Extended Non-Invasive Picoampere Direct Current Stimulation of Acupuncture Point Selected by BDORT Eliminates Viral Infections in the Connected Organ

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Update: Change of equipment

We no longer use the stimulation electrode set up described below in the slides.

Standard usage is now GSR-5: globular soft rubber electrode (0.5" dia) attainable from Lhasa OMS, MA, USA, fixed with fixomull® tape:

These electrodes can be used if the voltage is increased slightly. The correct voltage is determined as described below.
Additional theoretical/research background in relation to Neoplastical Processes (“maligancies”), 2014.

• Depolarization of transmembrane potentials of stem cell populations have been shown\textsuperscript{24} to “instruct” “neoplastic-like” changes in derivative cells many generations apart

• Transmembrane potential has been found to be a diagnostic\textsuperscript{34} property of induced tumor-like structures (ITLSs) generated by overexpression of well known oncogenes such as KRAS

• \textit{In vivo} transmembrane voltage normalization of ITLSs has been shown\textsuperscript{34} to be functionally significant—an essential controlling parameter that reduces the formation of ITLSs

• These findings fit into the more general physiological picture of polarity and voltage gradients being major characteristics\textsuperscript{35} of normal endogenous long-range bioelectric signalling
An explanation for the means of action and effect of extended, continuous ultra-low direct current (DC) or sub-1Hz pulsed current (EPT) targeted at area of a neoplastical process?

• An endogenous electromagnetic conductor is needed

• The 'channels' and 'points' of the “acupuncture” (AP) system have electromagnetic conducting properties with studied frequency characteristics

• Reichmanis et al showed experimentally that AP channels appear to conduct DC directionally matching the input side of an information relay system

_Hypothesis:_ EPT acting via the AP system influences and sustains a localized, favourable voltage gradient in and/or around the target lesion; that may include epigenetic influence on transmembrane polarizations of oncogene-bearing cells.

[Journal citations available on request.]
Extensive 20+ years of Bi-Digital O-Ring Test (BDORT) research documents subclinical infections as major factors in many pathologies:

- **Major Causes of Intractable Pain** and Their Effective Treatment Using the Bi-Digital O-Ring Test: Combined Use of Effective Anti-Microbial Agents, Cilantro to Remove Heavy Metals, and Drug Uptake Enhancement Method Selectively Deliver the Drugs to the Pathological Areas

- **Quick and Non-Invasive Screening & Diagnosis of Cancer** by Measuring Telomere, 8-oh-dg, Integrin α5β1, Acetylcholine, Hg etc., and Safe & Effective Treatment of Cancer: Marked Decrease of the Telomere of Cancer Cell & Increase of the Normal Cell Telomere by Stimulating the Press Needle Inserted at [Acupoint] ‘True st 36’ and Effective Treatment & Longevity Effect of Selective Drug Uptake Enhancement Method

- **Early Diagnosis of Alzheimer’s Disease** and Autism by Non-Invasively Measuring Acetylcholine, β -Amyloid (1-42), Al, Hg, and Viral and Bacterial Infection Particularly CMV, Chlamydia Trachomatis, and Mycobacterium Tuberculosis: Safe and Effective Treatment With Compatible and Effective Medication (Including "Substance Z"), and Selective Drug Uptake Enhancement Method
  Yoshiaki Omura, M.D., Sc.D., FACA, FICAE, FAAIM, FRSM

- **Bi-Digital O-Ring Test (BDORT) and Causes of Some Intractable Diseases** [MS, ALS, Diabetes, Endometriosis]
  Momir Dunjic, M.D., PhD, FICAE, et al.
ANTIOXIDANT EFFECTS OF ULTRA-LOW MICROCURRENTS
Bok Y. Lee, MD, FACS, Alfred J. Koonin, M.B., Ch., B., Ph.D., FRCS, Keith Wendell, Ph.D., John Hillard, RN

- Target: necrotic and infected wounds
- Device: 100nA-3mA, 5V-40V DC bipolar square wave
- Results: 100% healing of lesions in average of 48 hours (average of 16 days)

HYPOTHESIS: wounds healed because ultra-low direct current effective against microorganisms?
Claims & Description: To attenuate any bacteria, virus, parasites and/or fungus contained in the blood by the action of the electric current flow to render the bacteria, virus (including the AIDS HIV virus) ineffective for infecting a normally healthy human cell while not impairing and maintaining the biological usefulness of the fluids.

Experiment performed: low voltage DC 50-100µA applied to HIV-1 infected blood in vitro via platinum electrodes.

