Dr. Royal Raymond Rife

Ultra Microscopes and Cure Rays ...

focuses on the work of Dr. Royal Raymond Rife. But, it also includes the work of four other men, and discusses other necessary and complementary "Cure Methods" that are required for a truly holistic therapy program.

These men became convinced, that the methods of orthodox medicine were not working and in fact, when considered in total are doing more harm than good. I must admit, having benefited from our Medical Professionals, that we do have the best micro-surgeons in the world and their work is really quite advanced. But, in regards to understanding body chemistry and the workings of nature, most doctors are still in the dark ages.

I interviewed approximately 25 doctors at the Mayo Clinic in Rochester, MN while taking my dad to the clinic in 2002-03, and not one knew anything about Zeta Potential. In my mind, a doctor who doesn't know about Zeta Potential is like an auto mechanic who doesn't know about engine pistons — they can't be seen, so they must not be important. The mechanic can still fix a lot of things on your car for you — even parts of the engine itself — but sooner or later his lack of knowledge may allow him to be inspired to do something that is harmful to the engine, or he may just have to give up and tell you to get a new car. Getting a new body is a bit harder, so maybe we all should get together and figure out how it actually works.

Its not the men who are working to do their best, but rather it is the educational mind-set that is preventing their best from being done, which is the main problem facing us today.

[The (main) problem is that all educational orientation is directed towards a particular chosen solution. In the case of MD's it is a purely chemical one. The manipulation of cell dynamics and physiology through the application of frequencies and pulsed fields is something very foreign to their education. (However), this is all a developing science! (The) Past 3 years has seen tremendous growth in the understanding and utilization of all sorts of wavelengths and energies to affect cells. — James Bare —]

It is well documented, that our current mind-set has taken us down the wrong path in understanding our bodies and the true workings of nature. Our Advanced Technology has produced a New Advanced Understanding of our Bio-system. We have many new things to learn and it can be a Fun and Productive Enterprise.

If we put together the concepts, that these five dedicated men have studied — and have made known to the world — in a holistic and scientific manner together with today's

current practices, we will have safe, simple, inexpensive, methods for treating 90% of the diseases on our planet. And, the solution for the other 10% would be discovered in a very short time, since the previous knowledge provides the foundation for the understanding of these diseases.

The men to whom we are truly indebted are ...

Dr. Royal Raymond Rife; who performed his extensive studies on pathologies and pathogens, during the early 1900s. He developed a powerful microscope that could see living viruses and even smaller living entities. He discovered that all pathogens have resonate qualities, and just like a crystal glass can be shattered with the correct frequency of energy, disease organisms can be shattered also.

Gaston Naessens; who started in France and then Moved to Canada. He won several court cases defending his work. Naessens independently developed a modern inexpensive and available, high-powered microscope, which can see living pathogens. He studied the metabolism of cancer cells and developed a cancer treatment that helps the body's own immune system to attack the cancer cells.
(This of course requires that you know how the immune system works.)

Dr. Hans Nieper; who did his work in Germany, focused heavily on strengthening the body's immune system to fight all diseases. Independently, he was doing many things similar to the work of Dr. T. C. McDaniel in the U.S., who focused on cardiovascular issues.

Dr. T. C. McDaniel; who having developed a medical condition, that his medical schooling failed to address for him, developed a treatment system that worked for him, and thousands of his patients. He discovered the work of Thomas M. Riddick and added his medical training to the concepts Riddick introduced.

Thomas M. Riddick; who developed a cardiac condition, and being unable to get relief from orthodox medicine, used the tools of his trade – industrial chemistry – to develop an effective treatment for himself and dozens of his friends.

Others who have played an important role in the preparation of this presentation are ...

Frank Hartman; who also discovered Thomas Riddick, and needs to be acknowledged for introducing me to Riddick. He sent me an e-mail with some material about Zeta Potential and Colloids. The two of us then assembled the material into a web page. Dr. McDaniel discovered this page and contacted me, saying that he wanted to meet with me. I introduced Frank to T.C. and the three of us (and others) are engaged in an intensive study of the subject. Many other web

sites have found this page and have links to this page and other pages here on the topic. Some have even "mirrored" it on their web sites, using this web site as a database. Understanding Colloidal Suspensions

Dr. David H. Saxon; **who discovered my site, liked it and asked if he could have a link here pointing to his site. I studied his work and science and decided that it was vital to the goals of this site. I installed links here for him. He subsequently became too busy and removed his web site from the Internet. I have posted a booklet written by his web designer that explains his work.**

Dr. Saxon's work is important because he understands that before you offer patients medical therapy, you must remove the cause of the disease if possible, and all the factors that facilitate its growth. Symptoms of Elemental Toxicities

The Tortoise Shell Life Science Puzzle Box; **This web site, is required course work at some schools, and has a primary study theme. We are ...**
"Using Hydroponics to Understand the Earth's Life Processes on the Atomic Level". **(Recently we have been adding sub-atomic information.)**

Thanks to our advanced technology, we are able to study the atomic make-up of all the parts of our body. At this time we have identified approximately 34 different atoms that are needed in our bio-system.
The Tortoise Shell Hydroponic Reference Center

David Hudson; **a cotton farmer, who while investigating soil problems on his farm, suddenly made my life very much more complicated, when he discovered that approximately 5% of the Earth's crust is made up of mono-atomic atoms, that normal test equipment can't see. He spent 8.7 million dollars of his own money to acquire the services of the best people and equipment on this planet in conducting his investigation. He was able to determine that plants and animals have a large percentage of these monatomic atoms in their makeup.**

Wearing my "hat" as an investigating reporter with extensive science background and real world industrial experience, I am convinced that if this science was to be studied, comprehended and applied, we can virtually eliminate all disease, or at least effectively and completely treat them, in the next ten years. There is nothing experimental here. Thousands of patients have already benefited from these studies and programs. — Tommy Cichanowski —

"The Royal Rife Story"

(Below are MP3 Audio Clips from the MPEG Video Documentary. Skip)

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Teachers and serious students: Here are a few images from the video that you can look at while you listen to the audio clips. I hope this will help convince you of the need to have this video in your collection and to use it for your classroom presentations. (The slide show will open in a new window and is best viewed with your browser in "Full Screen Mode".)

[ALL Underlined Words at this web site are "Links" or "Bookmarks".]
{ There are about 100 links to additional information on this page. }

Christopher Bird investigates Rife Lynes Foye Gaston Naessens' Microscope Nanobacteria Tec Talk

Chapter 5

Ultra Microscopes and Cure Rays: Dr. R. Raymond Rife

"Lost Science" by Gerry Vassilatos

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LIGHT

There is a constant war being waged which most prefer to ignore. Living out our days in the joyous sunshine, we rarely choose to glimpse full-faced into the horrid visage of disease as physicians so often do. Perhaps it is pain, perhaps fear. Despite our willful ignorance, hideous armadas of pathogens march through all nations unhindered. These insidious enemies wage their continual war against the human condition, with a cruel and merciless deliberation.

Pride and wealth cannot keep these legions away. They are deadly, having no conscience or allegiance. They are the universal enemy of humankind, a relentless foe. It is a wonder that nations have not surrendered their petty personal feuds long enough to recognize the common specter. Joining our best forces to defeat this dread army long ago would have secured major victories for all of humanity.

