Magnetic Pulse

Generator

SUGGESTIONS FOR ACQUIRING AND USING AN INDUCTIVELY COUPLED MAGNETIC PULSE GENERATOR FOR THEORETICAL LYMPH AND TISSUE HIV NEUTRALIZATION

Note: These data are for informational and instructional purposes only and are not to be construed as medical advice. Consult with your licensed health practitioner.

In keeping with do–it–yourself inexpensive hypothetical approaches to self–help, the simplest and most rapid means for obtaining a capacitor–discharge theoretical magnetic pulse **lymph and tissue pathogen neutralizer** would be to find and modify a used functioning portable battery *and* ac powered electronic flash (strobe light) for cameras. These are acquired at swap meets, yard sales, pawn shops, or in junk boxes at used camera stores. Or purchase a new Vivitar (brand) model 1900 ($22) carried at some professional camera stores. This compact, light weight, inexpensive, rapid recharging flash is only 17.5 Watt-seconds (Joules; calculated as ½ CV^2 where C is in μF and V is in volts) power but is readily available and easily modified. It works well enough for casual use but runs on batteries only so has greater operating expense than an AC/DC unit.

California swap meet prices for *used* strobes range from $4.00 to about $18.00. One Sunday the writer found a dozen ac/dc strobes, all in good working condition. Carry four AA batteries with you so you can test flash units before purchasing. Almost any brand or model of comparable output power (17 to 35 watt-seconds) should work. ***Preferably select one with 115Vac as well as battery operating (dc) capability.***

First wind the applicator coil. Junk VHS videocassette reels are cheap, plentiful and adequate for this application. Remove 5 screws from shell, remove reels and discard shell. Be SURE alternative spools (if used) are non–conductive (plastic) or system will not work. Avoid shorter length VHS tape reels which may have center hubs larger than 1" dia. and won't hold sufficient wire. Drill ¼" holes through hub and through center of flange(s). Make two 4" discs from ¼" thick plastic, metal, plywood or *stiff* fiberboard, drill ¼" center holes and another ¼" hole off–center so coil's inside lead wire can be pulled through. These "stiffeners" must sandwich reel's flanges tightly so they won't warp or split as wire pressure builds up while winding progresses. A 2" (or longer) ¼-20 machine nut and bolt with washers through centers will clamp flange stiffeners and reel and also provide a shaft to hold in a variable speed drill motor or similar winding device if used. Remove bolt and stiffeners when finished.

Specifications: Completely fill tape spool with #14 or 16 enameled copper magnet wire (130 to 160 turns) wound into the 1" dia. hub and 3-½" OD spool with a gap width for wire of 5/8". Scrape enamel insulation ½" from ends and tin. Pull inside end of magnet wire through hub and stiffener and to outside. About 1-½" should fill spool. Remove bolt, stiffeners, and finished coil. Now solder ends of 4 ft. of *heavy* two–wire extension cord to each side of coil. A #14 finished coil weighs ~1 lb. 3 oz., has ~0.935 millihenry inductance, 0.34Ω resistance, and takes ~20 minutes to hand wind or ~3 minutes with drill motor. An excellent alternative is an AMS brand air–core crossover inductor for home audio, MCM Electronics, Centerville, OH 45459, (800) 543-4330 catalog #50-940, 16 gauge, 0.58Ω, 2.5mH, 2-7/8" dia. $10.65.

Strobe modification consists simply of wiring the finished applicator coil with 4 ft. leads in series between either flash tube electrode. Be extremely cautious when working with case open because a strobe's capacitor can hold a residual high–voltage charge for a long time even when "off." Before modifying and to avoid shock, short out the capacitor by placing clip leads directly across the flash tube. Remember to remove this shunt later. To install coil, unsolder wither wire from flash tube electrodes and connect one lead wire from coil to that side of tube. Connect the other lead from coil to the wire you just removed from tube. Insulate connections with tape. This places your coil *in series* with the flash tube and enables the lamp to act as an ionized gas relay or "thyratron" that dumps most of capacitor's stored energy through coil when fired. Lamp will still flash but less brightly. Cover flash window with black paper. Melt wire–slot with soldering iron. Replace case. You're done!

