Ultraviolet Light Blood Irradiation (UBI) - also known by other names such as Biophoto therapy, photoluminescence, hemo irradiation, photopheresis, photodynamic therapy-is a process of exposing blood to ultraviolet A or C rays to stimulate the immune system to destroy any and all pathogens, no matter if they are viral, bacterial, fungal, or cancerous cells/tumors.

UBI (some researchers refer to it as UVBI) is a time tested therapy-in use for over 75 years by physicians all over the world. There are no known serious side effects and the therapy creates a strong immune response that is regarded as an "autogenous vaccine".

An added benefit of this therapy is the elevation of blood oxygen levels-which in most cases remain optimized for over a month after the therapy. There is reason to believe that blood oxygen levels are perhaps the most important fundamental element in one's health. Viruses, bacteria, and cancerous cells can not sustain themselves in a well oxygenated environment thus they are anaerobic, meaning they hate oxygen. They hate it because quite simply, it kills them. Not only are pathogens killed by UBI but biological toxins are also cleared. Toxins from microbes, plants, insects, and animals are all immediately cleared from exposing the blood to UV rays. Toxins from ricin, tetanus, botulism, snake venom, bee stings, bacterial invasions-are all rapidly cleared by UBI.

How UBI is thought to work

What appears to happen in the blood with UBI is that the white cells are "damaged" by the UV light. This damage causes the immune system to regenerate new "null" cells in explosive exponential numbers. These null cells (cells with no antigen present) are like young warriors that come out with a vengeance and destroy whatever pathogen is in the body.

FDA has approved UBI as used at the prestigious Yale university by Dr. Edelson in the treatment of Cutaneous T-cell Lymphoma-a rare skin cancer. Edelson terms the process "photopheresis" and instead of using whole blood he incorporates exotic and expensive filters that filter out the white cells so they are the only component irradiated. This process may be unnecessary as whole blood seems to works just fine. There is speculation that Edelson did this to acquire a patent. Edelson has also made significant contributions in the field of photochemotherapy. A draw back of his therapy is the cost (over $5,000 and 4 –5 hours of time per treatment)

Short History

Around 1880 some clinics in England were using externally applied UV light to patients for treatment of disease with phenomenal success. Actually-the Egyptians got the whole photosensitivity thing rolling thousands of years ago with a weed that grew on the banks of the Nile. They used photochemotherapy for the treatment of vitiligo. Apparently this weed contains a type of psoralen, which becomes active after ingestion and exposure to sunlight.

In 1928, one Emmitt K. Knott-a scientist in Seattle WA ran some experiments on exposing the blood to
UVC rays in the treatment of women with severe bacterial infections due to back alley abortions. The local hospital wrote off many of these patients as they were not responding to the sulfa preparations—some had temperatures of over 108 degrees and death was certain. Knott was told to do as he wished with these patients—and after one and sometimes two UBI exposures the patients symptoms completely subsided within 24 hours. The mechanisms by which UBI worked then were not remotely understood—and actually today they are still not completely understood.

The treatment is executed by a medical person withdrawing about 150-250 ml's of whole blood from the patient. Using a venipuncture at the elbow or hand, the practitioner withdraws the blood as it flows through a clear plastic "cuvette". The blood then enters a small quartz glass chamber which includes a baffle to spread the blood thin enough where it travels through a small machine that exposes the blood to the UV rays. The medical person then returns the blood back through the machine and into the patient.

In 1939 Dr. George Miley, MD, made a study of the effects of 97 blood irradiation treatments given to people suffering from various diseases. His observations:

1. A 58% increase in the venous oxygen content in ten minutes.
2. A 9% decrease in venous oxygen after a half hour.
3. A 50% increase in venous oxygen one hour to one month after treatment.

Dr. Miley, a practitioner of thousands of UBI treatments in the 1940's—made this comment about Emmitt Knott, "I think personally that this is one of the greatest contributions to medicine ever made by a citizen of the United States."

By the mid 1940's UBI had really begun to roll. Dr. Miley reported using UBI on viral pneumonias (still a big killer today) would cure this condition rather quickly. He reported:

2. Disappearance of cough in 3-7 days.
3. X-ray evidence of complete clearing of the lungs within 24-96 hours after a single treatment (Miley, American Journal of Bacteriology,45:303, June, 1943)

Dr Henry Barrett reported on 110 cases of UBI in 1940 (Medical Clinics of America, May, 1940) Most patients received one treatment, some as many as eight. He noted several patients suffering from rheumatoid arthritis—these patients improved remarkably within a few hours. One case was of a patient suffering from serious bronchial asthma attacks for over four years. The patient was in the hospital, and despite medication, was having several asthma attacks per day. After one UBI treatment her doctor reported the next day that she had only one attack that day. After that she had 2-3 asthma episodes a week for 3 weeks. The attacks became fewer and fewer and became absent for months after a single treatment.

Barrett reported on his 110 cases:

1. No detrimental reactions from UBI.
2. Improvement is frequently immediate.
3. Increase in peripheral circulation (due to vasodilation).
4. Increase in oxygen combining power of the blood.
5. Inactivation of toxins in the blood.

Dr Miley also reported on 6 patients with herpes zoster infection—"shingles". Infection was nullified to the point that the patients became asymptomatic with no relapses. In January, 1942, Dr. Miley made the following observations-(NY State Journal of Medicine, Jan.1, 1942) "The detoxification effect of ultraviolet is generally not known by the medical profession and certainly has not been emphasized enough. The inactictivation of snake venoms and bacterial toxins are examples of what may be accomplished by ultraviolet. The increased of blood irradiated with ultraviolet to absorb oxygen has been demonstrated. As a rule, rather low dosages of externally applied ultraviolet radiations stimulate the general resistance of animals and human beings to infection."
Toxins and Antibiotics

The inactivation of bacterial toxins is quite amazing—and many lives have perished as a result of this technology being disregarded for pharmaceutical therapies. One such case that everyone may remember is that of Jim Henson—the creator of the Muppets. Henson died in 1990 of a particularly virulent strain of A Streptococcus—this organism will strike down an otherwise healthy person in a matter of hours from the onset of symptoms. What is particularly interesting about this particular bacteria is that it is not the organism that directly kills the victim—it is the lethal toxins the organism produces. There is no antibiotic that can clear these toxins—so even if Henson was given an antibiotic that would kill the organism Henson would have died from the toxemia. What is a shame is if the hospital that Henson went to had incorporated UBI these toxins would have been neutralized immediately and the organism would have been killed—and Jim Henson would probably be alive today.

Conditions that respond to UBI are almost limitless—all acute and chronic viral episodes from Herpes to Polio to the flu and common cold, candid overgrowth, cancer, bacterial infections, allergies, rheumatism, asthma—virtually any and all disease states.

Cancer, Leukemia and AIDS - anecdotally but impressive.

On April 30, 1969, Mrs. I.W., a fifty year old white female, entered the hospital for treatment with a large tumor of the uterus that proved to be cancerous. The previous year the patient was found to have cancer of the cervix and uterus and was given radium and cobalt treatments for a month. She was re-examined 6 months later. Her doctor told her the cancerous mass was too large to operate. She was "terminal". She sought out Dr. Olney and was given UBI therapy, 4 treatments the first week, and one treatment per week for one month. After the last UBI treatment she was re-examined by her oncologist and it was decided the cancer mass was reduced enough to facilitate surgery of the uterus. A hysterectomy was performed and a pathological examination of the organs revealed that there was NO CANCER TISSUE IN THE ORGANS. The patient made a full and complete recovery with no other complications.

Something very peculiar often happens in the treatment of leukemia. In leukemia (cancer of the blood) the white cell counts are too high. After UBI these white cell counts return to normal.

In AIDS where white cell counts, the CD-4 "helper t-cells" are very low, after UBI these cell counts may return to normal. Concerning AIDS it may appear that UBI reduces the number of HIV viruses in the body. In true AIDS these CD-4 cells are low and predispose the patient to severe infection. UBI brings these cell counts to normal levels.

A UBI user's story - Flu, Poison Ivy

I read about and investigated UBI starting in 1999. I stumbled across this amazing therapy by accident—after learning about it I called several clinics around the US to inquire about it's effectiveness. I was met with nothing but positive feedback. I had read how UBI would cure the flu in a matter of HOURS—so I decided the next time I got sick I would call an MD that practiced UBI about 2 hours away.

As I mentioned above, I got the flu on my birthday in Jan of 2000. I called the clinic and made an appointment the next day. I arrived at the clinic at about 3 pm. I had fever, runny nose, body ache, cough—the whole nine yards. I had the treatment done—it only took about 10 minutes. It was totally pain free—except for the 20 gauge venipuncture—and the blood began to flow. It was amazingly simple. I remained at the office for another 2 hours—as I also received an IV of hydrogen peroxide. I ended up getting home around 8pm. On the way home I experienced severe chills for about an hour—a sure sign my immune system was in high gear. My nose was runny. Fever too. After an hour I felt much improved. I settled in at home and watched the Duke—Carolina basketball game. No cough, chills, fever, nothing. All my symptoms had vanished. I was cured. I woke up the next day perfectly normal. I was so impressed with the therapy—and so overwhelmingly convinced that UBI elevates blood oxygen levels—that I decided to have the therapy done about every 10-12 weeks as a preventative. In the years that I have used UBI I have noticed some profound improvements in my health. I noticed all of the following after my very first treatment. A few warts—caused by a viral infection—that I had from childhood mysteriously disappeared.
I had suffered from allergies-most notably poison ivy eruptions-for years with my landscaping business. The Poison ivy outbreaks were so bad not even caladryl lotion would work on the blisters-I had to use Chlorox. Since my first UBI treatment I have not had so much as a blister-much less an outbreak. The most incredible aspect of my health has been an improvement in my vision-not only is my eyesight improved but colors are so much more vivid. I had not read anything about vision improvement in my studies of UBI. A year after I began my UBI protocol I received literature from Germany where UBI is widespread-they use it in many eye diseases such as macular degeneration. I have not been sick in over 4 years now-despite having at least 2 colds a year before UBI and living the BBing "lifestyle" with immune suppressing agents (at least thought to be immunosuppressive). Not even a sniffle.

There is NO viral disease that can withstand the wrath of UBI. None. And it has no side effects. Every hospital and doctors office should have such "photoluminescent" devices.....these machines would save untold suffering and 100's of millions of dollars.

**Why is UBI not common**

UBI was discovered here in the US-but it was dropped out of favor in the 1940's with the discovery of penicillin. Antibiotics were supposed to cure infections, cortisone was supposed to rid of us of allergies-NONE of this has happened. Thanks to antibiotics we now have Superbugs that are antibiotic resistant, a new epidemic - Candidaisis-the overgrowth of a yeast turned fungus that runs amok after antibiotics kill off a patients intestinal flora. I heard recently-last week-of a new form of Herpes that is drug treatment resistant.

**One Person's Observation**

A quote by Dr. William Campbell Douglass, MD, about UBI. He is the MD that is responsible for reviving the therapy 20 years ago as it was lost from medical practice for about 25 years or so. I consider Dr. Douglass one of the finest MDs in American history. Some of his accomplishments are :Graduate of the Miami School of Medicine, Graduate of the Naval School of Aviation and Space Medicine and National Health Federation "Doctor of the Year 1985." He worked alongside scientists at the Pastuer Institute for 1 year in Russia and set up and operated an AIDS clinic in Uganda , Africa. Many terminal stage AIDS patients made full recoveries using his UBI protocol. He was also the past president of the Florida College of ER doctors, many ER techniques in every hospital in America were patterned after Dr. Douglass.

Dr. Douglas' quote concerning UBI: " If you knew of a procedure that could save thousands-maybe millions-would you cover it up? It is unthinkable that what could be the best solution ever to stopping the world's killer diseases is being ignored, scorned, and rejected. But that is exactly what is happening right now. The procedure is called "photoluminescence (UBI)". It is a thoroughly tested, proven therapy that uses the healing power of light to perform almost miraculous cures. This remarkable treatment works its incredible cures by stimulating the body's OWN immune responses. That is why it cures so many ailments-and why it has been especially effective against AIDS. Yet, 50 years ago it virtually disappeared from the halls of medicine."
Studies on the affects of BPT
Healing Affects of UBI
Oxygenation affect
Positive effects on Blood Components
Safety of UBI
UBI or LBI

Healing Affects of UBI

1) Broad Spectrum of medical healing effects (general strengthening, desensitizing, stimulating and anti-inflammatory) in various illnesses
2) Stimulation of factors of non-specific defense and immunity
3) Anti-hypoxic, vasodilatory effects and improvements of the rheological (flow, structure, etc.) of the blood and the microcirculation
4) Activation of metabolic processes and improvement of their regulation
5) Stimulation of hematopoiesis (making blood cells) and regeneration
6) Rapid positive changes in cell and blood plasma
7) Normalizing effect on those processes and functions that are below normal and of those that are high. I.e. auto-immune attack and low immune response


Oxygenation affect

Within minutes venous oxygen level rise and can remain higher for weeks after the treatments. Cyanosis (blue coloration) tends to clear up rapidly, metabolism improves, lower extremity circulation improves.


Improve of the ability of the tissues to extract oxygen. Feet may feel warm even though arteries remain occluded because of tissue oxygen extraction.


Positive effects on Blood Components

Platelets benefit from UBI. When deformed as a result of disease, UBI seems to reshape them into a normal pattern. Serotonin in platelets give off a faint luminescence following UBI while platelets themselves can give off a strong luminescence in plasma. They also develop greater electrophoretic mobility.
Red blood cells register changes in their membranes including expression of antigens. There is improvement in rheological (flow) characteristics and a drop in blood viscosity. Red blood cell aggregation is greatly reduced as is their deformation. Similar changes take place in platelets.

UBI increases the activation of circulating IgM (by 2-16 times), IgG (by 2-4 times) and complement (by 2-4 times), i.e. it rapidly activates these factors of nonspecific immune defense.


Safety of UBI

UBI treatments appear to lend higher specificity than many chemotherapies (pharma drugs) aimed at the same applications, since to attain their effects such chemotherapies must deviate from the ideal purity of energy-bearing molecules such as glucose and ATP.


Study of 2,380 sessions only 1.3% had complications and those were minor, hematomas at the IV site, coagulation in the tubing, shivering, dizziness and nosebleeds.


In over 10,000 UBI treatments only 6 had any adverse reaction and those were minor reactions including headache, temporary fever, chill and moderate gastrocnemium spasm.

UBI suggests negligible side effects because of its high specificity. In other words, UBI therapy is not only safe: it is safer than competing chemotherapies (pharma drugs) throughout a wide band of therapeutic action.


Researchers had treated 726 patients with various diseases for a total of 3,500 sessions. Significantly healing was found in 84% of the cases with no complications.


**UBI or LBI**

There were some tests to see if the Laser Blood Irradiation Therapy (basically injection of a laser fiber optic into the vein via a needle) was superior to UBI (Blood taken from the body and treated with ultraviolet light).

Treatment of 312 workers who received significant doses of radiation during clean-up of Chernobyl. Normalization of microcirculatory and immunological indicators occurred in 73% of the UBI and 84.8% of the LBI. A complication was that some LBI cases were receiving an extra drug. Two weeks later indicated that UBI attained better results.

**Bacterial**
- Iritis
- Typhoid Fever
- Streptococcal Infections
- Staphylococcus albus and Staphy aureus
- Chronic Osteomyelitis
- Severe Pneumonia in Infants and children
- Pneumonia and brain injuries
- E Coli
- Pneumococcus, Staphylococcus
- Microcirculatory Disorders
- Post operative Bleeding in the organs
- Tuberculosis

**Bacteria**

**Iritis**: Subacute iritis with or without iridocyclitis.
Out of 50 patients all UBI patients recovered without complications. In the control group receiving corticosteroids 20% became blind in the effected eye, there were several complications and they recovered more slowly.


**Typhoid Fever**

More effective when used as a monotherapy as opposed to that in combination with sulfa drugs.


**Streptococcal infections**

Strep Infections have been successfully treated. Strep throat, rheumatic fever, scarlet fever, acute tonsillitis, acute otitis media and erisypelas all are very responsive to UBI treatment.


**Staphylococcus albus and Staphylococcus aureus**

For those using just UBI as a treatment 8 out of 9 ended in complete recovery. The one case also had bladder carcinoma. Conclusion that UBI as a monotherapy was highly effective against staphylococcemia.
Chronic Osteomyelitis

LBI restored balance among immune cells and used as a pre-operative prophylaxis.


Severe Pneumonia in Infants and children

40 patients using UBI treatment showed that they improved more rapidly than 25 in historical medical applications as a control.

V.N. Kalinlin et al. “Autotransfusion of Blood treated by Ultraviolet Irradiation in Destructive Pneumonias in Very Young Children [Russian],” Khirurgia (191) No 8, pp 14-20

Another study of 56 children under 1 with acute pneumonia as compared to 45 in a control with standard drugs showed temperature snad rapid heartbeats dropped faster, peripheral blood and phagocytosis showed more improvements and hospital stays were reduced by 24% compared to controls.

Shamsiev, F.S.et al., “The efficacy of UBI in Combination Therapy of Acute Pneumonias in Young Children [Russian],” Pediatriia 91990), No 11, p 112

Pneumonia in conjunction with severe skull and brain injuries

With 6-8 session of UBI plus endolymphatic antibiotics significantly raised both the number of T cells and levels of IgA and IgM over those 25 in a control using standard antibiotics.