It has therefore fallen to the sensitive and impassioned few who seek alone, armed with vision and swords of light. The independent medical crusaders enter the battle alone. Their names are seldom seen in major journals any longer. Their private research forever dangles on gossamer threads of grants and endless bureaucratic labyrinths. Yet, these are the ones, the men and women who make the discoveries from which cures are woven. Real cures.

They often live on shamefully minuscule budgets, preferring to pour out their personal funds into the work. They are the seekers. They are always close on the brink of a possible new development. One never knows when such will come. The important thing is that they are prepared, and wait in prepared chambers for the gracious and providential revelations upon which humanity depends. Theirs is the excitement of the chase. Their quest is "the breakthrough". They are the ones who fill little lab rooms, closet spaces, which line university hallways. Their intuitive vision has guided them into research alleys, which are too small for the big concerns of profiteering medical agendas. If these researchers are fortunate, they find an impassioned patron. Perhaps the patron is a sensitive one, whose life has been touched with the sting of tragedy. Perhaps a loved one was lost. Perhaps also in the heat of that pain, the recognition came that gold must be transmuted by passion and devotion before it can cure. These quiet ones who go about their work daily, so many devoted hearts, are driven on behalf of all who bear such sorrow over what has been lost.

There was once such a man. His discovery gave eyes to the blind. He perfected a means by which humanity's enemies could be detected. His microscope could optically sight viruses, and

sight them in their active state. And he developed a means by which viruses, any virus, could be eradicated with the flick of a switch. His medical developments won him no reward because his research did not fit the desired agenda.

The Microscope. The Super Microscope. There were predecessors to the prismatic marvel of Dr. R. Raymond Rife, but no equals. Others had designed and used oil immersion lenses, dark-field illuminations, and deep ultraviolet light, each holding part of the secret for optically magnifying infinitesimal objects. But the design, which Dr. Rife developed, outpaced all of these.

It is doubtful whether you have ever heard his name. Reasons for mass forgetfulness run deep. Truths have been kept from you. Only a careful and relentless study of the past will relinquish secrets purposefully and cunningly buried. The information is safely nestled in dust-laden libraries, which few now venture to search. Perhaps you will recognize why his name has been blotted out of the historical records before we reach the end of this amazing biography.

Dr. Rife began as a research pathologist. A medical crusader of the very highest qualifications, his was a heart filled with but one goal: the eradication of disease. Dr. Rife recognized first and foremost that successful medicine relies on vision, on light. What we cannot see we cannot battle. An unseen foe is impossible to destroy. Therefore his first quest was to secure a vastly improved system of microscopy. Once he could see, once all could see, then the pursuit of medical knowledge could again move forward. An armada of equipped seers could assail the foe on every shore. Looking for more light.

Dr. Rife's study of microscopy detailed every component and premise which tradition had presented to our century. The creation of a super microscope would run counter to every physical law and restriction, which the previous two centuries had accumulated. Academes began again to love the writing of papers. Without the exercise of experiment, however, all these papers were so much tinder.

Dr. Rife wanted to develop super microscopes capable of seeing viruses. His aim was to chart and catalogue them, understanding that these represented a deadly foe, which exceeded bacilli in their destructive assault on humanity. His quest now began. He reduced the fundamental premise by which microscope design had developed, analyzing each separate component and premise.

FOCUS

Optical designers had been adding ever more complex components to the design, which began with Van Leeuwenhoek. Lenses were compounded to lenses, crowns were added to compounds, crowns were added to crowns ... the complexity was

frightful. Simplifying the problem necessarily led to Rife back to the study of optical geometry and the comprehension of simple ray divergence.

Rife thought on these ancient principles. An ideal magnifying system is a geometric construction of extreme simplicity. Diverging light rays can magnify any object to any magnification. Given a strongly divergent light source and a great enough distance, one can theoretically magnify the indivisible! This is the principle, which underlies projection microscopy. Dr. Rife realized that the projection microscope represented the best and simplest means for magnifying infinitesimal objects. One simply needed to discover a means by which a vanishingly small, brilliant radiant point could project divergent rays to the surface of any material speck. No virus, however indistinct and cunning, could hide from such an optical magnifier.

The theoretical design of microscopes relies purely on geometric principles. Actual materialization of these principles requires material manipulation, since geometric rays and light rays are significantly distinct. What is a microscope essentially? What is achieved in a microscope with light rays? The notion is quite simple. Take divergent rays from a vanishingly small point of brilliant emanations and allow them to pass through any specimen, which is to be viewed. Light from this encounter is then made to diverge as far apart as possible in a given space. Geometrically it is possible to divert rays from a vanishingly small point out to an infinite distance. This geometric construction would produce unlimited (ideal) magnifications. Provisions toward this ideal goal would require that the point radiant source be tiny and brilliant enough, the specimen be close enough to the radiant point, and the image diverging space be very long. The geometric divergence of the point light source is the magnification factor. But geometry is an idealized reality. And ideal geometry encounters significant frustrations when implementing light in inertial space.

The most basic type of microscope is the projection microscope. It is the most simple system which is employed to greatly magnify the most infinitesimal objects. In the more common version, light is made to pass through a tiny specimen. Light from the specimen is forced to diverge across a long space by means of a very small focusing lens. Rays from this lens cross, diverging and expanding across a long space. This widely divergent beam is then projected onto frosted glass. The viewing of images derived through these means is indirect, but provides superior magnifications with ultrahigh resolutions.

Formerly, laboratories required compact units capable of close personal manipulations. The development of fine optical microscopes became fright-fully complex when more powerful but compact models were required. The notion of a compound microscope is to physically compress the long projection space into a compact tube, delivering the shrunken design to customers who wish to conserve space. The "problem" with compact optical microscopes was bending the necessary wide beam through a small space. The "trick" in a compound

microscope was to keep the image rays from prematurely diverging between lens stages.

The long expansion space required for divergent beam magnification had to be "folded" and "convoluted" within imaging tubes. Large numbers of lenses performed this duty. Being thus "convoluted" by lenses to achieve magnification, images produced by most expensive bench microscopes were inherently limited. Since the diverging image in these microscopes is "interrupted" within a greatly shortened space by means of several optical stages, it cannot produce great magnifications with either clarity or brilliance.

Each optical stage continually bends the image until a tremendous effective divergence is achieved. The effects are dramatic, but the necessary stages introduce optical resistances by which magnifications are inherently limited. Fundamental problems with white light alone complicated the problems which designers faced. Breaking into spectral components, each color refused to focus in exactly the same point. As a result, chromatic aberration blurred every image.

The light-crossing action of each lens brought widely diverging light beams into the ocular lens. It was pivotal that these rays be parallel. Images lost most of their radiant power against the tube walls before arriving in the final ocular. Therefore more corrective lenses were added in the beam path to bend the light back from the tube walls. Differences when light traveled between lenses and air introduced more aberrations. Batteries of corrective lenses, crowns and compounds, so loaded the light path with crystal that images lost their original brightness. These horrendous optical problems were never completely solved, despite the high cost of these instruments.

All of these optical horrors were the result of an old tradition, which yet compels designers to maintain familiar outward forms. The projection microscope is so simple and potent; one wonders why newer designs had not been developed with as much dedication and zeal. It was the outward form, which compelled the convolution of projection microscope simplicity, detracting from the excellence of magnified images. What was really lacking in optical microscopy was the development of true, tiny radiant points of monochromatic light. These diverging ray sources could produce novel and economical projection microscopes.

