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Measurable Subtle Energetics in Research and Treatment Application and Outcomes: Need for a Multi-Category Causal and Treatment Model

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Introduction: existing problems:

Mainstream research, especially in conventional Oncology, has limited clinical advances. Why?



Within a clinician's paradigms/techniques/protocols, a treatment plan sometimes does not work. Why not?



When "nothing" is working, a clinician needs to be able to consider something else, or she/he cannot come up with a treatment.



There is always an explanation in "difficult" situations, even if not understood. We need a model that gives confidence that answers/"cures" are possible in every case.



"Difficult" research results and "failure to reproduce an effect" and 'variable' clinical/research results need identifiable explanations.

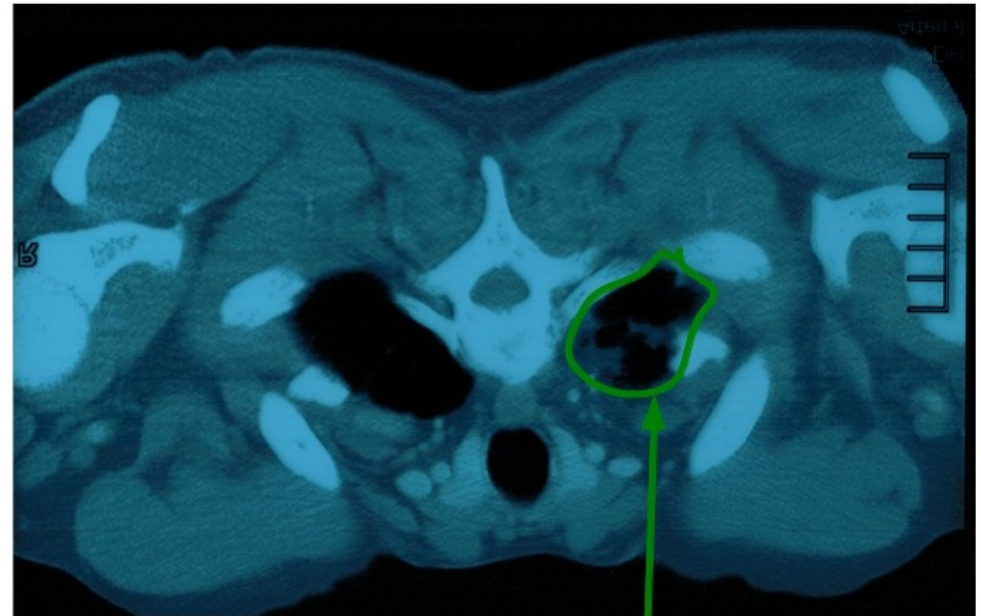
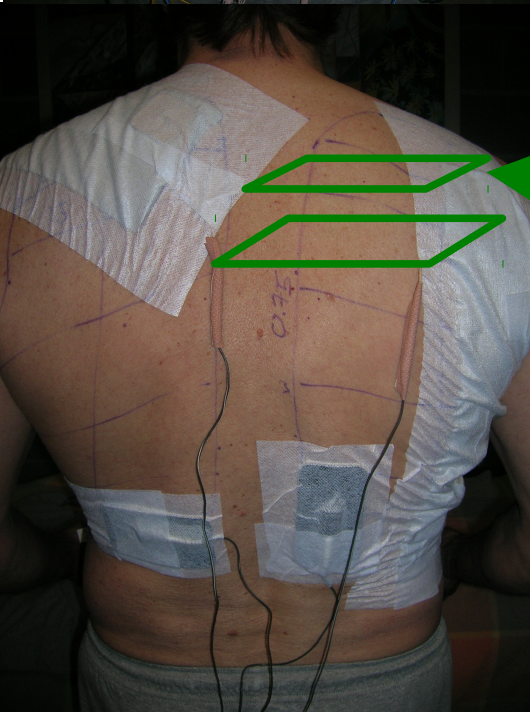
“Spontaneous Regressions/Remissions” (“miracles”) happen: where's the Science?!



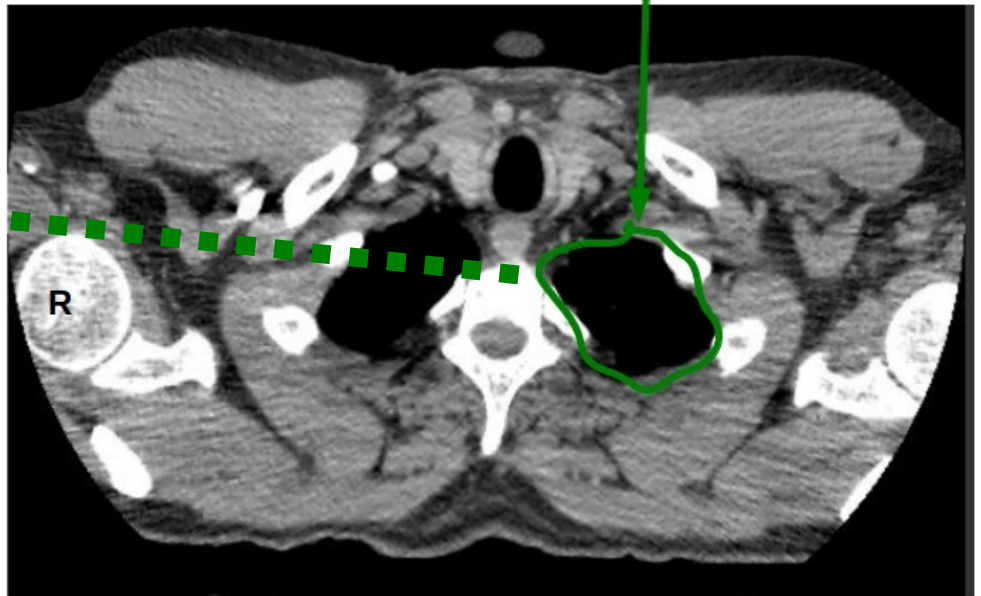
Some of our clinical results:

**Reversing some “impossible”, “irreversible” problems
considered within contemporary paradigms/approaches**

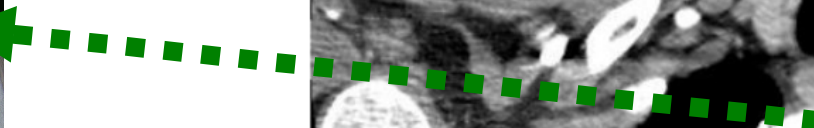
Chronic Lung Scarring Reversal



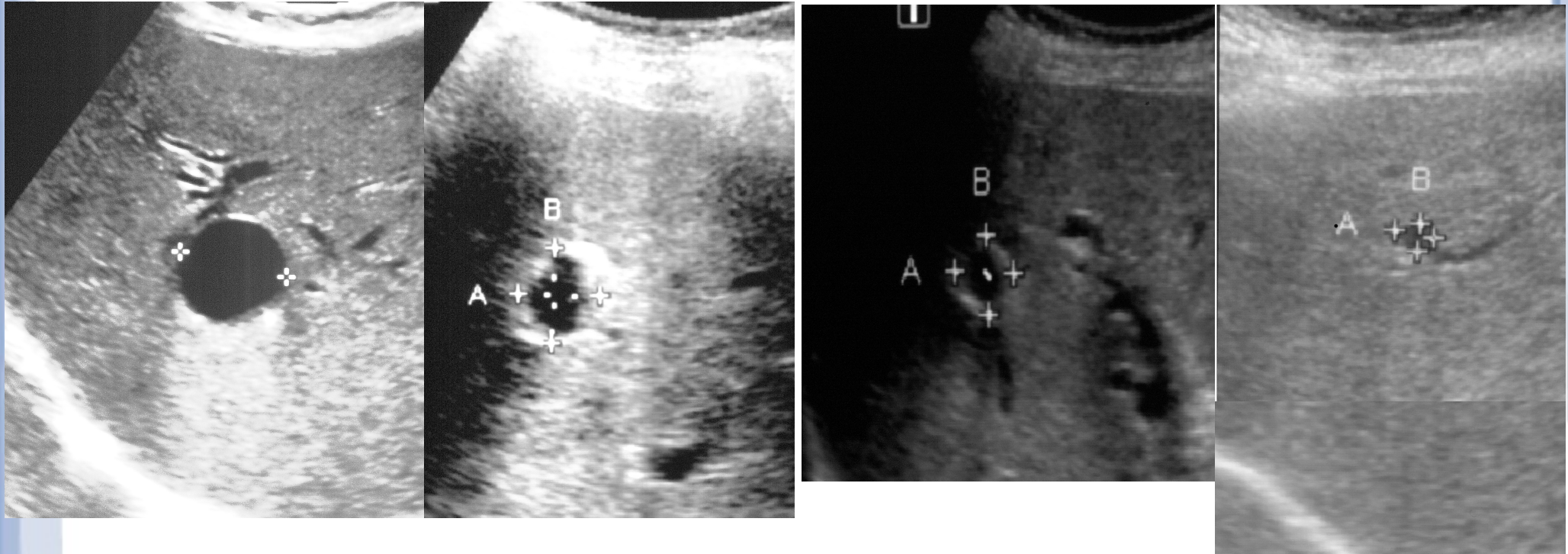
2009



2013



Liver Cyst Normalization



Longitudinal sections A-A:

30mm (15/3/11)

16mm (25/8/11)

14mm (11/11/11)

8.4mm (7/3/12)

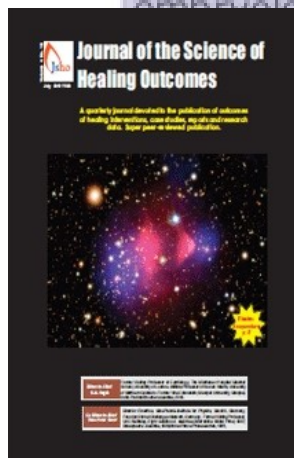
Dimension / Time / treatment➔



Abstract

We report a gastric carcinoma case with hepatic neoplasms, commonly called 'metastases', which we followed over eleven months after being treated traditionally with gastrectomy and esophagectomy. Over the course of our care, the hepatic lesions were followed with CAT scanning and diagnostic ultrasound while these neoplasms grew and then regressed until they completely disappeared. Concurrent Bi-Digital O-Ring Test (BDORT) examinations correlated well throughout. Preliminary chelation with oral food-grade substances assisted by uptake enhancement techniques, especially exogenous blood electrification, was given to mobilize and eliminate the mercury, lead and asbestos detected in the neoplasms. Chelation was discontinued and was followed by our main treatment for nearly six months of continuous day and night ultra-low direct current stimulation of BDORT selected liver and stomach 'meridian' acupuncture (AP) 'points', which inactivated focal HCV, HBV and CMV infections also detected in the neoplasms and operated gastric area, and which normalized the local hepatic neoplastic tissue. From this clinical example, we postulate that appropriate extended, continuous ultra-low direct current stimulation of an acupuncture point, results in corrective signaling by this system, that supplements and rectifies the local, subtle electromagnetic microenvironment, promoting conversion and normalization (healing/curing) of the injured tissue to normal, healthy organ tissue.