Kibirev, A.B. et al., “UBI and Endolymphatic Antibiotic Therapy in the Treatement of Pneumonia in Patients with Skull-Brain trauma [Russina],” Zhurnal VoprosyNeiokhirurgii Imeni N.N. Burdenko (1990), No 3, pp 11-14

E Coli

7 cases of Escherichia coli septicemia. A very dangerous condition in the 1940’s. 5 cured. The sixth dies of myocardial degeneration but had a sterile bloodstream. The 7th died and had a different Staph infection.

Other infections

Clinical trials of UBI successful against *pneumococcus, staphylococcus, streptococcus* and a mixture of other microbes. In a 182 patient study with 90 as a control. The treatment group recovered more rapidly (by 5-7 days) had fewer complications and experienced a reduction in fibrogen to normal activation of anticoagulatory and fibrinolytic elements. **Initial Anemia** – those treated saw a 30.7% increase in erythrocytes.


Microcirculatory disorders

18 Children with meningococcal infections received LBI treatments. Researchers observed improvement in microcirculation, infective-toxic shock disappeared, hemodynamic status improved 2-3 days earlier than with standard therapy.


Post operative Bleeding in the central organs

28 patients operated on for trauma in parenchymal organs, shock and at least 1 liter of blood loss through internal bleeding. 32 patients with similar injuries served as a control group. NO LBI treatments 71.9 % had complications of the Blood Irradiation group only 32.1% had complications


Tuberculosis:

A study of 222 hospitalized patients with destructive tuberculosis of the lungs were divided in two groups. The first group included UBI therapy, the second did not. Within 3 months the 1st group was 100% disease free while only 58.8% of the group with antibiotics only was disease free. After 3 months 89.5% of the first group saw the destructive results of the disease disappear and only 3.2% of the second group.


119 Patients were treated with LBI in combination with standard drugs. Those with LBI treatments were observed to have stabilization of temperature, cessation or diminution of coughing, reduction in mucus produced, improvement of functional indicators of pulmonary ventilation and a stabilization of T & B lymphocytes.

88 tuberculosis patients receiving low doses of UBI were compared to a control group. 31.9% noted significant improvement, 47.8% partial improvement and 20.3 no improvement. Those with no improvement tended to have fibrous-cavernous tuberculosis, were repeat cases had undergone lung operations or were chronic alcoholics.

Mingalimova, R.G. et al, "UBI in the Complex Therapy of Patients with Tuberculosis of the lungs [Russian], “ Problemy Tuberkuleza 91995) No 3, pp.27-28
Hepatitis
Polio – Poliomyelitis, Polioencephalitis
Influenza, Respiratory Tract Infections, Herpes zoster, Herpes Simplex, Mumps, Measles, Mononucleosis (EBV) and Plantar Warts.
Sinusitis/Highmoreitis
Eye Infections – Irido-cyclitis, Uveitis, Retro-bulbar neuritis, Herpes Zoster Ophthalmicus, Keratitis,
Hepatitis
HIV

**Viral Disease**

**Polio – Poliomyelitis, Polioencephalitis**

Previous results in Los Angeles showed when UBI was used that the death rate was significantly lowered.


Comparative study of 25 cases of acute, severe bulbospinal polio in children. 11 had UBI and 14 had standard treatment. Of the UBI treated 1 died and 10 had full recovery. Of the 14 in control 5 died and 9 recovered. Georgetown University G.J. P. Barger, MD – 1944

**Influenza, Respiratory tract infections, Herpes zoster, Herpes Simplex, Mumps, Measles, Mononucleosis (EBV) and plantar warts.**

Reports of Miley and others have shown that UBI successfully treats influenza, respiratory tract infections, Herpes zoster, Herpes Simplex, Mumps, measles, mononucleosis (EBV) and plantar warts. In the study below researchers listed 79 consecutive cases of virus infections treated with UBI with patients from early stages to moribund – 78% of the patients recovered including 8 of the 9 that were apparently moribund (near death)


G.J.P Barger, M.D. of Georgetown University Hospital, had administered over 2,500 UBI treatments and concurred with the above findings


**Sinusitis/Highmoreitis**
Severe cases of Highmoreitis with complications in children following viral infections of facial sinuses found UBI to be very effective.


**Viral Pneumonia**

Miley reported that a single treatment with UBI was sufficient to bring about recovery.


A Russian study of 10 patients ages 17-30 with acute pneumonia and 20 healthy controls were given antibiotics as well as two UBI treatments. There was marked favorable influence on the regulation of lipid peroxidation and the antioxidant system with overall beneficial results of UBI over the control.


Study comparing LBI with standard drugs in patients with acute pneumonia found that with LBI that fever and intoxication disappeared an average of 4.8 days sooner and that ausculatory symptoms disappeared 3.29 days sooner. LBI group had much less lung damage. Patients had virtually no perivascular suppuration or erythrocyte aggregation.

Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994) pp 63-64

**Eye Infections – Irido-cyclitis, Uveitis, Retro-bulbar neuritis, Herpes zoaster ophthalmicus, keratitis,**

Study of 27 patients using a number of controls, ophthalmologists treated patients with UBI. The researches that all cases treated with UBI responded exceptionally well. UBI cases were discharges in 17.5 days vs. 30.8 for the control group.

Hepatitis: 43 cases treated, three with severe chronic hepatitis – all successfully treated and with a follow up of 4.5-6 yrs. Still healthy. Comment by R.C. Onley M.D. “… the results of (UBI) are considered significant and noteworthy”


Another study from 1994 had three groups with chronic active hepatitis and cirrhosis of the liver patients studied.

Group 1 (20 patients) standard drugs – Group 1 – 12 of 20 had good results 2 died,

Group 2 – (16 patients) LBI treatment – Group 2  - 13 of 16 had good results

Group 3 – (10 patients) LBI infusion treatment. Group 3 - 10 of 10 had good results.

Suspected improved microcirculation in the liver was a factor and accounted for the superior outcomes.

Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994) pp 63-64

Hepatitis Effectively Treated in 2008 by UBI

www.Energexsystems.com - Hepatitis effectively treated on patients who were non responsive to drug therapy (2008)

CLICK BELOW FOR BREAKING NEWS OUT OF PERU REGARDING REVERSAL OF CIRRHOSIS OF THE LIVER ON A HEPATITIS PATIENT. A MEDICAL FIRST FROM HARRIS MED. BREAKING NEWS VIDEO

Good results using transdermal LBI on chronic Hepatitis patients and other disorders. Patients recovered 4-5 days earlier than controls


HIV

www.HarrisMed.com Using Blood Irradiation (sublingual treatment) has had noteworthy results. We suggest that you visit their site and see their current literature and testimonies.

Energex Systems is also testing their Blood Irradiation device on HIV. See www.Energexsystems.com for more info
Rheumatoid Arthritis

There was an extensive study done on 148 patients with an average of 9.1 yrs of Rheumatoid Arthritis. 27 were in stage I, 50 in stage II, 55 in stage III and 16 in stage IV. These were divided into 5 groups. Four that received varying amounts of LBI at differing frequencies. The last being a placebo group. Results were clear that those in earlier stages of RA were significantly helped and the more severe the patients condition the more difficult.

In a study on rheumatoid arthritis the clinical trials showed that there is a placebo effect on having treatments. This is well documented but it was nowhere near as good as the response of two groups that were given more consistent and frequent treatments.

In severe cases of rheumatoid arthritis UBI can exacerbate the condition, presumably where irreparable joint damage had occurred but in moderate to mild cases UBI was shown to be very beneficial.


Multiple Sclerosis

Not a lot of information is available from studies.

One Drs observation with 5 patients was that 2 improved dramatically one who recovered from terminal stage MS after 4 sessions of UBI and lived a relatively normal life for some years.

Rheumatic Fever - from earlier years

108 Children with rheumatic fever – 22 hospitalized with acute rheumatic carditis. 2 in severe condition. All received UBI treatment. One in severe condition died. The rest were able to leave the hospital without any sign of rheumatic activity. They and the rest received prophylactic treatment over the next several years. There were only two reoccurrences and those were successfully treated. In contrast to other common drug therapies there was not a single report of toxicity.

**Sever Ischemic Heart Disease**

70 males, 32-79 yrs old. All suffered from angina pectoris, 56 had had a heart attack. These men had already failed to recover using intensive drug therapy. 7 treatments of UBI with no toxic effects noted. All patients were observed for 2-16 months.

All patients were able to reduce nitroglycerin

Stenocardia was reduced

46 were able to walk 1 km per day

31 of 39 who had jobs were able to return to work

7 patients died – 6 were over 60yrs old, 3 over 70

The results were assessed “outstanding” considering the serious condition of the patients. Improvement was attributed to improvements in microcirculation, vasodilation and oxygenation of the blood. There was also an effect of humoral immunity, lessening the postinfarct cardiosclerosis.


Intercardial LBI –during severe heart attacks – 30 patients received 5-7 treatments, 20 received drug treatment. With the LBI stabilizing effect, power analgesic effect (33% pain was totally suppressed and 22% significantly reduced) narcotics were reduced to 1/8th of normal levels and analgesics to 1/3. After 2-3 hours LBI patients with intense pain was only 15% while with drugs the level was 45%. There were no complications with the LBI therapy.

**Microcirculation improvement**

Also, marked improvement in rheological properties of the blood. Viscosity dropped 30%, platelet aggregation by 25%, fibrinogen level by 20% leading to a 35% reduction in general peripheral resistance and normalization of diastolic pressure. Stabilization of hemodynamic levels and more rapid resolution of the heath attack. This maintained for the 6 months of follow-up.


UBI within 6 hours of heart attack – 24 patients received drugs and UBI – 21 registered analgesic effect, 1 patient died. Following UBI incidents of extrasystole decreased sharply then tended to increase after 12-24 hours
necessitating another UBI treatment. No increase of arrhythmia occurred in fact UBI had an anti-arrhythmic effect, possibly because of the anti-ischemic action.


Other Studies

Unpublished report but observations and case studies recorded the positive effects of UBI on acute coronary occlusion and congestive heart failure. Quick use of UBI led to improved microcirculation and reduced inflammation of the heart muscle, reduced pain, cyanosis and dyspnea. UBI given every few days usually led to overall improvement even with those who appeared to be terminal.


Artherosclerosis of the heart and lower Extremities - Beneficial Effects of UBI
- Improved rheological characteristics of the blood
- Improved microcirculation
- Increased oxygenation of the blood
- Raised levels of cholesterol and beta-lipoproteins

They then studied the impact of on the patients enzymes. Using a control group of 13 healthy male and 54 patients – 25 had ischemic heart disease, 29 ischemic disease of the lower limbs. 15 heart and 11 lower limb patients received UBI (5-10 sessions) 12 of the 15 heart patients and 8 of the 11 lower limb patients benefited substantially.

Conclusion: UBI dosed with care in elderly lest it activate lipid peroxidation that could be harmful. Best results from younger and earlier stage patients.

Severe Ischemic heart disease in 145 males. Patient received 5-10 treatments of UBI along with standard drugs. 137 had favorable response to UBI and overall condition improved. Fewer analgesics or nitroglycerin tablets. 92 had fewer incidents of stenocardia and could walk 1,000 meters per day. The other 45 saw moderate improvement. Researchers felt UBI regularized biochemical substances and function in the body.

Dozens of other studies are listed in the above collection.
45 Unstable stenocardia patients – 26 with post-infarction cardiosclerosis against a control group. 5-7 LBI treatments later showed all 45 underwent improvement in general condition, less weakness, headaches and insomnia, reduced nitrates and other listed benefits.

**Peripheral Vascular Disease**

Early Studies by Miley listed the treatments of disorders caused by vascular blockage in the legs and arms. In some cases avoiding amputation of gangrenous toes and feet, reversing hopeless swelling and cyanosis.

**Thromboangiitis obliterans**

2 UBI treatments, two gangrenous toes were removed. Patient convalesced and was able to return to work. He was undergoing treatment with UBI on a quarterly basis. Upon stopping treatment Buerger’s disease appeared again. 2 UBI treatments given again and the pain disappeared.


**Thrombophlebitis**

13 cases treated at the Clinic of Hahnemann Medical College and Hospital in Philadelphia. 5 cases were first tried with drugs and treatment had failed. UBI treatments were administered and first pain disappeared, then fever, finally edema.


Double Blind Study of 50 patients in **Fontaine Stage II of arterial disease**.  
Group 1 - 16 weeks of drug therapy distance walking improved 160%  
Group 2 - 4-6 weeks inpatient therapy increased 100%  
Group 3 - 6 day placebo with UBI (no light) 90% improvement  
Group 4 - 6 day real UBI treatment - 360% improvement  

Results confirmed in 18 subsequent trials and reports. Smoking and diabetes patients were more difficult and required more UBI treatments.


Results are markedly superior to a standard drug regime. Drugs for intermittent claudication like pentoxifylline (Trental) only show a 19-65% increase in walking distance.

*Young, Jess R., Olin, Jeffery W. and Bartholomew, John R., Peripheral Vascular Diseases, 2nd edition, St Louis, Mosby, 1996, pp 377-8*  

**Raynaud’s Syndrome**
28 patients received LBI with 30 patients as controls receiving standard treatment

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<thead>
<tr>
<th>LBI</th>
<th>Standard Drug Therapy</th>
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<td>43% significant improvement</td>
<td>33% significant improvement</td>
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<tr>
<td>50% benefited</td>
<td>16.7% benefited</td>
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<td>7% no response</td>
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BI seems to pass the blood brain barrier with advantage over local irradiation as it does not damage delicate tissues. East German study of 15 patients receiving UBI and thrombolytic, antihypertensives, glycosides and physiotherapy and 15 more as a control group of healthy volunteers.

The UBI group outperformed the 1st control group on 24 of 26 variables - cognitive speed, higher perceptual process, verbal recognition and concentration.

Dagmar Klink et al “Ultraviolett-Bestrahlung des Eigenblutes (UVB) bei Zeerebrovaskulaerer Insuffizienz unter besonderer Beruecksichtigung der Hirnleistung (Pilotstudie),” Zeitschroft fuer Klinische Medizin 42 (1987), pp 1145-49

Neurological Disorders with circulatory dysfunction

90 patients ages 47-69 with atherosclerotic, hypertonic, and venous circulatory dysfunction not responsive to other treatments. 35 were used as a control. 4-8 UBI treatments were given. Positive results in 87% of the patients was observed with 51.2% seeing full resolution. UBI cause the significant decrease of headaches, dizziness, tinnitus, feeling of heaviness of the head, pain in the heart region, etc. Sleep became more normal as well.


Neural system circulatory problems – Vegetative

50 sailors, ages 40-60 with early stage cerebral circulatory problems were treated with UBI. Patients experiences subjective improvement – heads cleared, feeling of weight on their heads disappeared, tinnitus ceased, felt more ready to work , mood improves and sleep normalized. Without controls this study is interesting but diminished.

Lobenko, A.A. et al "Vegetative Mechanisms of Initial Appearances of Insufficiency of Cerebral Blood Circulation and a Method of Correcting Them [Russian],” Likarska Sprava (1993), No 1 pp 77-79

Hypertension – High Blood Pressure

73 Stage 2 hypertensive patients were divided into groups. Group 1 – 24 received standard drug therapy Group 2 - received standard drug therapy plus LBI. Group 2 had severe hypertension that was resistant to drugs.
In Group 2 Blood pressure dropped 24%, they had less headaches and dizziness and less ache in the heart area. Drug levels were also dropped by 40%. Remission lasted 4-8 months whereas Group1 patients did not surpass 4 months. Hypertension reduction occurred 6-10 days after treatment. Alizade, I.G. and Karaeva, N.T., An Experiment in the Use of Autotransfused, Laser Irradiated Blood in the Treatment of Patients with Hypertensive Disease [Russian], Likarska Sprava (1994), No 5-6, pp29-32

14 Hypertensive patients over a three year study showed that with UBI treatment there was a reduction in systolic pressure from 175 down to 148 on average and it held below 153 for three years. Diastolic Pressure went from 94 to 86 and then to 83 for two years and rose to 91 in the third year (averages). Conclusion UBI significantly reduced blood pressure in hypertensive patients. Medications were able to be reduced by 1/3.

**Other Diseases/ Disorders**

Bronchial Asthma  
Fungi and Protozoa, Malaria  
Deactivation of Toxins – Botulism et al – Snake bite, Poison Ivy, Lyme’s Disease, Pancreatic cancer and Non Healing wounds  
Biliary Disease  
Cholecystitis  
Pancreatitis  
Peritonitis  
Kidney Disease  
Migraine Headaches  
Burns  
Ophthalmology  
Infertility

**Bronchial Asthma**

Positive results of an 80 case study


With Bronchial Asthma comparing hundreds of patients. LBI and UBI’s were very similar. Both conveyed a “beautiful therapeutic effect.”


**Fungi and Protozoa**

UBI has been effectively used for malaria – see [www.Harrismed.com](http://www.Harrismed.com) and click on PT2 on the left side

A Russian study on Candidiasis resulted in the cure of 8 out of 10 cases


**Deactivation of Toxins – Botulism et al – snake bite, poison Ivy,**

A single treatment on a woman in a coma with advanced botulism brought her back to health in 13 days.


**Lymes Disease, Pancreatic cancer and Non Healing wounds**
Non-Healing Wounds

6 cases of non-healing wounds – all appeared to respond very well to UBI


Also check out the Harrismed.com web site for non healing wounds. UBI seems very effective in this area

Biliary Disease

Biliary Disease encompasses a wide spectrum of disorders caused by abnormalities in bile composition. Dr Olney treated 383 patients with this disease in the mid 1940s. 3 almost moribund, 5 very severe, 264 chronic without stones and 56 chronic with stones, 55 chronic cholangitis and hepatitis, gall bladder previously removed.

