BDORT- Electromedicine Clinic and Research Lab
Suite 4, 18-20 Clarendon Street, Frankston, VIC 3199, Australia
Telephone: 61 3 9781 1889 Fax: 61 3 9781 1884
www.electromedicine.org.au

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

Richard Malter, Research Institute of Global Physiology, Behaviour and Treatment, New York, USA

James Woessner, MD, PhD, Physiatrist, 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

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[24] to "instruct" "neoplastic-like" changes in derivative cells many generations apart

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

- *In vivo* transmembrane voltage normalization of ITLSs has been shown[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[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[36,37,38,39,41,42,43] with studied[44,45] frequency characteristics

- Reichmanis et al showed[61,62] 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**
  Yoshiaki Omura, M.D.,Sc.D., F.A.C.A., F.I.C.A.E., F.A.A.I.M., F.R.S.M.

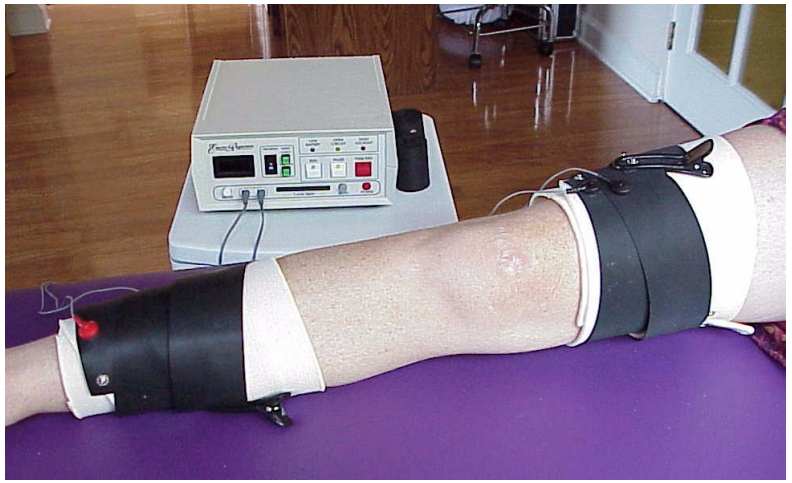
- **Quick and Non-Invasive Screening & Diagnosis of Cancer by Measuring Telomere, 8-oh-dg, Integrin α5β1, Acetylcholine, Hg etc., and Safe & Effective Treatment of Cancer: Marked Decrease of the Telomere of Cancer Cell & Increase of the Normal Cell Telomere by Stimulating the Press Needle Inserted at [Acupoint] 'True st 36' and Effective Treatment & Longevity Effect of Selective Drug Uptake Enhancement Method**
  Yoshiaki Omura, M.D., Sc.D., F.A.C.A., F.I.C.A.E., F.A.A.I.M., F.R.S.M.

- **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

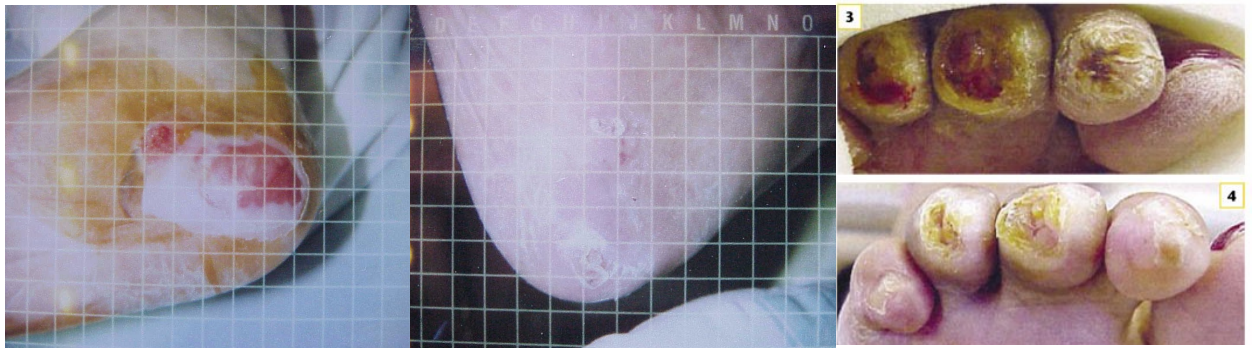
- **Bi-Digital O-Ring Test (BDORT) and Causes of Some Intractable Diseases [MS, ALS, Diabetes, Endometriosis]**
  Momir Dunjic, M.D., PhD, FICAE, et al.

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)



<u>HYPOTHESIS</u>: wounds healed because ultra-low direct current effective against microorganisms?

Alternating Current Supplied Electrically Conductive Method and System for Treatment of Blood and/or Other Body Fluids and/or Synthetic Fluids with Electric Forces

United States Patent 5188738. Publication Date: 02/23/1993

Kaali S, Schwolsky PM. Albert Einstein College of Medicine, NY, USA.

- **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

Comp Med East West. 1978 Spring;6(1):67-73.

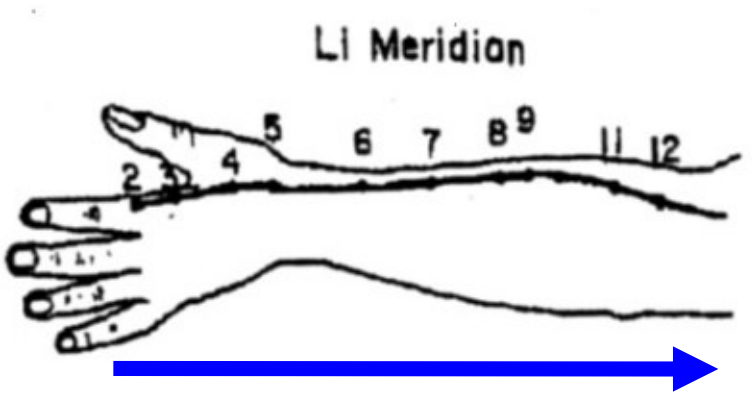
Laplace Plane Analysis of Transient Impedance Between Acupuncture Points Li-4 and Li-12

Reichmanis M, Marino AA, Becker Robert O

IEEE Trans. Biomed. Eng. 24:402–405, 1977.

- 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



Re-Evaluation of the Classical Acupuncture Concept of Meridians in Oriental Medicine by the New Method of Detecting Meridian-Like Network Connected to Internal Organs using "Bi-Digital O-Ring Test".

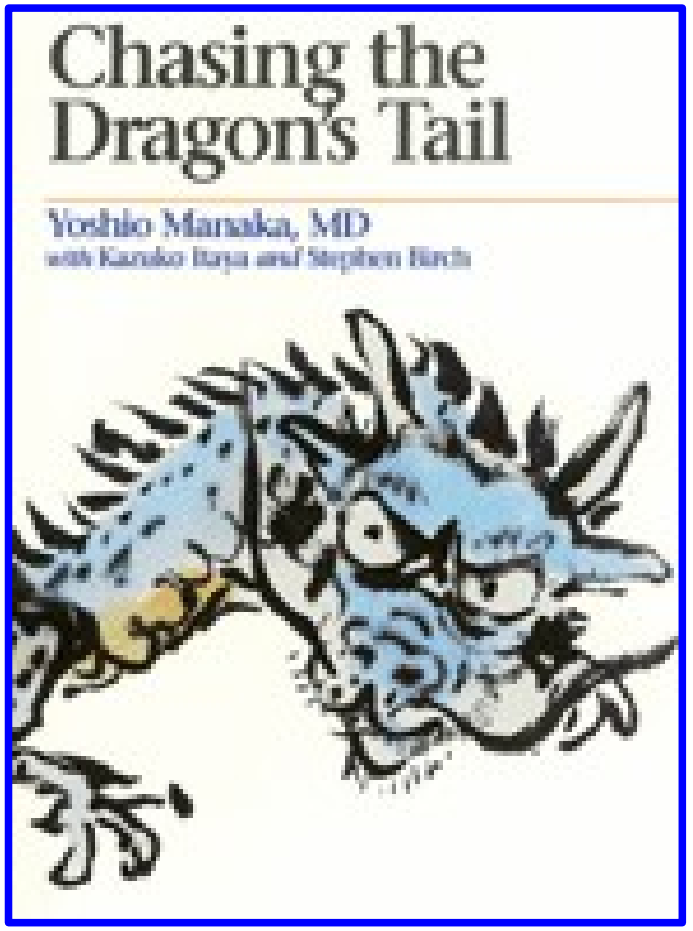
Yoshiaki Omura, MD, ScD, FACA, FICAE, DAAPM, DABFM, FAAIM, FRSM

Acupunct Electrother Res. 1986;11(3-4):219-31

"[] 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."

Chasing the Dragons Tail

Yoshio Manaka MD



Chapter 2
The Theory of the X-Signal System

- "*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 Atients with Atrial Fibrillation

Kitade T

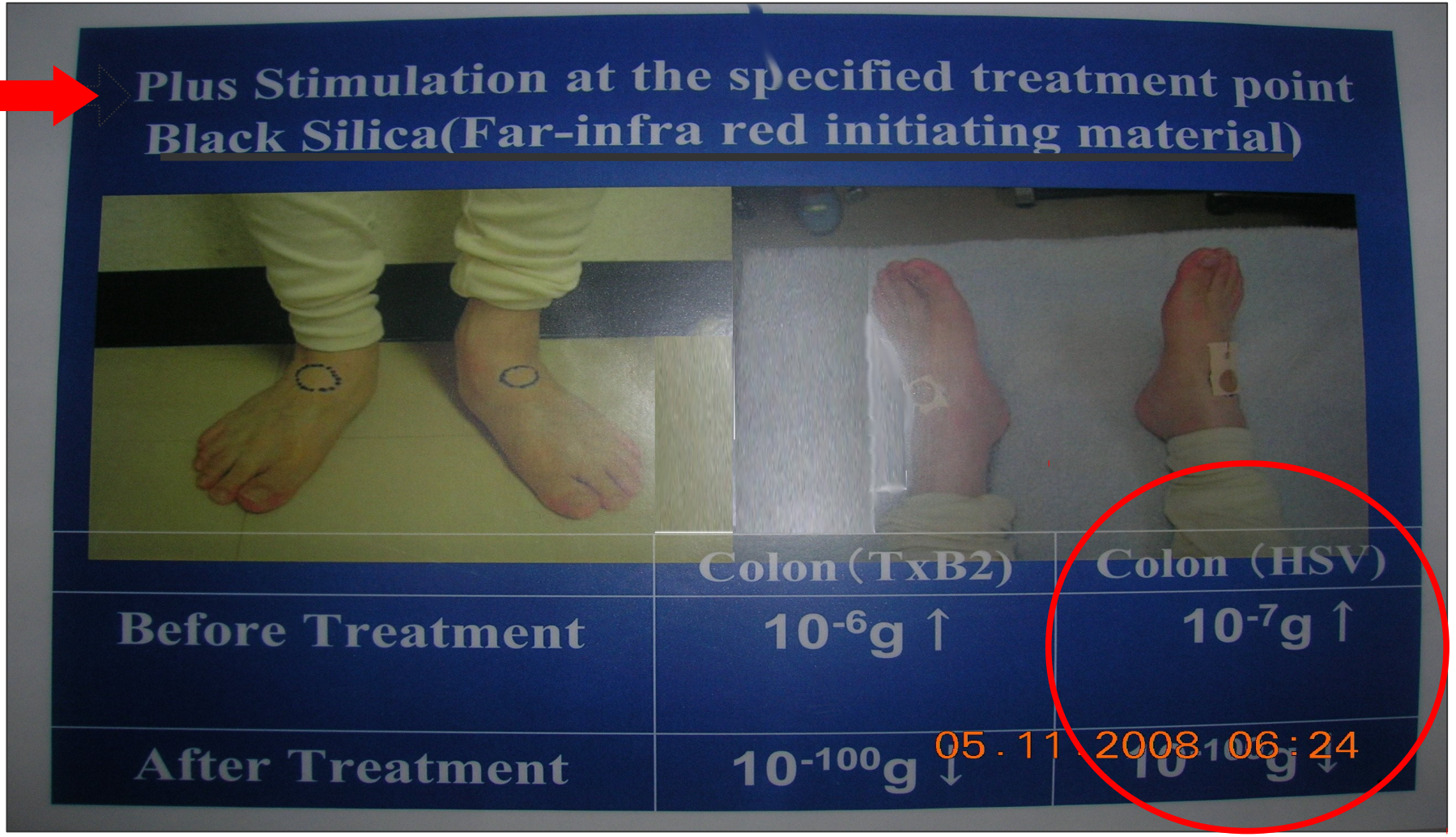
Abstracts of the 6th Congress of Japan on Bi-Digital O-Ring Test Medical Society, Sanjo Kaikan, Tokyo University: 34-35,1996.

