



PAPIMI™ CASES



SELECTED PAPIMI™ CASES

By Professor Dr. P.T. Pappas

Nov 2009

CE 0044



APPROVALS

CE 0044

93/42 EEC Annex II

EN ISO 9001 : 2008

EN ISO 13485 : 2003

CAN/CSA ISO 13485/2003

**The device have passed successfully all
IEC 60601-1 and IEC 60601-1-2 (EMC) tests**

GOSSTANDART MEDICAL CERTIFICATE for the Russian Federation and CIS Countries
Approval # 0767E2003 S.S.A. Secretariat of Health, Mexico.

World patents:

PCT **WO 1994/01176** - 23 National Patents
with classification A61N2/00 - Magnetotherapy Medical Device.

PCT **WO 2005/1496 A1** - 31 National Patents
with classification G01R 33/28 - Nuclear Magnetic Resonance Generator Device.

Greek patents OBI : 1001784, 1004895.

USA patent: # 5,556,418

Former approval # 1321/94 Department of Industry & Energy

Former approval # 168,403 Medical Devices Bureau, Health Protection Branch Canada,

Medical Approval pending USA



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Certificate of Directive 93/42 EEC - CE 0044 –



Certificate of ISO 13485:2003



Certificate of CAN/CSA ISO 13485:2003



Certificate of ISO 9001:2008

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ACCELERATED TREATMENT OF ANKLE SPRAIN BY APPLYING PAPIMI™ 600P BIOMAGNETIC GENERATOR, WITH CRYOTHERAPY AND PHYSICAL EXERCISES FOR FOOTBALL PLAYERS.

BY

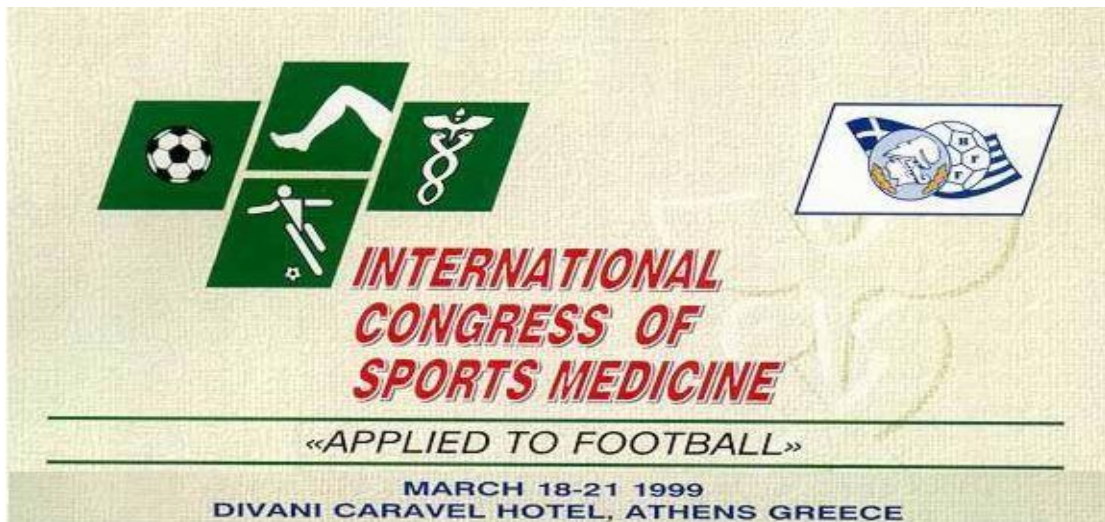
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Summary

In the present report, we show for a method we developed by applying the PAP IMI™ Device - Bio Pulse Generator, for professional football players with ankle sprain, the time of recovery for the injured players is significantly reduced. The method allows the players to come back to their athletic obligations, in a significantly shorter time, which is usually before their next athletic meeting or activity.

(Short presentation is given below)

INTRODUCTION

The ankle arthrosis as well as the knee arthrosis are those that are exposed to the biggest danger in a football match.

The reasons, which create sprains of the ankle, are due to the direct contact with the opponent, due to wrong balance during racing on rough surface or even due to a loose arthrosis. Football players usually during their training, but, mainly at the matches, back up their arthrosis with bandage or with self-adhesive elastic bandages using the appropriate fascia.

The goal of this research is to reduce the time of return to the match for professional football player that was subject to an automatic second grade sprain or after direct contact with an opponent had a second grade sprain.

Sprain is the partial or the full brake of the fiber of one joint and particularly of their outer portions, more specifically at the front portion which is known as the perone ankle joint. It is an injury of resupination, adduction and is mainly due to the anatomy of the foot end, because the internal melleolus is shorter than the exterior melleolus and the arthrosis is less supported during an ectropic (with the foot inwards) injury, forcing the outer sprain to accept all the weight of the load.

Fewer times the opposite is happening - ectropia (with the foot outwards) affecting in that way the outer elements of the ankle.

The sprains are distinguished according to that gravity of the injury: a) to the first grade or light sprain, b) to the second grade or heavy sprain with full joint rhexis, c) third grade with full rhexis which concerns the medium of the joint, which may have the form of detachment either from the gemma or from the sertion, either with or without osteal fragma. With the rhexis of the conjunction, rhexis of the synovial bursa occurs.

Rhexis alone of the peroneal joint of the leg if not treated on time, it may end to instability of the arthrosis. The same is true for the rhexis alone of the outer later joint which can end to relapse sprain of the ankle, which implies astasia of the arthrosis and it may end to possible degenerative arthritis.

The active athlete after an injury has to terminate immediately the athletic activity and should undertake medical and radiological check ups in order to determine the gravity of the sprain.

Clinically after some hours, the arthrosis is characterized by a huge edema as well as by a huge hematoma. After such injury, intense pain and walking inability occurs.

For the second grade of sprain the proposed treatment is as following:

- ❑ Applications of cold compresses for 15-20 minutes at frequent time intervals for the first 48 hours.
- ❑ Functional fasciation with elastic bandages or functional splint, "Air Castle" type, for 8-10 days
- ❑ Upstream place of the leg
- ❑ Avoidance of walking and tension of the part
- ❑ Pharmaceutical treatment with anti-inflammatory and anti-edema medication.
- ❑ At least 10 sessions of physiotherapy treatments after the 5th day which include vortex bath, ultrasound, electrotherapy, massage cryotherapy, reinforcement exercises of the ankle, propriotor exercises.

Total time for gradual coming back at the athletic activities is 15-20 days.

For our pilot research we finally selected 20 football players who had second grade sprain, either automatic or because of an "opponents' contact".

Clinically the injured players under our study, presented a tense edema and hematoma. The x-rays analysis was negative for fracture. For 3 occasions that was determined necessary they were examined under "static movement" check up, which resulted negative for a fully break of the joint.

METHOD

The ankle was immobilized with "Air castle splint" and cold compresses were applied for 24 hours. The second 24 hours they received treatments with a PAP-IMI™ 600P Magnetic Pulser Device. The PAPIMI™ treatments were twice every morning as well as every evening for 20 minutes' duration each.

The device produces:

- ❑ Complex magnetic induction field as it is shown in the oscillogram with continuously reducing intensity during every complex pulse, with an initial instantaneous peak of 10,000 ampere-turns max, which corresponds to 125 gauss, modulated from oscillations of excited gaseous plasma with PAP- IMI method
- ❑ The overall duration of every complex pulse is 10 microseconds, repeated every 500ms.
- ❑ The energy at every complex pulse is of the range of 54 Joules
- ❑ The average potential of the field 2x54 Joules/or 108 watts
- ❑ The frequency consists of continuous harmony Fourier components from 0.3 MHZ to 250 MHZ
- ❑ Effective penetration is 15 cm at full potential, reduced proportionally with the third power of the distance

After the treatment, cold compresses were applied for 15 minutes and the functional splint was placed back. The edema was reduced greatly after the second treatment. The football players began light running exercises on the fourth day after the injury, with their splints completely removed.

The same day, they started special reinforcement exercises for the ankle.

RESULTS

60% of the football players recovered completely the 6th day and returned to their athletic obligations. Recovery reduction time was down to 30%.

30% of the football players recovered the 8th day after the injury. Recovery reduction time was down to 44%.

10 % of the football players were feeling annoyance at the 10th day. In this case, the two players remaining ($20 \times 10\% = 2$) recovered the 13th and 14th day accordingly. Recovery reduction time was down to 75%. Pharmaceutical treatment was not given at all.

Conclusively: We have proven that the method -by applying the PAP IMI™ Device - Bio Pulse Generator - for football players with second grade sprain of the ankle, the time of recovery was significantly reduced and allowed the players to come back to their athletic activities in a much shorter time and before the next weekly match.

Notice 1.

We have distinguished the injuries in four different categories

- In the first category we distinguished the type of the injury (automatic muscle injury from cicatrices, injury of arthrosis)
- In the second category we determined the point of trauma to establish whether some parts of the body are more fender
- In the third category we distinguished the time periods that the injuries were occurred (preliminary training, climate conditions, tense match obligations)
- In the fourth category we noted the number of the pathological cases during the match period

- The total number of the football players that were included at this research was 68
- Due to the longer time of non-participation to local matches during the last summer period, because of the World Championship, there was enough time to most chronic injuries to cure. The time of the preliminary training was prolonged. So the training period was increased smoothly and there were no actual new injuries
- For a team that worked less hard at the beginning, giving friendly matches more sprains occurred later during the championship

Notice 2.

- For teams that had more matches' participations (championships, links, national obligations) more muscular injuries and knee's injuries occurred, mainly at the period of the increased matches' obligations
- For a team that is trying to remain at one category and which does not have a permanent area of training, more injuries are observed to occur for the ankle during the rain period when stadiums are usually in bad conditions. Also an increase of automatic muscle injuries occurs after the change of the coach or after the change of the training type.

HYPERBARIC MEDICAL CENTER

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September 1996

Dear Dr. Pappas,

It is my pleasure, to report to you about the **PAP IMI™** device which you provided to our center for evaluation. We applied your device for a period of time of three (3) months, that gave us surprising results in many unexpected cases.

The most impressive results, were obtained in cases of athletic injuries - sprains of the ankle joint, bruises, knee lesions. (Detailed report will follow) .

In many such cases, we had an unusual and unexpected fast improvement of the order of 50-60 %, obtained only after 2 to 3 sessions.

Please accept my congratulations for your creation and development, and I hope that soon a **PAP IMI™** device, will be a part of our regular medical equipment.

With all my respect,
(signature)

Helias Zoumas

Director of Physiotherapy
and Athletic Injuries Department

**SPORTS INJURIES AND THEIR CONFRONTATION
WITH THE PAP IMI™ DEVICE
BY THE ATHLETIC DOCTOR AND PHYSIOTHERAPIST
Dr. ILIAS ZOUMAS**

**Interview by G. Andreikos - P. Kirangelos
Translation by Christine Santas
November 1998.**

The athletic doctor and physiotherapist, Dr. Ilias Zoumas, purchased the PAP IMI™ Bio Magnetic Pulser Device, almost two and a half years ago.

Before taking this decision, he compared the PAP IMI™ Device with one of the most modern Lasers, for 3,5 months. This specific period of time was enough to ascertain the incomparable superiority of the PAP IMI™ Device, towards the modern laser, which actually convinced Dr. Zoumas to keep the PAP IMI™ Device, permanently. In fact Dr. Zoumas, told us expressively, that if he had to go abroad, the only thing that he would take with him, was the PAP IMI™ Device, which he thinks is irreplaceable for the treatment of his patients. For this reason, the PAP IMI™ Bio Magnetic Pulser Device, is incomparable for almost every case of sports injuries and physiotherapy, when a quick and good result is required.

The following cases, are typical examples of the use of the PAP IMI™ Device, from the physiotherapist I. Zoumas, regarding the therapeutic treatments of his patients. The informations come from his medical records, concerning mostly cases of professional athletes, of the last two and a half years, that himself and his partner Dr. Zaxariadis, are using the PAP IMI™ Device to their hyperbaric center.

SPECIAL TYPICAL CASES

CASE 1 : T.S.

FIRST DEGREE FRACTURE OF QUADRICEPS

A 28 years old, professional soccer player, suffered from a first degree fracture of quadriceps. After two treatments, with the PAP IMI™ Device, in combination with distentions and ice therapies, it was achieved a complete rehabilitation. We had a spectacular return in the game (in 7 days only), very earlier than what was expected.

CASE 2: P.F.

**SEVERE STRAIN OF ENDOTIBIA AND PARTIAL RUPTURE OF
DELTOIDEUS**

A famous basket ball player, had a severe strain of endotibia and partial rupture of deltoideus. He had a treatment of combined hyperbaric cabin and PAP IMI™ Device. In three days only, (two treatments per day), we had a spectacular independence of the walking assistance.

It should be noted that the first diagnosis, was anticipating a ten days therapy with classical methods.

CASE 3: T.S.

FIRST DEGREE STRAIN

A 23 years old, professional soccer player, who suffered from a first degree strain, had a complete rehabilitation after two treatments, with the PAP IMI™ Bio Magnetic Pulser Device, combined with the Hyperbaric

Cabin. He played in the next soccer match (in a period less than 7 days).

CASE 4: B.K.

ARTHROSCOPICIS OF KNEE - NORMALIZATION OF CARTILAGES - PARTIAL MENISCECTOMY

A 26 years old, professional athlete, had arthroscopisis in his knee, with normalization of cartilages and partial meniscectomy. As a result of that, he had a moving limitation and swelling, with a severe feeling of pain. After having 4 treatments, with the PAP IMI™ Bio Magnetic Pulser Device, he was moving normally. A significant reduction of swelling and effacement of pain, was also achieved.

CASE 5: A.N.

EPICONDYLITIS

A 35 years old, female physiotherapist, suffered from epicondylitis in both hands. She was cured, after having 4 treatments only, in each hand, with the PAP IMI™ Device. She didn't receive any other simultaneous treatment. Normally, in similar cases, with similar symptoms, the improvement, starts to show up, only after 10 classical therapies.

CASE 6 :

SEVERE STRAIN

A professional soccer player, came in our center, with a cane and severe swelling, after suffering from a severe strain. After two treatments, with the PAP IMI™ Bio Magnetic Pulser Device, the pain was relieved immediately. He could also walk comfortably and the swelling was eliminated. The patient, himself, was astonished with the unbelievable, ultra fast result, that he said, with enthusiasm: " What was this magic thing, that you have done to me and I feel really well?"

SUMMARY - GENERAL RESULTS OF Dr.ILIAS ZOUMAS

(1) STRAINS

In twenty cases of athletes and soccer players, who suffered from first and second degree strain, we had a complete rehabilitation from the first 15 days and a spectacular return to their sport, by only using the PAP IMI™ Bio Magnetic Device.

Percentage of success: 100%

Percentage of failure: 0

(3) FRACTURES

In twenty cases of first degree fracture, after 2-4 treatments with the PAP IMI™ Device, in combination with other therapies (distentions, ice-therapies etc.), we had a complete rehabilitation.

Percentage of success: 100%
Percentage of failure: 0

(4) INJURIES

In ten at least cases of knee's injuries of athletes, we had immediate results. In three days only (with 4-6 treatments in total), by using a combination of PAP IMI™ Device and Hyperbaric Cabin, a spectacular strengthening, was achieved. In 50% of all conventional cases, the coming back time was also shortened.

Percentage of success: 100%
Percentage of failure: 0

GENERAL OBSERVATIONS

The athletic doctor and physiotherapist, Dr. Ilias Zoumas, informed us that he uses the PAP IMI™ Device to almost every case.

The Bio Magnetic Pulses of the PAP IMI™ Device, have spectacular results, to any kind of superficial problems like:

Epicondylitis
Tenonitis
Periostitis
Fractures
Fractures of fatigue
Ruptures of ligaments of talocrunal
Injuries
Severe distention etc

The Bio Magnetic Pulses of the PAP IMI™ Device, have also spectacular effects in some other cases like:

Endoarthritits
Operated knees with stiffness in motion
Rupture of crosses (after operation)
Meniscus of knees
Cervical syndroms
Headaches
Migraines
Generally what we call "stiffness"

Complaints of spinal column. When there is a sensitiveness of injured nerves, a particular treatment is required, simply because of the inevitable activation of those nerves.

The combination of the PAP IMI™ Device, with other treatments (for example, the hyperbaric oxygen), produce the acceleration of the effectiveness.

The dose depends on each case.

In any case, the Bio Magnetic Pulses of the PAP IMI™ Device, are incomparable in terms of therapeutic effect, towards all diathermies, modern Lasers and all the familiar aids (especially when it is combined with the hyperbaric cabin). Particularly, in young, healthy people (under 30 years of age), we have noticed quicker results. This is the reason, why the Bio Magnetic Pulses of the PAP IMI™ Device, are ideal for injuries of professionals, or not, athletes.

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CASE 1 : (Female, 33 years old)

KNOTS OF VOCAL CHORDS

A 33 year old woman had knots of vocal chords. After having 7 treatments with the PAP IMI™, Bio Magnetic Pulser (6 minutes each time, in low intensity), she was completely cured from the knots in the vocal chords.

CASE 2 : (Female, 30 years old)

AREOMENORRHEA - AMENORRHEA

A 30 year old woman, suffered from areomenorrhoea and for two years from amenorrhoea. She received treatments with the PAP IMI™ Device. After a six months program (10 treatments per month) her period came back again. The duration of the treatments, were 6 minutes each time, in low intensity.

CASE 3: (Male, 35 years of age)

SINUS

A 35 year old, young man had a serious problem of sinus. He came to us for treatments with the PAPIMI™ Device. With the first treatment, he had a noticeable significant difference. After having a total of 12 treatments, with the PAP IMI™ Device, a complete recovery was achieved with simultaneous stoppage of bleeding. The duration of the treatments were 6 minutes, in low intensity.

CASE 4 : (Male, 22 years of age)

HAEMORRHOIDS

A 22 year old young man, suffered from a slight condition of haemorrhoids. After having 3 treatments only, with the PAP IMI™ Device, pain and itching were vanished, while bleeding stopped. Each treatment, was 4 sessions the same day of 6 minutes each, in low intensity.

CASE 5 : (Female, 35 years old)

INTERNAL HAEMORRHOIDS

A 35 year old, young female, had internal hamorrhoids, with severe pain and swelling in her stomach. After receiving 7 treatments with the PAP IMI™ Device, the haemorrhoids significantly diminished while the sores were vanished. Stomach swelling disappeared. Each treatment, was 4 six minutes sessions the same day, in low intensity.

CASE 6 : (Female, 53 years of age)

RETENTION OF FLUIDS - INSUFFICIENCY OF KIDNEY FUNCTION

A 53 year old woman, had a severe retention of fluids. She also had swelling in kidneys, so kidneys could not function properly. She received treatments with the PAP IMI™ Device. After 7 treatments only, she experienced a spectacular improvement. Each treatment was 4 six minutes sessions the same day.

CASE 7: (Female, 28 years old)

HEADACHES - HYPOPHYSIS

A 28 year old young woman had continuous headaches and a serious problem of hypophysis. She came in our center and she received treatments with the PAP IMI™ Bio Magnetic Pulser. After 5 treatments, her vision became more clear. Her face was also no longer swollen and her headaches almost disappeared. After having 10 treatments, a permanent improvement was achieved. Each treatment was 3 six utes sessions the same day on her head, in low intensity.

CASE 8 : (Female, 37 years old)

RELAXATION OF VAGINAL TONE

A 37 year old woman had relaxation of vaginal tone. After having 7 treatments with the PAP IMI™ Device, in our center, a restoration of the vagina tone was achieved. Each application was 3 sessions the same day.

CASE 9 : (Female, 15 years old)

ECZEMA OF EARS - OTITIS

A 15 year old girl had chronic eczema in both ears as well as otitis. After 10 treatments, with the PAP IMI™ Bio Magnetic Pulser Device, the eczema was completely vanished. Each application, was 4 six minutes sessions the same day.

CASE 10 : (Male, 25 years old)

PAROTITIS OF CYST OF GLANDS

A 25 year old man suffered from parotitis of cyst in glands. After 1 treatment only with the PAP IMI™ Device, an incredible change of shape was observed, while glands were no longer swollen. The duration of subsequent applications was 6 minutes, in low intensity.

SUMMARY AND GENERAL RESULTS.

(1) QUINSY

In 3-4 cases of quinsy patients, a complete recovery was achieved, after 10 treatments, with the PAP IMI™ Device. Each application was taking place, 4 six minutes the same day.

(2) SINUS

In 10 cases of patients who suffered from sinus, received treatment with the PAP IMI™ Bio Magnetic Pulser Device.

Particularly: Six of them had a complete recovery. The other four with coexistence of a cyst, experienced a significant improvement in their condition.

(3) STRAINS

In 2 cases of patients who had strains, after 3-5 treatments, with the PAP IMI™ Device, an immediate relief of pain was accomplished. The swelling was also significantly reduced.

(4) HAEMORRHOIDS

In 5 cases of patients with haemorrhoids, an immediate relief was noticed from the first treatment. After 10 treatments, a significant improvement of 80% was achieved.

(5) ACUTE CYSTITIS

In 3 cases of acute cystitis patients with the first 3 treatments, the pain was relieved immediately. After 7 treatments, the patient recovered completely.

(6) CHRONIC OTITIS

In 2 cases of patients with a chronic otitis problem, a complete recovery was achieved in 6-7 applications.

(7) FRACTURES

In 4-5 cases of patients who suffered from fractures, a fast remission was achieved in 20-25 days only, after having 10-12 applications.

(8) DEEPER PENETRATION OF EPIDERMIC OINTMENTS

A much improved therapy with trace minerals, metals, vitamins and essential oils, was achieved, when the therapy was combined with applications with the PAP IMI™ Bio Magnetic Pulser Device, a deeper penetration of the above ointments was accomplished. Enhancement of muscular tone was also accelerated, 5 applications were enough for it.

GENERAL CONCLUSION

In all the above cases, the percentage of success of the PAP IMI™ Bio Magnetic Pulser Device use, was 100%. In addition, it must be underlined, that no side effects were noticed in all the above applications.

Signed

S.E. 30 November 1998.

Another Medical Miracle for an Arthritic Patient

**Report by E. Taffy Anderson
of British Columbia
Fax: 604-796-2350
Ph: 604-7962851
Date: 2/11/98**

Case History of Marie B., arthritic patient

On October 14, 1998, Marie B. commenced her first treatment on the PAP IMI™ device. Her husband, a retired pharmacist, had heard about the device through a mutual friend.

When Marie first arrived on October 14, 1998, she was wheel chair bound because of her advanced arthritic condition.

Marie had for many years been undergoing conventional medical treatment, as well as taking weekly treatments from various therapists.

In addition her husband, through his pharmaceutical connections, was informed of the latest alternative remedies in health food products, and has been spending about five hundred dollars per month for these various remedies. This approach provided some relief but did not stop the progressive deterioration of the arthritis.

Briefly described below is a summary of her condition as observed between October 14 and October 28, 1998.

October 14, 1998 - Mobility of Marie B.

She was confined to her wheel chair and could only move her arms about 11/2 inches vertically (upward movement). There was acute pain and tenderness in the sternum area. Her hands were twisted, and she could not straighten her fingers. On the left hand the second and third finger were separated by a large space. Marie's shoulders could not rotate.

Results at the end of the first treatment

Marie, without thinking about it, reached up and scratched her head. Her husband asked her if she was aware of what she had just done. She had moved her arm normally without realizing it.

Marie was then asked how high she could now lift her arms. AFTER THE FIRST TREATMENT, she was able to easily raise both arms above her head, and the pain in the sternum area was relieved. Marie then continued to take treatment on the PAP IMI™ device twice weekly.

October 21, 1998 -End of week one, results

- a) The fingers on the left hand were now straight and normal, as opposed to having involuntary gaps between the fingers as was the case at the beginning;
- b) There was no more pain in the sternum area and she could easily rotate her shoulders;
- c) Marie was now able to walk, unassisted, about 280 paces. Her husband stated that it was the first time she had walked unassisted in years.

October 28, 1998 -Results at the end of week two

Marie B. arrived for treatment, without her wheelchair, and walked with only the help of a case. An observer, who had seen Marie two weeks before said " I don't believe it". Marie responded " believe it", and proceeded to demonstrate her ability to walk around on her own two feet, helped only by her case:

To use Marie's own words, she is ecstatic with the phenomenal improvement in her condition in only a two week period, using the PAP IMI™ device.

Results after 10 weeks of Bi - Weekly treatments.

Marie can now:

- (a) Walk up and down stairs unassisted for the first time in 15 years.
- (b) Move and walk around with reasonable ease with only a 4-pronged cane after being confined to a wheel chair most of the time since about 1990.
- (c) Dress and undress herself without assistance for the first time in many years.
- (d) Get into bed, lie down and get up again without help from her husband for the first time in years.
- (e) Attend to her personal hygiene without help for the first time in many years.
- (f) Has enough flexibility and strength to make herself a cup of tea, again for the first time in many years.

Marie and her husband say they are just thrilled and delighted with her progress. Marie will acquire her clinical records to provided a clear history of her "Before and After" condition and is now doing a tape recording in her own works.

INTERVIEW WITH A MODERN BALLET DANCER

Detrimental Accident Before Premiere

EMERGENCY ACTION WITH PAP IMI™ and DANCER'S CAREER SAVED



Keywords: Ligament, Edema, Pain, Lower Right Foot, Physiotherapy, Crushes, painkillers.

Marina L., Female, 25 years old, Ballet Dancer, Actress.

June 27, 2000

This is an interview with Ms M. L., a modern ballet dancer, member of modern ballet group “RHESUS O” and an actress. Unfortunately, two days before the opening, and while rehearsing, the dancer had an accident injuring her lower right foot.

We met Ms. M. L. at the laboratory of Dr. Pappas, the inventor of PAP IMI™, applying magnetic pulses by herself, a month after her accident and we had the opportunity to talk to her. This is, in her own words, her own account of her accident and the successful and fast recovery of her foot injury with PAP IMI™ magnetic pulses.

R.d.L. Please tell us your name?

M.L. M. L.

R.d.L. How old are you Ms. M.L.?

M.L. 25 years old.

R.d.L. What is your profession?

M.L. I am a professional modern ballet dancer.

R.d.L. Could you please describe exactly what happened to your foot?

M.L. It all happened while I was rehearsing, when suddenly, the toes and the lower right foot turned inward, the wrong way. The pain was excruciating and my foot turned blue and swelled up. I couldn't even step on my foot. Psychologically, I was feeling even worse. We, dancers, have to deal with injuries all the time and when we see a bad one, we know. I was faced right then and there with the fact that with such an injury, it would be impossible to dance in two days. After all this hard work, I was going to miss the Premiere. You can understand what state I was in! The more my foot swelled up the more upset I got.

R.d.L. I am sure you went to see a doctor right away.

M.L. Of course. They took me to the IKA Hospital emergency room.

R.d.L. And what was the doctors' diagnosis at the Emergency Room?

M.L. Exactly what I had expected. Very, very disappointing news. They said I had suffered ligament injury. They gave me painkillers and crutches. They ordered 10 days of total footrest and intensive physiotherapy with laser and ultra sound to recover and prevent any future consequences of the injury. Just imagine. Feeling more and more pain and at the same time facing a career disaster. A dancer without her feet is not a ballet dancer.

R.d.L. And how did PAP IMI™ help you Marina?

M.L. Next morning, my brother S. who is a physiotherapist took me to Dr. Pappas lab and I did magnetic pulses, an intensive application of 45 minutes. I was very lucky. Most of the pain was gone and I did not need to use the crutches again. Although there remained some pain, I could step on my foot. In the afternoon, we came for another 45 minutes magnetic pulses and almost all pain disappeared. On Sunday morning, we went again for another 45 minutes intensive therapy. And it was a miracle, all swelling and all pain was gone for good! Sunday evening, lucky me, I danced and our premier was very, very successful. I was so very, very happy!

R.d.L. I see you continue with magnetic pulses. Why?

M.L. Although, I did not feel any pain at all after the premiere, I continued to make sure I am totally healed. My foot is very well and I could say my foot is feeling even stronger. I am going to have a few more "preventive" PAPIMI™ before leaving for N.Y.

R.d.L. Thank you very much for the interview and we wish you great success and as you theater people say:

Dear Marina (do not) break a leg in N.Y.

CLASSICAL BALLET DANCER'S INJURIES

DANCER'S BALLET SEASON SAVED

PAP IMI™ EMERGENCY BEFORE INTERNATIONAL BALLET TOUR

By Rulla de Lucci



Keywords: Perineum, Achilles, Tendonitis, Back, Hematoma, Edema.

Evi.K, 25 years old, Female, Classical Ballet Dancer

January 2001

E.K is a known, beautiful ballet dancer with “National Lyric Scene” which is the Greek national organization for opera and classic ballet.

In July 2000, Evi K. fell down some stairs during rehearsals and injured her right foot, on the front side of her ankle, the perineum muscle.

This injury developed fast into a hematoma and edema. In addition, a two years old injury at the same foot, her chronic Achilles tendonitis, was aggravated again. Somehow, the Achilles had never healed up completely and therefore was giving her problems from time to time.

This double injury was very painful indeed and the Doctors prescribed painkillers that she had to stop taking within one week because they created an additional problem, intense pain in her stomach.

For the foot injury, the medical doctors recommended a long footrest, the use of elastic bandages and cold baths. Although she followed the recommended physiotherapy, at the same time, she continued her profession obligations.

She kept rehearsing and performing regardless of the pain.

Eventually, the swelling and the pain from her perineum injury and her 2 years old Achilles problem, according to CAT SCAN, became worse and thus medical doctors and physiotherapists decided to stop her from dancing all next ballet season, which is one of the worse things that could happen to a professional ballet dancer with National Lyric Scene.

September 2000, magnetic pulses were suggested to her and so she went to the laboratory of Dr. Pappas



During the first week, she had magnetic pulses daily, 20 minutes at her right foot and 5 minutes at her stomach, the later because of the painkillers. She continued with magnetic pulses two or three times per week.

Immediately, after the first PAP IMI™ magnetic pulses, the foot became soft again and she could stretch it. After the third, all swelling was reduced and she only had a slight difficulty felt when stretching the foot. After one week, all the foot pain and swelling were eliminated and she was able to flex and point again, which for a classical ballet dancer appears to be very important.

Thus, because she was feeling no pain at her foot when she was getting up in the morning and when she was doing even extreme movements, it was decided she could start rehearsing again for the next ballet season. And so she did and all went well with her foot.

This ballet dancer, though, had a second misfortune soon enough. One Friday morning, in November 2000, the ballet group was getting ready to depart for a tour abroad. The plane with all the ballet dancers was supposed to take off from Athens at 5 o'clock in the afternoon and like everybody else in the group, she was very excited and very busy since early that morning. And so, as E. K was packing her suitcases in a hurry, she made a bad movement and she hurt her back.

Around 12.30 at noon, she went to the laboratory of Dr. Pappas desperate, in tears and practically, unable to move, asking to have magnetic pulses on her back. She put the PAP IMI™ loop on her back and after 20 minutes, when the pain stop, she started doing certain physiotherapeutic back exercises. As soon as she felt pain again, she stopped exercising and went back to the magnetic pulses.

This interchange of magnetic pulses and exercising went on for about two hours and around 2.30, the ballet dancer felt well enough to take a taxi, to go home, to pick up her suitcases and go to the airport.

The Ballet tour abroad was a great success and as soon as she returned from her trip, she treated everyone working at the laboratory of Dr. Pappas with delicious French candies.

COMMON SKIN PROBLEMS:

DRYNESS AND WRINKLES

INTERVIEW WITH P.S.

by M. McGuire

MM This is November 20, 1993, and this interview is with P.S., a female Caucasian, 58 years old. The subject is single and has an active career of 12 years in commercial and residential landscaping. The subject is tall, slender, attractive and appears to be physically fit.

MM When did you begin treatment?

PS I started in May of 1993. I have a busy schedule, but I've been receiving treatments at least twice a month.

MM You appear to be healthy and in shape. What was your purpose in seeking treatment with Pulsed Electromagnetic Fields?

PS I have severe skin dryness, to the point that it was constantly irritated and peeling. Also, I had deep wrinkles, particularly lines running from the corners of my nose to my outer lip and severe crow's feet around my eyes. I mean, those lines were deep. They were like imbedded indentations in my face.

MM Can you describe the history of this skin condition?

PS Oh, years and years of being sunburned and peeling, like everybody else in Southern California.: Overexposure.

My career as a landscape architect, is a lifestyle of constant outside ultraviolet exposure. When I was younger I did 5km running on the beach.

MM What was your biggest complaint about your skin condition?

PS Facial aging, that's easy.

MM What other treatments had you tried?

PS Oh, various topical treatments. I had jars and jars of creams. Nothing was available to work internally, so I just kept switching ointments. This was not a focused method of treatment. I had a complete lack of faith, and the results weren't there.

MM Describe your first treatment with Pulsed Electromagnetic Fields (**PAP IMI™** Device).

PS Well, it was simple. I held the insulated wand up in front of my face, about a foot away, for 15 minutes. Then I held it again in front of my abdominal area.

MM Were you aware of any changes following this therapy?

PS Yes, it was internal, which was the nice thing. Within a few hours I felt very relaxed all over. I'm under a lot of pressure all day with my work, so the stress takes a toll. And my face was glowing! It was like the blood circulation had resumed and my face felt relaxed.

MM Did you follow up this treatment?

PS Yes. We decided to do "before and after photos" as a part of the regimen.

MM Can you describe any apparent change in the actual nature of the dry skin condition itself?

PS The texture of my skin is different. The wrinkles are fewer and they're not as deep.

MM Over what period of time, from the first treatment, did you notice the difference in the mirror?

PS Within a month to a month and a half. It was after four treatments that I started to actually see the improvement.

MM Have your friends noticed?

PS Yes, they noticed after two-and-a-half months. They said things like, "What are you doing? Why do you look so different? What lotion are you using?" [laughter]

MM How do you feel about your appearance now?

PS I feel more confident. I make substantial contractual agreements every day in my career, and my personal appearance is vital in my presentation.

MM What would you say to other women about Pulsed Electromagnetic Field Device (PAP IMI™)?

PS I highly recommend it. It gives a sense of well being rather than a panacea. It's deep, you feel the blood flowing in your skin. It's not like applying a mask of makeup to cover up. This treatment gets to the root of aging.

MM Do you feel different about the aging process now?

PS Absolutely. I'm not afraid when I look at myself in the mirror anymore. In fact, now I lean forward and touch my face with tenderness even. And I'm curious and kind of excited.

PAIN CASE

**Interview of Dr Elmer Thomassen MD
by Dr Panos T. Pappas.
Tape Trascrription by Molly McGuire.
February 1994.**

PTP Dr. Thomassen you are a medical doctor, you are an orthopaedic.

ET Yes. I'm an orthopaedic surgeon.

PTP You had some recent exciting experience with my device-the **PAP IMI™** experimenting with it personally on yourself. Would you like to tell us what are your impressions, and what results you got?

ET Yes. I would be happy to share my experience with your device. For many, for a number of years I've been walking on a painful right heal. I probably have a calcaneal bursitis, but I even had an X-ray taken recently and it didn't show anything. I would get up in the morning and my heal would be very painful to walk on it. Eventually, I could walk on it-this is typical for this type of problem. I tried everything including heal cord stretching, exercises, and the standard orthotics, the heal pads, and nothing seemed to help. I just sort of got used to the pain, but didn't like it. And it was always very tender to touch. The first treatment I had I got a little relief. The treatment for perhaps thirty minutes at most with the pulsating electrical magnetic field of your device and there was some relief but then, it was still painful the next morning again. Several days later I had a second treatment and since then it's been about 90% well. I have had a third treatment, and since then, it's been perfect. I don't need anymore treatments.

Today I had a different treatment for an adhesive capsulitis of the left shoulder, but I did not treat my heal because it doesn't need it. When I step on it now I can't tell the difference between the right heal and the left heal. And I did not change my shoes. The other day, I walked around New Orleans many miles everyday. I try to walk for anywhere from two to five miles a day, at least every other day. I don't use any special shoes, so this has relieved the painful heal condition that I had which probably was a calcaneal bursitis rather than a planter fasciitis which is another common condition that causes this type of pain. I did not have a heal spur. A heal spur, incidentally, is not usually the cause of the pain, it's usually a result of whatever the cause of the pain is.

