A Proposed Experimental/Theoretical, Noninvasive, Nonpharmaceutical, *In Vivo* Method for Rapid Neutralization of HIV Virus in Human Subjects.

Revision Sept. 26, 1995

Introduction

September 26, 1995

Most men occasionally stumble over the truth, but most pick themselves up and continue on as if nothing had happened.

—WINSTON CHURCHILL

Dear fellow researcher,

This "theoretical" (*keep it legal...*) information is free. But before you start, convince yourself by getting a PCR test (count of active HIV cells in blood) and a second one about a month after completion of neutralization.

Expect a NEGATIVE PCR test (polymerase chain reaction; K. Mullis, 1983) after completion (no more active HIV detectable in blood.) But it's normal for common HIV *antibody* tests to remain the same even after complete remissions, just as you will always carry specific antibodies if you've once had childhood diseases like measles, chicken pox, or mumps.

This very slight and mild electrification of your blood does *not kill* any viruses or harm normal blood cells. Instead, the minute currents appear to alter and inhibit the ability of the outer protein layer of the virus to attach to lymphocytes (reverse transcriptase process) This blocks the binding of the HIV virus with the host cell (Thymic-T lymphocyte; CD_4 T-helper cells) so the virus is thought in effect to be neutralized, immobilized and eventually eliminated from the body. Rate of recovery is the product of current intensity multiplied by time of exposure. (Kaali; with Lyman and Merkatz; 1994 paper.) This communication describes a safe and tested procedure for interrupting HIV reproduction. But you MUST avoid ingesting any medicinal herbs, domestic or oriental, since blood electrification causes electroporation of cell membranes and can thus cause tremendous increase of molecular transport into cells resulting occasionally in extreme and toxic overdosing. Allow one week to eliminate herbs and other medications from body before blood electrification. (See J.C. Weaver, Harvard-MIT Division of Health Sciences and Technology in *Journal of Cellular Biochemistry* 51:426–435; 1993.)

Be prepared for a temporary initial *DROP* in T-cell count due to lysing (dissolution) of previously infected white cells by treatment-destroyed HIV and its subsequent scavenging by macrophages since tests count *both* healthy and infected cells. However T-cell counts CD_4 (T_4) should recover and continue to rise dramatically after a few months.

If the *magnetic pulse* lymph and tissue HIV neutralization steps are omitted, detectable infection *may* return after months or years because of re-infection by latent and germinating HIV still hiding in your body *outside* of blood.

When discussing your recovery, please refer to all data and claims as "hypothetical" to avoid entanglement with FDA and legal constraints forbidding use of the word "cures".

If you follow instruction *precisely*, avoiding herbs and toxic medications, ***YOU may be HIV free next month,*** safely and surely. We have numerous reports of complete recoveries.

Please share your results with me so as to assist others. Your name will not be used. *We still have nothing for sale.* Write in care of Explore Publications, PO Box 1508, Mt. Vernon, WA 98273.

With highest regards, and good luck!

Bob Beck

continued on page 4

In a remarkable discovery at Albert Einstein College of Medicine, N.Y.C. in 1990, it was shown that a minute current (50 to 100 *micro* amperes) can alter outer protein layers of HIV virus in a petri dish so as to prevent its subsequent attachment to receptor sites. (***Science News***, March 30, 1991 page 207.) It may also reverse Epstein Barr (chronic fatigue syndrome), hepatitis, and herpes B. HIV positive users of this enclosed information may expect a NEGATIVE p24 surface antigen or PCR test (no more HIV detectable in blood) after 30 days. This is reminiscent of a well proven cure for snakebite by application of electric current that instantly neutralizes the venom's toxicity. (***Lancet***, July 26, 1986, page 229.) And there may be several other as yet undiscovered or untested viruses neutralizable with this discovery.

This very simple blood clearing treatment offered great promise as a positive method for immobilizing known strains of HIV still present and contaminating some European and US blood bank reserve supplies. It was further suggested that infected human HIV carriers **could be cured** by removing their blood, treating it electrically and returning it by methods similar to dialysis. Dr. Steven Kaali, MD, projected that "years of testing will be in order before such an *in vitro* (blood removed for treatment) device can be made ready for widespread use" (***Longevity***, Dec. 1992, page 14.) This paper reveals a "do-it-yourself" approach for healing ***involving no medical costs*** or dialysis.

In the writer's opinion both blood and lymph can be cleared *in vivo* (which means blood isn't removed) simply, rapidly, and inexpensively with similar but *non-invasive* techniques described herein. All are fully disclosed in this paper. This paper includes all necessary schematics, parts lists, and instructions. Electronic and controlled electroporation approaches may well make vaccines (even if possible someday), pharmaceuticals, supplements, oxygen and diet therapies, plus other proposed remedies obsolete, even if they worked and were free.

In a public lecture (Oct. 19, 1991) the writer's opinion proposed this theoretical do-it-yourself method for accomplishing HIV "neutralization" *in vivo*. Subsequently, his original modalities and protocols have been extensively peer reviewed, refined, simplified and made universally affordable (under $75 for *both* devices including batteries when self-made). These two simple treatments used in tandem can potentially nullify well over 95% (and perhaps 100%) of known HIV strains residing in *both* blood, lymph, and other body tissue and fluids. Following is a summary of two years of offshore feedback with this non-iatrogenic, do-it yourself, simple and inexpensive experimental solution to the ever escalating AIDS dilemma. There are no known side effects since milliampere currents are much lower than those in FDA approved TENS, CES and muscle stimulators which have been in daily use for many years. Battery replacement costs are under 25¢ per month per user or about 1¢ per day for a typical 21 day "spontaneous remission". No doctors, pharmaceuticals, ozone, or other intervention appears necessary.