The three almost moribund all recovered 2 left the hospital in 24 and 18 days and were in good health one year later. 4 of the 5 of the severe recovered without an operation. The others in the groups had good recoveries some with operations. He reported that UBI had great effects in limiting peritonitis, ileus, pain, pulmonary complications and phlebitis.


In 1950 Dr Rebbeck reported similar successes. Comparing 110 who had UBI and 226 others who did not.

Excessive nausea, vomiting and use of untubation in the UBI group – 2.7% control – 33.1

Excessive abdominal distension – UBI –11.8% control - 28.8

Temperatures above 102 UBI group – 15.4 % control - 32.3%

Mortality – UBI .09% Control -2.2%


Cholecystitis (inflammation from Gallstones)

Posterative in elderly patients

Control Group of 16 received standard drugs

Group 2 of 20 received extracorporeal x-ray radiation of blood

Group 3 of 20 received UBI

Group 4 of 19 got donor blood that had a type of UBI
Study showed that all of three of the groups had better results than the control. Again this study had diminishing effects because of its lack of objective basis of comparison.


Another study had 45 healthy controls and 130 patients with acute cholecystitis – 85 received LBI and 40 standard medications. Researchers found that LBI significantly superior to standard therapy.


Pancreatitis

14 cases of necrotizing pancreatitis – 10 with hemorrhagic pancreatic necrosis, 8 were in serious condition with symptoms of enzymatic toxemia. No controls were used. After a barrage of other therapies failed to produce results they were given 1ml per KG of body weight of UBI donor plasma. Levels of enzymatic toxemia dropped by more than 2 times to near normal levels – 5-6 hrs after the infusion. Insulin resistance declined and other indicators improved.


In another study 65 patients with acute pancreatitis were treated with an average of 1.5 UBI treatments pre and post operative. Some were treated with UBI and had no surgery. Researchers found that in UBI patients – appetites improved, tachycardia lessened, fever declines and lab results normalized. Evidence of immunostimulation was present with no side effects from the UBI. The study is flawed because its lack of controls and the low number of UBI treatments.


In a third study, with 60 patients 47 had chronic pancreatitis and 13 acute pancreatitis, patients received 5-7 LBI treatments following failure of standard drugs. 92% saw pain reduction and vomiting, 83% lessened nausea, 87% improved appetite, 83% reduction of belly distention. As an indicator of improved functioning pancreas, in the acute cases the level of amylase in the urine dropped from 1826.82 +/- 401.4 to 52.77 +/- 4.9 g/l (p<.05)


In early American studies UBI suppressed inflammation, relaxed the sphincter of Oddi and returned amylase and lipase values to normal
Peritonitis

Early American studies – 1942 with 72 patients (no controls) with 29 who had tried and failed sulfa therapy were divided into three groups. All were treated with UBI, 40 with general peritonitis, 20 with abdominal abscesses and 12 females with multiple pelvic abscesses and severe pelvic peritonitis. 43 had moderately advanced peritonitis – all of these recovered after UBI treatments. 29 of the apparently moribund of these 9 out of 17 recovered in group recovered, 4 of the second group and 6 of 9 of the third group. The other moribund patients died, two of sigmoid carcinoma. The researchers noted that UBI treatments rapidly resolved paralytic ileus and led to rapid detoxification.


More recent study 35 patients with disseminated peritonitis found that with UBI treatment it reduced the mortality to 4 out of 35 vs. 10 out of 37 in the control group who were treated with standard combination therapy but without UBI. The UBI group also saw a sharp increase in the number of T-cells (60%) as well as a decrease in circulating immunocomplexes (36.5%). Patients received about 3 treatments each.


Kidney Disease

12 patients with chronic glomerulonephritis without disruption of kidney failure were treated with LBI. Favorable results were reported. Proteinuria dropped from 1.34 to 0.71, 7 patients with hypertonic disease saw a reduction in systolic blood pressure from 180 to 145.2 and diastolic from 118.4 to 88.5.


LBI treatment in 61 chronic pyelonephritis patients – 67.4% had urolithiasis and 32.6 adenoma of the prostate.
Group 1 got standard antibiotic therapy – success rate 20%
Group 2 - 11 got local laser therapy – success rate 57.1%
Group 3 – 33 got LBI – success rate – 64.3%

Researchers concluded that LBI shows “bactericidal action, activated the metabolism of substances and improved microcirculation and rheological properties of the blood. It leads to the removal of all hypoxia, it effects the...
release of a cascade of the patient’s own central and peripheral autoregulating systems adaptation, which medical substances do not.”


Migraine Headaches

12 patients with longstanding migraine headaches. 11 had “striking improvement” 7 needed maintenance treatments every two months.


East Germans have used it extensively. Placebo studies, comparative studies and UBI therapy were all looked at and the conclusion was “UBI is clearly superior...”. 21 patients were part of a double blind study – 2 ended up free of complaints, 5 noted significant improvement, 6 some improvements and 8 had no change. From a number of his studies 60-80% of migraine patients benefited from UBI, some of them even becoming headache free.


Burns

87 Patients with burns covering 3-60% of the body surface – 56 were IIIB-IV degree from 2-38% of the body surface. In the first few days their mood improved, sleep normalized, appetites rose and intenseness of pain diminished – drug reduced. Pneumonias disappeared. Epithelization of the surface II and IIIA degree burns took place. Hospitalization shortened from 33.9 days to 26.2 days with those having UBI treatments.


Ophthalmology

Highly effective against viral and autoimmune eye disorders. 73% of patients with iridocyclitis and uveitis were cured in 4-5 weeks 15% more after further UBI treatment,

16 patients with relapsing chronic keratitis and uveitis. All 16 responded with sharpened visual acuity, resorption of corneal precipitate and other improvements


Infertility

50 men suffering from excretory infertility ages 21-39. 25 received standard therapy with UBI, 25 with just standard therapy. UBI group experienced improvement in sleep and appetite. UBI group had less oligospermia and higher numbers of motile sperm.

10 pregnancies occurred in the UBI group while 6 occurred in the control group

One study which UBI was combined with hemoabsorption found a fourfold decline in mortality and a more rapid recovery on average. 

Maltseyev, A.I. et al. “The Use of UBI in Obstetrical-Gynecological Practice [Russian], “ Akusherstvo I Ginekologiia (1990), No 8, p.8

126 patients with sepsis study, 66 had septic abortion. There were 3 groups comprised of 42 patients each. Group 1 – 3-10 sessions of UBI, Group 2 UBI plus hemoabsorption, Group 3 standard drug treatment.  
Group 1 – 2 cases of septicopyemia and 14 deaths  
Group 2 – 0 cases of septicopyemia and 6 deaths  
Group 3 – 6 cases of septicopyemia and 23 deaths

In numerous studies by the same authors, 215 Women treated for gynecological disorders ranging from adnexitis to endometriosis to disruptions in the menstrual cycle found UBI to have an analgesic, detoxifying and anti-inflammatory effect.


Migraine Headache patients using UBI found a normalization of the menstrual cycle and conception as a side effect.


Polycystic Ovary Syndrome

119 patients with polycystic ovary syndrome with a control of 23. After UBI 25 of 29 women complaining of headache said that the headache disappeared or diminished. 29 of 41 with amenorrhea achieved a regular menstrual cycle. 7 of 24 complaining of infertility became pregnant. 8 of 42 complaining of hirutism experienced improvement. Lab reports included disappearance of hyperandrogenism and a tendency toward normalization of secretion of gonadotrophins. 

**Preclampsia**

91 patients with preclampsia in the 3rd trimester were treated with LBI. 1 received high doses of LBI for 20 minutes 7 days in a row while 30 patients received standard drugs. They found that LBI helped to stabilize erythrocyte membranes, improve microcirculation and blood rheology. It significantly reduced hemolysis, increased diuresis, resolved edema and rapidly and dramatically reduced proteinuria (0.24g/l compared to 0.82 g/l), lowered blood cholesterol and more rapidly alleviated hypertension compared to the control group.

Babies born to this LBI group had better APGAR scores – 20% required c-section while 31% of the control had c-sections. IN conclusion LBI cut the rate of unsuccessful response to treatment from 61% to 20%


In regards to effect of BI on the fetus, after careful study, no one has found any harmful effect nor sign of mutagenicity

Maltsuyev, A.I. et al. "The Use of UBI in Obstetrical-Gynecological Practice [Russian]," Akusherstvo i Ginekologiia (1990), No 8, p.8

Evidence indicates that UBI stabilizes membranes against lipid peroxidation.

**Neonates – Inflammatory Disorders**

52 neonates up to 12 hours old in critical condition with suppurative or inflammatory disorders. Upon 3 treatments of UBI – dose equivalent to body weight. Antihypoxic effect of UBI showed in 28 cases. The infants became more active and stopped having breathing

**Pelvic Inflammatory Disease**

Achieved an 80% totally successful outcome in severe, refractory cases. Only 20% needed surgery.


**Sexually Transmitted Diseases – Pelvic Inflammatory Disease (PID)**

631 patients treated over a three year period. 200 classified as very severe with recurring attacked from several months to years. UBI monotherapy relieved all symptoms and patients returned to normal in 174 (79%).
patients (11%) were improved while 22% (10%) required operations for ovarian cysts, fibroids or abscesses.


A Study in 1990 with 23 patients with various kinds of PID and related conditions were treated with UBI plus drugs and a control group of another 24 received just standard drug therapy. Pain disappeared, temperature normalized and disease signs disappeared much sooner with the UBI group. They healed in an average of 12 days while the control group took 21 days.

Mashkin, O. A. et a, The UBI method in the Combination Therapy of Patients with Inflammatory Conditions of the Genitals [Russian],” Akusherstvo I Ginekologiia (1990), No 10, pp. 58-60
The following pages are a quick synopsis of over 140 published medical studies for more go to the website www.DrsUBI.com

Studies on the affects of BPT

Healing Affects of UBI

Oxygenation affect

Positive effects on Blood Components

Safety of UBI

Healing Affects of UBI

1) Broad Spectrum of medical healing effects (general strengthening, desensitizing, stimulating and anti-inflammatory) in various illnesses
2) Stimulation of factors of non-specific defense and immunity
3) Anti-hypoxic, vasodilatory effects and improvements of the rheological (flow, structure, etc.) of the blood and the microcirculation
4) Activation of metabolic processes and improvement of their regulation
5) Stimulation of hematopoiesis (making blood cells) and regeneration
6) Rapid positive changes in cell and blood plasma
7) Normalizing effect on those processes and functions that are below normal and of those that are high.  i.e. auto-immune attack and low immune response

Oxygenation affect


Improvement of the ability of the tissues to extract oxygen. Feet may feel warm even though arteries remain occluded because of tissue oxygen extraction. Frick, G Fibel der Ultraviolettbestrahlung des Blutes. Greifswald: Ernst-Moritz-Arndt-Universitaet Greifswald, 1989

Positive effects on Blood Components

Platelets benefit from UBI.  When deformed as a result of disease, UBI seems to reshape them into a normal pattern. Serotonin in platelets give off a faint luminescence following UBI while platelets themselves can give off a strong luminescence in plasma.  They also develop greater electrophoretic mobility. I.N. Piksin et al,, “UBI in Surgery [Russina],” Khirurgiia (1990), No 11 pp 100-4.

Red blood cells register chances in their membranes including expression of antigens.  There is improvement in rheological (flow) characteristics and a drop in blood viscosity.  Redblood cell aggregation is greatly reduced as is their deformation.  Similar changes take place in platelets.

UBI increases the activation of circulating IgM (by 2-16 times), IgG (by 2-4 times) and complement (by 2-4 times), i.e. it rapidly activates these factors of nonspecific immune defense. Healing Affects of UBI  I.E. Ganelina and K.A. Samoilova, eds.  Mechanism of the Influence of Blood Irradiation with Ultraviolet Rays on the Organisms of Humans and Animals [Russian] Leningrad : 1986 pp. 207-11 & p 236

UBI boosts the antioxidative capacity of the blood by activating peroxidase.  This activation has reached 40-50% above normal levels. I.N. Piksin et al., “UBI in Surgery [Russina],” Khirurgiia (1990), No 11 pp 102
Safety of UBI

UBI treatments appear to lend higher specificity than many chemotherapies (pharma drugs) aimed at the same applications, since to attain their effects such chemotherapies must deviate from the ideal purity of energy-bearing molecules such as glucose and ATP. Dillon, Kenneth J. Apprentice to Paracelsus: My search for the Secrets of Healing. McLean Virginia: Mclean Research Associates (1994)

Study of 2,380 sessions only 1.3% had complications and those were minor, hematomas at the IV site, coagulation in the tubing, shivering, dizziness and nosebleeds. Marochkov, A. B., V.A. Doronin, and N.N. Kravtsov (1990). "Complications in the Ultraviolet Irradiation of the Blood [Russian]," Anesteziologiya I Reanimatologiiia 4:55-56


UBI suggests negligible side effects because of its high specificity. In other words, UBI therapy is not only safe: it is safer than competing chemotherapies (pharma drugs) throughout a wide band of therapeutic action Dillon, Kenneth J. Healing Photons: The Science and Art of Blood Irradiation Therapy. Scienta Press. Spectrum Bioscience, Inc. (1998)

Researchers had treated 726 patients with various diseases for a total of 3,500 sessions. Significantly healing was found in 84% of the cases with no complications. Ganelina, I.E. and K.A. Samoilova, eds. (1986). Mechanisms of the Influence of Blood Irradiated with UVon the Organisms of Humans and Animals [Russian], Leningrad: Nauka

Infections and other issues

Streptococcal infections


Staphylococcus albus and Staphylococcus aureus

For those using just UBI as a treatment 8 out of 9 ended in complete recovery. The one case also had bladder carcinoma. Conclusion that UBI as a monotherapy was highly effective against staphylococcemia. Miley, G.P. (1944). "Efficacy of Ultraviolet Blood Irradiation Therapy in the Control of Staphylococcemias," American Journal of Surgery 64:3:313-22

Severe Pneumonia in Infants and children

Another study of 56 children under 1 with acute pneumonia as compared to 45 in a control with standard drugs showed temperature and rapid heartbeats dropped faster, peripheral blood and phagocytosis showed more improvements and hospital stays were reduced by 24% compared to controls. Shamsiev, F.S.et al., "The efficacy of UBI in Combination Therapy of Acute Pneumonias in Young Children [Russian],” Pediatriia 9 1990), No 11, p 112

Other infections

Clinical trials of UBI successful against pneumococcus, staphylococcus, streptococcus and a mixture of other microbes. IN a 182 patient study with 90 as a control. The treatment group recovered more rapidly (by 5-7 days) had fewer complications and experienced a reduction in fibrogen to normal activation of anticoagulatory and fibrinolytic elements. Initial Anemia – those treated saw a 30.7% increase in erythrocytes. Novgorodtsev, A.D. and Ivanov , E.M. , UBI as a Method of Nonspecific Therapy of Acute Pneumonia [Russian],” Voenno-Meditsinski Zhurnal (1992) no 12 pp 38-39
**Tuberculosis:**

A study of 222 hospitalized patients with destructive tuberculosis of the lungs were divided in two groups. The first group included UBI therapy, the second did not. Within 3 months the 1st group was 100% disease free while only 58.8% of the group with antibiotics only was disease free. After 3 months 89.5% of the first group saw the destructive results of the disease disappear and only 3.2% of the second group. Zhandov, V.Z., et al., "Efficacy pf Chemotherapy in Combination with Electrophoresis and UBI in New-Onset Cases of Destructive Pulmonary Tuberculosis [Russian]," Problemy Tuberkuleza (1995) No. 3, pp 20-22

**Viral Infections**

**Influenza, Respiratory tract infections, Herpes zoster, Herpes Simplex, Mumps, Measles, Mononucleosis (EBV) and plantar warts.**

Reports of Miley and others have shown that UBI successfully treats influenza, respiratory tract infections, Herpes zoster, Herpes Simplex, Mumps, measles, mononucleosis (EBV) and plantar warts. In the study below researchers listed 79 consecutive cases of virus infections treated with UBI with patients from early stages to moribund – 78% of the patients recovered including 8 of the 9 that were apparently moribund (near death)


Study comparing LBI with standard drugs in patients with acute pneumonia found that with LBI that fever and intoxication disappeared an average of 4.8 days sooner and that ausculatory symptoms disappeared 3.29 days sooner. LBI group had much less lung damage. Patients had virtually no perivascular suppuration or erythrocyte aggregation.

Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994) pp 63-64

**Hepatitis:**

43 cases treated, three with severe chronic hepatitis – all successfully treated and with a follow up of 4.5-6 yrs. Still healthy. Comment by R.C. Onley M.D. "... the results of (UBI) are considered significant and noteworthy" R.C. Olney et al "Treatment of Viral Hepatitis with the Knott Technique of Blood Irradiation," American Journal of Surgery 90 (1955) pp.402-9

Another study from 1994 had three groups with chronic active hepatitis and cirrhosis of the liver patients studied.