Now, I want to change the subject. When I first met you, Dr. Pappas, I had an abscess in my mandible maxilla. The left upper incisor had a filling about two months ago, and apparently the dentist did not get a complete seal, because when I would eat ice cream I noticed that for an hour or two afterwards I would have a tremendous amount of pain around the root of the tooth. Well after a few weeks I had an obvious tooth abscess. I went back to the dentist and he took out the filling and drained the abscess. He said there was a horrible smell to the purulent material he got out of the tooth root. He wanted to do a root canal. I told him I would prefer instead to try to heal it up and do some other type of repair of the tooth, and that is in the process.

Presently, accidentally with the treatments I had for my vision with your device, the abscess has healed completely. It's no longer tender. It feels the same on both sides of the maxilla. The tooth is no longer sensitive, even though I have a paper pack in the root canal at the present time. In addition, very interesting, when I treated the maxilla, I had for years, loose teeth in my mandible. The front incisors of the lower jaw are very loose. When I was born, my mother was in her early forties, and she traded in her teeth for me, I guess. That's what I was told. So when I grew up to about five, six, seven years old, I was told my mother had lost her teeth. Well, I didn't want to loose my teeth. So, I brushed the living daylight out of them just like a madman, all my life. I just brushed my teeth, and of course I brushed away my gums. So I have a severe gum recession, especially in my lower incisors and they've been loose for many years. I had been putting pressure on them and got some tightening up, but I noticed a tremendous improvement since I have had the pulsed electromagnetic treatment on mandible, which also

then of course is in the same area of the maxilla. And so my teeth are now much more firm, but I'm still going to get some more treatment and see if it will heal the gums. The gums are markedly receded.

The other interesting thing is I went to the New Orleans American Academy of Orthopaedic Surgeons about two weeks ago. I usually take two grains of thyroid a day. I was taking my thyroid at the meeting because I tend to fall asleep during the lectures. About the third night I woke up and my heart was racing. It was beating too fast-nearly one hundred beats per minute. So, I decided that I needed to stop taking the thyroid, which I did. And I didn't take the thyroid anymore. And the reason for this I believe, after discussing this with you, Dr. Pappas, is due to the treatment of my shoulder, my heart, and my jaws, in which I also served to stimulate my thyroid in that general area. That is a very interesting phenomenon!

Now finally, I don't have diabetes but I do have Angina. I have treated the angina on a number of occasions but so far, I don't know whether it's helped the angina or not. I still have to slow down when I walk fast until I work through my anginal pain. So I'm still working through on the anginal pain. So I'm still working through on the angina problem. So I will tell a story about the angina. This story is about a Mid-westerner who came to California to become a mortician. And he built a beautiful mortuary. He had a tremendous structure and he was very proud of it. His cousin came out to visit him. So he showed him all around, except one room. His cousin said, "What's in there?" And he said, "Remains to be seen." Well, that's the same story on my angina-we'll see what happens from now on out. I've been told that this may be useful for angina which presumably happened in your case, Dr. Pappas. However, I wonder if it was true ischemic angina or if it was some other cause for his chest pain.

PTP Dr. Thomassen, did you have any adverse affects from your volunteering treatments, or anything that you would consider adverse?

ET I have had no adverse effects from all these treatments. My shoulder is still limited in motion. But the capsule of my shoulder joint is scarred down. And the pain is better for a day or so afterwards, but it comes back. I would say it's, oh, about 20% better than it was as far as the pain in general. I don't have much trouble sleeping on it since I've had it treated. I've had about, what, four or five treatments on it over the last month.

PTP How long have you had the problem with the shoulder?

ET Well, the shoulder started about two and a half months ago after I threw about a hundred pieces of heavy plywood sheeting up on my roof. I did an emergency, a temporary roof repair. And about two or three days later, the shoulder started paining me, and it got worse and worse, and I thought I tore my shoulder cuff. But I've had it checked by the outstanding shoulder expert in the world, which is Steve Snyder out in the San Fernando Valley, and he said it was adhesive capsulitis. I argued with him. I didn't think it was-I thought it was a torn infrapinatti tendon. But now, considering what has happened since, I have acquiesced to the point that His diagnosis was correct because I have experienced a marked limitation of motion in the shoulder. And I can't, even though the pain is relieved. I still can't go beyond a certain range of motion, although this is slowly improving with the treatments.

PTP Okay. Can you tell us a few things about the case experimenting and treating your own eyes and vision?

ET My vision...I have, of course, serious problems with it, glaucoma, since I was about forty years old. So I've had, at least, increased pressure, and some visual changes. And then about eleven years ago I had a laser treatment of the left eye for glaucoma, and within a month I got a cataract on that eye. And that condition has persisted. Then, five years later I went to the same doctor who is an expert, a world-renowned expert on glaucoma. He said instead of a laser which was used on the left eye, we would use a holmium-yag laser on the right eye which is not a heat mechanism that perforates to create a drainage hole for pressure relief like the first type of laser functions. Well the same thing happened anyway. So I now have bi-lateral cataracts; I am also near-sighted but can read without glasses. Prior to both kinds of laser treatments, I had three-plus far-vision or presbyopia, but that has since changed and now it's shrunk down on the right eye to minus 2.5 and on the left eye it's now neutral.

As far as the actual improvement in vision with the electromagnetic treatments, I'd say that falls in the category of Remains to Be Seen (laughter). After an exciting temporary improvement or stimulation of my general vision, at least it hasn't gotten any worse compared to what it was just before starting.

PTP Thank you very much for sharing with us your personal experiences and observations of your experimental electromagnetic treatments, Dr. Thomassen. In closing, could you tell us your age at this time?

ET By all means! I'm seventy-three years old. Seventy-three years young, that is.

REPORT

THE HEALTH RESTORATION CENTER

22706 Aspan street, #501 Lake Forest, California 92630
(714) 770-9616 FAX (714) 770-9775

Director, Dr David Steenblock, M.S.

MARCH 1, 1994.

To whom it may concern

I have used the **PAP IMI™** for a variety of conditions in my medical facility.

In my experience it is far superior to a Diapulse (High Peak Electromagnetic Pulse Generator), Diathermy, or Ultrasound for the treatment of musculoskeletal pain.

It was shown to be extremely beneficial, for the pain and swelling of acute trauma as well as for relief for a variety of chronic conditions.

In addition to being my choice of physical therapy equipment for musculoskeletal problems it is unsurpassed in relieving the pain due to a variety of types of cancer.

In general, I would strongly recommend the **PAP IMI™** for any general practice that includes the treatment of pain and musculoskeletal conditions.

I have treated a few other miscellaneous conditions such as incurable chronic optic atrophy, hearing problems, etc, and have been surprised that often results are obtained when no other method of treatment has worked.

For example: A man of 32 was given an overdose of antibiotics at the age of 2 and suffered permanent deafness. I prescribed the **PAP IMI™** . He regained a significant amount of his hearing, which was very impressive.

I believe this instrument or one like it, will be a commonly used in the near future for a variety of acute and chronic medical conditions.

David Steenblock

(signature)

OPEN ULCERS

Interview with Lesley Carter

by
Marilyn Thomassen, Esq.

MTI understand that you had some treatments with the PAP-IMI™ Device with very impressive results for an incurable open ulcer on your leg. May I ask for some information on this?

LC I will be very glad to answer all your questions.

MTFirst of all you may confirm your name and let us know your age for this interview?

LC Of course, my name is Lesley Carter and I am 54 years old.

MTOh good, you are man of experience, and may I ask what is your origin?

LC Originally I was from London, England. Presently, I am living at Imperial Beach, California.

MTWhat is your vocation?

LC I am just an artist, a painter.

MTThat is exciting. May I ask now what was your problem?

LC I had an open ulcer on my leg. It had been expanding and shrinking back and forth for the last ten years or so, but in the last year it became very severe. Nothing could be done about it. I had been treating it with a steroid type of cream, called Triamicinol, and superficially it had been of assistance over the years. But last March or April it started to deteriorate and grow until it was about the size of a dollar piece, at least an inch and a quarter across, and was very painful. I was also getting all kinds of secondary reactions. I was getting rashes on my leg, all over my body up to my neck.

MTDid you go to any specialist Doctor?

LC I had been to a couple of specialist Doctors in Hollywood all over, and General Practitioners, but my problem was not relieved, they could not help me. Then I came down to San Diego and sought treatment in Mexico. I was introduced to Dr. Pappas' machine by Dr. Freeman, a medical doctor, who is in residence in Rosarito Beach. I met Dr. Pappas just before Christmas, and had my first treatment just after Christmas.

MTHow many treatments did you have with the machine?

LC Approximately twenty. I went in for treatments three times per week.

MTWhat was the result?

LC First of all, relief of the discomfort. All of the side reactions also disappeared. Then it began shrinking, after about three treatments. There was a relief of discomfort and a relief of pain. I began to notice the effects of treatment almost immediately, I felt the effects of the treatment after the first week. It began scabbing over and shrinking. Now it is less than the size of a nickel.

MTWhat do you think of the machine?

LC I would recommend it to anybody and everybody. It is an amazing machine!

MTDid you notice any bad effects?

LC None at all.

MTAre you continuing treatments?

LC At this time I have stopped since I am pretty much cured. I would take another couple of treatments, but its almost superfluous.

MTIs there anything else you attribute to your cure?

LC No, I attribute it all to the Pappas machine.

MTThat is all. I thank you very much for your information.

CASE STUDIES COMPILED BY Dr PAUL LAVIOLETTE

Case	Condition:
A	Ca-cervix cancer of the uterus, stage IVa, fistula vaginalis, and intestinal hemorrhaging.
B	Bone cancer.
C	Fibroid tumors of the uterus and digestive problems.
D	Lymphoma and chronic nonspecific lymphocytic leukemia.
E	Scleroderma.
F	Endometriosis, ovarian cancer, staphylococcus infection, hand burn, and respiratory congestion.
G	Hemorrhoid and mild bursitis.
H	Severe asthma

The PEC device, used in treating Cases A through D, is a predecessor of the **PAP IMI™**.

Case A Patient: Christina K

Condition: Ca-cervix cancer of the uterus, stage IVa, Tistula vaginalis, Intestinal hemorrhaging.

Diagnosis and Therapy Prior to PEC Treatment:

The patient was initially diagnosed to have cervical uterine cancer. A CAT scan taken in April 1989 [see attachment A-1] revealed a remarkable swelling of the cervix accompanied by remarkable amorphousness of the surrounding fat. The bladder appeared compressed and a small cyst was evident in the left parametrium. In 1989 she received radiotherapy treatment. In 1990 she developed fistula vaginalis and also had intense intestinal hemorrhaging. To alleviate the latter symptom she had a colostomy.

A second CAT scan was taken in October 1990 [attachment A-2]. Compared with the April 1989 scan, it revealed the presence of para-aortic nodes swollen to 1 to 1.5 cm diameter. Also the entrance to the cervix was less swollen. The surrounding fat was still amorphous and the back part of the bladder and front part of the rectum appeared unclear. Judging from a similar case treated at the same hospital, it was thought she only had months left to live.

PEC Treatment and Subsequent Diagnosis:

Following the October 1990 CAT scan until the beginning of 1991 the patient underwent six months of treatment with the PEC Ion Magnetic Induction Device, taking no other therapeutic treatments. A CAT scan taken in September of 1991 [attachment A-3] showed that the nodes had shrunken back to their former size. The cervix showed a small increase in its dimensions possibly indicating local damage. By February 1992, the condition in the patient's pelvis had significantly improved [attachment A-4]. Her intestinal hemorrhaging had stopped, her infection had ceased, and her fistula vaginalis had been extinguished. She was no longer using pain relief medicines.

Case B Patient: Georgia S. Age: 49**Condition: Bone cancer**

Georgia had bone scan on October 24, 1991 to check the condition of her bone cancer. She then used the PEC for about three months (late 1991 to early 1992) to expose certain affected areas which included the left frontal jugale, sacro-iliae, and the pubic dextra. Other areas, including the left scapula were exposed to a lesser extent. A bone scan performed on March 2, 1992 showed that in the intervening 4 months the areas that had received primary exposure had improved. The cancer in the lesser exposed areas was found either to have remained stationary or to have slightly developed. In addition, several new cancer foci were noticed. These had not received any exposure.

Case C Patient: Diane L. Age: 47**Condition: Fibroid tumors of the uterus, digestive problems**

Since 1975, Diane has had endometriosis on the ligament behind her left ovary which had caused her severe pain. In 1990 the diagnosis was changed to large fibroid tumors. One of the tumors was pressing against her bladder and giving her difficulty with urination. Surgery was recommended. At this point the pain from her groin was so intense that it periodically woke her from a sound sleep. Before undergoing surgery she decided to try some treatments with the PEC Device at a clinic on Nassau. Prior to departing for Nassau in mid 1991, she had a sonogram exam.

On Nassau, she underwent ten, five-minute treatments on the PEC Device over a period of three consecutive days. The treatments were painless and relaxing. After the third session she noticed that her urination was unhampered and that her pain was gone. She then had a second sonogram after returning from Nassau. Surprisingly this showed that the size of the tumors was drastically reduced. On June 30th she menstruated normally with no discomfort.

A few weeks later, in July, she returned to Nassau and had 12 six-minute treatments over three consecutive days. She then returned home and had a third sonogram. The sonogram indicated that the tumors had totally disappeared. Also she had no pain during a subsequent menstruation.

A secondary therapeutic effect of the treatment was the cure of Diane's digestive system malady. She had been diagnosed as having a hiatal hernia and a blockage in her duodenum. Also as a result of one GI exam doctors suggested that she have a gall bladder operation. Even after ceasing to eat foods that gave her a problem, she experienced a radiating pain from underneath her right ribs toward her neck. Since she had her 22 treatments with the PEC, she has had no pain in that area, no gas attacks, and has ceased taking digestive aids. She is even able to eat foods that bothered her before without a problem.

Case D Patient: I.B. Age: 53**Condition: Lymphoma, Chronic nonspecific lymphocytic leukemia****Diagnosis and Therapy Prior to PEC Treatment:**

In September, 1987 I. B., then 48 years of age, was being checked to investigate her first-time heart fibrillation. At that time she was diagnosed with 3rd or 4th stage lymphoma. There are two main tumors in her abdomen, one attached to the vena cava, the other to the aorta, both inoperable, as well as several other smaller tumors. In 1988, I.B. had 7 months of chemotherapy treatment with Leukeran. However, the treatment had little effect. She refused further, more complicated chemotherapy and began turning to "holistic" treatments.

Abdominal CAT scans were taken in June and July of 1991 [see attachments D-2, D-3 & D-4] and compared with scans taken in July 1989 and October 1990. These showed that the para-aortic adenopathy had progressively worsened since 1989 and 1990, with increases both in size and in number. The largest lymph nodes measured up to 3 cm in diameter (left of mid abdominal aorta).

There were also a number of 1 - 2 cm lymph nodes between the aorta and the vena cava. In addition, a group of small mesenteric lymph nodes, collectively measuring 5 cm in diameter, was noted at the level of the umbilicus. These mesenteric nodes appeared slightly larger since the time they were imaged in October 1990. Finally, the June scan showed her spleen to be mildly enlarged.

In August 1991, Iris was further diagnosed with chronic nonspecific lymphocytic leukemia. Her white blood cell count at that time had reached 90,000.

PEC Treatment and Subsequent Diagnosis:

In September 1991 she traveled to Mexico to be treated with the PEC at Instituto Genesis West - Provida, a cancer treatment center. Over a period of 19 days, she exposed the tumors for 25 minutes each day with the PEC set on medium intensity. In a typical daily treatment, she would expose each of the five locations on her abdomen for 4 minutes, always giving a second 5 minute exposure to her largest tumor. She reported that she "felt good" using the PEC machine and also mentions that since she used it, the condition of abdominal pain had improved and abdominal bleeding had ceased.

A CAT scan taken on October 31, 1991 [see attachments D-5 & D-6], showed a decrease in the size of the para-aortic node from 2.5 (or possibly 3 cm) to 2 cm since the time of the June and July 1991 scans taken 3 - 4 months earlier. This larger node is the one that Iris had exposed to the PEC twice as long as the other nodes. The para-caval and mesenteric nodes remained unchanged. There was also a mild increase in spleen size.

Following the PEC treatment, Iris' white blood cell count dropped by 6 fold to 14,000. This decrease suggests that her condition was responding favorably to the treatments at the Genesis West clinic. She had another blood test at her home town in Bethesda, Maryland two weeks after returning from Mexico. At that time her count was found to have rebounded to 78,000. Soon after she began a vitamin C intravenous infusion therapy which has since kept her white count down around 55,000.

It cannot be definitely claimed that the improved blood cell count or tumor shrinkage was due to the PEC treatment alone since Iris was concurrently trying a number of other therapies, one being the camphor based 714-X infusion treatment developed by Canadian Gaston Naessens which she tried for 5 months. She eventually stopped these other therapies because they were affecting her adversely.

Iris has most recently travelled to Athens Greece and has recommenced therapy on the PEC as of May 18, 1992.

Letter Transcription

May 18, 1992

I, I. B., have had exposures with the ion dispersing device PEC at Genesis-West in Mexico for 19 days in September, 1991 of twenty-five minutes duration each. I experienced no evidence of side effects, or any harmful effect. To the contrary, there was a reduction of one major lymph node and improvement of adenopathy, my white cell count went down from approximately 90,000 to 14,000 temporarily in part due to treatment from the machine. It also improved the condition of pain in my abdomen which had undetermined source of bleeding. There has been no further bleeding since then.

I have decided on my own initiative and requested from Dr. P. T. Pappas to let me use the same device in Athens, Greece believing that this will be further beneficial to my condition. He accepted and I came to Athens, Greece on May 14, 1992. On May 18, 1992 I requested to have my first 20 minute exposure. At the same time I am being diagnosed and monitored at Saint Savas Hospital in Athens for determining the results of the ion dispersing device mentioned above. I understand, and all sides agree that this will be beneficial to my health to the best of their knowledge. According to medical conclusion in the United States where I have been regularly attended, there was no treatment known that could be done to my case.

I. J. B. (Name withheld) Athens, May 18, 1992

Case E Patient: Maria P . Age: 50. July 7, 1992

Condition: Scleroderma

Condition and Therapy Prior to PAP IMI™ Treatment:

The patient began developing her symptoms by the age of 20 (1962). At that time, wrinkles began appearing on her lips. During cold weather, her hands would easily become cold and stiff and turn dark in color. After she turned 28, her disease progressed more rapidly. The skin of her face became so stiff that facial expression came very difficult. Hardened skin and open wounds also began to appear on her hands, elbows, thighs, and feet, both on the upper surface of the feet and on the soles. These wounds were present all the time and would not heal. The digit bones of her hands and feet became partially reabsorbed. She also developed an arthritis-like condition resulting partly from a stiffening of her arm and leg tendons. As a result of these symptoms, walking became extremely difficult. She could bear to walk for at most 5 minutes at any one time. Her condition made her continuously feel tired and weak, to the point that she had no desire to leave her home.

She began taking medication for her condition by the age of 36. She took regularly 100 mg per day of Penicillamine (2 pills/day), 2 pills/day of Tildium, and 5 mg per day (1 pill/day) of Prezalon (cortizone). She has continued to take this medication for the past 14 years, except for the cortizone, which she stopped taking two years ago because it induced serious digestive problem side effects. The medication stopped the disease from getting worse, but did not improve her situation.

When she reached the age of 49 and passed through menopause, her condition began to worsen, even though she was taking medication. In particular, her movement became more restricted due to a worsening of her tendon condition. Shortly after that, she heard about the **PAP IMI™** Device and decided to try treatments.

PAP IMI™ Treatment and Subsequent Diagnosis:

She began treatment with the **PAP IMI™** on December 20th, 1991. As of this date (July 7, 1992), she has had 6-1/2 months of treatment. The first two months she was treated every day for 40 minutes per treatment with the device set on a moderately high intensity setting (3 on a scale of 4). During the second and third months she tapered off her treatments to twice per week for 40 minutes per treatment, again at intensity 3. During the most recent 2-1/2 months she has received treatment once per week for 40 minutes per treatment at the highest intensity setting (4).

She has shown marked improvement. The skin of her face now feels much softer. She is able to give considerably more facial expression. The condition of the wounds on her elbows and hands has shown substantial improvement. The wounds on her feet, and thighs so far have shown no improvement. However, she finds that she is able to walk with much greater ease for periods of up to 30 minutes, as opposed to just 5 minutes, as was the case before. She now feels stronger, healthier, and happier.

February 16, 1995 Update:

When reinterviewed on February 16, 1995, the patient reported that she felt fine and had no pain. Overall she said she was far better than the time she first started taking the **PAP IMI™** treatments. She explained that she had ceased her **PAP IMI™** treatments around the end of July 1992 since her condition had improved to the extent that she did not feel a pressing need to continue making the trips for her periodic exposures. The patient said that, during the 2-1/2 years from the time she stopped treatments until the present update interview, her condition had stabilized and had not regressed, that she still retained the improvements she had received from using the **PAP IMI™** 2-1/2 years earlier. She reported that she felt that the inflammation had gone away and that her disease was no longer active. During this period, she said she was able to stop taking her medication. Moreover at the time of this update her lifestyle was considerably more mobile than it had been several years earlier in that she said she now was able to keep active by working for several hours each evening in her family's nightclub.

Case F Patient: Chrysanthy S. Age: 41. July 10, 1992

Conditions: Endometriosis, Ovarian Cancer, Staphylococcus infection, hand burn, respiratory congestion.

Early History:

In 1976, at the age of 25, the patient was diagnosed with early stage cervical cancer. She underwent a conization operation to have it removed. Prior to that time she had given birth to two children and at the age of 30, gave birth to her third child. At that time she had no adverse symptoms except that her PAP tests were not clear, indicating that there still might be a cancer problem. At the age of 35 she was diagnosed as having a cyst on her left ovary (12 X 6 X 4 mm). This variety normally does not go into remission. It was surgically removed, together with a small part of her left ovary. As doctors had predicted, after the operation she had great difficulty becoming pregnant.

Condition and Therapy Prior to PAP IMI™ Treatment:

Two years later, at the age of 37, the patient began suffering from endometriosis. Her menstrual period had become highly irregular with cycles ranging from 22 to 32 days and her period sometimes lasting up to 12 days.

Her menstrual emission was abnormally thick and she suffered from continuous pain which was most severe during her period. During several days of her cycle the pain was so great that on some occasions it would prevent her from working. Around January 1990 (age 39) she began hormone treatment with 100 mg/day of Danadrol. She noticed an immediate improvement of her condition, her pain being considerably reduced and menstrual emission being much thinner. But unfortunately her medication at the same time gave her several annoying side effects. Twenty days after starting the medication, she developed mastitis, hair loss, and gained about 8 kilos of weight. Also she contracted a staphylococcus infection which covered her back with pimples.

For six months (January to June) she took medicine to counter the mastitis, however the mastitis continued.

Her doctor suggested other ways of treating her endometriosis, such as hysterectomy or laser laparoscopi (considered dangerous in her case). She did not wish to proceed with either of these alternatives. On March 23, 1992 (age 41), she was diagnosed as having a new cyst on her left ovary.

Sonograms taken on April 1st showed this to measure 39 X 26 X 18 mm (see Attachment F-1). Rather than have it surgically removed or undergo a hysterectomy operation, she decided to undergo treatments with the **PAP IMI™** Device.

PEC and PAP IMI™ Treatments and Subsequent Diagnosis:

The patient had 2 or 3 PEC IDD treatments almost 2 years prior to her April 1992 treatment. She underwent these earlier treatments in February of 1990 for back pain. The treatments alleviated her back pain. Although she did not treat her lower abdomen area, she noticed that her period came shortly afterward on the day she received her first PEC IDD treatment.

At the beginning of April, after her ovarian cyst had been diagnosed, she again underwent treatment with the **PAP IMI™** with the hope that her condition might improve. Over a nine day period, she underwent 6 treatments exposing both the front and back of the left side of her uterine region. She took these on April 3, 6, 8, 10, 11, and 12. The first five treatments each lasted from 7 to 10 minutes; her sixth treatment lasted 15 minutes and included exposure to her whole body.

During her first treatment, she noticed an immediate relief of abdominal pressure. Something she had never before experienced. Three to four hours later she released a small amount of menstrual blood and within a day her period began and lasted for 12 to 15 days. Its onset was quite unexpected since her previous period had finished just 4 to 5 days earlier. Since that time, her menstrual cycle has returned to normal, with 2 cycles 28 days in length and one cycle 26 days in length and with periods each lasting 4 to 5 days. These have been the first normal periods she has had in the past 6 years. They have occurred without pain or any associated emotional disturbances. During this time she has felt better than she has for many years. In addition, after her first **PAP IMI™** treatment, the staph pimples on her back, which

she had endured for 2-1/2 years, became harder and their pain went away. The infection entirely disappeared after forty days. Her mastitis also was cured, as the pain and swelling had gone away.

Sonograms taken on April 29 and May 15, 1992 showed that her ovarian cyst had expanded, but was much thinner. However, since it had not disappeared at that time, her doctors insisted that she go ahead with her hysterectomy operation. On July 1st she was admitted to the hospital and on July 2nd, just prior to her scheduled operation, the surgeon had her undergo one more ultrasound examination. To their surprise, the sonogram showed that no cysts were present. This miraculous recovery from her ovarian cancer and endometriosis symptoms was attributed to her early April **PAP IMI™** treatments.

Apparently she had a delayed response to that therapy since she had no additional

PAP IMI™ treatments in the intervening 2-1/2 months. Her doctor suggested that she repeat the **PAP IMI™** treatments from time to time as a precautionary measure.

Two other side benefits of her treatment should be noted. One relating to accelerated healing of a burn and the other to clearing of her lung air passages. Prior to her first

PAP IMI™ treatment in April, Ms. C.S. had received a third degree burn on the left side of her left hand due to a cooking accident. She noticed that after this first treatment, the pain from the burn went away and the burn rapidly healed. Second, she noticed that after her April treatments she expelled a considerable quantity of phlegm from her lungs and noticed that she could breathe better. Ms. C.S. is a heavy smoker, smoking three packs per day. So, apparently the treatment helped to reactivate the normal expulsion activity of her lung cilia. She underwent another **PAP IMI™** treatment on July 8th, the first in 3 months, treating the front and back of her abdomen for 10 minutes each. Again, following the treatment she expelled a considerable amount of phlegm and felt that she could breathe better. After both her April and July **PAP IMI™** treatments she found that, not only did she feel better, but also she could eat, sleep, breathe, and defecate better.

Case G. Patient: P.L. Male, Age: 44 September 15, 1992

Condition: hemorrhoid mild bursitis

Diagnosis and Therapy Prior to PAP IMI™ Treatment.

Patient reacted adversely to several imodium capsules he had taken for treatment of diarrhea by developing an external hemorrhoidal embolism (1 to 1-1/2 cm) On September 7th his hemorrhoid had become particularly painful and on the following day he had it diagnosed at Igeia Hospital (Athens, Greece). He applied Scheriproct Ointment to the hemorrhoid on the evening of the 8th and morning of the 9th. Although this lessened the acuteness of the pain to some extent, the hemorrhoid still ached and made him quite uncomfortable.

PAP IMI™ Treatment and Subsequent Diagnosis:

Patient underwent two treatments on the PAP. He began his first session on Sept. 9th, treating the hemorrhoid for 16 minutes and also giving a 10 minute treatment to his right hip which had a mild trace of bursitis. Several hours after this first treatment, he noticed that his hemorrhoidal condition had improved. The hemorrhoid had shrunken to some extent and his discomfort had lessened. During this period he had stopped applying cream to his hemorrhoid.

The next morning (Sept. 10th) he underwent his second treatment on the **PAP IMI™** taking blood tests before and after his treatment session. He treated his hemorrhoid for 12 minutes, his right hip for 5-1/2 minutes and his left shoulder for 1 minute. Toward the end of the day he noticed further improvement in his condition. The hemorrhoid had shrunken to about half of its initial size and there was little discomfort. Also he had noticed that there was no trace of bursitis in his right hip. After about four days had passed, his condition was essentially back to normal, the hemorrhoid having shrunken to about 10 to 15 percent of its former size.

Case H Patient: Mrs. K
Condition: Severe asthma
Age: Middle Age

Condition and Therapy Prior to PAP IMI™ Treatment

The patient suffered from her asthmatic condition for about 9 to 10 months prior to being treated with the PAP IMI™. She had gone to the Kaiser asthma clinic in Los Angeles on several occasions to do testing. Also on two occasions she had emergency hospitalization to stabilize severe asthma attacks. The first time she was hospitalized for 9 hours until she was stabilized and released and a few weeks later she was hospitalized for 5 hours until she was stabilized and released. She said that at the time "she felt like she was dying". On each occasion she was stabilized to the point where she was able to breathe on her own.

However her symptoms persisted following release at a less severe level. She was coughing a lot and struggling for breath. She was continuously hunched over. The incessant coughing caused her back, neck and other parts of her body to hurt. She would cough so hard that she would choke and could not breathe. She was unable to leave the house for walks. She was for the most part confined either to bed or to a couch. She could get from one room to another by hanging on to objects, but would become completely exhausted in going from one end of the house to the other. For this reason she kept medicinal sprays and inhalants in every room of the house in case an attack should occur. she said her life had become one long worry about where she had previously placed the inhalants. She could hardly get up and down the stairs. Often she would cough continuously all night while trying to sleep.

She was taking cortisone steroid pills daily. To suppress the attacks she used Ventrilan and other inhalants (she could not remember the name at the time of the interview.) After released for the second time from the emergency care, the patient joined the Asthma Association and went to meetings in an attempt to try to learn how to live with her condition. In the mean time Kaiser did some more tests.

PAP Treatment and Subsequent Diagnosis:

The patient first received treatment with the PAP IMI™ around the beginning of 1993, about 9 to 10 months after her condition had begun. At that time clinical trials were being run on PAP IMI™ 300 at the national Pain Institute in Los Angeles. The patient learned about the machine from a relative of hers who had come to visit and who encouraged her to try it and to see if it could alleviate her condition. She was opposed to the idea knowing how much trouble would be for her to venture out of the house. Also she did not believe that a magnetic field would help her, she thought it was a crazy idea to even try. But at the insistence of her husband and their relative she finally gave in. The trip was quite a strain. When she arrived at the treatment room she was fighting for breath. She said "I thought I was going to pass out."

The probe was placed over the chest area (back and front) and each time the machine was turned on for an interval of 2-1/2 minutes. She was encouraged to repeat the treatment until a total of 15 minutes of exposure had been administered over a one hour period. By the end of her 10 minutes exposure she noticed a change in her condition. " I sensed an easing in my chest. I didn't take deep breath, but I wasn't coughing regularly. It was as if I could breath, if not as deep as I needed to, but I could take a breath and not break out in another coughing spell." After her 15 minutes was up, she stood up to her full weight (which she normally did not do), walked up to her husband and said " I feel better!"

She took a deep breath and, pleasantly surprised by the results said " Oh my God this is like witchery! This is strange. What is this?" They then went home. She waited for the coughing to occur. But no severe attacks occurred. " A little bit of coughing came on. But I coughed and it was over. But it wasn't heavy, it wasn't that debilitating cough."

Two or three weeks later, her relative suggested that she should go back to do a 10 minutes treatment on the PAP IMI™, which she did. About a year later he called her again and suggested that she again should do a follow up treatment. She said " For what? I've put everything away, I've given away the Ventrilan and other sprays." She told him that she had not used a spray or inhalant in all that time and that she was going out and walking again. Nevertheless at his encouragement she did the treatment one more time.

Her improved condition had continued until the day of the interview, a period of almost 3 years. She said she had been feeling fine. Since the first treatment she has not had any serious asthma attacks. Sometimes when she inhales a chemically made perfume, like are sometimes put in soaps, she gets a bit wheezing. She said that overall she still has traces of asthma, but does not have the bad attacks like she got before the treatment. She commented that on the day of the interview and the previous day she experienced a bit of wheezing a few times, but that it was very mild. She thought that the weather had something to do with it since at the time they had been having an unusual damp gray weather. Nonetheless during the entire interview I did not hear her cough or wheeze. her vice sounded quite normal.

In conclusion she reported " I don't know what the medical fields say, all I know is I was at Kaiser, I was being treated for asthma, I was being put cortisone steroid for asthma, I had all these inhalants, and now (after treatment with PAP IMI™) I'm not sick any more."

MORE RECENT CASES COMPILED BY Dr PAUL LAVIOLETTE

Case I

This patient who for almost 30 years of her life suffered from severe multiple chemical sensitivity, and visual disturbances that prevented her from driving a car achieved a dramatic recovery and reduction of heavy metal levels in her blood following use of the **PAP IMI™**.

Patient: C. Female, 56 years old

Condition: Multiple chemical sensitivity, visual disturbances, arthritis

Date of patient interview: August 22, 1997

Interviewer: Paul A. LaViolette, Ph.D.

Condition and Therapy Prior to PAP IMI™ Treatment:

At age of 14 patient had surgery for removal of Ewing sarcoma of the right hip. This was followed by x-ray radiation therapy of that area during which time the patient received an excessively high radiation exposure to her bladder and intestinal region. In later years the patient suffered from multiple chemical sensitivity and doctors felt that this had been brought on by this exposure.

Around 26 to 27 years of age the patient began suffering from low blood pressure, experienced bouts of dizziness, phobias, and psychological effects that changed her personality. Six months later she began having allergic reactions to alcoholic beverages and food. Consumption of one glass of an alcoholic beverage would cause her to pass out. She had trouble digesting fats. She would be sensitive to warm temperatures, which would cause her to sweat easily and would easily become chilled when the weather was cool.

Around 27 to 28 years of age, she began experiencing visual disturbances in which her visual field would at times rapidly fluctuate back and forth. The patient thought that she had developed a sensitivity to her mercury amalgam fillings.

In the years that followed her symptoms worsened. She developed intestinal problems. Her bowel movements were abnormal, being either excessively loose or constipated. She could not take prescribed medications for this condition due to adverse reactions to the medications. During these years she would regularly find blood in her urine.

Around 1973 when she was 32 years old she travelled from her home in Germany to the Mayo clinic with the hope of receiving a diagnosis for her unusual condition. Because blood was regularly found in her urine, the doctor concluded that her bladder was damaged, probably from the x-ray radiation treatment she had received in her teens. He assumed that the damage also extended to the mucous membranes of her intestines. But other than that he could find nothing wrong with her and suggested that she go to a psychiatrist.

At the age of 40 the patient removed her silver/mercury amalgam fillings and replaced them with gold/palladium fillings. This was not accompanied by any antioxidant treatment for heavy metal detoxification. After this her multiple chemical sensitivity condition deteriorated to the point that she could no longer drive her car. She was so dizzy that for a period of almost one year she stayed in bed. She noticed that at times she felt better and other times felt worse. In retrospect she noticed that her condition worsened when she moved into a new apartment that happened to contain materials that she was allergic to, such as particular flooring materials, carpets, paints, etc. A German doctor who had her answer a long list of questions concluded that she was suffering from MCS multiple chemical sensitivity.

She found that she had less problems with allergies to food and environmental chemicals when her intestine felt better, gave her less pain and less indigestion. She concluded that her problems worsened whenever the mucous membranes of her intestines became irritated. From her mid twenties until her early fifties the patient's MCS became progressively worse. By the age of 50 she was unable to use skin creams, soap, or any household cleaning agents.

Between the age of 52 and 53 she changed four of her gold-palladium fillings to fillings of pure gold. After this her condition deteriorated. Her tongue became swollen, white in color, and developed open bleeding wounds that were very painful. She began suffering from insomnia and her food allergy condition worsened. She could eat only a few foods without having allergic reactions.

After some months she took out all her new gold fillings and had them replaced with dental cement. At this point her condition improved as her problems partially went away. After one year her temporary cement fillings were replaced with porcelain fillings which also allowed her to maintain her partially improved condition. She concluded that there must have been a relation between her health problems and her fillings.

In March 1995 at age 54 the patient was tested for levels of heavy metals and pesticides. She was found to have abnormally high levels for:

Lead, Chromium, Linden pesticide, HCB, Formaldehyde.

The patient was unable to tolerate medications, including homeopathic medications. But during 1995 at the age of 54 she began ear acupuncture treatments one to two times per week and obtained some positive results. By the spring of 1996, she began to feel somewhat better.

PAP IMI™ Treatment and Subsequent Diagnosis:

In March of 1996 **Dr. Tsilimigakis** began administering electric current therapy to the patient. She received this therapy two to three times per week for the first 4 to 6 weeks. This involved application of 30 to 60 volts in the form of 10 Hertz DC square wave pulses administered for about half an hour via gold plated acupuncture needle electrodes inserted about 3 to 5 millimeters into the web between the thumb and forefinger of each hand.