Results: ability of HIV-1 to infect human T lymphoblastoid cells attenuated (amount of reverse transcriptase produced) inversely proportional to, 1) increased current, or 2) lower current and increased duration of exposure time.
Physiological Effects of Stimulation at Acupuncture Loci: A Review
Reichmanis M, Becker Robert O

Laplace Plane Analysis of Transient Impedance Between Acupuncture Points Li-4 and Li-12
Reichmanis M, Marino AA, Becker Robert O

- Changed local electrical-conductance maxima on most subjects of acupuncture (AP) points compared to surrounding areas indicated that acupuncture (AP) meridians conducted direct current (DC)

- Directionally matched input side of an information relay system towards central nervous system
"[] meridian-like network seems to be specialized channel which can propagate some type of information in electro-magnetic field to regulate some of the body functions throughout the body which is difficult to explain in current western medical anatomical concept."
“the biological system that lies at the heart of acupuncture and moxibustion theory and practice”

“a primitive signal (information) system in the body that has embryological roots, but is masked by the more advanced and complex control (regulation) systems.”

“This primitive system is able to detect and discriminate internal and external changes and plays a role in regulating the body by transmitting this information.”
Clinical Investigation of the Location of Meridians and Acupoints by Means of Bi-Digital O-Ring Test(I): Heart Meridian in Normal Subjects and Patient Patients with Atrial Fibrillation

Kitade T


AP points of the heart meridian imaged using tissue slides of various areas of the heart.

AP at these AP points had favorable effects on the associated areas of the organ.
Effect of Acupuncture on the Treatment Point [Organ Representation Point] of the Dorsum of Foot by using Bi-Digital O-Ring Test Resonance Phenomena
Hitomi A, Omura Y, Shimotsuura Y (2008)

Plus Stimulation at the specified treatment point
Black Silica (Far-infra red initiating material)

<table>
<thead>
<tr>
<th></th>
<th>Colon (TxB2)</th>
<th>Colon (HSV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Treatment</td>
<td>$10^{-6}g \uparrow$</td>
<td>$10^{-7}g \uparrow$</td>
</tr>
<tr>
<td>After Treatment</td>
<td>$10^{-100}g \downarrow$</td>
<td>$10^{-10}g \downarrow$</td>
</tr>
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</table>

05/11/2008 06:24
Ling Shu
Classical Chinese Medicine text of acupuncture

Extended daily use of AP to cure disease (Scroll 5/26)

Lingshu ('Spiritual Pivot')
Canon of acupuncture and moxibustion
Western Han dynasty (475BC~24AD)
Second volume of Yellow Emperor's Inner Canon
Synthesis & Hypothesis:

- Meridian = (near) DC (sub-)microampere channel
- AP points can be used as input locuses at the sub-microampere range
- Transmitted (sub-)microcurrent along the meridian will attenuate viruses in the connected organ – if a) continuous and, b) for extended duration.
Materials and Methods

1. BDORT Reference Control Substance (RCS) kits:
   - HHV-1 (HSV-1) Telomere (TTAGGG)
   - HHV-2 (HSV-2) TXB2
   - HHV-4 (EBV) PLGF
   - HHV-5 (CMV) ACh (1,2)
   - HHV-6 TNF-α
   - HHV-7 Norepinephrine
   - HHV-8 DHEA
   - HIV-1 L-Homocystiene
   - HIV-2
   - HCV
Two channel electroAP needle stimulator (milli/micro current settings)

- Bi-phasic square wave negative spike
- Frequency: 1-100 Hz
- Milli-amp setting: 0-40 mA, 0-20V
- Micro-amp setting: 0 to 2000 µA, 0-1V
- Pulse width: 280 µs

9V rechargeable battery
More accurate measurement of output current

- DIGITECH QM1535 DIGITAL MULTIMETER
- Resolution (<400µA): 0.1µA
- Accuracy: ±2.5%
- Amperage <0.1µA
Sub-microcurrent measurement of output current

Hewlett Packard HP 3457A digital multi meter
10MΩ test load

1.1-1.3 Volts

Asymmetric bi-phasic negative spike square wave

@ 100Hz: 2.9 x10^{-10} Amperes = 0.29 nanoamperes (nA)

@ 0.5Hz: 4.66 x10^{-11} Amperes = 4.66 picoamperes (pA)
Electrodes

1. 'A4' pen style non-invasive stimulation probe

- Grounding rod
- Insulated sheath
- 2.5mm ø ball tip
- 3.5mm Jack

50mm
Pen probe attached to AP point LV-3
1. **TENS pin**

- **TENS pin:** 26mm, 2mmø rounded tip
- **TENS push pin:**
- **TENS pad:**
Rubberised elastic strap

Rubber discs

Extension leads
TENS pin attached to AP point TH-5/6/8
Preparation: non-organic toxin detoxification

BDORT check for non-organic toxins

Toxins detected?