The numerous optical components of most excellent laboratory microscopes are configured to prevent image splitting, image incoherence, and other optical aberrations. All the differences between geometric ideals are suddenly and severely limited when using light and glass. The optical ideals come short of the geometric ideal.

Geometric rays do not fade with infinite distance. Light rays do. Geometric rays do not blur at their edges with increasing divergence, Light rays do. Geometrically magnified lines do not diminish in their intensity. Light images do. A successful optical approximation to the geometric ideal would produce a super microscope.

Dr. Rife decided to manipulate all the possible variables in order to approach, as closely as possible, each part of the ideal geometric construction. If such a feat could be accomplished, he would have successfully bridged the gap between optical and electron microscopy.

POINTS

To be sure, numerous individuals had accidentally discovered enormous magnification effects while experimenting in completely different fields of study. A magnifying system which magnified much smaller infinitesimals than viruses appeared in 1891. Nikola Tesla developed a remarkable carborundum point vacuum lamp and made an accidental observation, which opened a new world of vision to science.

Tesla began inventing single wire vacuum lamps for purposes of illumination. These were large glass globes powered by very rapidly impulsed currents. The impulse currents made the single supported wires glow to white brilliance, melting them. Impractical for public use, he sought to alleviate this condition by using special crystals. High melting points were required. An assortment of such materials were poised at the single wire termination. When electrified, they suddenly became radiant.

His experiments included using diamond, ruby, zircon, zirconia, carbon, and carborundum. He found it possible to blast the natural gems after a few seconds' electrification time. But before exploding, each of these crystalline terminations released puzzling patterns of light across the globe surface. This symmetrical pattern of points attracted Tesla's attention. They appeared when the current was turned on for just an instant.

Moreover, Tesla noticed that the brilliant fixed points of light remained in fixed positions each time he applied the current. Equally astounding was the fact that each material portrayed distinctive point symmetries upon the glass enclosure. The most resilient and successful crystalline material was carborundum, which he ultimately adopted for practical use. This too gave its characteristic point symmetry across the globe.

Tesla was not sure what he had discovered. He intuitively surmised that these point patterns of light somehow revealed the crystalline structure of the excited material. He also utilized the geometrical construction to obtain his deduction. His thoughts turned to the internal crystal conditions. As electrically charged particles were propelled and ejected through the carborundum, they were deflected by infinitesimal points. Diverging from such infinitesimal points, they impinged upon the inside spherical globe which housed the carborundum point. These brilliant points of light were always of the same symmetry because the ejected particles were passing through a fixed grating: a crystalline grating.

He theorized that this fixed pattern represented the greatly magnified crystalline symmetry. This simple apparatus was the world's first point-electron microscope. The phenomenon responsible for the defined projection of crystalline spaces is referred to as "field emission". Later, others would duplicate these same results with other crystalline specks. The remarkable X-Ray photography of Max von Laue already permitted the sighting of crystalline atoms. In this scheme a thin crystal point was placed at a critical distance from an X-Ray source. Entering and passing through the crystal slice, divergent X-Rays produced a greatly magnified image of crystal atoms on photographic negatives.

The result of von Laue's experiment was astounding, but was a purely geometric consequence. Divergent rays from a vanishingly small radiant point can theoretically magnify equally small specks to immense size. But while both Tesla and von Lane produced wonderful results with particle-like emissions, the practical achievement of these ideals were diminished when using optical light rays.

Emile Demoyens (1911) claimed to have seen extremely tiny mobile specks under a powerful optical microscope ... but only at noon during the months of May, June, and July! Colleagues thought him quite mad, but Dr. Gaston Naessens has comprehended why these specific time periods permitted such extreme viewing. During these seasonal times the noonday sunlight contains great amounts of deep ultraviolet light. The shortened wavelengths provide a sudden optical boost, permitting the observation of specks, which are normally invisible.

Progress in optical science seemed limitless and free. It was anticipated that no limit could bar humanity from viewing the very smallest constituents of matter. But when the physicist Ernst Abbe challenged the high hopes of optical science by imposing certain theoretical limits on optical resolution, all these hopes seemed to dissolve. Abbe claimed that optical resolution depended entirely upon incident light wavelengths, the limit being one-third of the light wavelength used to illuminate the specimen. According to Abbe, the extreme ultraviolet light of 0.4 microns wavelength could not be used to resolve the details of objects smaller than .15 microns.

This theoretical "death-knell" discouraged most optical designers of the time. Since, he claimed, resolution of optical microscopes was restricted from 1600 to 2500 diameters, developing newer optical microscopes was a futile pursuit. Since resolution is the ability of a magnifying instrument to identify details and ultra fine levels of internal structure, the Abbe limit imposed a serious halt on the development of newer optical microscopes.

Continual medical progress rides entirely on the excellence of its instrumentalities. In the absence of new and excellent optical instruments of greater precision, medical progress grinds to a screaming halt. When this happens, academes write papers in the absence of true vision. True knowledge, reliant on vision and experiment, is replaced by unfounded speculation.

Others conceived of electron microscope designs, taking advantage of the Abbe restriction for lucrative purposes. These developers were not good planners, failing to recognize that electron microscopy would place equally grave limitations on biological researchers. Electron beams kill living matter. Magnifying images only after killing them, no living thing could ever be observed in natural stages of activity through electron microscopy. But, if money was to be made, then "all was possible". Despite the protests of qualified medical personnel, RCA continued its development with Zworykin at their helm.

Electron microscopy, rationally impelled by the Abbe limit, became the new quest of young financiers. Despite the protests of major researchers, RCA continued its propaganda campaigns. This technological imposition, were it developed into a marketable product line, would severely handicap the work of every medical researcher. Pathologists would be literally forced to accept the limitations of the anticipated electron microscope.

Bracing themselves for the announcement of mass-produced electron microscopes, corporate researchers prepared themselves for the laboratory adaptations they would be forced to adopt. Manuals were already being distributed.

They would be unable to watch progressive activities in the boasted "highest magnifications ever achieved". Before RCA reached the goal however, others had already challenged the capabilities of electron microscopy. The unexpected development temporarily threw RCA off balance. The competitors had challenged the Abbe limit, and seemed to be optically working their way into realms in which RCA had claimed "exclusive" rights.

DEEPVIOLET

Vibrating above the deep ultraviolet range were the X-Rays of von Laue's projection microscope. But this realm was not good for pathologists since X-Rays would only reveal the structure of crystalline substances. Some designers went ahead and built soft X-Ray microscopes. These devices placed heavy requirements on the preparation of specimens. X-Rays passed right through specimens and would kill them if they were alive to begin with. The very best X-Ray images of tiny specimens required organism-killing metallic stains. Biologists needed to see their specimens in the living state.

While engineers at RCA were yet scrambling to take the competitive edge and seize the new market, several designers of ultra-microscopes began to successfully challenge the Abbe limit. Abbe stated that the maximum resolving power of any ultraviolet ray microscope would be restricted from 2500 to 5000 diameters and no further. But ultra-microscopes constructed by Graton and Dane

(Harvard University) succeeded in developing resolutions of 6000 diameters with magnifications of 50,000 diameters.