Then for a period of 3 to 4 weeks she began taking **PAP IMI™** treatments in conjunction with this therapy. She received four **PAP IMI™** treatment about once per week for half an hour each session, treating four or five parts of her body at each session. Regions treated included: teeth, thymus, lungs, heart, liver, pancreas, intestine, kidneys, and bladder. She took no vitamin or mineral supplements during this treatment.

She temporarily discontinued this therapy, and recontinued it in the fall of that year taking three treatments over a period of two months. She also took 5 to 6 **PAP IMI™** treatments between January and March of 1997 and about 30 treatments, about one every other day, during June and July of 1997. Since that time she reduced the frequency of treatments because they began to make her feel exhausted.

Results: After she first began the **PAP IMI™** treatment she realized that for the first time in her life something was going on and changing for the better, even though at that time she was still suffering from her symptoms.

After the 4th treatment, the arthritis pain in her two index fingers permanently went away and the inflammation subsided.

As her treatments continued, she progressively improved. She reports that the way she looks and feels is now 200% better than the way she was before the **PAP IMI™** treatments. Her friends confirmed her assessment, saying that she has changed dramatically in her appearance and outlook on life. They affirmed that she was cheerful now, whereas before she was extremely depressed. Her fine cheerful condition was also quite apparent during this interview. The patient said that now, as a result of the **PAP IMI™** treatments her visual disturbances have gone away and as a result she can drive a car once again for the first time in over 16 years. In fact, she now has the confidence to drive alone. Previously, others had to chauffeur her around.

She said that her food sensitivity also has improved, although she tries to keep to her restricted eating diet, she has found that she can occasionally eat foods that she was allergic to without a problem, although she would not be able to eat those foods every day. For example she could eat some strawberries once without a problem, but if she ate them 5 or 6 times in a row, she would react. She attributed this improvement solely to her treatments with the

PAP IMI™ and said that since she has had these treatments her bowel pain, indigestion, and allergy-related headaches have lessened considerably.

She still has sensitivities to chemicals in the air. But blood test results have showed that the **PAP IMI™** has dramatically lowered the levels of heavy metals and pesticides in her blood. The patient was retested for content of metals and pesticides in May of 1997. Heavy metal levels and pesticides were found to have dropped by a factor of two to four from their former high levels, with lead dropping by 30% (see comparison in table 1). Also a CEA RIA test for intestinal cancer indicated a level of 5.8, about half of the level of 11 that was found in a similar test conducted in 1992.

TABLE 1
Blood Levels of Some Heavy Metals and Pesticides

	1995		1997
Lead	71 mg/l		49 mg/l
Chromium	2.6 mg/l	less than	1 mg/l
Lindan (g HCH) pesticide	0.4 mg/l	less than	0.1 mg/l
HCB (Hexachlorbenzol)	1.5 mg/l		0.8 mg/l
DDE	5.7 mg/l		(lower)

Clinical study of women greater than 65 years of age receiving **PAP IMI™** treatment. Sample is totally inclusive; all three cases receiving treatment April to August 1997 are reported here.

THERAPIST: SUSANNE GRABER

Case I-a:

Alleviation of heart insufficiency and significant reduction of pain from knee cyst

Patient: A Female, 80 years old.

Condition: Heart arrhythmia and Baker cyst on knee

Date of case study: August 30, 1997

Therapist: Susanne Graber

Condition and Therapy Prior to PAP IMI™ Treatment:

The patient suffered from several ailments:

- 1) She had a heart insufficiency condition for which she had been taking digitalis.
- 2) She had a baker cyst on her knee which had immobilized her knee and which had become very painful by April of 1997.
- 3) She had a bladder condition which required her to make frequent trips to the bathroom for urination.

PAP IMI™ Treatment and Subsequent Diagnosis:

The patient began receiving half hour **PAP IMI™** treatments twice per month from April through May and one treatment per week in June and July. Areas treated included the heart, liver, thymus, and knee with approximately 6 to 8 minutes at each location. The heart was treated at every session. During this time the patient received no other therapy.

As a result of the **PAP IMI™** treatments the patient's heart condition improved to the point that she discontinued taking digitalis after her third **PAP IMI™** treatment (June 7th) and since that time has had no problem with her heart.

For the first 4 months of **PAP IMI™** treatment the patient did not receive much benefit from the **PAP IMI™** treatments, but following a hip osteopathic adjustment and after receiving her fourth **PAP IMI™** treatment in August, by August 23rd her pain had lessened considerably. The pain alleviation response may have been helped in part to the increased frequency of treatments that the patient was receiving in August.

The treatments reduced the swelling of the patient's knee and helped movement of her knee joint over a period of about 6 to 12 hours following the treatment. But the impairment would subsequently return again.

Initially, the patient's incontinence condition was reduced for a period of some hours following **PAP IMI™** treatment. But by August her incontinence problem had entirely gone away stemming from the increased frequency of treatments in that month. (The bladder was treated at every session.) She experienced a brief period of uterine bleeding in August which the therapist attributed to a surgery which the patient had about 25 years earlier.

Skin resistance measurements were taken of a number of the patient's acupuncture points over the 5 months of her treatment and the average of these readings showed a cumulative drop of about three fold from 9500 ohms to about 3000 ohms. Research has shown that high resistance readings in the range of 9000 to 10,000 ohms correlate with very bad health, whereas readings in the range of 1000 to 2000 correlate with normal health. The patient's skin resistance measurements show that this indicator of her overall health improved almost to the normal range. Figure 1 presents skin resistance data for the various acupuncture points taken on April 5th, prior to her first **PAP IMI™** treatment and on August 22nd prior to her 19th treatment. From left to right these correlate with the following acupuncture meridians:

Lu 11--lung,	Di 1--large intestine,	M 45—stomach,
MP 1--spleen/pancreas,	H 9--heart,	Du 1--small intestine,
B 67--bladder,	N 1--kidney,	KS 9—blood circulation/sexuality,
3E 1--endocrine system,	G 44--gall bladder,	L e1-liver.

Case I-b: Dramatic alleviation of polyneuropathy

Patient: B. Female, 79 years old.

Condition: Polyneuropathy of lower leg, chronic bronchitis, heart arrhythmia

Date of case study: August 30, 1997

Therapist: Susanne Graber

Condition and Therapy Prior to PAP IMI™ Treatment:

The patient suffered from polyneuropathy of the lower leg. Her pain was so severe that she was considering euthanasia or suicide. The nerves of her leg were highly irritated, the patient described that the skin of her leg gave a burning sensation and had a prickly feeling as if being in contact with pieces of broken glass. This was accompanied by a restless leg syndrome, her legs moving involuntarily. As a result of this discomfort she could not wear socks or shoes.

In May of 1997 her condition became severe. Her sleep was disturbed.

Her condition would awaken her and she would have to sit with her feet up to alleviate the discomfort. Typically she would sleep for about 2 hours and would have to sit with her feet up for 4 hours. As a result, her sleep schedule became seriously disturbed. She took daily 300 drops of Valoron for her pain and in the evening took a barbiturate to help her sleep. These were not able to alleviate her pain and insomnia. Also she received B vitamin infusions twice per week.

PAP IMI™ Treatment and Subsequent Diagnosis:

The patient began receiving **PAP IMI™** treatments in June 1997. From June 18 to August 23rd she received a total of 7 treatments each lasting approximately (30 minutes) minutes. During the first session she treated each foot for 8 minutes. Thereafter she treated each foot for 4 to 6 minutes at each session. Other areas treated included 8 minutes to the thymus, 6 minutes to the liver and pancreas. Also she would sometimes give a 6 minute exposure to each lung and a 4 minute exposure to each kidney.

The **PAP IMI™** treatment produced dramatic results.

Five hours after her first **PAP IMI™** treatment she had one of her pain attacks, but after that her leg pain left her and since that time never has returned. Following her first treatment she was able to wear socks and shoes and after her second treatment was even able to go biking. She also was able to sleep

through the night without waking. During the period she received **PAP IMI™** treatments she stopped taking barbiturates and stopped the vitamin B infusions. Up to her seventh treatment in August she still had restless legs and the heat and prickly sensations, but these were subdued to the point that she could live with the discomfort.

September 19th followup: The patient called twice to say how good she feels and that her sleep was excellent. She reported that she had stopped taking her Valoron pain medication. She has continued taking crataegus and sometimes Legalon for her liver. Her heart arrhythmia condition was substantially improved. She takes crataegus for this. Also her bronchitis condition was alleviated, although it returns after she has smoked (which she does about once every two to three weeks).

Skin resistance measurements taken of her acupuncture meridians showed an approximately 2-1/2 fold drop in skin resistance in certain meridians (lung and large intestine, right spleen/pancreas, heart, small intestine, blood circulation/sexuality, endocrine system;

Lu 11, Di 1, MP 1, H 9, Du 1, KS 9, 3E 1); from pathologically high levels of 12,000 to 14,000 ohms in June to more normal levels of 3000 to 6000 ohms at the end of August (see figure 2).

Case I-c: Patient: C. Female, 70 years old .

Dramatic alleviation of leg thrombosis and alleviation of chronic constipation

Conditions: Thrombosis in both legs, severe systemic mycosis (candidiasis), food allergies

Date of case study: August 30, 1997

Therapist: Susanne Graber

Condition and Therapy Prior to PAP IMI™ Treatment:

The patient suffered from thrombosis in both lower legs. Her legs were swollen from the feet to the knee. She also was diagnosed with severe systemic mycosis. Blood tests showed the presence of a candida yeast infection. Due to this condition, she lost all of her hair. Also she developed allergies to most foods, being able to eat only a few types of vegetables. She suffered from constipation for about two years, being able to have a bowel movement only once per week. This difficulty was partly due to a drooping large intestine sigmoid loop left from a previous surgical injury. Her constipation appeared in conjunction with a mycosis after the patient had received a colon cleansing procedure. She was also diagnosed to have a trematodan parasite in her bowels.

PAP IMI™ Treatment and Subsequent Diagnosis:

As of the date of this writing the patient has received a total of 3 **PAP IMI™** treatments at weekly intervals (August 9th to August 22nd), each treatment session lasting about 35 minutes. She received a 4 minute treatment to each groin lymph node and a 6 minute treatment to each leg, with the probe scanning the length of the leg. Other areas treated included the small intestine, liver, spleen, thymus, and occiput, with approximately 7 minutes at each location. During her second and third leg and groin treatment the patient's feet were electrically connected by allowing her to stand on two metal plates joined together by a conductive wire. In this way, the electric fields induced by the **PAP IMI™** could more effectively produce an electric current circulating along the lengths of her legs.

Nystatin was prescribed for the patient for treatment of her candida condition. Also an electric current treatment (Dr. Clark device) and herbal remedies were given for her parasite.

The patient felt better after each **PAP IMI™** treatment. In particular her leg thrombosis dramatic improved after her second and third treatment, the swelling being considerably reduced. Also after the third treatment, the patient reestablished regularity of her bowel movements. The patient experienced bouts of diarrhea, vomiting and fever, which the therapist interpreted as a very positive reaction since it suggested that her former constipated condition was breaking up. The vomiting and fever ceased completely after some days.

September 19th followup: The patient is very happy that she is now having a bowel movement every day. She feels that something has changed and is very optimistic. She is free of her parasite. She is still

receiving treatment for her candida condition (taking myrrhe, extract from citrus/grapefruit, pau d'arco, and vitamin C) in place of Nystatin. She does the Dr. Clark electric current treatment every day and the **PAP IMI™** treatment every week (following a two-week break).

Skin resistance measurements taken of her acupuncture meridians showed a 2-1/2 fold drop in average skin resistance from levels 76% above normal (12,000 ohms) on August 9th to levels 54% above normal (5000 ohms) on August 22nd (see figure 3). A young healthy individual will typically have a skin resistance of 1000 to 2000 ohms.

Case J. Patient: D Female, age: 39
Partial alleviation of Lyme disease symptoms

Condition: Fatigue due to lyme disease infection, CFS (Epstein-Barr virus), herpes virus I/II, cervix cancer stage IVa, colitis, food allergies.

Date of case study: September 19, 1997

Therapist: Susanne Graber

Condition and Therapy Prior to PAP IMI™ Treatment:

Patient acquired a lyme disease infection as a result of a tick bite in 1994. During the first year she became so weak that she was confined to her bed. She was unable to do her job, could not concentrate due to severe headaches which she had never before experienced in her life. She could not drive a car. She could not talk to anyone, could not even answer her phone. Due to allergic reactions to foods, she would get convulsions and diarrhea and as a result lost 8 kilos.

Every 6 months the patient went through a three week treatment regimen (Mayr-Kur). Her physician told her that he thought she had late stage cervical cancer and that she had a drug addiction problem. This treatment helped her a lot. She also took thymal extracts, antioxidants, and did the Clark-Cure treatment. But by the beginning of 1997 she was still tired and not able to concentrate for longer than a few hours. She was able to drive and do her job but was still very exhausted.

PAP IMI™ Treatment and Subsequent Diagnosis:

The patient began receiving **PAP IMI™** treatments in April 1997. After the first treatment she felt much better, like her strength was coming back. During April and May she had four treatments, during June and July she had two treatments per week and subsequently decreased to one treatment per week. For her first two sessions, she received treatments of her thymus, liver, and uterus (8 minutes each). Also she treated her intestines. After two treatments to her intestines, the cramps were gone and during the past few months she has put on 6 kilos. She is now able to eat quite normally and to work for 10 hours or more per day. But she is still fighting to return to normal. She continues the **PAP IMI™** and is now receiving treatments to her head, thymus, and spleen. From time to time she also receives treatments to her uterus, kidneys, and to whatever organ may be in need of treatment.

Case K. Patient: E. Female, age: 49
Partial alleviation of alcoholism symptoms

Condition: malaise due to heavy drinking.

Date of case study: September 19, 1997

Therapist: Susanne Graber

Condition and Therapy.Prior to PAP IMI™ Treatment:

The patient had poor health due to heavy drinking.

PAP IMI™ Treatment and Subsequent Diagnosis:

The patient received 5 **PAP IMI™** treatments over a period of three weeks, exposing his liver, pancreas, spleen and thymus for 6 to 8 minutes each. The patient's blood chemistry improved significantly as a result of these treatments. Blood chemistry values before and after treatment read as follows:

	Before	After
GOT(ASAT)	37	17
GPT(ALAT)	47	28
gamma-GT	104	55

The patient appeared to feel much better following treatment.

Case L. Patient: F. Female, age: 26

Alleviation of candidiasis, food allergies, and unstable blood sugar levels

Condition: Candidiasis, low blood pressure, unstable blood sugar level, allergic to most foods, lethargy.

Date of case study: September 19, 1997

Therapist: Susanne Graber

Condition and Therapy Prior to PAP IMI™ Treatment:

The patient was diagnosed with candidiasis, low blood pressure, unstable blood sugar level, allergies to most foods, and lethargy.

PAP IMI™ Treatment and Subsequent Diagnosis: The patient received four treatments once per week. For her first session treatment was given to her thymus, liver, and pancreas, each for 8 minutes. This was accompanied by a candida treatment (myrrhe, citrus extract, pao d'arco). Five days after the treatment she got a fever and swollen lymph nodes and felt very weak.

Two days later the patient came for her second session, still very weak. Treatment was given to her thymus, liver, pancreas, and intestine, each for 8 minutes. She was also given folic acid and echinacea.

By the end of the second week she felt much better. Her fever was gone and her candida symptoms seemed to have disappeared. She could eat more and had gained two kilos of weight. For her third session treatment was given to her thymus, spleen/pancreas, intestine, and ovaries, each for 6 minutes.

By the end of the third week she felt fine and was planning to travel to Spain for a holiday. She has no more blood sugar problems and has started eating normally. For her fourth session treatment was given to her thymus, liver, pancreas, and intestine, each for 6 minutes.

A LYMPHOMA CASE

(A letter from Paul)

1 Dec 1995 11:13:23 -0500

From: Lavstar@aol.com

Date: Fri, 1 Dec 1995 11:13:23 -0500

Message-ID: <951201111322_40631989@mail02.mail.aol.com>

To: Pappaspt@ibm.net

Subject: Lymphoma treatment

Dear Panos,

Chuck referred to a woman who just returned from Austria and had good things to report from **Dr Zimmerman** on lymphoma treatment (see below). Encouraging results have also recently come from **Dr. Zimmerman** who has used the machine to treat lymphoma cases in Austria. Prior to his present private practice, **Dr. Zimmerman** was affiliated with the Wittlingers Alpenbad Clinic which contains the School for Manual Lymph Drainage.

Dr. Vodder who runs that clinic is a pioneer in the lymph massage technique which is now recognized all over Europe and is making inroads in the U.S. The physicians there had been using an ultra high frequency electromagnetic device in conjunction with their lymph massage technique, but now have found that they get far better results with the **PAP IMI™**.

Dr. Zimmerman says that he has had extraordinary and more rapid success with the **PAP IMI™** device.

Virginia Danner, who is the North American marketing director for the clinic and school who herself has lymphoma, has just returned from Austria where she spoke with

Dr. Zimmerman and had 2 treatments with the **PAP IMI™**. If you wish to hear about

Dr Zimmerman's enthusiasm directly from her, her number is (800) 642.... She lives only a few blocks from Cornell on Manhattan...

Best wishes,
Paul

AIDS PATIENTS

INTERVIEWS

INTERVIEW WITH M. L. by C. Wallach, Ph.D.

CW I understand that you have been HIV+ for a number of years, and in recent months there has been a remarkable improvement in your health after undergoing a series of experimental magnetic treatments.

ML Yes, that's right. It's changed my life completely. In fact it has saved my life!

CW Let's see, for the record you are a gay Caucasian male, 37 years old, 6'4", about 200 pounds, living in West Hollywood. Can you tell me how this all started?

ML Sure. My leg was injured in a minor auto accident, so I went to this clinic because of the pain. I think that was back in August. They did a routine blood test on me, and found that my T-cell count was 48. That's extremely low, you know. The doctor suggested that I try some treatments on this new magnetic machine they were using on an experimental basis.

CW Wow! That is a low count. So what happened after that?

ML Well, I was supposed to go in once a week for these treatments, but when I started feeling pretty good I often skipped a week. But at the end of the first month, my T-cells were up to 100. So I kept going back and the count kept climbing. The next check showed 400, and after a couple of months it was up to 790 and still climbing. And I feel wonderful! It's the first time I felt really good in years. I was down to 160 pounds when they started me on this treatment, and I've gained about 40 pounds just in the last two or three months.

CW Would you describe the treatments you are receiving?

ML After I check in at the reception desk, I go back into this little back room where they keep this experimental machine. Most of it is in a box about the size of a small trunk. There's a kind of donut-shaped ring connected to the box by a thick cable. The ring is about ten inches in diameter, and quite heavy. They put the ring over my chest and turn the machine on.

It makes a noise like an angry rattlesnake for about 20 minutes, and that's it!

CW Where on your chest do they place the ring?

ML They move it around every few minutes, over my lungs and near my throat because of the thyroid glands, you know, that's where T-cells are made. I don't have to undress or anything; the effect goes right through my clothes, but I do have to remove all metal objects from my pockets, and any metal jewelry. I never wear anything metal around my neck when I go in for treatment.

CW That's all they do?

ML Oh, they take my vital signs, you know, blood pressure, pulse, temperature and all that before each treatment, and after about every other treatment they draw some blood for testing. It's really very easy and painless, and what it has done for me is a miracle!

CW Did they explain to you how this magnetic machine works?

ML Well, yes, they did tell me something about how it makes sick cells healthy, but I don't really understand it. But you're supposed to be an expert on these things; can you explain it more simply? So I could understand it?

CW I hope so. I'll try. But I wanted to get your impressions first.

ML All I know is they put this ring on me, the machine makes a noise for 20 minutes or so, the ring gets a little warm--not really hot--so I know it's doing something, but I don't feel anything during the treatment.

It's just that I feel so much better after the treatment. So what's happening inside me?

CW Okay. As you have been told, I'm a research scientist who has spent a great deal of time investigating the biological effects of electricity and magnetism. When I heard of this new Magnetic Oscillation Therapy being used on an experimental basis, I became interested and asked to see the system in operation. I was graciously invited to inspect the machine (we call it the "Magnetic Pulse Generator" or MPG, and told about some of the first case histories--including yours.

ML Have there been many others?

CW Not yet. This system has only been approved for experimental use until enough experience and data has been gathered to apply for full approval by the Food and Drug Administration. As a result, only a few carefully selected patients have been admitted to the research program. I think you are the only one who has not had an opportunistic infection, but similarly remarkable results have been observed on the few other HIV+ patients they have treated so far. Cases of Kaposi's sarcoma, *pneumocystis Carinii* and AIDS-related diarrhea have been cleared up in remarkably short time, and in those cases an increase in T-cell count was also noted--along with a significant improvement in general health.

ML Yes, I heard a little bit about that at the clinic. But how does it work?

CW Well, at first glance the MPG appears to have several effects: it kills bacteria, stops the growth of cancer cells, and increases the production of T-cells. But in the final analysis these may be all caused by the same basic mechanism.

ML What's that?

CW You see, every living cell has its own tiny electrical system. We can actually measure the voltage of a cell, just like you measure the voltage of a car battery. We call this voltage the transmembrane potential, or TMP for short. This is the voltage between the inner and outer skin, or membrane of the cell. In a normal, healthy cell this is about 60 or 70 hundredths of a volt--60 or 70 millivolts. When a cell is sick or injured, it cannot operate properly and it loses its charge. You might say its battery runs down.

ML How does a cell get sick?

CW Oh, it could be infected with a parasitic microorganism, or cut off from its source of nutrients and blood supply to the point where it is starving. In fact, although "sick" is probably not the proper term for a third situation, a form of starvation is the basic mechanism of cell reproduction. You see, when a normal cell grows bigger and bigger, two things happen: its outer skin or membrane stretches and becomes thinner, and the ratio of volume to surface area increases to the point where it cannot absorb enough nutrients to sustain its bulk. It begins to starve and lose its ability to generate the electrical potential it needs for normal operation.

ML Hmm, yes, I think I can see that. Like a fat man on a thin man's diet.

CW Precisely. And when the membrane voltage, the TMP falls by 80% or 85% to somewhere around 12 to 15 millivolts the starving cell--in a last attempt to survive--divides itself into two "sister" cells. The volume-to-surface ratios are greatly reduced, the membranes become thicker and more functional, nutrient requirements are lowered, the TMP bounces back to normal, and we have two healthy cells in place of one fat starving one.

ML I think I'm getting a little confused. Now you are talking about a normal process of cell division, but what's that got to do with my case--or the other cases you mentioned?

CW I'm coming to that. The MPG produces extremely rapid oscillations of a magnetic field that penetrate the body. To make a long story short, and bypass a lot of physics, the effect of these oscillating pulses of magnetic energy is to increase the transmembrane potential of sick or abnormal cells. It's like charging a car battery; if a battery is low, it takes the charge and builds up to its normal voltage, but if it is already fully charged, the battery charger or alternator in the car has no effect.

ML So what has that got to do with curing AIDS?

CW Whoa, we don't know that it does cure AIDS. A cure may be a long way off yet.

But, it appears to cure a number of AIDS-related symptoms, opportunistic infections, and thus prolong the life of an AIDS patient in a healthier and more productive state. That's a big step forward. In the case of Kaposi's sarcoma, and many other forms of cancer for that matter, increasing the TMP prevents the cancer cells from dropping to that critical value of around 12 millivolts that triggers cell division. If the cancer cells can't divide, they age and die; the cancer stops growing and starts shrinking.

ML Oh, I see. Now it is beginning to make sense. But how about the pneumonia and the diarrhea?

CW Okay, these diseases are caused by single-cell bacteria that have a very fast metabolism. They absorb nutrients from the host environment and reproduce, or divide quickly because they grow so fast. When the magnetic oscillations prevent their TMP from dropping to the critical point, where they would normally divide, they just continue to swell up until they burst and die. We have seen this actually occur through a microscope many times. That's why these particular AIDS-related infections can be cured so quickly--it doesn't take long to kill all of these particular bacterial species.

ML And the same thing happens with the cancer cells?

CW Not exactly. We get the same general effect, but it takes longer--that is, a few more MOT treatments. I think what happens here is that when the cancer cells are prevented from reproducing, they die of old age. They don't burst their membranes like the bacteria because their metabolism is much slower and they don't have such a bountiful supply of nutrients as the bacteria.

ML How about T-cells? Does MOT keep them from reproducing?

CW Here I'm on shaky ground. I really don't know why MOT produces such a dramatic increase in T-cells. I suspect that T-cells infected with the HIV lose energy and the ability to function normally, and die an early death. If their death rate is greater than their birth rate, so to speak, one could understand why the T-cell count would decline over the years, opening the way for opportunistic infections to take root.

ML Well, if MOT is so effective in all these cases, why hasn't the public been informed about it?

CW Several reasons. In the first place, MOT has not yet been approved by the FDA, and is only being used on an experimental basis for a few carefully selected subjects. Secondly, I understand there are only two or three MPG machines in existence, experimental models, and they probably won't go into mass production until FDA approval for general use has been given. Thirdly, if the general public knew about MOT the researchers would be swamped with more AIDS and cancer applicants than they could possibly handle at this time.

ML How long do you think it will take to get FDA approval?

CW Not long. I hope it will happen by next June. They are working desperately to come up with the necessary data. Some of the doctors are putting in 14, 16 hour days because they know how important it is. And the engineers are working full time on MPG design, so they can go into mass production as soon as possible. That might take another two or three months, and then there is the training problem--doctors and technicians will have to be trained for hospitals and clinics all over the country. All over the world, for that matter.

ML Whew! I don't know if I would have lasted that long. I guess I'm awfully lucky to have been chosen as an experimental subject. But I agonize for all those other HIV-positive people out there. Isn't there some way of letting them know that there is new hope for them on the horizon.

CW I know you do, and I feel the same way. I've agreed to keep the details and location of the research project confidential, but perhaps you and I could get some early information published--just to send a message--hang in there for just a little while longer. Live sensibly and survive; help is coming.

ML Great idea! Let's do it. Those people saved my life, and I'd like everyone to know about it. When I think of the hope it could bring into so many lives...

INTERVIEW WITH A HIV+ patient R.V.

CW For the record, it is 9 July 1993. I understand that you are a female Caucasian, 45 years old, a professional writer in the Los Angeles area, who was diagnosed as HIV+ in 1989, and that you do not know the source of infection.

RV Yes, that is correct.

CW What symptoms of AIDS-related complications have you had over the past five years?

RV None, really. That is, not any of the usual ones, except for an unusually low T-cell count and a sort of chronic fatigue.

CW No infections or anything like that?

RV No, nothing that I can think of.

CW You are very lucky. But then I guess you know that the immune system is complex, and there are other protective mechanisms operating.

RV Yes, that's what my doctor told me. He said that the other parts of my immune system seem to be intact, but he is not sure just what is causing the fatigue except that it seems to correspond to my T-cell count .

CW When did you start the magnetic induction therapy?

RV In January. About six months ago.

CW Did your doctor refer you to the research program?

RV No, my cousin works at the clinic where these machines are being tested and he suggested I try it out. But my doctor knows about it.

CW How often do you have treatments?

RV Once or twice a week, depending on how I feel.

CW Can you tell me, in your own words, the treatment procedure?

RV Well, I check in and fill out a form each time. They want to know how I feel and if there have been any problems since the last treatment. Then they take my vital signs and put me in the machine. I hold the loop in different places around my chest area, because that is where the T-cells are manufactured. I do this for 40 minutes. They check on me from time to time, and that all there is to it.

CW What results do you experience?

RV The only way I can describe it is that I just feel energized. The fatigue seems to melt away.

CW Does this happen immediately?

RV Not exactly. Usually I don't feel the surge in energy for several hours, sometimes not until the next morning.

CW Have you noticed any change in your weight or appetite?

RV No, my weight is pretty constant at 117 pounds, and my appetite is about the same.

CW Have you been monitoring your T-cell count?

RV Oh, yes. When I started I started it was 22, and then it quickly went to 50 and I suppose it is still going up with each treatment.

CW Did they explain how this treatment works?

RV Yes, they told me it had something to do with changing the electrical charge on the cells, making the sick cells healthy.

CW Yes, that's right. And how do you feel now?

RV I feel very well. That machine really works.

CW How much are the treatments costing you?

RV I really don't know. The insurance company pays the bills.

CW In publishing case histories such as yours, we usually use only the initials of the patient. But I would like to ask if you have any objection to our using your full name?

RV I think I would prefer just using my initials.

CW Okay, that's fine. Well, thank you very much. You have been most helpful and it has been a pleasure talking to you.

RV Thank you. Glad to help. And I would certainly recommend these treatments to anyone else with similar problems.

INTERVIEW WITH a HIV+ patient B.S.

CW For the record, it is Sunday afternoon, 11 July 1993.

You are a heterosexual male Caucasian, 37 years old, living in West Los Angeles, and you have given me permission in writing to use your name.

BS That's right.

CW How long have you known you were HIV-positive?

BS Well, I tested positive about a year and a half ago. My girl friend, you know, we used drugs and slept together, she tested positive in '87 and I tested after that. I was surprised when I first tested, it was negative, and I didn't test for a couple of years and it tested positive. That was a year and a half ago.

CW What symptoms have you experienced?

BS Oh, I had fatigue, thrush, swelling in all my lymph glands, pain, pain in armpits, crotch and all, and another one called hairy leukoplakia which is a sore on the tongue. That cleared up, although they said it would hang around. I cleared that up with beta carotene, carrot juice, honest to God. And I had

genital herpes really bad, and the Pappas machine seems to clear that up, it really does. All those are common symptoms with people who have AIDS.

CW Can you describe in your own words what happens when you go in for a treatment?

BS Yeah, well, I go in when I feel tired, and my brain gets fuzzy, and then after about 15 or 20 minutes on the machine I just seem to come alive, awake as far as my head is concerned. Like I had a treatment yesterday, and today I feel really great.

CW Can you describe what they do with you at the clinic?

BS Yeah, they take my vitals and put me on the machine. The radiation that comes out of the probe comes out for 4 to 6 inches and I place this around on my chest, my armpits and crotch, and if I have herpes sores I put the probe over those. I just move the probe around for 10 or 15 minutes and the machine sounds like a popcorn popper all this time.

CW Apart from the fatigue and the herpes, do you feel that you have experienced other benefits from the treatment?

BS Well, let's see, my T-cell count is stabilized. It was dropping, but now it seems to be holding steady at about 450 since I started the treatments. When I first started it was dropping below 500, actually 444, and they offered me AZT at this one clinic and I didn't want to go on that but I knew I had to start doing something. So far it hasn't gone below 440.

CW That's great! How often do you have it checked?

BS Oh, I have it done every three months. I'd like to do it more often, but that's all the County will do. I don't have health insurance and that's pretty scary for someone with AIDS, you know.

CW Where do you go for these tests?

BS I do it at the Gay and Lesbian Center. Although I'm not gay, they're the closest. I was going to a sister organization on San Vicente, but now they've moved to a new central location on Hollywood Boulevard just recently. I have yet to go there.

CW How about your weight?

BS It's funny you should ask about that, because it's gone up. I've always stayed about 134, and now it's up to 155 and I don't know what's doing that, I really don't.

CW Do you think a change in appetite might have something to do with it?

BS Well, maybe it is a conscious effort to eat better, I don't know. But I have always eaten pretty good, so I don't know. Maybe it's just the beginning of middle-age spread, my brother tells me. Anyway, it's gone up about 20 pounds.

CW How have they explained the effects of the magnetic induction treatment to you?

BS Ah... well, they said it stimulates my cells, makes them more healthy. And they told me what happened with other patients. My friend R.V. told me about it. Her T-cell count was down to about 44, and she had more energy than I did. She's doing it about every week or two, but I am doing it once or twice a week to get rid of the fatigue and fuzziness. Maybe it's psychosomatic, I don't know, but I just seem to need it more often than she does.

CW How do you feel right now?

BS Like I said, I had a treatment yesterday and I feel great! As long as I get the treatments twice a week, I don't get fatigued or that fuzzy feeling in my brain.

CW Do you think that fuzziness is mental or physical?

BS I have the feeling that it's mental but it is brought on by the physical fatigue, so I guess it's a combination of both.

CW Well, thank you very much for your input. I think it will hold out some much needed hope for other people with the same condition.

BS I'd be very pleased if it does.

CASE HISTORIES OF AIDS PATIENTS

Case histories of AIDS patients who received treatment with the PAP IMI™ 300 device.

Patient No. 1 Male, 32 years old Name initials : AG/KY Code number : 199
homosexual, HIV seropositive since 4-93.

Kaposi's sarcoma lesions in his arms and left leg since 6-94. Started zidovudine (ZDV) and interferon-A-2b in 8-94. Lesions worsened and **PAP IMI™** treatments were applied in 2-95. Interferon administration was then stopped but antiretroviral treatment was continued. Following the **PAP IMI™** application, the patient's skin lesions remained stable and have continued to remain stable up to now (12-95). The patient feels better and stronger and he has gained weight. Consecutive CD4 counts (per mm³) were :360 (8-94), 266 (1-95), 455 (4-5), 576 (6 -95), 558 (10-95). Blood count and biochemical values remained stable.

Patient No. 2 Female, 32 years old Name initials: IO/GE Code number : 99
,heterosexual, HIV seropositive since 9-89.

Herpes Zoster of right leg (12-89), hairy leucoplakia (3-90), oral thrush (2-94), Kaposi's sarcoma lesions in her gums and palate (6-94). Interferon - A - 2b was administered concomitantly with antiretroviral therapy, which was begun in 3-90 (ZDV, DDI , DDC). She was also receiving aerosolized pentamidine (allergic to cotrimoxazole). On February 1995 she refused to take interferon any longer.

PAP IMI™ treatments were begun in February and applied for three months.

During interferon treatment and **PAP IMI™** application, the oral lesions remained stable. Her CD4 counts (cells/mm³) were 187 (6-94), 60 (12-94) 235 (end of March 1995). But her compliance to the treatment regimen was rather poor. After three months we lost touch with her as she failed to continue her treatments. After a few months we learned that she was being followed up in another AIDS unit, where she had presented pulmonary tuberculosis and brain infarcts. Her CD4 count had dropped below 50 cells/mm³. In the absence of **PAP IMI™** treatments CD 4 count is observed always to fall and never to spontaneously rise. So, although a CD4 count was not taken immediately prior to the commencement of **PAP IMI™** treatments in 2-95, it can be assumed that the CD4 count at that time was below 60, and not above.

Patient No. 3 Male, 59 years old Name initials: MI/GE Code number : 261
homosexual, HIV seropositive since 2-94.

Adenocarcinoma of sigmoid colon (6-93). Left semicolectomy (stage C2, Ashler-Coller). Metastatic lesion in the liver (1-94). After the documentation of HIV-1 seropositivity, he is followed up in our department. He then received chemotherapy (5-FU plus leucovorin), antiretroviral therapy and interferon -A-2b. On May 1995 **PAP IMI™** treatments were applied due to constant pain in the right upper quadrant of his abdomen. Pain was significantly relieved and his general condition was improved. This analgesic effect lasted for several weeks. Subsequently, his compliance to treatment was not very good. Up to now he has shown no AIDS defining illness but other metastatic lesions appeared in the liver and lumbar spine. CD4 counts (cells /mm³) : 212 (2-94), 40 (10-94), 284 (6-95). Although a CD4 count was not taken immediately prior to the commencement of **PAP IMI™** treatments in 5-95, it can be assumed that the CD4 count at that time was below 40, and not above (see Case 3).

Patients No. 4 Male, 31 years old Name initials: PA/ NI Code number : 281
bisexual, HIV seropositive since 1989.

Kaposi's sarcoma lesions in skin and lung. **PAP IMI™** treatments were applied only 5 times (7-95). His clinical situation worsened rapidly and the patient died one month later. No comparable CD4 counts are available.

Patient No. 5 Male, 35 years old, Name initials: KA/EV Code number: 151
homosexual, HIV seropositive since 1-90.

He has shown no AIDS defining illness. Antiretroviral treatment since 11-93 (ZDV, DDI, DDC). **PAP IMI™** treatments were applied in 7-95. 3TC plus ZDV were begun in 9-95. CD4 counts (cells/mm³): 215 (5-94), 156 (7-94), 154 (11-94), 138 (2-95), 128 (5-95), 119 (8-95), 378 (11-95). He is still being treated with the **PAP IMI™** and in excellent condition.