- 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.

Acupoints	related Preparation	
	Right side	Left side
HT1 極泉Jiquan	right ventricle(inside)	left ventricle(inside)
	right atrium(outside)	right atrium(outside)
HT2 青霊Qingling	endocardium	
HT3 少海Shaohai	sinoatrial node	
HT4 霊道Lingdao	mitral valve	interventricular septum
HT5 通里Tongli	pericardium	
HT6 陰郤Yinxi	Purkinje's fivers	
HT7 神門Shenmen	tricuspid valve	mitral valve
HT8 少府Shaofu		
HT9 少衝Shaochong	medulla oblongata	

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)



Ling Shu
Classical Chinese Medicine text of acupuncture

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


黃帝內經靈樞卷第五

經脈第十

雷公問於黃帝曰禁脈之言凡刺之理經脈爲始營其所行制其度量內次五藏外別六府願盡聞其道黃帝曰人始生先成精精成而腦髓生骨爲幹脈爲營筋爲剛肉爲墻皮膚堅而毛髮長穀入于胃脈道以通血氣乃行雷公曰願卒聞經脈之始生黃帝曰經脈者所以能決死生處百病調虛實不可不通肺手太陰之脈起于中焦下絡大腸還循胃口上膈屬肺從肺系橫出腋下下循臑內行少陰心主之前下肘中循臂內上骨下廉入寸口上魚循魚際出大指之端其支者從腕後直出次指內廉出其端是動則病肺脹滿膨膨而喘咳缺盆中痛甚則交兩手而瞀此爲臂厥是主肺所生病者欬上氣喘渴煩心胷滿臑臂內前廉痛厥掌中熱氣盛有餘則肩背痛風寒汗出中風小便數而欠氣虛則肩背痛寒少氣不足以息溺色變爲此諸病盛則寫之虛則補之熱則疾之寒則留之陷下則灸之不盛不虛以經取之盛者寸口大三倍于人迎虛者則寸口反小于人迎也

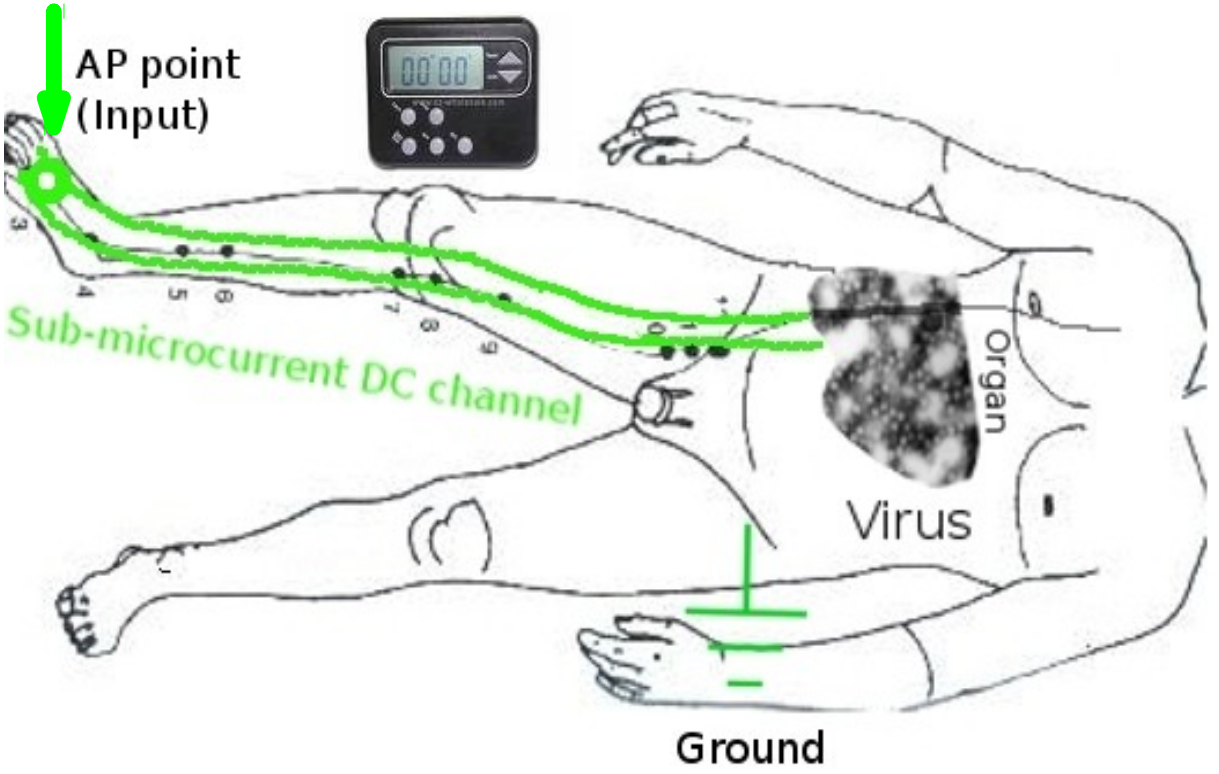
大腸手陽明之脈起于大指次指之端循指上廉

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)

HHV-2 (HSV-2)

HHV-4 (EBV)

HHV-5 (CMV)

HHV-6

HHV-7

HHV-8

HIV-1

HIV-2

HCV

Telomere (TTAGGG)

TXB2

PLGF

ACh (1,2)

TNF-α

Norepinephrine

DHEA

L-Homocystiene

1. ‘E-Stim II’

9V rechargeable battery

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**

More accurate measurement of output current

- DIGITECH QM1535 DIGITAL MULTIMETER
- Resolution (<400µA): 0.1µA
- Accuracy: +-2.5%
- Amperage <0.1µA

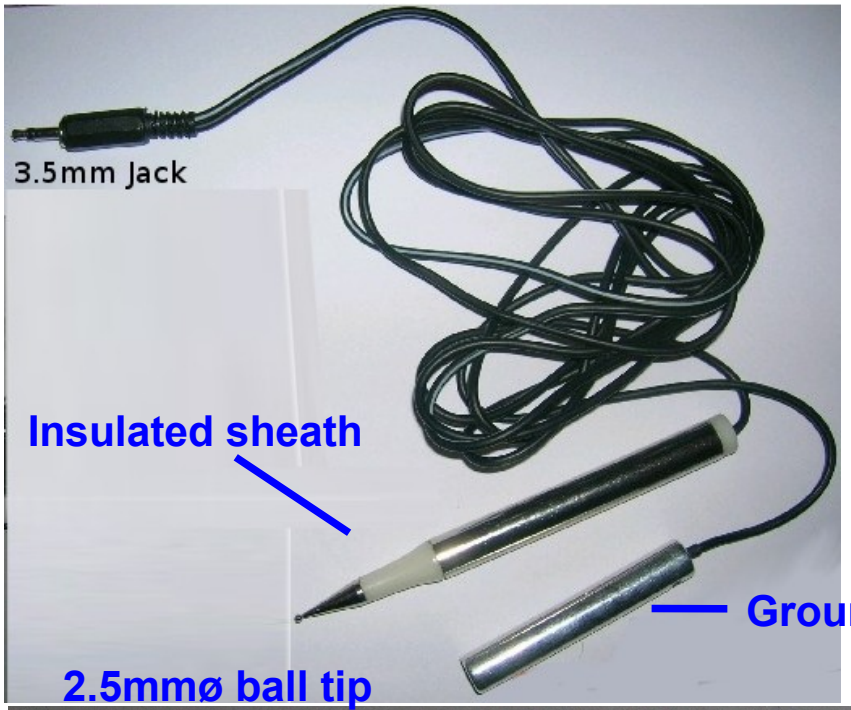
Sub-microcurrent measurement of output current