The pocket-sized, battery-powered, *blood* clearing instrument is basically a miniature relay driven by a timer chip set to ~0.67 Hertz. Its 0 to 36V user adjustable biphasic output minimizes electrode site irritation. The described system delivers stimulation through ***normally circulating blood*** via electrodes placed at selected sites (such as one electrode behind ankle bone on inside of foot and another identically located on opposite foot) over the sural, popliteal, posterior tibial, or peronal arteries where the subjects' veins and arteries are accessibly close to the surface. (*See page 10*) Optimum electrode positions are reliably located by feeling pulse. (*See page 8 for details.*) Micro current treatment is of such low amplitude that it creates no discomfort when used as directed and is demonstrated to have no harmful side effects on healthy blood cells or tissue. A major obstacle to this simple and obvious solution is disbelief, and subjects must assume responsibility for their own health- a "heresy" in today's society where we're conditioned to look for answers only to a medical establishment that has no current knowledge remotely promising "cures" for numerous well known terminal diseases.

Using neutralization approximately 8 to 20 minutes per day for about three or four weeks should in the writer's opinion effectively immobilize well over 95% of any HIV and simultaneously any other electrosensitive viruses in blood. In heavy infections, shorter application times could prevent overloading patient with toxins. Simply treat for a greater number of days. In time, the restored immune system will handle residual problems. In the special case of impaired circulation due to diabetes, longer treatment times may be indicated. (*Refer to expanded instructions on page 8.*) Immobilized viruses may be expelled naturally through kidneys and liver. More rapid neutralization is easily possible but ***not*** recommended because of potential excessive toxic elimination reactions. (Herxheimer's syndrome). T-cell counts may drop initially (because of lysing and subsequent scavenging by macrophages) but should recover to over 200 within 90 days.

Latent / germinating HIV reservoirs in the body's *lymph* or other tissue may theoretically be neutralized with a *second* and separate device by the strategy of generating a very high intensity (~19 kilogauss) short duration (~10 μS) magnetic pulse of >35 joules by discharging a modified strobe light's capacitor through an applicator coil held at body points over lymph nodes and other possible internal sites of infection (*see pages 5 and 8*). By the physics of Eddy current / back emf "transformer action" (Lenz' law) the desired criteria of minimum current induced through infected tissue on the order of 50 to 100 μA should be readily attained. Several pulses repeated at each site may insure a reliable "overkill" for successful HIV neutralization. A magnetic "pulser" is very inexpensive and simple to build.

These "theoretical solutions" are being disclosed under constitutional freedom of speech guarantees in spite of extensively organized hostile opposition to non-pharmaceutical cures. Data can be *legally* offered only as "theoretical" and no medical claims can be made or implied. See your health professional! Anyone at his discretion and assumed responsibility should be free to build, use (on himself) and network his "research" results. With these data an average intelligent high school student should confidently be able to assemble *both* theoretical blood and tissue clearing modalities in about three hours and for a total investment of around $75.00. Components are widely available. After assembling, "cures" cost under 25¢ per patient for batteries. If electronically unskilled, "busy" or technically illiterate, call an "Amateur Radio Supply" store (yellow pages) and find a ham radio operator, hobbyist or TV repairman or pay any kid on the block to do it for you. After "spontaneous remissions" some users may wish to interest their doctors. But be advised that *electronic* cures may be vigorously suppressed or ignored because there is presently no credibility nor drug cartel profit in a 25¢ AIDS solution. Also the 1910 Rockefeller/Flexner Report attempted to discredit electromedicine with a conspiracy to inflate pharmaceutical profits.

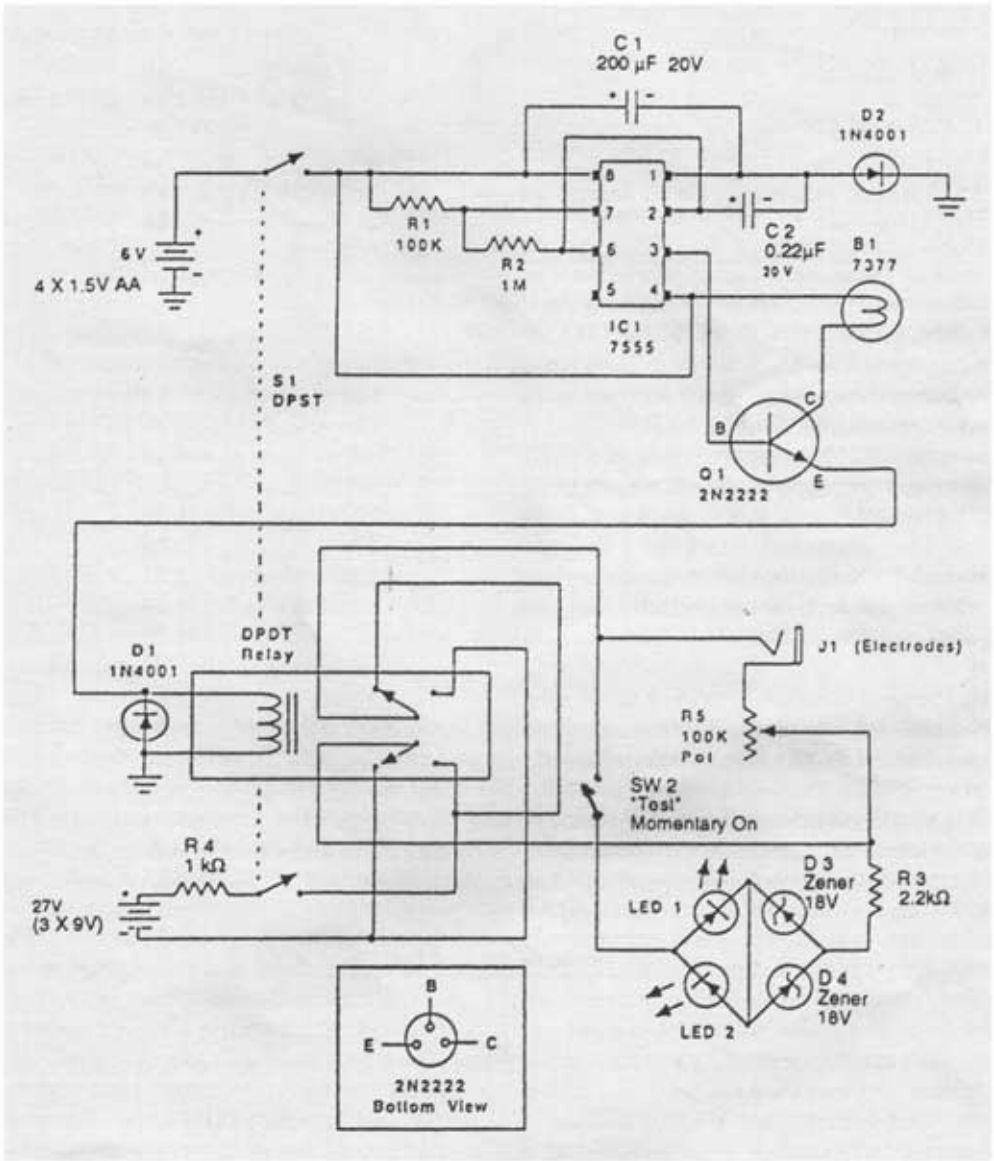
I'm definitely *not* soliciting funds. This was independently