Patient No. 6 Male, 32 years old Name initials : SE/MA Code number : 131
homosexual, HIV seropositive since 1988. PCP (10-90).

Oral thrush (1-93). Oral herpes simplex infection (10-93). Hairy leukoplakia (2-95). Antiretroviral treatment and PCP prophylaxis since 10-90. From April 1995 he reported intermittent fever. **PAP IMI™** treatments were applied on 7-95. His general condition improved. Fever kept recurring to a lesser degree. 3TC plus ZDV begun on 9-95. Now he is in almost excellent condition and is still on the **PAP IMI™**. CD4 counts (cells/mm³): 11 (1-95), 6 (4-95), 12 (7-95), 5 (9-95), 4 (10-95).

Patient No. 7 Male, 34 years old Name initials: VA/ IO Code number: 260
bisexual, HIV seropositive since 1988. PCP (9-94).

CMV retinitis (10-95). Antiretroviral therapy since 2-94 (AZT, DDI, 3TC plus ZDV). **PAP IMI™** treatments were applied on 7-95 (only a few applications).

No comparable results have been forthcoming.

Patient No. 8 Male, 29 years old Name initials: PS/PO Code number : 259
homosexual, HIV seropositive since 1988.

Oral thrush (4-95). No AIDS defining illness. Antiretroviral therapy since 2-94 (ZDV, DDI, DDC). **PAP IMI™** treatments were applied on 7-95. He remains in good condition. He began 3TC+ZDV on 9-95. CD4 counts (cells/mm³): 63 (3-95), 55 (9-95), 56 (10-95).

Patient No. 9 Male, 49 years old Name initials: PA/KO Code number : 28
bisexual, HIV seropositive since 5-85.

Oral herpes simplex infection (7-94). Oral thrush (2-95). Anti-HCV (+) since 2-95. Antiretroviral treatment since 2-89 (ZDV, DDI, DDC). **PAP IMI™** treatments were applied on 7-95. He remains in a rather good and stable condition. CD4 counts (cells/mm³): 7(11-94), 2 (6-95), 3 (10-95).

Patients No. 10 Male, 50 years old Name initials: CH/KO Code nr. : 305,
homosexual, HIV seropositive since 5-95.

Interstitial pneumonia resolved with cotrimoxazole (6-95). Oral thrush (6-95). Intestinal cryptosporidiasis (6-95). Kaposi's sarcoma in nose and left malar area (7-95). Treatments with the **PAP IMI™** were applied (7-95) and interferon-A -2b was administered (7-95). Lesions remained stable. Antiretroviral treatment since 6-95 (ZDV). CD4 counts (cells/mm³): 190 (6-95), 60 (9-95).

Patient No. 11 Male, 29 years old Name initials: KA/IO Code number: 212
bisexual, HIV seropositive since 3-92.

Antiretroviral treatment since 2-95 (ZDV). Varicella (6-95).

Treatments with the **PAP IMI™** were applied on 10-95. He remains in very good condition. CD4 counts (cells/mm³): 296 (2-95), 342 (5-95), 356 (9-95), 303 (12-95).

Viral load measurements are pending.

Patient No. 12 Female, 26 years old Name initials : KA/MA Code nr. : 255

heterosexual, HIV seropositive since 2-92.

Wife of patient No 11. Antiretroviral treatment since 3-94. Varicella (6-95).

Treatment with the **PAP IMI™** was applied on 10-95.

She is in excellent condition. CD4 counts (cells/mm³): 440 (3-94), 578 (9-94), 488 (5-95), 463 (9-95), 415 (12-95). Viral load measurements are pending.

Conclusion:

In conclusion, in four of our patients we noticed an improvement of their clinical condition, in 6 their condition remained stable, while one patient showed a worsening. The Kaposi's sarcoma lesions remained at least stable during the application period. An increase of CD4 count was demonstrated in four of our patients. The increase was quite remarkable in some of them. In three, the CD4 count remained rather stable while there was a worsening in four of them. The study was approved by the Greek National Drug Organization. It is also noteworthy that all patients have experienced no side effects or adverse reactions during or after the **PAP IMI™** application. We must also note that all patients were receiving antiretroviral treatment as well all the appropriate prophylactic regimens.

Dr. Anthony Papadopoulos, Dr. John Arkadianos and Dr. Anthony Scoullou are actively working on this study.

Dr. George D. Stergiou, MD Director 2nd Department of Internal Medicine and AIDS Unit 1st IKA HOSPITAL Athens, GREECE

Summaries of case histories concerning Cancer patients

Treated by Nick Tsilimigakis, MD at the Scientific Institute for Bioenergy
Glyfas, Athens, Greece

Dr. Nick Tsilimigakis Protocol

THE TSILIMINGAKIS METHOD

Dr Nick Tsilimigakis developed a brand new method, where three devices are employed. In addition he uses a unique formula of vitamin and mineral supplements, specially designed to work synergistically with **PAP IMI™** electrotherapeutic machine.

The devices are

- a) an electronic acupuncture device
- b) this device administers to the patient DC square wave pulses (30 - 60 volts) the frequency is subject to slight variations, according to the specific patient, and is approximately 10 Hertz
- b) an ammeter diagnostic device for assessing the patient's body electro-balance condition by measuring body conductivity, and
- c) the **PAP IMI™** device that administers high power, short duration magnetic pulses.

Microcurrent treatment: Gold plated acupuncture needle electrodes are inserted vertically to a depth of about half a centimeter (3 to 5 millimeters) into the web between the thumb and forefinger of each hand. About 30 to 60 volts in the form of 10 Hertz DC square wave pulses, generated by a WO-10B Multiple Electronic Acupunctoscope, is administered to the patient for about half an hour via the implanted electrodes. The voltage is gradually increased until the patient's tolerance level is reached. The polarity is chosen so that the right hand needle is made positive. The treatment is done twice a week until the patient's tissue conductivity is raised to a level typical of a healthy individual, as measured by the body electrobalance diagnosis technique described below.

Body electro-balance diagnosis technique: The body electro-balance diagnosis technique is carried out by using a Kathidermo H. F. device which measures the body's tissue conductivity (milliamp current conduction) while applying 45 volts DC to a pair of 1.5 cm diameter tubular hand grips held tightly in each palm. The Kathidermo is a constant current 45 volt power supply. So regardless of the value of the patient's body conductivity, the power supply delivers a constant flow of current which may be increased by turning a knob on the control panel. The current flow is progressively increased until the patient's tolerance level is reached, at which point the amount of current (i) being delivered is read from a meter. The patient's body conductivity is then calculated accordingly (i.e., conductivity = $i/45$ volts). Ill patients are found to have low tissue conductivities, drawing less than 4 milliamps at 45 volts, often as low drawing as little as 2 to 3 milliamps (45 to 65 micro mhos). Healthy patients generally yield currents of 4 to 5 milliamps (90 to 110 micro mhos). The measurements are fairly consistent.

Most of the conductivity includes passage along the left and right hand and the upper body. The skin resistance contributes a smaller part. Most of the conductivity may be due to the electrolytic conductivity of the blood.

With progressive microcurrent treatments, the measured body conductivity is found to increase fairly consistently over a period of one to several months, rising from initially low unhealthy values to more normal values of around 4 milliamps per 45 volts. During the same time, the physical condition of the patient improves accordingly.

PAPIMI™ treatment: The patient is usually treated with **PAP IMI™** device for about 20 minutes twice each week. He receives these treatments with the same frequency as with the microcurrent device. He treats for about 6 to 18 minutes locally on the infected region or area that is giving problems and for about 6 minutes on the thymus for general immune system stimulation. In case pain develops in the treated location, the doses are reduced locally or discontinued for a period of time and then repeated

according to the normal protocol. Otherwise significant irritation and pain may develop. The microcurrent treatments are done in conjunction with the **PAP IMI™** treatments until the patient's body electrobalance has achieved the proper level.

Thereafter, the patient receives just **PAP IMI™** treatments. More about the combination therapy: The microcurrent and **PAP IMI™** treatment techniques were found to mutually benefit one another. Roughly speaking, the effectiveness of either technique used in isolation was found to be improved by 10 fold when both were used together. Improved tissue conductivity, body electro balance, not only improves the general condition of the patient, but also prepares the patient's body to better receive the **PAP IMI™** treatments, thereby enhancing their effectiveness.

In general **Dr. Tsilimigakis** prescribes vitamins and trace metal minerals to his patients. For AIDS he prescribes large doses of vitamin C (beginning with 6 grams per day for the first week) and minerals (about one tablet per day), the particular dosage being dependent on their condition. For example, if the patient has diarrhea, the dose is reduced to a point which may be tolerated. Subsequently, **Dr. Tsilimigakis** adjusts the dose according to the condition, using his own experience and intuition.

Usage of **PAP IMI™**: In all cases, except AIDS Case 1, the **PAP IMI™** was used from the beginning of the patient's therapy in conjunction with the microcurrent therapy. In AIDS Case 1, the patient began with microcurrent therapy and after 21 months her treatments began to be supplemented with **PAP IMI™** treatments, whereupon her recovery accelerated significantly.

AIDS Cases

Case 1. Patient: S.T. Female, 30 years old

Therapy period: November, 1992 – present

A. Method of therapy:

1. Use of diagnostic device for assessing the patient's body electro-balance condition,
2. Use of the micro-current device,
3. Use of the **PAP IMI™** device beginning in August 1994. At the beginning of the therapy, the patient was also receiving AZT, but stopped some months after beginning the **PAP IMI™** treatments.

B. Clinical condition before beginning therapy: Significant fatigue, lymphadenitis, Hodgkin's disease, emaciation, weight down to 46 kg (101 lb).

C. Laboratory findings before beginning therapy: Anemia, leukopenia, CD4 count = 29.

D. Patient development during therapy:

1. Patient began microcurrents therapy in November 1992. During the first month of therapy: A significant improvement of the physical condition, recession of the anemia, restitution of the white cell count to normal levels, a weight increase of 3 kg (6.6 lb), and an improvement of body electro-balance indices.

2. By the end of the second month of therapy: Excellent physical condition, normal counts for red and white blood cells, a weight increase of 4 kg (9 lb), body electro-balance field indices return to normal.

3. By the end of the six month of therapy: Excellent physical condition, full vocational activities, a complete reduction in lymph node swelling, weight recovery to pre-illness level: 56 kg (123 lb), CD4 count = 90

4. By the end of the first year of therapy: Clinical condition is excellent, CD4 count = 120.

5. By end of the second year of therapy: Clinical condition is excellent. Note that the treatment is supplemented with **PAP IMI™** treatments in the ninth month of this second year of therapy (August 1, 1994). Treatments are given to the thymus region. The patient's recovery accelerates.

6. On June 25, 1994: CD4 count = 168. On December 9, 1994: CD4 count = 312, almost doubling in 5 months. Excited and encouraged with the unexpected increase, the patient travels to France and discontinues therapy for 4 months, whereupon CD 4 count drops by two-thirds - On April 24, 1995 CD4 = 201. Thereafter, the patient recontinues therapy.

7. By the end of the third year of treatment in December 1995: CD4 count has climbed to 350. During this year, no other medication for HIV is being taken. Physical condition is excellent.

8. Again encouraged by the increase in T cell count, the patient leaves treatment. A blood test made in June indicates a CD4 = 230, indicating that her CD4 count again had dropped by two-thirds in the intervening 6 months.

However, more recently in October 1996 she and her doctors reported that test results showed that the AIDS virus had dropped below detectable levels in her blood! In the intervening 10 months since she discontinued **PAP IMI™** treatments she had taken no other AIDS therapy.

Case 2. Patient: K.H. Male, 60 years old

A. Method of treatment:

1. Use of diagnostic device for assessing the patient's body electro-balance condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of large doses of vitamin C,
5. Intake of trace minerals.

B. Clinical condition before treatment: Significant fatigue, emaciation, continuous fever 40-42x C (104-107.6x F) for two months with no response to continuous antibiotic intake, pneumonia carinii, diarrheal syndrome.

C. Laboratory findings before treatment: Anemia, leukopenia, CD4 count = 10.

D. Patient development during treatment application:

1. With the application of the **Tsilimigakis** therapy and with all the antibiotics being discontinued, during the first 10 days the patient's temperature dropped to 37-37.5x C (98.6-99.5x F).

2. By the end of the second month of treatment the patient shows complete restitution of his body electro-balance condition. Patient's physical condition has become excellent, significant improvement to the laboratory indices. Patient returns to work. CD4 count = 24. Complete cure from pneumonia. Weight increases by 4 kg (9 lb).

3. By the end of the first semester: Excellent physical condition. Lung X ray examination - normal, weight recovery to normal from 60 kg (before) (132 lb), to 76 kg (after) (168 lb). To our knowledge no medication against HIV was taken by the patient during the entire period of the therapy.

Case 3. Patient: B. D. Male, 47 years old

A. Method of treatment:

1. Use of diagnostic devices for assessing the patient's body electro-balance condition.

2. Use of the microcurrent device,

3. Use of the **PAP IMI™**

4. Intake of soluble Vitamin C (6 grams/day for first week and 1 gram/day thereafter), trace minerals, multivitamins, iron. Iron capsules (Microferrer) were given for treatment of anemia.

B. Clinical condition before treatment: Significant fatigue, significant emaciation, continuous diarrheal syndrome, excessive anemia.

C. Laboratory findings before treatment: Anemia, HT = 22, leukopenia, CD4 count = 30.

D. Patient development during treatment application: The application of Dr. Tsilimigakis' treatment resulted in a significant improvement of the patient's physical condition during the first month. Weight increased by 4 kg (9 lb). There was significant improvement in the laboratory findings. The body electro-balance condition got to the normal level for healthy persons. Diarrhea became intermittent. Patient returned to his work. By the end of the first semester, patient had an excellent physical condition, regained normal body weight. On September 11, 1995: CD4 count = 113. Patient was not taking any medication against HIV.

Case 4. Patient: B. A. Male, 30 years old

A. Method of treatment:

1. Use of diagnostic devices for assessing the patient's body electro-balance condition,

2. Use of the microcurrent device,

3. Use of the **PAP IMI™** device,

4. Intake of large doses of vitamin C,

5. Intake of vitamins and trace minerals.

B. Clinical condition before treatment: Significant fatigue, emaciation, continuous fever 38-39x C (100-102x F), diarrheal syndrome, weight 56 kg (123 lb).

C. Laboratory findings before treatment: Anemia, significant reduction of blood platelet count (28,000), CD4 count = 70, significant reduction of white cell count.

D. Patient's development during treatment application:

a. During the first two weeks, the patient showed improvement in his physical condition, weight increased by 2 kg (4-1/2 lb), reduction in the frequency of diarrhea.

b. By the end of the first month of therapy the patient exhibited a sufficiently good physical condition, weight increased by 3 kg (6-1/2 lb) [total increase in the first month 5 kg (11 lb)]. Diarrhea stopped completely. Laboratory verified improvement of anemia, HT = 31, restitution of white cells to a

normal healthy level. Platelet count increased to 48,000. Patient was able to leave the hospital to receive the **Tsilimigakis** treatment and was receiving combinations of AZT, DDI, and 3TC.

Case 5. Patient: M. K. Male, 30 years old

A. Method of treatment:

1. Use of diagnostic devices for assessing the patient's body electro-balance condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of large doses of vitamin C,
5. Intake of trace minerals.

B. Clinical condition before treatment: Significant fatigue, excessive lymphadenitis of cervical lymph nodes due to non-Hodgkin's disease lymphoma

C. Laboratory findings before treatment:

Anemia, reduction of white cell count, CD4 count = 300.

D. Patient's development during treatment application:

a. By the end of two weeks, the patient shows improvement of his physical condition, reduction in the swelling of cervical lymph nodes.

b. By the end of the first month: Excellent physical condition, further reduction of swollen cervical lymph nodes. Laboratory tests for red and white cells are normal.

c. By the end of the second month, the lymphoma swelling had entirely disappeared. The patient was taking AZT, DDI and had been through chemotherapy without any positive effect.

Case 6.

A. Method of treatment:

1. Use of a diagnostic device for assessing the patient's body electro-balance condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

B. Patient development during treatment application: The patient was HIV positive but had no symptoms of AIDS. The method was applied provisionally three times per week over a one month period. There was a significant increase of CD4 cells: initial CD4 count = 320, rises to CD4 = 450 after one month, without any drug intake.

Cases 7.

A. Method of treatment:

1. Use of a diagnostic device for assessing the patient's body electro-balance condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

B. Patient development during treatment application: The patient was HIV positive but had no symptoms of AIDS. The method was applied provisionally three times per week over a one month period. There was a significant increase of CD4 cells: initial CD4 count = 410, rises to CD4 = 650 after one month, without any drug intake.

Suggestions for Optimizing the Treatment Method:

A. Patients usually leave treatment after two months because:

1. they are encouraged by the significant improvement of their physical condition and

2. because of financial difficulty to self cover the treatments (not yet covered by health insurance). As a result, they do not follow our recommendations and instead decrease the number of treatments they receive.

B. Similarly, there is a problem of follow up and of retrieving laboratory examinations taken in major hospitals where the AIDS patients initially report and receive treatments. Major hospitals are unwilling to cooperate in carrying out examinations we recommend, as well as in providing existing results.

C. I suggest two solutions to this problem. The first is a short term solution, namely to provide financial support to supplement the expenses for the patient's therapy and required examinations. The second solution is to set up a specialized center in the form of a clinic or hospital for the proper self application of the therapy method. Presently, the application of the method involves many problems and difficulties, and as a result does not attain the efficacy which ideally could have been achieved.

D. Follow up for patients treated for AIDS and other major diseases, the patient's body electro-balance condition is very important. Many years of experience and many stages of research have taught us what is seen daily in curative medicine, i.e., that patients with more serious adverse prognoses often complete more successful follow ups as compared with others that have less serious adverse prognoses. A decisive factor is the general condition of the patient's body electro-balance, which does not show up in partial laboratory findings and prognosis.

If the patient's state defined by all his laboratory and clinical findings is represented as A, and if the state of his body electro-balance condition -not included in his laboratory and clinical description - is represented as B, then his true condition is the resultant of both states A and B, given by their product $A \times B$. This is confirmed in the above cases which show that the patient's overall condition immediately following body electro-balance treatments is much better and optimistic than the condition expected by the laboratory findings alone.

In the present situation, the diagnosis of a patient's body electro-balance condition is considered very important for setting the plan for his therapy.

E. The present therapeutic method, besides having application to AIDS, has also been used to successfully treat various types of cancer. As indicated by the impressive and increasing number of successes, the technique has also yielded positive results with the following:

- Rheumatic diseases,
- Asthma,
- Intestinal and stomach ulcers,
- Burning and various edemas,
- Fractures with an impressive speed of healing,
- Eye problems and conditions,
- Brain damage,
- Dermatopathy and skin diseases,
- Various inflammatory diseases,
- Cosmetology.

This method may also provide significant results in the prognosis and prevention of diseases as well as in retarding the cellular aging process.

Nick Tsilimigakis, MD, December 14, 1995 Updated: 9/20/96 & 10/15/96

Cancer Cases

The cancer cases treated with this treatment protocol include the following:

Case 1 (male): Adeno-carcinoma in the abdomen and anemia.

Case 2 (female): Adeno-carcinoma of the lungs and epidermal cancer of the left breast.

Case 3 (female): Cancer of multiple locations with major lung location.

Case 4 (male): Cancerous tumor of the large intestine following surgery.

Case 5 (female): Cancerous tumor of the left breast - tumor was size of small orange.

Case 6 (female): Ovarian cyst, comparable in size to a small orange.

Case 1. Patient: D. I. Male, 60 years old

A. Clinical condition before treatment: Severe loss of energy, patient not subject to any further known medical treatment for his condition after three surgeries and several chemotherapies, according to diagnosis of Professor G. Philippakis of the University of Athens, Medical School.

B. Laboratory findings before treatment: Extended adeno-carcinoma in the abdomen, anemia.

C. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

D. Patient development during treatment application: During the first two months significant improvement of the physical condition of the patient. Improvement of his anemia. Within six months continuous improvement of the physical condition as well as of the anemia. Most recent laboratory test gives Ht: 38%, red cells 4.300.000/cm cube, hemoglobin 12%. These results have been unexpected for all and were subject of the press.

Case 2. Patient: Mrs A. D. Female, 70 years old

A. Clinical condition before treatment: Suffers from adeno-carcinoma of the lungs and epidermal cancer of the left breast. She takes the therapeutic method of Dr Tsilimigakis for one month:

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

C. Patient development during treatment application: Her physical condition has significantly improved, as well as the measurements of her bioenergy condition. For the epidermal cancer a special localized corona exposure (high frequency arc) is given. The tumor has already significantly diminished. The patient continues therapy.

Case 3. Patient: M. M. Female, 54 years old

A. Clinical condition before treatment: Cancer of multiple locations with major lung location.

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,

3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

C. Patient development during treatment application: X ray inspection after one month from the beginning of our therapy showed a significant reduction of the lung carcinoma. Therapy is still underway.

Case 4. Patient: Mr. K. A. Male

A. Clinical condition before treatment: The patient underwent surgery to remove a cancerous tumor of the large intestine. Following surgery, he began taking our therapy.

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

C. Patient development during treatment application: Results during the past 8 months: Patient's physical condition, laboratory tests, and bioenergy condition have improved to excellent. Biopsy of a small tumor left over from his last surgery shows the remnant tumor is no longer malignant, but benign! Also normal cell growth has taken the place of the cancerous tumor. The therapy continues.

Case 5. Patient: C. P. Female, 46 years old

A. Clinical condition before treatment: Tumor of the left breast, cancerous in nature. Tumor is comparable in size to a small orange.

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

C. Patient development during treatment application: The tumor disappeared after two months of therapy.

Case 6. Patient: Maria T. Female, 26 years old

A. Clinical condition before treatment: Ovarian cyst, comparable in size to a small orange.

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
2. Use of the microcurrent device,
3. Use of the **PAP IMI™** device,
4. Intake of vitamins and minerals.

C. Patient development during treatment application: Ovarian cyst completely disappeared in 15 days. Confirmed by before-and-after ultrasound examinations.

Case 7. Patient: K. S. Male, 60 years old

(A case of lung adeno-carcinoma and cancers of the lung and cervical lymph nodes.)

A. Clinical condition before treatment: The patient had lung adeno-carcinoma as well as cancers of the lung and cervical lymph nodes. On November 10th, 1995 he was given short notice that he was expected to live another 10 days. The hospital doctors attending him sent him home to die without knowing of anything else they could do for him. After visiting me for the first time on November 13th, 1995, the patient began applying my method,

B. Method of treatment:

1. Use of a diagnostic device for assessing the patient's bioenergy condition,
 2. Use of the microcurrent device,
 3. Use of the **PAP IMI™** device,
 4. Intake of vitamins and minerals.
- C. Patient development during treatment application: Within one month without undergoing any other medical treatment, the excessive size of the patient's cervical lymph nodes had completely disappeared and he had regained excellent physical condition. Upon reexamining him, his previous hospital doctors were astonished and amazed. Therapy continues today.

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December 14, 1995
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SUMMARY OF 5 CASE HISTORIES OF LAST STAGE AIDS PATIENTS

TREATED by
Nick Tsilimigakis, MD at

The Scientific Institute for Bioenergy

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1. S.T. Female 30 years of age.

A. Therapy Method:

- a. Use of Device for determining patients Bioenergy Condition;
- b. Use of Micro-currents Device;
- c. Use of **PAP IMI™** Device since August 1994. At the beginning of treatment (November 1992) the patient was additionally receiving AZT.

B. Clinical picture before therapy beginning: Significant loss of energy, Lymphadenitis, Hodgkin, Emaciation, Weight down to 46 Kgr.

C. Laboratory findings before therapy beginning: Anemia, Leukopenia, CD4 29.

D. Patient Development during therapy:

- a. During the first month of therapy significant improvement of physical condition, Anemia improvement, Restitution of the white cell count to normal level, weight increase by 3 Kgr, improvement of Bioenergy indexes.
- b. During the end of the second month: Excellent physical condition, Normal counts for red and white blood cells, weight increase by 4Kgr, Indexes of Bioenergy Condition to normal.
- c. At the end of six month therapy: Excellent physical condition, full vocational activities, complete reduction of lymph nodes swelling, weight recovery to level before illness: 56 Kgr, CD4 90
- d. End of the first year Treatment: Clinical picture to excellent picture, CD4 count 120.
- e. End of the second year Treatment: as above, CD4 count 165.
- f. During the third year: The **PAP IMI™** is applied around thymus. At the end of the third year CD4 clime to 350 count. During this year, no other medication was taken against HIV. Physical condition top excellent.

2. K.H. Male 60 years of age.

A. Method of treatment:

- a. Use of Diagnostic Device for Bioenergy Condition of Body;
- b. Use of Microcurrent Device,
- c. Use of **PAP IMI™** Device, d. Intaking of big doses of Vitamin C;
- d. Intake of mineral traces.

B. Clinical picture before treatment: Significant loss of Energy, Emaciation continuous fervescence 40-42 for two months with no response to continuous antibiotic Intaking, pneumonia carini, diarrheal syndrome.

C. Laboratory findings before treatment: Anemia, Leukopenia, CD4 count 10.

D. Patient Development during the treatment application:

a. With the application of **Tsilimigakis** therapy and with the antibiotics being all discontinuous, during the first 10 days temperature dropped to 37-37.5 degrees C.

b. During the end of the second month of treatment patient shows complete restitution to his Bioenergy body condition. Patients physical condition becomes excellent, significant improvement to the laboratory indices. Patient returns to work. CD4 24. Complete cure from pneumonia. Weight increase by 4 Kgr.

c. During the end of the first semester: Excellent physical condition. Lung X ray examination normal, weight recovery to normal from 60 Kgr (before), to 76 Kgr (after). During all the time of the therapy no known medication against HIV was taken by the patient.

3. B.D. Male 47 years of age.

A. Method of treatment:

- a. Use of Diagnostic Devices for the Bioenergy Condition of the Body.
- b. Use of Microcurrent Device,
- c. Use of **PAP IMI™**
- d. Intake of Vitamin C, Mineral Traces, multivitamins, iron.

B. Clinical Picture before the treatment: Significant loss of Energy, significant Emaciation, continuous diarrheal syndrome, excessive anemia.

C. Laboratory findings before treatment: Anemia, Ht 22, Leukopenia, CD4 count 30.

D Patient development during the application of treatment:

The application of **Dr Tsilimigakis** treatment had resulted the significant improvement of patients physical condition during the first month. weight increased by 4 Kgr. There was significant improvement of the laboratory findings. The Bioenergy body condition got to normal level for healthy persons. Diarrhea was discontinuous. patient returned to his work. By the end of the first semester patient had excellent physical condition, got normal body weight, CD4 count to 80. Patient was not taking any medication against HIV.

4. B.A. Male 30 years of age.

- a. Use of Diagnostic Devices for Bioenergy Condition of Body;
- b. Use of Microcurrent Device,
- c. Use of **PAP IMI™** Device, d. Intaking of big doses of Vitamin C;
- e. Intake of vitamins and mineral traces.

B. Clinical picture before treatment: Significant loss of Energy, Emaciation continuous fever 38-39 C, diarrheal syndrome, weight 56 Kgr.

C. Laboratory findings before treatment: Anemia, significant reduction of platelets (28,000), Cd4 count to 70, significant loss of white cells.

D. Patient development during the application of treatment:

a. During the first two weeks, the patient shows improvement of his physical condition, weight increased by 2 Kgr, reduction to the frequency of diarrhea.

b. By the end of the first month of therapy patient shows sufficient good physical condition, weight increased by 3 Kgr (total increase in the first month 5 Kgr). Diarrhea stopped completely. laboratory verified improvement of anemia, Ht 31, restitution of white cells to normal healthy level. Platelets increase to 48,000. Patient got out of Hospital to receive the **Tsilimigakis** treatment and was receiving combinations of AZT, DDI, 3TC.

5. M.K male. 30 years of age.

A. Method of treatment:

- a. Use of Diagnostic Devices for Bioenergy Condition of Body;
- b. Use of Microcurrent Device,
- c. Use of **PAP IMI™** Device,
- d. Intaking of big doses of Vitamin C;
- e. Intake of mineral traces.

B. Clinical picture before treatment: Significant loss of Energy, Excessive lymphadenitis of cervical lymph nodes due to non Hodgkin lymphoma.

C. Laboratory findings before treatment: Anemia, Reduction of White cells, CD4 count 300.

D. Patient Development during the treatment application:

a. By the end of two weeks, the patient shows improvement of his physical condition, reduction of the swelling of cervical lymph nodes.

b. By the end of the first month: Excellent physical condition, farther reduction of swollen cervical lymph nodes. Laboratory examinations for red and white cells normal. The patient was taking AZT, DDI and had been through chemotherapy process without patient's organism positive response.

Notice for optimizing the method:

A. Patients usually after a two month treatment, because:

1. they are encouraged by the significant improvement of their physical condition; and
2. because of financial difficulty to self cover the treatments (not yet covered by health insurance policies), do not follow recommendation and drop the number of treatments they receive.

B. Similarly, there is a problem of follow up and retrieving laboratory examinations taken in major hospitals the AIDS patients initial report and receive treatments. Major Hospitals are unwilling to cooperate in carrying recommended by us examinations, as well as in providing existing results.

I suggest two solutions to this problem.

The first is a short time solution by supplementing patients expenses, for their therapy and required examinations.

The second solution is the set up of a specialized center in the form of a clinic or Hospital for the correct self application of the method.

Presently, the application of the method incurs a lot of problems and difficulties, and results in abstaining from optimum efficacy, which otherwise could have been achieved.

B. For patient follow up treated for AIDS and other major diseases, the patients body Bioenergy condition is very significant. During, many years of experience and research stages, it has been understood what daily is realized in curative medicine, i.e., many times patients with more serious adverse prognosis carry a more successful follow up with respect to others with less serious adverse prognosis. A decisive factor is the patients General Bioenergy Body condition, which does not show in the partial laboratory findings and prognosis.

If we call with A the patient state defined by all the laboratory and clinical findings; and B the state of Bioenergy condition of the patient, not included in the previous laboratory and clinical description of the patient, then patient's true Condition is the resultant of both states A and B, given by their product $A \times B$.

This is confirmed in the above cases which show that the patient's General Condition right after Bioenergy treatments is much higher and too optimistic than the condition expected by the laboratory findings alone.

In the present situation, it is considered very important the diagnosis of Patients Bioenergy Condition for setting the plan for his therapy.

C. Applications of the present therapeutic method, other than the applications to various types of cancer and AIDS with impressive and increasing number of successes, appear to give similar results and achievements in:

Rheumatoid Diseases,
Asthma,
Intestinal and Stomach Ulcers,
Burning and various Edemas,
Fractures with impressive healing speed,
Eye problems and conditions,
Brain Damages,
Dermatopathy and Skin Diseases,
Various Inflammatory Diseases,
Cosmetology,

The method may provide also significant results in prognosis and preventing deceases as well as in retarding the process of aging of body cells.

Nick Tsilimigakis, MD,
December 12, 1995.

SUMMARY OF TWO CASES OF NON AIDS HIV PATIENTS AND SEVEN CASES OF CANCER

Treated by
Nick Tsilimigakis, M.D. at
The Scientific Institute for Bioenergy
15, Foivis Street, Glyfas, Athens 16674, Greece.
Tel.:++301-894-9225, Fax:++301-894-4278

(AIDS Continuation)

The method

1. Use of diagnostic devices for the Body Bioenergy condition
2. Use of micro-currents device,
3. Use of **PAP IMI™** device,
4. Intake of vitamins and mineral traces, was applied provisionally in two cases of HIV positive without symptoms of AIDS for three months. The method was applied three times a week once in a month. There was significant increase of CD4 cells.

First case, initial CD4 320 to 450, without any drug intake.

Second case, initial CD4 410 to 650, similarly without any drug intake.

Cancerous cases:

1. D. I. Male 60 years of age.

A. Clinical picture before treatment: Severe loss of energy, patient not subject to any farther known medical treatment for his condition after three surgeries and several chemotherapies, according to diagnosis of **Professor G. Philippakis** of University of Athens, Medical School.

B. Laboratory findings before treatment: Extended adeno-carcinoma in the abdomen, anemia.

C. Method of treatment

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

D. Development during the application of the method: During the first two months significant improvement of the physical condition of the patient. Improvement of his anemia. Within six months continuous improvement of the physical condition as well as of the anemia. Most recent laboratory test gives Ht: 38%, red cells 4.300.000/cm cube, hemoglobin 12%. These results have been unexpected for all and were subject of the press.

2. Mrs A. D., Female age 70 years:

Suffers from adeno-carcinoma of the lungs and epidermic (skin) cancer of the left breast. She takes the therapeutic method of **Dr Tsilimigakis** for one month:

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

Her physical condition has significantly improved as well as the measurements of her Bioenergy condition. For the epidermic cancer a special localized corona exposure is given. The tumor has already diminished to significant degree. The patient continuous therapy.

3. M. M. Female age 54 years.

Cancer of multiple locations with major lung location.

Same treatment

X ray inspection after one month from the beginning of our therapy showed significant reduction of the lung carcinoma. Therapy is underway.

4. Mr K. A.

After surgery of cancerous tumor at the Large Intestine Mr K.A. is taking our therapy:

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

for a period of 8 months.

Results:

Improvement to excellent: physical condition, laboratory tests and patients Bioenergy Condition. Biopsy at of small tumor left over from his last surgery shows the left tumor is not malignant any more but benign! Also normal cells growth take place of the cancerous tumor. Therapy continuous.

5. C. P. Female age 46.

Tumor of the left breast comparable to a small orange, of cancerous nature.

Treatment:

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

The tumor disappears after two months of therapy.

6. Maria T. Female 26 years of age.

Ovarian cyst, comparable to a small orange.

Treatment:

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

Ovarial cysts complete disappears in 15 days. Confirmed with before and after supersonic examinations.

7. K. S, Male, age 60 years.

K. S. had lung adeno-carcinoma as well as cancer of lung and cervical lymphnodes.

He was given a short notice to live 10 days on 10/11/95 and sent home to die by the Hospital Doctors attending him without having anything they knew to offer to him. Mr K.S. visited me for the first time on 13/11/1995 and I applied to him my method:

1. Use of diagnostic devices for the Body Bioenergy condition.
2. Use of micro-currents device.
3. Use of **PAP IMI™** device.
4. Intake of vitamins and mineral traces.

Within one month, **K. S.** excessive size of cervical lymphnodes without any other medical treatment completely disappeared, and **K. S.** regained excellent physical condition. His previous Hospital Doctors upon examining him were astonished and amazed. Therapy continuous today.

Nick Tsilimigakis, MD,
December 14, 1995

Explanatory notes for the AIDS reports of Dr Tsilimigakis,

Answers to Paul:

2 Lang X-ray should be corrected to Lung X-ray.

3. Significant loss of energy means significant fatigue

All cases reported used the **PAP IMI™** from the beginning, except case 1 of AIDS Patient S.T. Female, age 30. She Started the **Tsilimigakis**, method in Nov 1992 without **PAP IMI™**.

In August 1994 she continued in addition with **PAP IMI™**.

Right after she had additionally the **PAP IMI™** exposures, the recovery speeded up significantly. All the other cases started and continue today with **PAP IMI™**.

Dr Tsilimigakis, told me yesterday that comparing his previous experience of many years, he finds that his first method improved by a factor 5 to 10 after using the **PAP IMI™** in addition to his microcurrents. Also the **PAP IMI™** treatments alone are improved by a similar factor of 10 to 20 when combined with his invasive microcurrents. Particularly, the **PAP IMI™** treatments improve for those patients that their conductive right to left palm is significantly less than 4ma/45volts and is brought up to or over this figure.

In general **Dr Tsilimigakis** provides vitamins and metals to his patients. For Aids additionally provides huge doses at the beginning up to 6 gr per day for a week, depending on their condition. For example, if they have diarrhea the dose is lessen to the point the patient may tolerate. Subsequently, **Dr Tsilimigakis** adjust the dose according to the condition, his own experience and intuition. (Exact doses should be the subject of research, and protocols in the future - that why we ask for an IDE).

Dr Tsilimigakis, usual dose with **PAP IMI™** is 1x6 minutes up to 3x6minutes locally on the infected problem (diarrhea, lymphadenitis, etc.) and 1x6 min on the thymus for general stimulation, twice a week. In case pain is developed to a location the doses are reduced locally or discontinued for a period of time and then repeated as normal. Otherwise significant irritation and pain may developed.