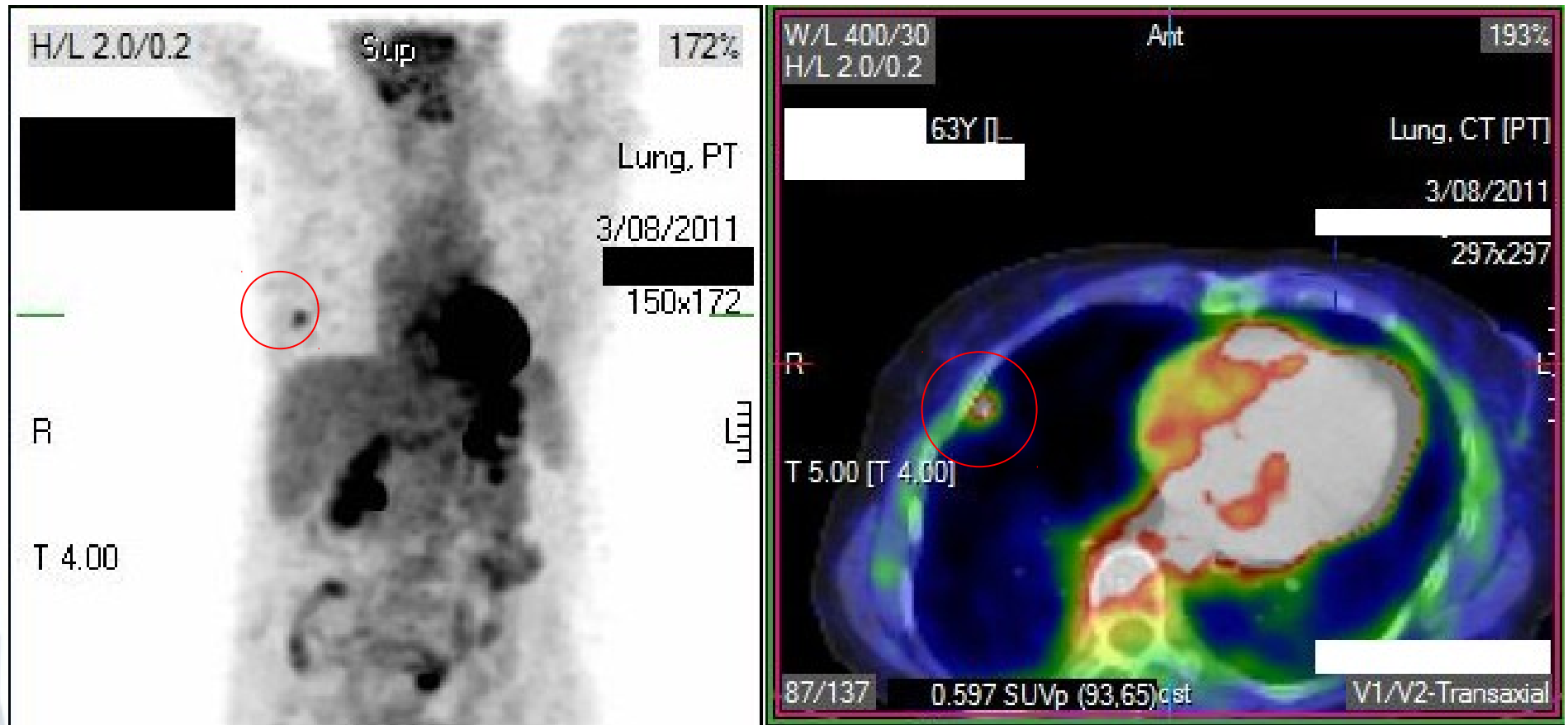
Acupuncture point, BDORT, Bi-Digital O-Ring Test, cancer, cancer stem cell, Chinese medicine, CMV, East Asian medicine, electro-acupuncture, electromagnetic engine, electromagnetic gauge symmetry level, electromagnetic micro-environment, electromedicine, electron point treatment, embryological, gastric carcinoma, healing, hepatic, HBV, HCV, infection, intention, lesion, liver, reversal, signaling, tumor, ultra-low DC current, virus.



Extended UltraLow DC Via Acupuncture Point Normalizes Hepatic Neoplasms. Malter R, Woessner J, Loader A.
Journal of the Science of Healing Outcomes. Volume 4 No 16, July 2012.

PET Scan following CAT scan

“90%” “malignant” Single Pulmonary Nodule (SPN) possible BAC



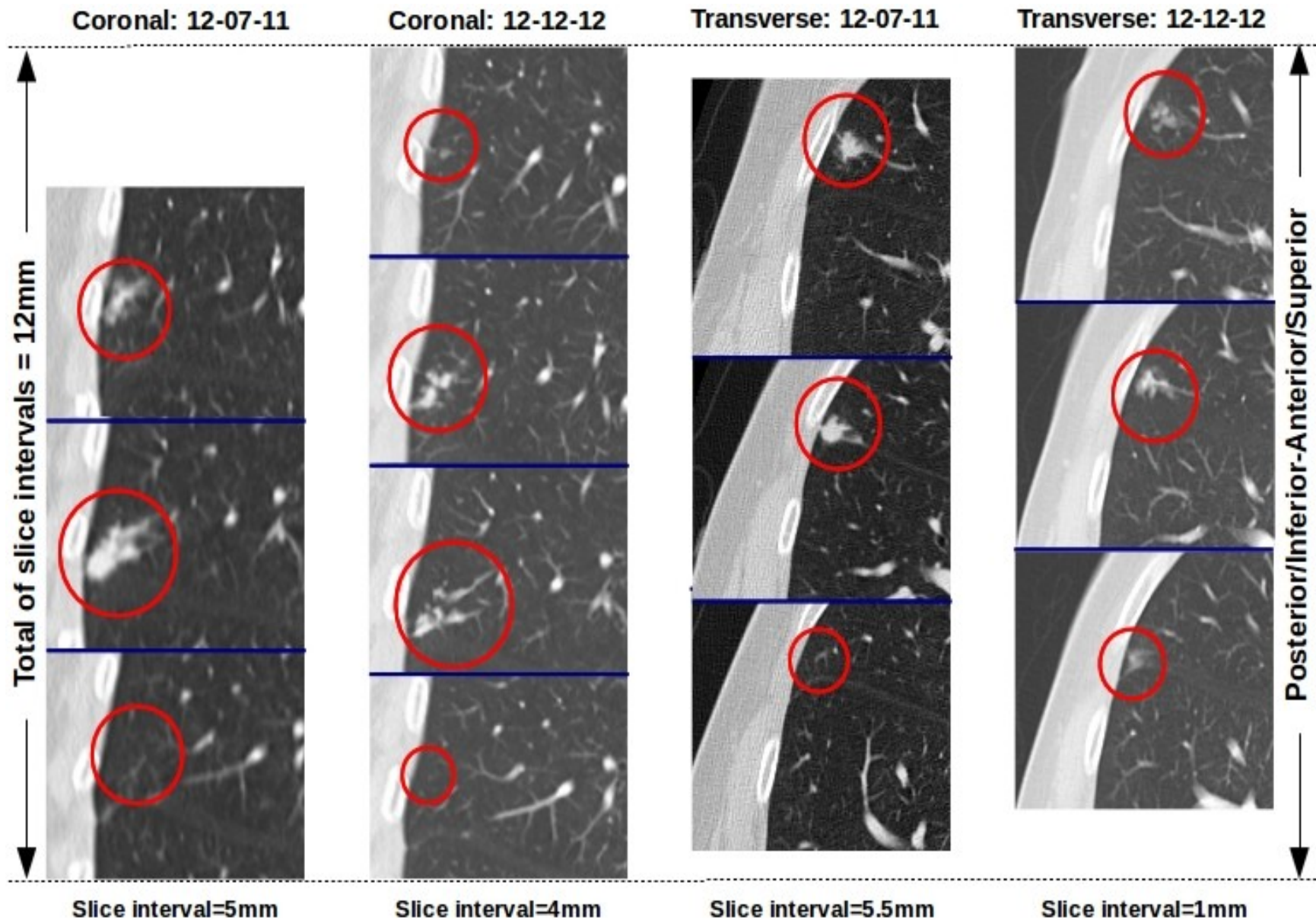
SPN Multi-Planar Dimension Measurements

Study date	Plane of sequence	Slice interval (I) recorded/ (actual)	Slice position of lesion appearance [A]	Slice position of lesion appearance [B]	Visual dimension measurement [$D_{vis}=A-B$]	Sum of maximum possible Dimension Measurement Errors at plane extremities $DME_{sum}=[DME_{max}]+[DME_{min}]$	Maximum possible dimension value $=[D_{vis}+DME_{sum}]$
12-07-2011	Transverse	5.5	114.25	124.4	10.15	[4.5]+[0]	14.65
12-07-2011	Coronal	5	24.5	34.5	10	[4]+[0]	14
12-07-2011	<u>Sagittal</u>	5	101.4	116.4	15	[4]+[0]	19
16-03-2012	Transverse	1/(0.7)	173.5	188.2	14.7	[0]+[0]	14.7
			← 21 slices →		[known]		[known]
16-03-2012	Coronal	3.3/(3.25)	152.6	139.6	13	[2.3]+[0]	15.3
16-03-2012	<u>Sagittal</u>	4.6	102.5	120.8	18.3	[0]+[0]	18.3
27-03-2012	Treatment begins						
12-12-12	Transverse	1	178.9	191.9	13	[0]+[0]	13
					[known]		[known]
12-12-12	Coronal	4	45.43	53.69	8.26	[3]+[0]	11.26
12-12-12	<u>Sagittal</u>	Same contrast study not performed: radiologist reported			16	-	16

