programmed cell death - apoptosis "(Felippe- February and May 2008).

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8.8.4.12 Case 12: Hepatitis C with Hepatocellular Carcinoma

Diagnose

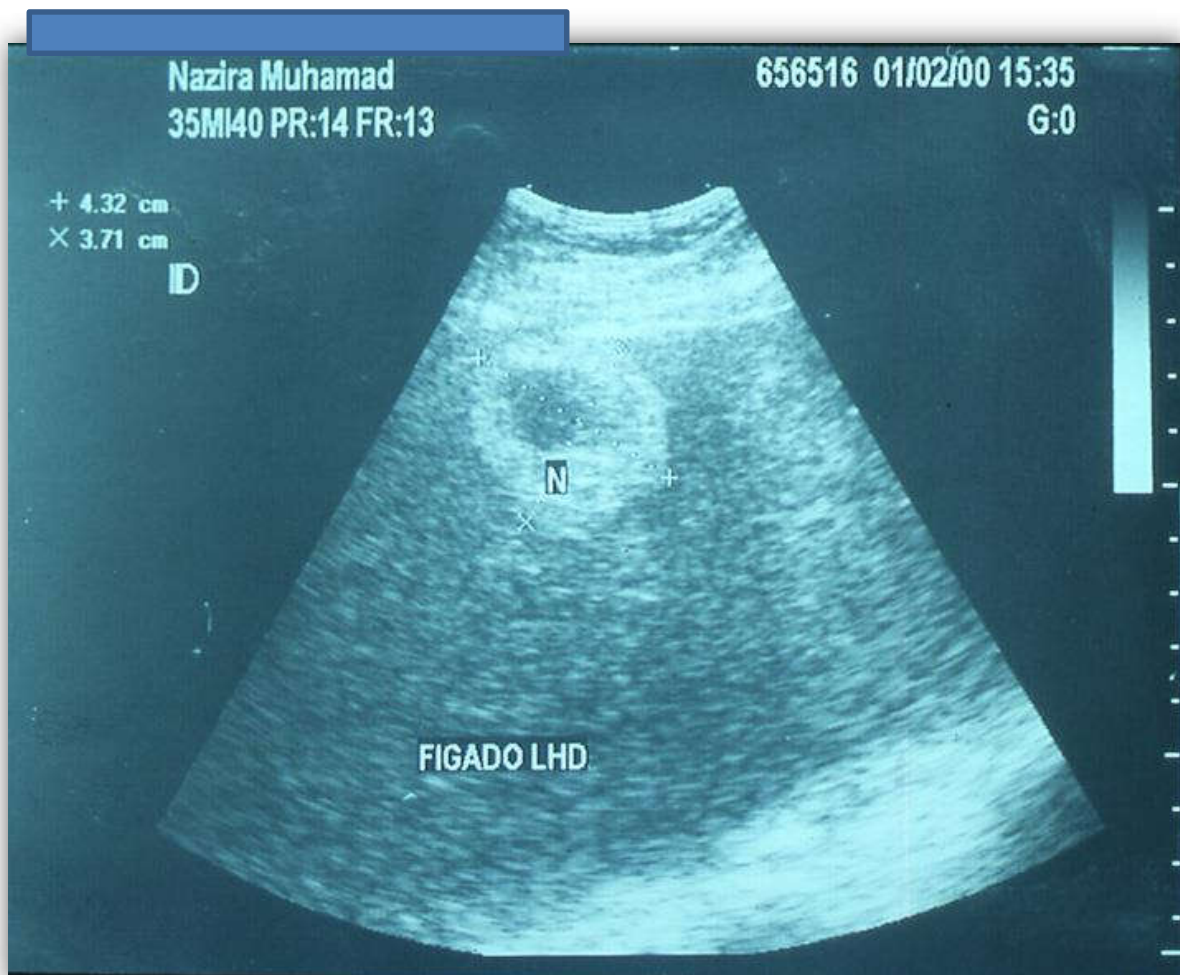
Female, 56 years old

Hepatitis C with hepatocellular carcinoma.

Results

There was complete disappearance of the tumor ultrasonically after 4 months of MWO use along supplementation of 45 essential nutrients and removal of toxic metals.