Is it working properly? A good way to test strength of pulsed magnetic energy is to lay a thin *steel* washer (one strongly attracted to magnet) flat on top of coil, ½" off center. A 1" dia. "fender" washer with 1/8" center hole works well. Let the flash unit charge for about ten seconds or until the strobe's "ready light" comes on then

push flash button and see how high the washer is "kicked" by Eddy current repulsion. A 35 watt–second strobe repels this washer over a foot vertically. Think of your pulsed coil as the "primary" of a transformer and anything conductive nearby (living tissue included) as the "secondary" in which current is induced when cut by coil's time varying magnetic lines of flux. Your do it yourself magnetic pulse generator delivers a measurable output intensity *several thousand times* more powerful during each cycle than $7,000.00 German "Magnetotrons®", Elecsystem "Biotrons®", or Canada's "Centurion®" devices widely exhibited at holistic medical expos, none of which is *nearly* powerful enough for effective HIV, herpes, hepatitis or Epstein-Barr neutralization. Pulsers are also functionally similar to the "Diapulse®" miracle–working healing modality when coil is applied over liver and other organs. Regular permanent magnets no matter how powerful in Gauss absolutely will ***not*** work for this application regardless of claims since only a ***time varying*** field induces a significant current in tissue. Magnetic fields and therefore induced currents penetrate *all* body cells, bones and tissues in proximity to coil (effective approx. 8 inches deep) and can theoretically neutralize electro–sensitive pathogens and viruses such as herpes B, HIV, hepatitis, Epstein–Barr and possibly many others as yet undiscovered that hide *within* nerve sheaths and are therefore untouchable via immune system, white cells, or injectables. This may account for the impossibility of curing many known chronic infections via pharmaceuticals, antibiotics, or any presently known conventional treatments other than electrotherapy. Use pulser on body sites daily. This pulser is safe to use anywhere on the head and body except with cardiac pacemaker users. See page 38 for lymph locations. Zap sites at ~10 second intervals for ~20 minutes daily.

To use press fully insulated coil flat against body over lymph glands and other selected locations such as shown on page 38. Let strobe build up to full charge (about 4 to 10 seconds between pulses) and flash while pressing coil over each selected site. Subjects will feel no physical sensations except for light "thumps" during this phase of electrification. ***Exposure levels are considered safe because intensity of this magnetic pulser is much lower than Magnetic Nuclear Resonance Imaging in routine use of tens of thousands of patients***. But should subject feel "headachy", nauseous, sluggish, or display flu–like symptoms after exposures with either of these two devices, reduce number of pulses *or* duration of blood clearing process and drink ozonated water. If immune system is very badly damaged, you may need to repeat all routines after several months to insure neutralization. *When using, keep coil several feet away from credit cards, watches, magnetic tape, computers, floppy disks, homeopathic remedies, etc.*, since its powerful magnetic field can de–gauss and erase magnetic data as well as subtle energy potenized medicines. As an unanticipated serendipity, pulsers are reported to erase deeply rooted lymph and tissue pathology and possibly even classical "miasmas" as well as many other microbes, fungi, bacteria, parasites and viruses. Flash should preferably be used with AC power to save battery costs since you'll only get about 40 full pulses per new set of alkaline batteries. For sanitary purposes, enclose coil in plastic zip–lock discardable sandwich bag. When treating numerous subjects if there's no AC adapter it is economical to utilize a small rechargeable lead–acid "motorcycle" battery. SOTA Instruments latest pulser measures 600µF, 330-350V; 36.75 Joules; 21,429 Gauss at 105 Amperes peak; 17,850 Ampere Turns; pulse rise time ~1.8 microseconds; pulse duration ~2.5 milliseconds; lifetime ~250,000 cycles; and penetrates ~8" through tissue. SOTA can be reached at 1–800–224–0242, fax: 250–814–0047.

How much should this cost? Used electronic strobes cost ~$2.00 to ~$18.00. Three ½ lb. Spools of #14 magnet wire retail for #9.66 ea. At Action Electronics (you'll need ~1-½ lb.), 4-AA alkaline batteries, $2.89. A 12 ft. #14 X2-wire 15 amp. ac extension cord costs about $2.00 and makes 3 sets of leads, or use heavy-duty speaker wire. VHS spools ~50¢. Wholesale wire from $2.50 to $4.35/lb. In 10 lb. Rolls at Pacific Wire & Cable, 1228 S. Village Way, Santa Ana, CA 92704, (714) 558-1864 ~one week delivery. **~$12.00 minimum/$60.50 maximum.**

Polarity: Either side of the coil—North or South Pole—will create the necessary microcurrents of electricity in tissue. For prolonged use, it is possible that it is better to use the North (–) or South–seeking side as this pole is known to have a balancing effect. The South Pole of a magnet is known to have a stimulating effect.