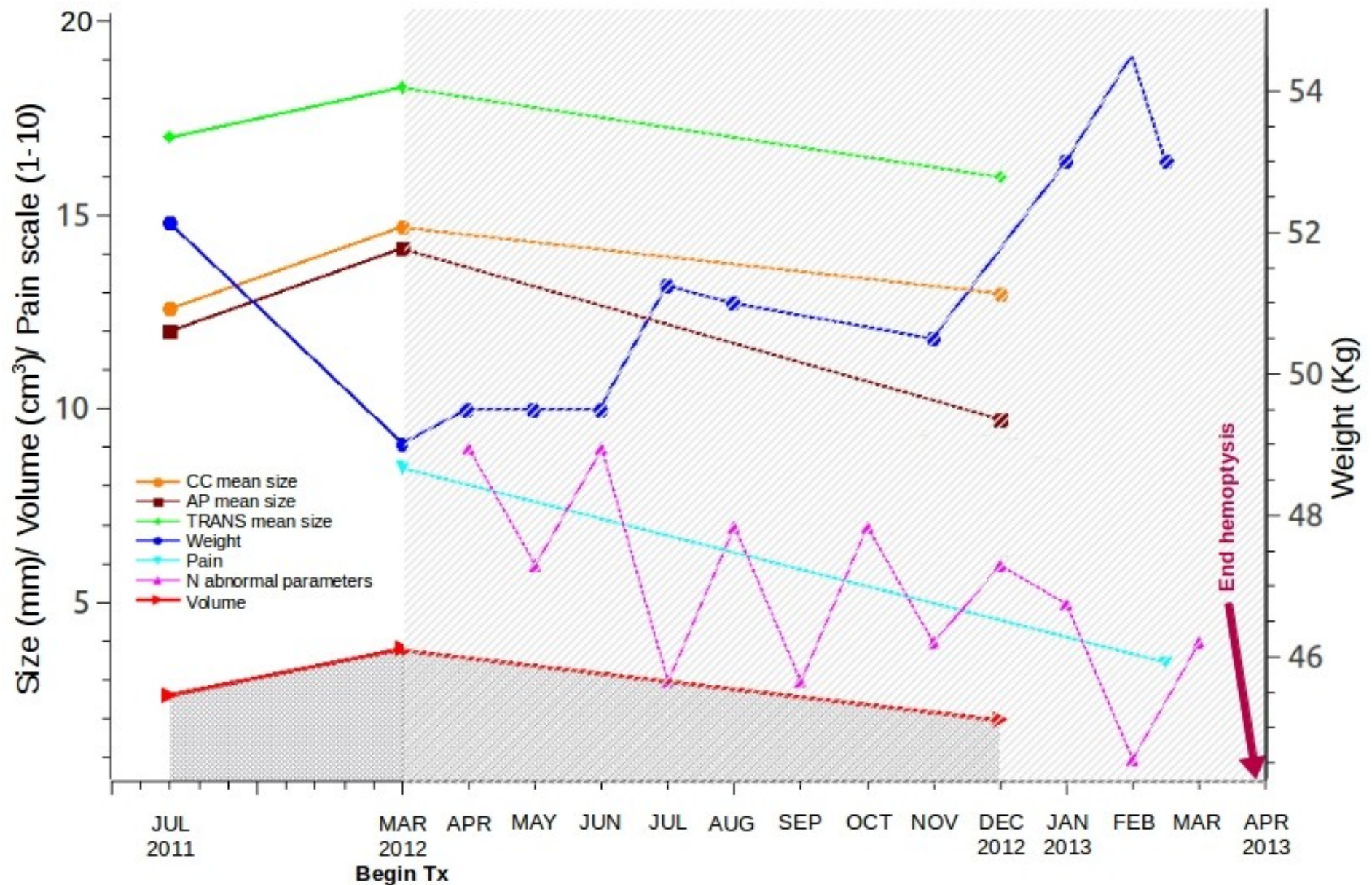
SPN dimension measurements with slice interval error maxima/minima

All measurements are in millimeters (mm). The visual dimension measurement (D_{vis}) is a reconstruction in the plane perpendicular to the plane of the slice sequence. For the transverse plane slice sequence, D_{vis} is the superior-inferior dimension measurement. For the coronal plane slice sequence, D_{vis} is the anterior-posterior dimension measurement. For the sagittal plane slice sequence, D_{vis} is the transverse dimension measurement. The value for DME_{max} is calculated as [I-1] and is the actual dimension measurement resolution of each study sequence in that plane; and so also the maximum dimension measurement error of the lesion at each extremity (margin) in that plane. DME_{max} was assigned a zero value wherever digital measurement of an image at any anatomical plane direction extreme was $\leq 1\text{mm} \times 1\text{mm}$ and the lesion had linearly decreased in size towards that planar extreme.

SPN: CAT Scan Sequences: 15 month interval comparison



Clinical Measures of Patient Condition



Clinical Measures of Patient Condition

Composite indicators of disease progression (clear background) and later regression (cross-hatched background) with treatment.

Pain is plotted from the patient's subjective analogue scale. Caudal-cephalic (CC), anterior-posterior (AP), transverse (TRANS) mean probable dimension measurements [Methods & Table 3] and cubic volume of the neoplastical process are plotted. Patient's weight and number (N) of abnormal ultra-small-environment intra-lesion BDORT parameters are shown. Hemoptysis began and was continuous from July 2011; hemoptysis ended on April 2013 as marked. Non-specific, residual pulmonary discomfort remains and is possibly due to radiologically noted "atelectasis or scarring left lung base with mild traction bronchioectasis" [12-12-12], possibly another result of second-hand smoke.

Target ultra-small-environment BDORT Parameters

Substance / antibody (RCS)	BDORTU	Substance / Toxin (RCS)	BDORTU/Measurement
Oncogene C-fosAb2†	<<1yg	Epidermal growth factor receptor (EGFR)†	<<1ng
<u>Integrin α5β1</u> †	<<1yg	<u>α-fetoprotein</u> (AFP)	<<1ng
p53	<<1ng	Neuron-Specific <u>Enolase</u> (NSE)†	<<1ng
Telomere1 [TTAGGG] Telomere2 [CCCTAA]	~normal cell (NC) amounts [~400-900ng]	CEA	<<1ng
ThromboxaneB2 (TXB2)†	<<1ng	CA-125	<<1ng
Placental Growth Factor (PLGF)	<<1ng	CA15-3	<<1ng
<u>Acetylcholine</u> (ACh)†	≥1mg	PSA	<<1ng
<u>Cyclin-E</u>	20-21ng	Interleukin-6/10 (IL-6/IL-10)	<<1ng
K1-67†	20-21ng	Insulin like growth factor (ILGF)	50ng-55ng
BDORT†	+6	Metals: Pd, <u>Sb</u> , <u>Fe</u> , Ti, W, <u>Sr</u> , As, Cr, <u>Gd</u> , Se, <u>Zn</u> , <u>Sn</u> , Mo, Mg, <u>Cd</u> , Mn, Be, Al, <u>Ba</u> , Au, <u>Fe</u> , <u>Pb</u> , Cu, I, Si, Ag, V, Ni, <u>Ce</u>	BDORT+6 resonance with pure element ampoules RCS held at position of BDORT+6 resonance with ~500-800ng RCS slides of substance.
HHV1-8, HCV, <u>HBV</u> s, HPV-16/18, (HPV16+18/18+16), HIV1/2, HTLV-1, <u>PrP</u> , <u>Mycobacterium Tuberculosis</u> (MBT), <u>Chlamydia <u>T</u>richomatis</u> (CT), <u>Chlamydia <u>p</u>neumoniae</u> (CP), <u>Helicobacter P</u> (HBP).	<<1yg	Mercury(Hg)†	<<1ng
Tumour Necrosis Factor (<u>TNF-α</u>)†	<<1ng	Asbestos (ASB)†	<<0.05mg
8-Hydroxy-2'-Deoxyguanosine (8OHdG)	<<1pg	Normal histological slide resonance	BDORT+6
Glucose	~NC amount [~30-35mg]	Fibrin	<1 photomicrograph of fibrin
<u>TGF-α</u> †	<<1ng	<u>Folic</u> Acid	~NC amount
<u>Interferon-α</u> (IFN-α)	<<1ng	<u>Sirtuin-1</u> (SIRT1)	~ NC amount [~10-14pg]
<u>Interferon-γ</u> (IFN-γ)	<<1ng	Geiger Rate Meter (GRM) at max voltage: counts/60 seconds on apparent normal tissue	Above lesion/target tissue≤GRM count/60 seconds on normal tissue

Other RCSs now routinely measured in neoplastic processes beyond the documentation dates of this case study are: KRAS, RUNX3, matrix metalloproteinase-2 (MMP-2), CD-24 (2 clones) & CD-44.

Target BDORT normal intra- and extracellular ultra-small-environment and remote endogenous neoplastic process parameters. Reference control substance (RCS) amounts in BDORT units (BDORTU). A marked† RCS indicates its possible use for laser module distance-to-skin positioning for correct SPN assessment.]

Measured SPN ultra-small-environment BDORT Parameters

Substance/ antibody (RCS)	BDORTU	Substance/ Toxin (RCS)	BDORTU
Oncogene C-fosAb2	<<1ng-5ng	AFP	<<1ng-<1ng
<u>Integrin</u> $\alpha 5\beta 1$	<<1ng-15ng	NSE	<<1ng-40ng
p53	<<1ng-400ng	CEA	<<1ng-50ng
Telomere1[TTAGGG] Telomere2[CCCTAA] Normal cell (NC) <u>telomeres</u> [13-04-2012]	470-2200ng 470-1980ng 55-60ng	CA-125	<<1ng
TXB2	<<1ng-400ng	CA15-3	<<1ng-50ng
PLGF	<<1ng-140ng	IL-10	<<1ng-3ng
<u>ACh</u>	400 μ g-1mg	ILGF	<<1ng-150ng
KI-67	20ng-240ng	<u>Ba</u> , <u>Ni</u> , <u>Au</u> , <u>I</u> , <u>Ti</u> , <u>Fe</u> , <u>Si</u> , <u>Ge</u> , <u>W</u> , <u>Gd</u> , <u>Se</u> , <u>Sb</u> , <u>As</u> , <u>Pb</u> [maximum amounts]	↑↑-↑↑↑
BDORT	-6-+6	Normal lung histological slide resonance	+ - -
*HHV-5/6/8, CT *HTLV-1 *HHV-7 *HCV, <u>HBVe</u> HIV-2	<<1yg-<1ng <<1yg-3ng <<1yg-300ng <<1yg-5ng <<1yg-<1yg	*Hg SPN [initial measurement] *Hg liver [initial measurement] *ASB [initial measurement]	25mg 120mg 6.3mg
TNF	<<1ng-1ng	Fibrin	0-0.75
8OHdG	<<1pg-180ng	<u>TGF-α</u>	<<1ng-100ng
<u>IFN-α</u>	<<1ng-1.5ng	Glucose	20-55ng
<u>IFN-γ</u>	<<1ng-1.5ng	SIRT1 [NC reference: 10pg; first measured: 21-12-12]	6pg


Measured abnormal ranges of target BDORT intra- and extracellular ultra-small-environment parameters in the pulmonary neoplastic process in examinations between 13-04-2012 and 01-03-13. Measured changes within these ranges were often non-linear with time. Hg was initially also found hepatically in very high amounts. A marked* RCS indicates possible and probable multi-category causative factor.

