

<b>Case Study</b>	Complete reversal and disappearance of multiple liver metastases (neoplasms)	
<b>Background</b>	See Abstract of journal published paper.	
<b>Case presentation</b>	<p>65yo male, type 1 diabetic. Metastatic gastric cancer, three liver metastases seen on CT, 03/06/2010, noted in ultrasound report 02/02/2011. Gastrectomy, 19/07/2010, noted in CT report.</p> <p>Five echogenic lesions in liver (maximum dimension 16mm) and focal area echogenicity (dimensions 22 x 25 x 16mm) adjacent to gallbladder fossa, three of these lesions correspond to previous CT, 03/06/2010, no internal vascularity demonstrated, unlikely hemangiomas, probably metastases and disease progression as additional lesions not visualized on CT 03/06/10, abdominal ultrasound 02/02/2011.</p> <p>Non-specific, stable lung nodules; more hyperdense liver segment 5/6 lesion, possible increase in dimension to maximum 18mm, different contrast enhancement characteristics—interpreted as seen in treatment response [no conventional treatments given; only ECRL treatments] and disease progression, CT 22/06/2011, sample coronal image showing segment 5/6 lesion, slice 25.</p>	
<b>Investigations</b>	<p>CT 03/06/2010, noted in ultrasound report, 02/02/2011.</p> <p>CT 24/12/2010, noted in CT report, 22/06/2011.</p> <p>Ultrasound abdomen, 02/02/2011.</p> <p>CT 22/06/2011.</p> <p>CT 26/06/2011, noted in CT report, 27/02/2012.</p> <p>Ultrasound abdomen, 21/12/2011.</p> <p>CT abdomen and pelvis, 27/01/2012.</p>	
<b>Differential diagnosis</b>	<p>Carcinoma of stomach, July 2010, noted in ultrasound report, and gastric cancer noted in CT report 22/06/2011.</p> <p>Metastatic gastric cancer with liver metastases, seen on CT, 03/06/10, noted in ultrasound report 02/02/2011.</p>	
<b>Treatment</b>	<p>No conventional oncological treatment following gastrectomy, 19/07/2010.</p> <p>ECRL treatment, February-December 2011.</p>	
<b>Outcome and follow-up</b>	<p>No sign of any focal or generalized liver abnormality, upper abdominal ultrasound, 21/12/2011.</p> <p>No focal liver lesions, liver unremarkable, remaining epigastric pain, CT abdomen and pelvis, 27/01/2012; second comparison of CT 27/01/2012 with CT 26/06/2011, no focal liver lesion identified.</p>	

	<p>Last appoint at ECRL, 05/04/2012. Patient deceased some months later, cause of death given: type 1 diabetes; repeat CT scans shortly before death revealed no recurrence of hepatic or other focal neoplasms—reported by next of kin.</p>	
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*Richard Malter*  
*James Woessner*  
*Alan Loader*

## Extended Ultra-Low DC via Acupuncture Point Normalizes Hepatic Neoplasms

**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, neoplasm, reversal, signaling, tumor, ultra-low DC current, virus.

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**Journal of the Science Healing Outcomes**

A quarterly journal devoted to the publication of outcomes of healing interventions, case studies, reports and research data. Super peer reviewed publication.

## **Complete reversal (disappearance) of multiple liver metastases (neoplasms)**

**No conventional oncological treatment: No chemotherapy/radiotherapy/surgery.**

A [REDACTED] [REDACTED], type I diabetic, with a history of diagnosis of primary gastric carcinoma with hepatic metastases, having undergone gastrectomy and esophagectomy in July 2010, was treated at the ECRL between February - December 2011. Three hepatic lesions were detected on CT scan in June 2010. Ultrasound in February 2011 detected five echogenic foci in the right hemiliver, the largest within segments 5/6 measuring 16mm, and another 22mm focal area of increased echogenicity adjacent to the gallbladder. Oncology and radiology reports noted the increased number of lesions as disease progression and most likely metastases and not hemangiomas as no internal vascularity could be demonstrated, and as some of the lesions were not visualized on the earlier CT scan in June 2010. On CT scan in June 2011, lesions within segments 5/6 and 4a of the liver were visualized more hyperdense in arterial phase imaging, and with tracer enhancement dependent measurement at the time, increased in size to 18mm in the right hemiliver. By the end of the ECRL treatment period, ultrasound in December 2011 and CT scan in January 2012 found no sign of any focal lesion or general liver abnormality and normal size and texture of the entire organ.

Last appoint at ECRL: April 5, 2012

Patient deceased some months later, cause of death given DM1 – reported by next of kin. Repeat CT scan shortly before death revealed no recurrence of hepatic or other neoplasms.