Yes

Toxins (metals) could interfere with sub-microcurrent

No

BDORT viral diagnosis

Treatment

Course of cilantro and/or chlorella and/or zeolite determined by BDORT given until toxicity reduced to background levels
Method of selection of AP point – stage 1

'Stage 1

Method of selection of AP point – stage 1

Point Resonance Technique’ (Kedem, Malter)
Stimulation

- Continuous for 5-50 hours until infection(s) could no longer be measured [<1yg BDORT Units].
  - Average: 10-15 hours

- Treatment longer than 10 hours divided over two or more consecutive days

- Exact voltage setting is determined by BDORT as that voltage that immediately gives a new BDORT measurement in the target (localized tissue) of the organ of <1yg BDORTU antibody RCS amount, and, that returns all associated abnormal BDORT parameters recorded before stimulation to normal amounts.
Patient group (n=54)

- 21 standard (symptomatic) diagnoses
- Each patient had one or multiple diagnoses
- Each patient examined with BDORT
Orthodox symptomatic diagnoses

- HCV
- Dermatitis
- Type-2 Diabetes
- (Chronic) Fatigue
- Tachycardia & Angina
- Dyspnoea
- Chronic throat irritation
- Menapausal 'hot flushes'
- Bedwetting
- Hyperthyroid
- Hypertension

Food allergies
- Food allergies
- Dybromyalgia
- Diabetic Neuropathy
- (Chronic) Pain
- Nausea
- Orthodox diagnosis Cancer
- Recurrent infections
- Anosmia
- Hyperthyroid
- IBS

Cases

Orthodox symptomatic diagnoses
Viral infections

- HHV-1
- HHV-2
- HHV-4
- HHV-5
- HHV-6
- HHV-7
- HHV-8
- HCV
- HIV-1
- HIV-2

Viral infections (BDORT / Laboratory Test)
Results to be confirmed by:

1. **BDORT**: virus <1yg BDORT Units

2. **Laboratory test for virus** - in cases where infections previously diagnosed

3. **Complete resolution** = normalization of standard pathology test results and/or 0/10 on an overall analogue scale (AS)

4. **Improvement of complaints** $\geq 50\%$ positive change on an overall AS and/or direct improvement in standard pathology test results
Results - 1

In 30 (56%) cases, treatment needed to be repeated 1-6 times due to the repeating pattern of another (dormant) infection being detected in the same organ 1-7 days after the targeted infection was eliminated.
Results - 2

All infections were eliminated [<1yg BDORT Units]

Eighteen (33%) patients had complete resolution of symptoms [normalization of standard pathology test results and/or 0/10 on an overall AS]

Twenty-seven (50%) patients had improvement of complaints [≥50% positive change on an overall AS and/or direct improvement in standard pathology test results]

Nine patients (17%) reported minor or no change in complaints - probably due to multif-category disease(?)

Mostly, laboratory tests could not be used to confirm results - infections were not previously detected and/or the organ function test result was initially normal
Results – 3

When each organ detoxified and not infected (=normal):

1. **Telomere**=normal cell telomere (≥400-800ng BDORT Units)
2. TXB2 ≤1ng
3. PLGF ≤1ng
4. TNF-α ≤1ng
5. Norepinephrine ≤1mg
6. DHEA 130ng
7. L-homocystiene 0.1mg
8. ACh 1mg
9. BDORT +6

(1-9) Group of normal organ parameters (GNOP)

March 2014 note: This is now a very old, partial list that has been very extensively updated in subsequent publications.
Case Study

#1/1:

52yo Female

HCV+
Case Study – #1/2

Hepatitis C virus RNA: Not detected by polymerase chain reaction.
Case Study – #2/1: 68 yo Male. HCV+
Case Study – #2/2

HCV PCR+ diagnosis

**BDORT Diagnosis:**
Normal cell telomere: 30ng
Liver: 10mg L-HC. HCV: 1300ng BDORTU

**Treatment:** two sessions:
1. 4 hours R LV-3 --> HCV 420ng:
2. 5 hours R LV-3:

**Results**
HCV <1yg BDORTU (liver and blood)
NCTAG: 700ng
Case Study – #2/3

<table>
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<th>Request Number:</th>
<th>16/10/09</th>
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<tbody>
<tr>
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<td>16/10/09</td>
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<tr>
<td>Specimen:</td>
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<table>
<thead>
<tr>
<th>Hepatitis A</th>
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<tbody>
<tr>
<td>HAV Total</td>
<td>&gt;100</td>
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<tr>
<td>MEIA/ml</td>
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<table>
<thead>
<tr>
<th>Hepatitis C</th>
<th>LOW POSITIVE</th>
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<tbody>
<tr>
<td>HCV Ab</td>
<td>MUREX EIA</td>
</tr>
<tr>
<td>HCV Ab</td>
<td>Monolisa RIA</td>
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</table>

16/10/09
HAV: Evidence of past infection or vaccination with HAV.