developed by Bob Beck at his private expense and offered freely for "theoretical and informational purposes only" and with absolutely no profit motive. Non-FDA approved devices are illegal to use within the USA except via little known FDA regulation loopholes whereby doctors and ***researchers*** are allowed to use *anything* on patients if they build it themselves (Code of Federal Regulations 21 § 807.65 subsections {d} & {f}). See actual text in footnote on following pages. Although we will offer technical updates and always welcome feedback from users, ***please respect the writer's privacy and never attempt to contact him for additional help or construction information. Everything users need to know is included in these pages. We have nothing for sale.***

Experimental *In Vivo* Blood Virus, Microbe, Fungi, and Parasite Elimination Device

Note: These data are for informational, instructional, and research purposes only and are not to be construed as medical advice. Consult your licensed medical practitioner.

CHANGES *since previous editions: Pulse Repitition Rate from 0.67 to ~3.9 Hz. C 2 from 1 to 0.22µF. Voltage from 36 to 27V. R 3 from 6.8kΩ to 2.2kΩ. R 4 from 2.2kΩ to 1 kΩ. D 3 & D 4 from 30V to 18V. LED 1 & 2 combined in a single Bicolor device. Treatment time from 20 min. to 1 hour. Improved electrode suggestions. SW 2 added (essential).*



Special Parts

B1: Filament type incandescent bulb, 6.3V .075A type 7377 (Ballast & current limiter.)

Relay: 5V 50 Ω coil, PCB mount DPDT; Selecta Switch SR15P207D1.

D3 & D4: Zener Diodes, 18V 1/2 watt NTE 5027A.

R5: 100k Ω ½ watt linear potentiometer; Caltronics P-68 or equiv.

LED 1 & 2, combined as Bicolor red & green in same housing, Radio Shack # 276-012

SW2: "Test" SPST momentary on sumbminiature push-button, Radio Shack # 275-1571

Proposed Theoritical *In-Vivo* Blood HIV, Pathogen, Parasite and Fungi Neutralizing Device

Component Descriptions, Sources and Current Prices (March 1995)

Note: These data are for theoretical, informational and instructional purposes only and are not to be construed as medical advice. Consult with your licensed medical practitioner.
Do not expect this device to function optimally if ANY electrical changes or ego improvements are attempted.

7555 CMOS timer chip (generic)	IC1	$1.80	
100 k ohm 1/4 watt 5% resistor	R 1	.07	
1 meg Ω " " "	R 2	.07	
2.2k Ω " " "	R 3	.07	
1 k Ω " " "	R 4	.07	
100k Ω linear taper pot, H watt Caltronics P-68	R 5	2.56	
200 µF 20 V (or higher) electrolytic capacitor	C 1	.45	
0.22 µF " " Tantalum "	C 2	.25	
1N4001 diode 2 required @ .15	D 1 & D 2	.30	
18Volt Zener diodes, 1/2 Watt, 2@ .79	D 3 & D 4	1.58	(NTE5027A)
NPN Transistor, generic 2N2222	Q 1	.30	
Bulb, 6.3V .075 A type 7377	B 1	1.34	
Relay, 5 V 50Ω coil PCB Mount DPDT Selecta Switch	SR15P207D1	5.45	
Misc. wire, solder, etc.		.50	
Note: Action now supplies a custom printed circuit board #PS-PCB for:		15.00	

All 15 components listed above available at ACTION ELECTRONICS
1300 E. Edinger, Santa Ana, CA 92705 (714) 547-5169