One year after the CT scan did not reveal the presence of liver tumor. Died of gastrointestinal bleeding due to esophageal varices.



8.8.4.13 Case 13: Pulmonary carcinoma type "oat cell"

Diagnose

Male, 45 years old

Pulmonary carcinoma type "oat cell". Patient diagnosed with pulmonary carcinoma type "oat cell" (small cell).

Results

Subjected to three different long cycles of chemotherapy without therapeutic response. Came to clinic, in poor condition, hypotensive and cachectic. Total improvement in 4 months after sessions with MWO together with radio therapy and along supplementation of essentials nutrients and removal of toxic metals. Ten years later, he came to the clinic with gastric adenocarcinoma.



8.8.4.14 Case 14: Non-Hodgkin's Lymphoma

Diagnose

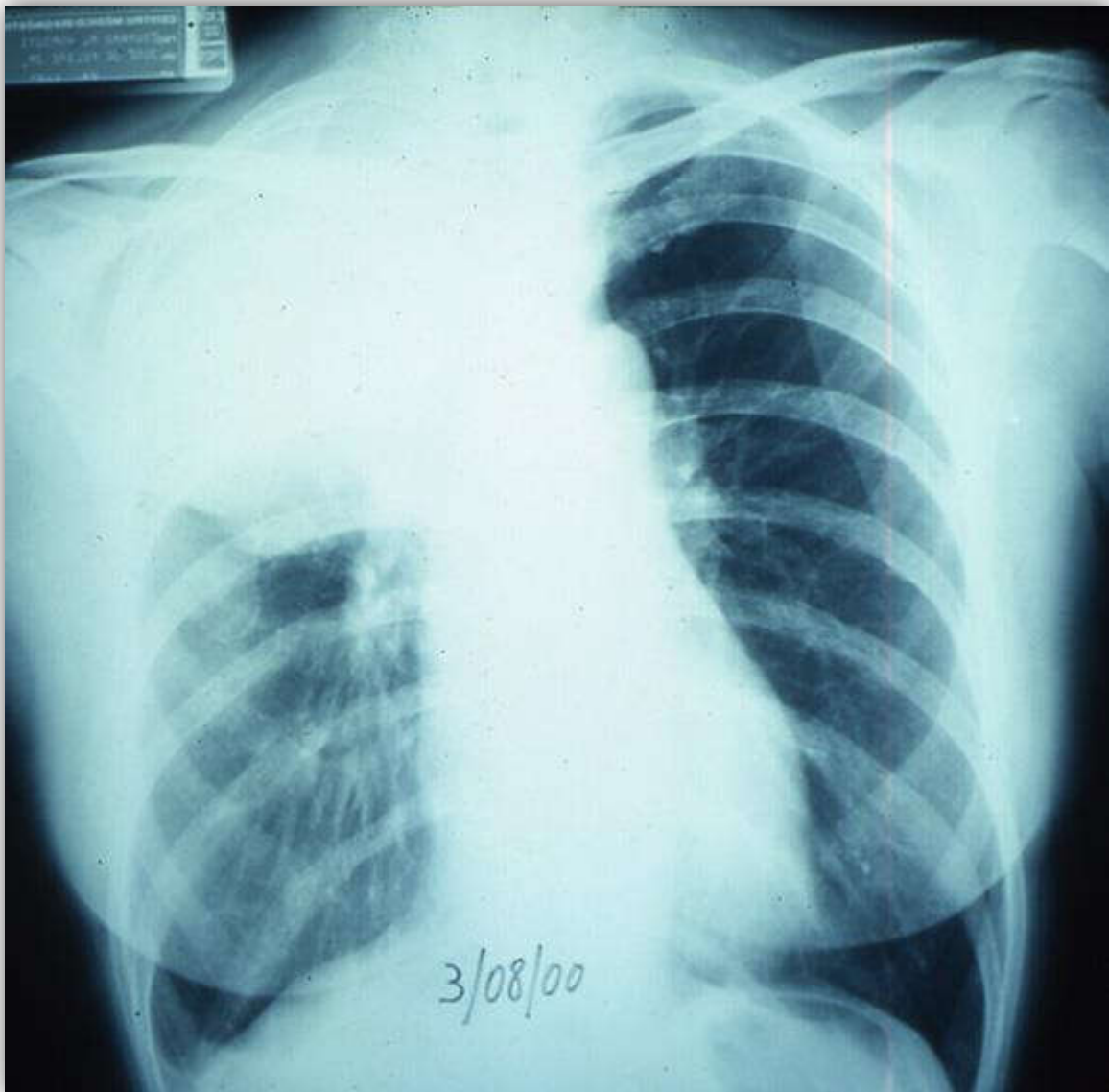
Female, 55 years old

Non-Hodgkin's lymphoma. Patient, carrier of non-Hodgkin lymphoma that has not responded to radiation therapy or chemotherapy.

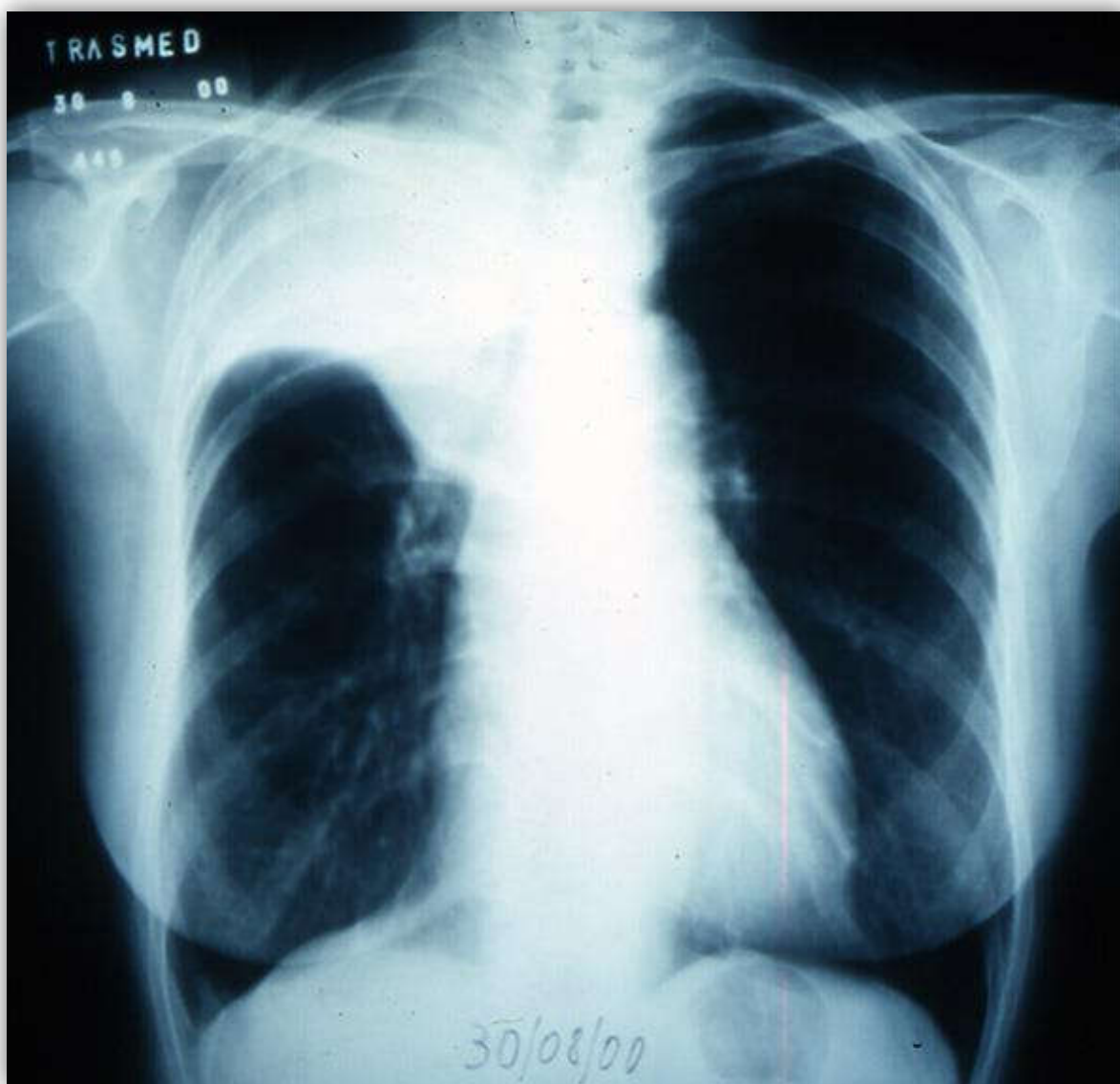
Results

Subjected to MWO but also did not improve.