Many assumptions in (medical) Science are considered “facts”

www.amazon.com/Science-Set-Free-Paths-Discovery/dp/0770436722

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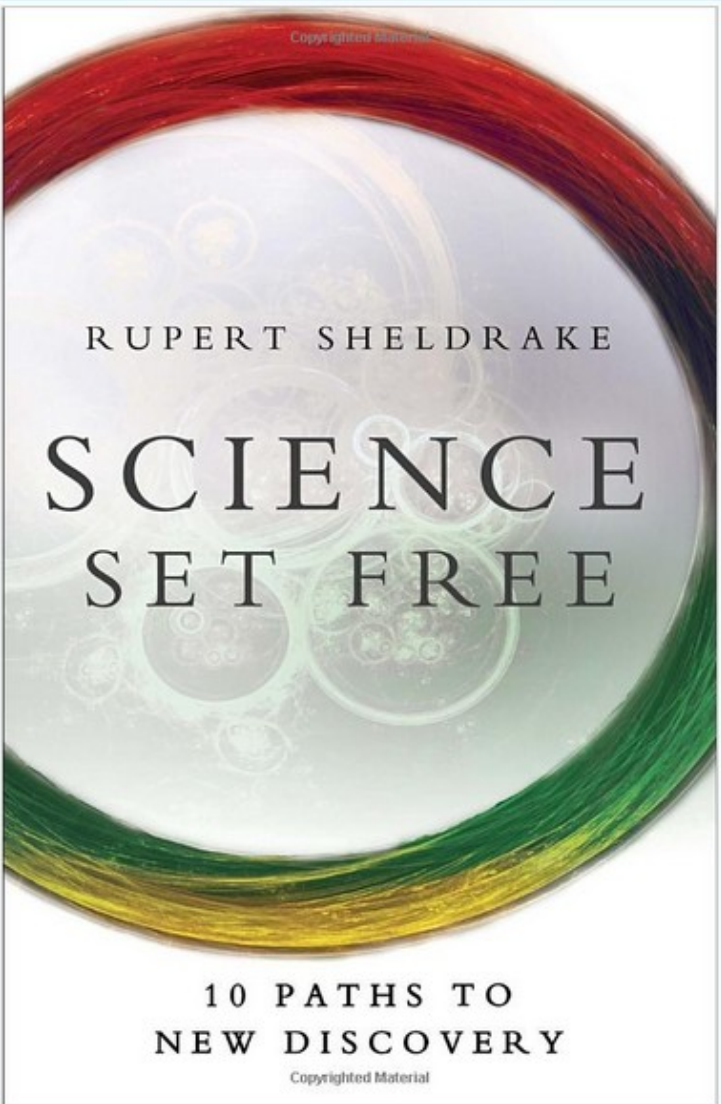
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RUPERT SHELDRAKE

SCIENCE
SET FREE

10 PATHS TO
NEW DISCOVERY

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A dramatic photograph of a red lifeboat, likely from a ship, struggling in a turbulent, dark blue sea. The lifeboat is tilted and surrounded by white-capped waves. The sky above is filled with heavy, dark, and dramatic clouds, suggesting a storm. The overall mood is one of peril and struggle.

Modern Medicine

2nd “Law” of Thermodynamics

19-20th c
Century
Classical
Physics

Classical Physics' Influence on Present Medical Science: *disease reversibility impossible - the medical derivative of the Second Law of Thermodynamics entropy irreversibility concept*

- Everything in Nature we conventionally understand powered by differences in 'free' thermodynamic energy.
- Statistical Thermodynamics makes probability predictions (assumptions) to describe/study behavior of systems with large numbers of particles.

**MICROSCOPIC dynamics of
atomic-sub-atomic scales
(Quantum Theory)**

**MACROSCOPIC things:
biochemicals, proteins,
organelles, cells, tissues.**



Master Equation Second “Law” of Thermodynamics: Gibbs Free Energy Equation: $G = U + PV - TS$

U is the internal energy (SI unit: joule). **P** is pressure (SI unit: pascal).

V is volume (SI unit: m³). **T** is the temperature (SI unit: kelvin).

S is the entropy (SI unit: joule per kelvin)

Next observation needing explanation:

Extended Non-Invasive Picoampere Direct Current Stimulation of Acupuncture Point

Selected by BDORT Eliminates Viral Infections in the Connected Organ ■ ■ ■

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James Woessner, MD, PhD, Psychiatrist, Wailuku, Maui, Hawaii

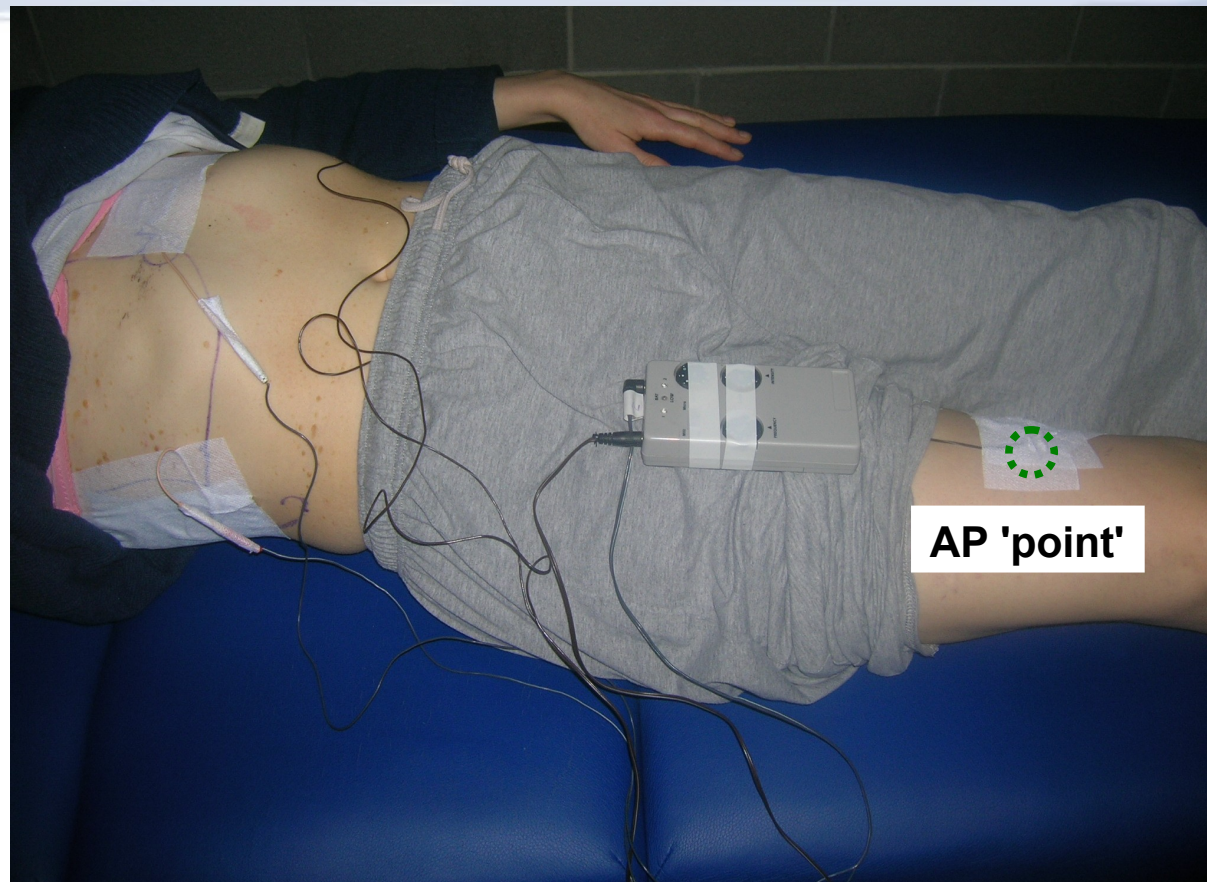
Alan Loader BHSc (Nat)

Helen Tyrrell B Physio

**Correspondence: Suite 4/18-20 Clarendon Street, Frankston, Victoria 3199, Australia. Telephone: 61 3 9781 1889.
Fax 61 3 9781 1884. email: richardmalter@riseup.net; jameswoessner@yahoo.com**

25th International Symposium on Acupuncture & Electro-Therapeutics, NY USA, 2009

Abstract: Acupunture & Electro-Therapeutics Research, Vol. 35, Number 3/4, pp.244-245



- ■ ■ The treatment generally works faster in the Clinic compared to the same treatment 24/7 at home:
 - Same <equipment/arrangement>
 - Same <assessment/calibration>
 - Same <measurement system and units (BDORT)>
 - Different ?<what>?

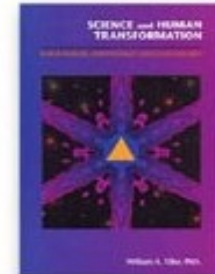
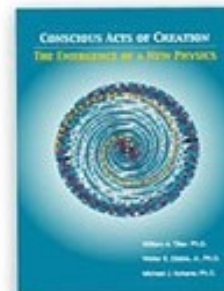
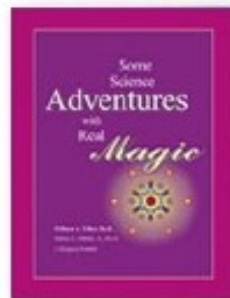
SUBTLE ENERGETICS

**William A Tiller Foundation, USA:
Professor Emeritus William A. Tiller, Stanford
University, Department of Materials Science**

**Dr Walter E. Dibble Jr, Former Visiting Scholar of
Geochemistry, Stanford University**

**Clinical application monitoring of 'subtle energetics'.
Raw data logged in Australia reviewed by Tiller Institute.**

**Apparatus and methodology of US Patent Applications:
20040249600/2004 & 20050101996/2005.**



Not a new idea . .



Physics

Physics

Medicine

Physiology

Physics

Nobel Laureates, **Planck**, **Schödinger**, **Sperry**, **Josephson** believed/argued that consciousness is fundamental[75,76] and a causal reality[77] beyond physio-chemical processes in the brain[78] that the overall mass of evidence argues strongly that the phenomena of 'nonlocal' consciousness is real and needs to be integrated into the current reference frame of modern science.[79]

74. Planck M. The Universe in the Light of Modern Physics Nabu Press, September, 2011.

75. Planck M. Quoted in The Observer, 25 January 1931.

76. Schödinger E. My view of the world. Cambridge University Press, 1964.

77. Sperry RW. Structure and significance of the consciousness revolution. Journal of Mind and Behavior 8:37-65 (1987).

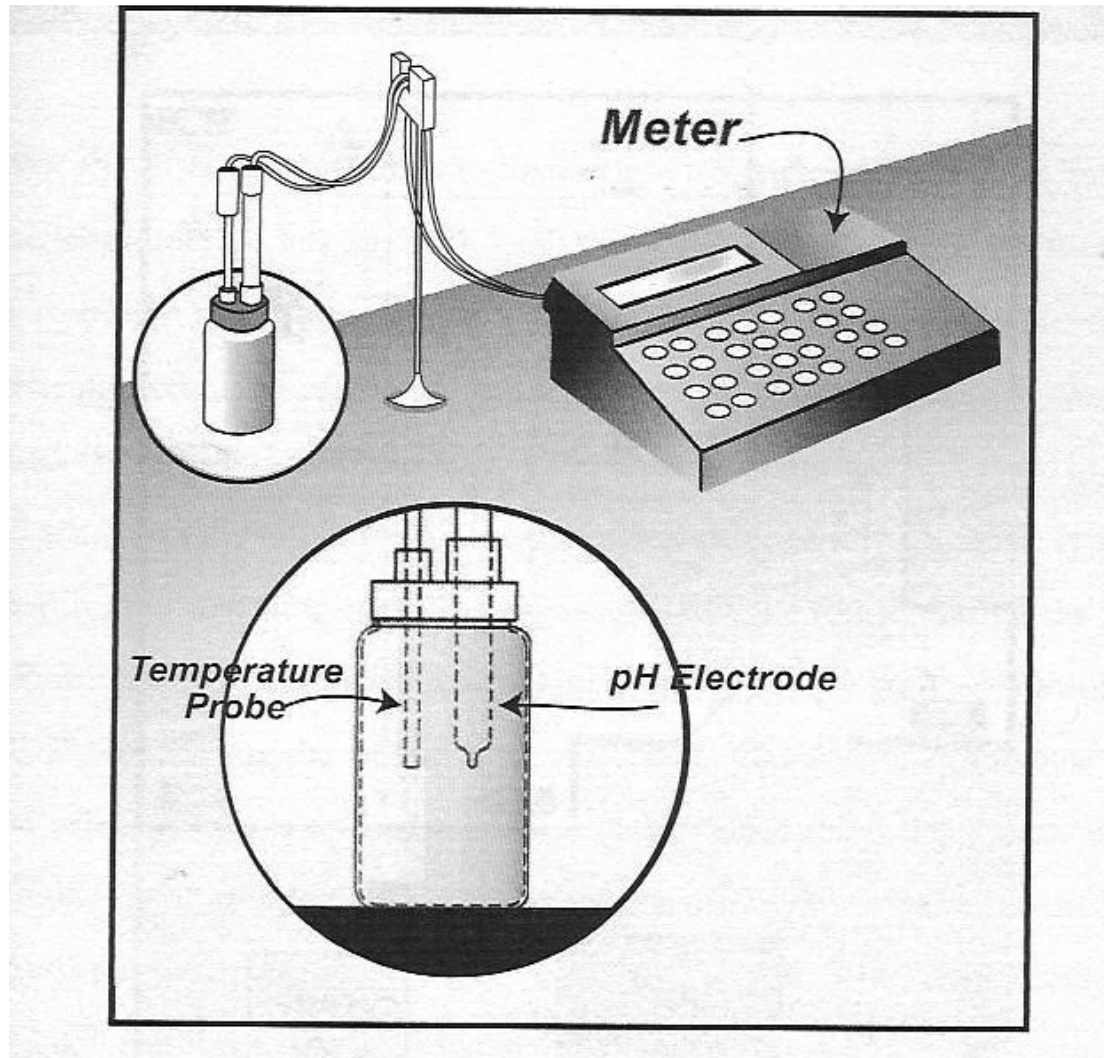
78. Eugene Wigner. The problem of measurement. American Journal of Physics 31:6, 1963.