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

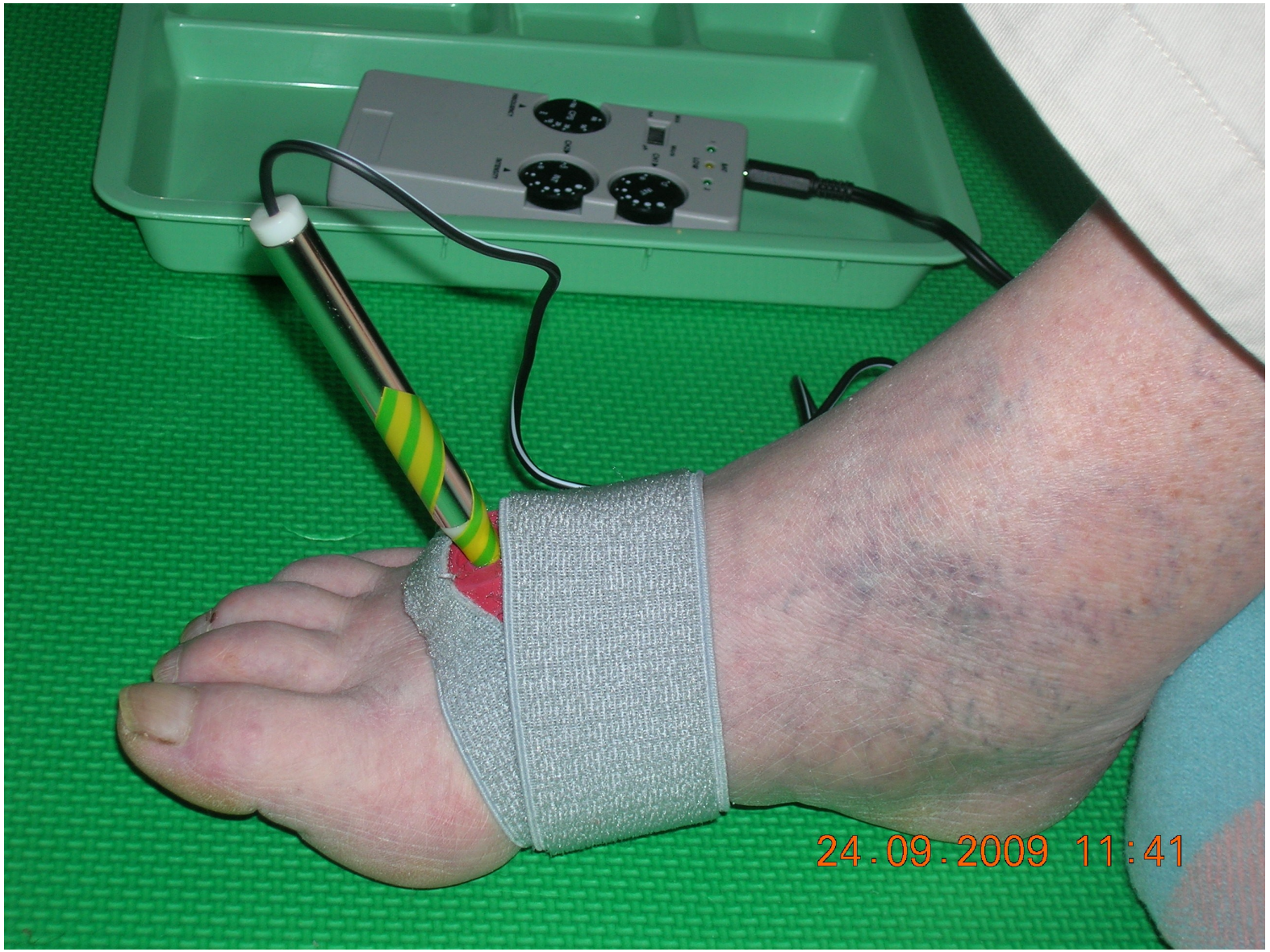
E-Stim II

- **1.1-1.3 Volts**
- **Asymmetric bi-phasic negative spike square wave**
- **@ 100Hz: 2.9 x10^{-10} Amperes = 0.29nanoamperes (nA)**
- **@ 0.5Hz: 4.66 x10^{-11} Amperes = 4.66picoamperes (pA)**

Electrodes

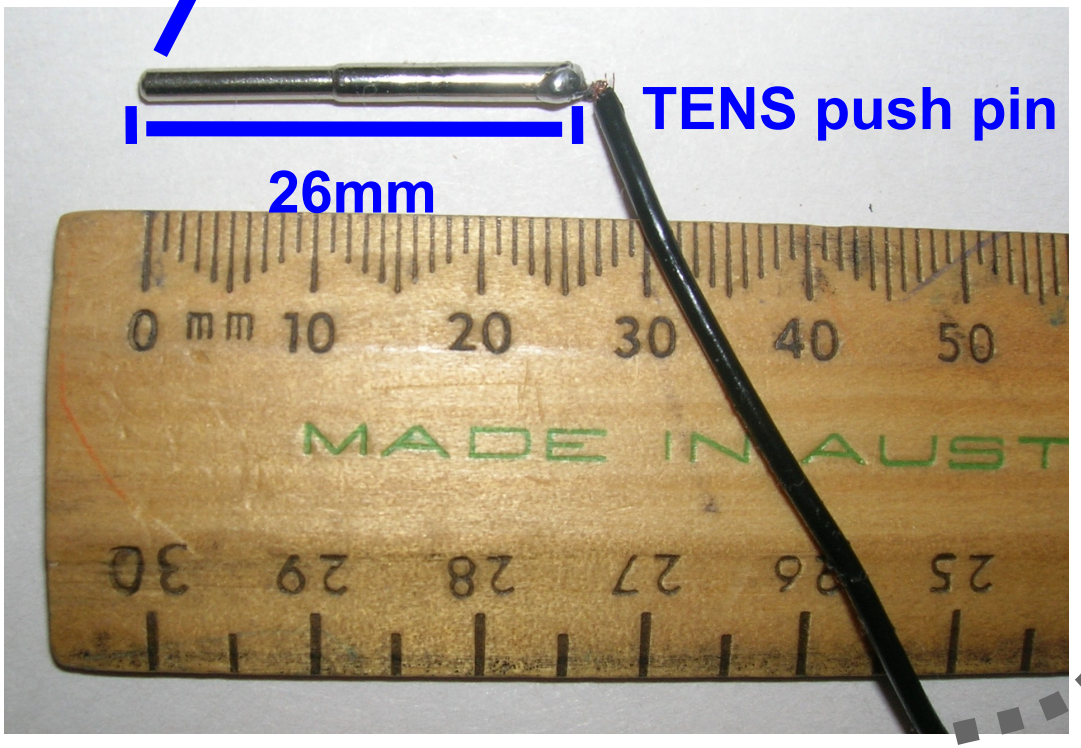


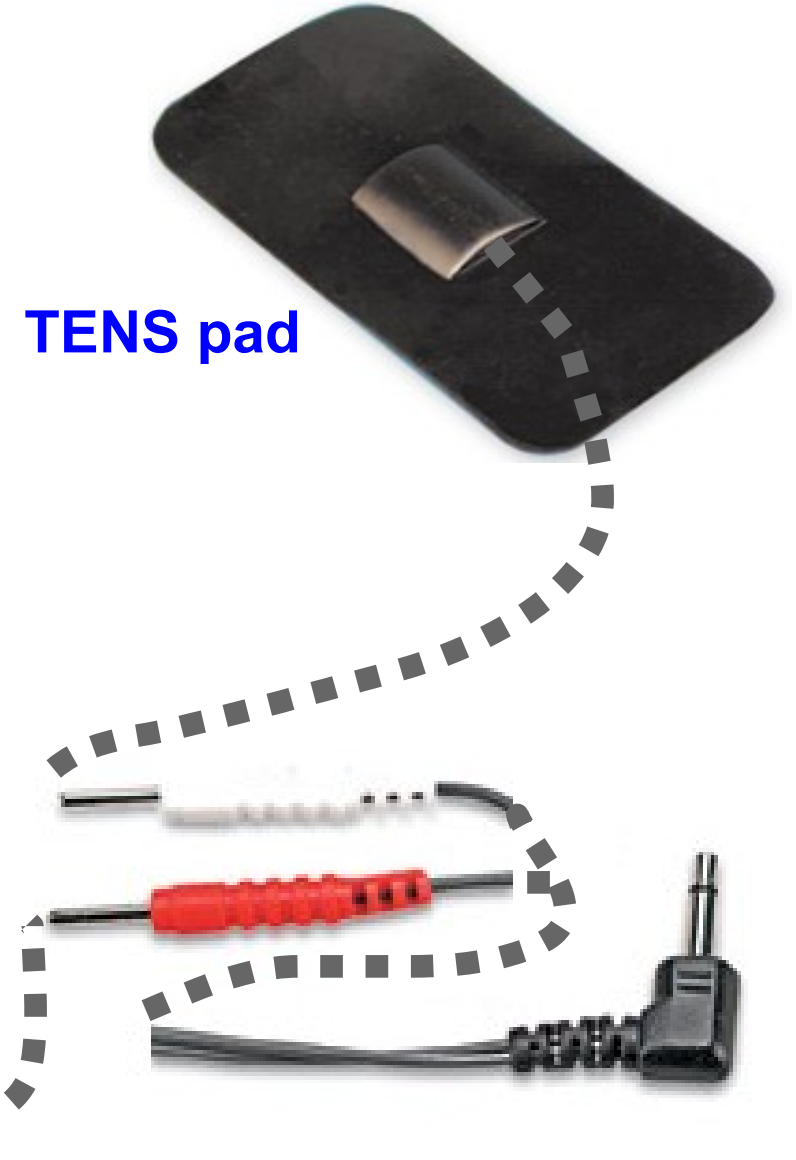
1. **'A4' pen style non-invasive stimulation probe**