# US Abdomen

\* Final Report \*

Document Type: US Abdomen  
Document Date: Feb 02, 2011 AEDT  
Document Status: Auth (Verified)  
Document Title/Subject: Abdominal Ultrasound  
Performed By/Author: Contributor\_system, AEDT  
Verified By: Contributor\_system, AEDT  
Visit info: Outpatient, 08/02/2011 - 08/02/2011

**\* Final Report \***

## Abdominal Ultrasound

ULTRASOUND OF ABDOMEN

### Clinical Notes:

Metastatic gastric cancer with liver metastases. Three lesions on CT for reassessment four weeks apart.

### Findings:

The liver is normal in echo texture. In the right lobe multiple echogenic foci are seen and the largest measures approximately 16mm. There is a focal area of increased echogenicity noted adjacent to the gallbladder measuring 22 x 25 x 16mm. No internal vascularity could be demonstrated within this lesion.

The portal vein flow is hepatopetal and measures 7mm.

The pancreas and spleen are normal.

The gallbladder is distended and sludge is seen within it. No intra- or extra-hepatic biliary duct dilatation and the CBD measures 5mm.

The right kidney is 9.8 and the left is 10.9cm and both are unremarkable.

### Comments:

Multiple (five) echogenic lesions are seen within the liver and also a lesion adjacent to the gallbladder fossa. These correspond to the lesions seen on CT. These lesions are probably metastases and unlikely to be haemangiomas as these lesions were not visualised on the previous CT from 03/06/10.

Dr

### Completed Action List:

- \* Order by Contributor\_system, Feb 02, 2011 AEDT
- \* Perform by Contributor\_system, Feb 02, 2011 AEDT
- \* VERIFY by Contributor\_system, Feb 02, 2011 AEDT
- \* Transcribe by Contributor\_system, Feb 02, 2011 AEDT

Printed by:  
Printed on:

08/02/2011

Page 1 of 1  
(End of Report)



~~CT~~ Chest/Abdomen/Pelvis

\* Final Report \*

Document Type: CT Chest/Abdomen/Pelvis  
 Document Date: Jun 22, 2011 [REDACTED] AEST  
 Document Status: Auth (Verified)  
 Document Title/Subject: CT of the Chest, Abdomen and Pelvis - Post Contrast  
 Performed By/Author: Contributor\_system [REDACTED] Jun 22, 2011 [REDACTED] AEST  
 Verified By: Contributor\_system [REDACTED] Jun 22, 2011 [REDACTED] AEST  
 Visit info: [REDACTED]

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 this scan  
 give Rct  
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\* Final Report \*

CT of the Chest, Abdomen and Pelvis - Post Contrast

CT CHEST, ABDOMEN AND PELVIS

Clinical Notes:

Previous gastric Ca. Gastrectomy. Liver metastases. ? Progression.  
 Note is made of the previous study at [REDACTED] Hospital on 24.12.2010.

CT Chest:

Cardiac size is within normal limits. There is no pleural or pericardial effusion. Post gastrectomy hiatus hernia as previously shown. There is no mediastinal lymphadenopathy. Old healed left posterior rib fracture/thoracotomy. Minor parenchymal band/scarring is again noted bibasally. A 3mm lung nodule within the posteroinferior right upper lobe remains unchanged and there is also a stable appearance to the 8mm nodule medial aspect of the superior segment of left lower lobe. These remain non-specific. Previous area of reduced density within segment 5/6 of the liver is now more hyperdense in appearance on the arterial phase imaging and is isodense to the remainder of the liver on the portal venous phase imaging. Its overall size has increased from approximately 12mm to 18mm but this may reflect different enhancement characteristics rather than increase in size. A subtler area of increased density on the arterial phase imaging is also present within segment 4A of the liver measuring 7mm in size which is non-specific. The bladder wall is mildly thickened with mild to moderate prostatomegaly. Occasional sigmoid colon diverticuli without evidence for complication at this time. The appendix is normal. There is no free intraperitoneal fluid. The ureters are at the upper limit of normal in size without hydronephrosis. There is a mid pole right small renal calculus. There is a para-aortic lymph node at the level of the kidneys, measuring 7mm in short axis diameter, no larger than on previous imaging. There is no suspicious focal bone lesion.

Opinion:

The previously noted liver lesion exhibits different contrast enhancement characteristics when compared to the previous study, which may partially account for increase in size (Ultrasound correlation may be of value in comparing size) The change in contrast enhancement can be seen in both treatment response and progression. Stable lung nodules.

Reported by: Dr [REDACTED]

Printed by: [REDACTED]  
 Printed on: 28/06/2011 [REDACTED]

Patient: [REDACTED]  
Patient Id: [REDACTED]

YY  
Modality: CT  
22-06-2011  
CoronalChestC+ 5.0...