79. Utts J, Josephson BD. The paranormal: the evidence and its implications for consciousness. Times Higher Education Supplement: Toward a Science of Consciousness, April, 1996, p(v).

Now we can measure it to some extent . .

Procedure for experimentally measuring the elevated **Electromagnetic Gauge Symmetry Level** and physical energy involved

**SU(2)
raised**

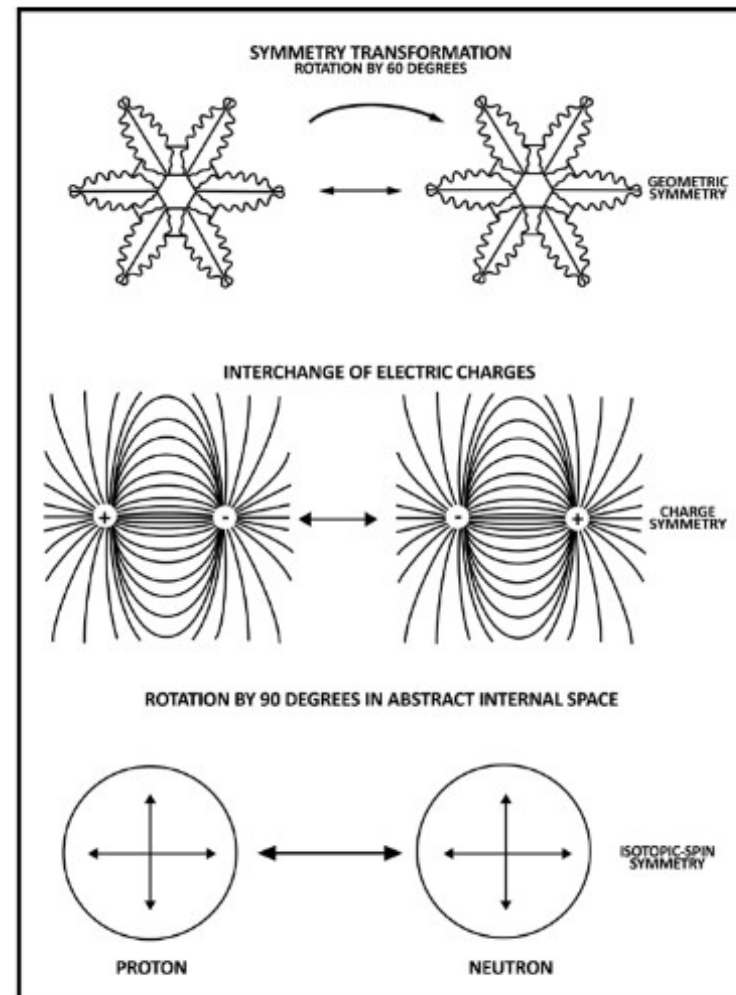
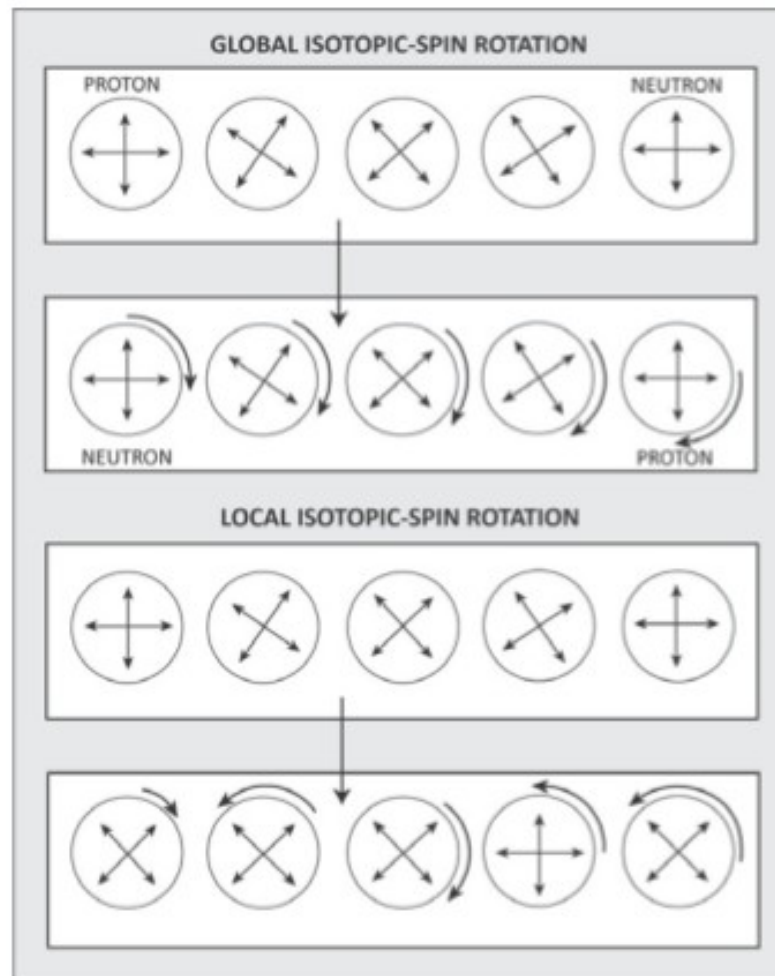


**U(1)
normal**

Apparatus and methods of measuring a thermodynamic potential of a limited physical space characterized by a series of symmetry states.

ATOMIC/SUBATOMIC FORCES

Electromagnetic gauge symmetry



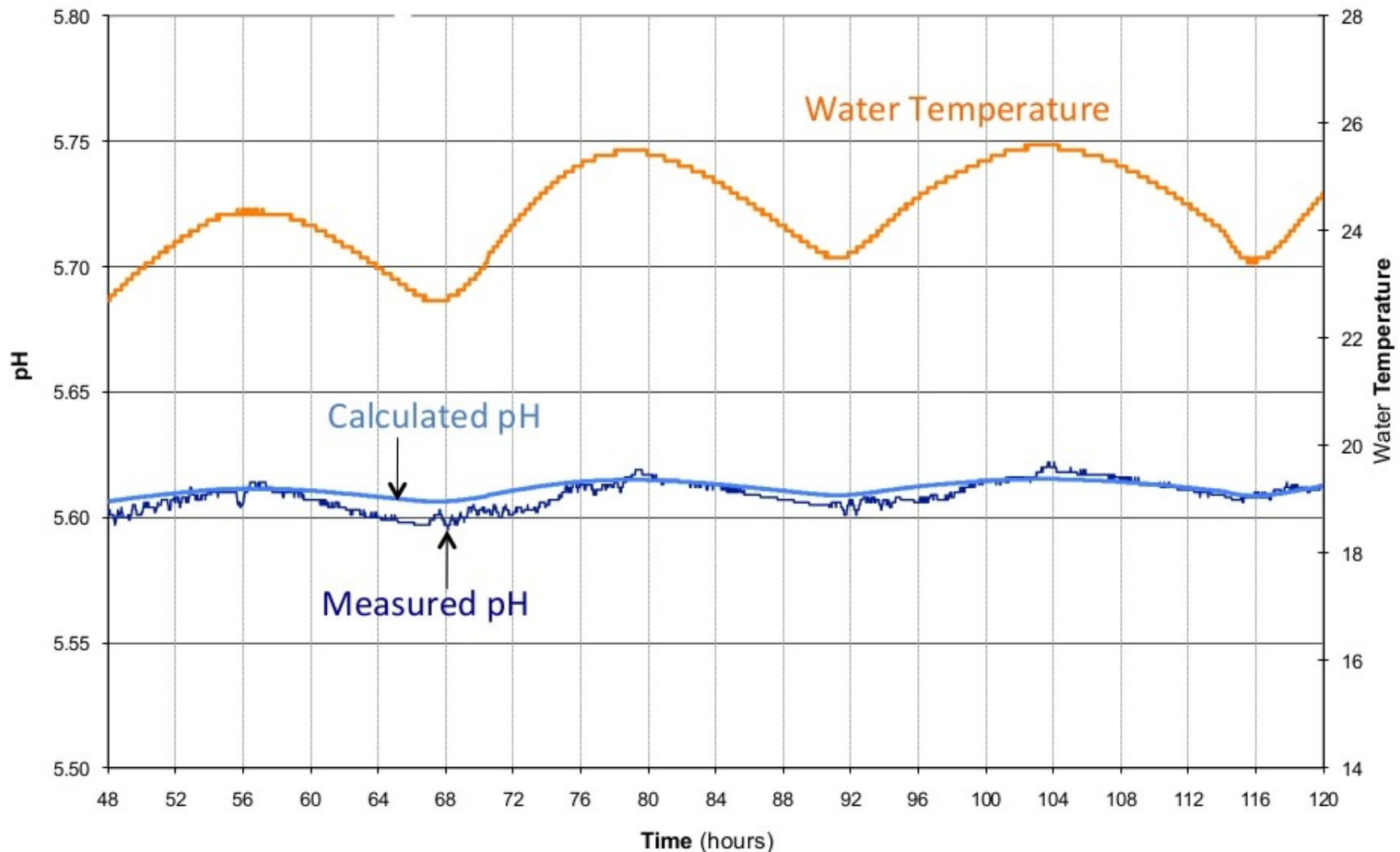
Clinic lab equipment, BDORT-EM Clinic, Victoria, Australia



Normal pH-temperature correspondence

(primary governing effect is CO₂ dissolution)