Bicolor LED red/green Radio Shack #276-012	LED 1	$1.19	
Jack for electrode leads 274-251 3/$1.59	J 1	.53	
DPDT switch, 275-626 or equiv. (Used as DPST)	SW 1	2.55	
SPST Submini momentary push button switch	SW 2	.59	ER-SW101"Test"
Battery holder, 4-AA cells, Radio Shack	270-383	1.29	
4 Alkaline AA cell batteries, #23-552	4 for	2.89	
3 Alkaline 9V batteries, type 1604 etc.	3 for	3.75	
3-9V battery snaps (clip-on connectors)	270-325 pkg 5/	1.29	
Box, if used		2.29	

Above items generally available at local Radio Shack stores

Lead wire with 3.5 mm plug, 6 ft., Mouser or Calrad Electronics	.35
Electrodes, stretch elastic, Velcro, cotton flannel, alligator clips,etc.	± 5.00 (See notes)
Total Cost for all components for do-it-yourself project	*$ 49.24*

This design is basically a 7555 IC timer chip set for 50% duty cycle and ~3.9 Hz. driving a sub-miniature relay. Electrode polarity continually reverses ~1/4 second positive / 1/4 second negative. Frequency is not critical.

Patents applied for

Footnote

CODE OF FEDERAL REGULATIONS 21 § 807.65 Subpart D—Exemptions. **Paragraphs** [d] & [f]

Excludes and exempts from regulation:

" (d) Licensed practitioners, including physicians, dentists, and optometrists, who manufacture or otherwise alter devices solely for use in their practice."

" (f) Persons who manufacture, prepare, propagate, compound, or process devices solely for use in research, teaching, or analysis, and do not introduce such devices into commercial distribution."

Use of this device therefore appears legal and exempt from FDA regulations when you construct it yourself for research and / or use in your own practice! But double-check your local, county and state regulations for possible exceptions.

Expanded Instructions for Experimental / Theoritical HIV Blood Neutralization

Hypothetical Protocols for Experimental Sessions

Revision Dec. 18, 1995.

PRECAUTIONS: Do NOT use on subjects with **cardiac pacemakers**. Any applied electrical signals may interfere with "demand" type heart pacers and cause malfunction. Do NOT use on **pregnant women**, **while driving** or **using hazardous machinery**.

Users MUST avoid ingesting anything containing medicinal herbs, foreign or domestic, or potentially toxic medication, nicotine, alcohol, recreational drugs, laxatives, tonics, etc., and certain vitamins for one week before starting because blood electrification can cause electroporation which makes cell membranes pervious to small quantities of normally harmless chemicals in plasma. The effect is the same as extreme overdosing which might be lethal. *See* ***Electroporation: a General Phenomenon for Manipulating Cells and Tissues***; J.C. Weaver, Journal of Cellular Biochemistry 51:426–435 (1993). Effects can mimic increasing dosages many fold. Both the magnetic pulser and blood purifier cause electroporation.

Do NOT place electrode pads over skin lesions, abrasions, new scars, cuts, eruptions, or sunburn. Do NOT advance output amplitude to uncomfortable levels. All subjects will vary. Do NOT fall asleep while using.

Do NOT place electrodes above waist. (*See exceptions.*) Generally use only on feet (*see page 10 for blood paths*) so as to minimize possible current paths through unhealthy heart. The magnetic pulser should, however, be safe to use anywhere on body or head. Avoid ingesting alcohol 24 hours before using. Drink an 8 oz. glass of distilled water 15 minutes before and immediately following each session and drink at least four additional glasses daily for flushing during "neutralization" and for one week thereafter. This is imperative. Ignoring this can cause systemic damage.

If subject feels sluggish, faint, dizzy, headachy, nauseous, or has flu-like symptoms after exposures, reduce number of pulses per session and/or shorten applications of blood clearing. Use caution when treating patients with impaired kidney or liver function.

To avoid shock liability, use batteries only. Do NOT use any line-connected power supply, transformer, charger, battery eliminator, etc. with blood clearing device. However line supplies *are* OK with well-insulated magnetic pulse generators (strobe lights).

Health professionals—Avoid nicotine addicts, vegetarians, and other unconsciously motivated death-wishers and their covert agendas of "defeat the healer". Tobacco, the most addictive (4-½ times more addictive than heroin) and deadly substance of abuse known, disrupts normal cardiovascular function. True vegetarian diets are missing essential amino acids absolutely necessary for the successful rebuilding of AIDS-ravaged tissues. Secondary gains (sympathy / martyrdom, free benefits, financial assistance, etc.) play large roles with AIDS patients. "Recovery guilt" as friends are dying has even precipitated suicide attempts masked as "accidents". Avoid such entanglements.

SUPERIOR ELECTRODES. Excellent, convenient and vastly superior electrodes, reusable indefinitely, can be made by butt-soldering lead wires to ends of 1/32" dia. by 1-⅛" long type 316 stainless steel rods available from welding supply stores (Cameron Welding Supply, 11061 Dale Ave., Stanton, CA 90680). Use "Stay Clean" flux before soldering (zinc chloride/ hydrochloric acid). Shrink-insulate TWO tight layers of tubing over soldered joints to prevent flexing /breaking and lead/copper ions from migrating. Wrap two turns of 100% cotton flannel around rods; wrap with a few turns of strong thread, wrap and tie both ends and cut off excess cloth. Treat end windings and knots with clear fingernail polish or Fray Check™ (fabric & sewing supply stores) to prevent raveling. Soak in a strong solution of sea salt (not table salt) containing a little wetting agent like Kodak Photo Flow, ethylene glycol, or 409 kitchen cleaner. Add a few drops of household bleach, silver colloid, (*how to make your own silver colloid in the next issue of* Explore), etc., for disinfectant. Store solution for reuse. Saturate these cotton "wicks" each time before applying to skin. Tape soaking wet electrodes tightly over pulse sites with paper masking or Transpore™ tape or with 1" wide stretch elastic bands with tabs of Velcro® at ends to fasten. Electrodes should closely conform *precisely* along blood vessels, not skewing ever so slightly over to adjacent flesh. This insures better contact and provides very low internal impedance. (~2000Ω) Avoid crossing arms or legs while treating, since this may shunt the current. Rinse and blot-dry electrodes and skin after each use. NEVER allow bare metal electrode to touch skin as this will cause burns manifested as small red craters taking weeks to heal.