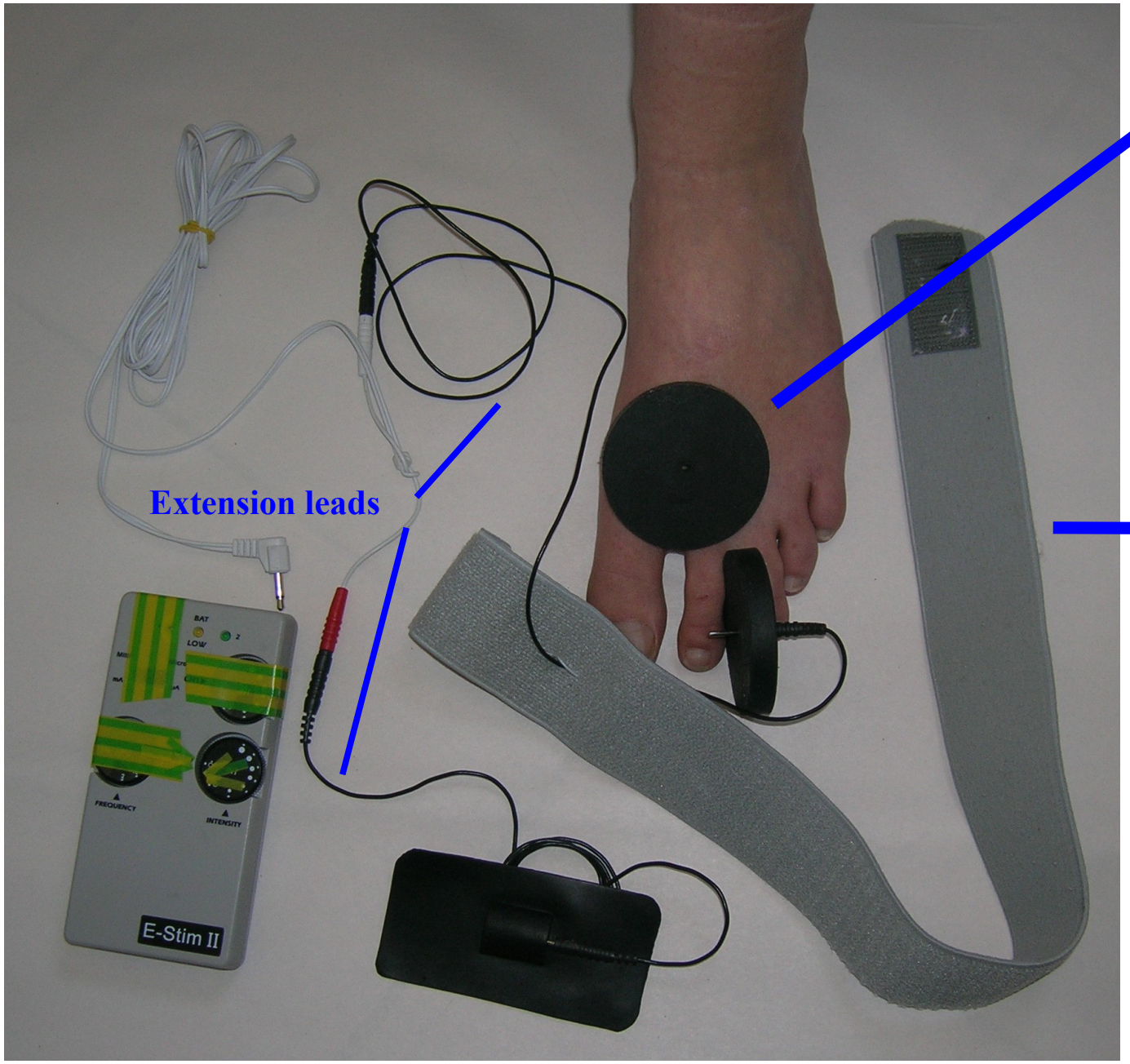


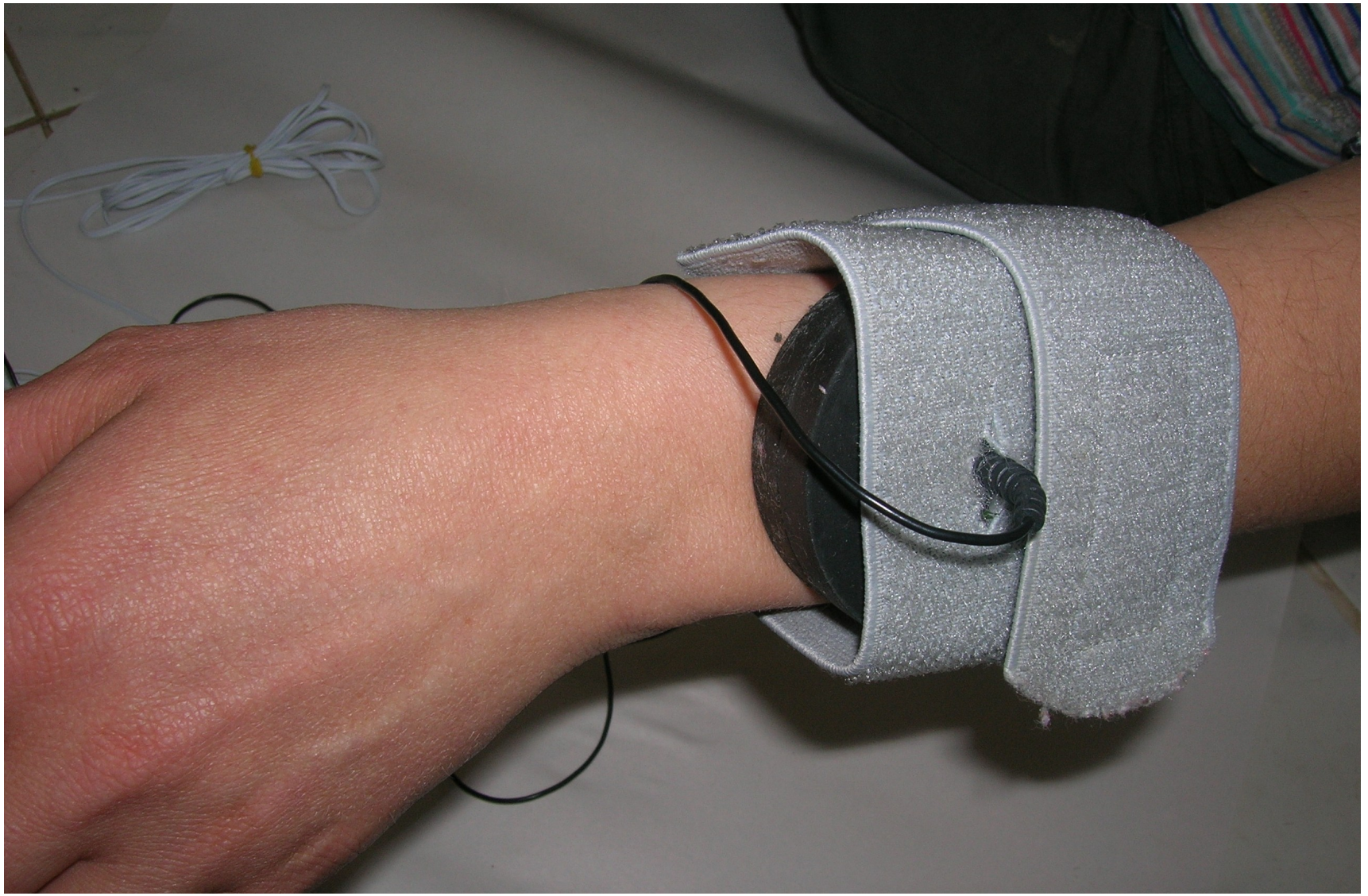
Pen probe attached to AP point LV-3

1. TENS pin



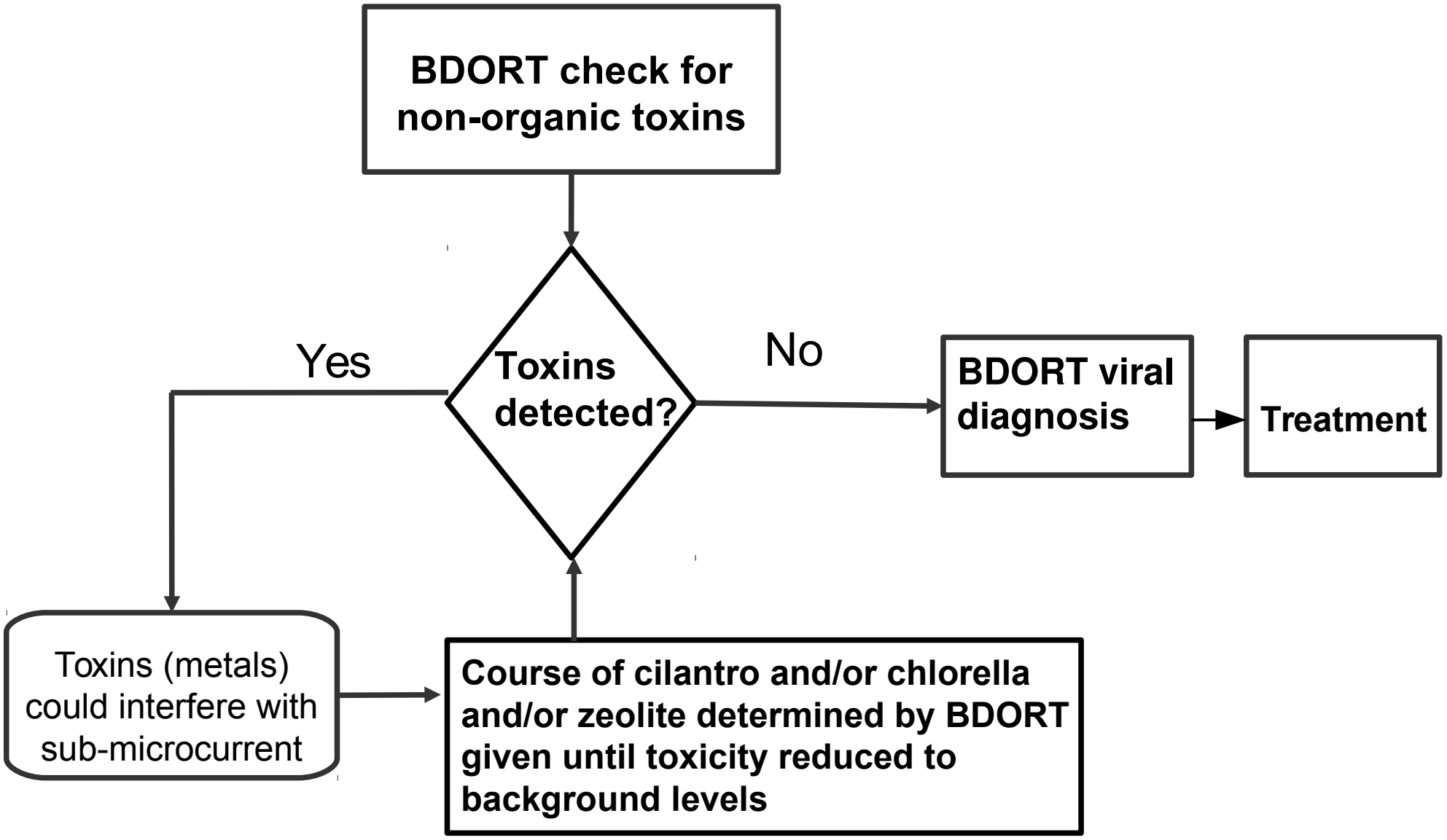



Rubber discs
Extension leads
Rubberised elastic strap
BAT
LOW
FREQUENCY
INTENSITY
E-Stim II

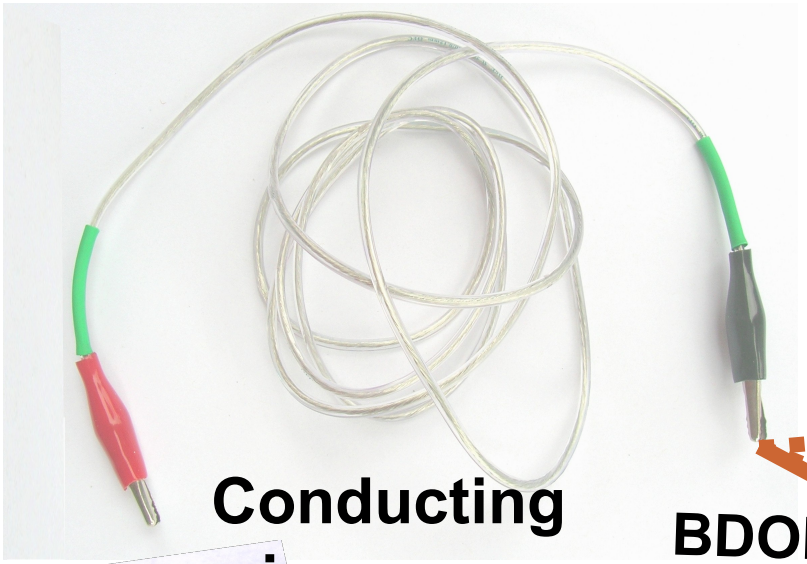


TENS pin attached to AP point TH-5/6/8

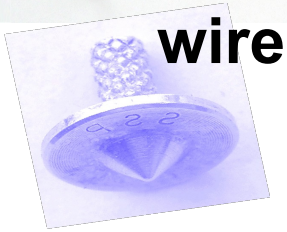
Preparation: non-organic toxin detoxification



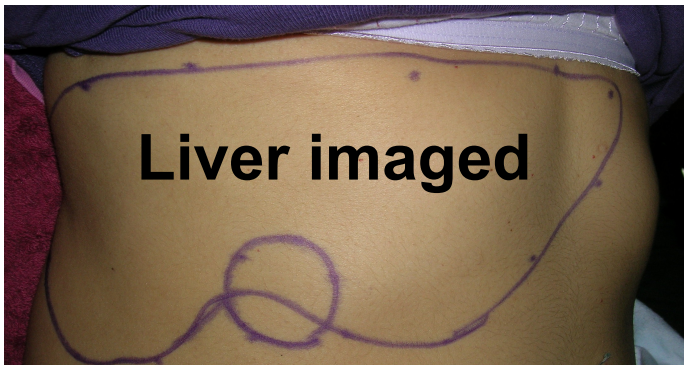
Method of selection of AP point – stage 1