#341 MN Station / September 13 - 20, 2012

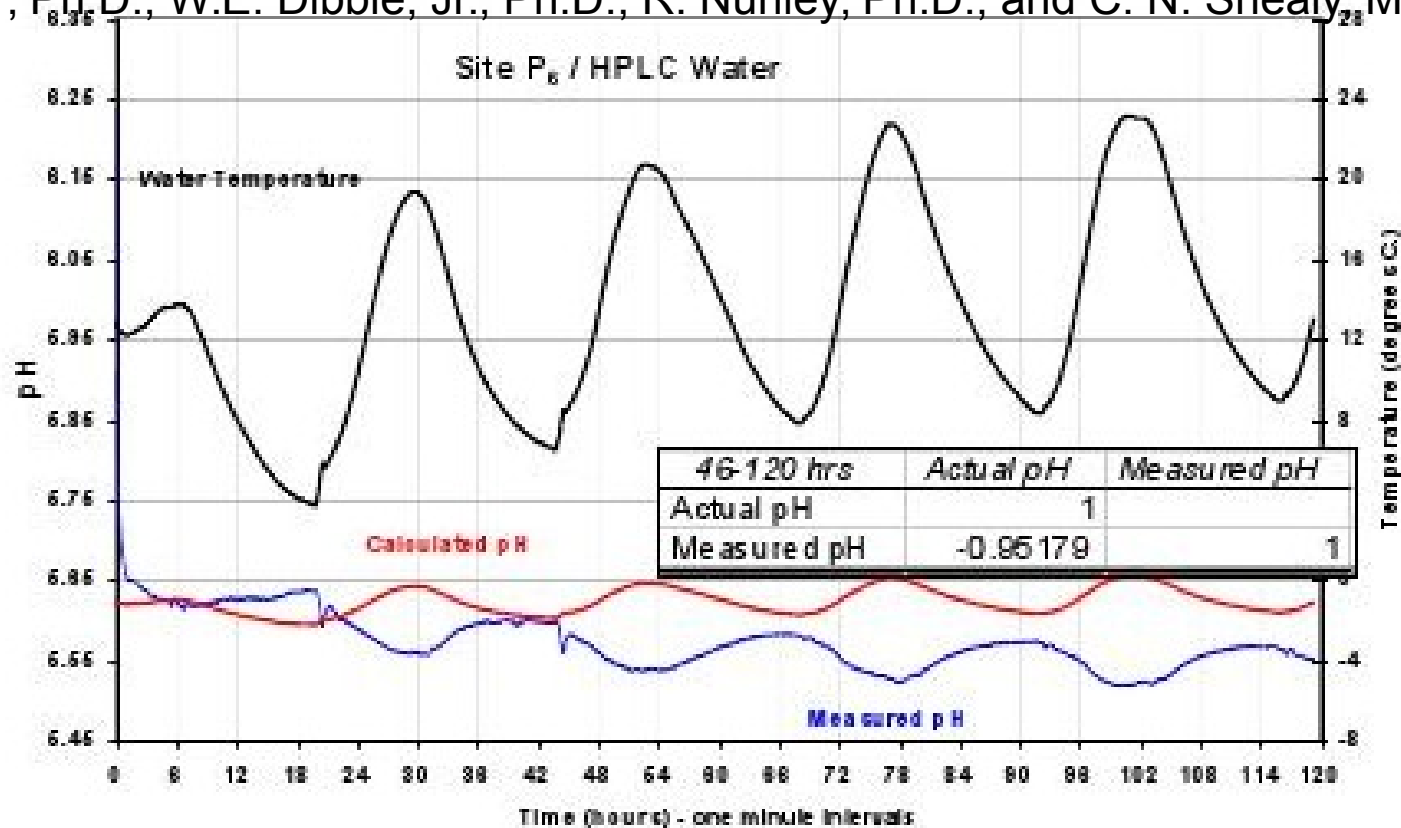


$$\text{pH} = 5.5474 + 0.002 * Tw + 0.000030721 * ((Tw)^2) - 0.00000019885 * ((Tw)^3) \quad [Tw = \text{Temp of water}]$$

Subtle Energetic Space Altered Properties Data 'Signature' ("Conditioned Space")

Towards General Experimentation and Discovery in "Conditioned" Laboratory Spaces. Part I: Experimental pH-Change Findings at Some Remote Sites

W. A. Tiller, Ph.D., W.E. Dibble, Jr., Ph.D., R. Nunley, Ph.D., and C. N. Shealy, M.D., Ph.D.

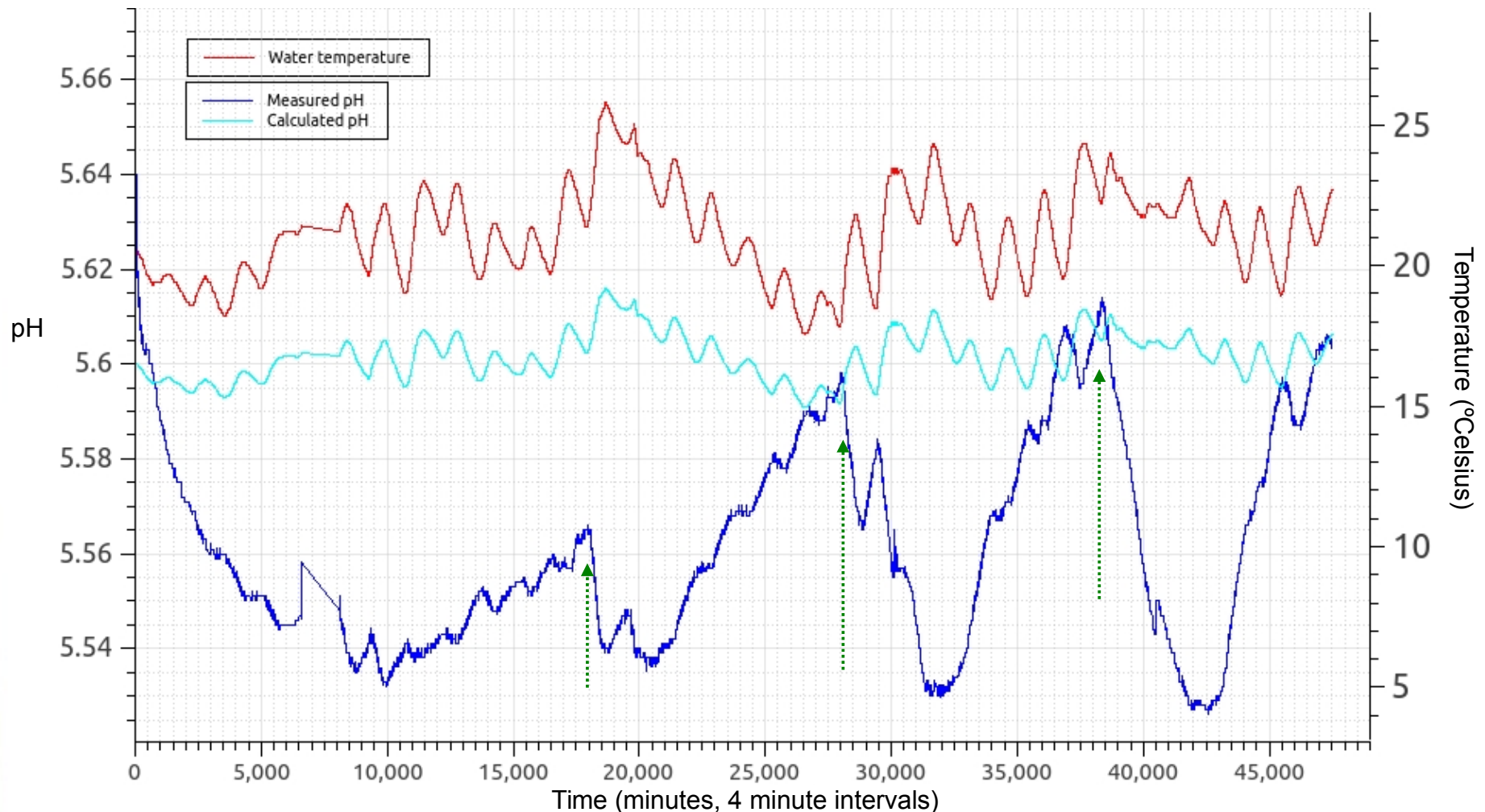


Inverse pH-temperature correspondence

Thermodynamically impossible data in U(1) gauge symmetry level

Reproducible Clinical Subtle Energy Detection

Nov 16 – Dec 19, 2012, BDORT-EM Clinic, Frankston, AUS



Thermodynamic data for the four reactions involving CO₂ and H₂O and the expressions for how the equilibrium constants vary with temperature:

$$=5.5474+0.002*I2+0.000030721*((I2)^2)-0.00000019885*((I2)^3)$$

SUBTLE ENERGETICS

seem to reverse entropy

Master Equation Second “Law” of Thermodynamics:

$$\text{Gibbs Free Energy: } G = U + PV - TS$$

U is the internal energy (SI unit: joule)

P is pressure (SI unit: pascal)

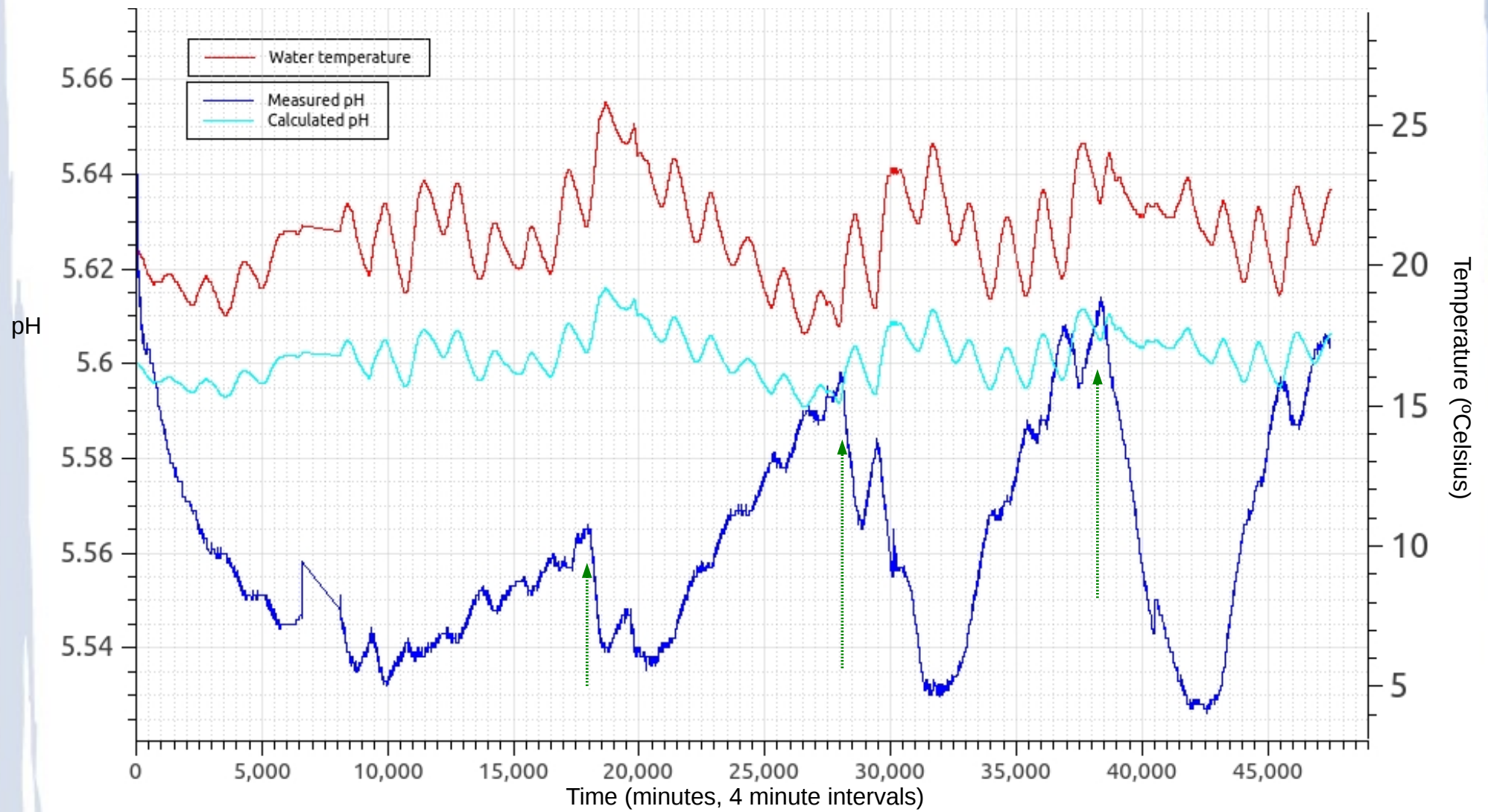
V is volume (SI unit: m³)