ELECTRODE PLACEMENTS: Locate *maximum* pulse position (*NOT* to be confused with acupuncture, reflexology, Chapman, etc. points) on each foot by feeling on inside of ankle ~1" below and to rear of ankle bone, then feel top center of instep. Place electrode on whichever pulse site on that foot that feels strongest. Scrub skin over chosen sites with mild soap and water or alcohol swab. Wipe dry. Position the electrodes lengthwise along each left and right foot's blood vessel. We presently prefer foot-to-foot electrode placements which will encompass about five times the volume of circulating blood undergoing pathogen neutralization compared to the earlier foot-to-back-of-same-knee placements originally suggested in our 1991 paper. Note: with subjects having perfectly healthy hearts and not wearing pacers, it is convenient to use left wrist to right wrist exactly over ulnar arterial pulse paths instead of feet. Wide rubber bands over wires at elbows keep leads out of the way when using hands. With electrode cable unplugged, turn switch ON and advance amplitude control to *maximum.* Push momentary SW. 2 "Test" switch and see that the red and green light emitting diodes flash alternately. This verifies that polarity is reversing ~4 times per second (frequency is *NOT* critical) and that batteries are still good. If LED's don't light, replace all three 9V batteries. When the white incandescent bulb dims or appears yellowish, or relay isn't clicking, replace all four AA cells. Zener diodes will extinguish LEDs when the three 9V battery's initial 27V drops below 18V after extended use. If subject has a perfectly healthy heart, wrist-to-wrist placement is more convenient. Never use any electrode larger than 1-⅛" long by ⅛" wide to avoid wasting current on surrounding tissue. Confine exactly to blood vessels *only.* Add a drop of salt water to each electrode's cotton cover ~every 10 minutes to keep electrodes thoroughly saturated during entire session.

Now rotate amplitude control to *minimum* (counter-clockwise) and plug in electrode cable. Subject now advances dial slowly until he feels a "thumping" and tingling. Turn as high as tolerable but don't advance amplitude to where it is ever uncomfortable. Adjust voltage periodically as he adapts or

acclimates to current level after several minutes. If subject perspires, skin resistance may decrease because of moisture, so setting to a lower voltage for comfort is indicated. Otherwise It is normal to feel progressively less sensation with time. You may notice little or no sensation at full amplitude immediately, but feeling will begin building up to maximum after several minutes at which time amplitude must be decreased. Typical adapted electrode-to-electrode impedance is on the order of 2000Ω . Typical comfortable input (to skin) is ~3mA, and maximum tolerable input (full amplitude) is ~7 mA but this "reserve" limit is unnecessary and uncomfortable Current flowing through blood is very much lower than this *external* measurement because of series resistances through skin, tissue and blood vessel walls.

Apply blood neutralizer for about an hour daily for 21–30 days. Use judgment here. Carefully monitor subject's reactions. For very heavy infections, go slower so as not to overload body's toxic disposal capability. With circulation-impaired diabetics, etc., you may wish to extend session times up to 90 minutes to two hours. Again, ***have subject drink lots of water***. You may be overexposing if post treatment discomfort is felt.

Subjects may feel sleepy, sluggish, listless, nauseous, faint or headachy, or have flu-like reactions if neglecting sufficient water intake for flushing toxins. We interpret this as detoxification plus endorphin release due to electrification. Let them rest and stabilize for ~45 minutes before driving if indicated. If this detoxing becomes oppressive, treat every *second* day. Treating at least 21 times should "fractionate" both juvenile and maturing HIV to overlap maximum neutralization sensitivity windows and interrupt "budding" occurring during the HIV cells' development cycles. Treatments also safely neutralize many other viruses, fungi, bacteria, parasites, and microbes in blood. See US patents # 5,091,152 5,139,684 5,188,738 5,328,451 and others as well as numerous valid medical studies which are presently little known or suppressed. Ingesting a few Oz. of 5 to 20 parts per million of silver colloid solution daily can give subjects a "second intact immune system" and minimize or eliminate opportunistic infections during recovery phase. This miracle substance is pre-1938 technology, and unlike ozone is considered immune from FDA harassment. Silver colloid can *easily* be made at home electrolytically in minutes and in any desired quantities and parts per million strength for under 1¢ per gallon plus cost of distilled water. It is ridiculous to purchase it for high prices. Colloid has no side effects, and is known to rapidly eliminate or prevent hundreds of diseases. Silver colloids won't produce drug resistant strains as will all other known antibiotics. No reasonable amount can overdose or injure users either topically, by ingestion, or medical professional injection.

Suggestions for Acquiring and Using an Inductively Coupled Magnetic Pulse Generator for Theoretical Lymph and Tissue HIV Neutralization

Revision December 18, 1995.

Note: These data are for informational and instructional purposes only and are not to be construed as medical advice. Consult with your licensed health practitioner.