Locations of Principle Lymph Sites

Gray's Anatomy pgs. 624 to 633

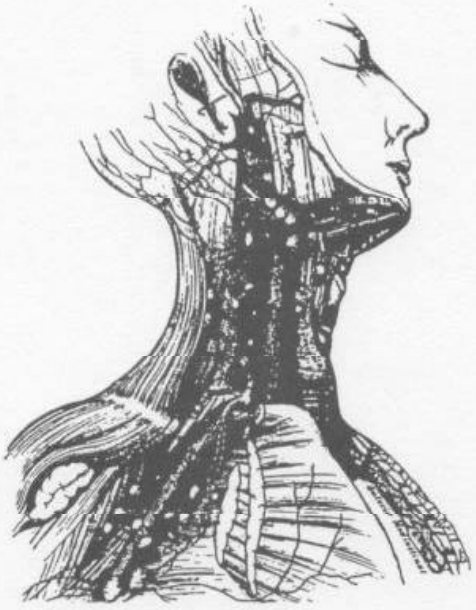

Fig. 339.—The deep lymphatics and glands of the neck and thorax.

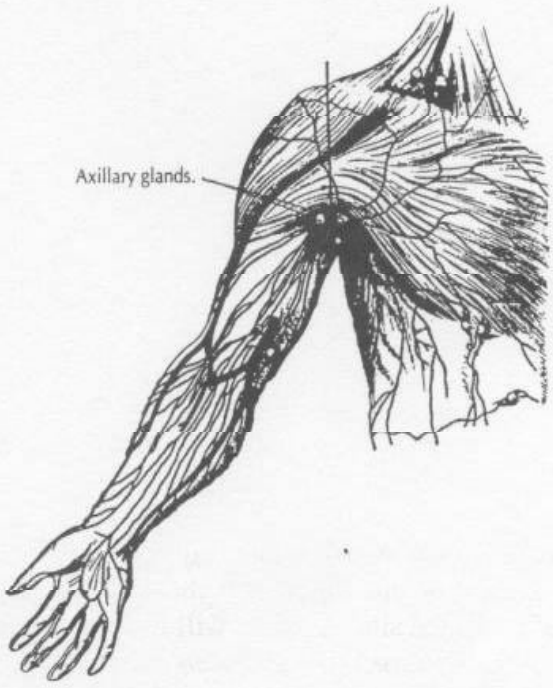

Fig. 340.—The superficial lymphatics and glands of the upper extremity.

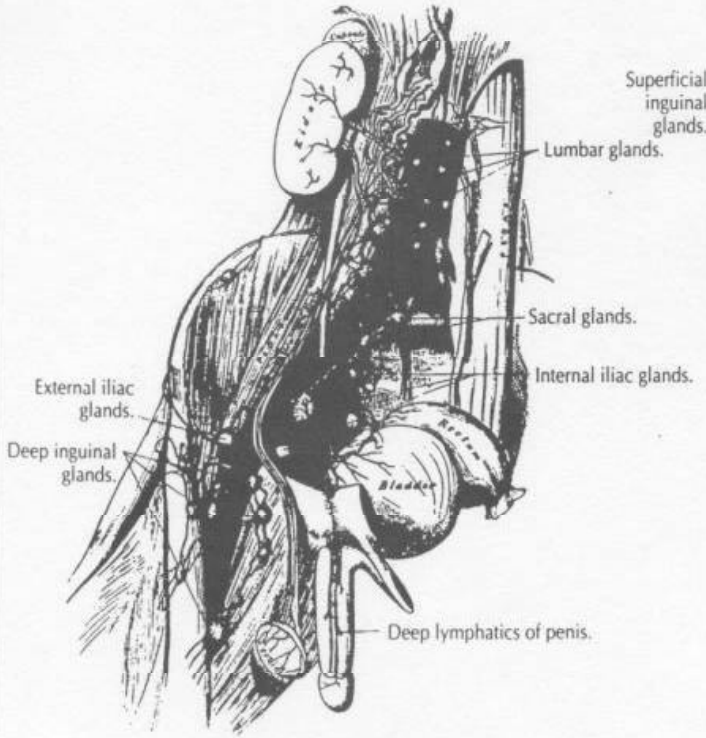

Fig. 342.—The deep lymphatic vessels and glands of the abdomen and pelvis.