In all cases patients were taking AZT or as specified with **PAP IMI™**. Except case 1 that stopped as soon as she improved with **PAP IMI™**, case 2 and 3 were not taking AZT at all.

Bioenergy diagnosis technique is carried by measuring conductivity at around 45 volts between the two palms. Ill situations give less 2 to 3 ma. Normal conditions are over 4 ma hardly over 5 ma. The measurements are fairly consistent, however, the response of the device is something like the $\log(I/V)$ to smooth significant variance. Most portion of the conductivity includes a passage along the left and right hand and the upper body. The skin resistance is a smaller part within the expected variation. According to me most of the conductivity should be the electrolytic conductivity of the blood. By applying microcurrents between the same parts -left to right palm conductivity increases from 2 to 4 ma/45volts fairly consistently in a period of 1 to several months.

The same time the physical condition of the patient improves proportionally.

Dr Tsilimigakis, suggests that we may call Body Electro-balance instead the term Bioenergy Condition. the term Electro-balance appears in medical literature.

So improved body conductivity, or Electro balance speeds **PAP IMI™** treatments and improves Bioenergy condition or the General condition of the patient.

For case 5. There was painful neck lymphoma, orange size left to right. vanished in two months with **PAP IMI™** and the additional conductivity treatments.

Answers to Charly:

1. Excited white blood cells is a medical term which is diagnosed with specific methods. (please, see literature)

2. Gastro-emorage means stomach bleeding.

3. a+b. Yes, it is conductive acupuncture needles connected 0.5 to 1 cm deep between the thumb and indicator simultaneously on each hand. The voltage is brought up to the tolerance of the patient. It is DC and pulsating. According to me, pulses in this cases help in the sense that allow polarization to relax and to achieve higher conductivity for the current. According to me, another thing, it does, is in vivo electrolysis as well as what Kaali and Saxena were talking, apparently for all sorts of parasites in the blood, plus neutralizing free radicals.

Dr Tsilimigakis, is not measuring galvanic skin resistance, but blood and tissue conductivity combined.

f I answered about ST and the rest.

g case BD 47, Iron was given for anemia in capsule form -microferre, C was given in soluble form 6 gr daily first week, and then 1 gr per day maintenance.

h Those were non specific lymphomas or the answer is not known.

i it was written diseases the stupid computer (electronic speller) changed it consistently to deceases

I think I answer all the questions could be answered either in Paul's section or Charly's section, avoiding repetition for the same questions as possible.

**Happy Holidays merry Christmas.
Talk to you later.
Panos**

A report concerning temperature developed by **PAP IMI™** exposures should be expected later today

Dr Tsilimigakis, First report:

Additional Info/Corrections:

For case 1.

ST Female 30:

On 11/92 started **Tsilimigakis** method Microcurrents with CD4:29.

On 25/6/95: CD4 168.

On 1/8/94 Started **PAP IMI™** additionally.

On 9/12/95: CD4 312, almost doubled in four months.

Excited and Encouraged with the unexpected increase, patient leaves to France and discontinues therapy for 4 months.

On 24/4/95 CD4 drops to 201 without the therapy for 4 months.

Since then continuous Therapy, CD4 climes back to 350, today.

For Case 4. BD Male 47:

By the end of first semester....."CD4 count 80" should be changed to "CD4 count 113 on 11/9/95."

Panos

For **Dr Tsilimigakis**,

TELECONFERENCE ON PAPIMI™

PAP Electrodynamics

Teleconference 12:00 =D0 1:15 PM Friday, Nov. 17, 1995, U.S.

Dr. Charles Wallach, Ph.D., I.R.B. Chairman; Los Angeles, CA
Dr. Paul LaViolette, Ph.D., Consultant; Schenectady, NY

Mr. Greg Hillman, Investor; Rector, PA
Mr. Chuck Wallach, C.E.O. **PAP ElectroDynamics**, U.S.A.; CA
Professor Saxena, Ph.D., Cornell School of Medicine; New York, NY

Mexico

Dr. Jeff Freeman, M.D., Clinic Owner; Tijuana, Mexico
Dr. Sergio Del Rio, M.D., Manner Clinic; Tijuana, Mexico
Dr. Savaedra, M.D., Clinic Owner; Tijuana, Mexico

Greece

Dr. Panos Pappas, Ph.D., PAP Electrodynamics, Athens, Greece
Dr. Papadopoulos, M.D., IKA Hospital, Athens, Greece
Dr. Ioannis Arkadianos, M.D., Clinic Owner; Athens, Greece
Dr. Nick Tsilimigakis, M.D., Clinic Owner; Athens, Greece
Dr. Zambakus, M.D., Clinic Owner, Athens, Greece

Switzerland

Mr. Rene Ruf, **PAP IMI™** Distributor; Zug, Switzerland

Austria

Dr. Zimmerman, M.D., Clinic Owner, Austria

Friday, November 17, 1995

Conference call with Gregg Hillman.

Mr. Hillman: This is Gregg Hillman calling for the first conference call involving **PAP IMI™** users and people that are interested. What I'd like to do right now is do a roll call to find out who is present and to let the other participants know who is on the line.

First of all, Dr. Pappas, are you there? And **Dr. Tsilimigakis**?

Dr. Pappas: Yes, I am with **Dr. Tsilimigakis** and I hope you got in touch with

Dr. Papadopoulos at his hospital and also **Dr. Zambakos** would like to be with us, but unfortunately we could not connect with him. If you want I can give you his number and you can call him. 011-304-219-0045 - **Dr. Zambakos**.

Mr. Hillman: And also concerning getting another number, Chuck, are you on right now?

Mr. Chuck Wallach: Yes.

Mr. Hillman: Could you give the number for Alan Robinson again in

Tokyo? They said that was a bad number.

Mr. Wallach: I'll be away from the phone to get it. I'll be right back.

Mr. Hillman: It's still doing the roll call. Is **Dr. Papadopoulos** on the phone?

Dr. Papadopoulos: Yes, I'm on the phone.

Mr. Hillman: Good! And we have **Jeff Freeman**.

Dr. Freeman: Yes, I'm here, thank you.

Mr. Hillman: And we have Rene Ruf?

Mr. Ruf: I'm here.

Mr. Hillman: And is **Dr. Vanderve** there, from South Africa? I guess not.

And then we have Charles Wallach.

Dr. Charles Wallach: I'm here.

Mr. Hillman: And we have Paul LaViolette.

Dr. LaViolette: I'm here.

Mr. Hillman: And we have Dr. Saxena.

Dr. Saxena: I'm here.

Mr. Hillman: Is there anybody listening in that I haven't mentioned?

Dr. Zimmerman: Austria.

Mr. Hillman: Give me the number for Alan Robinson.

Mr. Chuck Wallach: 703-3407-5696.

Mr. Hillman: I think that's what they have. Operator!

Operator: Yes. Is 03 a city code?

Mr. Hillman: You might just try three, take the zero out.

Operator: Okay, I'll look up the country code for that then. Let me make sure I got the rest of it. 03-34-075696. And that was for Mr. Robinson.

Mr. Hillman: And then also call the other number in Greece.

Operator: Okay, for **Dr. Zambacos**. Okay, I'll do that.

Mr. Hillman: Okay, now I'd like to start the meeting, those people can come in later on. The first thing - there are three areas I'd like to cover today during the meeting. The first thing would be contraindications for the machine, in other words, safety problems or problems that it has caused people. The only problems that I'm aware of is for women that have breast cancer the machine should n't be used on their ovaries because it induces the production of estrogen. It also shouldn't be used on certain patients directly over their heart because it appears to cause tachycardia.* And also on patients that have a catheter that's put in, if there's an infection in the catheter or an incision after surgery that's infected, sometimes, or at least we have one case where it appears to cause bacteria cultures to grow and can cause problems. But we'd like to query you all for any other contraindications.

That's the first subject.

The next subject, we're going to cover novel protocols that are used by the machine, and in particular, **Dr. Tsilimigakis** along with Dr. Pappas are going to talk about that.

And then finally we're going to cover new diseases that are being treated and we're going to open it up and give everybody a chance to talk.

*(After the teleconference had ended, Dr. Pappas added the following comment for inclusion in the record.)

Dr. Pappas: Mr. Hillman referred to his own experience of tachycardia (higher pulse rate) which followed use of the **PAP IMI™** over his heart area. I discussed this matter with Dr. Tsilimigakis. It is not generally true that the **PAP IMI™** causes tachy-cardia. Perhaps, the tachycardia that Mr. Hillman refers to and he claimed to have experienced is due to the effort of his heart to restore his blood pressure. The device is known to lower blood pressure for 10 or 20 minutes following treatments. People who are weak or thin or have low blood pressure may possibly experience tachycardia as their heart attempts to compensate for the lower pressure.

No more serious complications have ever been seen than a mildly higher pulse rate associated with the phenomenon we just referred to for persons who normally have low blood pressure.

The operation manual for the device refers to this blood pressure lowering side effect. In conclusion, almost 20 scientists and physicians who have had extensive experience with the **PAP IMI™** have reported no harmful side effects.

But the way we're going to handle it first is, number one, I'm going to have

Dr. Papadopoulos talk for about five minutes about his experience with AIDS patients at a hospital in Greece. And then we're going to have **Dr. Tsilimigakis** talk about his protocol with AIDS patients at his private office. And then I'm going to have **Dr. Saxena** just talk for about two minutes, requesting data on AIDS patients.

So first, I'm going to have **Dr. Antonios Papadopoulos** talk. So go ahead.

Dr. Papadopoulos: Thank you very much Mr. Hillman. I'd like to introduce ourselves. I'm **Dr. Papadopoulos**. I'm working in the First Hospital of Social Security, IKA in Athens, St., Melissia. And we are working in an AIDS unit since 1987. We have seen, up to now, almost 320 patients with AIDS. We also run an endoscopy unit. Since 1987 we have been members in the European network of the project management groups for clinical research in the treatment of AIDS.

We have also participated in various clinical protocols and ?

5, Euro AIDS, Euro SIDA and others.

We have had experience with the **PAP IMI™** device since February of this year.

We have a permit from the Greek Drug Organization to run a protocol. First we have applied this device in patients with Kaposi sarcoma and other various painful lesions in order to ameliorate their symptoms. We apply this device twice per week for 25 minutes with power 4. We apply the probe over the spleen area, over the thymus area, the axillary(?) area, in the neck area - over the neck lymph nodes, and in a few instances over painful lesions. We follow their CD4 and CD-8 levels, their clinical progress, and some other laboratory parameters as well. Until now we have applied the device in treating 13 patients with AIDS.

Two of them had only a short period of treatment so we cannot evaluate them.

Two others died shortly after -Operator: Excuse me, Sergio Del Rio joins you.

Dr. Papadopoulos: Briefly, I can say that up to now we have been able to evaluate nine patients. We've seen that the clinical condition was stabilized in five of them and was improved in four of them during the time of **PAP IMI™** application.

The CD4 cell count has increased in three of them, was at least stabilized in five of them, and in only one of them did we notice a decrease in their CD4 count.

In five patients who were stabilized there was a stabilization in Kaposi sarcoma and in four of them we had an improvement. Now, referring to the CD4 counts, in three of them we had a remarkable increase in CD4 count. I'd like to mention one patient whose CD4 count had increased from 266 to 558.

Another patient had an increase from 40 cells to 284 cells. And a third one had an increase from 60 cells up to 235.

All three of these patients had remarkable improvements in the general conditions and, two patients also had improvement also in their Kaposi sarcoma lesions.

Operator: **Dr. Sevaedra** joins you.

Dr. Papadopoulos: We have noticed no side effects or any other adverse effects from this application and we were very happy about this. We followed up all of these patients. In two of these patients with a

rather high CD4 count, over 300, we have applied this device, in order to see what's going on in this stage. All of these are in CDC stage A2.

So after we obtained a rather good profile in our first patients, we proceeded to carry out viral load measurements. Results are not yet available, but will be available very shortly, and we are anxiously waiting for these results. Because if the viral load measurements are compatible with the CD4 count increases, then we'll go on to treat other patients in less advanced stages of the HIV disease. That's what I'd like to quote briefly.

Mr. Hillman: Thank you very much **Dr. Papadopoulos**. Now, could **Dr Nick Tsilimigakis** and Panos Pappas talk about the experiment at his private office with AIDS patients.

Dr. Pappas: Okay, Gregg, this is Pappas and **Dr Tsilimigakis**. I will be an interpreter for Nick.

Dr. Tsilimigakis: Hello, this is **Nikos Tsilimigakis**. Sorry, but I don't hear you well Translation will be by Dr. Pappas.

Mr. Hillman: Dr. Pappas, why don't you go ahead and describe the protocol, the number of patients he's treated, his new protocol and details. Go ahead.

Dr. Pappas: Okay, Nick has treated up to 7 cases with AIDS. Of course he has treated numerous other cancer patients with similar successes.

Mr. Hillman: Can you tell us who **Nick Tsilimigakis** is.

Dr. Pappas: **Nick Tsilimigakis** is a private medical doctor who is practicing privately in Athens and has had a long experience with public hospitals. Recently he has begun practicing on his own. He's been receiving AIDS patients and cancer patients and mainly terminal ones, that have had no hope of being cured in any other place. Now, as far as AIDS is concerned, he's using a double method.

The first method is one that resembles the Albert Einstein College method that was announced in 1991 by **Dr. Kaali** and later was succeeded by **Dr. Saxena**. What is he doing? He places needles in particular places and applies pulsed currents. He's doing that for half an hour or so. Now, by doing this, we don't know exactly what is happening in the blood stream. One assumption is that free radicals are neutralized by electrolysis, but **Nick** has developed another diagnostic tool in which he measures the electrical resistance of the human body between the two hands. And consistently he finds that the resistance is over 20 kilo ohms, which is measured by applying current at 45 volts. For a normal person he measures current of about 4 milliamperes at 45 volts.

Usually, AIDS patients find out that their current drops below, around 1 or 2 milliamperes.

Now, by doing this double treatment, the patient's conductivity is found to increase over a one month period. In doing this treatment Nick also applies the **PAP IMI™** device locally wherever there are infections and over the lymph node system. And he has spectacular results which normally one would not expect for low CD4 counts. We have noticed that when the CD4 counts are below 10 then the device has no response, it does not increase the CD4 count. However, **Nick** has managed to increase counts that are even below 10, and there's no question, that anyone that is over 100, their CD4 count will at least double within two to three weeks or months. The local hospital physicians have been amazed. This is essentially the protocol -he's treated twice a week for 20 minutes with the **PAP IMI™** device, and just as frequently, for about half an hour, with invasively pulsed currents, the same kind that

Dr. Saxena is very familiar with.

That's mainly the idea. He's next to me, and probably there are some questions which he will directly answer if you like.

Mr. Hillman: Was there weight gain in the patients?

Dr. Pappas: Yes. **Nick** said to me that almost as a rule, within one or two weeks, the gain is about 10 to 20 pounds for every AIDS patient. And the clinical picture also improves very, very significantly.

Mr. Hillman: The number of patients that he has treated with AIDS?

Dr. Pappas: The total number of patients is about seven.
Most of them were at the very last stages.

Mr. Hillman: Are there any other questions for **Dr. Tsilimigakis** and his treatment?

Mr. Wallach: Is the pulsed current DC?

Dr. Pappas: Yes, it is DC, pulsed DC.

Dr. LaViolette: Did the CD4 count increase in all the patients that were treated?

Dr. Pappas: Yes, in every case it has increased. Yes. And Evangelismos is the main hospital that was monitoring these patients. So in conclusion there's a double method, using the (PAP IMI™) device as well as the original Kaali treatment applying the direct electrical current through the tissue.

Dr. Freeman: Did the Doctor by any chance, do any PCR testing on the patients to determine the viral load before or after treatment?

Dr. Pappas: No. **Dr. Tsilimigakis** has actually not done so. This diagnostic method was available only recently in Greece.

Mr. Del Rio: This is from Hospital Del Rio in Tijuana. Specifically in the Kaposi Sarcoma, Doctor, how do you suggest that the probe of the machine be located when the problem is spread all over the body?

Dr. Pappas: With Kaposi Sarcoma, the people that have the experience are Dr. Papadopoulos and his team, **Dr. Arkadianos**, and **Dr. Stergios**. He would probably answer this question.

Mr. Hillman: Dr. Papadopoulos, can you answer that question, what was your experience with Kaposi Sarcoma?

Dr. Papadopoulos: When the lesions of Kaposi Sarcoma were extensive, of course we could not apply the probe all over the body. But when the lesions were rather limited, less than five, then we applied this probe over the area.

And we noticed, at least in two patients, that we had a remarkable response.

In one of them, after almost nine months application, we've seen no worsening and at least on one occasion a lessening of the size of the lesions. In one patient, this patient who had a lessening of the lesions, he also has a very good condition and a very remarkable increase of CD4 count, from 266 to 558. And he has also gained weight, almost 5 kilograms during this period.

In patients that had many lesions, we didn't see such an effect.

Mr. Hillman: **Dr. Tsilimigakis**, what is your experience with Kaposi Sarcoma?

Dr. Pappas: I just asked him. He has no experience on Kaposi Sarcoma, however, he wants to make another remark.

H says to me, that it is important to note that there is an observable, but significant increase in the natural condition of the AIDS patients. That's very obvious and he gets a very spectacular improvement immediately after the combination of the two treatments.

Mr. Hillman: Dr. Pappas, where does **Dr. Tsilimigakis** put his probe with the Pappas machine?

Dr. Tsilimigakis: Directly in the place of the problem. Directly in the area, for instance, in the case of pneumocystis carinii, in the lungs. But it is important to note that the patient's natural condition very quickly improves, in one month, we have a miraculous improvement of the physical condition. In two months we have a patient without problems, without all the symptoms of the disease.

Dr. Pappas: And he says that the physical condition is more improved than what is shown by the blood analysis. I mean, if we have an improvement of CD4 counts, say a doubling, the physical condition is almost normal, which is more spectacular than the increase or the improvement in CD4.

He says that what matters is the restitution so the person can get back into his normal energy. And that's what is more important. So the person can get back to work and can perform even if the CD4 is still relatively speaking, lower than a healthy person's CD4 count. Although it has increased, but his natural condition is almost as a healthy person.

So he says that the CD4 count doesn't give the whole picture. Maybe this amount is still less than it is in a normal person, but the condition of the person is almost normal.

Mr. Hillman: Right now I'm going to bring on **Dr. Brij Saxena** to have him just talk for about two minutes indicating his desire to have data on AIDS patients.

Dr. Saxena: Thank you Gregg and greetings everybody. It's very interesting for me to hear all of this, very encouraging. My role right now is to reply to the questions raised by the FDA of the United States on the IDE application of Dr. Pappas. And I think many of those questions can be answered by finding material in the literature and Gregg Hillman and Paul LaViolette have been very helpful. But my biggest problem is to get the concrete, specific numerical clinical medical data.

Because one of the points that the FDA has raised is that if we can provide them data on 10 patients then we don't have to do the animal studies for the FDA to approve the device. Therefore, my request, really humbly to all of you is if you could send us detailed clinical data history, medication, and the tests that have been done. Or if I can help you in any way to do some tests so that I can answer these questions more in terms of mechanism, more in terms of the relationship of the CD increase to the infection. I'm sure you understand that these kinds of things are what they are looking for. So again, I thank everybody if you can all send us this data.

Dr. Savaedra: **Dr. Saxena**, this is **Dr. Savaedra** from (?) Clinic. Do you refer only to AIDS patients or to any other kinds of patients?

Dr. Saxena: Well, I think it will be good to send other patients too because what they want is that if we show the efficacy of the **PAP IMITTM**, we should also provide supporting data, supporting machines, supporting things which have a similar, not identical, use of electrical stimulations. All this data will be very helpful to strengthen the response.

Dr. Savaedra: Thank you.

Dr. Papadopoulos: This is **Dr. Papadopoulos** from Greece. We would be very happy to give our records to **Dr. Saxena** in order to provide some of the information that he needs. Within the very near future we shall have comparative results on viral load in two patients. And also these results will be sent to you when they are available.

Dr. Saxena: Also please include the protocol with the results.

Dr. Papadopoulos: We will. And we will also include our official license from the Greek drug organization.

Mr. Hillman: **Dr. Saxena**, you wanted the patient histories too, is that correct?

Dr. Saxena: Correct. Yes.

Mr. Hillman: If it's possible to have a patient history of these people, that would be helpful also.

Dr. Saxena: They could come on a computer disk if it's difficult to send them.

We can decipher those here, if it is too much. But the more details we have, the easier it will be for me to respond to these questions.

Mr. Hillman: **Dr. Savaedra**, did you have any experience with AIDS patients there, with the PAP machine?

Dr. Savaedra: No. We don't really treat AIDS patients here.

Mr. Hillman: Did Dr. Del Rio have experience?

Dr. Del Rio: No. I don't think so. He's the manager of the clinic and the medical director here and we treat mostly chronic illnesses and cancer, not AIDS.

Mr. Hillman: One thing I'd like to do right now that we have the doctors on the phone, is have anybody speak up as to contra-indications for the machine. In other words, any bad experiences or conditions that the machine should not be used for or safety concerns. Just anybody, let's say **Dr. Zimmerman**, for example. Have you run across any contraindications?

Dr. Zimmerman: No. I have nothing. No contraindications.

Mr. Hillman: Are there any other contraindications from any of the other doctors?

Dr. Charles Wallach: I don't think anyone has mentioned the cardia pacemakers. I don't believe it's been checked out.

Dr. Pappas: I think that is contraindicated for all pulsed frequency devices. Such devices are contraindicated for any electronic implants.

Mr. Hillman: The next thing I'd like to cover is new diseases that the machine has been used for. In other words, maybe I'd like to ask **Dr. Zimmerman**, have you used the machine for conditions other than - what have you been using the machine for?

Dr. Zimmerman: I'm a general doctor and so do not exclusively have cancer patients. We have had two very good effects with burnings. One is a girl who had a burn on the front thorax(?) with hot water at eighteen months of age. Now the girl is 11 years old. The burn scars were very hard and the skin color was very red. We treated this girl for three months with microstream and so the skin became a little softer. Then we started with the **PAM IMI** device. And after two treatments the girl said she could feel her bones again, so soft was the tissue. And after the third treatment the sensation, the sensibility of the skin, which has been gone for 10 years was all okay. This was a very interesting experience.

The second experience with burning was an acute facial burning with oil. It was a burn in stage 2 with blisters. After two or three treatments, the blisters were gone and there was a new skin under the blisters. The skin was dry, and there were no scars and also the brown pigmentation present in the beginning was gone after eight treatments. It was very interesting.

And yesterday and today, this week, I had a patient, 40 years old, with a primary lymphoedema of the right leg, with a very hard fibrosis. So I only had experience with this patient this week. After treatment, the fibrosis of the lymphoedema was very soft. So you can see very good effects on the tissue.

Dr. Savaedra: I'd like to know where you placed the probe for the lymphoedema?

Dr. Zimmerman: With the primary lymphoedema of the leg, I started with the thymus - six minutes, six minutes to the lymph nodes inguinal, and 12 minutes on the fibrosis near the knee.

Dr. Freeman: Although I'm not a veterinarian, we've had some interesting experiences with a disease called piroplasmiasis of horses, which is a protezoant from a VC carvali or a VC equi, either one of those, that produces clinical symptoms of high temperatures, edema, and fluid in the abdomen and the legs of the horses.

These horses we've been treating with it are going to be '96 competitors in the Olympics in Georgia. They show positive tidors. We've been using it, giving them five minute treatments to the areas which are most symptomatic, and we found that basically the tidors are clearing up and that the horses are clinically well now. I must admit, we've been giving them some other homeopathic products along with

it -nosodes, to accelerate the process, but they've responded extremely well and I accredit this mostly to the machine.*

Mr. Hillman: Do any other doctors want to report on new novel conditions the machine's been used for? Diseases?

* (After the teleconference had ended, Dr. Pappas added the following comment for inclusion in the record.)

Dr. Pappas: Also here in Greece we have had some excellent results in treating horses. A horse with broken tendon which was judged to be unable to run and useless for racing forever, after two days of treatments with the **PAP IMI™** started exercising and in one week was raceable with normal mobility. Also a horse that sustained wounds on the knees due to being kicked by another horse was excluded from the races for six weeks. After being treated with the **PAP IMI™**, it was able to race the next day. Another horse had marks and wounds on its skin from an unknown dermatopathy. After being treated with the **PAP IMI™** the larger main wound had healed by 80% in two days and other areas of the dermatopathy had totally cleared up. In another case, a horse with postoperative wounds that normally would take a month to close, after being treated three times with the **PAP IMI™**, completely healed in three days.

Also a horse with a spine problem that was unable to race, after being treated twice with the **PAP IMI™** (each time 30 minutes locally on the back), recovered completely.

Dr. Charles Wallach: This is Dr. Wallach, I have one anecdotal report.

I recently had three abdominal surgeries in one week and I've been using the machine effectively to eliminate the post-op pain. However, I also have benign hyperplasia of the prostate and had been having to arise two or three times a night to urinate. But after a week of using the machine on my post-op scars, I find that I no longer have to rise at night.

Mr. Chuck Wallach: Does this also affect hiatal hernia? Has anyone treated lupus? Do we have any lupus results?

(silence)

Dr. LaViolette: Apparently not.

Mr. Hillman: No. Well, these were some of the main things. **Dr. Tsilimigakis** has mentioned his protocol, a novel protocol using the **PAP IMI™** device with another machine involving probes and electrical current. Has there been any other novel protocols that have been used with the machine that anybody would like to report?

Dr. Pappas: Apparently, I guess not.

Dr. Pappas: Gregg, **Dr. Tsilimigakis** wants me to make a report. He has a report from a hospital for a patient who was operated three times for a pseudomyxoma of a peritoneum because of adeno carcinoma of the liver. That condition was considered incurable, and could not be operated on or could not receive any other treatment, and the patient was considered permanently affected for the rest of his life. After receiving six months of treatment, (with the **PAP IMI™**) all these conditions have disappeared and now his natural condition is excellent and that is certified by all sorts of laboratory examinations. And that was a main issue in the local press here.

That was a very well documented case and a typical one that **Dr. Tsilimigakis** was treating in the area of cancer. And this was the report from the University of Athens School of Medicine Clinic of Surgery. That's the headlines of the certificate I translated to you.

Mr. Hillman: Dr. Pappas, why don't you mention that you mentioned at the health fair in Pasadena that you have treated some patients with asthma

Operator: **Dr. Johnson** has joined.

Mr. Hillman: Dr. Pappas, why don't talk about the asthma experience quickly?

Dr. Pappas: The asthma experience is almost one of the best results we get with all kinds of asthma. The response is: with one treatment we get about 50 percent recovery from the bad condition. And with the second treatment almost about 75 percent recovery. And in three or four treatments nothing is left.

Sometimes a maintenance treatment is needed after the three months. There is a spectacular improvement in those conditions. And another thing I'd like to mention is fibroid tumors associated with women, which includes my wife. Apparently the treatment works very well when they have a hormone imbalance, where a hormone is rather excessive or another hormone is less relative to the estrogens. After receiving treatment in the abdominal area for a three month period, it seems that fibroid tumors disappear

Actually my wife was diagnosed with three major fibroid tumors, and they wanted to operate on her. So I arrived, urgently from Los Angeles, back to Athens and I asked her personal doctor to postpone the surgery and allow me to treat her for a month and we did so and within three months the tumors had retreated significantly. And within a year there was absolute no trace of those fibroid tumors, though we knew the original location, it could no longer be traced at the same hospital where she was first diagnosed. And that's now completely in remission.

And that's typical. We have several other cases where we have successfully treated fibroid tumors.

Also we had a recent experience with horses too, and I cannot recall the various improvements but it seems to work very well on horses legs and on all kinds of animals which have not received any antibiotics and any other treatment.

They seem to be helped much more than humans.

Also cancer patients who have not received chemotherapy respond much faster. In particular their stabilization is spectacular after surgery. They develop no metastasis if they take **PAP IMI™** exposures once a month, for 20 minutes. In all cases their markers are normal. We saw no cancer activity. We have had not a single case in which the cancer returned, although sometimes we had to fight against suggestions to receive chemotherapy after surgery. So chemotherapy is something that does not allow the treatments to be as effective. Presumably the effect of the **PAP IMI™** is through improving the immune system.* But if the immune system is really destroyed by chemotherapy or by AIDS or by any condition, and it's really, really low, then there is no help in that case.

However, the method of **Tsilimigakis**, as I talked to him, seems to be able to work even when the immune system is at this low stage that it cannot recover with the **IMI** exposures alone. Also, he's suggesting to me that by doing so he confirms that the patient's electrical resistance goes down. Though by giving a single **PAP IMI™** treatment, the resistance does not change. Now, if the resistance is too high, we

* (After the teleconference had ended, **Dr Tsilimigakis** and Dr Pappas added the following comments for inclusion in the record.)

Dr. Tsilimigakis: The **PAP-IMI™** treatments have a strong influence on the immune system and healing processes. We have seen Lesly's wounds, and numerous other kinds of wounds that wouldn't heal, heal in two to three weeks with **PAP IMI™** treatment. So the effect on healing and wounds is a given for the **PAP IMI™**. Now, under certain conditions the **PAP IMI™** may also initiate the process of wound healing in cancer treatment. With a cancer tumor, and in particular with an extended diffuse tumor, under certain treatments the body begins to create new tissue, pushing the tumor out. This is fantastic. It initiates the "foreign body reaction" to reject the tumor out.

Dr. Pappas: We had seen this before, but did not realize what was happening, as more swelling was caused and more pain appeared as the tumor began to be pushed out know that there is no electrical current through the tissues even if there are strong exposures. So these pulsed current treatments, somehow prepare the tissues to receive the **IMI** device treatments by lowering the resistance of the tissues. And this is confirmed with measurements.

Mr. Hillman: Thank you. Dr. Pappas, could you have **Dr. Tsilimigakis** describe the apparatus that he uses one more time, for his device in terms of where the probes are placed?

Dr. Pappas: He's using needles on the left and right hand, between the thumb and the indicator. And he inserts the needles about half a centimeter deep (about 3 to 5 millimeters).

Mr. Hillman: Then what happens next?

Dr. Pappas: For about half an hour he's electrically pulsating the needles, which make contact directly into the bloodstream. That tends to improve the whole condition - it lowers the tissue resistance which he monitors with other instruments at the same time. So he knows after so many treatments how much has been gained. And then when the resistance is lowered, the **PAP IMI™** treatments are given, they become more effective.

Mr. Hillman: The **PAP IMI™** treatment is more effective after his -

Dr. Pappas: He prepares the tissue that way.

Mr. Hillman: Thank you.

Dr. LaViolette: Another thing you could look into as a way of lowering the tissue resistance is to have the patient drink mineral water where you increase the mineral content of the body as a way of changing the tissue's conductivity.

Something like a quart of very salty mineral water. Not sodium chloride, but mineral salty. This might be something to look into.

Mr. Chuck Wallach: A very good idea.

Dr. Pappas: Paul this is exactly what **Nick Tsilimigakis** is now addressing to me. He just told me that he agrees and he's recommending strongly what you just said. Particular minerals, all sorts of minerals.

Dr. LaViolette: I have gone through this procedure out in Oregon, changing the conductivity of the body with mineral water.

Mr. Hillman: Thanks Paul. Are there any other comments by any of the other doctors present or questions? If not, we're going to wrap this up and as was indicated earlier, we're going to type up the transcript of this meeting and we'll mail it out to every one of you along with your addresses and phone numbers so people will be able to contact **Dr. Saxena** or anybody can contact anybody else if they wish to. And if this was useful to you, we'll try to do it again sometime.

Dr. Freeman: I just have one little comment. I've seen some really amazing results with some vascular stasis ulcers, basically refractory to everything else and definitely a surgical case. After about a week and a half of treatment with the Pappas machine, about 10 minutes a piece, we noticed a marked improvement in the sense that we got new skin growth, from an open lesion to new skin growth, as smooth as a baby's butt. It was really a pleasure to see.

Dr. LaViolette: And what condition was this?

Dr. Freeman: Peripheral vascular stasis ulcer on the legs of a gentleman that was adamant about not having surgery or anything else. And we tried many other different things, including wrapping him in a (?), all the traditional therapies and nothing worked. He had this huge open lesion. Basically his skin was peeled off. So I think that's significant.

And then I've seen some very good results with simple viruses of the extremities. That alone makes it a very valuable tool.

Mr. Hillman: Thank you.

Dr. Pappas: **Dr. Tsilimigakis** had similar experiences to **Dr. Freeman's**.

Mr. Hillman: Dr. Pappas, I think -

Dr. LaViolette: It would be nice with all these cases we've heard, if the data could be shared. For example, the ulcer cases, the horse treatment, the lymphoedema of the leg, all these things. Is it possible to be written up as case studies and be shared with **PAP Electrodynamics**?

Mr. Chuck Wallach: Yes, anything that is sent into the LA office to that fax number, we will share with all of the fax numbers that are on the list that's been faxed to each of you.

Mr. Hillman: Then in the interest of time and expense, I think we'll wrap it up now. And if anybody has any further comments, please speak now, otherwise, thank you for participating.

Dr. Pappas: Gregg, if we have a few more minutes, I don't know why **Dr Zambakos** did not come up, but he wanted to tell his experiences.

Dr. Pappas: I would like to thank Gregg Hillman, with his initiative and generosity we are able to have this conference and I thank him very much for his contribution, which he's doing without any particular profit, so to speak..... Thank you.

Mr. Hillman: If everyone wants to hold on we'll see if **Dr. Zambakos** is coming on.

Rene Ruf? Do you have any experience with the doctor in Germany that had the machine, and what he was using the machine to treat? Wasn't there another doctor in Germany?

Dr. Ruf: He first had the unit in a clinic especially adapted for cancer treatments and the unit was used there for pain treatments but in a way that we were not very satisfied. We changed over to another doctor who is probably closer to the way **Dr. Zimmerman** is working. And we just have spent one week in treatments of various diseases in his viral clinic.

Operator: I have **Dr. Zambakos** on the line.

Mr. Hillman: We're doing the conference call right now with Dr. Pappas.
You wanted to report about your experiences with the machine?

Dr. Zambakos: I have a short experience, for six months only. I can tell you about my experience for this six months. I treated, for these six months, about 12 patients. Among the patients there were two cancers, two fractures, and another who also had arthritis. I can tell you that my experience is very good to excellent with the fractures. I would say good for cancer, from clinical experience only. I haven't verified this with tests, but my clinical experience is very good with cancer. I can't say anymore, because all of my experience is very short at the moment.

Mr. Hillman: What happened with your experience with the fractures?

Dr. Zambakos: First of all, the pain went away immediately after 15 minutes.
There was no pain at all. Secondly the fracture healed in 15 days. And this, I verified with x-rays.

Mr. Hillman: What kind of fractures were these?

Dr. Zambakos: One was a fracture of the ankle. The second one was a very different fracture, a compound fracture of the wrist.

Mr. Hillman: Thank you. If there are no further questions we're going to stop this conference call now. So thank you and hopefully we'll convene again one time. Bye.

CASES FROM C. W.

From Chuck Wallach

Hello Panos,

We are approved here, as you know.

This gives us the approval in the ASEAN countries, 21+- Asian countries....

I have 300 tx records. I want to give them to you, and will when I get the computer from the shop

All my best, chuck

Here are some samples: **IMI treatment** report highlights

Case 1. Male, 51, tx for sciatica in 1995 after 2 surg. failed to eliminate pain the **IMI** seems to have repaired the disc problem and no more pain was ever felt. Pt. continued to tx immune system, and in Feb. of 1996 an accident in hospital stopped the patients heart for four minutes. Emergency open heart was performed, but acute inner wall myocardial infarct occurred and the cardiologist stated the pt would not fully recover. The pt fully recovered in one week. Even though the current EKG shows AIWMI still there, no limitations are experienced

Case 2 .Female, 10 years old. Dec. 27, 1996 severe headaches kept patient in a dark room often screaming for hours. **IMI treatments** proved more successful in pain control than morphine in adult size doses. Pt treated twice per week for three months until it was discovered that her skull had misaligned sutures which were manually restored to proper alignment. Parent claim the **IMI** is the only reason the girl is still alive.