In keeping with do-it-yourself inexpensive hypothetical approaches to self-help, the simplest and most rapid means for obtaining a capacitor-discharge magnetic pulse **lymph and tissue pathogen neutralizer** would be to find and modify a used functioning portable battery *and* AC powered electronic flash (strobe light) for cameras. These are acquired at swap meets, yard sales, pawn shops, or in junk boxes at used camera stores. Or purchase a new Vivitar (brand) model 1900 ($22) carried at some professional camera stores. This compact, light weight, inexpensive, rapid recharging flash is only 17.5 Watt-seconds power but is readily available and easily modified. It works well enough for casual use but runs on batteries only so has greater operating expense than an AC/DC unit.

California swap meet prices for *used* strobes range from $4.00 to about $18.00. One Sunday the writer found a dozen ac/dc strobes, all in good working condition. Carry four AA batteries with you so you can test flash units before purchasing. I chose to modify a long-discontinued Vivitar (brand) model 110 because it was larger than the rest and seemingly more powerful, however almost any brand or model of comparable output power (35 watt-seconds) should work. ***Preferably select one with 115V AC as well as battery operating (dc) capability.***

First wind the applicator coil. Junk VHS videocassette reels are cheap, plentiful and adequate for this application. Remove 5 screws from shell, remove reels and discard tape. Be SURE alternative spools (if used) are non-conductive or system will not work. Avoid shorter length VHS tape reels which may have center hubs larger than 1" dia. and won't hold sufficient wire. Drill ¼" holes through hub and through center of flange(s). Make two 4" discs from ¼" thick plastic or fiberboard, drill ¼" center holes and another ¼" hole off-center so coil's inside lead wire can be pulled through. These "stiffeners" will sandwich reel's flanges so they won't warp or split as wire pressure builds up while winding progresses. A 2" (or longer) ¼–20 machine nut and bolt with washers through centers will clamp flange stiffeners and reel and also provide a shaft to hold in a variable speed drill motor or similar winding device if used. Then remove bolt and stiffeners.

Specifications: ~130 turns #14 plain enamel insulated copper magnet wire wound onto ~1" ID hub and ~3-½" OD VHS spool with a gap width for wire of ~⅜". Scrape enamel insulation ½" from end. Pull inside end of magnet wire through hub and stiffener and to outside. ~130 turns (about three ½ Lb rolls spliced together) should fill spool. Remove bolt, stiffeners, and finished coil. Now solder ends of 3 ft of *heavy* two-wire extension cord to each side of coil. Finished coil weighs ~1 LB 3 oz, has ~0.935 millihenry inductance, 0.34 Ω resistance, and takes ~20 minutes to hand wind or ~3 min. with drill motor. An excellent alternative is an AMS brand air-core crossover inductor for home audio, MCM Electronics, Centerville, OH 45459, (800) 543-4330 catalog # 50-940, #16 gauge, 0.58Ω, 2.5mH, 2-⅜" dia., $10.65 *see page 11*

Strobe modification consists simply of wiring the finished applicator coil with 4' ft. leads in series between the flash tube and its storage capacitor. Be extremely cautious when working with case open because a strobe's capacitor can hold a residual high-voltage charge for a long time even when "off". Before modifying and to avoid shock, short out the capacitor by placing clip leads directly across the flash tube. Remember to remove this shunt later. To install coil, unsolder either wire from flash tube and connect one lead wire from coil to that side of tube. Connect the other lead from coil to the wire you just removed from tube. Insulate connections with tape. This places your coil *in series* with the flash tube and enables the tube to act as an ionized gas relay or "thyratron" that dumps most of capacitor's stored energy through coil when fired. Lamp will still flash but less brightly.

Cover flash window with black paper. Replace case. You're done!

Is it working properly? A good way to test for strength of pulsed magnetic energy is to lay a thin *steel* washer (one strongly attracted to magnet) flat on top of coil, ½" off center. A 1" dia. "fender" washer with ⅛" center hole works well. Let the flash unit charge for about ten seconds plus or until the strobe's "ready light" comes on then push flash button and see how high the washer is "kicked" by Eddy current repulsion. A 35 watt-second strobe repels a washer about 14 inches vertically. Think of your pulsed coil as the "primary" of a transformer and anything conductive nearby (living tissue included) as the "secondary" into which current is induced when cut by coil's time-varying magnetic lines of flux. Your do-it-yourself magnetic pulse generator delivers a measurable output intensity *several thousand times* more powerful during each cycle than $7,000.00 German "Magnetotrons"®, Elecsystem "Biotrons"®, or Canada's "Centurion"® devices widely exhibited at holistic medical expos, none of which is *nearly* powerful enough for HIV, herpes, hepatitis or Epstein-Barr neutralization or adequate electroporation. It is also functionally similar to the "Diapulse"® miracle-working healing modality when coil is applied over liver and other organs. Magnetic fields and therefore induced currents penetrate *all* body cells, bones and tissues in proximity to coil (effective approx. 4 inches deep) and can theoretically neutralize electrosensitive viruses such as herpes B, HIV, hepatitis, Epstein-Barr and possibly many others as yet undiscovered that can hide *within* nerve sheaths and are therefore untouchable via immune system, white cells, or injectables. This may account for the impossibility of curing many known chronic infections via pharmaceuticals, antibiotics, or any presently known conventional treatments other than electrotherapy. Use pulser on body sites daily concurrently with blood clearing. This pulser is considered safe to use anywhere on the head, chest, and body except with cardiac pacemaker users. *See page 11* for lymph gland locations.