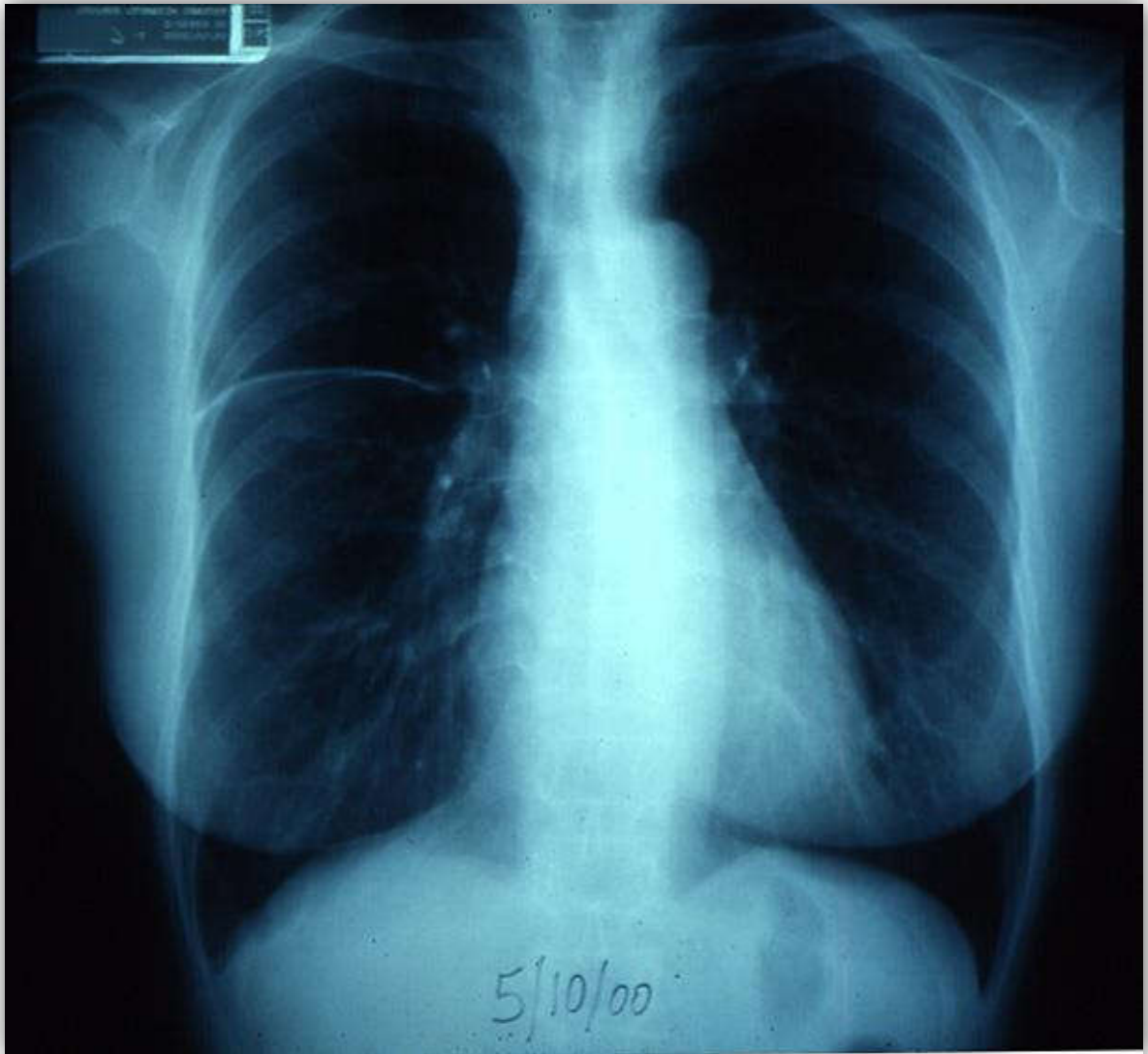
When subjected to MWO in conjunction with radiation therapy, complete regression of the tumor in 60 days.