Conducting wire



SSP electrode

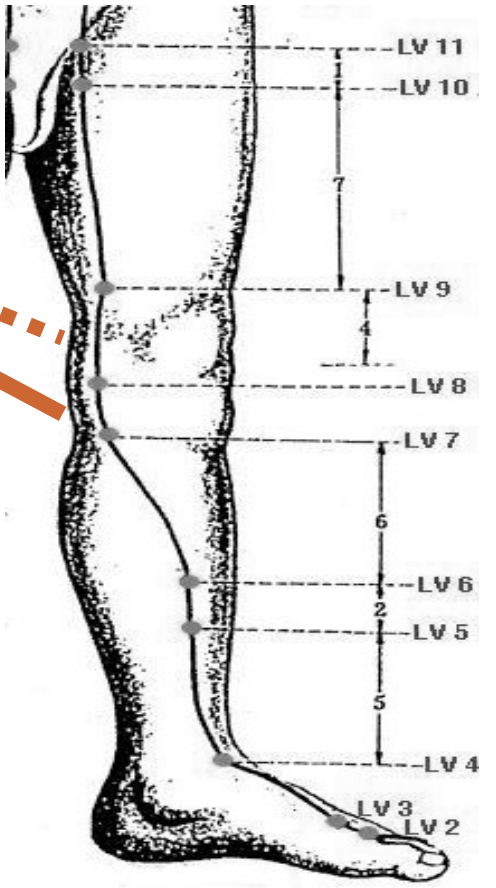


BDORT probe

BDORT +1

BDORT+2

BDORT+6



Liver meridian AP points

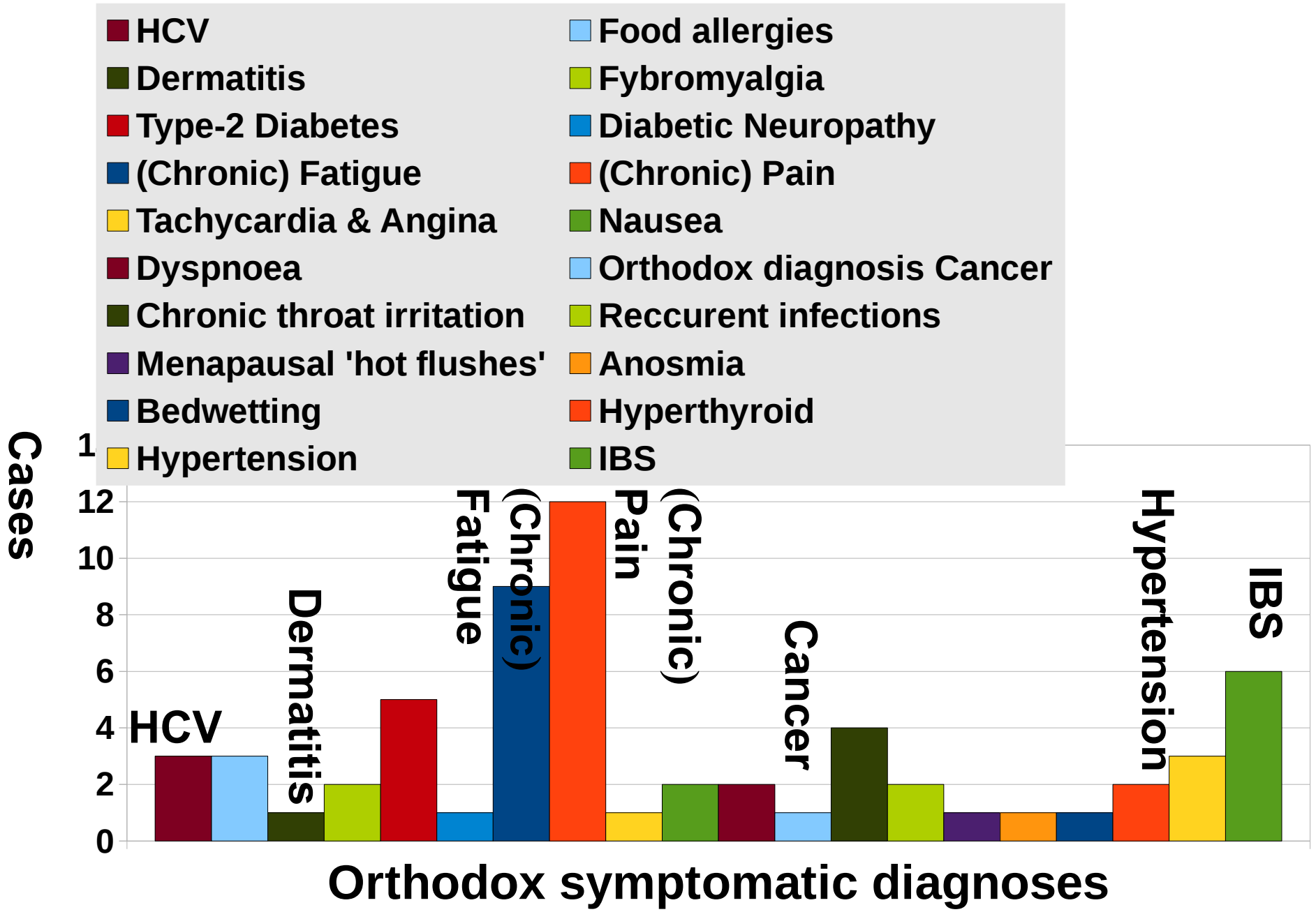
'Point Resonance Technique' (Kedem, Malter)

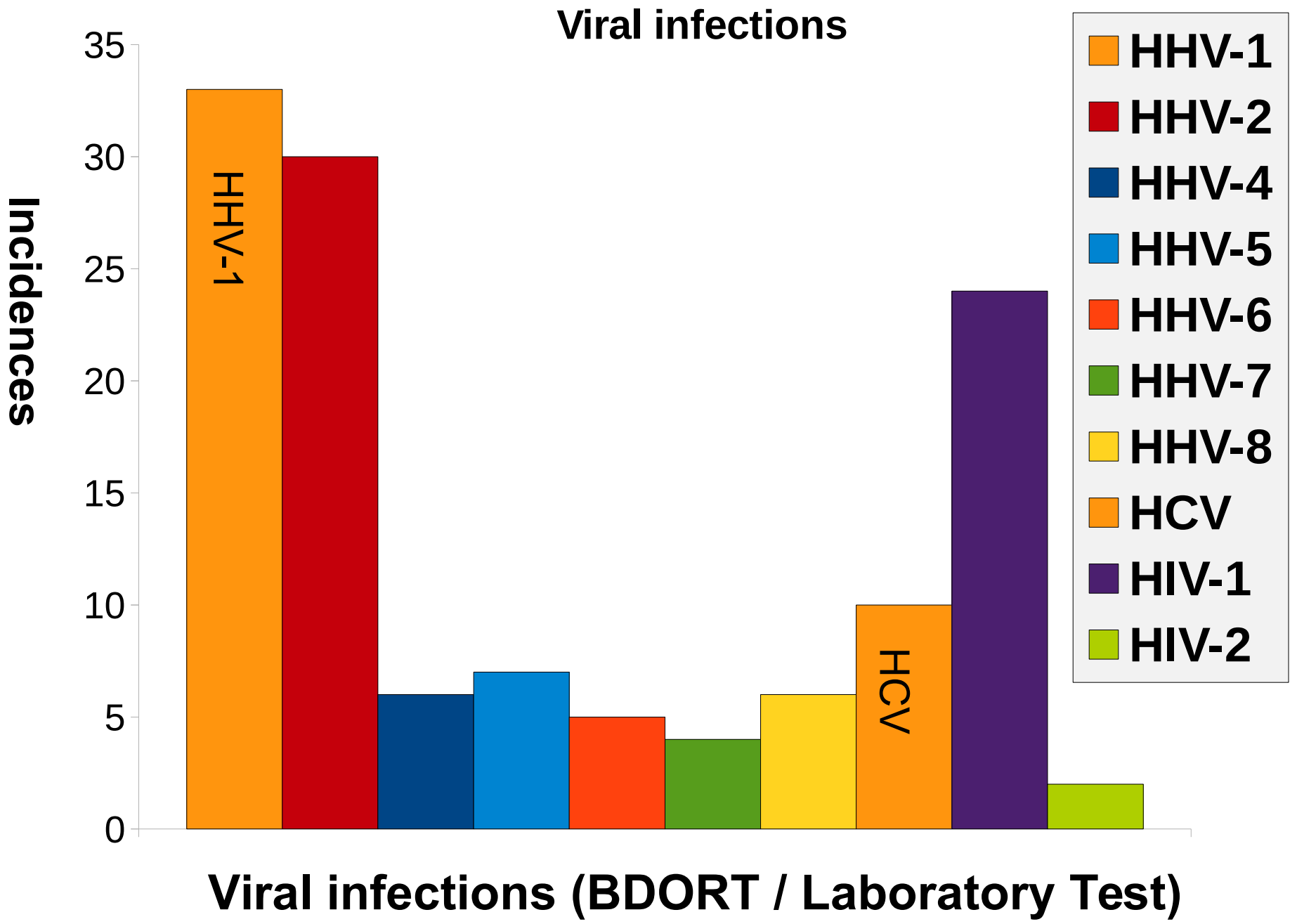
Stimulation

- 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


HCV
Food allergies
Dermatitis
Fybromyalgia
Type-2 Diabetes
Diabetic Neuropathy
(Chronic) Fatigue
(Chronic) Pain
Tachycardia & Angina
Nausea
Dyspnoea
Orthodox diagnosis Cancer
Chronic throat irritation
Reccurent infections
Menapausal 'hot flushes'
Anosmia
Bedwetting
Hyperthyroid
Hypertension
IBS
Cases
0
2
4
6
8
10
12
HCV
Dermatitis
Fatigue
(Chronic)
Pain
(Chronic)
Cancer
Hypertension
IBS
Orthodox symptomatic diagnoses


Viral infections
Incidences
35
30
25
20
15
10
5
0
HHV-1
HCV
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 ≥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**