Group 1 (20 patients) standard drugs - Group 1 – 12 of 20 had good results 2 died,
Group 2 – (16 patients) LBI treatment - Group 2 - 13 of 16 had good results
Group 3 – (10 patients) LBI infusion treatment. Group 3 - 10 of 10 had good results.
Suspected improved microcirculation in the liver was a factor and accounted for the superior outcomes.
Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994) pp 63-64

**Hepatitis Effectively Treated in 2008 by UBI**

www.Energexsystems.com - Hepatitis effectively treated on patients who were non responsive to drug therapy (2008)

CLICK BELOW FOR BREAKING NEWS OUT OF PERU REGARDING REVERSAL OF CIRRHOSIS OF THE LIVER ON A HEPATITIS PATIENT. A MEDICAL FIRST FROM HARRIS MED.

BREAKING NEWS VIDEO
Acute Rheumatic Heart Disease

Also look at the 1949 Time Magazine report where they reported success on children with acute rheumatic heart disease in 22 consecutive cases. All of the children, aged three to 13, were acutely ill with inflamed heart muscles (one result of the disease), All patients left the hospital without sign of rheumatic heart disease except mechanical damage that had already taken place in the heart; 20 have returned to normal activity; one died, from another disease, and one "gained immeasurably."

HIV [www.HarrisMed.com](http://www.HarrisMed.com) Using Blood Irradiation (sublingual treatment) has had noteworthy results. We suggest that you visit their site and see their current literature and testimonies.

Energetex Systems is also testing their Blood Irradiation device on HIV. See [www.Energetexsystems.com](http://www.Energetexsystems.com) for more info

Microcirculation improvement

Also, marked improvement in rheological properties of the blood. Viscosity dropped 30%, platelet aggregation by 25%, fibrinogen level by 20% leading to a 35% reduction in general peripheral resistance and normalization of diastolic pressure. Stabilization of hemodynamic levels and more rapid resolution of the heart attack. This maintained for the 6 months of follow-up.


Severe Ischemic heart disease in 145 males. Patient received 5-10 treatments of UBI along with standard drugs. 137 had favorable response to UBI and overall condition improved. Fewer analgesics or nitroglycerin tablets. 92 had fewer incidents of stenocardia and could walk 1,000 meters per day. The other 45 saw moderate improvement. Researchers felt UBI regularized biochemical substances and function in the body.

Dozens of other studies are listed in the above collection.

45 Unstable stenocardia patients – 26 with post-infarction cardiosclerosis against a control group. 5-7 LBI treatments later showed all 45 underwent improvement in general condition, less weakness, headaches and insomnia, reduced nitrates and other listed benefits.

Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994) pp 63-64

Raynaud's Syndrome

28 patients received LBI with 30 patients as controls receiving standard treatment

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<tr>
<th>LBI/ UBI</th>
<th>Standard Drug Therapy</th>
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<td>43% significant improvement</td>
<td>33% significant improvement</td>
</tr>
<tr>
<td>50 % benefited</td>
<td>16.7% benefited</td>
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<td>7% no response</td>
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Izhevsk, "Use of Low-Intensity lasers in Experimental and clinical Medicine [Russian] (1994)

Thrombophlebitis

Double Blind Study of 50 patients in Fontaine Stage II of arterial disease.

Group 1 - 16 weeks of drug therapy distance walking improved 160%
Group 2 – 4-6 weeks inpatient therapy increased 100%
Group 3 – 6 day placebo with UBI (no light) 90% improvement
Group 4 – 6 day real UBI treatment - 360% improvement

Results confirmed in 18 subsequent trials and reports. Smoking and diabetes patients were more difficult and required more UBI treatments. Frick, G. (1989). Fibel der Ultrviolettestrahlung des Blutes. Ernst-Moritz-Arndt-Universitaet Greifswald
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Alizade, I.G. and Karaeva, N.T., An Experiment in the Use of Autotransfused, Laser Irradiated Blood in the Treatment of Patients with Hypertensive Disease [Russian], Likarska Sprava (1994), No 5-6, pp29-32

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**Deactivation of Toxins – Botulism et al – snake bite, poison Ivy,**


**Lymes Disease, Pancreatic cancer and Non Healing wounds**

CLICK BELOW FOR OUR NEWEST ACCOMPLISHMENTS! UPDATED ON 09/10/07 WITH NEW MEDICAL REPORT ON SUCCESSFULLY TREATING LYMIE DISEASE, PANCREATIC CANCER AND NON-HEALING WOUNDS! See PT DATA 1 AND PT DATA 2

**Non-Healing Wounds**

6 cases of non-healing wounds – all appeared to respond very well to UBI


Also check out the Harrismed.com web site for non healing wounds. UBI seems very effective in this area
UBI Light Therapy from the American Cancer Society web page

Quote from below:

“Ultraviolet blood irradiation treatment is approved by the US Food and Drug Administration for treating T-cell lymphoma involving the skin. Clinical trials look promising for the treatment of immune system diseases such as multiple sclerosis, rheumatoid arthritis, lupus, rejection of transplanted organs, and graft-versus-host disease...”

Excerpts from their site http://www.cancer.org/docroot/ETO/content/ETO_5_3X_Light_Therapy.asp

Other common name(s): ultraviolet light therapy, UV, ultraviolet blood irradiation,

Scientific/medical name(s): phototherapy, ultraviolet phototherapy, photopheresis, extracorporeal photochemotherapy, photodynamic therapy

DESCRIPTION Light therapy involves the use of visible light or non-visible ultraviolet light to treat a variety of conditions.

OVERVIEW A special form of UV blood irradiation, called photopheresis or extracorporeal photochemotherapy, also inhibits T-cell lymphoma and may be helpful for other conditions.

UV blood irradiation. Proponents of UV blood irradiation claim that UV light exposure kills germs such as viruses, bacteria, and fungi inside the body, and that it neutralizes toxins in the blood. Some claim that when even a very small amount of UV-treated blood re-enters the circulatory system of the patient it stimulates the immune system and increases attacks against invaders, including cancer cells.

What is the history behind it? Interest in the relationship between light and health dates back centuries. All forms of light therapy now in use started during the 20th century. The first reports of ultraviolet blood irradiation date back to the 1930s.

What is the evidence? Ultraviolet blood irradiation treatment is approved by the US Food and Drug Administration for treating T-cell lymphoma involving the skin. Clinical trials look promising for the treatment of immune system diseases such as multiple sclerosis, rheumatoid arthritis, lupus, rejection of transplanted organs, and graft-versus-host disease (a complication related to bone marrow or stem cell transplants). Available scientific evidence does not support claims for alternative uses of UV blood irradiation.


The last two decades have seen an escalation of immune-related illnesses such as fibromyalgia (FM), chronic fatigue syndrome (CFS), allergic conditions and HIV/AIDS. This has led to a revival of interest among medical practitioners worldwide regarding the ability of ultraviolet blood irradiation (UBI) in the treatment of such disorders.

This procedures involves extracting 100 ml of the patient's blood, irradiating it with ultraviolet light, and then returning it to the patient's body in a sterile, closed-loop system.

As a simple, non-toxic, Food and Drug Administration (FDA)-approved procedure, UBI is a potent immune system stimulant, and was used extensively worldwide between 1930 and 1965 for the successful treatment of a wide range of advanced viral and bacterial illnesses. Not only did it demonstrate potent antiviral and antibacterial effects, but it also had the huge advantage of producing no serious documented side-effects after being administered to more than 30,000 patients over a period of 70 years.1

The dramatic advances in antibiotics, vaccines and corticosteroids in the 1950s unfortunately put a halt to the growing interest in UBI at the time. Even though it was illogical to set aside a therapy that could treat viral diseases that were impervious to antibiotics, such as chronic hepatitis and viral pneumonia, interest in UBI only began to resurface in the '80s and '90s when the limitations of antibiotics and steroids in treating chronic auto-immune illnesses became obvious.

UBI presents an interesting and relatively low-cost alternative for patients willing to try this therapeutic modality, with international feedback on the response of auto-immune conditions to UBI showing great promise. Steps have been taken to arrange protocols at a few major university medical research centres in the United States. The focus will be on the treatment of HIV, hepatitis, malaria and those viruses immune to current antibiotics.2

UBI has proved to be highly effective in treating bacterial infections, including septicaemias, pneumonia, wound infections, peritonitis and typhoid. Its efficacy has also been noted in treating profound toxaemias, where it has often served as a life-saving measure.3

How UBI works

The US Foundation for Blood Irradiation (FFBI) manual emphasizes that UBI is a non-specific therapy, as its exact mode of operation is unknown. There are repeated suggestions in many archaic articles, modern lay publications and physicians' websites, however, of UBI acting as a powerful immune stimulant.4

Laboratory studies have demonstrated that UV light deactivates viruses and bacteria. Clinically, the general hypothesis is that UBI penetrates and destroys viral and bacterial walls (but not white and red blood cells), with the residual debris stimulating an antibody-antigen reaction, facilitating destruction of intact viruses and bacteria by macrophage (a large scavenger cell) white blood cells.
Physiologically, UBI has been shown to:
* increase blood oxygen levels
* deactivate bacteria, viruses and fungal growth
* cause a detoxification effect, deactivating both snake venoms and bacterial toxins
* enhance phagocytosis (engulfing of foreign matter/debris/microbes/tumour cells) by activated macrophage cells
* cause vasodilatation and decrease edema
* activate steroids and cortisone-like molecules (sterols) including vitamin D
* control nausea and vomiting.

The blood that is exposed to the ultraviolet light continues to emit secondary radiation and some scientists believe that this may be the way that ultraviolet blood irradiation has cumulative effects. Each treatment also builds on and enhances the effects of previous treatments.

Gynecologist, Dr Sterna Franzsen, has a special interest in treating allergic conditions and CFS, and reports that her patients with eczema or CFS improved noticeably, either totally or in part, after receiving UBI treatment. 'With severe eczemas, which do not respond to dietary intervention, UBI is the only viable alternative to cortisone', she says. 'Thus, UBI is a breakthrough therapy for many of these patients. It is certainly not infallible and there is no guarantee that UBI will work for all patients, especially those with auto-immune illnesses. But having said that, I don't know of any medical treatment that works 100% of the time.'

Port Elizabeth-based medical practitioner, Dr Charles Wildervanck, has also noted significant improvements in patients treated with UBI therapy for severe eczemas as well as rheumatoid arthritis, psoriasis and cancer.

In the case of CFS, international and local case studies demonstrate a clinical improvement in 60% - 80% of the patients treated. The response of FM patients to UBI is more encouraging with both local and international case studies showing a partial or total remission of symptoms in up to 100% of sufferers exposed to UBI therapy.

However, until definitive clinical trials are published confirming the efficacy of UBI in treating specific auto-immune illnesses such as CFS and FM, sufferers who undertake UBI treatment need to understand that they are doing so on the basis of case study results, and clinical trials conducted on other viral and bacterial infectious disorders.

**The future of UBI**

According to the American Foundation For Blood Irradiation (FFBI), studies are in process to evaluate the use of UBI in the treatment of Alzheimer's disease, malaria and CFS.

The FDA agreed recently to review data it will receive from Michigan State University on the effectiveness of UBI in treating AIDS. Johns Hopkins University and the National Cancer Institute are also researching the uses of UBI.

**References:**
A copy of the references is available from the SAJNM office, Tel 021-880 1444
Graduate of the Miami School of Medicine, Graduate of the Naval School of Aviation and Space Medicine and National Health Federation "Doctor of the Year 1985." He worked alongside scientists at the Pasteur Institute for 1 year in Russia and set up and operated an AIDS clinic in Uganda, Africa. Many terminal stage AIDS patients made full recoveries using his UBI protocol. He was also the past president of the Florida College of ER docs—many ER techniques in every hospital in America were invented by Douglass.

Dr. Douglas' quote concerning UBI: "If you knew of a procedure that could save thousands—maybe millions—would you cover it up? It is unthinkable that what could be the best solution ever to stopping the world’s killer diseases is being ignored, scorned, and rejected. But that is exactly what is happening right now. The procedure is called 'photoluminescence (UBI)'. It is a thoroughly tested, proven therapy that uses the healing power of light to perform almost miraculous cures. This remarkable treatment works its incredible cures by stimulating the body's OWN immune responses. That is why it cures so many ailments—and why it has been especially effective against AIDS. Yet, 50 years ago it virtually disappeared from the halls of medicine."

Some Testimonies of UBI Success Stories

Rheumatoid arthritis & Asthma
Dr Henry Barrett reported on 110 cases of UBI in 1940 (Medical Clinics of America, May, 1940) Most patients received one treatment—some as many as eight. He noted several patients suffering from rheumatoid arthritis—these patients improved remarkably within a few hours. One case was of a patient suffering from serious bronchial asthma attacks for over four years. The patient was in the hospital, and despite medication, was having several asthma attacks per day. After one UBI treatment her doctor reported the next day that she had only one attack that day. After that she had 2-3 asthma episodes a week for 3 weeks. The attacks became fewer and fewer and became absent for months after a single treatment.

Barrett reported on his 110 cases:

1. No detrimental reactions from UBI.
2. Improvement is frequently immediate.
3. Increase in peripheral circulation (due to vasodilation).
4. Increase in oxygen combining power of the blood.
5. Inactivation of toxins in the blood.

Shingles
Dr Miley also reported on 6 patients with herpes zoster infection—"shingles". Infection was nullified to the point that the patients became asymptomatic with no relapses. In January, 1942, Dr. Miley made the following observations—(NY State Journal of Medicine, Jan.1, 1942) "The detoxification effect of ultraviolet is generally not known by the medical profession and certainly has not been emphasized enough. The inactivation of snake venoms and bacterial toxins are examples of what may be accomplished by ultraviolet. The increased of blood irradiated with ultraviolet to absorb oxygen has been demonstrated. As a rule, rather low dosages of externally applied ultraviolet radiations stimulate the general resistance of animals and human beings to infection."

Poison Ivy
I had suffered from allergies—most notably poison ivy eruptions—for years with my landscaping business. The Poison ivy outbreaks were so bad not even caladryl lotion would work on the blisters—I had to use Chlorox. Since my first UBI treatment I have not had so much as a blister—much less an outbreak.
Malignant Melanoma
"D.P., a 30-year-old white male, was admitted to the hospital with a diagnosis of generalized malignant melanoma (a virulent form of skin cancer).

"Eleven years previous(ly), a malignant melanoma had been removed from his right upper arm. When admitted to the hospital by Dr. Olney, he had a tumor mass under the skin at the upper left chest just below the clavicle (collar bone). Excision and biopsy revealed that the malignant melanoma had returned. He quickly developed metastases (tumor spread) all over his body, and his abdomen became very large from tumor growth. He had difficulty in breathing, had a constant cough, and was obviously in serious condition. He was blue in the face, and cancer could be felt throughout his abdomen.

"The patient was given ultraviolet blood irradiation (UVBI) therapy immediately and approximately every three days for about one week and then weekly. Within three weeks, the large tumor mass in his right armpit had disappeared as well as a tumor on the right chest wall; the abdomen became definitely smaller, and the tumor masses much less palpable. At the end of six weeks of treatment, the patient had no difficulty in breathing; his right leg, which had been extremely swollen, was normal and free of pain; and the abdomen had returned to normal size with no fluid or tumor masses palpable."

Herpes
I know how you feel believe me....I was in pain for so many many years, I wasted a lot of tears on this virus crying all the time..herpes was in my daily thoughts..why me, I'm a good person...I kept repeating that to myself and crying alone....But I know now that I will be free of this virus, I will and so will you..
I don't get outbreaks as often and they are tiny ones now this one started and healed within 24 hours...!! Nothing I have ever tried worked like this. I am so happy..

Gangerene
Drs were considering amputation. The man’s foot was near black from gangarene. We gave him 2 UBI treatments for 4 weeks and documented this with photos. The man’s foot completely healed. It was truly a medical miracle!

Rabies
A boy was brought to our medical clinic in Africa in the last stages of rabies. We had no medicines to help him and so decided to try the UBI machine that had been brought for out use. It was Sunday. He was foaming at the mouth, glazed eyes, fevered...classic symptoms. The first treatment immediately had calming effects and he was stable within hours. Two more treatments and four days later he walked out...totally cured.

Tubercerluosis
In Russia, PT is used in conjunction with drugs, and the results have been published in Problemy Tuberkeza, the leading Russian medical journal. Two groups were treated for TB, the first group with PT and drugs, the second group with drugs only. After three months, the first group was one hundred percent disease free as opposed to fifty eight percent for the second group.

There are published reports on its use in bacterial diseases, including septicemias, pneumonias, peritonitis, wound infections; viral infections including acute and chronic hepatitis, atypical pneumonias, poliomyelitis, encephalitis, mumps, measles, mononucleosis, and herpes; circulatory conditions including thrombophlebitis, peripheral vascular arterial disease, and diabetic ulcer; overwhelming toxemias, non-healing wounds and delayed union of fractures, rheumatoid arthritis, and a number of others (Barger & Knott, 1950).
Sites to explore

1) Medical light association [http://www.medicallightassociation.com](http://www.medicallightassociation.com) - Diverse discussions on light therapy

2) [http://www.drummartinclinic.ie/Ultraviolet_Blood_Irradiation.html](http://www.drummartinclinic.ie/Ultraviolet_Blood_Irradiation.html) - good physician site from Dublin Ireland

3) [www.Harrismed.com](http://www.Harrismed.com) - great site lots of videos. They use a different format for UBI presentation (sublingual) but it is not available in the US.