Dr. Francis Lucas of Bell Telephone Labs developed a modified version of this system in which a maximum magnification of 60,000 diameters was developed. Not only did this work significantly reduce the theoretical limits set by Abbe, but the ultra-microscope which Dr. Lucas designed actually empowered Bell Labs to compete with RCA in the microscope field. Dr. Rife had previously achieved resolutions of 6000 diameters with resolutions of 50,000 diameters. And now, Dr. Rife believed he had a means by which these preliminary feats could be greatly outperformed. The Abbe Limit, a theoretically perfect expression, was dissolving before the new empirical evidence.

Of course, RCA ultimately outdid the propaganda campaign for their own electron microscope system, wiping out the optical systems of both Bell Labs and Harvard University. Nevertheless, independent researchers preferred these ultraviolet microscopes to any system, which RCA could market. Attractive because the ultraviolet microscopes permitted life-active observations, pathologists were not impressed by the extra magnifications of electron microscopy.

OBJECTIVE

Ultraviolet light for ultra-microscopes is an absolute necessity. The successful operation of any such device depends on deep UV rays. Monochromatic ultraviolet sources prevented many of the familiar optical aberrations common to optical microscopy. Blurring and fringe degeneration when passing through the optical resistance of lenses would be minimized. The ultraviolet source would also need to be of the shortest possible wavelength in order to approach the geometric ray ideal.

All optical components in the ultra-microscope would then have to be composed of pure quartz crystal in order to flawlessly transduce the deep ultraviolet rays. Even the specimen slides were made of thin quartz glass. The ultra-microscopes of Dane, Graton, and Lucas used as few lenses as possible, being virtually pure projection microscopes.

According to Dr. Lucas, resolution one-tenth of the illuminating light wavelength was obtained. This broke the so-called Abbe optical restrictions by an order of 300 percent; the resolution being brought up to .05 microns. How was this possible? Drs. Dane and Graton further stated that far greater resolution could be obtained through lenses than claimed by their manufacturers. The reason for this? So long as the manufacturers had accepted the theoretical limits there was no incentive toward progress in the field. No one bothered to find out!

The ultra-microscopes demonstrated beyond question that lenses do in fact surpass theoretical limits. The manufacturers, eager to maintain credibility in the academies, had simply endorsed whatever the physicists wrote. Equally as significant was the fact that each of these ultra-microscopes did not require the fixation of specimens before viewing. The embodiment of each ultra-microscope gave new drive to researchers who wished to see live pathological stages in tissue cultures. The systems were immediately demanded and obtained by numerous serious research institutes on both sides of the Atlantic.

Certain highly respected researchers came to believe that the most basic laws concerning physical light were fundamentally flawed. Perhaps light was of an entirely different nature than supposed. This, they mentioned, was why the Abbe limit was such a distorted mathematical expression. Light was not what the physicists declared it to be. This is why Abbe's assessment was so obviously flawed. But what other assumed truths were holding back fresh discovery? Empirical observations now replaced the theoretical piles with discoveries, which were once termed "unlikely" by qualified authorities.

When researchers realized the great cost, which the Abbe limit had so long imposed on microscope designers, they began challenging every known theoretical limit, which pertained to their fields of study. Every scientific premise was questioned during the astounding decade of the 1930's. Every applicable optical rule was again subject to fresh questioning, the epitome of renewed scientific mind. New vision filled the researchers, challenging the inertial world again. The most significant effect of these new ultra-microscopes was a renewed questioning process. Now also pathologists and biologists alike were given instruments with which to peer into the most infinitesimal natural recesses.

With the ability of medical researchers to peer into the deepest pathogenic lairs, new cures for ancient maladies could be affected. The war was on, and fresh crusades came to the battlefield armed with light. Curiously, the lines of battle brought two distinct groups to fight the same foe. Unfortunately, one group desired all the glory and crushed its more sensitive brother.

Rockefeller Institute extended their campaign by highlighting the efficacy of electron microscopy, securing the sale of their new units. The RCA cash flow was unrestricted now. Electron microscopy coupled its forces with the pharmacological industry, producing its line of allopathic medicines. Those who took upon themselves the inquisitorial profession, rather than the profession of truth, found themselves drowning in seas of new developments, which their business-minded patrons wished to eradicate. Independent university researchers maintained their poise as the prime recipients of fresh and astounding discoveries, which shook the medical world. This would not long be tolerated by the growing pharmaceutical monopolies and trusts who wanted total domination of the field.

MAGNIFICAT

The encroaching economic depression of the time period had crushed the general populace. Dr. Rife had been designing and assembling ultraviolet projection microscopes of superior quality from 1920 onward. He had planned to build a far superior instrument. The super microscope. The design was based on theoretical considerations developed during his preliminary experimentation in optics. Now this work was abruptly terminated. Finding himself out of employment, Dr. Rife sought the ordinary work of those who are in need. Humbled and not proud, he sought a salary in less intellectual venues for the time being.

Hired as private chauffeur by H. H. Timkin, a wealthy and philanthropic motor magnate, he gradually won both the respect and willing ear of his adventurous employer. He could not keep his wonderful dream to himself. On long journeys to boring boardroom meetings, Timkin engaged Dr. Rife in detailed discussions on his medical work. Dr. Rife eagerly entered these discussions with an enthralled candor, which caught his employer quite by surprise. The seriousness and integrity of the man did not catch Timkin by surprise. He recognized quality when he saw it, and listened.

The man's great stature was not hidden, despite his humbled position. But when he spoke of these designs and research goals, the very air began to brighten around him! He mentioned regret at having to postpone his work, but was very sure that all would turn out well. What he had shared was enormous. Inspiration of the purest kind. When Timkin and his business partner Bridges realized exactly what Dr. Rife had hoped to achieve, they made a resolute decision to arrange financial support for the work at hand. Timkin and Bridges created an endowment fund to finance Dr. Rife and his astounding research. Rife was delighted. Delighted to tears. An emotional man, he promised that no one would be disappointed. He would work until success. A laboratory was constructed on the Timkin estate grounds, (Point Loma, California) and Dr. Rife set to work with a fury, which surprised those who lovingly surrounded him.

Timkin and Bridges were taken aback by the rapidity with which Dr. Rife completed each design, which he began. His efforts were relentless, a true inspiration to the equally loving people who supported his research. It was very apparent that the pensive and gentle doctor was serious in the extreme.

Dr. Rife aggressively pursued and achieved what had not been done in the field of ultra-microscopy. His mind had turned over the method, which he had conceived so many years before. The dream, which Dr. Rife originally received, was now in view. Looking for more light. He decided to try filling the entire objective with cylindrically cut quartz prisms. There would be no difference in refractive index from start to finish along the optical path. Quartz prisms would "open out" each ray convergence, maintaining strictly parallel ray cadence. An increased ray

content being thus returned to the ocular, the image would be brilliant in appearance and of high resolution.