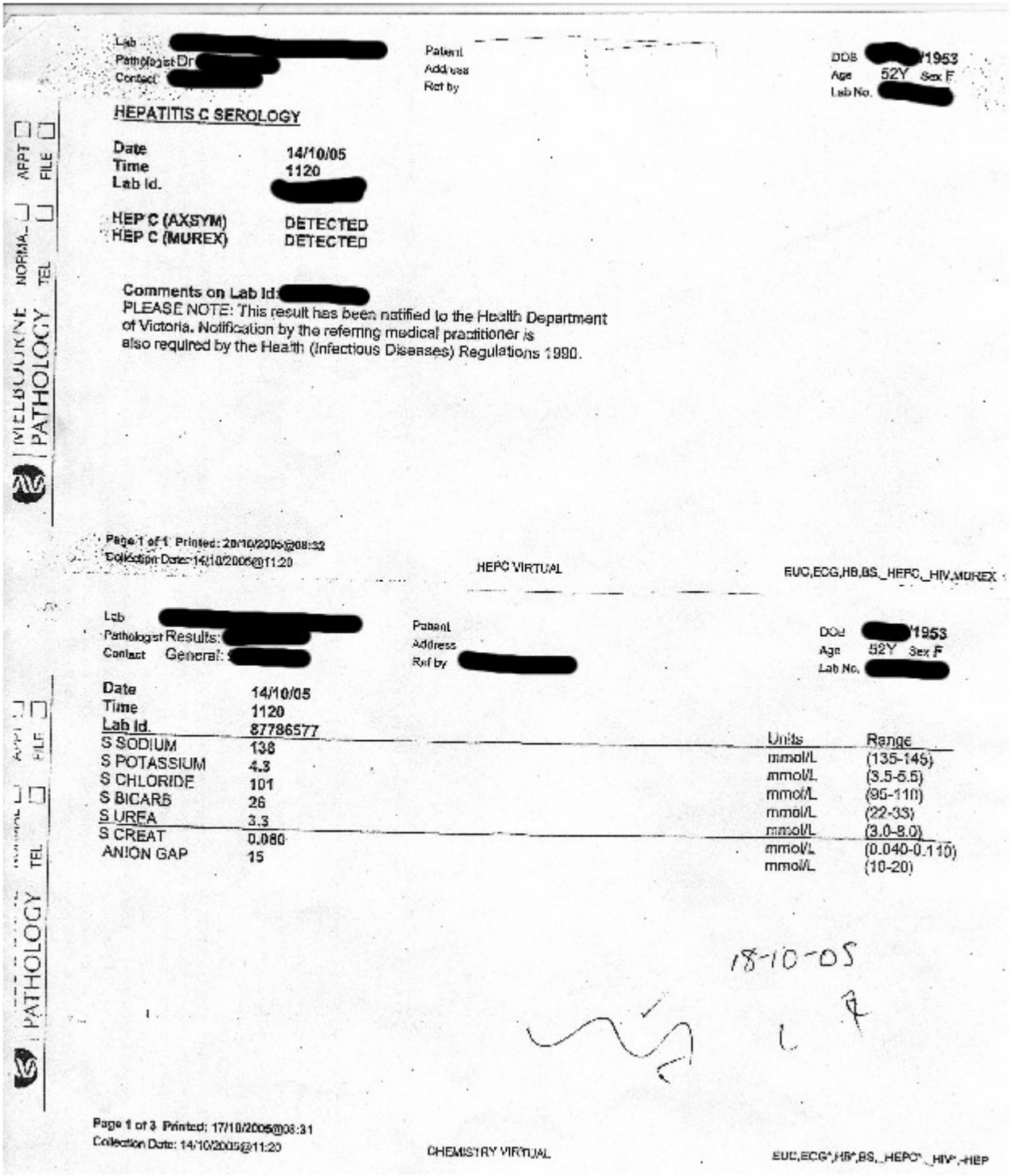
(1-9) **Group of normal organ parameters (GNOP)**

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+



Lab [redacted]
Pathologist Dr [redacted]
Contact [redacted]

Patient
Address
Ref by

DOB [redacted]/1953
Age 52Y Sex F
Lab No. [redacted]

MELBOURNE PATHOLOGY NORMA_ TEL APPT FILE

HEPATITIS C SEROLOGY

Date	14/10/05
Time	1120
Lab Id.	[redacted]
HEP C (AXSYM)	DETECTED
HEP C (MUREX)	DETECTED

Comments on Lab Id: [redacted]
PLEASE NOTE: This result has been notified to the Health Department of Victoria. Notification by the referring medical practitioner is also required by the Health (Infectious Diseases) Regulations 1990.

Page 1 of 1 Printed: 20/10/2005@08:32
Collection Date: 14/10/2005@11:20

HEPC VIRTUAL

EUC,ECG,HB,BS_HEPC_HIV,MUREX

Lab [redacted]
Pathologist Results: [redacted]
Contact General: [redacted]

Patient
Address
Ref by [redacted]

DOB [redacted]/1953
Age 52Y Sex F
Lab No. [redacted]

MELBOURNE PATHOLOGY NORMA_ TEL APPT FILE

		Units	Range
Date	14/10/05		
Time	1120		
Lab Id.	87786577		
S SODIUM	138	mmol/L	(135-145)
S POTASSIUM	4.3	mmol/L	(3.5-5.5)
S CHLORIDE	101	mmol/L	(95-110)
S BICARB	26	mmol/L	(22-33)
S UREA	3.3	mmol/L	(3.0-8.0)
S CREAT	0.080	mmol/L	(0.040-0.110)
ANION GAP	15	mmol/L	(10-20)

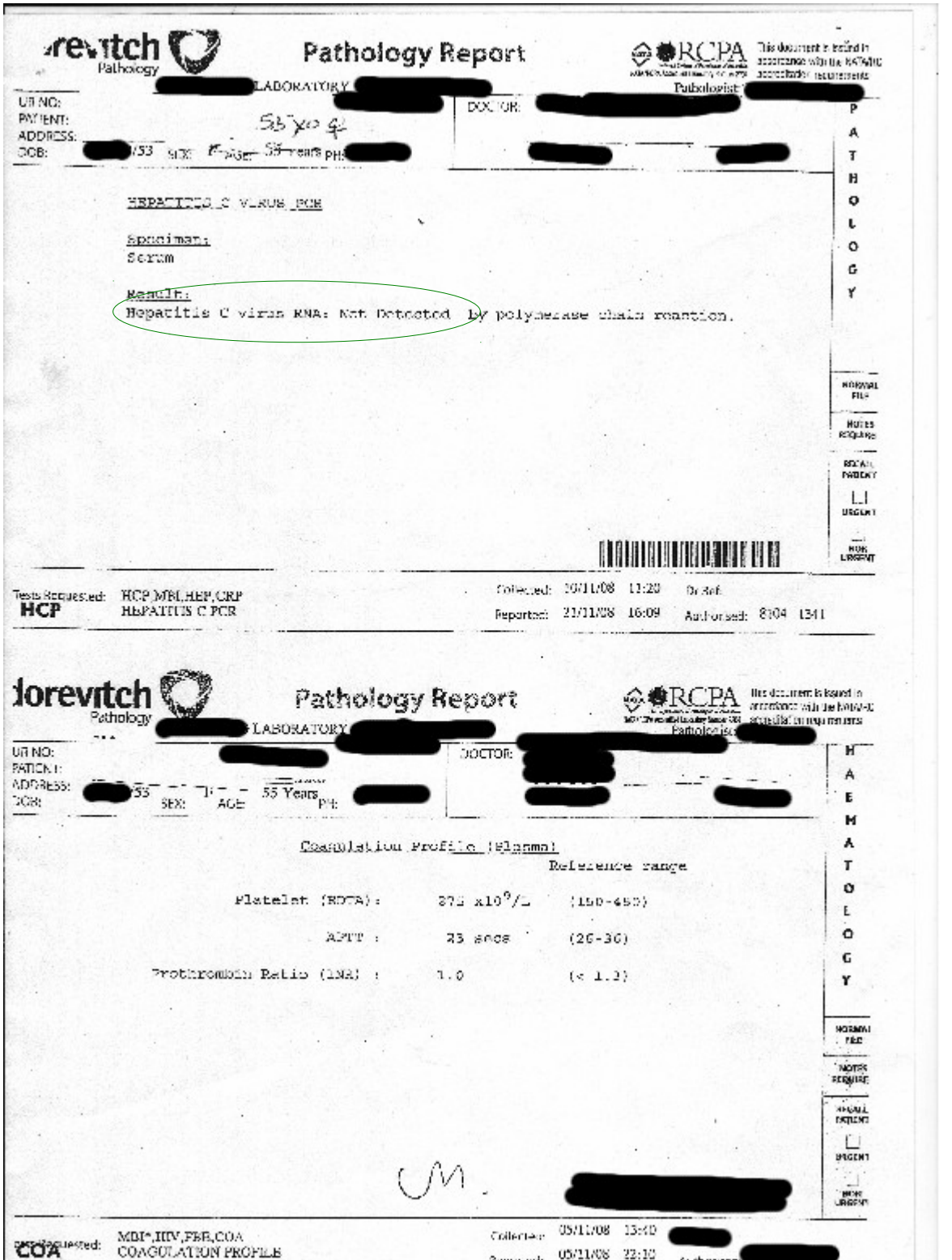
18-10-05

Page 1 of 3 Printed: 17/10/2005@08:31
Collection Date: 14/10/2005@11:20

CHEMISTRY VIRTUAL

EUC,ECG,HB,BS,_HEPC_HIV,-HEP

Case Study – #1/2



Pathology Report

LABORATORY [redacted]

UR NO: [redacted]
PATIENT: [redacted]
ADDRESS: [redacted]
DOB: [redacted] SEX: [redacted] AGE: [redacted] PH: [redacted]

DOCTOR: [redacted]

HEPATITIS C VIRUS PCR

Specimen:
Serum

Result:
Hepatitis C virus RNA: Not Detected by polymerase chain reaction.

PATHOLOGY

Tests Requested: HCP MBL,HEP,CRP
HCP HEPATITIS C PCR

Collected: 20/11/08 11:20
Reported: 21/11/08 16:09
Dr Ref.
Authorised: 8304 1341

Pathology Report

LABORATORY [redacted]

UR NO: [redacted]
PATIENT: [redacted]
ADDRESS: [redacted]
DOB: [redacted] SEX: [redacted] AGE: 55 Years PH: [redacted]

DOCTOR: [redacted]

Coagulation Profile (Plasma)

		Reference range
Platelet (EDTA):	272 x10⁹/L	(150-450)
APTT :	33 secs	(26-30)
Prothrombin Ratio (INR) :	1.0	(< 1.2)

[redacted]

HAEMATOLOGY

Tests Requested: MBI*,HIV,FER,COA
COA COAGULATION PROFILE

Collected: 05/11/08 13:10 [redacted]
05/11/08 22:10 [redacted]

[redacted]

Birthdate: [redacted] Sex: M Medicare Number: [redacted]
Telephone: [redacted]
Your Reference: [redacted] Lab Reference: [redacted]
Addressee: DR [redacted] Referred by: DR [redacted]
Name of Test: SE-HEPATITIS C
Requested: [redacted]2009 Collected: 19/09/2009 Reported: 24/09/2009 [redacted]
Requested tests: IRON STUDIES,LIPIDS/HDL/LDL,CALCIUM-CORRECTED,TSH,ELECT/UREA/CREAT,LIVER FN.TEST,_RED CELL FOLATE,GLUCOSE-FAST(SERUM),25-OH VITAMIN D,TOTAL VITAMIN B12,MAGNESIUM,PROSTATIC SPECIFIC AG,URIC ACID,ECG REPORT,Hep B Screen,HEPATITIS C,Hep A Immunity,FULL BLOOD,ERYTHROCYTE SED RATE,ENDOMYSIAL ANTIBODIES,TRANSGLUTAMINASE,Hep C supplementary
Laboratory: [redacted] Pathology
Phone Enquiries: [redacted]

Date 19/09/09
Time [redacted]
Lab Id. [redacted]

Hep C (Scr.) **DETECTED**

AB
Tests Completed: IS,FLS,CA,TSH,EUC,LFT,_RCFOL,GF,VITD,B12,MG,PSA,UA,
ECG,-HEP B SAG, HEPC,-HEP A TOT,FBE,ESR,END,TGLUT,MUREX
Tests Pending :
Sample Pending :