4) Dr A. Edwards – Multifaceted health approaches including UBI [http://biohealthcenter.com/uvbrx.html](http://biohealthcenter.com/uvbrx.html)
Short History of UBI

It is well known Ultra Violet (UV) Light will purify and deodorize air, sterilize water and destroy micro-organisms in waste products. Contaminated objects such as surgical instruments, bedding, room air and human skin is also cleansed rapidly of viruses and bacteria with the use of UV light. Research into the use and efficacy of UV light for treatment of disease was initiated in the 1870's and continued until the late 1940's.

One of the first researchers to experiment with UV light was Niels Ryberg Finsen, who won the Nobel Prize for "Physiology of Medicine" in 1903. Beginning in the 1920's and continuing through the 1930's, Seattle scientist Emmet Knott, D.Sc., sought to harness, in an extracorporeal way, the known bactericidal property of ultraviolet rays in order to treat infectious disease. Knott's patented device received FDA "grandfather" status as a device that was sold and distributed in interstate commerce prior to 1976. Knott's device removed blood from the body, anti-coagulated it, exposed it to a small, calibrated frequency and dose of UV light, and then pumped it back into the body.

Ultra Violet Blood Irradiation called "UVBI" for short, came to be used to treat bacterial, viral, and autoimmune diseases. Unfortunately, enthusiasm over "new" antibiotics and vaccines in the 1950s caused the UVBI device to be placed on the shelf, despite the fact that for certain indications (hepatitis, viral pneumonia, and streptococcal toxemia) UVBI treatment was demonstrably superior. Research into this effective therapy came to a virtual halt. From 1955 until the 1990s, only a few American physicians continued to work with UVBI. The technique was never again taught in medical schools or academic training centers.

Russia, Germany and UBI

In the 1970s interest in UVBI was revived in Russia. About the same time Dr. Edelson at Yale University developed a new form of UVBI termed "photopheresis", which entailed triggering chemotherapy with a small dose of UVBI. By the 1990s, Russian physicians were using low-intensity lasers beamed down a wave-guide directly into the blood called Laser Blood Irradiation (LBI) to achieve clinically equivalent effects.

American medical science has simply overlooked the many reports of clinical trials of UVBI and LBI in Russian and East German medical journals and books over the past two decades, most probably because the "focus" of research investment funds has been on expensive, patented nonrenewable drugs. The development of multi-drug resistance to antibiotics in recent years and the search for less toxic therapies led to a renewed interest in UVBI among clinicians and countries less wealthy than the U.S.

Scores of clinical trials using UVBI have been conducted in Russia, Ukraine, and the former East Germany. The therapeutic use of Light Therapy, technically called "Photoluminescence Therapy" or "Photo- Therapy" for short, has far reaching clinical implications in the treatment and/or prevention of infectious and immune dysregulation diseases. Photo-Therapy is an extremely simple and safe method of treatment. It has been scientifically determined that UV light delivered in a specific nanometer range has been most effective in destroying blood borne microbes.
**How UBI Works**

The procedure is performed by removing a small amount of blood (250cc's or about one half a pint) from a vein, passing it through a sterile crystalline chamber exposed to a specific frequency and strength of UV light and then returned to the body. The "Extra-Corporeal" (blood treated outside of the body)

Photo-Therapy causes a chemical reaction in which the cell wall is pierced killing the microbe, The blood and killed microbes (now immune activating "antigens") are then returned to the body, with resultant stimulation of the immune system. The body's now "excited", natural "soldiers" or 'killer' cells seek out and destroy the now easily identified disease causing "invaders."

The fundamental mechanism is based on two photosensitive amino acids, phenylalanine and tyrosine, present in all cells in varying degrees. Bacterial and viral cells contain at least five (5) times as much of these amino acids as healthy human red and white blood cells. Thus, bacterial and viral cells have a much higher degree of photoactive sensitivity. In addition, diseased cells are characteristically smaller in size, with thinner cell walls.

Through the process of photoluminescence the smaller bacterial and viral cells are targeted and absorb five (5) times as much photonic energy as their healthy counterparts. The healthy cells remain intact while the diseased cells are killed and become antigenic. While destroying the microbe in the treated sample of blood, an "autogenous (self-generated) vaccine" is thus produced. When this "vaccine" is coupled with the photonic energy given off by the treated blood the microbes in the patient's bloodstream are rapidly destroyed via "induced secondary immune reactivation."

**After a UBI Treatment**

During therapy a "flushing" of the face normally occurs immediately after treatment. This indicates an additional amount of oxygen has been introduced into the blood stream, A slight rise in temperature may also occur, which is the body's natural reaction when the immune system is stimulated. The stimulated immune system continues its activity for hours and sometimes days after the treatment has been induced. The amount of treatment needed is determined by variables such as the state of health of the patient's immune system, length of time the patient has been ill, and the severity of the disease being treated.

This technology has produced even more favorable results when used on an intermittent basis and with no known side effects. Preventative therapy for healthy individuals can be taken every two to three months for pro-active immune stimulation. An excessive amount of UV light is known to be harmful, but when prescribed in precise frequencies UVBI effectively and safely induces heightened immune function.

Dr. Edwards has found UBVI therapy to be a very effective method for chronic infection, chronic inflammation, and chronic immune dysregulation disorders.
For eons, nature has used our sun’s ultraviolet energy as a way to cleanse the earth. UV light has many practical uses, it seems as if many of its medical applications have been ignored, neglected or purposely pushed aside. With the new antibiotic resistant diseases on the rise could humanity's slow acceptance be the beginning of our demise. Because of this frightening rise of resistant organisms, plus the side effects of chemical pharmacological we need to utilize modalities that encourage the body's natural healing response.

It was discovered in 1956 that UV light treats jaundice, helping remove the pigment know as bilirubin that can be deadly to infants. UV light is also used in water purification, sewage treatment and air ventilation systems in hospitals and office buildings amongst many other uses. PUVA therapy is a treatment wherein the patient uses a chemical called psorlin and within a couple of hours the skin is exposed to UV light. It stops the diseased cell from dividing and can often result in dramatic cures for psoriasis, vitiligo and de-pigmentation problems. UV light is also now being used to clean hospital blood for transfusions. It is currently the only known system that cleans blood 100% of bacteria and viruses. The system also uses psorlin which was originally derived from figs. This compound is light sensitive and it binds with the molecules of the blood. Cerus of Concord, California, has a patent on this technology and recently received its European approval and currently an FDA approval is pending.

An impressive application of UV light is called UBI (Ultraviolet Blood Irradiation) or Photo-Luminescence. This process removes a small amount blood from the patient, exposes it to light then returns the blood back to the patient intravenously. This process is proven to be effective in the inactivation toxins, contaminates, destruction of viruses and the elimination of bacteria, while it activates white blood cells, helping blood viscosity, increasing blood oxygen transport and decreasing platelet aggregation. It is bizarre that as little we know about this treatment that was developed over 100 years ago by Niels Finsen in Denmark. In 1928, Emmit S. Knott developed equipment to perform the Photo-Luminescence process. Knott pioneered blood irradiation on dogs before treating humans. His first patient suffered from a bacterial blood infection (Sepsis). The results were astounding. The patient recovered rapidly after the treatment. Knott, working with Dr. Hankock, had great success publishing the results in 1934. In 1943 Dr. George Miley published his successful results regarding his treatments of viral pneumonia. The documentation stated that within 24 to 72 hours after a single UBI there was a complete disappearance of the toxic symptoms. The cough disappeared in 3 to 7 days. And hat the lungs had cleared within 1 to 4 days. Miley demonstrated that there was a decrease in blood oxygen in many disease states. He reported many cases of dying patients responding almost instantly to UBI treatment, some within hours. The UV light's biochemical reaction varies depending on vitamins and nutrients present in the blood. The light inactivates toxin and viruses, while it destroys and inhibits fungal, bacterial and parasitic growth. It also accelerates the lymphatic and
circulatory activities, normalizing metabolism and glandular actions, while stimulating the sympathetic system. After the blood is exposed to the ultraviolet light it continues to emit secondary emanations to the rest of the blood once back in the body, inactivating destructive pathogens deep within tissue.

It has been found that the photodynamic effect can be increased by incorporating light activating agents such as: Methoxypsoralen, photo sensitive amino acids, herbs, dyes and porphyrins derivatives. Dr. Richard Edelson of Yale University, developed a technique called extracorporeal photophoresis. In this technique the patient is given (8-MOP) 8-Methoxypsoralen a photo sensitizing agent two hours before the blood is withdrawn. The blood is withdrawn and separated into 2 cellular components. The white blood cell are irritated with UV-A and returned to the patient. This therapy is proven successful and has he received FDA approval for the treatment of Lymphoma. Not all clinicians agree with this separation process because there are many elements other that white blood cells that are photosensitive such as; porphyrins, antibodies, steroids, insulin, liposomes and some amino acids.

William Campbell Douglass, MD uses an instrument called a photolume to irradiate blood with ultraviolet light. At this point he has successfully treated infection, cancer, arthritis, asthma and blood poisoning. It has been found that toxins such as: diphtheria, tetanus and snake venom are very unstable and inactivated in the presence of UV light. Other ailments known to be successfully treated with UBI are vascular conditions, E-Coli, toxemia, non-healing wounds and wound infections, reduction in atherosclerotic plaque, candidiasis, chronic fatigue, blood poisoning, allergies, asthma, emphysema, diabetic complications, rheumatologic diseases, acute colds, flu, fibromyalgia, poor circulation, sinusitis, bronchitis, autoimmune diseases, arterial disease, macular degeneration and weak immune systems. Including preliminary reports that indicate that UBI may be useful in the treatment of HIV.

The German's have performed hundreds of thousands of these treatments and never reported incidents of toxicity other than a mild Herxheimer reaction that occurs within the first 24 hours. The reaction is due to the rapid death of large numbers of infectious organisms. The symptoms are characterized by chill and a rise in temperature similar to "flu-like" symptoms Though this treatment mechanism is not fully understood, it works. The harnessing of electricity was not well understood in its early inception, look at it now. Scientist will eventually figure out the exact mechanism that makes it work, inventible leading to more breakthroughs.
Application of Ultraviolet Blood Irradiation for Treatment of HIV and Other Blood borne Viruses by Dr. Carl Schleicher

Foundation for Blood Irradiation  Note: Carl Schleicher died in 1999

Abstract

This paper describes an innovative method of inactivating blood-borne viruses using ultraviolet blood irradiation called UBI therapy. This process has shown impressive clinical results in treating hepatitis, HIV, and other currently untreatable viruses. The background, theory, and method of using UBI therapy is presented in this paper. This method offers a potential break-through in the treatment of viral diseases and bacteria, and is nontoxic, uses no drugs, and even has FDA certification, and thus is available now for use.

Ultraviolet blood irradiation first evolved in the early 1930s as a means to treat persons afflicted with the poliovirus which was causing considerable anguish and fear similar to the advent of the HIV in the 1980s and continuing. Then in the 1950s the Salk vaccine wiped out polio in the U.S. and, as a result of this fact and other reasons, this process fell in disuse until recent years. This process has now been resurrected by the Foundation for Blood Irradiation (FFBI) which had been originally founded in the 1940s by the developers of this process, most of whom are now deceased, who left this to the next generation of researchers to continue. Much credit for the early development of this technology goes to E.K. Knott of Seattle, Washington; Louis Ripley of Danbury, Connecticut; and Dr. T. Lewis of Pittsburgh, Pennsylvania.

How it works

Ultraviolet blood irradiation therapy (UBIT), or intravenous ultraviolet, raises the resistance of the host and is therefore able to control many disease processes. A fundamental effect of ultraviolet blood irradiation is to "energize" the biochemical and physiological defenses of the body by the introduction of ultraviolet energy into the bloodstream that may, in part, be effective by producing small amounts of ozone from the oxygen circulating in the blood. The efficacy of this method is attested to by the remarkable and consistent recovery of patients with a wide variety of diseases, apparently unrelated etiologically. In addition, it may be stated that UBI has never caused any adverse side effects nor has it ever worsened any disease in any patient, regardless of age group, race or sex and regardless of the number of blood irradiation treatments administered. Furthermore, there have not been any complications related to UBIT during long-term follow-up. An average of 3.28 treatments per patient were administered in this series. Laboratory studies were employed to confirm clinical improvement, which occurred on an average of 19.2 days after institution of blood irradiation therapy. Sixty percent of the patients were considered clinically recovered and able to return to their occupation in two weeks or less.

The older UBIT units have been updated and are now available and FDA certified for use in the U.S. These units are being further evaluated for improvements; this is being carried out under a CRADA (Cooperative Research and Development Agreement) with the Lawrence Livermore National Laboratories of Berkeley, California. Steps are now being taken to arrange research protocols at several major university medical research centers on both the East and West coasts of the U.S. Focus will be on treatment of HIV, hepatitis, malaria, and those viruses immune to current antibiotics.

Russia

Researchers in Russia have used this process to treat HIV with impressive results. A copy of this report will be sent to those who request it for the cost of photocopying. This report provides specific details, clinical results, and improvements noted in the HIV-infected patients in terms of CD4 T cells, leucocytes, etc.

With respect to treating HIV-positive persons, our clinicians also administer the following natural products: ESSIAC, VENUREX (formerly Carnivora), and a Czechoslovak produced product called Imuregen. Each of these are being evaluated at NCI and NIAID per agreements we hold there.
UBI in the US

Ultraviolet blood irradiation therapy (UBIT) is currently FDA approved (and the treatment of choice) for cutaneous T-cell lymphoma (CTCL) (Taylor & Gasparro, 1992). Using a technique based on extensive historical experience with PUVA therapy in dermatology, Edelson and his group at Yale have developed a sophisticated UBIT method involving pretreatment with psolaren, extracorporeal eukopheresis, UV-A irradiation of the white blood cell fraction, and reinfusion (Edelson, 1987). This process has been given the name "photopheresis."

Photopheresis is currently undergoing clinical trials at centers around the country for the treatment of systemic sclerosis, multiple sclerosis, rheumatoid arthritis, autoimmune insulin-dependent diabetes, systemic lupus erythematosis, myasthenia gravis, graft versus host disease, pemphigus vulgaris, and HIV associated disease (Edelson, 1991; Bisaccia et al. 1990).

The major drawbacks to photopheresis are that the technique is cumbersome and costly; a single treatment occupies patient and skilled technician for upwards of five hours. Historically, the Knott technique of UBIT (Knott, 1948) was applied extensively and with excellent results during the 1930s, 40s, and 50s for the treatment of a wide variety of conditions. There are published reports on its use in bacterial diseases, including septicemias, pneumonias, peritonitis, wound infections; viral infections including acute and chronic hepatitis, atypical pneumonias, poliomyelitis, encephalitis, mumps, measles, mononucleosis, and herpes; circulatory conditions including thrombophlebitis, peripheral vascular arterial disease, and diabetic ulcer; overwhelming toxemias, non-healing wounds and delayed union of fractures, rheumatoid arthritis, and a number of others (Barger & Knott, 1950).

Schwartz and his colleagues in Chicago concluded a critical examination of the Knott technique (Schwartz et al. 1952) by saying "a longer and more extensive program of study is warranted before in vivo blood irradiation of blood can be finally either accepted or rejected." However, before such further examination could be undertaken, several other factors intervened. Principal among these was the development of antibiotics whose early successes made it appear that soon all infectious diseases would be conquered by chemistry. In addition, however, after World War II, there had been great interest in the possibilities of employing UV light to sterilize blood and blood products for transfusion (Oliphant & Hollaender, 1946; Wolf et al. 1947; Blanchard et al. 1948). When this effort failed after premature approval in 1949 and subsequent commercialization, the whole field of ultraviolet blood irradiation was quickly forgotten (Murray et al. 1955).

UBIT virtually disappeared from the early 1980s when the Soviets began referring to the published work of Knott and his colleagues. In the current listings of world medical literature at the National Library of Medicine on UBIT (excluding photopheresis) there are over 100 articles, and all of these are in the Soviet literature. Like Knott, it appears that the Soviets have applied UBIT to a wide variety of conditions, but only over the past two decades (Arutiunov, 1988). We propose to reexamine the Knott technique with the advantage of vastly improved technical and medical tools. Viral illnesses, given their comparative resistance to chemotherapeutic control, have emerged over the past several decades as a major challenge for medicine. In addition, immune system dysfunctions are increasingly recognized as playing a major "host factor" role in many disease processes, including cancer. Given the range of potential applications of UBIT, a program of study is warranted.

Rationale

There are many effects of ultraviolet light on blood components that may be involved in clinical effectiveness. The interaction of various wave lengths of ultraviolet with living tissues is complex and constitutes an entire area of specialization for photobiologists (Coohill, 1991).

Applications of ultraviolet light are numerous in medical dermatology (Morison, 1991). In particular, regimens employing UV-A (known as PUVA when combined with the photosensitizing agents known as psoralens) and UV-B (Anderson, 1984; Van Weelden et al. 1990) have been widely used in the treatment of psoriasis and related skin eruptions. It was on the basis of this long experience with PUVA therapy in humans that Edelson developed photopheresis (Edelson, 1987).

In hematology, immunology, and blood banking, there is a long tradition of exploring the possibilities of ultraviolet to produce beneficial changes in blood components. UV has long been known to inactivate viruses while preserving
their ability to be used as antigens in the preparation of vaccines (Levinson, 1945). The mechanism proposed being that the viral genome is more UV-damage sensitive than viral surface antigens. Thus, the virus can be killed by damage to its nucleic acids while, at the same time, leaving antigenic surface components (proteins, glycoproteins, and/or fatty acids) relatively intact. In recent times, UV has been found to be a useful tool in the preventive treatment of platelet-concentrate infusion-induced alloimmunization reactions (Sherman et al. 1991; Pamphilon & Blundell, 1992), and for the prevention of graft-versus-host reactions in transplantation (Leitman, 1989; Kapoor et al. 1992). Here the principal mechanism is thought to be the sensitivity of lymphocytes (that typically contaminate platelet concentrates and carry the HLA antigens responsible for the reactions) to UV inactivation compared to the relative insensitivity of the platelets (which lack nuclear material).