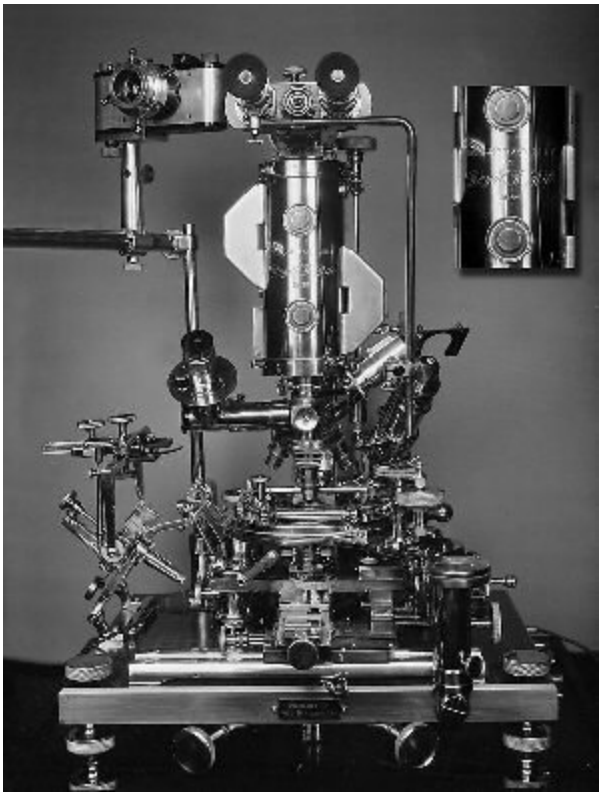
This configuration of quartz prisms caused the rays to "zig-zag" in 22 light bends. The internal optical path was now entirely composed of 22 quartz blocks, fitted snugly to lenses. It was as if the entire device were one solid crystal of diverse surfaces. Now, specimen emergent light would launch out in parallel paths through quartz prisms, being magnified only when they reached each quartz lens. This optical tracking method would insure the brilliance of the emergent image.

A second optical innovation was added to this brilliant configuration. Dr. Rife decided to use a phenomenon by which strong specimen-entrant light stimulates internal fluorescence in the specimen. Pumping the specimen with brilliant ultraviolet-rich light would shift the divergence point into the very heart of the specimen rather than beneath, forcing the specimen to radiate its own brilliant ultraviolet rays.

Here was a true, vanishingly small radiant source with which to illuminate the specimens: they themselves would become the radiant source! This concept was truly sublime, since the very infinitesimal particles themselves were now made to radiate brilliant and divergent rays. This scheme was truly original from the very start. Dr. Rife then designed a system by which selected portions of the ultraviolet spectrum could be split and directed into the specimen using a polarizer. Turning this component of the system would allow each specimen to brightly fluoresce in its own absorption spectrum, the infinitesimal specks radiating their own maximum brilliance.

Theoretically, it was possible to magnify these brilliant specular rays to any degree. But a secondary monochromatic ultraviolet ray would perform an unheard wonder. When combined with the brilliant internal fluorescence of the specimen, this secondary ultraviolet addition would heterodyne the light. This meant that light pitches from the specimen would be raised far above its original values. At such shorter wavelengths, the resolving power of this device would be incredible.

An additional monochromatic deep ultraviolet beam was mixed with the fluorescent radiance of specimens, producing an astounding visual sharpness of otherwise invisible objects. The illumination scheme and the tube filled cluster of quartz prisms (designed to maintain the specimen emergent rays in absolute parallels) were now brought together. Dr. Rife claimed that these parallel lines were within one wavelength of accuracy, an astounding claim.



He soon created a small ultra-microscope whose fundamental mode of operation violated the supposed laws of optics. This design outperformed all previous ultra-microscopes. So astonishing was this feat that the Franklin Institute, in rare form, published a long and detailed series of articles concerning the developments of Dr. Rife. They were also given several of these units for preservation, where they remain to this day.

This microscope was different, totally different. This microscope revealed not just viruses in their dormancy. This microscope could see viruses in their active stages with magnified clarity. Dr. Rife's Prismatic Microscope surpassed the theoretical limits, which were possible for optical microscopy in 1930, giving unheard resolutions of 17,000 diameters; three times the resolution developed by Dr. Lucas.

The first Prismatic Microscope was a horizontal optical bench assembly, mounted on a massive pier. Fitted with the finest photographic instruments, Dr. Rife took breathtaking photographs at unheard magnifications. The resolution was so staggering that research institutes rushed to watch Dr. Rife's demonstrations.

His accomplishments were extolled by the entire medical establishment on both sides of the Atlantic. An incredible amount of professional research publications devoted lengthy articles to his achievements. His findings were duplicated and reported by leading medical institutes whose names are well known. Therefore our general lack of knowledge concerning his life story is equally conspicuous.

Dr. Rife, humble enough to have worked as a chauffer, had been raised from obscurity to fame ... from shadows to light. The man's genius was only equaled by the upstanding character by which he was loved. The Timkin family adored him. The Rife laboratory was completely equipped with the very finest apparatus money could buy. Dr. Rife methodically designed new research ventures. Incredible new biological discoveries followed him in every direction. Now, with this "ultra vision", he was able to peer with his colleagues into unheard dimensions. These discoveries quite often challenged accepted biological and medical notions.

Dr. Rife had in mind the creation of an Institute, in which he could train younger specialists in the operation of these wonderful ultra-microscopes. Mass production of the devices would be insured. They would become fixtures in every professional laboratory. Money was not the aim of this research. Monies were already secured. Dr. Rife had a singular goal, and demonstrated the passion associated with his quest.

He developed seven different models of this initial projection-type prismatic microscope in quick succession. The horizontal projection format was converted to a more compact vertical orientation, best serving the needs of pathologists and biologists in practical laboratory settings. Several of these wonderful Prismatic models may be seen in the various archival films and photographs taken in Dr. Rife's laboratories.

If the Rife Prismatic Microscopes outperformed every standard laboratory microscope, being able to discern and photograph virus particles in their active state, the Universal Microscope outdid all the former records. In 1933 the creation of the Universal Microscope afforded resolutions in an astounding excess of 31,000 diameters, with magnifications in excess of 60,000 diameters.

Using technically precise photographic enlargement techniques, he was able to provide 300,000 diameter magnifications. His calculations indicated that a ultra-optical projection microscope giving clarified magnifications of 250,000 diameters would be possible. After photographic enlargement, there would be no limit to the optical viewing power unleashed for researchers.

The Rule of Abbe was mentioned as a failed byword in Dr. Rife's laboratory. He had succeeded in breaking the "vision barrier". There are those whose familiarity with optics and attainable optical precisions state that the claimed magnification effects cannot be obtained with ordinary principles of light. Beyond simple optical parameters, other light energies become the more active in such devices. The focusing process is radionic in effect, utilizing the penetrating "Od luminescence". The stimulation of special retinal modes releases the anomalous perception with its reported ultra-optical magnifications. Careful examination of the Rife Ultra-microscope reveals tubes filled with quartz prisms, identical in basic use as the patented radionic analyzers of T. G. Hieronymus (Lehr).

Viruses remained absolutely invisible to the eye when cultures were searched with the then-standard Zeiss dark field (oil-immersion) microscope. Dr. Rife's Prismatic Microscopes were immediately obtained by Northwestern University Medical School, the Mayo Foundation, the British Laboratory of Tropical Medicine, and other equally prestigious research groups. These models produced magnification and resolution up to 18,000 diameters.

A space composed of brilliant light, where mind illuminating light merged with light in the eyes was now opened before him. Fields, all of light. The new vision would be unstoppable. No cloak of invisibility could protect the foe now. Soon

everyone would see, and the armadas of death and shadow would be vanquished. The spoils of this war would flood humanity with indescribable treasure. Life and light would again be unleashed in a world where shadow and death had reigned far too long. The immense task of cataloguing viral pathogens had begun.