To use, press fully insulated coil flat against body over lymph glands and other selected locations such as shown on page 11. Let strobe build up to full charge (about 10 seconds or longer between pulses) and fire coil while contacting each site. Subjects will feel no physical sensations except for light "thumps" during this phase of treatment. Exposure levels are considered safe because intensity of this magnetic pulser is much lower than Magnetic Nuclear Resonance Imaging in routine use on tens of thousands of patients. But should subject feel "headachy", nauseous, sluggish, or display flu-like symptoms after exposures with either of these two devices, reduce number of pulses *or* duration of blood clearing process and drink more water. If immune system is very badly damaged, you may need to repeat all routines after several months to insure permanent and complete neutralization. *When using, keep coil several feet away from credit cards, watches, magnetic tape, computers, floppy disks,* ***homeopathic remedies****, etc.*, since its powerful magnetic field can de-gauss and erase magnetic data as well as subtle energy potentized medicines. As an unanticipated serendipity, pulsers are reported to erase deeply rooted lymph and tissue pathology and possibly even classical "miasma's" as well as many other microbes, fungi, bacteria, parasites, and viruses. Flash should preferably be used with AC power to save battery costs since you'll only get about 40 full pulses per new set of alkaline batteries. For sanitary purposes, enclose coil in plastic zip-lock sandwich bag discarded after each user. When treating numerous subjects if there's no AC adapter it is economical to purchase and utilize a small rechargeable 6V lead-acid "motorcycle" type storage battery.

How much should this cost? Used electronic flash lamps cost ~$4.00 to ~$18.00. Three ½ LB spools of #14 magnet wire retail for $9.66 ea. at Action Electronics. (You'll need ~1-½ LB) 4-AA alkaline batteries, $ 2.89. A 12 ft #14 X 2-wire 15 amp. AC extension cord costs about $2. and makes 4 sets of leads, or use heavy-duty speaker wire. VHS spools ~50¢. Wholesale wire from $2.50 to $4.35/ LB in 10 LB rolls at Pacific Wire & Cable, 1228 S Village Way, Santa Ana, CA 92704. (714) 558-1864 ~1 week delivery. ***~$15. minimum / $60.50 maximum.*** ♦

Map of Blood Vessels in Extremities for Optimum Electrode Access

Gray's Anatomy pgs. 540, 541, 584, 591

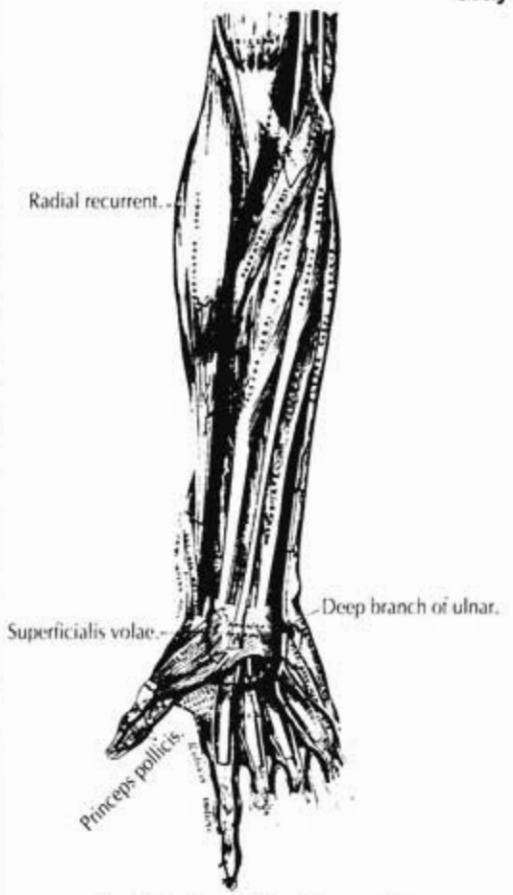


Fig. 304.—The radial and ulnar arteries.

Fig. 320.—The popliteal, posterior tibial, and peroneal arteries.

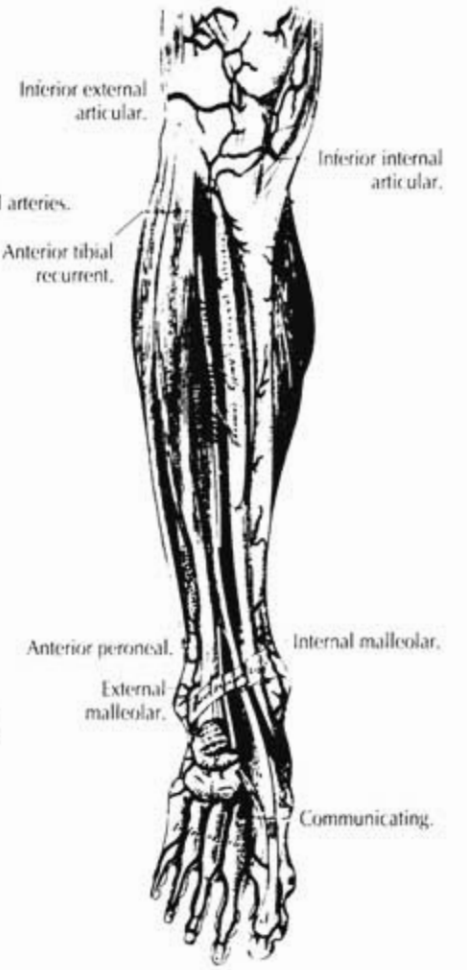


Fig. 321.—Surgical anatomy of the anterior tibial and dorsalis pedis arteries.