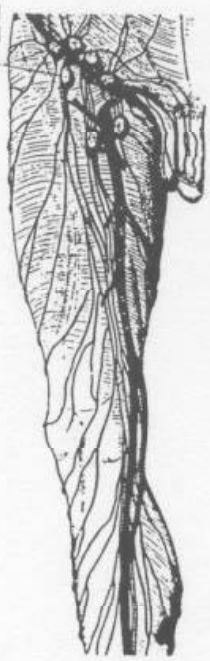

Fig. 341.—The superficial lymphatics and glands of the lower extremity.

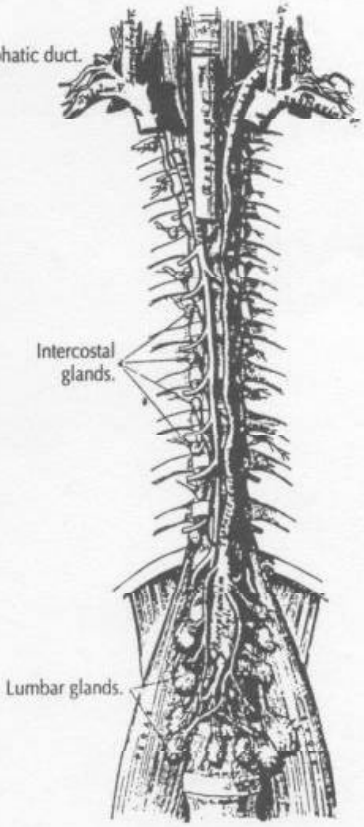

Fig. 337.—The thoracic and right lymphatic duct.

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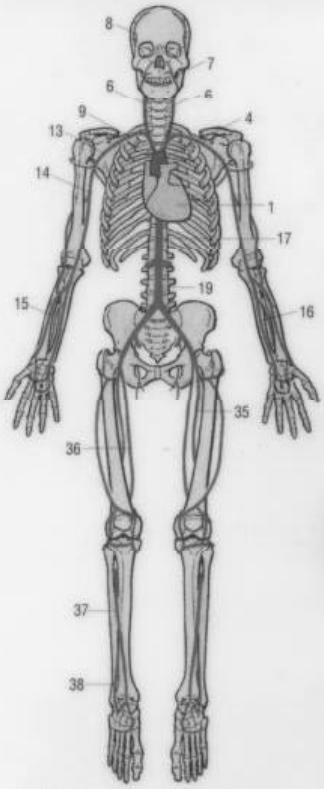

Fig. 1: Overview of Arterial System.

Fig. 3: Blood Supply to Major Organs.

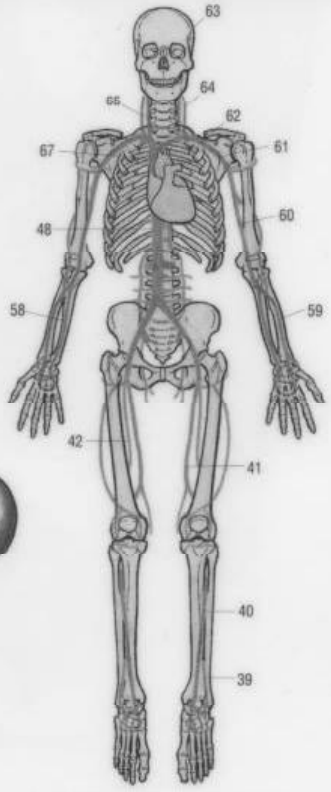

Fig. 2: Overview of Venous System.