Since the advent of the AIDS epidemic, the blood banking industry has been undergoing a revolution of increased sophistication. With the vastly increased demand for guaranteed safety of blood products, many methods of sterilization have been examined intensively (Horowitz, 1987; Fratantoni & Prodouz, 1990). Among these, ultraviolet inactivation of viruses contaminating blood and blood products has been studied (Fratantoni & Prodouz, 1990). It is clear that with either PUVA or UV-B, most viruses are quite UV-sensitive (Hanson, 1992). Current expert opinion, however, is that viral inactivation sufficient for the purposes of the blood banking industry (six or more logs of killing) is not feasible without intolerable levels of damage to formed elements in the blood (Fratantoni, 1992; Dodd, 1992). (Note: in 2001 the Helinx blood purification box was introduced, the device disables any DNA molecules contaminating donated blood.)

Meanwhile, there has been intensive examination of the mechanisms of action of photopheresis by Dr. Edelson, his colleagues, and others (Edelson, 1989). The original inspiration for photopheresis was the work of Dr. Cohen and his colleagues in Israel who demonstrated in animals that selective damage to lymphocytes could "immunize" animals to the development of autoimmune encephalomyelitis (Ben-Nun et al. 1981; Holoshitz et al. 1983). The use of psoralen with UV-A to treat blood outside the body was developed by Dr. Edelson as an improved method of delivering just such selective damage to human lymphocytes. Thus, lymphocyte damage remains the core mechanism invoked to explain the clinical effectiveness of photopheresis. Following reinfusion, the damaged cells appear to provoke a response from the immune system that is therapeutic - the exact details of which probably depending on the nature of the conditions being treated. Numerous other effects of "extracorporeal PUVA" have been observed. Among these are mutations, inhibition of DNA synthesis, changes in gene expression of various sorts, increased intracellular Ca+2, the elaboration of cytokines IL1, IL6, and TNF, effects on prostaglandins, and a variety of cell surface changes (Taylor & Gasparro, 1992; Andreu et al. 1992).

Reviewing the early work by Knott and his colleagues, one of the most striking findings was the rapidity with which cyanosis was cleared in hypoxic patients following reinfusion of irradiated blood (Knott, 1948). Miley and his colleagues at Hahnemann, looked at oxygenation in subjects following reinfusion and showed significant increases in average values at 10 and 30 minutes (and even 30 or more days) after reinfusion (Miley, 1939). There are no reports of measurements of oxygen potential of the blood prior to reinfusion. However, and we are left to presume that the dramatic observed increases in oxygenation were due to some unexplained effect of the irradiated blood following reinfusion. There was speculation at the time that this might be associated with the vasodilation that was observed clinically in approximately 75% of treated cases and which appeared to persist for days and sometimes months. Attempts to identify mechanisms for this effect would appear to be a fruitful avenue of research for Phase II. To that end, in Phase I, we will include in our TNF studies, blood gas determinations by contemporary methods pre and post irradiation.

Before the first attempted human trial in 1928, Knott had determined that red blood cells are very UV-hardy. A decade later, however, when Knott studied the increased opsonic index of irradiated polymorphonuclear cells (PNCs), he found that there was a narrow therapeutic window for this effect - "The time of exposure from the point of peak PNC stimulation to the point of overexposure and PNC destruction is a matter of only a few seconds." (Barger, 1944) On the basis of these findings, Knott defined the strict treatment parameters that he insisted upon subsequently in an attempt to stay within the therapeutic window he had found. Replication of these findings with UV dosimetric determinations would be another fruitful avenue of research for Phase II.
Knott Hemoriradiator Process

The Knott Hemoriradiator consists of a metal cabinet on rollers that houses the power supply and pump mechanism for the water-cooled Burdick UV lamp mounted on top of the machine. Blood is first collected by conventional venipuncture into a citrated bottle. It is then routed through a peristaltic pump mounted on the top of the instrument, through the irradiation chamber, and back to the patient. There is a simple panel on the front housing controls for the lamp voltage and the pump speed. This is illustrated in Figure I.

There are a number of features of the Knott instrument that distinguish it from the photopheresis equipment currently being used clinically for UBIT. Perhaps the most important difference is that the UV source in the Knott device is a high-intensity quartz-mercury lamp with considerable UV-B output (reported) as opposed to a relatively low-intensity fluorescent UV-A, visible, and some IR remain comparatively poorly studied.

A special feature of the Knott instrument is that the blood flow-rates reported for its use clinically were approximately 0.5 ml/sec. This means that treatment sessions with the Knott device of around 250 ml of blood were completed in under an hour compared with the up to 5 hours needed for modern photopheresis. Exposure times of the blood to the UV were thus substantially less than with photopheresis. Actual UV doses delivered remain to be determined.

A third distinguishing feature of the Knott device is that it was used clinically with whole blood. There was no processing of the blood prior to UV exposure to separate out various blood components for irradiation. The rationale for removing the bulk of the red blood cells prior to irradiation in photopheresis is to reduce the UV-shielding effects of the strongly UV-absorbing hemoglobin pigments. What effects will be observed with irradiation of whole blood remain to be studied.

A fourth feature is the irradiation chamber. This is a 5 cm diameter, 1 cm deep chamber with a number of baffles in it so as to create turbulence in the blood flowing through it and expose it on one side to the UV light. By comparison, the currently employed, patented Therakos photopheresis “cassette” is a flat plastic container approximately 12 X 20 cm square in which the leukocyte enriched blood in this turbulent state is largely unknown. We can speculate, however, that given the ultraviolet opacity of whole blood, cells will be exposed to potentially effective doses of UV for at most 10% of their time transiting through the irradiation cell. The effects of this brief and intermittent exposure are unclear.

The Foundation for Blood Irradiation is now conducting training sessions on ultraviolet blood irradiation therapy and can make these devices available to those who may have an interest in using them. In summation, this process represents a low cost, nontoxic, pain free way to treat a variety of viral and bacterial diseases. The key advantage is the low cost in doing so which could result in considerable savings to the health industry. Future plans are in the works to apply this process to other currently untreatable conditions, including Alzheimer’s, sickle cell anemia, and E. coli bacteria. Those who may have an interest in working with the Foundation for Blood Irradiation in these areas are requested to contact us.

Clinical Results of Ultraviolet Blood Irradiation in Treating

HIV-Positive Persons These results were obtained by using the PCR Diagnostic test (Polymerase Change Reaction) which accurately determines change in viral activity. These tests were done in April-June 1995 at a private clinic using our ultraviolet blood device provided by the Foundation for Blood Irradiation of Silver Spring, Maryland.

<table>
<thead>
<tr>
<th>Patient Dates of Treatment</th>
<th>PCR Viral Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.K. 5/8/95</td>
<td>654</td>
</tr>
<tr>
<td>5/18/95</td>
<td>340</td>
</tr>
<tr>
<td>D.G. 4/6/95</td>
<td>8900</td>
</tr>
<tr>
<td>4/27/95</td>
<td>1395</td>
</tr>
</tbody>
</table>

Note: Each treatment of UBI reduced PCR by 50%-75%. This is considered a very significant reduction.
Bibliography


Barger, G. (1944). "Historical Sketch of Ultraviolet Irradiation Therapy by the Knott Technic," Physical Therapy Section at Georgetown University Hospital, (Source Unknown).


We also provide regular evening seminars on BioPhotonic Therapy Issues
- The self autogenous action of BPT and the immune system
- Which problems are most helped
- A short history
- Studies and their findings
- How BPT might benefit you
- Q & A

Call for this week’s schedule.

FDA Agrees to review Data for UBI (UV Light Blood Irradiation) it will receive from MSU, Johns Hopkins and the National Cancer Institute.¹

American Cancer Society says (UBI) clinical trials look promising for the treatment of immune system diseases such as multiple sclerosis, rheumatoid arthritis, lupus, rejection of transplanted organs. ²

Dr. William Douglass:
"It is unthinkable that what could be the best solution ever to stopping the world's killer diseases is being ignored, scorned, and rejected.

But that is exactly what is happening right now. The procedure is called "photoluminescence (UBI)". It is a thoroughly tested, proven therapy that uses the healing power of light to perform almost miraculous cures. This remarkable treatment works its incredible cures by stimulating the body’s OWN immune responses. That is why it cures so many ailments - and why it has been especially effective against AIDS. Yet, 50 years ago it virtually disappeared from the halls of medicine."³

Graduate of the Miami School of Medicine, Graduate of the Naval School of Aviation and Space Medicine and National Health Federation "Doctor of the Year". He worked alongside scientists at the Pasteur Institute for 1 year in Russia and set up and operated an AIDS clinic in Uganda, Africa. Many terminal stage AIDS patients made full recoveries using his UBI protocol. He was also the past president of the Florida College of ER doctors.

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Our web site will provide you with a number of definite studies, testimonies, reports, links and descriptions. We recommend you do your own research.

¹. http://newsgroups.derekkeiler.com
². http://www.cancer.org/docroot/ETO/content/ETO_5_3X_Light_Therapy.asp
³. Into the Light: Tomorrow's Medicine Today by William Campbell Douglass
# BioPhotonic Therapy

or (UBI) Ultraviolet Blood Irradiation

## What is it?

- Kills bacteria and viruses in the blood and supercharges the immune system
- Improves circulation
- Improves oxygenation of tissues
- Balancing effect (homeostasis)
- Increases body's tolerance towards radiation or chemotherapy
- Cardiovascular protection through increased metabolism of cholesterol, uric acid, and glucose
- Helps anti-inflammatory effects
- Has powerful anti-infection properties
- Reduces tissue pain

## What does it do?

Dr. Henry Barrett on 110 cases of UBI:

- No detrimental reactions from UBI
- Improvement is frequently immediate
- Increase in peripheral circulation
- Increase in oxygen of the blood
- Inactivation of toxins in the blood

Testimonies:

"I was in pain for so many many years, I wasted a lot of tears on this virus crying all the time...herpes was in my daily thoughts I don't get outbreaks as often and they are tiny ones now, this one started and healed within 24 hours...!! Nothing I have ever tried worked like this. I am so happy...

"My local Dr was considering amputation. My foot was near black from gangrene, I was given 2 UBI treatments each week for 4 weeks and documented this with photos. My foot has completely healed.

## What have others said?

### Published reports on its use in:

**Bacterial diseases**, including septicemias, pneumonias, peritonitis, wound infections;  
**Viral infections** including acute and chronic hepatitis, atypical pneumonias, poliomyelitis, encephalitis, mumps, measles, mononucleosis, and herpes; Hepatitis C, HIV, rheumatoid arthritis  
**Circulatory conditions** including thrombophlebitis, peripheral vascular arterial disease, and diabetic ulcer; overwhelming toxemias, non-healing wounds and delayed union of fractures, and a number of others.

## Does it really treat all of these ailments?

YES! Numerous studies and our own personal experience have shown the phenomenal effects of this treatment. It has been used to treat over 1 million patients over the last 70 years with significant results and little or no side effects.

## How is it done? Does it hurt? What happens?

**Procedure:** Usually only 1 hour at our clinic. Most patients see results after 1-2 treatments.

Blood (1/2 pint) is withdrawn from the patient's arm using a needle and tubing (similar to donating blood).

This blood circulates through a medical ultraviolet device where it is treated with ultraviolet light.

Once treated with the germicidal light, the blood is returned to the patient with the simple closed loop system.

In the process, the smaller bacterial and viral cells are targeted and absorb five (5) times as much photonic energy as their healthy counterparts. The healthy cells remain intact while the disease cells are killed and become antigenic. An "autogenous (self-generated) vaccine" is thus produced.

When this "vaccine" is coupled with the photonic energy given off by the treated blood, the microbes in your bloodstream are rapidly destroyed. This is called "induced secondary immune reactivation."

Enhancing the body's ability to produce antibodies, allows the body's natural immune system to burst into action against even the most stubborn (antibiotic resistant) bacteria or virus.

Then the body works with a new supercharged immune response, greater oxygenation and a balancing of the system.
Ultraviolet Blood Irradiation Therapy  
(Photo-Oxidation)  
The Cure That Time Forgot  

Robert Jay Rowen, MD  
Omni Medical Center  

Abstract  

In the 1940s, a multitude of articles appeared in the American literature detailing a novel treatment for infection. This treatment had a cure rate of 98 to 100% in early and moderately advanced infections, and approximately 50% in terminally moribund patients. Healing was not limited to just bacterial infections, but also viral (acute polio), wounds, asthma, and arthritis. Recent German literature has demonstrated profound improvements in a number of biochemical and hematologic markers. There has never been reported any toxicity, side effects or injury except for occasional Herxheimer type reactions.  

As infections are failing to improve with the use of chemical treatment, this safe and effective treatment should be revisited. (Int J Biosocial Med Res., 1996; 14(2): 115-132) 

Key Words: Ultraviolet blood irradiation (photo-oxidation), infection, asthma, oxygenation, oxidation, vascular disease, toxin, immune system, chronic fatigue, infectious disease, bacterial anti-infective, detoxification, viral anti-infective, thrombophlebitis, botulism, toxemia of pregnancy, polio, ileus, immune modulation, cytokine induction, Raynaud's disease, migraine, circulatory and vascular disease 

History  

Ultraviolet (UV) light has been known for decades to have a sterilizing effect and has been used in many different industries for such a purpose. Almost all bacteria may be killed or attenuated by ultraviolet rays, but there is considerable variation in the rapidity of
their destruction. Those which live in the body are most easily affected, while those in nature adapt to the action of sunlight and become relatively resistant to irradiation.[1] LTV-sensitive bacteria have not been shown to become resistant and toxins have been found to be very unstable in the presence of UV irradiation (Diphtheria, tetanus, and snake venom are inactivated by ultraviolet rays).[2]

At the turn of the century, Niels Finson was awarded the Nobel Prize for his work on UV rays and various skin conditions which showed a success rate of 98% in thousands of cases, mostly lupus vulgaris.[3] Walter Ude reported a series of 100 cases of Erysipelas in the 1920s, claiming a nearly 100% cure rate with UV skin irradiation.[4] Emmett Knott pioneered the irradiation of autologous blood on dogs before treating a moribund woman with postabortion sepsis in 1933, who was thought to be untreatable. With his treatment of blood irradiation, she promptly recovered, resulting in more research and further development of the "Knott" technique.[5] The technique involved removing approximately 1.5cc/pound, citrating it for anticoagulation, and passing it through a radiation chamber. Exposure time per given unit amount (1cc) was approximately 10 seconds, peak wavelength of 253.7nm (ultraviolet C) provided by a mercury quartz burner and immediately re-perfused.[6]

By the early 1940s, UV blood irradiation was being used in several American hospitals. Into the late 1940s, numerous reports were made about the high efficacy for infection and complete safety of UV blood irradiation. With the emergence of antibiotic therapy, the reports suddenly ceased.

In the ensuing years, German literature demonstrated the effectiveness of UV irradiation in vascular conditions. Additionally, more thorough observations of significant improvement in many physiologic processes and parameters have been reported.

**American Findings**

The most prolific American researcher was George Miley, a clinical professor at Hahnemann Hospital and College of Medicine, who practiced the Knott technique at their blood irradiation clinic. In 1942, he reported on 103 consecutive cases of acute pyogenic infections at Hahnemann Hospital in Philadelphia. Such conditions included puerperal sepsis, sinusitis, pyelitis, wound infections, peritonitis (ten cases), and numerous other sites. Results of recovery were 100% for early infections, 46 out of 47 for moderately advanced, and 17 out of 36 of those who were moribund.[7] Staphylococcus had a high death rate, but those patients were also using sulfa drugs, which may have inhibited the effectiveness of the UV irradiation treatments. In fact, when Miley reviewed his data, he found that all the Staph failures had been on
sulfa. A second series of nine patients (six Staph aureus, three Staph albus) had a 100% recovery rate with one or two treatments when sulfa was not used.[8] (Table 1).

Rebbeck and Miley documented the fever curve of septicemia in patients who received UV therapy, demonstrating detoxification and recovery within a few days.[9](See Fig. 1). In 1947, Miley reaffirmed his initial findings reporting on 445 cases of acute pyogenic infection, including 151 consecutive cases. Again, results showed a 100% recovery in early cases (56), 98% recovery in moderately advanced (323), and 45% in apparently moribund patients (66) (see Table 2).[10] Detoxification usually began within 24 to 48 hours, and was complete in 46 to 72 hours. Some patients required only one or two irradiation treatments, while a few needed one or two more.