QUEST

With the new Prismatic Microscope models, both he and Dr. A. I. Kendall (Northwestern University Medical School) were able to observe, demonstrate, and photograph "filterable" pathogens (viruses) in 1931. Moreover, they were perhaps first to discern the transition of these bacilli from dormancy to activity over a specific period of time. Freshly made cultures were sampled at specific stages, revealing fixed periods of quiescence and activation.

An initial tissue substrate was prepared in which bacillus typhosus was cultured. After several days' growth, samples of this lethal culture were filtered through a fine triple zero Berkefeld "W" filter. This filtration process was repeated ten times. When viewed under the best available laboratory microscopes, a turbidity was seen, but there appeared no organisms whatsoever.

Under the Rife Prismatic Microscope, polarizer adjusted, the bacilli in this sample fluoresced with a bright turquoise blue coloration. Two forms were observed, taking the researchers by surprise. Long, relatively clear and non-motile bacilli were found alongside a great population of free-swimming ovoids, granules of high motility. The motile granules glowed in a self-fluorescent turquoise light at a magnification of 5000 diameters.

These motile forms were transferred to a second fresh substrate, and allowed to grow for days. The same filtration process was performed. When sampled randomly before the four-day period, the filtered specimen revealed something remarkable. Dr. Rife and Kendall observed relatively quiescent clear containing bright turquoise ovoids at one end. The implication was enormous. Exact transition periods were thereafter determined with precision, the entire process photographed through special attachments designed by Dr. Rife. At specific intervals of activation, the clear bacilli were discharging the turquoise motile forms into the culture. These blue ovoids were the real cause of the disease. The long and clear bacilli were only hosts. Transitions back and forth (between clear host-dormancy and motile turquoise granules) were observed and reported in the professional journals. These findings were corroborated first by Dr. A. Foord, chief pathologist at Pasadena Hospital, and later confirmed and reported by Dr. E. C. Rosenow at the Mayo Foundation (1932). The Rife Prismatic Microscope was quickly earning its reputation.

Soon, other specimens were obtained and studied by the team. Active poliomyelitis cultures were studied, the virus successfully isolated, identified, and

photographed in 1932 by Rife and Kendall. In these cultures the team recognized streptococcus and motile blue forms resembling typhosus. These last reports were immediately transmitted to the Mayo Foundation and duplicated by Dr. E. Rosenow. Dr. Karl Meyer (Director of the Hooper Foundation for Medical Research, University of California) came to the Rife Research Laboratories with Dr. Milbank Johnson, examining and corroborating the stated results. The impossible and anomalous became fact. Bacilli could act as virus carriers. Furthermore, poliomyelitis victims evidenced a startling degree of typhosus-like associated virus.

Frightening implications came when comparisons between the Prismatic Microscope and the Zeiss scopes were made. All of the previous studies made with Zeiss scopes returned negative results. Such reports flooded the literature. The filtrates had been maintaining their cloak of invisibility for years. Professionals, bereft of this clarified vision, were concocting numerous speculative explanations for the appearance of these disease states. The vacuum produced by lack of visible evidence was producing erroneous theories. Many highly qualified persons, in absence of the sight required to know better, steadfastly maintained that victims of certain diseases were suffering from internally developed conditions.

The Rife ultra-microscope was about to trigger a war on viruses. Because of the self-fluorescent "staining" method, Dr. Rife observed live specimens exclusively; a distinguishing feature of his technology. The fluorescent coloration of each pathogen was catalogued, an historic endeavor. Tuberculosis bacilli appeared emerald green, leprosy was ruby red, E. Coli were mahogany colored ... each wickedly deceptive in their pretty colors. The degree of precision demonstrated in Dr. Rife's catalogues bears the unmistakable mark of genius. We can view him at work in the archival movies.

Photographic arrays of all kinds may be seen in this footage, including the professional Scandia 35 mm movie camera with which he made stop-action films of viral incubation periods. Dr. Rife made sure to document every discovery. It was novel at the time to document every image on movie film as well as in still shots. He methodically went through every possible pathogenic specimen, photographing the deadly families. Suddenly new viral species began appearing: non-catalogued species.

The prismatic microscope was piercing into new shadows. Dr. Rife recognized unknown virus species everywhere. And then he turned his vision into the deepest shadow. He looked at the dreaded disease. To this very day the very utterance of the disease is foul. It carries the nimbus of finality. Cancer. It is an arrogant boast, a victory over cringing humanity. All who speak its name whisper in fear, afraid that it will hear and come for them. Immigrants refused to even mention the name, fearfully crossing themselves ... calling it "the evil sickness".

In the absence of fact, in the absence of vision, researchers developed contradictory theories concerning cancer and its development. These contradictory theories were eventually consolidated in the professional literature, a self-neutralizing amalgam of conjecture. Researchers were forced to examine the biochemical effects, and not the cause, of cancer. Most could not imagine what would drive cells into the bizarre and abnormal cycles common to cancer tissues. There was certainly "no visible cause".

Dr. Rife began obtaining a wide variety of malignant tissues in 1931. The full power range of the first Prismatic Microscope was turned on these tissue samples with a vengeance. Dr. Rife was a master pathologist. His techniques can be observed in his cinematic presentations. Was he seeing correctly? What were those motile forms, glowing with a beautiful violet-red coloration? He watched them for a long while. They moved swiftly through the field of view. Clocking their motility in triple distilled water, he watched them darting across the grating. These stretching ovoids moved with startling speed.

Dr. Rife obtained yet more and diverse tumors from wider and more diverse clinical sources. An amazing 20,000 of these tissue samples were obtained and cultured. Incubating and culturing each of these required care and time. Absolute sterile conditions were maintained. He employed several groups of large high-pressure steam autoclaves. No question of contamination could exist in this setting. His methods may be surveyed in the archival films, which show every room of his facility. Specimens, removed from these cultures were always filtered through unused triple zero Berkefeld porcelain, mixed with triple distilled water.

Examination of each separate sample under the Prismatic Microscope revealed a consistent truth. There they were again! Always the same violet-red presence. He called it the BX virus, finding it present in every case of cancer in humans. Were these same violet-red motile forms the very cause of cancer? They were always found in every sample, a deceptive beauty. Could this be the cursed stream? Had he alone been brought to see these first? Colleagues were able to verify these findings only when using his microscopes. Both Dr. Rife and Dr. Kendall successfully demonstrated the isolation of the BX virus to more than fifty research pathologists associated with the most noteworthy institutions.

Many writers of medical theory had already postulated that there were some cancer cases which were viral in origin, but they never cited these agencies as the universal cause of cancer. The speculation, the papers, the lectures, the theories. Talk and more talk. Rife saw the universal cause of cancer. There, in full sight lay the proof positive. In case after unmistakable case, Dr. Rife found the very same agency at work. Always the same violet red motile forms. It mattered not where the tissue materials came from. There could be no mistake. There was no citing possible contaminations. Independent acquisition of tissue samples were obtained by others who then verified these findings in distant laboratories. They were using the Rife prismatic microscopes.

He succeeded in isolating the BX virus in 1931, filming the process so that posterity would hopefully learn of its enemy. He cultured this evil spawn and proceeded to demonstrate its incubation and activation periods. Transferring BX virus from culture to host, and from host to culture, all became routine. One hundred and four separate transfers were successfully made with various BX strains. Dr. Rife witnessed the appearance of another related viral cancer-causing strain, the BY virus, found to be a much larger strain of the sarcoma group. Demonstration of the infection and incubation process was subsequently affirmed by other professionals.