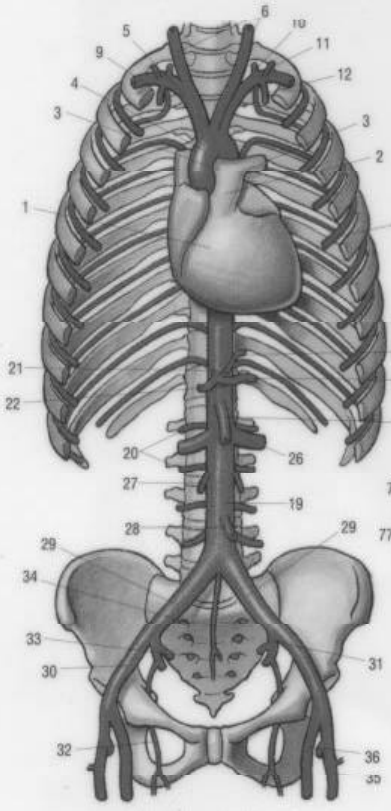

Fig. 4: Arteries of Trunk.

Fig. 5: Arteries of Base of Brain – Cerebral Arterial Circle (of Willis).

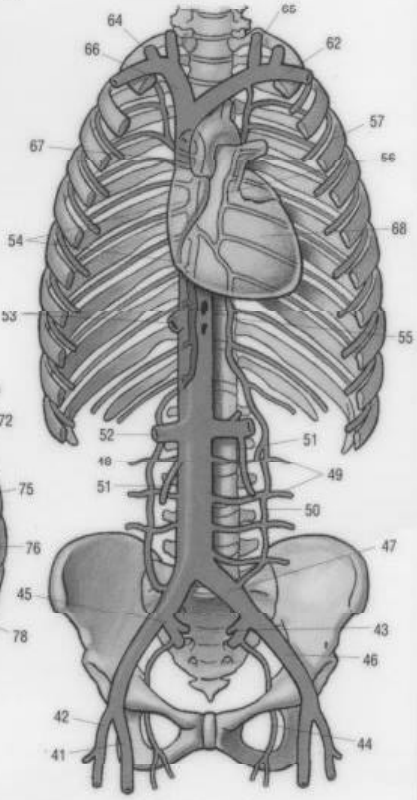

Fig. 6: Veins of Trunk.

Arterial System

1 Heart
2 Pulmonary trunk
3 Pulmonary artery
4 Aortic arch
5 Brachiocephalic artery
6 Common carotid artery
7 Facial artery
8 Superficial temporal artery
9 Subclavian artery
10 Vertebral artery
11 Thyrocervical trunk
12 Internal thoracic artery
13 Axillary artery
14 Brachial artery
15 Radial artery
16 Ulnar artery
17 Thoracic aorta
18 Intercostal artery
19 Abdominal aorta
20 Lumbar artery
21 Celiac trunk
22 Hepatic artery
23 Left gastric artery
24 Splenic artery
25 Superior mesenteric artery
26 Renal artery
27 Gonadal artery
28 Inferior mesenteric artery
29 Common iliac artery
30 External iliac artery
31 Internal iliac artery
32 Obturator artery
33 Superior gluteal artery
34 Median sacral artery
35 Deep femoral artery
36 Femoral artery
37 Anterior tibial artery
38 Fibular artery

Venous System

39 Fibular vein
40 Anterior tibial vein
41 Femoral vein
42 Deep femoral vein
43 Superior gluteal vein
44 Obturator vein
45 Internal iliac vein
46 External iliac vein
47 Common iliac vein
48 Inferior vena cava
49 Lumbar vein
50 Ascending lumbar vein
51 Gonadal vein
52 Renal vein
53 Hepatic vein
54 Azygos vein
55 Inferior hemiazygos vein
56 Superior hemiazygos vein
57 Intercostal vein
58 Ulnar vein
59 Radial vein
60 Brachial vein
61 Axillary vein
62 Subclavian vein
63 Superficial temporal vein
64 External jugular vein
65 Internal jugular vein
66 Brachiocephalic vein
67 Superior vena cava
68 Heart
69 Portal vein

Cerebral Arterial Circle (Circle of Willis)

70 Anterior cerebral artery
71 Anterior communicating artery
72 Middle cerebral artery
73 Internal carotid artery
74 Posterior communicating artery
75 Posterior cerebral artery
76 Basilar artery
77 Superior cerebellar artery
78 Labyrinthine artery
79 Anterior inferior cerebellar artery
80 Posterior inferior cerebellar artery
81 Vertebral artery
82 Anterior spinal artery