HCV: Evidence suggestive of a current or past infection with HCV. Suggest repeat serological testing in six weeks, if clinically indicated. It is also recommended that blood, collected in a yellow top (ACD) tube, be submitted for testing for HCV RNA (PCR) to determine infection status.

Requested Tests: E, LFT, ITP, HAVG, HCV, 250, eGFR
Case Study – #2/4

Birthdate: ___________ Sex: M Medicare Number: ___________
Telephone: ___________
Your Reference: ___________ Lab Reference: ___________
Addressed: DR ___________ Referred by: DR ___________
Name of Test: Hepatitis Serology/Molecular Biology
Requested tests: #MIRE, HCVR
Laboratory: ___________ PATHOLOGY ___________ LABORATORY ___________
Phone Enquiries: ___________

Final Report

Request Number: ___________
Specimen Date: 27/10/09

Hepatitis C Virus RNA
HCV RNA PCR Not detected

Requested Tests: #MIRE, HCVR
Case Study – #2/5

Final Report

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<tr>
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<td>Serum</td>
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<td>hepatitis A</td>
<td>HAV IgM MEIA</td>
<td>DETECTED</td>
<td>Not detected</td>
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<tr>
<td>hepatitis C</td>
<td>HCV Ab MEIA</td>
<td>LOW POSITIVE</td>
<td>LOW POSITIVE</td>
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<tr>
<td></td>
<td>MUREX LIA</td>
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<tr>
<td></td>
<td>Monolisa EIA</td>
<td>LOW POSITIVE</td>
<td>LOW POSITIVE</td>
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</table>

16/10/09
HAV: Evidence of past infection or vaccination with HAV.

12/11/09
HAV: No evidence of recent infection with HAV.

Requested Tests: HAV, EBV, HPAN
Case Study – #3/1: Pain

11yo boy. Pain last 2 months: knees, ankles, lower back at L5/S1 level, left chest pain. Three months previously pain free, two months ago had "flu". Hospitalized due to pain, diagnosis given: 'Regional Pain Syndrome' and 'Osgood Schlatters Disease'.

**BDORT Diagnosis:**
900ng normal cell telomere, Trop-I 1ng, L-HC 100mcg.
R knee: abnormal BDORT area was lateral cartilage line: 500ng TXB2, ACh <1pg.
Liver: 0.2mg asbestos, DHEA <1pg, BDORT -5, HSV-11 2050ng.
(Father had recently renovated old house known to have asbestos).

**Treatment:**
6 hours R Liver-3
After 4 hours: HSV-1 1pg. After 6 hours: HSV<2yg, L-HC <100mcg, Liver DHEA=130mg, NCTelomere 1200ng.

**Results:**
Chest pain 0/10 AS, knee pain 0/10 AS. No pain anywhere. Next week went for 10 kilometre bike ride with no pain during or afterwards.
Case Study – #4/1

48yo Male, recently diagnosed diabetes Type-2
Case Study – #4/2

**BDORT Diagnosis:**
- Pancreas: 1ag CMV, GNOP.
- 200ng normal cell telomere, BDORT+5, Insulin 2mg BDORTU

**Liver:**
- Asbestos: 14mg BDORTU
- Telomere: 10ng
- L-HC 0.5mg
- ACh 1mcg
- BDORT-5
- 1000ng CMV
- 400ng HHV-6

**Treatment**
- 14 hours R Liver-7

**Results**
- L-HC: L arm 0.3mg
- Liver: GNOP. CMV/HHV-6 <1yg BDORTU
- Normal cell telomere: 620ng
## Case Study

### #4/3

**Glucose Related Investigations**

<table>
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<tr>
<th>Glucose</th>
<th>Result</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.8</td>
<td></td>
<td>Poorly controlled diabetes</td>
</tr>
</tbody>
</table>

**Hemoglobin A1c**

- **Result:** 5.2
- **Interpretation:** Normal

**Date Collected:** 16/02/2001
**Time Collected:** 27/12/00
**Date Received:** 16/02/01
**Time Received:** 17:59:00
**Unit Range:** Normal
Conclusion

Extended picoampere direct current low frequency stimulation of an AP point selected by BDORT attenuates/eliminates viral infection(s) in the connected organ(s).

Repeated treatments often necessary due to multiple dormant infections in the organ: then organ remained normal.

This study suggests this treatment system will be effective for any viral infection in any organ as part of a multi-category treatment protocol aimed at normalizing localized ultra-small-environments.
Thank You