Case 3 .Male, 63, Acute Prostate Cancer certified by Veterans Hospital of Los Angeles. Patient was gray in pallour when tx started, treated twice per week for ten weeks. In two weeks color was normal, clinical findings confirmed cancer was in regression, patient was on medication (fluridimide) like all other Veterans cases, but he was the only patient to recover from his advanced condition. Patient claims **IMI** saved his life.

Case 4 Female, 32 years old, breast cancer metas. to lungs. Gray pallour when tx started, normal color and lack of any pain in two weeks of 3x per weeks tx. Continued at 2x per week for two months, reported cancer in remission, lumps in breast greatly reduced, returned to normal activities.

Case 5 Female 66 scleroderma, tx 2x per week for five months. Noted improvement in circulation, lessening of thick skin around mouth and on hands, tightness gone from all areas of skin. Reynauds disease symptoms reduced to minimum Pain in limbs is gone.

Case 6 Male, 45 Acute Depression adult onset 10 years duraton. Tx 2x per week three weeks. Reduced medication (Aurorix 150 mg) from 3 per day to 1/2 Am; 1/2 PM. Clonazepam 0.5mg from 2 per day to 1, Thioridazine 10mg stopped completely.

Case 7 Female, 48 acute fibromyalgia for 21 years. Patient unable to leave house for many years, after six IMI tx over 2 weeks patient was able to go out, do volunteer work, and returned to normal life style. Tx at 2x per week continud for three months, with noticalbe results. Patient claims she owes her life to the **IMI**.

Case 8 Female, 42, necrosis of right hemisphere of brain from amalgam fillings reaction. Pt was unable to speak coherrently at interview of first treatment, walked badly with a cane. Tx 2xper week for 1 hour on immune and head. After three tx patient was unrecognizable to staff; she arrived wearing make up, making quick witted quips and without her cane. Reported irritated bowel syndrome greatly reduced. After 12 tx patient could read the newspaper for the first time in many years. Pt continues tx to this day with continued improvements and MRI shows marked changes in brain tissue and facial bones.

NEWSPAPER REPORTS

TRANSLATION BY PAUL LAVIOLETTE

Greek Newspaper: Adesmeftos, October 15, 1995

Front Page: 2 Greek scientists raise from the dead 5 seriously ill patients

AIDS * CANCER

Funding from the Common Market for a scientific research program

Page 24 - 25:

GREEK SCIENTISTS STRENGTHEN PATIENTS' IMMUNE SYSTEMS

"Current" of Life for AIDS and Cancer

Original Therapeutic Method with Phenomenal Results

Facts

Dr. Tsilimigakis has obtained stunning results for hundreds of patients, five of which suffered from AIDS in its late stage and many of whom had cancer and were destined to await death. Without monetary reward, **Dr. Tsilimigakis** applied his therapeutic method to the 5 AIDS patients who had no hope of living. A short time after starting the therapy, the patients began to pick up weight, their physical condition and immune system had improved, and they were able to carry on a normal lifestyle. Similar results were observed in several cancer patients whom the hospitals had thought could not be helped by any medical technique.

Dr. Tsilimigakis and professor of physics - inventor Dr. Panagiotis Pappas, along with 14 other scientists (biologists, physicists, doctors, etc.), have already submitted studies for the method to the European Union under the program "Electrostatic Fields, the Bioelectromagnetic Field, and the Immune System." Their proposal is to be considered for funding in 1996.

Three Systems

The treatment method utilizes three machines. The first is a machine that measures the human energy field based on the principles of acupuncture. The second is a machine that passes electric current through the skin. In both machines, says **Dr. Tsilimigakis** there are negative and positive poles which are placed on the palms of the patients hands and on the back sides of the hands. The third machine is a Greek invention, which magnetically induces electric current at points in the body where there is a problem. The first two machines are operated in accordance with acupuncture energy field principles and with a knowledge of each individual's skin conductivity. The machine in which the poles are held in the palms can also aid in disease prevention in that it not only measures a patient's therapeutic progress but also allows a foreknowledge of any future disease based on skin conductivity.

Results

As **Dr. Tsilimigakis** points out, conclusions regarding the skin conductivity of healthy and ill persons were based on measurements of 1000 individuals.

With the second machine a special pulsed current is conducted through the body by means of two golden needles placed on the back of the hand. "Here in Greece," **Dr. Tsilimigakis** added, "the combination of the three machines has been used for 3 years with some phenomenal results. The AIDS patients were encouraged and their physical condition was improved.

Earlier publication of these investigational results could not be made until a reasonable number of cases had been studied. Now we're publicizing the information to promote further improvements and to develop a systematic study at a broader university level so the most efficient therapeutic methods can be found. These applications concern not only patients with AIDS or cancer, but also patients with arthritis, stomach ulcers, pneumonic ulcers, and bone fractures.

The Lightning Bolts Led him to the Discovery

An accidental discovery may mean life for millions of patients suffering from AIDS, cancer, and other diseases.

The Greek inventor, professor of physics Dr. Panagiotis Pappas, who manufactured the electric current/magnetic induction device called **PAP IMI™**, owes this invention to a chance happening and of course to his intensive inclination for investigation. Up to 1984 the object of his work was atmospheric electricity and the invention of lightning arrestor devices.

Winner of a Fulbright postdoctoral research scholarship, he went to MIT along with his pregnant wife, where he worked with professor Graneau and his son who was working toward his PhD in physics at Oxford. The investigational activities concerned electric discharges of the order of 10,000 amperes and 45,000 volts.

Just before the completion of his research, Professor Graneau asked Dr.Pappas to transfer his research results to his son because, according to the prognosis of his doctors, he was not going to live long due to many cancerous tumors all over his body. But the professor lived. The only logical explanation was that the growth of his tumors was arrested as a result of his exposure to strong electromagnetic fields generated by the artificial thunder bolts. There was a danger," Dr. Pappas added, "that these fields could have caused side effects to my pregnant wife, but they didn't. So this was a mystery for me. Then I looked up the international medical bibliography which referred to instances of unexplained therapy of tumors." "These instances led me," Dr. Pappas added, "to change the course of my research and to turn in this direction. I met the assistant of Professor R. Rife who conducted similar cancer treatment tests and methods at Scripps Hospital in the USA and studied related works of Lakofski, Priori, Tonto, and Rapsomanikis that concerned the operation of pulsed lasers and diathermies."

"After 10 years of continuous research," Dr. Pappas added "I succeeded in the development of this invention which has now resulted in investigational programs in the USA, Central Europe, Canada, and Greece."

Greek Newspaper: Adesmeftos October 16, 1995

"How We Conquered Cancer and AIDS"

"A. P." (Adesmeftos Press) brought to light yesterday the miracle of two Greek scientists who managed to "keep" alive patients with AIDS and cancer!

Five of these patients speak today to "A.P." about the results of the pioneering therapeutic method to which they were subjected. The 49 year old Basil, a decorator by profession, was found to be an AIDS patient after an attack of pneumonia that sent him to the hospital. He was diagnosed in March 1994 and on Easter he went to London since he had diarrhea, high fever, vomiting and other symptoms that were a result of the disease. "In June 1995 I started going for therapy to **Dr. Nick Tsilimigakis**. From the first month I saw noticeable improvement in my physical condition during which time I picked up 5 kgs. The second month I gained 4 kilos more and reached my normal weight. In addition, while before the therapy I felt like a dead body- I was dragged and couldn't walk, after the therapy all these symptoms disappeared. I livened up quickly, started eating regularly, and began to work again."

Another AIDS patient, Nikos, 66 years old, couldn't walk when he went to see

Dr. Tsilimigakis. His weight had dropped from 81 kilos to 63 kilos, he had high fever (40 - 41 C, 104 - 106 F), and the doctor he had visited at the hospital had diagnosed the type of pneumonia that shows up in AIDS patients at the last stage.

Antibiotics

"The first month I gained 6 kilos, and 6 kilos more the second month of therapy. I started walking without any problem and continued the therapy for 9 months while I was also taking the antibiotics prescribed by the doctor who had diagnosed the disease. In the summer I went back to my hometown

and, because I had my doubts about the therapy, didn't continue it. I thought I had become well from the antibiotics. At the end of the summer I couldn't walk again and started to feel very weak. So I started the therapy again and immediately I started feeling better."

The first terminal stage AIDS patient subjected to the therapy at no charge experienced similar results. She is a 28 year old photographer who from the first month started gaining back the kilos she had lost and went back to her work, as **Dr. Tsilimigakis** told the "A.P." reporter.

Another patient, the 60 year old J. D. , who had cancer of the colon, had undergone surgery three times. The doctors had decided he couldn't have any further (surgical) therapy. "Before I started the (PAP IMI™) therapy, Mr. J.D. says, I felt weak and couldn't eat. After 5 months of therapy with **Dr. Tsilimigakis** I started feeling strong and was eating normally."

Diabetes

Finally a 65 year old lady from Chalkis, Greece, Mrs. K. M., when she came for the first time to **Dr. Tsilimigakis**, was suffering from aching feet, aching back, loss of appetite, and was unable to walk. "Before I started the therapy," she said to the "A.P." reporter, "I had gone to the doctors and they couldn't find what I had - only increased blood sugar. Now after the therapy by **Dr. Tsilimigakis**, I started to eat regularly again. The aches stopped and I can do my housework."

Greek Newspaper: Adesmeftos October 17, 1995

A New Therapeutic method for AIDS

The "A.P." publications about the new therapeutic method for cancer and AIDS that

Dr. Tsilimigakis follows produced a major sensation to the readers of our newspaper as well as to scientific medical circles. The response from our readers was great, asking for more information about the method. There was also a positive response from medical scientific circles that indicated interest in seeing and verifying the results of this method which is based on the conduction of electric current. For his part, **Dr. Tsilimigakis** expressed the opinion that soon medical practitioners will follow this therapeutic route, one that involves the energy balancing of the individual in collaboration with, and without giving up, the pharmaceutical and therapeutic treatments followed today.

REPORTS BY DR. A. PANETHIMITAKIS

SALUS MEDICAL CENTER

Kifissias 71, Athens 115 23 GR
Tel. +301-6914710

Date: September 1998

TRANSLATED BY CHRISTINE SANTAS

CASE 1: (81/98)

HEPATIC INFLAMMATION

With severe eczema, migraines, pains in joints, colpitis, periodic dyspepsia

The following report refers to an 18 year old girl, who, for two years, had the following symptoms:

A severe eczema with dismantling skin, like wounds on the palms of both hands. Those wounds were often bleeding and excreting a white secretion, which made the patient to wear gloves all the time, or to have her hands covered with gauze.

Other symptoms were, frequent migraines, pains in joints, frequent colpitis, periodic dyspepsia.

She had frequent fits of the mopes, alternating with severe fits of enervation.

On 18/2/98 she had series of examinations, which diagnosed the existence of a hepatic inflammation, with an increased activation of the immune system, inflammation of joints and an increased metabolism of the proteins.

It was the picture of a hypoacute hepatic inflammation with an adulterating metabolism of the proteins. This condition has caused a chronic self-poisoning of her body, which justifies all the symptoms.

The treatment aimed to decrease the liver's inflammation and detoxification. For this reason the following remedies were also used:

Vegetable extracts in maternal tinctures: Cardus Mariannus, Gentiana Lutea and Cynara scolymus

Traceminerals: Au-Ag, Mn-Co and Sulfur

Organ's therapy: Strengthening of the function of the organism's filters

SELENIUM + E

PAP-IMI™ (3 times per week, for 30min, High/Low alternatively. From the first week there were very good results)

After two months with the above treatments, all the symptoms disappeared and a followed examination showed that all the rates have been normalized. The treatment with the vegetable extracts, continued for another few months for completing the remission of the mal-functions of the liver.

CASE 2 : (316/98) S.E.

HEPATITIS

With severe physical and psychological exhaustion, continuous fever

The following case refers to a 58 years old lady who visited our center, on 17/6/98, with the following symptoms:

For a whole month she had low but continuous fever (37,2°-37,5°). She had severe physical and psychological exhaustion, with the feeling of an oncoming death. The last month she had lost around 12 Kgr. An “old” cured hepatitis (lasting 15 years) and a sickness with a continuous attacks of viruses, was diagnosed initially.

Subsequent examination showed:

The general condition of her body was at the stage of ischemia.

The efficiency of the immune system, was significantly reduced.

Significant decrease (to the limit of inactivity), for the function of the large intestine, The flow of the lymphatics of the liver was totally reduced (towards a precancer stage).

Insufficiency for the general circulatory system

Weakening of the cardiac function

Reduced function of the lungs

Significant degenerative procedure of the organism

Decrease of the function of the thyroid gland

Increase of the hepatic function Inflammation)

Gastritis

The whole picture of the patient showed, a chronic, neglected hepatitis, that had been transformed into a form of insufficiency of the immune system and liver as well. Based on various functions of the pancreas, it was increased only in the parameter that was reported to the increase of the metabolism of the proteins, which means significant self-poisoning.

At her first visit, she received treatment by the Bio Magnetic Pulser PAP-IMI™ device. As a result of this first treatment, the fever disappeared in approximately two hours later (a fact which has been observed in several other cases). It did not reappeared again. After the treatments, besides the Magnetic device, there were:

Trace minerals: Au-Ag-Cu, Mn_Cu, Lithium

Vegetable Extracts in Maternal Tinctures: Echinacea, Cardus, Juniperus, Chelidonium

Organ's therapy: Strengthening of the immune system, filters, lungs.

The first phase of the treatment lasted one month. It was interrupted for 30 days and continues until today. The re-examination that took place on 4/9/98, showed remission of the immune system, of all organs, except the liver, which although it appeared significantly improved, however the chronicity of the disease, apparently required a treatment of many months, for its complete rehabilitation.

However most of the symptoms had already disappeared. The mood of the patient was excellent and her life had started getting better every day.

In a series of examinations, it was showed that there was an indication of an inexplicable high increase of the thyroid. We inquired the patient accordingly and she said that she had visited another doctor, who gave her pills, in order to increase the thyroid's function, without informing him, that she was already on a treatment for the strengthening of the functions of her body by Bio Magnetic Pulses. This evidently, confirmed the additional enhancement. Perhaps, this is a characteristic example for the necessity of the co-operation of Doctors, who are giving treatments to the same patient, the same time.

CASE 3: (390/98) P.C.

HEPATITIS

With continuous dizziness

The following case refers to a 53 years old man, who visited our center, on 2/9/98, with the main symptom of a significant and continuous dizziness, so severe that stopped him, working as a painter. In addition he appeared to have some indeterminable “complaints” in the externalia area. The routine

examinations that he was having from time to time, were negative, such as the final diagnosis was “dizziness because of the cervical syndrome.” However the continuous treatment for the cervical syndrome did not have any positive result.

We did a series of examinations at our center, which found out an increased activity of the immune system, significant increase of the pancreatic and hepatic function, in the level of inflammation. It was the classic picture of a hypoacute hepatitis (inflammation of the liver). Furthermore, it was also found an inflammation in Prostatitis.

The treatment that started the same day, by the Bio Magnetic Pulser Device PAP-IMI™, gave as a result an immediate decrease of the feeling of dizziness. After that, we applied the standard treatment for the Hepatitis with trace minerals, provided vegetable extracts, maternal tinctures and organ’s therapy, parallel to the treatments with Bio Magnetic Pulses of the PAP IMI™ device. From the end of the first week, the results were already impressive. The dizziness had been significantly reduced, and the inconvenience in his externalia had disappeared. In a reported series of examinations that took place 15 days later, the general picture that was given, was almost under normal rates. According to the patient himself, the dizziness had been reduced so much, that he said “if I was feeling like now, I would not have visited ever a doctor”. The rates of the function of the liver, are still “high” (although they are reduced, compare to the first test), but this is quite normal, because the definite remission of the condition of the liver, is not possible to happen in a small period of time.

The treatment continues, without the presence of any symptoms, towards the final recovery of the body functions.

Medical Miracle Case

**Uncurable genetic disease (Willebrand Syndrome)
has been vanished for the first time after PAPIMI™ exposures**

**For the time period and frequency of PAPIMI™ exposures, see CG case reported by Paul
Lavolette**

Von Willebrand Syndrome

Von Willebrand syndrome is known as a genetic, non curable disease of the blood with missing the so called factor 12, which becomes worse and worse with the age.

However, an undisputable exception of this medical rule occurred accidentally for the first time for a patient taking systematic PAP IMI™ treatments for other reasons.

"Conclusively, it is a fact, that all the laboratory findings that came up as a result of our tests, are within normal rates. Even, the Willebrand factor (factor 12) which was low, 10 years ago, it is within normal limits now.

We have promised that we would check, this so pleasant and unexpected result."

Dr. med. C. N.

Translated from German
by Christine Santas and John Skandalis

**First Medical Department of
speciality in Hematology, Oncology
and Immunology**

**Head of the Department:
Assistant professor: Dr.
med.Christoph Nert
SCHWABING HOSPITAL OF
MUNISH**

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of Ludwing-Maximillian University,
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**Koelner Platz 1, 80804
Muenchen**

**Tel. 089/3068-2228 Fax:
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Date: 14.05.1998
e-mail: 1 med.Kms@extern.Inz-
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Mrs C. G.,
.....,
82319 Starnberg, Germany.

Dear Mrs G.,

With the following, I would like to inform you, about the results of the tests, in which you have been submitted at the outpatients' department, on 21/04/98. We have already called you, on 27/04/98 to announce the good news. In addition, I send you enclosed, a copy of the real findings and also copies of all the previous ones, that we do have here.

In relation to your case, I refer you to Dr. Kaboth's letter of the 28/10/98, which I also enclose, as a copy.

Diagnosis of Hematology

After the operation and the radiation of an Ewing sarcoma, at the age of 14. We had a suspicion of the Willebrant-Juergens syndrom

Laboratory researches

Hematic picture: Hb 15,5 g/dl, Erythrocytes 5 Mio., HKT 45,6%, MCV 89 fl, MCH 30 pg, Leukocytes 7.750/ml and 64 Segmenterkigen

1 Eosinophilen, 9 Monocellulars , and 26 Lymphocellulars into the differential hematic picture, Thrombocellulars 336.000/ml, Retikulocellurals 11o/000. BSK 1/8 mm n.W.

Further laboratory research

Immunglobulin, quantitavely: IgG 1.120 mg/dl, IgA 239 mg/dl, LgM 165 mg/dj, Haptoglobin 129 mg/dl, b2 Microglobulin 1,69 mg/l, CRP < 3,6 mg?l (all rates are within normal limits).

Freezing analysis

Rapidity: 104%, INR 0,99, PTT 33,8, " Thrombosis time 18,2", Fibrinogen 324 mg/dl, Factor VIII 138%, Co-factor of Ristocetin 112%.

Antigen Von Willebrand 111% (all rates are within normal limits). Furthermore, in Orbitometrie, such freezing time, as the quality of freezing, are quite normal.

Conclusively, it is a fact, that all the laboratory findings that came up as a result of our tests, are within normal rates. Even, the Willebrand factor which was low, 10 years ago, it is within normal limits now.

We have promised that we would check, this so pleasant and unexpected result.

Please consider, that I am always available, for any further, possible clarifications.

With regards,

**Assistant Professor: Dr. med. C.Nert
Head of the Departement**

Case of detoxification and nerve atrophy, etc. remission

**The following report comes from Los Angeles
September 1998
by Dr. Maris Ermarson.**

It concerns the story of a young female, who suffered severe degeneration of the nerves by toxic materials, that caused atrophy and disappear of her calf muscles. It is a characteristic example of the beneficial impact of the PAP IMI™ device. Here is the report as posted by Dr Maris Ermarson : PATIENT HISTORY

At the age of 31 a female from Texas was exposed to deadly toxic materials that started a chain reaction of serious health problems. She suffered severe degeneration of the nerves to her calf muscles. Her calf muscles began to atrophy and disappear. She could only hobble around with splints and crutches, painfully. To alleviate some pain she used a wheelchair.

This condition continually worsened. Doctors were baffled. Her medical bills were astronomical. One physician gave her extremely powerful chemotherapy drugs for 3 months causing pneumonia that almost killed her! When the pneumonia finally stabilized this doctor had the nerve to tell her that she had to start the drug again because she had not given it enough time to work! Eventually, she visited the Mayo Clinic. They had no clue, but suggested exploratory brain surgery which made no sense to her. She then contacted me.

MY TREATMENT

One month before coming to Los Angeles she started taking supplements I had recommended. While in Los Angeles for one week she received bodywork and electromagnetic sessions daily (with PAP IMI™).

After the third electromagnetic session she felt tingling in her feet. She had not had any sensation in her right foot for two years. After the fifth session all of her leg muscles gently twitched and contracted. By the end of the week she experienced increased sensation and more appropriate muscle activity. She had less pain and walked better with her crutches. Additionally she noticed the disappearance of menstrual cramps that she had experienced since 1973. She slept better than she had the previous six years.

After 3 months we spoke on the phone. She can now walk without splints and is only using a cane. She is continually getting better. She told me that she felt that my treatment "opened a doorway" that now allowed her body to start healing. She also asked me when I would open a clinic in Texas."

Dr. Maris Ermarson

of Los Angeles

<http://www.doctorme.com>

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Dr. Alexander Loupasakis MD
PAP IMI™ Application Center

3 Platia Victorias, Athens, GR

Tel: +301 - 8219278

Interview by P.Kyraggelos

Date: November 1998

Q: - Since when do you use the PAP IMI™ Bio Magnetic Pulser Device?

A: - Nearly 4 years.

Q: - During that specific period of time, did you confront with any side effects and if yes, in what case(-s)?

A: - Not at all. No side effects were noticed.

Q: - According to your opinion and your valuable personal experience, is it advisable its long-lasting use?

A: - It is working so far without a problem, so why not?

Q: - According to a number of cases of the last 4 years, could you just give us a percentage of the effectiveness of the PAP IMI™ Device use?

A: - It is very difficult to report a precise percentage, simply because I select the cases.

Q: - Would you please describe the first reaction of your patients towards the PAP IMI™ Bio Magnetic Pulser Device? Were they suspicious about it?

A: - I would not say so. Our personal relationship, this special bond which develops between doctors and patients, contributed to a relationship based on trust and mutual help.

Q: - In what cases, did you use the PAP IMI™ Device, till now?

A: - In cases like:

Osteoarthritis

Cervical Syndrom

Periarthritis of Shoulders

Chronic Osteoarthritis of Knees

Tennis Elbow

Tube Carpal Syndrom

Sports injuries (Fractures- Ruptures)

Dysmenorrhea

Bronchitis (Acute or Chronic)

Sinusitis

Spondyloarthritis

General Deficiency of the Immune System

Chronic Fatigue Syndrom

Reactive Depression

Anxiety

Visceral Neurosis.....

And in many others, that I can not thing off, at the moment..

Q: - Relatively to dysmenorrhea case, could you please tell us if the patient was already a mother?

A: - No, it took place before any pregnancies were involved.

Q: - What about the results of the PAP IMI™ Device, concerning the above cases?

A: - We experienced simply the best results.

Q: - After all those years of experience with the PAP IMI™ Device, what is your personal opinion, regarding the efficiency of this specific therapeutic method? Would you recommend it, to others?

A: - I do recommend it, unconditionally and in fact a lot of my colleagues received treatments with the PAP IMI™ Device.

Q: - Does the weather affect the effectiveness of the PAP IMI™ Device?

A: - That is a very interesting question. Now that you've mentioned that, I just realized that my patients do not prefer to come, when the weather is bad.

Q: - In which percentage, do you believe that the efficiency of the device is possible?

A: - Anything counts, nutrition, individuals, the nature of each case...

Q: - Any comments about the racial origin of your patients?

A: - They all were white.

Q: - Would you recommend it to certain cases, unconditionally?

A: - It is my responsibility, to estimate the case I, myself, first.

MEDICAL MIRACLE OF A CANCER PATIENT

**Translated by Christine Santa
November 1998**

Keywords: Intestine cancer, swelling in the rectum, high fever, weakness, unbearable pains, bleeding, CAD Scan.

The following case refers to the medical history of M.M., a young female Archeologist, a patient who suffered from cancer in the large intestine. The facts of the story are based on the personal narration of the patient (November 1998). The transcription was made by Christine Santas.

At the beginning of 1991, after having some inconvenience in the rectum and continuous bleeding, I was submitted in to an axial tomography examination (CAD Scan). Unfortunately, it was found that I had cancer in the large intestine. For this condition, I had an operation in which a part of the large intestine (about 12 cm long) was removed.

Two years later, at the beginning of 1993, after a series of tests, a secondary metastasis was observed in the large intestine again, which according to the medical experts' opinions, was a tumor of a different origin. For this reason, I went to England, where firstly, I had an operation in which for a second time, another part of the large intestine (about 20 cm long) was removed. After this operation, my condition became severely bad, as soon as an orthovaginal fistula was developed connecting the rectum with the vaginal cervix. For this particular complication, I had a third operation for the removal of the fistula, which however was not successful.

I returned back home in Greece, in the middle of 1993, where my condition changed for the worse. For almost six months, I was getting in and out of hospitals without improvement. As a result of the permanent swelling in the rectum, my already exhausted body became very weak. In addition, I was forced to stay in bed because of continuous high fever, weakness and unbearable pains.

I visited the medical center of Dr. Nick Tsilimigakis, at the beginning of 1994. During that time, I was convinced that my condition could not change and that death was very close. The only reason I accepted to receive treatments with the PAP IMI™ Bio Magnetic Pulser Device, was my family. I did not want them to feel guilty, that they did not suggest and did not do everything possible for me.

The therapy concluded 3 applications per week with the PAP IMI™ Device (for the first year) which gradually reduced into 1 application per week (stage of stabilization).

The first day of my therapy, I was taken to Dr. Tsilimigakis' Medical Center, by my family, simply because my severe condition did not allow me to get up and to walk. After having the fifth application, I walked up the two stairs from the elevator which were leading in to the Center without any help. This simple and incredible for me fact, to walk up to the stairs after many months, compulsory stay in bed, gave me the strength and the courage to live and continue. After the tenth application, I walked all the way to the Center, only with my brother's escort. After three months, I was walking normally, like I used to before my illness. The swelling retreated, the fever disappeared and the pains were vanished. After one year I was completely cured from cancer.

During that specific period of time (of one year PAP IMI™ treatments), I was having regular haematologic tests (every three months or less) which gradually were improving, till they remained permanently to a satisfactory level, equivalent to the level of a healthy non cancerous person.

Today, after five years of being in excellent physical condition, my original Doctors and I still can not believe that I am alive. Now, after many bad years of tragedy and the feeling of near death, I look into the future and life with full of energy, optimism, security and happiness.

I would like to thank my special Doctor Nick Tsilimigakis and the manufactures of the PAP IMI™ Bio Magnetic Pulser Device, for saving my life.

M.M.

Dr. Nickolaos Tsilimigakis, M.d.

**Therapies with the PAP IMI™ Nuclear Resonance
Device and Electrotherapy**

**Metaxa & Fivis 15,
Glyfada, Athens**

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Date: 19/11/98

Translated by Christine Santas

The following cases, are referring to a few recent medical cases, from the records of Dr. Nickolaos Tsilimigakis, for the up-dating information of the internet readers. They concern the use of the Nuclear Resonance with the PAP IMI™ Bio Magnetic Pulser Device.

CASE 1: M.M. (Female, 60 years old)

CANCER OF LARGE INTESTINE & BONE CANCER

In November of 1996, female patient M.M. was found with cancer in the large intestine. Because of the above finding, she had an operation, in which a significant part of the large intestine was removed. She also had a series of chemotherapies and radiations.

In the middle of 1998, after an axial tomography (CAT Scan), **secondary metastasis to the bones** on the left ischium and pelvis were found. The physical condition of the patient became very critical. Laboratory findings reflected a similar picture.


In February of 1998, She started receiving treatments with the PAP IMI™ Bio Magnetic Pulser Device, in combination with electrotherapy and vitamins supplements.

During the first month of the treatments a spectacular improvement of her physical condition became evident. There was also a significant reduction to almost elimination of all pains. This improvement continued during the second month. Significant remission also showed up at the hematological tests.

About 9 months later, at the beginning of November of 1998, the general condition of the patient was almost perfect. The pathological examinations were at the level of a healthy person.

The frequency of use of the PAP IMI™ Device was initially 4 times per week for a few months. Subsequently, treatments today (November 1998) were given, to the level of maintenance, which means 1 time per week.

Photos of the clinical results of the patient M.M.



ΗΛΕΚΤΡΟΝΙΚΗ ΔΙΑΓΝΩΣΗ Α.Ε.
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 ΑΘΗΝΑ

Αθήνα 20/5/1998

Κ. Μ. [redacted]
 Α. ΜΗΤΡΩΟΥ : 200262

14/01/98

ΣΠΙΝΘΗΡΟΓΡΑΦΗΜΑ ΟΣΤΕΩΝ

ΥΠΟΔΥΝΑΜΙΚΗ ΤΟΜΟΓΡΑΦΙΑ ΑΝΩ ΚΑΙ ΚΑΤΩ ΚΟΙΛΙΑΣ

Κ. Μ. [redacted] Μ. [redacted]


Η εξέταση έγινε κατά την προεγγραφή από τον πρότερο ακτινολογικό έλεγχο.
 Παρατηρούνται πολλαπλά μικρά διαστάσεων υδατικές ασπίδες με σαφή ορατά όρια και μέλλον κλαστικές παρακλίνες στην περιοχή του αριστερού και του δεξιού λοβού του ήπατος.
 Τα ευρήματα εμβρυοειδή αποδίδονται σε απλές κύστες στις περιοχές αυτές λόγω όμως του ιστορικού της ασθενούς συνιστάται και υπερηχογραφική παρακολούθηση των ευρημάτων.
 Δεν παρατηρούνται διακρίσιμα εστιακά ελαστικά υδατοδιαλυτά φασκοειδή-σπασμωδικά-πυκνωμένα και του αριστερού ήπατος.
 Ευμεγέθης απλή ελαστική κύστη στην μεσώστεα και τον κάτω πόλο του αριστερού νεφρού.
 Δεν σημειώνεται διάταση του βελωτοκαλικτικού συστήματος ή των συσταίων υπερτέρων των 5ου νεφρών.
 Ελάφια ελαστά λιμφοειδή διεισδύσαν στην περιοχή του σπληνικού σπληνικού χώρου δεν παρατηρείται στην εξέταση αυτή.
 Δεν σημειώνεται συλλογή στην περιοχή του δωδεκαερίου.
 Εμφανίζονται παρόμοια στην περιοχή του ιερού και των λαγυγίων οστών τα οποία αντέκλεισαν την οστική αλλοίωση του αριστερού τμήματος του ιερού οστού η οποία όμως ελέγχεται λιγότερο με την μαγνητική τομογραφία και εκ των υστέρων εκτελέστηκε.
 Η αλλοίωση αυτή δεν επεκτείνεται εντός των σπονδυλικών κορμάτων του ιερού οστού.
 Δεν σημειώνεται άλλη σαφής ελάφια οστική αλλοίωση στην περιοχή της ελάφιας νεύρας.

Εκ του γενομένου ολόσμου σπινθηρογραφικού ελέγχου των οστών σημειώνεται αυξημένη καθήλωση του ραδιοφαρμάκου απότομη εντονότερου οστικού μεταβολισμού στο δεξιό ηβικό οστό, στις ιερολαγόνιες αρθρώσεις άμφω (ιδίως στην αριστερά) καθώς και στην κάτω γνάθο (επί τα αριστερά-θα μπορούσε να αποδοθεί σε περιοδοντική φλεγμονή).
 Επίσης ελέγχεται μειωμένη καθήλωση του ραδιοφαρμάκου στους κατώτερους οσφυϊκούς σπονδύλους, ενδειξη προηγηθείσας αντινοβολίας στην ανώτερη περιοχή.
 Το εύρημα από το δεξιό ηβικό οστό είναι ύποπτο δευτεροπαθούς εντοπίσεως ενώ χρήζουν ακτινολογικού συσχετισμού τα ευρήματα εκ των ιερολαγόνιων αρθρώσεων (ιδίως της αριστεράς).
 Συνιστάται επανέλεγχος μετά από μερικούς μήνες.

Γ.Κ./κκ

Ο ΙΑΤΡΟΣ

 Γ.Ι. ΤΣΙΛΙΜΙΓΑΚΗΣ
 ΑΚΤΙΝΟΛΟΓΟΣ

Ο ΙΑΤΡΟΣ

 Β. ΓΙΑΝΝΑΚΟΠΟΥΛΟΣ

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 ΔΙΕΥΘΥΝΤΡΙΑ: ΑΓΓ. ΤΑΒΕΡΝΑΚΗ

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ΕΣΩΤ.

ΣΠΙΝΘΗΡΟΓΡΑΦΗΜΑ ΟΣΤΕΩΝ

Κ. Μ. [redacted] Μ. [redacted]
 ΑΣΟΝΙΚΗ ΤΟΜΟΓΡΑΦΙΑ ΑΝΩ ΚΑΙ ΚΑΤΩ ΚΟΙΛΙΑΣ

ΟΝΟΜΑ ΑΣΘΕΝΟΥΣ: Μ. [redacted] Μ. [redacted] ΗΛΙΚΙΑ: 55
 ΗΜΕΡΟΜΗΝΙΑ: 16.3.99 ΠΑΛΙΟΦΑΡΜΑΚΟ-ΛΟΣΗ

Εικόνα διαγνωστικά κλήρης.

Σχετικά περιορισμένος αριθμός απλών παρεγχυματικών κύστεων, η μεγαλύτερη εκ των οποίων εμφανίζει διάμετρο 2CM παρατηρούνται σε αμφότερους τους ηπατικούς λοβούς.
 Δεν ανιχνεύονται άλλες φύσεως εστιακές παρεγχυματικές αλλοιώσεις στο ήπαρ.
 Χωρίς παθολογικά ευρήματα ελέγχονται σπλήνας, πάγκρεας, δεξιός νεφρός και επινεφρίδια.
 Ευμεγέθης (8CM) απλή φλοιώδης κύστη παρατηρείται στον κάτω πόλο του αριστερού νεφρού.
 Δεν παρατηρούνται διακρίσιμα λιμφοειδή στην σπληνική περιοχή και κατά μήκος των λαγυγίων ολόσμων αμφοτερόπλευρα.
 Από τον έλεγχο των ενδοπεπτικών οργάνων δεν διακρίνονται εμφανή τουλάχιστον παθολογικά ευρήματα.
 Παρατηρείται οστεοσπικνωτικού τύπου βλάβη στο δεξιό ηβικό οστό με ευνοϊκό ποσοστό κατάματος σωστής.
 Κλινικά συνεκτιμηση.

ΑΠΟΤΕΛΕΣΜΑ

Σπινθηρογράμια οστών χωρίς ενδείξεις ενδεικτικά για δευτερογενή εντόπιση της νόσου.

Α. ΣΙΓΓΑΛΕ
 ΕΠΙΜΕΛΗΤΗΣ Α.

Ο ΔΙΕΥΘΥΝΤΗΣ

Great news for the patient and Dr. Tsilimigakis.

The final results of the clinical tests taken on March 1999 show 100% BONE CANCER free.

CASE 2: G.S. (Male, 30 years old)

ULCEROUS COLITIS

Five years ago (in 1993), a male patient, after having diarrhetic evacuations, was found with ulcerous colitis. G.S had cortisone and some other treatments. In spite of everything, the clinical condition was not improving. As a result of that, he lost 10 kilos, he had oligospermia, loss of hair and generally his physical condition became really critical.

The patient came for treatment to our center for, on 1/10/98. During the first 15 days, he showed a gradual improvement in his physical condition, and a significant reduction of his diarrheic evacuations.

During the second 15 days, the improvement continued in all levels with a simultaneous increase of weight. After 4 to 5 days from the beginning of the treatment, the patient's condition was excellent and the evacuations were normal. This is the reason why the dose of Aracol tablets that he was taking, were reduced, from 4 to 1, daily. At the same time, we had reduced the frequency of the use of the PAP IMI™ Device and electrotherapy as well, from 4 to 1 time per week.

CASE 3: T.P. (Male, 55 years old)

GASTRECTOMY - ANAEMIA - POLYPPES OF LARGE INTESTINE

The above patient T.P., had a gastrectomy in 1964. Subsequently, Birus Anaemia and Polypes appeared in large intestine. The patient had frequent attacks of angiocholitis with high temperature. His physical condition was very critical, so he was very often hospitalized.

He came for treatment in our center, on 10/10/98. He received treatments, with the PAP IMI™ Device in combination with electrotherapy, 4 times per week. After 40 days of treatment, the patient did not have any other attack of angiocholitis. He gained 5 Kilos, his physical condition, improved significantly. The treatment continues 2 times per week.