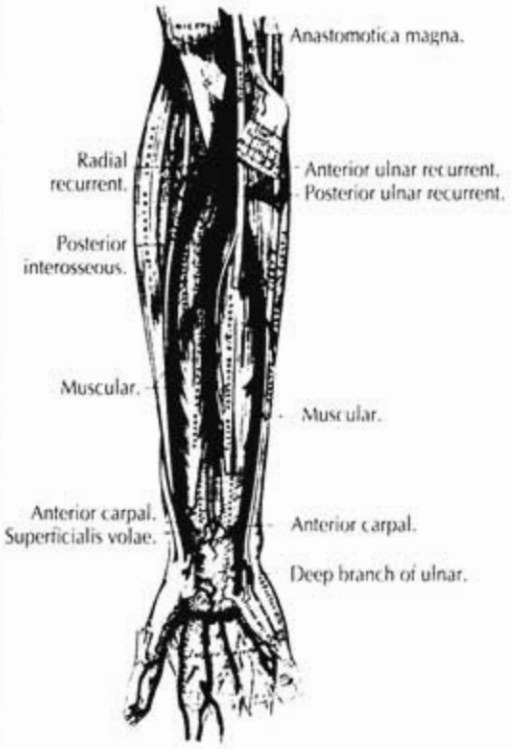


Fig. 305.—Ulnar and radial arteries. Deep view.

Fig. 322.—The plantar arteries. Superficial view.

Fig. 323.—The plantar arteries. Deep view.

Locations of Principle Lymph Sites

Gray's Anatomy pgs. 624 to 633

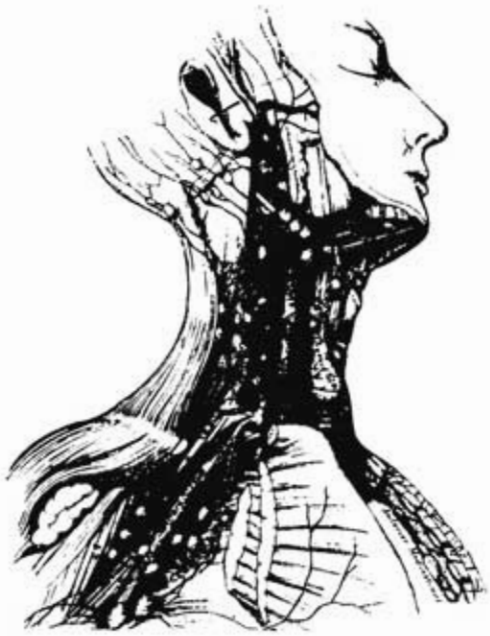


Fig. 339.—The deep lymphatics and glands of the neck and thorax.

Fig. 340.—The superficial lymphatics and glands of the upper extremity.

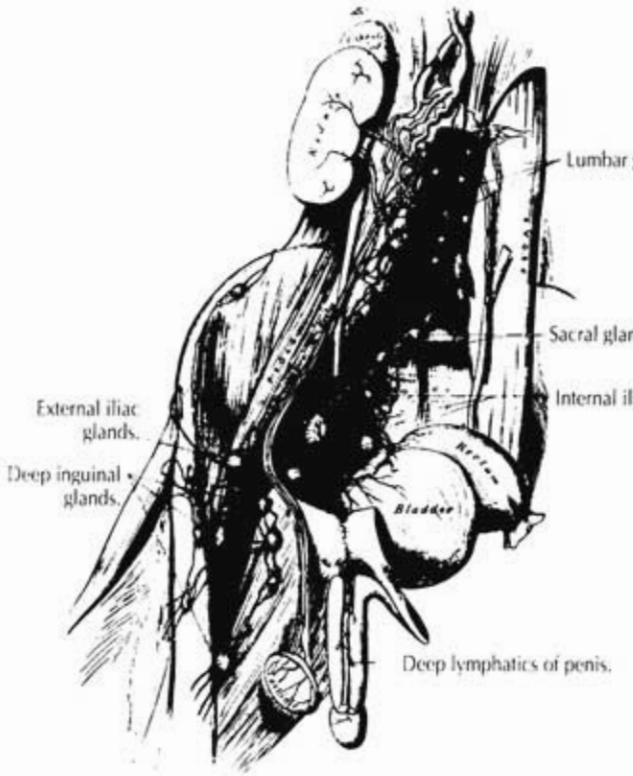


Fig. 342.—The deep lymphatic vessels and glands of the abdomen and pelvis.

Fig. 341.—The superficial lymphatics and glands of the lower extremity.

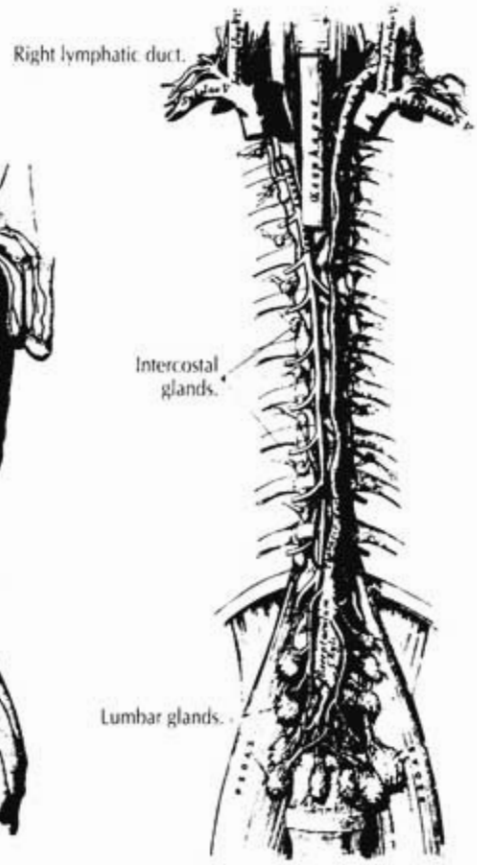


Fig. 337.—The thoracic and right lymphatic duct.