Figure 1.
Ultraviolet Blood Irradiation in Peritonitis

Male of 20, who after operation was comatose, in shock, and apparently moribund, with a fulminating toxemia due to generalized peritonitis secondary to a ruptured appendix. Within 24 hours of ultraviolet blood-irradiation therapy detoxification was pronounced and the downhill course of the patient reversed. An eventful convalescence ensued.
<table>
<thead>
<tr>
<th>No. Hospital Number</th>
<th>Type of Staphylococccia</th>
<th>Primary Infection</th>
<th>Type of Sulfa drugs Used</th>
<th>No. Blood Irradiations</th>
<th>No. of Days of Hospitalization</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 81994</td>
<td>Aureus</td>
<td>Marked erysipeloid inflammatory process of right ear</td>
<td>ST (before appearance of staphylococccia)</td>
<td>1</td>
<td>20 12</td>
<td>R*</td>
</tr>
<tr>
<td>2 84630</td>
<td>Aureus</td>
<td>Incomplete septic abortion</td>
<td>None</td>
<td>1</td>
<td>16 11</td>
<td>R</td>
</tr>
<tr>
<td>3 88168</td>
<td>Aureus</td>
<td>Incomplete septic abortion</td>
<td>None</td>
<td>2</td>
<td>19 16</td>
<td>R</td>
</tr>
<tr>
<td>4 88167</td>
<td>Aureus</td>
<td>Incomplete septic abortion</td>
<td>None</td>
<td>1</td>
<td>10 9</td>
<td>R</td>
</tr>
<tr>
<td>5 82484</td>
<td>Aureus</td>
<td>Incomplete septic abortion</td>
<td>None</td>
<td>1</td>
<td>20 7</td>
<td>R</td>
</tr>
<tr>
<td>6 83141</td>
<td>Albus</td>
<td>Acute ulcerative rhinitis, acute suppurative otitis media, acute mastoiditis, incomplete septic abortion</td>
<td>None</td>
<td>2</td>
<td>39 17</td>
<td>R</td>
</tr>
<tr>
<td>7 38082</td>
<td>Albus</td>
<td>Incomplete septic abortion, putrid endometritis, parametritis, pelvic peritonitis</td>
<td>None</td>
<td>2</td>
<td>12 7</td>
<td>R</td>
</tr>
<tr>
<td>8 86768</td>
<td>Aureus</td>
<td>Post-measles upper respiratory infection</td>
<td>None</td>
<td>2</td>
<td>19 16</td>
<td>R</td>
</tr>
<tr>
<td>9 50698</td>
<td>Albus</td>
<td>Postcesarean pelvic thrombophlebitis</td>
<td>None</td>
<td>1</td>
<td>33 11</td>
<td>R</td>
</tr>
</tbody>
</table>

*R - Recovered
In 1943, Rebbeck[11], reported on eight cases of E.coli sepsis treated with UV phototherapy - six lived. Barrett reported in his cases of septic toxemia, that pain associated with infection was typically relieved with ten to 15 minutes of hemo-irradiation.[12] Toxemia of pregnancy responded in all 100 patients with no serious complications, even after the onset of convulsions.[13]

Spectacular detailed reports of hopeless cases responding to UV phototherapy regularly appeared in the American literature. Barrett reported on a patient who had cerebellar artery thrombosis, pneumonia, pulmonary emboli - left femoral leg, deep-venous thrombosis, left-sided paralysis, and paralysis of the left vocal cord. This dying patient responded dramatically, almost instantly, and had a full recovery over a period of several months.

Table 3.

Miley reported on 13 patients with thrombophlebitis, including some infections. Nine received only one treatment, while two had two treatments and healing was noted within hours to two days. Most were discharged from the hospital in an average of 12 days.[14]
In June, 1943, Miley reported on asthma response in a series of 80 "intractable" patients. Twenty-four patients were not followed up, which left only 56 patients to document. Of these, 29 were moderately to greatly improved, 16 were slightly improved, and 11 had no improvement after a period of six to ten months. The 45 who had improved remained so for six to ten months, after an initial series of up to ten irradiations.\[15\] In 1946, Miley,\[16\] reported on a larger series of 160 consecutive patients with "apparently intractable asthma"; 40 cases could not be followed, leaving 120. The results (Table 3) were better than his initial findings, with 32.5% apparently cured, 31.6% definitely improved, 22.5% slightly improved, and 13.4% unchanged. The authors commented that two to five treatments a year were often required for maintenance. Cyanosis of many years' duration, disappeared within one year of therapy, and a marked increase in general resistance was observed; no deleterious effects were noted.

Miley and Christensen reported on polio treated with blood irradiation\[17\] (Table 4). Fifty-eight cases were followed, including seven with Bulbar polio (40% death rate expected). Only one death

| Table 4.  
<table>
<thead>
<tr>
<th>Results in 74 Cases of Virus or Virus-Like Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of cases</td>
</tr>
<tr>
<td>Early</td>
</tr>
<tr>
<td>Primary atypical or &quot;virus&quot; pneumonia</td>
</tr>
<tr>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>Bulbo spinal type</td>
</tr>
<tr>
<td>Spinal type</td>
</tr>
<tr>
<td>Moderately advanced</td>
</tr>
<tr>
<td>Primary atypical or &quot;virus&quot; pneumonia</td>
</tr>
<tr>
<td>Poliomyelitis (non-toxic)</td>
</tr>
<tr>
<td>Bulbo spinal type</td>
</tr>
<tr>
<td>Spinal type</td>
</tr>
<tr>
<td>Mumps</td>
</tr>
<tr>
<td>Apparently moribund</td>
</tr>
<tr>
<td>Primary atypical or &quot;virus&quot; pneumonia</td>
</tr>
<tr>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>Bulbo spinal type</td>
</tr>
</tbody>
</table>

The poliomyelitis patients were consecutively treated in an epidemic in which the mortality of the untreated cute bulbar cases exceeded 40 percent, as opposed to that of 9 percent in the cases above.
occurred in the Bulbar group and none in the others. Rapid recovery was reported after the first treatment (24 to 48 hours). One to three treatments were all that was necessary in the majority of cases.

Effectiveness in other viral conditions was further documented by Olney.[18] His report documented 43 patients with acute viral hepatitis treated with the Knott technique. Thirty-one patients had acute infectious hepatitis; 12 had acute serum hepatitis (hepatitis B). An average of 3.28 treatments per patient were administered; the average period of illness after the treatment, was 19.2 days; two recurrences were observed among the 43 patients during a follow-up period averaging 3.56 years, one in each type of hepatitis. The one suspected recurrence in the "serum" variety was in a heroin addict and reinfection was suspected. No deaths occurred among the 43 patients during the follow-up period. Marked improvement and rapid subsidence of symptoms was noted in all patients treated and within three days or less, in 27 patients, 11 showed marked improvement in 4 to 7 days, and five patients showed improvement in 8 to 14 days.

Rebbeck reported a remarkable effect on the autonomic nervous system, documenting how postsurgical paralytic ileus could be relieved very quickly with UV blood irradiation.[19] He attributed this effect to toning the autonomic nervous system. Autonomic effects also can be appreciated in the reports on asthma.

The authors were so impressed with the results that they included numerous case reports of hopeless and long-suffering infectious conditions resolving with UV blood irradiation. Rebbeck reported on its prophylactic preoperative use in infectious conditions, concluding that the technique provided significant protection with a marked decrease in morbidity and mortality.[20]

The authors consistently reported beneficial peripheral vasodilation. A significant rise in combined venous oxygen was also repeatedly mentioned.[21] The remarkable lack of any toxicity was consistently noted by all authors. In addition to polio, Miley reported that viruses, in general, responded in similar fashion to pyogenic infections.[22]

Botulism, a uniformly fatal condition, was treated by Miley.[23] The patient was in a coma and could not swallow or see. Within 48 to 72 hours of one irradiation treatment, the patient was able to swallow, see, and was mentally clear. She was discharged in excellent condition in a total of 13 days.

LTV blood irradiation resulted in the prompt healing of chronic very long-term, non-healing wounds. [24]

Miley went on to discuss an "ultraviolet ray metabolism," based on the profound physiologic effects he noted, along with discoveries that hemoglobin absorbs all wavelengths of ultraviolet rays, and Gurwitsch's[25] demonstration of "mitogenic rays, tiny emanations given
off by body tissues in different wavelengths, all in the ultraviolet spectrum and varying in wavelength according to the organ emitting the rays..."

A summary of physiologic changes documented through the 1940s included the following.[26] An inactivation of toxins and viruses, destruction and inhibition of growth of bacteria, increase in oxygen-combining power of the blood, activation of steroids, increased cell permeability, absorption of ultraviolet rays by blood and emanation of secondary irradiations (absorbed UV photons re-emitted over time by the re-perfused blood), activation of sterols into vitamin D, increase in red blood cells, and normalization of white cell count.

Cancer

In 1967, Robert Olney privately printed, short, undated pamphlet, sent to me by a friend, and entitled Blocked Oxidation, in which he presented 5 cases of cancer, which were cured by a combination of techniques, including ultraviolet blood irradiation. He theorized, based on the work of previous researchers, that cancer was a result of blocked oxidation within the cells. Utilizing detoxification techniques, dietary changes, nutritional supplements, the Koch catalyst, and ultraviolet blood irradiation, he reported the reversal of generalized malignant melanoma, a breast cancer penetrating the chest wall and lung, highly metastatic colon cancer, thyroid cancer, and uterine cancer.

Modern research on ultraviolet treatment for cancer is continuing. Edelson reported on a variation of the technique called extracorporeal photophoresis.[27] In this particular technique, a photosensitizing agent, 8-methoxypsoralen (8-MOP), is given to patients two hours before blood is withdrawn and separated into cellular components. White blood cells were irradiated with UV-A and returned to the patient. This therapy has proven highly successful and actually has received FDA approval for its use in cutaneous T-cell lymphoma (CTCL). Gasparro explains the observed and presumed biochemical events underlying the response in this condition. Such response includes the induction of cytokines and interferons.[28]

German Findings

Recent German research reports significant improvement in vascular conditions when using ultraviolet blood irradiation, including peripheral arterial disease and Raynaud's disease. One study
demonstrated a 124% increase in painless walking for patients with Stage IIb occlusive disease (Fontaine), as compared to 48% improvement with pentoxifylline.[29] UV blood irradiation was found to improve claudication distances by 90% after a series of ten treatments.[30] The authors also reported an 8% drop in plasma viscosity with the treated group, compared to no change with Pentoxifylline.

Significant changes and improvements in physiologic, biochemical, and blood rheological properties have been observed. A summary of these effects, based on the works of Frick[31] appear in Table 5.[32] This article expanded on indications to all circulatory diseases, including post-apoplexy, diabetes, venous ulcers, and migraines.

Frick reported an increase in prostacyclin and a reduction in arteriosclerotic plaque. The biochemical effects are generated by the activation of molecular oxygen to singlet oxygen by UV energy. This active species initiates a cascade of molecular reactions, resulting in the observed effects. Ultimately, this controlled oxidation process leads to a rise in the principle antioxidant enzyme systems of the body - catalase, superoxide dismutase, and glutathione peroxidase. Contraindications included porphyria, photosensitivity, coagulopathy (hemophilia), hyperthyroidism, and fever of unknown origin, but not pregnancy.

The device utilized in these reports is the Oxysan EN 400 manufactured by the Eumatron Company.

Discussion

In the 1800s, arguments raged between Pasteur and his rival, Bechamp, over the true cause of infectious disease. Pasteur claimed the cause was the organism alone, while Bechamp claimed the disease rose from organisms already within the body, which had pleomorphic capability (the ability to change). It is rumored that Pasteur, on his deathbed, admitted that Bechamp was correct. Forgotten in the debate was Bernard who argued it was the terrain or fertility of the body, which permitted disease or allowed bacterial infection to take root. Perhaps UV blood irradiation can be explained best in the general effect of the treatment on the physiology and terrain of the body. For example, it is known that the phagocytic respiratory burst, in response to infection, consumes up to 100 times the oxygen that white cells require in the resting state. The improvement in oxidation, rise in red blood cells, and increase in red cell 2,3 DGP[33] may provide a significant boost to the body.

Table 5.

Findings of German Research
BIOPHYSICAL AND CHEMICAL EFFECTS
- Improvement of the electrophoretic movability of the red blood cells
- Elevation of the electrical charge on the red blood cell
- Lowering of the surface tension of the blood
- Origin of free radicals
- Elevation of the chemical illuminescence of blood

HEMATOLOGIC CHANGES
- Increase in erythrocytes
- Increase in hemoglobin
- Increase in white blood cells
- Increase in basophilic granulocytes
- Increase in lymphocytes
- Lowering of thrombocytes;

HEMOSTATIC CHANGES
- Lowering of fibrin
- Normalization of fibrinolysis
- Trend towards normalization of fibrin-split products
- Lowering of platelet aggregation

BLOOD PARAMETER CHANGES
- Lowering of full-blood viscosity
- Lowering of plasma viscosity
- Reduction of elevated red blood cell aggregation tendencies

METABOLIC CHANGES - IMPROVEMENT IN OXYGEN UTILIZATION
- Increase in arterial P02
- Increase in venous P02
- Increase in arterial venous oxygen difference (increased oxygen release)
- Increase in peroxide count
- Fall in oxidation state of blood (increase in reduction state)
- Increase in acid-buffering capacity and rise in blood pH
- Reduction in blood pyruvate content
- Reduction in blood lactate content
- Improvement in glucose tolerance
- Reduction in cholesterol count, transaminases, and creatinine levels

HEMODYNAMIC CHANGES
- Elevation of poststenotic arterial pressure
- Increase in volume of circulation

IMPROVEMENT IN IMMUNE DEFENSES
- Increase in phagocytosis capability
- Increase in bacteriocidal capacity of blood
- Modulation of the immune status (Table 5)

Infection produces inflammation, edema, and a significant lowering of oxygen tension and diffusion in the affected tissues, which is critical to immune cell functions. Benefits of higher oxygen tension can be seen in the
accepted use of hyperbaric oxygen therapy for osteomyelitis, where healthy circulation is already slow. Deductive reasoning would suggest that any rise in oxygen tension would help the body's immune defenses. Such can be seen in anecdotal reports of hyperbaric oxygen therapy alone resolving necrotizing fasciitis.

German research (Table 5) documents a rise in oxygen consumption and oxidation within the body stimulation of mitochondrial oxidation results in greater ATP production.

In effect, UV blood irradiation therapy may be providing an inactivation of bacteria, a more resistant terrain, improved circulation, alkalinization, etc. While perhaps not as dramatic a treatment as hyperbaric oxygen therapy, it may provide a similar and longer-lasting effect through the secondary emanations of the absorbed ultraviolet rays. Such emissions, which last for many weeks, may account for the observed cumulative effectiveness of the therapy. UV photons, absorbed by hemoglobin, are gradually released over time, continuing the stimulation to the body's physiology.

For eons, nature has utilized the sun's ultraviolet energy as a cleansing agent for the earth. The lack of resistance of bacteria to ultraviolet treatment is not surprising, since if bacteria could develop resistance, they have had approximately 3 billion years to do so.

Only two discrepancies in accounts of this therapy could be found between the older American and modern German literature. Venous oxygen tension was reported by Miley to be increased, even up to one month after treatment. Frick, on the other hand, reported a rise in Pa02, and a fall in PV02, suggesting greater oxygen delivery and absorption in the tissues. A rise in 2,3 DGP can account for the latter. Miley recommended the treatment for fevers of unknown origin,[34] yet Seng's article suggested that as a contraindication. Perhaps the German author feels the infections should be clearly diagnosed first, while Miley was so impressed with his results and the safety of the treatment, he thought it was proper to treat any presumed infection with the technique.

For years, there have been anecdotes and reports of another oxidative therapy (ozone) helping a variety of chronic conditions including, but not limited to, rheumatoid diseases, arterial and circulatory disorders, osteoporosis pain, viruses, and immune deficiencies. Some recent findings shed light on how this particular oxidative therapy might help such a wide variety of conditions.

Bocci has determined that exposure of blood to ozone at concentrations used by practitioners for years induces cytokines and interferons.[35,36] In fact, he went on to call ozone "an almost ideal cytokine inducer." He concluded that such immune system modulation could explain the benefits of ozone reported for decades on a very wide variety of conditions.

Mattman has detailed hundreds of reports linking cell wall deficient bacteria to a wide span of disease states.[37] Autoimmune disease may not be autoimmune at all, but rather an immune attack a hidden infection with native tissue being damaged by a prolonged or dysfunctional immune response to these "stealth pathogens."

The broad spectrum of biologic effects of these nonspecific oxidative therapies may explain the broad range of benefits. It is quite possible that all
of the oxidative therapies may operate through similar mechanisms postulated by Bocci for ozone (namely the generation of reactive oxygen species, which in turn induce some very exceptional biochemical events).

Ultraviolet has clearly been shown to be a superior anti-infective. It is possible that the secondary emanations previously described could inactivate pathogens deep in tissues. However, of possible greater import is its effect on the other various physiologic factors affecting the terrain. The improvement in oxygen delivery and consumption, rise in circulation, blood elements, stimulation of mitochondrial oxidation and shift towards alkalinity, while all nonspecific in themselves, may help hasten the cellular response in very many disease states.

Personal experience with UV blood irradiation therapy has been limited strictly to an outpatient practice. However, I have observed significant and dramatic effects on pharyngitis, cellulitis, otitis media, wounds, viral infections, and gastroenteritis, and chronic fatigue. In several years of use, I have had only one patient who suffered from apparent chronic fatigue and failed to respond to a series of UV treatments; the patient had a significant psychological factor. Several patients with multiple chemical sensitivities have also experienced significant improvement. Chronic and intractable pain has been reported by an anesthesiologist pain specialist to be surprisingly responsive.[38]

Modern medicine has focused on drugs to suppress symptoms or inhibit certain physiology (NSAID drugs as prostaglandin inhibitors, hypertensive drugs as enzymatic blockers) to treat disease. As a result, we have seen the frightening rise of resistant organism and the side-effects of chemical pharmacology. Perhaps medicine should consider the concept of nonspecific modalities that encourage the body's healing response and immune system. What could be a safer or more effective agent against infection than the bacteriocidal capabilities of our own phagocytes and a properly functioning immune system?