OTHER RECENT CASES FROM DR. TSILIMIGAKIS, M.D.

Interviews and Writings by Georges Von Bourbaki & Rulla De Lucci Non Medical Associates.

Case 1. <u>LIVER TUMORS</u>	Case 2. <u>LIVER TUMORS</u>	Case 3. <u>LUNG CANCER</u>	Case 4. <u>MELANOMA</u>
Case 5. <u>BONEMARROW CANCER</u>	Case 6. <u>LIVER CANCER</u>	Case 7. <u>CHRONIC FATIGUE SYNDROME</u>	Case 8. <u>PITUITARY ADENOMA</u>

CASE 1 - LIVER TUMORS

Keywords: Cancer, Tumors, Calcification.

Patient: E.M. Male, 50 years old.

Treatment: PAP IMI™ magnetic pulses for 6 months daily: 15 minutes on thymus; 30 minutes on liver. After 6 months the magnetic pulses were reduced to twice a week. The first 15 days, micro-currents administered daily and then when needed (see).

Results: Calcification of liver tumors had occurred. Today the patient is in perfect health.

About 3 years ago, patient E.M. came to the medical office of Dr. Tsilimigakis. He had 10 small cancer tumors in the liver, as confirmed by spin tomographs.

After 6 months of daily PAP IMI™ magnetic pulses, there occurred a calcification of the boundaries of the individual tumors, as it could be seen on the spin tomographs. This was the first time that Dr. Tsilimigakis had observed such a calcification process of cancer tumors occurring.

PAP IMI™ magnetic pulses were continued for a whole year, reduced to two times per week for the next sixth month and then, for a few more months, maintenance magnetic pulses followed. Today the patient is in perfect health.

CASE 2 – LIVER TUMORS

Keywords: Cancer, Liver tumors, Anaemia.

Patient: M.S., Male, 72 years old.

Clinical appearance: Weak and pale from anaemia, but optimistic about his treatment.

Diagnosis and treatment: Cancer tumors of the liver; Anaemia; Immune system very low; Initial skin-body conductivity 25% below normal:

Micro-currents 30 minutes daily.

PAP IMI™ magnetic pulses on thymus 15 minutes, on liver 30 minutes daily.

Results: By the 8th treatment his skin conductivity measurements, systematically, doubled up to about 50%, coinciding with the patient's improved physical appearance. Patient recovered his color, energy and good mood.

Just about four weeks ago, patient M.S. came to the medical office of Dr. Tsilimigakis. He had about the same health problems as patient Case no 1, about 8-10 small cancer tumors within the liver. The

biggest tumor was about 28 mm. Ultra sound photographs confirmed the diagnosis. The patient looked extremely pale and yellowish and felt very weak.

Now, after nine daily treatments with PAP IMI™ magnetic pulses - aided additionally by vitamin C and Selenium pills of 200 milligrams each day - the patient has regained his normal color and feels much better.

According to Dr. Tsilimigakis, the treatments should be continued for at least another 6 more months.

CASE 3 – LUNG CANCER

Keywords: Lung Cancer, Esophagus Cancer, PAP IMI™ Combination with Radiation

Patient: E.P., Male, 74 years old.

Treatment: During patient's stay in the city of Athens for a month, he was administered at the beginning daily 30 minutes micro-current for restituting skin conductivity. PAP IMI™ magnetic pulses daily: on thymus 15 minutes, on lungs 20 minutes, on esophagus 15 minutes.

Results: The patient, a robust looking man, recovered normal skin conductivity very fast. Lung cancer became almost invisible after four and a half months PAP IMI™ magnetic pulses. Also, instead of the expected 18 gamma radiation sessions, preparation of the tumor with magnetic pulses for one month facilitated the elimination of the secondary esophagus tumor, with only three gamma radiations. According to the Hospital Doctors, " This was the first time they had observed such fast elimination of any tumor".

About a year ago, patient E.P. was diagnosed having left lung cancer. However, to avoid seriously upsetting and discouraging the patient, the Medical Doctors at the Hospital told him, as it is still customary in certain countries, that he had pneumonia. The patient and his family - which knew his condition- decided on PAP IMI™ Magnetic Pulses with Dr. Tsilimigakis. After a month, because the patient lived far away from Athens and he could not commute for his daily treatments with Dr. Tsilimigakis, he had to continue with PAP IMI™ magnetic pulses at home. Thus, the patient followed his lung treatment for the assumed "pneumonia" for a period of another two and a half months.

After that period, suddenly, the patient developed problems with swallowing during eating. So, he went back to see Dr. Tsilimigakis, in order to find out what to do about the new problem. The Doctor suggested to the patient E.P.that he should extend the magnetic pulses also on the esophagus (throat) and have additional monitoring tests done. The patient continued PAP IMI™ Magnetic Pulses for another month.

When the patient went to the Hospital, in order to have the long scheduled medical check-up, the MDs discovered and diagnosed that the tumor in the lung had become almost invisible; but they also discovered a secondary tumor within the esophagus. The Medical Doctors suggested the tumor had to be removed with a surgical operation. The patient remained 4 days in the hospital preparing for that operation. However, at the end of this period, the patient considered that such an operation would be too dangerous, because he was afraid that he might be unable to speak again, and left the clinic without having the operation performed.

Prior to the patient's decision for the operation, Dr. Pappas had strongly suggested to the patient and to his family, that he should receive gamma radiations instead; because it had already been known to Dr Pappas that the combination of PAP IMI™ magnetic pulses, on one hand and gamma radiations at the other, provided extremely good results and far superior to the results of any one of these treatments could provided alone.

So, the patient E.P. went to see a specialist MD in the Department of Radiology of his Hospital for possible radiation treatments. The Radiologist suggested a series of at least 18 consecutive gamma radiations to the esophagus were needed in order to eliminate the existing throat problems. The patient accepted and the series of radiations were started. To the surprise of all the attending Medical Doctors in

the hospital, the tumor disappeared after only 3 radiation sessions; whereupon, the patient had no further difficulties when eating.

According to Dr. Pappas, the very fast response to gamma radiations was due to the fact, that the esophagus and the thymus of the patient had been treated and prepared previously with the PAP IMI™ Magnetic pulses. To Dr. Pappas experience, PAP IMI™ magnetic pulses combination previously, and/or during, and/or after with radiation, always gives far better results than any of these two treatments alone.

Dr. Tsilimigakis advised the patient to continue with PAP IMI™ magnetic pulses; but Mr. E.P. had already returned the PAP IMI™ device because he had considered himself healed from his “pneumonia” and his minor “throat-disorders”. Now it remains to be seen whether such a policy, of misinforming a patient, is in the interest of the patient in the long run.

CASE 4 - MELANOMA

Keywords: Melanoma, Thymus Reactivation.

Patient: A.L., Male, 45 years old.

Clinical condition before treatment: Very weak from chemotherapy for melanoma; Despaired for having no further treatments suggested by his Medical Doctors; Low immune system; On sick leave from his hospital practice.

Laboratory findings before treatment: Left arm, 5 cm melanoma with expected metastasis to lung; Decreased CD4.

Treatment: Initial skin conductivity 45% below normal levels; Micro-current for 30 minutes daily. PAP IMI™ magnetic pulses 15 minutes on Thymus daily and 15 minutes on melanoma daily.

Results: Thymus activation and enlargement helped the patient to overcome successfully his immune system deficiency caused by chemotherapy, by increasing CD 4 cells and bringing them to normal levels and thus restoring the patient back to health. The duration of his treatment lasted 6 months. Skin conductivity measurements correlated with the physical improvement of the patient This is the case that Dr. Tsilimigakis had the opportunity to treat thymus with PAP IMI™ magnetic pulses systematically and on a long term basis for the first time. After six magnetic pulses, there were no pathological indications present for this Medical Doctor patient.

The patient A.L., a Medical Doctor himself, in the regular staff of a major Hospital in Athens Greece, had developed a melanoma on his left arm, circular in size and about 5 cm in diameter. The existence of this melanoma was confirmed by corresponding blood tests. Thereupon, the patient underwent chemotherapy, which according to blood tests eliminated the melanoma problem; however, the chemotherapy affected seriously the immune system of the patient. Consequently, the number of CD 4 cells - normally above 1000 - fell to about 250. Due to this fact, the patient became very weak.

In the following, Dr. A.L. came to Dr. Tsilimigakis clinic on January 1998, in order to help his immune system. Thereupon, over a 6 months period of PAP IMI™ magnetic pulses to the thymus on a daily basis, the patient was able to regain his physical strength. Six months later, when a full medical check-up of the patient was carried out in his Hospital, the blood analysis results appeared to be normal. This came as an unexpected surprise to the patient’s colleagues Medical Doctors, to the point that the Hospital staff suspected that during the measurements of the blood samples a mistake or even several mistakes had occurred. Thus, the blood analysis was repeated, but they showed again the same, unexpected and completely healthy blood values.

However, by taking spin-tomographs, it was discovered that the thymus of the patient had doubled its volume. To Dr. Tsilimigakis, this appeared quite normal because of the numerous treatments on the patient’s thymus with PAP IMI™ magnetic pulses for restoring the immune system. Magnetic pulses had reactivated the patient’s thymus to a size he should have had during his youth.

The medical doctors in the hospital though became concerned and suspected that a secondary and metastasized tumor had developed within the thymus and was causing the unexpected size increase. Thus, they insisted on having a biopsy done on the thymus, which according to Dr. Tsilimigakis appeared to be a completely unnecessary operation. Dr.A.L's biopsy of the thymus was performed and it clearly showed that there was no cancer at the thymus at all.

Since Dr. A.L.'s particular tests and biopsy were done within the Evangelismos Hospital, one of the most reputable hospitals in Greece and the patient was a regular Medical Doctor at the same Hospital, Dr. Tsilimigaki's therapeutic procedure of the particular patient became the subject of many discussions of the medical community in Athens.

CASE 5 - BONEMARROW CANCER

Keywords: Lumbar Region Osteolysis, Reactive Depression.

Patient: E.B.,Female, 45 years old, Medical Doctor,Swiss.

Clinical condition before treatment: Bonemarrow cancer since '98; She underwent continuous treatments in Switzerland for lumbar region osteolysis and many other complications; Different chemotherapy designs had saved her life but left her immune system destroyed; Developed intolerance to interferon-a.

Clinical condition: When the patient E.B. arrived at Dr. Tsilimigakis office, she had low immune system; She was feeling very week due to chemotherapy, lacking energy and energetic initiative; Beginning of reactive depression and feeling like a ZOMBIE; Incapable to function as a mother, wife and Psychiatrist; On sick leave from her private practice; Despaired for having no further alternative treatments suggested to her by Medical Doctors.

Treatments: Initial skin conductivity measurements 50% below normal: Micro-current 30 minutes daily. PAP IMI™ magnetic Pulses at each of the three myeloma areas locally for 20 minutes each and 15 minutes on thymus gland daily for one month.

Results: After the above treatment, because the patient's condition was very serious and her treatment period with PAPIMI™ magnetic pulses very short, when the tests at the Swiss Clinic showed no pathogenic cancer indicators, the Clinic Doctors decided to repeat the tests. Even,

Dr. Tsilimigakis was surprised with the unexpected news.He had been expecting a paraprotein drop, but not their returned to normal.

Patient E.B. was a Medical Doctor with her own Psychiatric practice and mother of four children, living partially in Switzerland and partially in Italy. Two years ago, she developed cancer of the bonemarrow (myeloma) in three places, shoulder, spine and leg. She was treated at a Swiss Hospital and to reduce the progressing myeloma she had received different designs of chemotherapy - the dosage of which had appeared to be almost lethal; in addition, autograms of the bonemarrow had been performed. Consequently, with all these treatments the patient had reached such a state of extreme weakness and mental stress that she could not perform any of her daily obligations and duties.

During the month of August 2000, Dr.E.B. became a patient at the Swiss Aeskulap Klinik, specialized in alternative medicine. There she was treated with magnetic pulses that brought some improvement to her physical and mental condition.

After being informed, about the PAP IMI™ and doctor Tsilimigakis method in Greece, the patient decided to spend the month of September in Athens in order to have treatments at the medical practice of Dr. Tsilimigakis. During that month of PAP IMI™ magnetic pulses, the patient was exceptionally and unexpectedly helped. She was able to gain 4 kg and her physical and mental strength had improved accordingly. When at the end of the month, her husband came to Greece in order to take her back home, after seeing her, he exclaimed to the doctor:

“Thank you Dr. Tsilimigakis, you created a new wife for me!”

Since then, Dr. E.B., with a PAP IMI™ device at her home, is continuing the therapy according to Dr. Tsilimigakis instructions by herself, while possibly she will be using the device later for her own patients. In addition, it should be mentioned, in a telex from the Aeskulap Klinik in Switzerland, patient's personal Doctor congratulated Dr. Tsilimigakis for his success with the particular patient.

CASE 6 - LIVER CANCER

Keywords: Liver, Cancer, Gall, Bladder

Patient: A.M., Female, 76 years old, Swiss.

Clinical condition before treatment: Liver cancer with projection towards the gall bladder; Very weak but optimistic about the treatment.

Treatment: Initial skin conductivity 50% below normal:

Micro-current applications for 30 minutes daily.

PAP IMI™ magnetic pulses on thymus 15 minutes and locally on liver and gall-bladder 30 minutes daily.

Results: Within the first 15 days, the patient recovered physically almost 50% and reached normal blood analysis values; An immediate arrest of the tumor's growth was detected. Blood analysis down to the normal values.

Patient A.M., an elder lady, had developed cancer in the liver with projection towards the gall bladder. By comparing spin tomographs, taken first before her departure from Switzerland and again only two weeks later upon her arrival in Greece, it was discovered that within that short period of 15 days time, the particular tumor had grown from 30 mm to 45 mm, meaning that the tumor was growing with the rate of about 1 mm per day (!!!).

During her two weeks staying in Greece, the patient received daily PAP IMI™ magnetic pulses at the medical practice of Dr. Tsilimigakis; whereupon, it was observed that the growth of the tumor in the liver had been arrested.

Upon returning to Switzerland, this patient carried a PAP IMI™ device to continue her magnetic pulses and thus, Mrs. A.M. has been doing so for the last two months at her home. According to the last information received from Switzerland, the elder lady now feels very well, while her blood values have reached to normal. The magnetic pulses with PAP IMI™ and Dr. Tsilimigakis therapeutic instructions, however, will have to be continued for at least another six month.

CASE 7 - CHRONIC FATIGUE SYNDROME

Keywords: Fatigue, Dysthymia, Asthma.

Patient: A.M., female, 67 years old.

Clinical condition before treatment: Continuous fatigue; Bad mood and excitability; Total lack of energy and motivation; Early stage asthma condition.

Treatments: Skin conductivity 60% below normal:

Micro-currents 30 minutes daily.

PAP IMI™ magnetic pulses on thymus 15 minutes daily;

Results: 10 magnetic pulses sessions for the Chronic Fatigue Syndrome.

Although Mrs. A.M. was not suffering from a serious disease, she came to Dr. Tsilimigakis medical practice hoping that she could probably be able “to be helped” and have her continuous suffering from fatigue alleviated. She had started to feel depressed and became excitable often. She felt total lack of energy and motivation. She was also diagnosed with an early stage asthma condition. Dr. Tsilimigakis

decided that the therapeutic management should be concentrated first on strengthening her immune system, bringing her energy levels higher and then treating her asthma. The Doctor said that if his patient had left her chronic fatigue syndrome untreated, she most likely within the next two years would have been suffering from a disease.

Patient's development was gradual and steady and by the 8th treatment she had almost recovered physically and psychologically. Mrs. A.M. said: "When I came Doctor, I was feeling ready to break to pieces. Whatever I was doing, walking, sitting, getting up, or any other action, I always had the feeling that something was stopping my body. I was constantly in a fatigue state. But then gradually, after I started this therapy, I could feel it every day that life was coming back to me".

After the 10th session, Dr. Tsilimigakis decided to stop therapy for about 15 days to let her rest and recover.

Mrs. A.M. is now back to Dr. Tsilimigakis practice treating her asthma condition that is also improving steadily.

CASE 8 - PITUITARY ADENOMA

Keywords: Galactouria, Excess Hormones, Excess Prolactin

Patient: L.G. young female, 24 years old, Ukrainian.

Clinical condition before treatment: High levels of prolactin; Pituitary adenoma, which the doctors suggested that had to be removed surgically, by inserting catheter through the nose.;

She had hormone therapy side effects. She started therapy with Dr. Tsilimigakis one month after discontinuing her hormone therapy

Treatment: PAP IMI™ magnetic pulses 20 minutes on each breast, 10 minutes on the head, 15 minutes on Thymus gland three times a week.

Results: The adenoma was in remission; Galactouria was arrested; Prolactin levels became normal.

Patient L.G. had developed Galactouria in her breasts (constant production of milk). When visiting medical doctors in her country and blood tests were performed, it was discovered that the young lady had very high levels of prolactin in her blood. In the following, spin tomographs were made, whereby it was discovered that there was an abnormal growth of the hypophysis (pituitary adenoma). Thus the patient received a hormone therapy, which produced strong side effects in the form of headaches, nausea, fatigue etc. Therefore, this hormone therapy had to be discontinued.

A few months ago, the young lady came to Greece for PAP IMI™ magnetic pulses at the medical office of Dr. Tsilimigakis. Miss L.G. started magnetic pulses September 2000, three times per week, about 20 minutes on each breast, ten minutes on the head and 15 minutes on the thymus gland.

The patient's Galacturia was reduced gradually during the first two months of magnetic pulses and by the third month it had stopped completely.

Dr. Tsilimigakis had scheduled to continue her treatments for another three months.

COMMENTS

According to Dr Tsilimigakis, it appeared that some severe cancer cases of the liver had required a longer period of magnetic pulses, up to 30 minutes per day and extending the duration of treatment, depending on the individual case, for some to six months and others for up to two years.

According to Dr. Pappas, calcification of tumors in the liver by PAP IMI™ magnetic pulses had become known to him to have occurred before, 2 or 3 times, while in US.

NFAM

YEAR'S END UPDATE

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TREATMENT STUDIES

Year's End Update >> CAM for the Military, Grant Activities

NFAM RESEARCH HIGHLIGHT:

CAM FOR THE MILITARY, GRANT ACTIVITIES

In November, NFAM completed the year one grant activities to screen clinical practices and evaluate therapies that have direct relevance for U.S. military readiness (ie, easily administered, portable treatments for acute and chronic pain, wound healing). Over the past year, NFAM screened 11 clinical practices (that used electromagnetic, acupuncture, and other approaches), and completed three field investigation/retrospective studies. From these studies, NFAM found two electromagnetic devices that appear to offer immediate and long-term pain relief: Electro Pressure Regeneration Therapy (EPRT) and the PAP Ion Magnetic Inductor (PAPIMI). These energy devices deliver a pulsed electromagnetic field to the cells and increase circulation and the flow of nutrients, among other hypothesized actions, to accelerate healing. The third field study examined the use of direct microcurrent plus silver plated nylon dressing for wound healing for patients suffering from severe burns.



Finally, in collaboration with the Samueli Institute, NFAM managed a clinical study evaluating auricular acupuncture for patients presenting with acute pain in the emergency room setting at a military hospital. The study was based on scientific data showing that acupuncture stimulates the release of endorphins (endogenous opioids) for an analgesic effect. The study findings will be published soon.

“The MILCAM program allows NFAM to be the eyes and ears of the CAM field and to collect reliable data on low-cost complementary and alternative therapies for a range of health concerns”



For year 2, NFAM has proposed several outcome studies to evaluate the therapies identified in year 1. Since military personnel spend limited time on the battlefield, our site visits and field investigations will be expanded to include therapies for non-battlefield health concerns that confront soldiers and veterans. The MILCAM program allows NFAM to be the eyes and ears of the CAM field and to collect reliable data on low-cost CAM therapies for a range of health concerns.



RETROSPECTIVE STUDIES OF THE EFFECT OF BIOELECTROMAGNETIC DEVICES ON PAIN. M. A. Richardson¹, J. Li², C. C. Lin³, N. Marquina⁴, J. Kiernan⁵, T. Procyshen⁶. ¹National Foundation for Alternative Medicine, ²Univ of Maryland, ³George Mason Univ, ⁴Clinical Technologies Research/Virginia State Univ, ⁵Kiernan Chiropractic and Sports Injury Center, ⁶Bio-Medical Pain Center, USA.

Objectives: Pain is one of the most common symptoms and the primary cause of one third of all first consultations. Treatment remains a challenge, particularly with an unidentified etiology, and includes non-steroidal anti-inflammatory drugs, steroids, ultrasound, physical therapy, moist heat, massage, transcutaneous electrical nerve stimulation. The objectives of this study were to extract data from patient records and evaluate the clinical outcomes of two electromagnetic treatments for pain. One device (PAPIMI) delivers a pulsed electromagnetic field (PEMF) of a high intensity and short duration whereas the other, Electro Pressure Regeneration Therapy (EPRT) delivers a bipolar balanced waveform.

Methods: The PAPIMI is a noncontact electromagnetic device induces an alternating electrical field of high peak (instant) electric current of high bio-energy and limited heat. Frequency = 0.3 to 0.5 MHz, amplitude = 125 Gauss; repetition rate = 1 to 3.5 Hz; with a square wave shape. The magnetic field penetrates and induces micro-currents up to 6 inches into the body tissues. The therapeutic effects are attributed to the high amplitude electromagnetic pulses of rapid rise time (nanoseconds) and short duration (microseconds), which are produced by a patented plasma resonance chamber. The applicator probe of the device is a low impedance 15cm diameter loop that is held flat against the clothing or skin over the affected area of the body for ten to fifteen minutes. The EPRT device is a long-term alternating, bipolar balance waveform, battery operated, investigational device that delivers a direct current

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(maximum of 3 milliamperes) of one polarity for 11.5 minutes and the opposite polarity for another 11.5 minutes. This device can be considered a long-term bipolar balanced waveform device. Frequency = 0.000732 Hz; square wave shape; repetition rate = 11.5; amplitude = 1 mill-amp to 1000 nanoamps. Medical records were reviewed for patients who were treated for pain between September 2003 and September 15, 2004 with the PAPIMI at the Bio-Medical Pain Center, Calgary Canada and with the EPRT at the Kiernan Chiropractic and Sports Injuries Center in Rockaway Park, New York. Data extracted included demographics (age, sex, ethnicity), clinical (date of diagnosis, level of pain, use of medication) and treatment related (treatment duration and frequency, concomitant therapies). Change in the pain rating score, as measured by the verbal Numerical Rating Scale (NRS), was the primary endpoint. Data was reported as frequencies and cross tabulations; statistical techniques (chi-square tests, general linear models, ANOVAS) were used to evaluate changes in pain scores over time.

Summary: A total of 127 patients were treated with the PAPIMI primarily for knee and shoulder pain (54.5%) and on average, with 6.87 treatments (SD 4.35; range 1-22). Patients were 55 years of age (SD 14.02), 55.9% women, and 100% Caucasian. Of those with pre and post pain scores (n=56), initial pain scores were 6.41 (SD 2.14) and post treatment pain scores were 2.08 (SD 1.92), indicating a significant reduction in pain (mean=4.33, SD 2.48, range 2.67-4.99, $t(55)=13.07$, $p < .0001$). Possible confounders did not modify the effect of PAPIMI on pain: age ($p < .335$), gender ($p < .532$), or number of treatments ($p < .938$). A total of 20 patients were treated with the EPRT primarily for shoulder (35%), low back (25%), and knee pain (15%) and on average, with 7 treatments (SD 6.19; 75% ≤ 7 treatments). Patients were 57.2 years of age (SD 14.9), 55% men, and 65% Caucasian. Initial pain scores were 7.85 (SD 0.99) whereas post treatment pain scores were 2.0 (SD 2.62), indicating a significant reduction in pain (mean=5.85, SD 2.48, range 1-9, $t(19)=10.50$, $p < .0001$). Possible confounders did not modify the effect of EPRT on pain: number of treatments ($p < .80$), gender ($p < .45$), other medications ($p < .56$), home treatment ($p < .334$), gender ($p < .45$), age ($p < .96$).

Conclusions: Based on these retrospective studies, the data collected within the clinical practice settings indicate that these bio-electromagnetic treatment devices provided significant reductions in patients' perception of pain. Moreover, the number of treatments, pain medication and other treatments, age, or gender did not modify these effects. The findings are the first systematic assessments of the benefits of these devices and merit further examination in more rigorous prospective, sham-controlled, outcomes studies.

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1: [Eur J Surg Suppl. 1994;\(574\):83-6.](#)

Electrochemical therapy of pelvic pain: effects of pulsed electromagnetic fields (PEMF) on tissue trauma.

Jorgensen WA, Frome BM, Wallach C.

International Pain Research Institute, Los Angeles, California.

Unusually effective and long-lasting relief of pelvic pain of gynaecological origin has been obtained consistently by short exposures of affected areas to the application of a magnetic induction device producing short, sharp, magnetic-field pulses of a minimal amplitude to initiate the electrochemical phenomenon of electroporation within a 25 cm² focal area. Treatments are short, fasting-acting, economical and in many instances have obviated surgery. This report describes typical cases such as dysmenorrhoea, endometriosis, ruptured ovarian cyst, acute lower urinary tract infection, post-operative haematoma, and persistent dyspareunia in which pulsed magnetic field treatment has not, in most cases, been supplemented by analgesic medication. Of 17 female patients presenting with a total of 20 episodes of pelvic pain, of which 11 episodes were acute, seven chronic and two acute as well as chronic, 16 patients representing 18 episodes (90%) experienced marked, even dramatic relief, while two patients representing two episodes reported less than complete pain relief.

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Electrochemical Therapy of Pelvic Pain: Effects of Pulsed Electromagnetic Fields (PEMF) on Tissue Trauma

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ABSTRACT

Unusually effective and long-lasting relief of pelvic pain of gynaecological origin has been obtained consistently by short exposures of affected areas to the application of a magnetic induction device producing short, sharp, magnetic-field pulses of a minimal amplitude to initiate the electrochemical phenomenon of electroporation within a 25 cm² focal area. Treatments are short, fast-acting, economical and in many instances have obviated surgery. This report describes typical cases such as dysmenorrhoea, endometriosis, ruptured ovarian cyst, acute lower urinary tract infection, post-operative haematoma, and persistent dyspareunia in which pulsed magnetic field treatment has not, in most cases, been supplemented by analgesic medication. Of 17 female patients presenting with a total of 20 episodes of pelvic pain, of which 11 episodes were acute, seven chronic and two acute as well as chronic, 16 patients representing 18 episodes (90%) experienced marked, even dramatic relief, while two patients representing two episodes reported less than complete pain relief.

Key words: electrochemical therapy (ECT), pain relief, pulsed electromagnetic fields, trauma, palliation, electroporation.

INTRODUCTION

This presentation is a report of clinical results in treating painful gynaecological conditions using a non-invasive probe to deliver pulsed electromagnetic energy to the trauma site. It will also discuss certain theoretical considerations that may relate to the efficacy and rapid effects of this principle.

Medical literature of the past decade and earlier contains many reports of therapeutic effects of pulsed electromagnetic fields (PEMF) in treating a variety of diseases ranging from cancer to infections. However, the great majority of these reports have related the effects to PEMF-induced hyperthermia. It is only recently that non-thermal effect on the cellular-level metabolism of high-energy pulses at low duty cycles has been recognised as a new therapeutic modality and, even in this context, although mentioned occasionally as an incidental effect, especially in the treatment of joint disease, there has been little focus on the amelioration of pain *per se*.

We have observed a significant increase in success rate in resolving pelvic pain of gynaecological origin using a new type of PEMF generator that produces nanosecond electromagnetic pulses of much greater amplitude and higher frequency (UHF) than diathermic devices, and which has no significant hyperthermic effect on biological tissues (see comparison of pulsed electromagnetic field devices in Table II). The magnetic induction device (MID) has been used experimentally in a number of other therapeutic applications with favourable results.

MATERIAL AND METHODS

Electromagnetic energy delivered by the MID produces sharp, high-amplitude pulses of UHF oscillations in an ionised plasma. The pulses are conducted from the generator chassis through a 180 cm flexible cable to an impedance-matched coil about 20 cm diameter. The coil size, plasma volume and plasma composition, as well as the LC characteristics of the basic resonant circuit, may be varied to achieve specific pulse, frequency, and energy parameters.

It is noted that the amplitude of the UHF oscillations within the pulses is in orders of magnitude higher than those of other therapeutic PEMF systems, but at three pulses per second the effective energy level is less than 100 mW per cm² and has little or no diathermic effect.

Within these parameters, MID treatment is seen to have the novel bioelectrochemical effect of electroporation (11) at cellular level and offers a more rapid and efficacious therapeutic modality in relieving pain, accelerating healing and, incidentally, preventing reproduction of infectious microorganisms, than other solid-state devices in this category.

Moreover, from the standpoint of safety, it is noted that in over 1000 cases in the US and Greece over a five-year period, no side effects have been observed in subjects even with full-power treatments of up to an hour a day for prolonged periods, nor have side effects been observed in technicians operating the MID equipment over this period. No adverse effects relevant to this study have been observed; however,

Table 1. Seventeen patients with 20 episodes of pelvic pain treated solely with the PAP-300 Magnetic Induction Device and, in most cases, without any supplementary analgesic medication

AP = Acute pelvic pain, CP = Chronic pelvic pain, CR = Ruptured right ovarian cyst, CL = Ruptured left ovarian cyst, UT = Urinary tract infection, PH = Postoperative pelvic haematoma, UF = Uterine fibroid(s), DP = Dyspareunia, DM = Dysmenorrhoea, EN = Endometriosis.

Patient	Age	Start	R	AP	CP	CR	CL	UT	PH	UF	DP	DM	EN	IMPROV
1	46	8/92	3	X		X						X		Good
2	39	9/92	2		X									Good
3	55	8/92	2		X									Good
4	37	6/93	2	X			X		X		X	X	X	Good
4	37	7/93	3	X			X							Good
5	21	10/92	4	X	X	X						X	X	Good
6	33	5/93	3		X	X	X							Good
7	27	8/92	4		X			X						Good
7	28	4/93	2	X			X							Good
8	38	11/92	11		X					X	X	X		Good
9	22	12/92	4	X		X					X			Good
9	22	6/93	1	X			X				X			Fair
10	26	8/92	1	X		X						X	X	Good
11	43	7/93	2		X									Good
12	31	5/93	2	X			X		X					Good
13	37	8/92	8	X	X		X			X				Good
14	26	9/92	2	X		X								Good
15	22	4/93	2	X		X								Fair
16	26	9/92	2	X			X							Good
17	26	8/93	2		X									Good
Averages	32.6	4.4	Day 3											89%
Totals 20		12 Mos	62	13	9	6	8	2	2	2	5	5	3	18
Incidents			R	AP	CP	CR	CL	UT	PH	UF	DP	DM	EN	Good

in other applications, a slight drop in blood pressure may be noted and rebound effects have been reported after repeated usage for prolonged periods when treatments were suddenly stopped.

The method of application is as follows: the subject (or object for *in vitro* experiments) is placed on a well-insulated, non-metallic platform at least 10 cm above the ground plane and well away from any large metal masses that may cause malfunction. An average voltage in the order of 12 to 18 volts (V) is induced in the proximity of the trauma site by the output coil. Actual skin contact is not required, so clothing need not be removed. Depending on the nature of the trauma, exposure time may be varied from 15 to 30 minutes and repeated in cases of extensive tissue damage or disease on subsequent or alternate days.

A single treatment may suffice to influence on localized infections and mild inflammatory conditions; however, chronic pain and systemic infections may require repeated treatment at different or overlapping loci. In serious cases of large or deep-seated tumours or trauma areas, two or three 15–20 minute treatments per week may be required over a month or so, with possibly infrequent maintenance treatments for some period.

CLINICAL FINDINGS (Table 1)

Seventeen female patients of average age 32.6 years

presenting with 20 episodes of acute ($n = 13$) and/or chronic ($n = 9$) pelvic pain between August 1992 and August 1993 received an average of three short treatments on subsequent or alternate days. In five episodes, patients also complained of dysmenorrhoea. Other diagnoses were: 16 ruptured ovarian cysts, two postoperative pelvic haematomas, two urinary tract infections, two uterine fibroids, five dyspareunia and three endometriosis.

Sixteen patients in 18 episodes of pain experienced marked (and in most cases dramatically fast) pain relief, and in two of the total 20 episodes (10%) only slight (non-significant) relief was reported; these two were considered to require further psychological or psychiatric treatment.

In 18 of the 20 episodes (90%) the pain subsided within one to three days, permitting an early return to normal life and regular physical activities, in some cases obviating the alternative of surgical intervention. This, incidentally, suggests a marked acceleration of the healing process of the underlying pathology.

With the exception of one, possibly two cases, there has been no recurrence of the condition for which the patient was treated. No patient reported any negative side effect or aggravation of their symptoms during or following treatment.

It is noted that 12 of the patients treated were diagnosed with a ruptured ovarian cyst that probably

Table II. Comparison of therapeutic PEMF devices

Note: The PAP-IMI300 Magnetic Induction Device used in this investigation is the only known therapeutic PEMF device that operates close to the minimum electroporation gradient of 1 KV/cm. Electroporation (11) is a universal, non-thermal, bioelectrochemical phenomenon relating to the rate of two-way transmigration of chemical ions through the cell membrane, defining the cell's metabolic rate and hence energy level.

Device	MFR's specs					
	Pulses per reg. second	Frequency within pulses	Max therm energy joules/s	Peak E/M power watts	Ratio pulse interval to width	Duty cycle %
*FDA approved **FOC						
PAP-IMI300 magnetic induction pulsed E/M	2 to 30	1-250 MHz complex plasma technology	40 to 60	>1 M	100.000	0.001%
Diapulse *USA 21K pulsed E/M	80 to 600	27 MHz** vac tube technology	38	975	26-192	3.9-52%
Magnatherm *US 16K diathermy	70 to 7000	27 MHz** vac tube technology	665	1.000	3.33-1.33	30-75%
Zimmer *Eur. 16K diathermy		27 MHz** solid state	150	250	1.66	60%
Curapuls 403 *Eur pulsed E/M	26 to 400	27 MHz** solid state	32	200	100-6.25	1-16%

caused bleeding into the peritoneal cavity and resulted in acute pain. This condition usually demands hospitalisation and sedation, and frequently requires surgical evacuation of the haemoperitoneum and cauterization. In such cases, it is not unusual for a patient to be bedridden during convalescence for four to seven days or even longer.

We have found that by treating these patients with the MID as described above they are able to return to work or normal activities after one or two days, they require little or no analgesic medication, and experience far less anxiety or depression throughout the episode.

Pain is often linked to specific physiological conditions such as impeded circulation, the pressure of vascular leakage and oedema, which often cascades to increase its intensity and prolongation. In these cases, and also in the two cases of painful post-operative pelvic haematoma, we suspect that the unusually rapid pain relief after MID treatment was, at least in part, due to the effect of the MID in accelerating the rate of resorption of the blood and fluid in the pelvic cavity. This speculation is supported by ultrasounds done on a post-operative case before and after treatment, which clearly demonstrated unusually rapid disappearance of the haematoma.

Two patients presented with chronic pelvic pain due to urinary tract infection of several years' duration. One patient received two treatments and the other patient received four treatments, which eliminated the pain, one without recurrence in a one-year follow-up, and the other too recent to evaluate.

THEORETICAL CONSIDERATIONS

Localized analgesia without proprioception was

demonstrated using skin-contact stimulation by 0.3 V to 0.5 V pulses delivering <0.5 mA of current at frequencies ranging from 45 Hz to 400 Hz (7). The theoretical explanation of this effect is based on the Melzak and Wall "gate control" theory that the hyperstimulation of large-diameter somatic afferent fibres (A-beta) would block out pain transmission along the thinly myelinated A-delta and unmyelinated C-nerve fibres.

According to this theory, such nerve fibres are constantly discharging nerve impulses at some (normally low) periodic rate below the pain perception threshold; this tonic activity is responsible for a number of sustained homeostatic bodily conditions. This homeostatic firing rate increases sharply with pain stimuli, exceeding the pain perception threshold within a certain firing-frequency window up to a point of overload above that rate window where the ability of the central nervous system to recognize pain signals is "swamped".