T is the temperature (SI unit: kelvin)

↓ S is the entropy

Subtle energy detection. Measurement of pH in distilled water sample (≤ 1.0 Microsiemens) with time. A pH and automatic temperature compensation (ATC) probe were used; a three buffer calibration was previously performed (97+% comparison to ideal Nernst slope). The primary controlling effect on pH is CO₂ dissolution forming carbonic acid: solubility of CO₂ is strongly dependent on temperature: increasing temperature decreases CO₂ solubility and vice versa. The first 10K minutes can be ignored due to electrode calibration, equilibrium considerations and data gap. There was no physical contact between any person in the clinic rooms and the measuring equipment that is located in a separate room to the consultation room where diagnostics and treatment set-ups are performed. Generally, the measured pH is seen to have an inverse temperature dependence compared to the theoretical calculated pH value: this is thermodynamically impossible according to standard Physics and Chemistry models within a 'normal' U(1) electromagnetic gauge symmetry state space, and is a clear indication⁶ of the existence of a “conditioned space”. The green dotted arrows mark the exact start times of our weekly clinical sessions and corresponding pH drops. The varying ratios of change, between the measured pH and the calculated pH, for the corresponding water temperature fluctuations, gives a dynamic, quantitative measure of the subtle energetics in the c-Space. During the anomalous pH drops, pH temperature dependence mostly disappears: compare for example 13K-17K minutes (inverse temperature dependence visible) and 30K-34K minutes (temperature dependence absent).

Nov 16 – Dec 19, 2012, BDORT-EM Clinic, Frankston, AUS



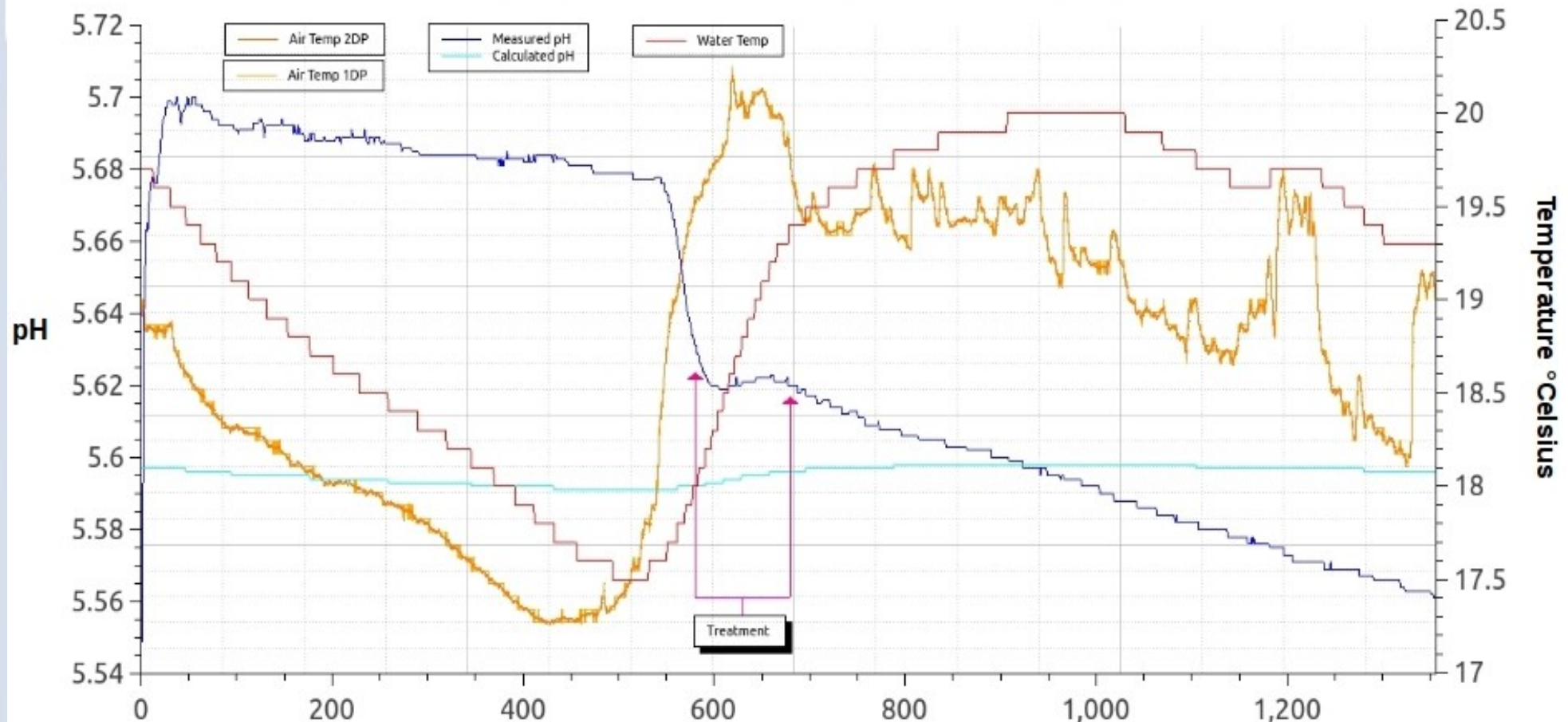
Subtle Energy Detection Details

Detail of general illustrative example of subtle energy detection coinciding with a treatment session. The sharp pH drop between approximately 550-650 minutes correlates almost exactly (± 10 minutes) with the start and end times of the treatment session. Note that during this period, the rate of change of the water temperature is expectedly slower and lags behind the air temperature dynamics, so that there is no simultaneous water temperature change that can explain the sudden sharp pH drop according to the standard physical Chemistry model.²

Water temperature values were measured and logged via the automatic temperature compensation (ATC) probe in the pure water sample at one decimal place resolution. Air temperature was measured and logged at two decimal places resolution. To further rule out a water temperature change that could account for the pH drop, air temperature is plotted with both one (1DP) and two decimal places (2DP) resolutions, showing that there is no measurement (equipment) resolution factor between the two material temperature measurements that can explain the pH drop data with the standard physical Chemistry scientific model. As in Figure 4, the pH drop is also anomalously inversely correlating with the air temperature dynamics, thermodynamically impossible according to standard physical Chemistry. Comparison can be made to the first approximately 500 minutes after electrode calibration (0 minutes) when the measured pH has a normal temperature dependence, matching the theoretically calculated pH plot, as predicted and calculated by standard physical Chemistry modelling.

SUBTLE ENERGETICS

Treatment Specific Detection Details



Time (pH/Water Temperature: 1 minute intervals, Air Temperature: 10 second intervals)

Limited Summary of Clinical Applications

- **“CONDITIONED SPACES”**: subtle energetics accumulate and increase and remain in a fixed space to variable degrees as a result of sustained human intention.
- Subtle energetics can be monitored, measured and used for clinical 'feedback'.
- Subtle energetics can affect thermodynamic processes in vivo and vitro and electronic treatment/measurement equipment.
- Subtle energetics 'generate' more thermodynamic free energy to perform thermodynamic in vivo/vitro healing/regeneration Chemical/Electromagnetic Work

Placebo/Nocebo can be Better Understood Beyond “Psychosomatic”

Placebo/Nocebo



**Subtle
Energetics**

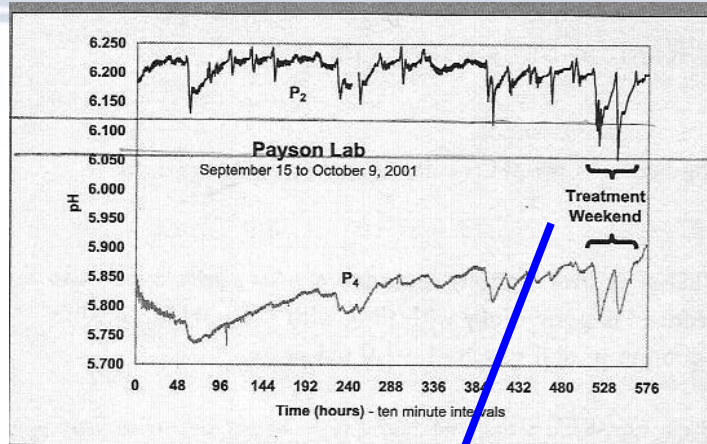


Figure 2.17a

The kind of variation in pH that was observed during the 21 day period immediately preceding the weekend during which kinesiological treatments were performed.

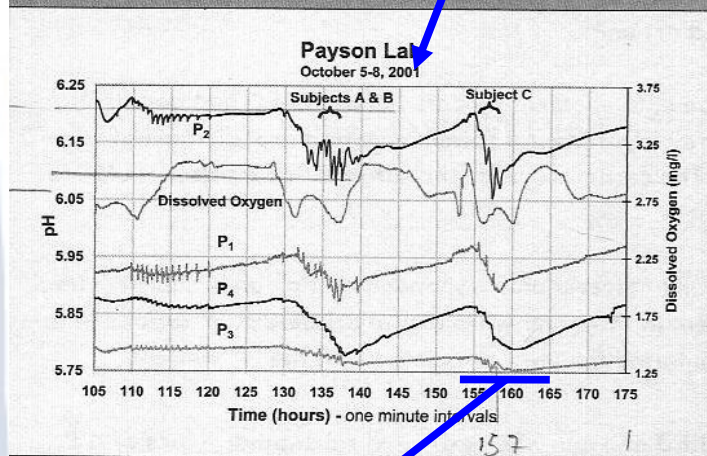
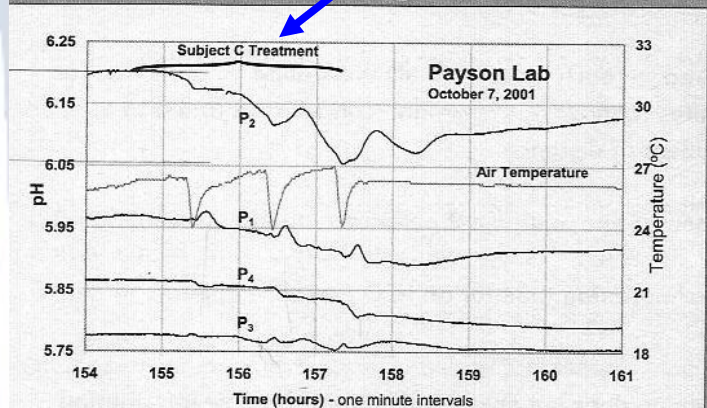


Figure 2.17b

pH and dissolved oxygen levels measured at various locations near and during the time of the treatments.