At least 20 American physicians are currently utilizing photooxidation and have advised me of dramatic cures of intractable infections, including osteomyelitis. Communications from these physicians are verifying my findings in the use of this modality with chronic fatigue. A German videotape related that several hundred physicians are currently employing the technique in Germany with hundreds of thousands of treatments having been performed through the years and never any reported incidents of toxicity (other than a mild Herxheimer reaction).

"Ultraviolet irradiation of blood has been approved by the FDA for the treatment of cutaneous T-cell lymphoma. Thus, the method is legal within the context of FDA's definition of legality. It is also legal, from the standpoint of long (over 50 years) and continuous use by physicians in the United States as a commercially viable product before the present FDA was even in existence."[39]

The technique is taught at workshops and seminars sponsored by the International Association of Oxidative Medicine (telephone: 405634-1310). The American Board of Oxidative Medicine (a member of the American Board of Specialties of Alternative Medicine) certifies doctors in the various techniques of oxidative medicine, including UBIT.
Conclusion

This simple, inexpensive, and nonspecific technique was clearly shown years ago to be a totally safe and extremely effective method of treating and curing infections; promoting oxygenation; vasodilation; improving asthma; enhancing body physiology, circulation, and treating a variety of specific diseases. Its use in hospitals and offices could significantly reduce mortality, morbidity, and human suffering. Much more research needs to be done in determining all of the potential uses of ultraviolet blood irradiation therapy and also its correlation with other oxidative therapies.

References

2. Ibid, p. 2391.
4. Ibid, p. 28.


Does BioPhotonic Therapy have Advantages over Pharmaceutical Drugs?

Consider the following for BPT....

Since BT stimulates the production of a “vaccine” based on your particular virus or bacteria. It is more specific and therefore has greater effectiveness.

Less likelihood to develop resistance strains than drugs

More versatile, it works on many conditions, no need to know many drugs, many side effects

Stopping and/or starting BP Therapy has no consequence where chemotherapies if stopped have possible consequences of drug resistance and further spread of the disease

Accidental overdoes is virtually impossible.

Does not destroy benign Flora (helpful bacteria)

Does not depress the immune defenses

Boosts overall immunological defenses of the body

Less expensive than many drugs

Taken from “The Science and Art of Blood Irradiation Therapy – Healing Photons” by Ken Dillon
Biographies complied from available literature in the field of BioPhotonic Therapy


22. Dagmar Klink et al "Ultraviolett-Bestrahlung des Eigenblutes (UVB) bei Zeerebrovaskulaerer Insuffizienz unter besonderer Beruecksichtigung der Hirnleistung (Pilotstudie)," Zeitschroft fuer Klinische Medizin 42 (1987), pp 1145-49


50. Kibirev, A.B. et al., “UBI and Endolymphatic Antibiotic Therapy in the Treatment of Pneumonia in Patients with Skull-Brain trauma [Russina],” Zhurnal VoprosyNeiokhirurgii Imeni N.N. Burdenko (1990), No 3, pp 11-14


61. Mashkin, O. A et a, The UBI method in the Combination Therapy of Patients with Inflammatory Conditions of the Genitals [Russian]," Akusherstvo I Ginekologiia (1990), No 10, pp. 58-60


83. Mingalimova, R.G. et al, “UBI in the Complex Therapy of Patients with Tuberculosis of the lungs [Russian], “ Problemy Tuberkuleza 91995) No 3, pp.27-28


111. Shamsiev, F.S.et al., "The efficacy of UBI in Combination Therapy of Acute Pneumonias in Young Children [Russian]," Pediatriia 91990), No 11, p 112


BPT is HOPE for those who have struggled with a disease/disorder and not found relief!

It is not new. It is a proven medical procedure that kills bacterial and virus, helps the body’s immune system and rejuvenates properties in the blood. It increases oxygen to the tissues and causes vasodilation and microcirculation.

The Procedure

Blood (1/2 pint) is withdrawn from your arm using a butterfly needle and tubing. Approximately 200 ml depending on body weight. This same blood is then run through a device which exposes the blood to the controlled ultraviolet rays.

Then, after your blood has been exposed to the light, it is returned to your own vein and bloodstream in a closed loop system.

In the process the smaller bacterial and viral cells are targeted and absorb five (5) times as much photonic energy as their healthy counterparts. The healthy cells remain intact while the disease cells are killed and become antigenic. An "autogenous (self-generated) vaccine" is thus produced.

When this "vaccine" is coupled with the photonic energy given off by the treated blood the microbes in the patient’s bloodstream are rapidly destroyed via "induced secondary immune reactivation."

After that simple procedure, then your system works with a new supercharged immune response, greater oxygenation and a balancing of your system.

There are a number of reasons why you or your Dr may not have heard of BioPhotonic Therapy (UBI) Click Here

For a more medical look at the action of BPT there is an excellent 2 page report from a PhD – Dr Levon Gasparyan.
Bio Photonic Therapy

TREATMENT TYPES AND NAMES

- Ultraviolet Blood Irradiation (UVBI/UBI/BI)
- Extracorporeal Photopheresis
- Extracorporeal Photochemotherapy
- Photobiomodulation
- Hematologic Oxidative Therapy
- Photo-Oxidation
- Photomedicine
- Photo-Luminescence

CANCER

- Lymphoma

VIRAL INFECTIONS

- HIV
- Hepatitis
- Influenza
- Herpes simplex/zoster
- Mononucleosis
- Mumps
- Measles Infections
- Viral Pneumonia
- Polio

BACTERIAL INFECTIONS

- Pneumonia
- Wound Infections
- Septicemia (staphylococcus, streptococcus, pneumococcus)
- Lymphatic infections (lymphangitis)
- Peritonitis
- Severe Acne
- Recurrent skin infections (furunculosis, carbunulosis)
- E-coli
- Necrotizing infections

INFLAMMATORY CONDITIONS

- Arthritis
- Fibrositis
- Bursitis
- Nephritis
- Iritis
- Uveitis
- Cholecystitis
- Pancreatitis

CIRCULATION CONDITIONS

- Varicose Veins
- Peripheral vascular disease
- Gangrene
- Vascular headaches
- Deep Vein Thrombosis
- Claudication
- Diabetic Ulcers
- Thrombophlebitis

AUTOIMMUNE DISEASES

- Fibromyalgia
- Lupus
- Rheumatoid Arthritis
- Psoriasis
- Psoriatic Arthritis
- Raynauds Disease
- Sclera derma
- Multiple Sclerosis

OTHERS CONDITIONS

- Non-healing wounds and fractures
- Inactivation of snake venom
- Fungal/Yeast Infection
- Decreases edema (swelling)
- Cirrhosis
- Tetanus
- Chronic fatigue
- Allergies
- Neuritis/Neuropathy
- Chemical sensitivity
- Botulism
- Malaria
- Typhoid
- Seizures

RESPIRATORY DISEASES

- COPD
- Asthma
- Emphysema
- Sinusitis
- Bronchitis
- Tuberculosis

Other Activities of UBI Treatments

- Enhances weak immune systems
- Increases the blood oxygen level
- Increase phagocytosis (white blood cell activity)
- Adjunctive cancer treatment
- Balances the bodies alkalinity
- Increases intracellular antioxidants
- Neutralize free radicals
- Balancing of calcium phosphorous
- Lowers blood surface tension
- Accelerates the lymphatic system
- Helps circulatory activities
- Stimulates antibody production
- Immunizes the body against disease
- Activates steroid hormones
- Positive effect on the autonomic nervous system
- Stimulates corticosteroid production
- Reduce nausea/vomiting
- Arterial disease - reduction in atherosclerosis
Russian & German Studies showing the Efficacy and Safety of UBI Studies from 1983 - 2002

16 published studies from TB to septicemia, post-surgery diseases to peritonitis. They all affirm that UBI is an effective tool in hospitals and clinics. Most of the complete studies are in Russian.

1. Hemosorption and ultraviolet irradiation of the blood in the treatment of acute septicemia  
   Vestn Khir Im I I Grek. 1983 Apr;130(4):109-12.
   Kariakin AM, Kucher VV, Susla PA, Kofman BL.

   On the basis of analysis of results of the treatment of 115 patients with acute sepsis the authors have established that hemosorption and transfusion of the autoblood irradiated by UV rays when used in the complex therapy allow reducing lethality almost three times.


2. Ultraviolet irradiation of the blood  
   Petukhov VA, Perekokin NN, Gorelenko AG, Koloda AS.

   An analysis of the experience with using the method of ultraviolet irradiation of blood in 85 patients with different surgical diseases has shown the method to be simple, available and highly clinically effective.


   Butylin LP, Volobuev NN, Tikhonov KS, Sinani MB.

   The experience with the use of ultraviolet irradiation (UVI) of the blood in 98 patients with purulent-inflammatory disease is presented. UVI of the blood has considerably improved the results of treatment of the patients. The highest effectiveness of UVI of the blood is noted in treatment of chromosepsis. The treatment of psoriasis by the mentioned method appeared ineffective


4. Serial infrared and ultraviolet whole body irradiation and placebo and ultraviolet irradiation of autologous venous blood in peripheral arterial occlusive disease. 1.  
   Treadmill ergometry, metabolic, rheologic and hemodynamic parameters [Article in German]  
In 21 patients suffering from obstructive peripheral arterial disease stage II according to Fontaine, therapeutic efficacy of serial whole body irradiations (infrared or ultraviolet radiation) and pretended or real ultraviolet light blood irradiations was evaluated. Before, during and after treatment the following parameters were monitored: walking distance, oxygen partial pressure (quasi-arterial/venous), flow properties of blood (apparent blood viscosity, hemodynamics (peak flow, ultrasonics). There were no significant changes following both modalities of whole body irradiations either by sunshine-like ultraviolet light nor by infrared radiation, nor by pretended blood irradiation. In the same patients mean walking distance was prolonged threefold after ultraviolet irradiation of the patient's own venous blood and subsequent retransfusion. Simultaneously, oxygen utilization was improved (enlarged arterial/venous difference), lactate concentration was decreased and apparent blood viscosity was diminished, whereas blood flow remained unchanged or only slightly improved. In this way the circulus vitiosus of obstructive peripheral arterial disease can be overcome. As a consequence of blood irradiation walking distance enlarges, providing better chances for physical training, which helps to extend walking distance furthermore.


Riabtsev VG, Gorbovitskii EB, Myslovatyi BS, Masiukevich AV, Ronami VG.

An experience with the treatment of 199 patients with different forms of peritonitis enabled the authors to recommend to include the moving-blood ultraviolet irradiation in the complex therapy followed by hemosorption. It reduced lethality two times.


Kibirev AB, Kochulanov AN, Strelets BM, Grebenkina LA.

On the basis of analysis of 50 cases of craniocerebral injury complicated by pneumonia, the authors prove the efficacy of including ultraviolet irradiation of autologous blood and endolymphatic antibiotic therapy in the complex of therapeutic measures. The mortality and the period of in-hospital treatment of this group of patients reduced.


Zalesny SA, Khankoev IM, Grechishkin AI, Krasnopoliiskii IS, Sitnik SD.

Data on the observation of 120 children aged from one to seven years with ++pyo-septic diseases are described. The complex of intensive therapy included methods of extracorporeal detoxication. Positive dynamics was noted after hemosorption and UV irradiation of blood. Preliminary UV irradiation of blood before sorption eliminated metabolic disorders. Less lethality was noted.


Piksin IN, Atiasov NI, Kiseleva RE, Romanov MD, Dorofeeva LS, Krugliakov PP.

The results of complex treatment of 81 patients with pyoinflammatory diseases with the use of blood ultraviolet irradiation are discussed. A marked clinical effect was noted, the terms of treatment reduced by 5-10 days, the outcomes improved, and the number of complications decreased. Irradiation of autologous blood by ultraviolet rays led to modulation of the indices of antimicrobial protection, increase of the intensity of the histochemical reaction to peroxidase up to 40-50%, and diminution of pH in the neutrophil phagosomes to 5.0. The ultrastructure and ability of thrombocytes to store serotonin were restored, and intensity of their metabolic processes increased, the membrane phospholipid composition changed, and juvenile platelet forms appeared.


Paleev NR, Cherniakov VL, Vetchinnikova ON.

The authors describe a technique of extracorporeal UV radiation of blood (EUVRB) in flow closed circulation. Its efficacy was assessed in combined treatment of pyo-inflammatory complications of terminal renal failure. Therapeutic effects of EUVRB are due to reduced endogenic intoxication, correction of leukopoiesis and stimulation of immunity. The changes in laboratory findings correlated with clinical pattern of the inflammation. EUVRB produced a favorable response and improved therapeutic results of pyo-inflammation treatment in patients with terminal renal failure.


Sukhodub LF, Tvertyshnyi NG, Duzhyi ID, Pliskachev VM.
The described methods for ultraviolet blood radiation were used in 80 patients: 51 had tuberculosis of the bronchopulmonary system and 29 nonspecific pulmonary diseases. A marked clinical effect was confirmed by subjective and objective methods. In all cases blood pressure moderately decreased, there was a tendency to hypercoagulation decline, the erythrocyte count and hemoglobin level increased. The microstructure of blood elements studied by a scanning electron microscope showed formation of the rosette-forming structures in the blood and a significant increase in deformed erythrocytes.

11. Autotransfusion of ultraviolet-irradiated blood in destructive pneumonia of young children  
Kalinkin VN, Mezentsev GD, Kashuba EA, Konovalova LA, Shatilovich LN.

Analysis of the results of clinicoimmunological study of the use of autotransfusion of blood treated by ultraviolet irradiation (ABUVI) in infants with acute purulent destructive pneumonia (APDP) revealed that imbalance of cellular and humoral immunity factors was the main factor determining the severity of the disease. ABUVI is an effective measure for correcting the immune response of the child's organism to the bacterial aggression through adequate production of monocytic phagocytes and plasma cells of the blood. It also influences the completeness of humoral immunity and reduction of T-lymphocyte deficiency in the acute phase of the disease. ABUVI raises the efficacy of complex treatment of toxicoseptic forms of APDR, reduces 1.7-fold the terms of treatment, and reduces considerably the mortality rate of this disease in young children.

12. Extracorporeal methods for detoxification in the combined treatment of gunshot peritonitis  
Sychev MD, Manucharov NK, Tomaev KB, Litvin AA.

On the basis of examination results and treatment of 49 patients with abdominal gunshot injuries the article emphasizes that the clinical picture of gunshot peritonitis develops much faster, and the syndrome of intoxication proceeds far harder, than in cases of peritonitis with another etiology. The authors make a conclusion that an early application of extracorporal methods of detoxication (hemosorption, plasmapheresis, ultraviolet irradiation of autologous blood, xenospleen connection) could minimize the level of intoxication and contribute to the correction of the immune status.

Potashov LV, Reshetov AV, Tone RV, Vismont VG.

An experience with treatment of 1527 patients with different forms of erysipelas is analyzed. Under study were clinical data, nonspecific resistance parameters, peripheral and central hemodynamics and viscosity of blood. Ultraviolet irradiation of blood is an effective method of pathogenetical treatment of erysipelas which results in rapid arrest of local and general symptoms of the disease. The number of complications and recurrences was reduced.


Zhadnov VZ, Mishanov RF, Kuznetsov AA, Shpykov AS, Ryzhakova TM.

Efficacy of inpatient treatment was compared for 222 new-onset cases of destructive tuberculosis of the lungs. 86 patients received chemotherapy plus electrophoresis and UV blood irradiation (group 1), 136 patients received chemotherapy alone (group 2). Group 1 patients benefitted more; bacterial discharge ceased in 100%, destruction in 89% of patients within 3 months against 59% and 38%, respectively, in controls. Combined therapy prevents toxic allergic reactions and shortens hospital stay by 48 days.


Kuvshinchikova VN, Shmelev EI, Mishin VIu.

The use of extracorporeal ultraviolet blood irradiation (EXUVBR) in the complex treatment of patients with chronic forms of pulmonary tuberculosis (cavernous, fibrocavernous) concurrent with chronic obstructive bronchitis (COB) has demonstrated a positive effect of the photo-modified autoblood on the course of COB. The findings have suggested that the magnitude of clinical symptoms of COB was nearly halved, the forced expiratory volume per second increased, the counts of stab neutrophils and lymphocytes and erythrocyte sedimentation rate became normal. Analysing the bacterial isolation rate showed a significant decrease in the number of Mycobacteria tuberculosis detected by luminescence microscopy after a session of EXUVBR. The latter used in pulmonary tuberculosis concurrent with COB promotes the enhanced efficiency of treatment of patients with these combined abnormalities.

Experience of application of extracorporeal ultraviolet irradiation of the blood (EUIB) in 60 patients with diffuse peritonitis of different etiology was presented. EUIB was conducted in 16-24 hours after performance of operation using apparatus MD--73 M "Izolda". The leukocytic index of intoxication after performance of the EUIB third procedure had reduced by 28.5%. Leukocytic index of shift had reduced after the first procedure performance--by 23.1%, after the third--by more than 50%. T-lymphocytes quantity in 22-24 hours after conduction of the first EUIB procedure had increased by 23.8% and after the third--by 63%. General postoperative mortality after complex treatment conduction using EUIB had constituted 3.3% and without EUIB--6.5%. Duration of treatment of the patients, in whom EUIB was applied, had shortened by 2.6 days.