In addition to other effects of MID irradiation, and in the light of experimental results (4) and our clinical experience, it may be postulated that the shock-excitation of proprioceptor cells by the steep-edged MID pulses at a low repetition rate can induce a long-lasting "swamping" effect of pain perception in the central nervous system without producing hyperthermia.

Pain attenuation is also a function of healing rate. It is known that damaged or diseased cells present an abnormally low transmembrane potential (TMP) in the order of 20% of the TMP of a healthy cell (3, 5). This signifies a greatly reduced metabolism and, in particular, impairment of the Na/K pump activity and adenosine triphosphate (ATP) production (1, 6).

As early as 1941, Nobel Laureate Albert Szent-Györgyi (8, 9, 10) established that structured proteins behave like solid-state semiconductors or rectifiers. In recent years it has been determined that cell membranes, having a characteristic of non-linear impedance, rectify an alternating voltage (in this case caused by currents induced by the strong time-varying magnetic pulses). This property causes potential changes in the inner and outer cell membrane surfaces such as to increase the TMP and effectively stimulate the activity of the Na/K pump and normal cell metabolism. In fact the TMP is proportional to the activity of this pump, and thus to rate of healing.

With respect to tissue regeneration an additional mechanism may be cited: at a trauma site (e.g. burns, wounds, necroses) damaged cells are normally replaced either by cells that differentiate to assume normal function (regeneration) or by undifferentiated cells that form scar tissue.

The development of replacement cells (dormant Schwann cells on the neurilemma of adjacent myelinated nerve fibres that are drawn towards the trauma site by the change in tissue potential that characterized traumas) is dependent on their TMP; if adequate, they will differentiate to regenerate the damaged tissue, but if not, they will form undifferentiated and non-functional scar tissue (2). In view of the extraordinary trauma-healing effects of MID exposure it appears that the TMP of undifferentiated Schwann cells is raised to the point of regeneration by this process.

With respect to the cure of urinary tract infections it has been demonstrated *in vitro* and *in vivo* that MID irradiation is capable of preventing reproduction of or destroying single-celled microorganisms at a remarkably rapid rate (12). As these organisms reproduce by division only when their TMP falls to the level where cell division is triggered, it seems reasonable to suppose that when a bacterium or virus is prevented from dividing by the induction of a high TMP, it will soon expire from starvation and/or age.

CONCLUSIONS

Eighteen of 20 episodes of gynaecological pelvic pain (89.5%) were successfully treated in a remarkably short time by brief (15 to 30 minute) exposures to a magnetic induction device generating extremely short electromagnetic pulses at very high peak power and very low average power in a non-diathermic mode. There was evidence of accelerating pain relief as a

possible neurological effect, accelerated healing at cellular level and clearance of urinary tract infection.

However, rapid pain relief was a primary objective because with the use of the MID we have accomplished:

1. Reduction of treatment time and costs.
2. Avoidance of hospitalization and, in some cases, surgical intervention.
3. Rapid return of patients to work and normal life styles.

Although we have not been able to confirm reports of fibroid size reduction using electromagnetic therapy with this series of patients, the efficacy of this method of pain relief in our limited cohort, together with the absence of adverse side effects and risk of hyperthermic tissue damage, appear to warrant further clinical investigation.

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The effect of pulsed electromagnetic fields on secondary skin wound healing: an experimental study.

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A variety of pulsed electromagnetic fields (PEMFs) have already been experimentally used, in an effort to promote wound healing. The aim of the present study was to investigate the effects of short duration PEMF on secondary healing of full thickness skin wounds in a rat model. Full thickness skin wounds, 2 by 2 cm, were surgically inflicted in two groups of male Wistar rats, 24 animals each. In the first group (experimental group - EG), the animals were placed and immobilized in a special constructed cage. Then the animals were exposed to a short duration PEMF for 20 min daily. In the second group (control group - CG), the animals were also placed and immobilized in the same cage for the same time, but not exposed to PEMF. On days 3, 6, 9, 12, 18, and 22, following the infliction of skin wounds, the size and healing progress of each wound were recorded and evaluated by means of planimetry and histological examination. According to our findings with the planimetry, there was a statistically significant acceleration of the healing rate for the first 9 days in EG, whereas a qualitative improvement of healing progress was identified by histological examination at all time points, compared to the control group.

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The Effect of Pulsed Electromagnetic Fields on Secondary Skin Wound Healing: An Experimental Study

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Key words: PEMF; secondary healing; skin wounds; rats; magnetic pulse

INTRODUCTION

In the last three decades, a large number of studies have proved that EMFs have multiple effects to living organisms [Aaron and Ciombor, 1993; Walker et al., 1994; Tao and Henderson, 1999; Tofani et al., 2002]. These effects mainly refer to alteration of the cell-proliferation rate, changes in the levels of mRNA and protein synthesis, alteration of cellular membrane's permeability, and Ca²⁺, Na⁺, K⁺ ion transfer. All the above lead to alterations of both the electrical and metabolic behavior of cells, influence the differentiation of primitive stem cells, and alter the rates of apoptosis in both normal and neoplastic cells [Walker et al., 1994; Han et al., 1998; Tao et al., 1999; Islamov et al., 2002; Tofani et al., 2002; Stonati et al., 2004]. Additionally, it seems that EMFs have a direct or indirect action, on the production of melatonin by epiphysis cerebri (pineal gland), resulting in the emergence of disorders of the organism's circadian and hormone production rhythms [Reiter, 1993]. Furthermore, it is obvious that EMFs of certain

frequencies and intensities alter the behavior of T-lymphocytes, as far as their cytotoxicity is concerned [Albinucci et al., 2003a,b; Murabayashi et al., 2004]. At a molecular level, fields influence the expression of early-induced genes such as c-myc, c-fos, c-jun, and they affect synthesis of various proteins, among them, the tumor suppressor protein P53 [Tofani et al., 2002]. There are certain studies indicating that EMFs can operate as carcinogenesis-promoting factors, after pro-administration of benzo [a] pyrene [Simko et al., 2001],

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while other studies show that EMFs have the ability to significantly inhibit the tumor growth in athymic mice and other neoplastic diseases models [Tofani et al., 2001, 2002]. The biological actions of EMFs on the organisms seem to be due to their ability to induce changes, both in cells (temperature increase and expression of heat shock proteins) and in other signal transduction systems of the cells, especially focused on the intermediates that bear the characteristics of free radicals [Sciano et al., 1994; Walleczek, 1995; Lander, 1997].

There are different theories that may explain the effects of EMFs on the biological targets and especially on the procedure of tissue regeneration and cell proliferation. Those theories seem to merge to the following common theoretical framework. Pulsed electromagnetic fields (PEMFs) are capable in altering the structure of the cell membranes and thus diversify the permeability of different ion channels and the potential of the cellular membranes. Both phenomena are important of cellular functions [Blackman et al., 1980; Walleczek and Liburdy, 1990; Ikehara et al., 2002], such as the production of chemical energy in the form of adenosine triphosphate (ATP) and the variance of intracellular free calcium levels, which is a second type universal intermediate ion [Carafoli, 2004]. They may also conserve the normal electrochemical gradient of cells, a necessary condition for ATP production, which may be lowered by ischemia or trauma. Thus, they might ensure a high performance and elevated protein synthesis (anabolic reactions) of cells [Westerhoff et al., 1983]. Other theories suggest that the primary actions of EMFs are correlated with the production of small quantities of free radicals within cells. These radicals can function as mediator molecules on the systems of intracellular communication [Sciano et al., 1994; Lander, 1997].

In the current study, a powerful short duration PEMF, produced by a specialized device, was used, in order to evaluate its effects on the healing process of surgically created skin wounds in a rat model. The main advantage of the field produced is that short duration electromagnetic pulses protect the biological targets from the development of increased temperatures.

MATERIALS AND METHODS

Forty-eight male Wistar rats, 4 months old and weighting 200 ± 30 g, were used. All experimental procedures were approved by the animal care committee of the local veterinary directorate and cared for, according to the Greek and European guidelines, regulating animal research. The rats were acclimated for a period of 3 days prior to experimentation, during

which they were examined for any signs of disease. Throughout the entire study period, the animals were kept under stable conditions (temperature 22°C , humidity 30–70%, light cycles on 12/12 h light/dark schedule), and nourished with dried pellets and tap water.

All animals, following intraperitoneal anesthesia (Ketamine 3.5 mg/kg B.W and Midazolamin 7 mg/kg B.W), underwent en block excision of the skin and underlying panniculus carnosus of a square shaped area, measuring 2 by 2 cm from their back (day 0) (Fig. 1). Post-surgically, the rats were returned to their cages and housed individually, in order to avoid cannibalistic behavior. Dressings were not used and antibiotics were not administered.

From day 0 and on a daily basis, all rats were placed and immobilized for 20 min in specially constructed wooden cages, sized 32×16 cm, and divided into four chambers. The dimensions of each chamber (16×8 cm) were small enough to keep the animals restrained. No metallic components were used, in order to avoid any interference with the electromagnetic field. The antenna loop (30×15 cm, one winding with two turns) of a device, producing a short duration bipolar PEMF producing was horizontally centered over the cage, at a distance of 5 cm from the wound surface (PAPIMI model 600, Pulse Dynamics, Athens, Greece. Manufacturer characteristics: $35\text{--}80$ J/pulse energy, 1×10^{-6} s wave duration, $35\text{--}80 \times 10^6$ W wave power, amplitude on the order of 12.5 mT, rise time 0.1 μs , fall time 10 μs , repetitive frequency of 3 Hz.). The position of the animals in the chambers was symmetric and equidistant from the perimeter of the loop.

The rats were randomized in two groups of 24 each. In the first group (experimental - EG), the

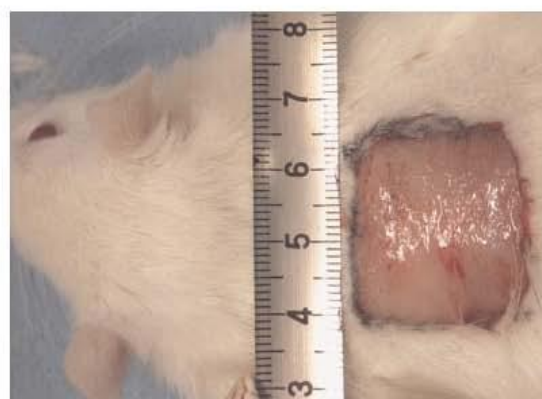


Fig. 1. A square shaped area (2×2 cm), excised from the dorsum of the animal. [The color figure for this article is available online at www.interscience.wiley.com]

animals were exposed to the PEMF, while in the second group (control - CG), although the animals were caged for the same time, the device was not activated.

On days 3, 6, 9, 12, 18, and 22 after wound creation, four rats of each group were sacrificed, in order to evaluate the healing process. The wounds were photographed with a digital camera (SONY P-10, Japan). Also, the size of each wound, including the crust, was measured with the use of a high precision (1 mm²) polar planimeter (HAFF planimeters, model N° 317 E, W, West Germany, Germany) after tracing of its borders on plastic film. Finally, tissue specimens were harvested for histological examination. All specimens were fixed in 10% formalin solution, paraffin-embedded, cut in 4 µm thick sections perpendicularly to the skin surface, including the whole thickness of the skin wound and the surrounding healthy tissue, and stained with hematoxylin-eosin.

Given that in both groups, wound healing was anticipated by the end of the experiment, the following parameters were qualitatively evaluated as a sequence of events, starting from Stage 1 (blood clot) and ending with Stage 6 (scar formation with complete re-epithelization). The intermediate stages were considered as Stage 2 (immature granulation tissue), Stage 3 (mature granulation tissue), Stage 4 (fibroblasts and collagen fibrils, but not complete re-epithelization yet), Stage 5 (abundant fibroblasts, dense collagen deposition, almost complete re-epithelization).

Statistical Analysis

The Mann-Whitney statistical analysis test was used to evaluate the significance of differences between groups, accepting 5% ($P < .05$) as the level of significance (Table 1). The significance of the results obtained is supported by histopathological evaluations.

RESULTS

Throughout the entire experiment, all rats in both groups remained healthy. All wound sites went through the normal wound healing process, with no signs of infection or purulent discharge. The results obtained from the planimetric evaluation of the total wound area, including the crust, on days 3, 6, 9, 12, 18, and 22 after surgery, are listed in Table 1. Statistically significant acceleration of wound healing was noticed in the experimental group compared to the control, on days 3, 6, and 9 ($P < .02$). For the rest of the assessment period, although wound healing was faster in EG, there was no statistically significant difference compared to the CG. The difference between those rates is clearly represented in Figure 2.

TABLE 1. Wound Area Measured by Planimetry.

0 Day	Wound healing surfaces (cm ²)											
	3 Days		6 Days		9 Days		12 Days		18 days		22 days	
	Mean ± SD	Median (range)	Mean ± SD	Median (range)	Mean ± SD	Median (range)	Mean ± SD	Median (range)	Mean ± SD	Median (range)	Mean ± SD	Median (range)
Experiment group	2.75 ± 0.3	2.7 (2.4-3.1)	2.07 ± 0.17	2.05 (1.9-2.3)	1 ± 0.36	1 (0.6-1.4)	0.35 ± 0.13	0.35 (0.2-0.5)	0.06 ± 0.05	0.05 (0-0.1)	0.15 ± 0.13	0.15 (0-0.3)
Control group	3.6 ± 0.28	3.7 (3.2-3.8)	3.05 ± 0.13	3.05 (2.9-3.2)	1.8 ± 0.13	1.85 (1.7-2)	0.5 ± 0.08	0.5 (0.4-0.6)	0.15 ± 0.13	0.15 (0-0.3)	0.15 ± 0.13	0.15 (0-0.3)
<i>P</i>	.0201		.0209		.021		.1 (ns)		.22 (ns)			

The *P*-values considered statistical significant when $P < .05$.

As for histology evaluation the following findings were recorded:

Day 3: In the control group, the area of the wound was completely covered by blood clot with numerous inflammatory cells. No remarkable granulation tissue was observed (Stage 1). In contrast, in the experimental group underneath the superficial blood clot, a loose connective tissue with edema, polymorphonuclear neutrophils granulocytes, newly formed capillaries, and immature fibroblasts were noted (Stage 2) (Fig. 3a).

Day 6: The histological findings in the control group were comparable to those of the experimental group in Day 3, that is, prominent infiltration by polymorphonuclear neutrophils, loose connective tissue with few capillaries, and stimulated fibroblasts (Stage 2). In the experimental group, there was a significant decrease in the number of acute inflammatory cells. In addition, a denser connective tissue with a clearly developed capillary network and several fibroblasts were noted (Stage 3).

Day 9: Inflammatory cells were no longer observed in the specimens derived from the experimental group. A significant population of mature, flattened, fibroblasts was noted and the capillary network appeared to be denser and more mature. The collagen fibers were increased and formed thick bundles, oriented parallel to the epidermis (Stage 4). In the control group, the histological findings were the same with the ones from the treatment group on day 6 (Stage 3) (Fig. 3b).

Day 12: In the experimental group, scar tissue with almost complete re-epithelialization was observed. In the dermis, a few flattened fibroblasts as well as abundant bundles of collagen, oriented parallel to the surface, were noted (Stage 3). In the control group, there were increased numbers of mature fibroblasts and blood capillaries and the bundles of

collagen were notably thinner. Here also, there was significant re-epithelialization (Stage 4).

Day 18: In the experimental group, an advanced stage of healing was evident. There was almost a complete covering of the wound by keratinocytes forming the epidermis. Underneath, a fibrous connective tissue was noted (Stage 6). In the control group, the squamous epithelial cell layer was noted; however, it consisted of only a few layers of immature keratinocytes (Stage 5) (Fig. 3c).

Day 22: In the experimental group, a complete wound healing was noticed. In the control group, the histological findings were similar to those from the experimental group on day 18.

DISCUSSION

In the current study, the biological effects of short duration PEMF on secondary wound healing were investigated in a full thickness, surgically created skin defect rat model.

Regarding the effects of electromagnetic fields on tissue repair, there is a great variety of reports in the literature, referring to bone formation, tendon healing, and axonal regeneration, wound healing etc. [Bassett, 1993; Agren et al., 1994; Walker et al., 1994; Ryaby, 1998; Robotti et al., 1999; Macias et al., 2000; Aaron et al., 2004]. As for the effect of PEMF on full thickness skin wound healing, there are fewer reports with controversial findings: (a) Milgram et al. [2004] reported on the use of short duration PEMF for secondary healing of skin wounds in rats. According to their findings, an increase of epithelialization was noticed in the treated group during early stages of wound repair, but there was no statistically significant difference when compared to the control group. (b) In Ottani et al. [1988], an extremely-low-frequency magnetic field was used and a significant increase in the ratio of wound contraction was found in the treated animals. (c) Patino et al. [1996] investigated the effect of PEMF and their results suggested a significant beneficial stimulation in the wound healing process of treated rats.

In our study, the same device as the one by Milgram et al. [2004], was used. The basic differences between the two studies were the rate of pulses per second and the time of exposure to the electromagnetic field. The rate of pulses was 3/s (1.7) in our study compared to 5/s (1.6) in the previous study. The times of exposure were 20 and 5 min, respectively. The total number of pulses per treatment was 3600 in our study compared to 1500 in the other one, thus providing more energy on the surface of the exposed wound.

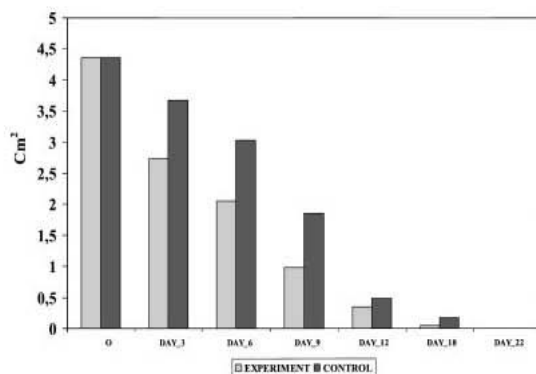


Fig. 2. Average wound area versus time for PEMF (experiment) and control groups.

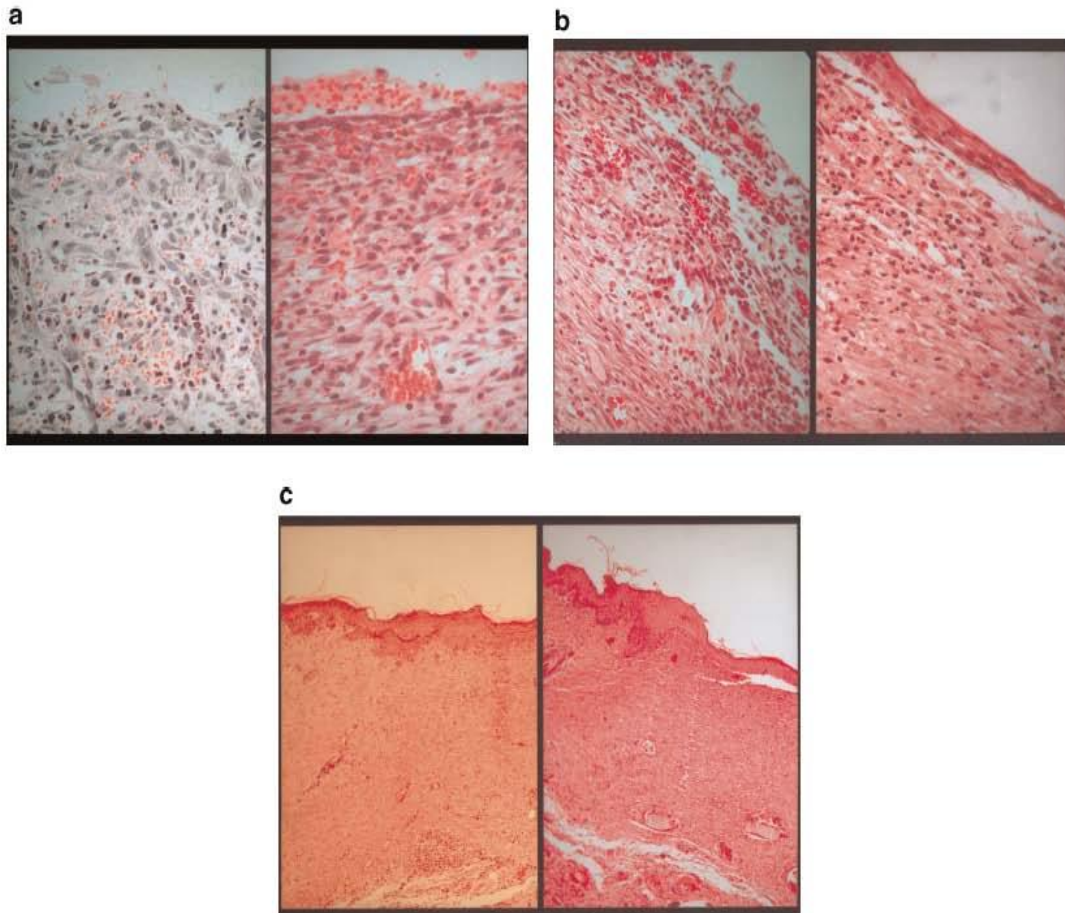


Fig. 3. **a:** *Left:* Day 3 Control group. Multiple polymorphonuclear leucocytes and immature granulation tissue covers the wound area (Stage 1). *Right:* Day 3 Experimental group. Granulation tissue with newly formed capillaries, immature fibroblasts, and polymorphonuclear neutrophils (Stage 2). **b:** *Left:* Day 9 Control group. Mature granulation tissue with well-developed capillary network and relatively mature fibroblasts (Stage 3). *Right:* Day 9 Experimental group. The capillary network is mature and the fibroblasts are flattened and surrounded by collagen fibers. Re-epithelization has commenced (Stage 4). **c:** *Left:* Day 18 Control group. There is an immature squamous epithelial layer. Underneath, mature fibroblasts and bundles of collagen are noted (Stage 5). *Right:* Day 18 Experimental group. Advanced stage of healing is observed, mature epidermis and the underline fibrous connective tissue are noted (Stage 6). [The color figure for this article is available online at www.interscience.wiley.com.]

According to our findings, a statistically significant acceleration of wound healing was noticed for the first 9 days in the animals exposed to PEMF. This was verified by planimetry and histology examination. The main histological evidences indicating increased healing rate in the PEMF treatment group, during this time period are the appearance from day 3 of a loose connective tissue, newly formed capillaries, increased re-epithelization, and better structure of collagen fibers.

Our data also suggest that in the time period from day 12 to 22 (complete healing of all the animals),

although no statistically significant acceleration of wound healing was noticed between the two groups, histopathology verified that healing process still predominated significantly in the PEMF group at every day of estimation (Fig. 3). Furthermore, the majority of EG had completed the healing process by day 18 in comparison to the CG, which was completed by day 22 (Table 1). Although the total time needed for complete re-epithelialization was less in the experimental group, no statistically significant difference was noticed from 12th to 22nd day (Table 1).

Initial acceleration of wound healing with a non-invasive method, such as PEMF, may be important in reducing bacteria accumulation, stimulating growth factors, cytokine production, and reducing early inflammation, thus creating an appropriate environment to facilitate tissue regeneration [Vodovnic and Karba, 1992; Aaron and Ciombor, 1993; Aaron et al., 2004].

In conclusion, according to our findings, short duration PEMF seem to facilitate and improve the quality of skin wound healing in our rat model. Nevertheless, further studies are needed to define the optimal characteristics of the PEMFs, in order to ensure a faster and more effective wound healing process.

ACKNOWLEDGMENTS

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TREATING HORSES WITH PAPIMI™

SUMMER 1995

TESTS OF **PAP IMI™** ON HORSES AT THE ATHENS RACE TRACK

BY MARK KARATZAS

. SUMMARIES OF THE
MOST SIGNIFICANT CASES

1. A horse with broken tenon which considered unable to run and useless for races for ever, after two days treatments start exercising and in one week was raceable with normal mobility.
2. Horse with wounds on the knees by being kicked by another horse and excluded from races for six weeks after being treated was able to race the next day.
3. Horse with marks and wounds on the skin from unknown dermatopathy cleared in two days in most parts. The bigger main wound was cleared by 80%. Unbelievable and spectacular recovery of unknown dermatopathy.
4. Horse with postoperative wounds that normally would close in a month, after being treated three times completely healed in three days.
5. Horse with spine problem unable to carry a race, after being treated twice 30 minutes locally on the back, recovered completely.
6. Numerous other horses with various specified and unspecified conditions, broken tenons, leg problems recovered with the spectacular and unexpected short time.

TRANSCRIPT BY PAUL LAVIOLETTE

Treatment of Race Horses with the **PAP IMI™**

In the summer of 1995 a horse trainer together with a medical doctor used the **PAP IMI™** to treat about 10 race horses in their stalls at the Aqua Caliente race track near Tijuana, Mexico. These were among 500 horses some of which were being trained for the 1996 Olympics. Treatments were given over about a one week period.

They used it to successfully treat the ankles of the horses right in the hots where they get splints.

They also had good results in treating rheumatoid areas which were known to be problematic from long time experience. Also they used it to treat saddle soars which had caused big fistulas.

These were found to heal quicker as a result of the **PAP IMI™** treatments without any noticeable adverse effects. The animal was able to tolerate the sound of the machine's operation without too much problem.

They also successfully treated some horses for piroplasmiasis, a protozoan parasite of the blood vessels. Three modalities were used: nosodes (homeopathic remedies), the **PAP IMI™**, and ultraviolet treatment of the blood.


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1: [Brain Tumor Pathol.](#) 2005;22(2):93-5.

Treatment of refractory seizures due to a benign mass present in the corpus callosum with an ion magnetic inductor: case report.

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A 39-year-old female patient was having episodes of body stiffness that affected her motor abilities. A lipoma in the corpus callosum was identified by computed tomography. Her condition deteriorated rapidly, and seizures were refractory to any treatment. Seizure frequency and severity increased, incapacitating the patient completely. When seizure control was not achieved by any other treatment, the patient decided to undergo experimental therapy with the ion magnetic inductor. Treatment with the ion magnetic inductor notably reduced the seizure frequency and intensity. After treatment the patient was able to return to work and other normal activities. The long-term effects are not yet known, but there have been no adverse events to date. The patient is still undergoing ion magnetic inductor treatment daily in the same way other epileptic patients must continue with the use of antiepileptic drugs for life. There is evidence in the literature that other types of electromagnetic therapy, such as repetitive transcranial magnetic stimulation (rTMS), may be useful for treating refractory seizures. The potential advantage of the ion magnetic inductor over rTMS is that there is no need to locate precisely the epileptogenic focus, making the treatment procedure simpler and faster.

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CASE REPORT

Vera Mihajlovic-Madzarevic · Panos Pappas

Treatment of refractory seizures due to a benign mass present in the corpus callosum with an ion magnetic inductor: case report

Received: August 29, 2005 / Accepted: October 4, 2005

Abstract A 39-year-old female patient was having episodes of body stiffness that affected her motor abilities. A lipoma in the corpus callosum was identified by computed tomography. Her condition deteriorated rapidly, and seizures were refractory to any treatment. Seizure frequency and severity increased, incapacitating the patient completely. When seizure control was not achieved by any other treatment, the patient decided to undergo experimental therapy with the ion magnetic inductor. Treatment with the ion magnetic inductor notably reduced the seizure frequency and intensity. After treatment the patient was able to return to work and other normal activities. The long-term effects are not yet known, but there have been no adverse events to date. The patient is still undergoing ion magnetic inductor treatment daily in the same way other epileptic patients must continue with the use of antiepileptic drugs for life. There is evidence in the literature that other types of electromagnetic therapy, such as repetitive transcranial magnetic stimulation (rTMS), may be useful for treating refractory seizures. The potential advantage of the ion magnetic inductor over rTMS is that there is no need to locate precisely the epileptogenic focus, making the treatment procedure simpler and faster.

Key words Ion magnetic inductor · Seizures · Refractory · Stiff man's syndrome

Clinical summary

A 39-year-old female patient was having episodes of body stiffness that affected her motor abilities. Her condition

started to deteriorate rapidly with a tendency to fall that caused serious injuries to his body (scapula and right hand fractures). One year after the first episode and after aggressive treatment with nimesulid, sodium diclofenac, and vitamins, the patient's condition continued to worsen.

In September 2000, the patient suffered her first epileptic seizure and was hospitalized for 1.5 months at the Aiginitio, University of Athens Hospital. She was diagnosed with stiff man's syndrome. A computed tomography (CT) scan was performed showing a mass identified as a lipoma in the corpus callosum. Paracentesis was performed twice on the breast bone and vertebral column. The results were not notable. At that time she was prescribed 45 mg of diazepam daily.

In November 2001 the patient suffered another epileptic seizure and was admitted to the Athens General Hospital to close an open wound to the head caused by a fall during the seizure. Another CT scan was performed, and the lipoma with probable partial agenesis of the corpus callosum was identified once again. The patient was prescribed sodium valproate to control seizures and thiocolchicoside (colchicine) for the muscle stiffness.

In December 2001 the patient suffered another seizure with loss of consciousness. Seizures then continued to increase in frequency and severity.

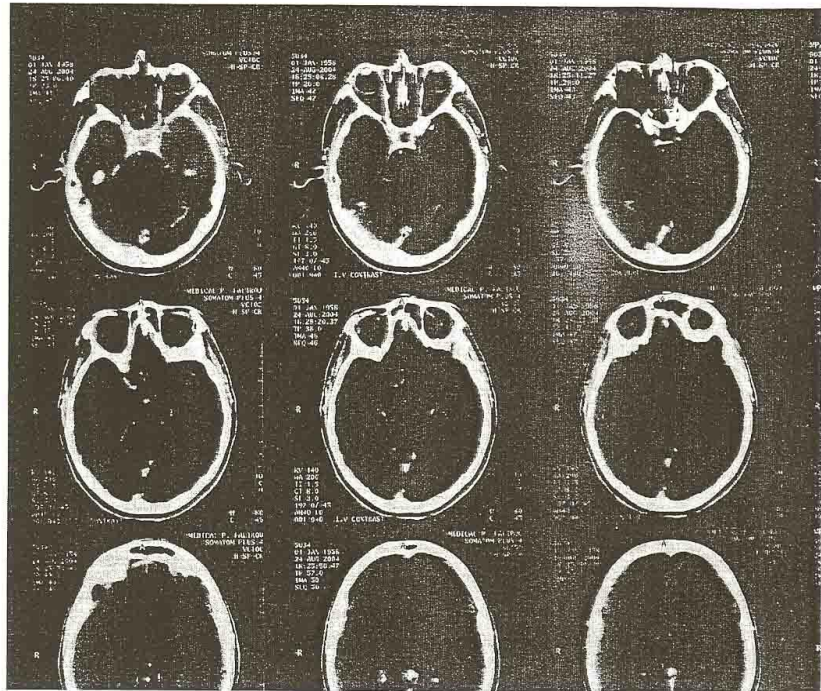
In May 2002 the patient was admitted again to Aiginitio, University of Athens Hospital because of uncontrolled seizures. The patient was prescribed 45 mg diazepam daily, and the doses of sodium valproate and thiocolchicoside were increased. Because of the worsening of the medical condition, the patient started to experience speech impairment. Seizures become refractory to medication, and she was not able to perform basic daily activities, losing her independence and ability to work.

In July 2002 she nearly drowned while at the beach. She was admitted to the Lefkada Hospital in Greece where she was treated; she could not walk at all. Epileptic seizures increased in frequency and severity, and speech problems and difficulty breathing were exacerbated. The patient continued on sodium valproate, diazepam, and thiocolchicoside.

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Fig. 1. Consecutive computed tomography films show a benign dense mass in the corpus callosum with a small diastalsis of the upper part of the side ventricles. It suggests a lipoma with probable partial agenesis of the corpus callosum



By October 2002 the seizures were occurring almost every 3h. She was again admitted to the Aiginitio, University of Athens Hospital, but she did not improve and was released from the hospital. No surgery or other type of new treatment was indicated. Her condition was extremely weak without possibility of improvement.

Being diagnosed with an incapacitating condition without available treatment, the patient decided to undergo an experimental therapy for potential seizure control based on the principles of electromagnetic therapy. Medical inspectors of the Greek National Organization approved treatment with the experimental procedure because there was no alternative treatment available.

The patient was treated with an ion magnetic inductor (PAP IMI ion magnetic inductor, Asklepios model magnetic ion inductor). After the application of the first three to five pulses the seizures stopped momentarily. Sodium valproate was gradually discontinued owing to its lack of efficacy; thiocolchicoside was reduced, and diazepam was reduced to 25mg per day. Oxygen was added to make the patient more comfortable. The patient was treated subsequently every 6h with the ion magnetic inductor during that month. The seizure intensity and frequency were reduced to one every 8h and then every 12h. Treatment continued daily. During the following month the seizure frequency was reduced to about one per week.

In January 2003 the patient regained her ability to walk independently, and her speech was improved. Seizure control was achieved, with the severity and frequency dra-

matically reduced. By February the patient had only one or two seizures in total. By March 2003 the patient was able to return to normal activities, and her speech was completely restored. The one per day treatments continue to date.

Pathological findings

Consecutive CT scans (Fig. 1) show a benign dense mass in the corpus callosum with a small diastasis of the upper part of the side ventricles, suggesting the presence of a lipoma with probable partial agenesis of the corpus callosum. The patient is diagnosed with general dystonia, or stiff man syndrome.

Discussion

In this case report we present a 39-year-old woman with seizures refractory to any treatment that were due to an mass in the corpus callosum of benign nature. The seizures were refractory to antiepileptic therapy but could be satisfactorily controlled with ion magnetic inductor therapy. The long-term effects are not yet known, however, but there have been no adverse events to date. The patient is still undergoing ion magnetic inductor treatment daily,

as other epileptic patients must continue with the use of antiepileptic drugs (AEDs) for life.

The prognosis in patients with epilepsy refractory to any known treatment including surgery, or when surgery is not an option, is poor because the quality of life is affected and their income potential is not achieved. These patients are isolated and ostracized owing to the condition. Alternative experimental treatments include magnetic stimulation of the epileptogenic focus (foci). Magnetic stimulation may be useful for treating refractory seizures, as it was reported to "normalize" pathologically decreased or increased levels of cortical activity.¹

The ion magnetic inductor achieves therapeutic effects by generating high-amplitude electromagnetic pulses of very rapid rise time (nanoseconds) and short duration (microseconds) that are produced by a plasma chamber specifically designed for that purpose. The applicator probe of the device is a low-impedance 6 inches diameter loop that is held flat against the crown of the head for a maximum of 9 min. The magnetic field penetrates the tissue about 6 inches into the body. The loop produces a magnetic field that is distributed omnidirectionally.

Unlike other pulsed electromagnetic field devices, the ion magnetic inductor generates its oscillating current by momentarily storing up energy in a capacitor bank and discharging it through a plasma gap into its inductor probe. The pulses generated by the device are conducted by a heavy-gauge cable to the probe's insulated donut shape coil. Each pulse of electrical energy is discharged down and around the coil to generate a fast-rise, short-duration, oscillating electrical pulse current that consists of a short burst of high-frequency magnetic field oscillations. The oscillating electrical pulse current, in turn, generates a magnetic field with the same characteristics as the electrical pulse current (fast rise time, power, and short duration). All the cells in the body have a weak natural electric current flowing through them. Those currents are caused by electrically charged particles called ions.

The ion concentration, distribution, and flux affect the homeostasis of the cell and therefore of the entire area. The application of a magnetic field around the affected tissue should prompt the cell to respond with the generation of weak microelectrical currents that would influence the concentration, distribution, and flux of ions.

One possible mechanism of action is targeting sodium channels, preventing the return of these channels to the active state by stabilizing the inactive form of the channels. In doing so, repetitive firing of the axons is prevented. Ion magnetic induction may possibly act by inhibiting or normalizing the flow of sodium and calcium, resulting in a normal excitatory state preempting the misfiring that is due to overexcitation.

There is evidence in the literature that other types of electromagnetic therapy, such as transcranial magnetic stimulation (TMS), may be useful for treating refractory seizures. A report by Tergau and colleagues described "encouraging results" with repetitive transcranial magnetic stimulation (rTMS) in the treatment of epilepsy where nine patients who were refractory to AEDs were stimulated by a low frequency from a repetitive magnetic stimulator placed against the head. Most of the patients described an improvement in the number or severity of their seizures. However, the effects of that treatment decline after 6–8 weeks.²

The potential advantage of the Ion Magnetic Inductor over the rTMS is that there is not a need to locate precisely the epileptogenic focus (ci) making the treatment procedure simpler and faster.

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