The first major pH drop occurred just before actual physical treatments began. Such precursor changes are not unusual in our "conditioned" laboratory space.

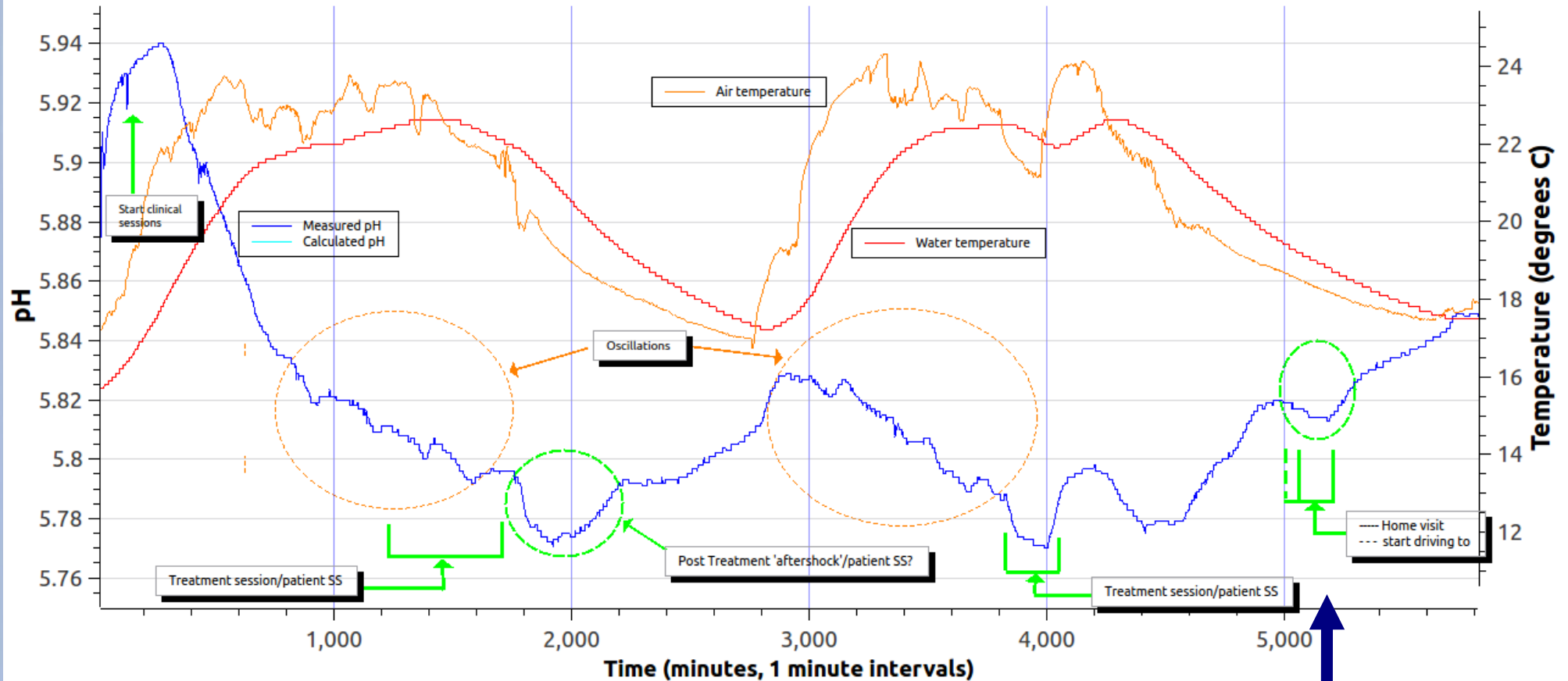
Subtle energetic information entanglement between *remote* experimental sites

Some Science Adventures with Real Magic.

William A. Tiller, Walter Dibble, J. Gregory Fandel.
May 1, 2005, page 84.

SUBTLE ENERGISTICS 'IN ACTION'

26-28 Oct 2013/BDORT-EM Clinic/Frankston/AUS



Information entanglement between
conditioned space and *remote* site (20KM)

Error Potential in Classical Science

Graphic detail

Charts, maps and infographics



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Oct 21st 2013, 13:30 by P.T.W., K.N.C. and O.M.

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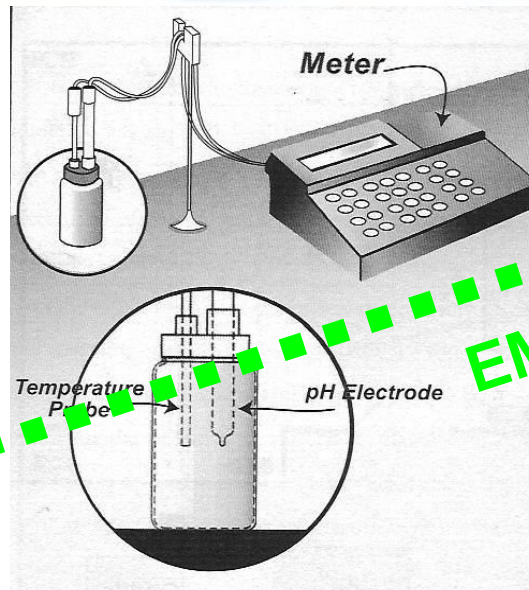
Screen grab

Global tablet shipments by operating system, m

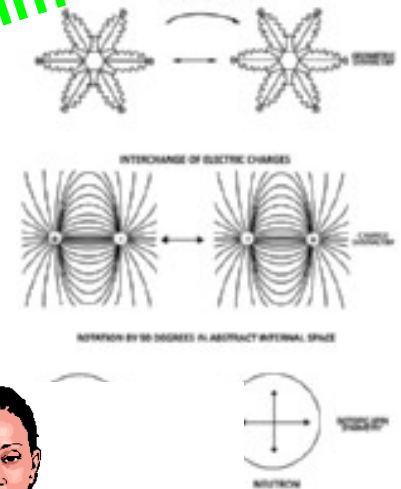
Android, by vendor:

■ Samsung
■ Acer, Amazon, ASUS, Le
■ The rest

U(1) normal



SU(2) raised
EM Gauge Symmetry Level



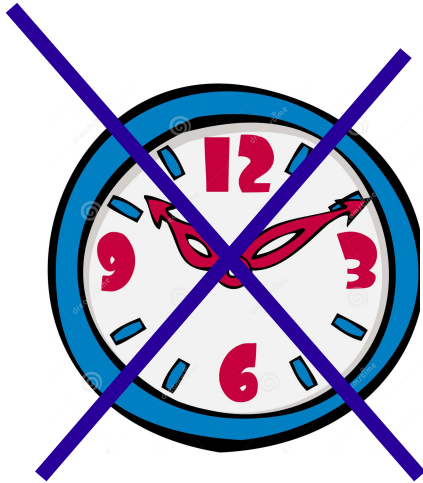
Research reproducibility problems!

***What model do we need to explain these laboratory
and clinical phenomenon?***

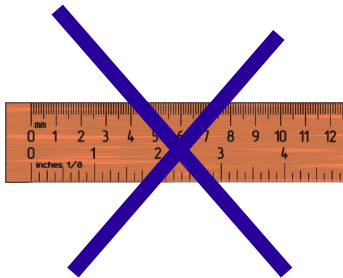
**Multi-Category
(Physical
Chemical
Electromagnetic
Atomic-Sub-Atomic
Subtle Energetic
Unknown)**

**ultra-small-environment and remote endogenous and
exogenous neoplastical process causal factor
Model**

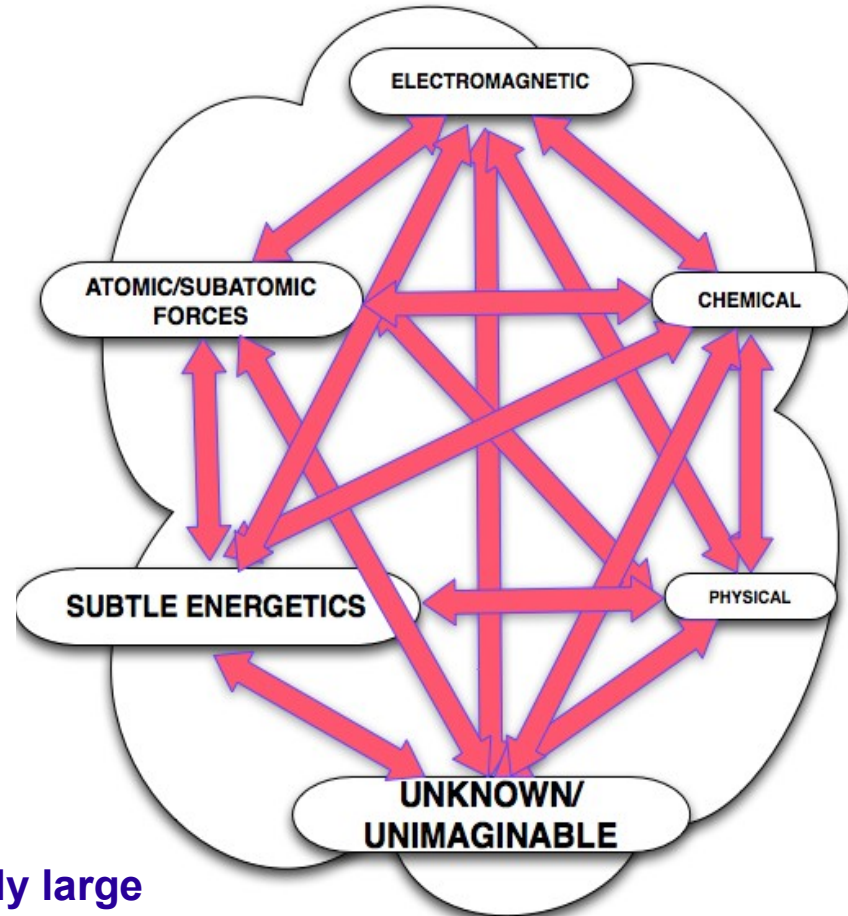
Multi-Category Model Concepts



No Time 'arrow'



Scales/distances: extremely small → extremely large



MC-Model positive clinical usefulness

**Thinking broadly about synergistic causes
from multiple categories for reasonable
and effective multi-category treatments**

“The word ‘incurable’ just means we do not know the answer right now.”

Dr. Valerie Hunt, Professor Emeritus, University of California, Los Angeles

THANK YOU

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