The same virus appeared in every case of cancer in humans. He assembled high-speed movie cameras in order to clock the periods of BX virus activity. When the film ran out and was developed, he and all his colleagues could watch the deadly dance. He stepped back for a moment and surveyed the photographic evidence, flickering on the wall. Those wicked damned wriggling specks! From how many souls had they drawn away the life?

Dr. Rife now watched in horror as the malignant act was revealed before his eyes at high speed. BX virus infection required special "weakened" physiological states. Contracted as a flu-type infection, the virus incubates in host physiology for a time. When specific detrimental physiochemical states are compounded, the virus stirs into activity.

Stimulating the rapid proliferation of cell division, the BX virus forces the host body to manufacture needed nuclear material on which to further its survival. Tumors were found to be sites where BX viral colonies were rampant. Occasionally there were persons who demonstrated spontaneous remissions. These were exceedingly rare cases where antibodies actually drove off the attacking virus. Most persons could not summon this degree of response. Once the virus took control of cellular integrity, death was imminent. Shadows sweeping over humanity. There had to be a means for destroying this enemy. There had to be ... a light. **(Strengthening Our Immune System)**

SPEARS

Others, working in distant laboratories, did not claim the same success. Why had they not seen them? Because, using the over-celebrated electron microscopes, they could not see. The frightful truth concerning the BX virus was that electron microscopy could not image them at all. What had occurred in the other research labs became clear again to the man with eyes to see. The others overlooked this obvious pathogenic presence simply because their microscopes could never reveal it. This hideous specter exalted itself in what cover it could find. Unfortunately, it found cover among those who claimed to be professional seers.

Otherwise excellent researchers became completely blind when searching for the BX virus because electron microscopy was itself the blinding agent. How could so obvious a pathogen not been imaged in a technology which boasted greatest visual resolving powers? In preparing specimens for an electron micrograph, technicians "kill" the tissue specimens. The process involves placement of the specimen in a high vacuum chamber. Bombardment of the specimen with metal ions is the "staining" procedure. The thin metal film gives highly projective electrons a detailed surface upon which to impinge. The electron spray is directed into this prepared specimen and is then magnified by successive intense magnetic field coils. Images are then watched on a phosphorescent screen, or photographed directly.

Electron microscopy mishandles frail viruses. It mishandled the frail BX virus, destroying it during each preparation process. Destroyed evidence. The same ritual was repeated a hundred times with the same negative results. Unable to think clearly, few of these technicians could surmount the situation and comprehend why this virus did not appear on their viewing screens. Overconfidence in the RCA system blocked common reason. Electron microscopy does not resolve frail viruses because they are shattered and dissolved during the preparation stage.

Well then, there was the flaw. Why would no qualified person see this simple truth? Why was the light eluding those who claimed to have all of it? The technological marvel, designed to replace all competitive microscopes had brought a secure sleep on those supposed to resolve such obvious dilemmas. Medical technicians had forgotten how to think. Its newly adopted methods actually destroyed frail pathogens intended for study. Quite recently the search for the HIV virus evidenced frustration again because of these inherent limitations of electron microscopy.

The BX viruses cavorted and wriggled boldly before his eyes. But ... how to destroy them? To find an immunological tool for each of these would represent an enormous task, a project which would take centuries. Humanity did not have that much time to wait. No, some other more universal means had to be developed by which this, and all pathogenic forms could be dissolved.

Protozoa and bacteria of all kinds could be destroyed by exposing them to special ultraviolet spectra. Perhaps the BX virus would succumb to such exposures. He had to know. He had the tool with which to see. So he began a long and arduous search, looking for spectra which could destroy virus cultures.

Dr. Rife discovered that deadly viruses actually thrived in the radiations of specific elements. Radium and Cobalt-60 were the notable ones. Dormant viruses became virulent in these energetic emanations. The horror filled him again. Medical practice was attempting the cure of cancer with these very radiations! There had to be some light spectra which destroyed the viral activity altogether. He searched through the periodic table. Electrified argon and neon also brought

intensified virulent activity from dormant viral cultures. He actually utilized argon lamps to grow virus-infected tissue cultures with greater rapidity. But there had to be a spectral range, which killed these terrible death-agents.

No light seemed to have any effect on their crystalline structures. This is why it was possible for him to view viral activity under intense light in the first place! No light spectra of any intensity was able to destroy these quasi-living crystals.

Then he thought of crystals. How could we destroy a crystal? What do chemicals do to germs ... dissolve them, take them apart ... shatter them?

He had done this very thing in 1917 with protozoa and large bacteria. He knew it was possible to shatter these kinds of pathogens by the application of a sudden electrical impulse. His early attempts with small radio transmitters and simpler microscopes proved somewhat effective. He used Telefunken output tubes to produce the impulses. Operated by a small generator, this simple device projected fifty radio frequency watts to his samples.

His original inspiration applied to larger pathogens. It therefore needed no excessive frequency, short wave being sufficient. It was certainly possible to interpolate the necessarily super high resonant pitch needed to shatter any microbe. But viruses? How high would this pitch need to be? If not attainable, could he use some much lower harmonic of this fundamental at greater power levels? Could he find the lethal pitch for every found pathogen?

Equipment was quickly assembled. He needed a generator of extremely short duration electro-impulses. Direct current electrical "spikes" of quick duration, when applied to a gas filled discharge tube, would project electric rays (Cooper Pairs) toward an infected sight. The tube could not be a simple high vacuum. That would release dangerously penetrating X-Rays. X-Rays would stimulate the BX strain into increased activity. No, the projection tube required a very light gas, one whose response was almost instantaneous. The gas he desired would be one whose mass would in no way interfered with the impulses.

Hydrogen was used in special high power thyratrons: quick acting high voltage switches used in diathermy machines and (later) in radar systems. Old X-Ray tubes often failed in their operation because they became filled with hydrogen and helium mixtures. Such X-Ray tubes were generally discarded.

His new projector was one such old X-Ray tube. He tested its output, adjusting the excitation circuit so as not to release even soft X-Rays. The tube glowed, a good sign. This meant that there was sufficient gas for the release of electrical rays. Dr. Rife set the polarity so that the tube would pulsate in electropositive spikes of specific duration.
[The positive spikes are used to accelerate the negatively charged Cooper Pairs toward the target area. It is VERY Important to remember, that it is a negative electrical charge that is being applied to the body. Positive charges fatally destroy the "Zeta Potential Charge" of the blood.]

Power was ready. Pathogens cavorted boldly in view. Poised at the Prismatic Microscope, he fired the X-Ray tube. Turning the tuning dial near the specimen, he would know the lethal pitch by watching the pathogens. When these "exploded" he would mark the setting. If this method worked, then he could methodically correlate each lethal pitch with its pathogen. Soon, a catalogue of lethal pitches would be amassed. With this Dr. Rife could wage victorious wars against every disease in existence.

Dr. Rife swept through the diathermy range, which he calculated should vibrate these viruses to pieces. Empirical evidence always contradicts the theoretical. Quite below the calculated extreme frequencies, the BX virus suddenly dissolved. He switched off the transmitter and sat there quite amazed. The scene in the microscope was unreal. Not a fraction of a second at the lethal pitch and the specimen was reduced to a globular mass. The viruses were stuck together in shattered fragments! He had successfully "devitalized" them.