Case Study – #2/1: 68 yo Male. HCV+

Case Study – #2/2

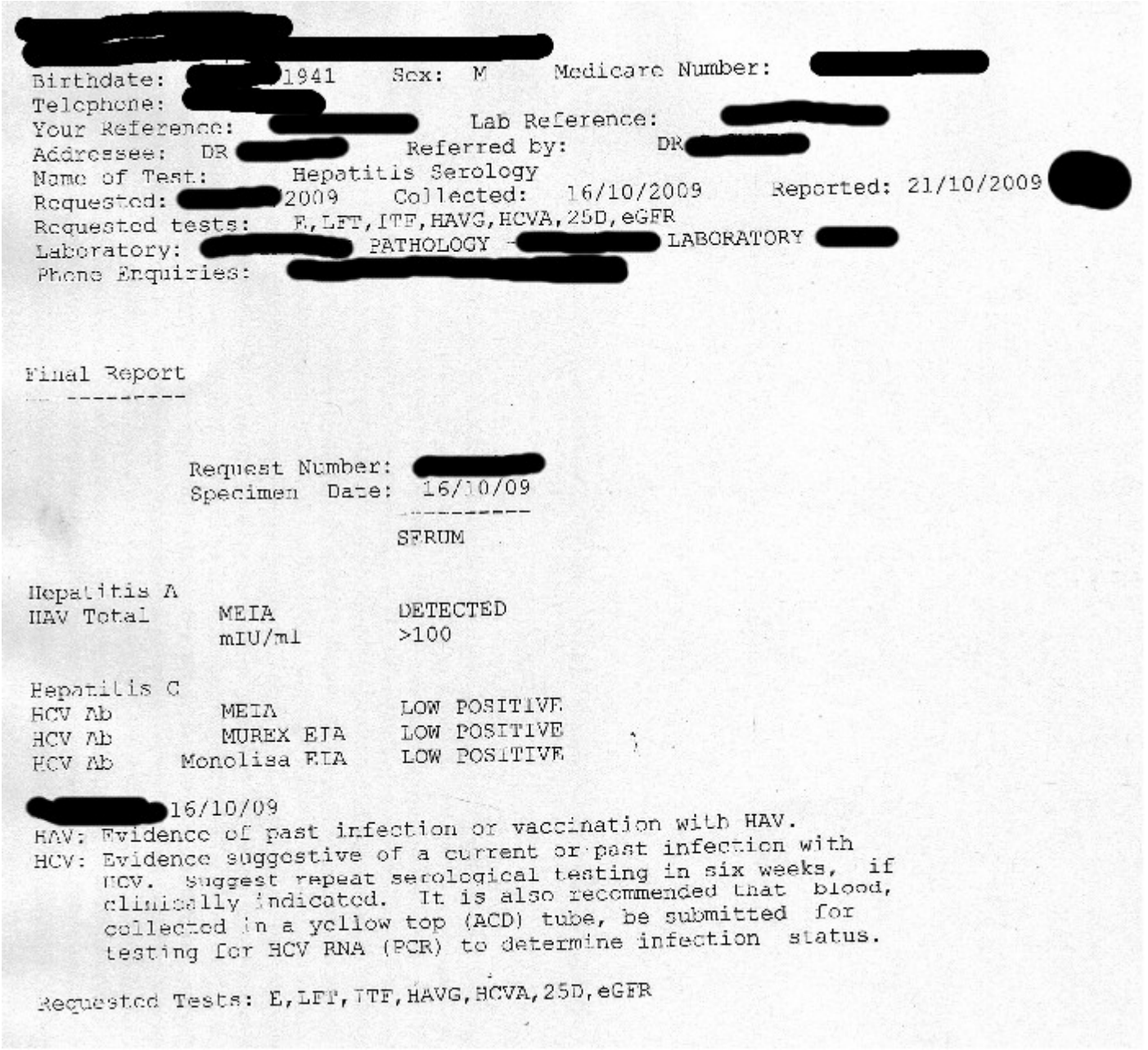
HCV PCR+ diagnosis

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



[redacted]

Birthdate: [redacted] 1941 Sex: M Medicare Number: [redacted]
Telephone: [redacted]
Your Reference: [redacted] Lab Reference: [redacted]
Addressee: DR [redacted] Referred by: DR [redacted]
Name of Test: Hepatitis Serology
Requested: [redacted] 2009 Collected: 16/10/2009 Reported: 21/10/2009
Requested tests: E,LFT,ITF,HAVG,HCVA,25D,eGFR
Laboratory: [redacted] PATHOLOGY - [redacted] LABORATORY [redacted]
Phone Enquiries: [redacted]

Final Report

Request Number: [redacted]
Specimen Date: 16/10/09

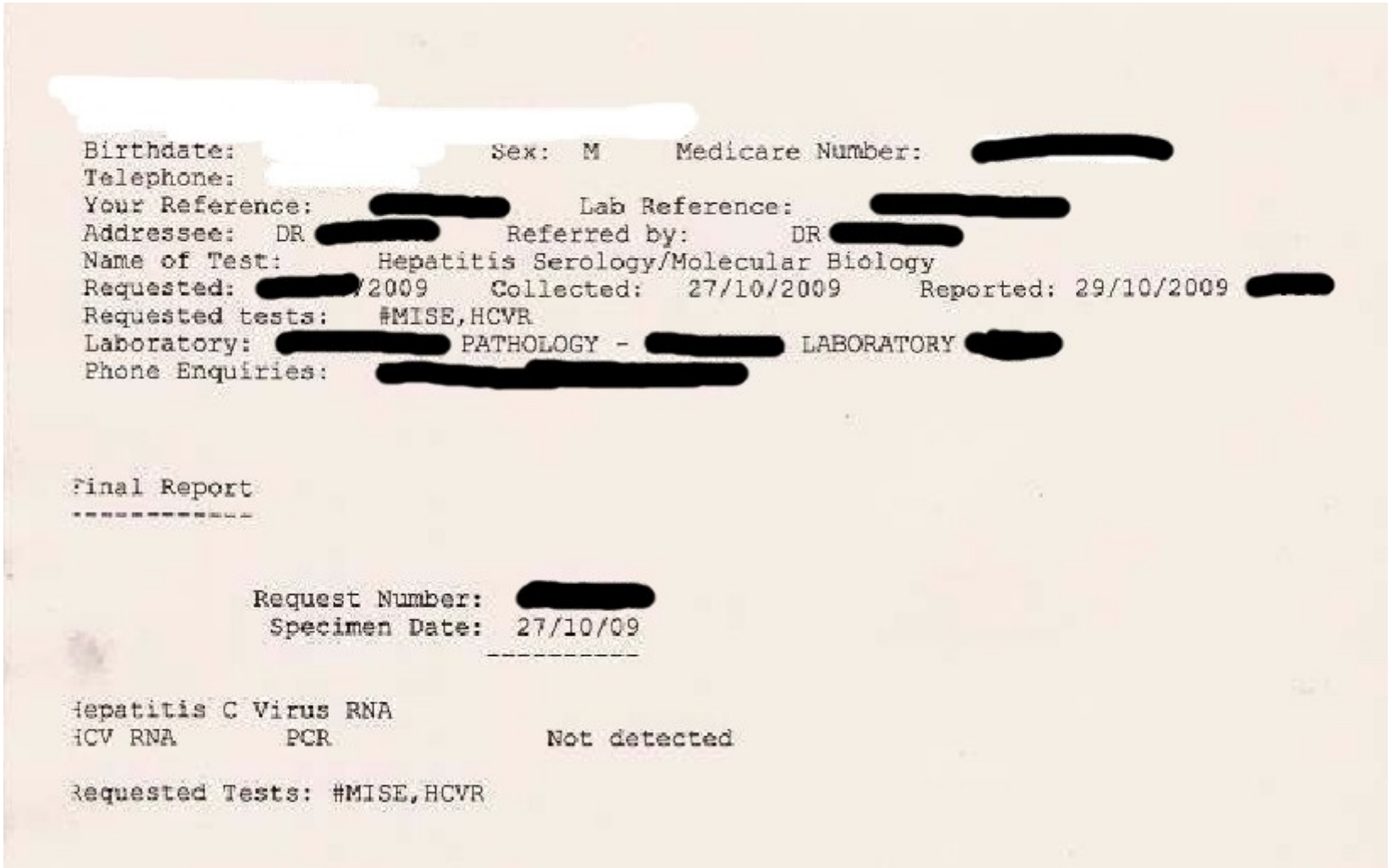
SERUM

Hepatitis A			
HAV Total	MEIA	DETECTED	
	mIU/ml	>100	
Hepatitis C			
HCV Ab	MEIA	LOW POSITIVE	
HCV Ab	MUREX EIA	LOW POSITIVE	
HCV Ab	Monolisa EIA	LOW POSITIVE	

[redacted] 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,TTF,HAVG,HCVA,25D,eGFR

Case Study – #2/4



Birthdate: Sex: M Medicare Number: [redacted]
Telephone:
Your Reference: [redacted] Lab Reference: [redacted]
Addressee: DR [redacted] Referred by: DR [redacted]
Name of Test: Hepatitis Serology/Molecular Biology
Requested: [redacted]/2009 Collected: 27/10/2009 Reported: 29/10/2009 [redacted]
Requested tests: #MISE,HCVR
Laboratory: [redacted] PATHOLOGY - [redacted] LABORATORY [redacted]
Phone Enquiries: [redacted]

Final Report

Request Number: [redacted]
Specimen Date: 27/10/09

Hepatitis C Virus RNA
HCV RNA PCR Not detected

Requested Tests: #MISE,HCVR

Case Study – #2/5

[redacted]

Birthdate: [redacted] Sex: M Medicare Number: [redacted]
Telephone: [redacted]
Your Reference: [redacted] Lab Reference: [redacted]
Addressee: DR [redacted] Referred by: DR [redacted]
Name of Test: Hepatitis Serology
Requested: [redacted]/2009 Collected: 12/11/2009 Reported: 13/11/2009 [redacted]
Requested tests: HAVM,Ebv,HPAN
Laboratory: [redacted] PATHOLOGY - [redacted] LABORATORY [redacted]
Phone Enquiries: [redacted]

Final Report

Request Number:	[redacted]	[redacted]
Specimen Date:	16/10/09	12/11/09
	SERUM	SERUM
Hepatitis A		
HAV IgM	MEIA	Not detected
HAV Total	MEIA	DETECTED
	mIU/ml	>100
Hepatitis C		
HCV Ab	MEIA	LOW POSITIVE
HCV Ab	MUREX EIA	LOW POSITIVE
HCV Ab	Monolisa EIA	LOW POSITIVE

[redacted] 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.