RX in August, Day 3 - 2000



RX in August, Day 30 – 2000



Complete absence of the tumor in October, Day,5 - 2000

8.8.4.15 Case 15: Carcinoma ductal invasive and hepatic steatosis

Diagnose

Female, 52 years old

Carcinoma ductal invasive – Grade I and hepatic steatosis grade III
Palpable node of breast and liver steatosis grade III by ultrasound.
Puncture: Invasive Ductal Carcinoma - Grade I
LACK OF METASTASES

Results

Preoperatively: underwent 3 MWO sessions a week, 10 times in total

Node 2 cm diameter lump decreased to 1 cm
Hepatic steatosis grade III decreased to grade I

8.8.4.16 Case 16: Prostate adenocarcinoma Gleason grade 5

Diagnose

Male, 62 years old

Prostate adenocarcinoma Gleason grade 5
LACK OF METASTASES

Results

Was subjected to 3 MWO sessions per week for a total of 44

PROSTATE VOLUME	64 decreased to 44cm ³
PSA total:	8,6 decreased to 0,6

In December 2014 asymptomatic and without tumor with normal PSA and prostate 48g.

8.8.4.17 Case 17: Intraepithelial adenocarcinoma high grade

Diagnose

Male, 82 years old

Intraepithelial adenocarcinoma high grade

Biopsy: prostate intraepithelial adenocarcinoma high degree

Results

MWO sessions 3 times a week for 30 days. Total: 20 applications

Date	08/10	09/03
PSA	6.2	1.3
Ultrason	57g	57g

Remains asymptomatic.

8.8.4.18 Overview table

Case#	Diagnosis	Number of sessions	Exposure duration (minutes)	Treatment length (weeks)
1	Hashimoto's Thyroiditis	14	15	8
2	Uterine Myoma	10	15	
3	Urinary tract infection	9	20	
4	Rheumatoid Arthritis	8	15	
5	Influence of MWO on IGF	9-36	15	
6	Prostate benign hypertrophy	8	15	4
7	Senility	20		10
8	Prostate Hypertrophy	10	15	5
9	MWO impact on immune system of 12 cancer patients	24-36	15	12
10	MWO impact on growth hormone	8	15	4
11	Inoperable Hepatocellular Carcinoma	24	30	8
12	Hepatitis C with Hepatocellular Carcinoma			16
13	Pulmonary carcinoma type "oat cell"			16
14	Non-Hodgkin's Lymphoma			6
15	Carcinoma ductal invasive and hepatic steatosis	10		4
16	Prostate adenocarcinoma Gleason grade 5	44		15
17	Intraepithelial adenocarcinoma high grade	20		5

8.8.5 Discussion

Until now we thought that biological information was stored only in molecular structures. It may be that the local information is stored in the body in the form of electromagnetic fields that can be used in biological regulation and cellular communication or even their own electromagnetic waves causes the molecular structure to function properly again .

Using the apparatus termed "SQUID" (superconducting quantum interference detecting magnetometer) several scientists detected and identified deposits of magnetic material composed of magnetite mineral within living organisms. This mineral is present in the central nervous system in the form of connected mobile unit's crystals in a specific manner and always abundant associated with neural connections. Recently this stuff now called, "magnetic organ", proved to be able to detect with great precision strength, polarity and the direction of Earth's magnetic field.

Conclusion:

We need larger sample, but the initial results show significant effects and really very important for the immune system and the glands of internal secretion, adding the benefits provided to patients with cancer, where all conventional resources had been employed without success.

Jose de Felipe Junior MD PhD

Rua Conde de Porto Alegre,1985. São Paulo Capital – Brazil

gadi1@terra.com.br

www.medicinabiomolecular.com.br