Image: 636 x 512  
WL: 400/40  
Slice: 25  
Voxel: 0.841797x0.841797 mm.

22-06-2011  
CT of the Chest, A...





From: [REDACTED]  
Name: [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Your Reference: [REDACTED]  
Lab. Reference: [REDACTED]  
Medicare Number: [REDACTED]  
Phone Enquiries: [REDACTED]  
Referred By: Dr [REDACTED]  
Provider Nbr: [REDACTED]  
Copy to:  
Addressee: Dr [REDACTED]  
Requested: 22/11/2011  
Collected: 21/12/2011 [REDACTED]  
Received by lab:  
Reported: 21/12/2011 [REDACTED]  
Request/Result Status: F - Final  
Specimen:  
Test Name: US Abdomen

RADIOLOGIST'S FINDINGS                      Ultrasound Abdomen1

HEALTH IMAGING VICTORIA Radiologist's Report:

**UPPER ABDOMINAL ULTRASOUND**

**Clinical notes**

History of carcinoma of stomach July 2010.

**Findings**

The liver is normal in size and texture with no sign of any focal or generalised abnormality. Flow in the portal vein is normal. The gallbladder is normal in size but contains multiple tiny gall stones which gravitate to the dependant portion of the gallbladder. There is no thickening of the gallbladder wall to indicate cholecystitis. The CBD is not dilated at 3mm. The pancreas was obscured by bowel gas. Both kidneys, the spleen and aorta were normal.

**CONCLUSION**

No abnormality is detected in the liver. Multiple tiny mobile gall stones are present but without evidence of cholecystitis. The pancreas was completely obscured by bowel gas and if further investigation of this organ is required then a CT abdomen and pelvis examination would be appropriate.

**Electronically signed**

Dr [REDACTED]



[REDACTED] RADIOLOGY

[REDACTED] VIC [REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

27 January 2012

Dr [REDACTED]

Re: [REDACTED]

[REDACTED] VIC [REDACTED]

Examination: 27 January 2012

### CT ABDOMEN AND PELVIS

#### Clinical Notes

Carcinoma. History of gastrectomy 19/7/2010. Still epigastric pain. Ultrasound shows gallstones but pancreas not well seen.

#### Findings

Liver appears unremarkable and no focal liver lesions are identified. At the posteromedial aspect of the spleen, a wedge-shaped subcapsular hypodense area is noted with ill defined margin, probably representing a focal old infarct.

Evidence of gastrectomy is noted with gastric pull through surgery and multiple surgical staples in the epigastrium, splenic hilum and pre pancreatic region. Subtle high density in the dependent portion of gallbladder consistent with known gallstones. Pancreas, adrenal glands and both kidneys have normal appearances.

9 x 15mm lymph node at the aorto-caval junction (image 23 axial scan and image 15 coronal scan) is consistent with a lymph node. Significance is uncertain and may represent inflammatory/reactive lymph node however metastatic cause is not completely excluded and hence if there are any prior scans available, comparison may be helpful.

No abnormality is noted in relation to the bowel loops. A few pelvic colonic diverticulae are seen however no associated complications of diverticulitis. Lung bases are relatively clear. No lytic or sclerotic lesions are identified in the bones.

#### CONCLUSION

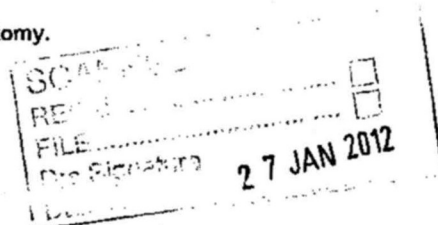
Aortocaval lymph node may be reactive or inflammatory however suggest comparison with previous films from [REDACTED] Hospital to assess interval change in size and appearance.

Gallstones.

No other significant abnormality. Evidence of previous gastrectomy.

Electronically signed

Thank you for referring this patient.



27 January 2012

Name: [REDACTED]

Pat ID [REDACTED]

DOB: [REDACTED]

**COMPARATIVE REPORT**

Comparison is made with the previous CT scan of chest, abdomen and pelvis of 26/06/2011 from [REDACTED] Radiology.

Current study is a portal venous phase scan of abdomen and pelvis. Hazy enhancement in segment V/VI of liver in the arterial phase in the previous examination of chest is not identified on today's examination and was not seen in the portal venous phase in the previous examination as well. No convincing focal liver lesion identified.

Tiny right renal calculus persists. No other new abnormality. Aorto-caval lymph node is unchanged since previously.

**Electronically signed**

Thank you for referring this patient.

Dr [REDACTED]