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

Requested Tests: HAVM,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:

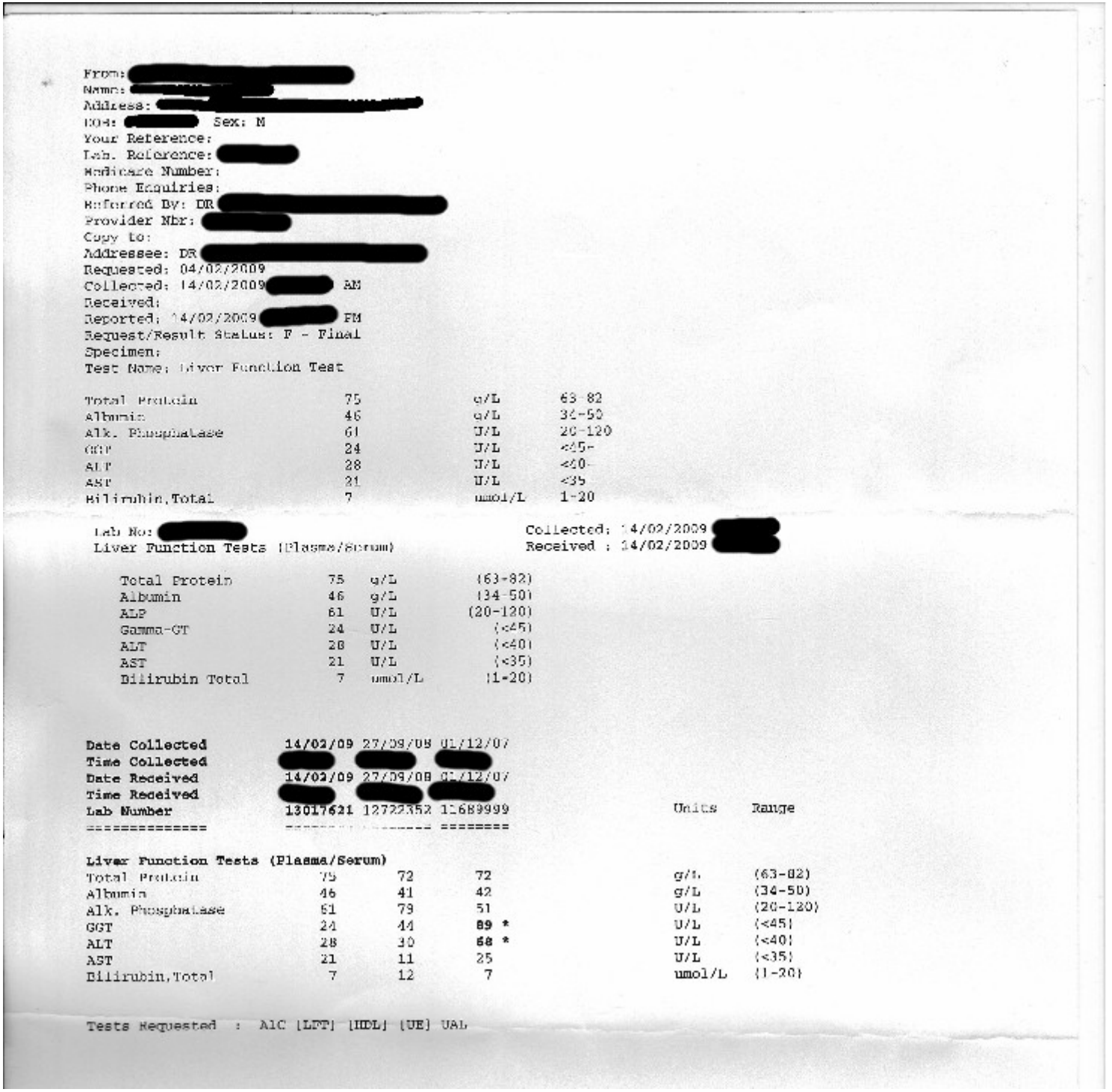
6 hours R Liver-3
After 4 hours: HSV-1 1pg. After 6 hours: HSV<2yg, L-HC <100mcg, Liver DHEA=130mg, NCTelomere 1200ng.

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



From: [redacted]
Name: [redacted]
Address: [redacted]
DOB: [redacted] Sex: M
Your Reference:
Lab. Reference: [redacted]
Medicare Number:
Phone Enquiries:
Referred By: DR [redacted]
Provider Nbr: [redacted]
Copy to:
Addressee: DR [redacted]
Requested: 04/02/2009
Collected: 14/02/2009 [redacted] AM
Received:
Reported: 14/02/2009 [redacted] PM
Request/Result Status: F - Final
Specimen:
Test Name: Liver Function Test

Total Protein	75	g/L	63-82
Albumin	46	g/L	34-50
Alk. Phosphatase	61	U/L	20-120
GGT	24	U/L	<45-
ALT	28	U/L	<40-
AST	21	U/L	<35
Bilirubin,Total	7	umol/L	1-20

Lab No: [redacted]
Liver Function Tests (Plasma/Serum)

Collected: 14/02/2009 [redacted]
Received : 14/02/2009 [redacted]

Total Protein	75	g/L	(63-82)
Albumin	46	g/L	(34-50)
ALP	61	U/L	(20-120)
Gamma-GT	24	U/L	(<45)
ALT	28	U/L	(<40)
AST	21	U/L	(<35)
Bilirubin Total	7	umol/L	(1-20)

Date Collected	**14/02/09**	**27/09/08**	**01/12/07**		
Time Collected	[redacted]	[redacted]	[redacted]		
Date Received	**14/02/09**	**27/09/08**	**01/12/07**		
Time Received	[redacted]	[redacted]	[redacted]		
Lab Number	**13017621**	**12722352**	**11689999**	**Units**	**Range**
Liver Function Tests (Plasma/Serum)					
Total Protein	75	72	72	g/L	(63-82)
Albumin	46	41	42	g/L	(34-50)
Alk. Phosphatase	61	79	51	U/L	(20-120)
GGT	24	44	**89 ***	U/L	(<45)
ALT	28	30	**68 ***	U/L	(<40)
AST	21	11	25	U/L	(<35)
Bilirubin,Total	7	12	7	umol/L	(1-20)

Tests Requested : A1C (LFT) (HDL) (UE) UAL

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

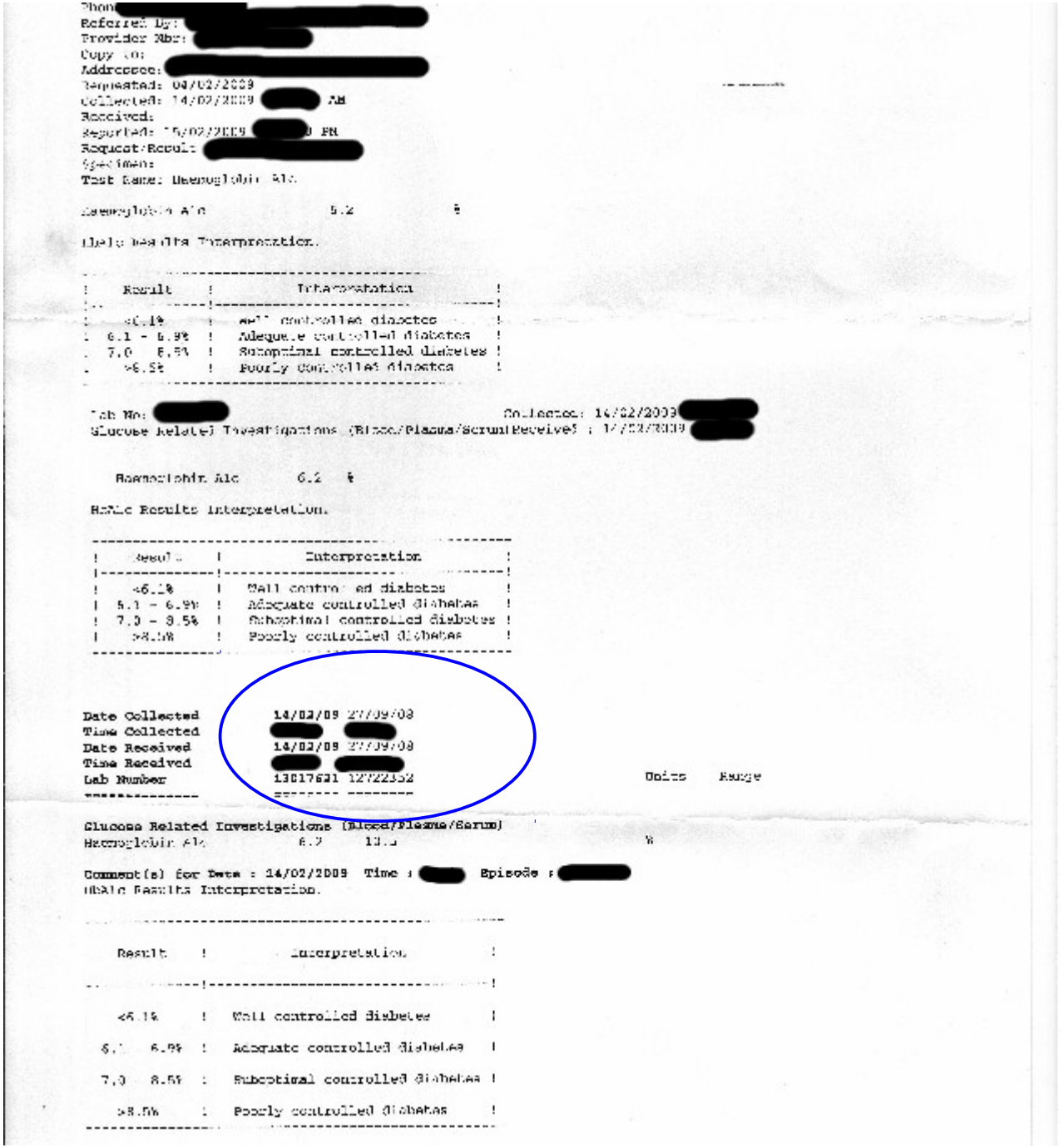
Treatment

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



Phon[redacted]
Referred By: [redacted]
Provider Nbr: [redacted]
Copy to:
Addressee: [redacted]
Requested: 08/02/2009
Collected: 14/02/2009 [redacted] AM
Received:
Reported: 15/02/2009 [redacted] PM
Request/Result: [redacted]
Specimen:
Test Name: Haemoglobin A1c

Haemoglobin A1c 5.2 %

HbA1c Results Interpretation.

Result	Interpretation
<6.1%	Well controlled diabetes
6.1 - 6.9%	Adequate controlled diabetes
7.0 - 8.5%	Suboptimal controlled diabetes
>8.5%	Poorly controlled diabetes

Lab No: [redacted] Collected: 14/02/2009[redacted]
Glucose Related Investigations (Blood/Plasma/Serum) Received : 14/02/2009[redacted]

Haemoglobin A1c 6.2 %

HbA1c Results Interpretation.

Result	Interpretation
<6.1%	Well controlled diabetes
6.1 - 6.9%	Adequate controlled diabetes
7.0 - 8.5%	Suboptimal controlled diabetes
>8.5%	Poorly controlled diabetes

Date Collected	14/02/09 27/09/08		
Time Collected	[redacted]	[redacted]	
Date Received	14/02/09 27/09/08		
Time Received	[redacted]	[redacted]	
Lab Number	13017631 12722352		
----------	-------- --------		

Units Range

Glucose Related Investigations (Blood/Plasma/Serum)
Haemoglobin A1c 6.2 13.1 %

Comment(s) for Date : 14/02/2009 Time : [redacted] Episode : [redacted]
HbA1c Results Interpretation.

Result	Interpretation
<6.1%	Well controlled Diabetes
6.1 - 6.9%	Adequate controlled Diabetes
7.0 - 8.5%	Suboptimal controlled Diabetes
>8.5%	Poorly controlled Diabetes

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