Fine tuned lethal frequencies now filled his catalogue. With great precision Dr. Rife determined every lethal pitch as planned. Armaments of light against legions of shadow. Analysis of the electropositive impulse showed that its radiance was penetrating, intense, and unidirectional ... more like invisible light rays of pure electric force. What then was this strange light like power? Experiment proved that virus cultures were absolutely incapacitated, congealed, and destroyed by the electropositive impulse. The power of an extreme form of light? Had such light ever been seen before?

This energy had been accidentally generated in 1872 by Thomson and Houston. Not waves, but rays. Electrical rays. A forgotten phenomenon. Unidirectional electric impulses (Cooper Pairs) of great power radiated electric rays, not waves. These rays penetrated all kinds of matter, whether stone and steel alike. The resultant sparks could be drawn from every insulated metal object in the large building in which the experiment was being performed. Not radio waves, but electric rays.

Later in that century, Nikola Tesla accidentally observed the same electric ray production. He studied the phenomenon exclusively, developing impulse generators and electric ray projectors. When speaking of electric rays which evidenced a light-like nature he referred to this phenomenon. Not radio waves, but electric rays. New light. Dr. Rife had rediscovered this phenomenon. Tesla spoke of his own "millimeter rays", mentioning their "bactericidal" value. This same phenomenon had vindicated Tesla's words. Therapeutic properties were demonstrated when precisely controlled.

Whereas the destruction of virus cultures on a quartz slide was easily accomplished, the destruction of pathogen cultures in human hosts was not. Rays had to penetrate through skin, musculature, and bone; a considerable resistance through which to travel. Rays might lose their original accurate pitch in this transit, destroying the intended action altogether.

Fortuitous and strange, the pathogens were found to be some two thousand times weaker than body cells. This meant that pathogens could be destroyed by the radiant impulse method without harming the patient. How sublime. Pathologists had treated microorganisms as chemical systems for a century, working overtime in order to find each specific chemical dissolving agent. This method treated all germs as mechanical systems, dissolving them with vibrations.

He himself had been exposed to the instantaneous blast without harm. When adjusting the rates to annihilate ordinary viral infections, he noticed that he became drowsy and tired for a few hours. Determining the cause of this as the resultant toxin release after infective agents were coagulated, he recognized the need for a de-toxifying agent. Physiology had to be prepared for the curative impulse. Exposure would release large amounts of toxic pathogen fragments into the bloodstream all at once. The ray cure had to be metered in doses. Body tissues had to be flooded with special fluid electrolytes to aid the enhanced and rapid elimination of these toxins.

Detoxing and Hydrating the Body Before and After Treatment

This Topic is Extremely Important !!!

[I sometimes think that the universe herself prevents the introduction of technology until we, Her Children, have matured enough. I wasn't given this topic to "chew on" until I was carefully schooled in several other areas.]

When the pathogens are killed, toxic by-products are released and stress the body's chemical system.

Using this device on persons who have cardiovascular issues, without proper preparation, can easily bring about a heart attack or stroke!

The reason for this is that the by-products from the "shattered viruses" can cause profound changes in the electrical properties of the blood. It is the electric force alone that controls the amount of solute that a solution can carry. The issue here is that the separated components of the virus produce a different electrical influence in the blood, than the virus did when it was whole.

Blood and milk are two examples of natural systems that have an extremely large amount of material in solution / suspension. Unassisted, water is Totally Incapable of preventing that amount of solute from "settling out" from the fluid.

It is a system of electrical influences that allows nature to make these systems work in our bodies.

Like charges repel each other, and our bodies have a System of Colloids, that create an electrical environment, which keeps everything flowing smoothly. When this system is damaged or malfunctions, materials settle out from the blood and form deposits on the walls of the blood vessels and other things such as heart valves. Instead of being separate, blood cells will "clump" together and can block capillaries, bring about a heart attack or stroke.

Our bodies use a large quantity of a natural colloid called "Albumin" to coat the walls of our blood vessels, blood cells and more. This produces a negative surface charge that allows the vessel walls to repel the similarly charged blood cells. In this way, albumin also keeps blood cells separated so they can properly do their jobs.

This electrical potential between the constituents of a fluid is called "Zeta Potential" and is expressed as a voltage. The larger the voltage value, the more solute a fluid can carry. If anything lowers this voltage, material will come out of solution, and of course cause problems.

Also, the special fluid electrolytes, that aid the rapid elimination of the toxins produced, needs to be closely matched to those of healthy normal blood in proportion, and also have a low solute concentration.

You can acquire a basic understanding of the science from these in depth pages.

Dr. T.C. McDaniel --- Using Zeta Potential as a Healing Tool

Here is a 8 second, 1.82MB AVI video of an exploding Blepharisma organism being subjected to a "Rife Plasma Ray". This image should help impress on you the important need for detoxification after a treatment. — More Info —

To stimulate deepest shattering action, the patient had to be bathed in a "carrier field": an electrical body permeation in which the impulse light rays could penetrate into and through every body cavity. Superficial exposures would not completely cure the patient. This light ray energy, had to permeate the body completely. Dr. Rife conceived of method whereby patients could be enveloped in a harmless body-permeating electric field of acoustic frequency, while the intense electro-impulses (bursts of Cooper Pairs) of short duration would be

simultaneously projected. In this manner, efficacious electro-radiant impulses could shatter specific pathogens throughout the infected body with no harm to the patient.
[By today's standards, the term "intense" is over stating the effect. Dr. Rife's portable device projected less energy towards the patient than today's average color TVs do. It is the frequency period, and timing of the energy pulses — "dark light rays" — that allows the device to work on viruses, etc.]

Dr. Rife utilized two banks of oscillators with which to generate his primary and secondary impulse fields. Acoustic generators supplied the primary field of "immersion". A diathermy machine was coupled to a powerful transmitting amplifier to provide the shattering impulse. Two radiant energies were thus employed to destroy pathogens in vivo. Dr. Rife's catalogue of lethal rates always gives a pair of lethal frequencies per pathogen.

Dr. Rife discovered that virus cultures were not safe from the radiant impulses from the special Raytube. Fixed to the lethal pitch of a single pathogen, the rays were unerring in their message. Selectivity was the hallmark of the Rife curative method. Several pathogens could be assembled adjacent to one another. Choosing the lethal pitch for one of these, the others would remain unharmed. The target, however, was utterly destroyed.

Dr. Rife tested the lethal effective distance of his rays, determining the safe placement of patients from the radiant source. Pathogen cultures did not seem "safe" anywhere near the device at all. Arranging the tube at one end of his laboratory, Dr. Rife brought cultures out to increasing distances from the radiant tube. In a final amazing experiment, he took cultures away from the laboratory in sealed containers. It was found that radiant tube emanations operated effectively on viral cultures up to an eight-mile distance!
[You can see how this can be the answer to "Bio-terrorism", and concerns like SARS.]

Metal cabinets did not protect viral cultures from the deadly ray effects either, being ray conductive. Even when locked in aluminum cabinets, the entuned light-like rays destroyed their pathogens wherever found.

This represented a major medical discovery of greatest value to all humanity. This principle actually made possible curative broadcasts. Entire populations could be electrically "vaccinated" from single monitored sites. The world potential of this system was staggering. Now the outbreak of epidemics could be controlled without the time-consuming need for individual inoculations. The radiant lethal message would eradicate specific pathogens in several simple broadcasts. The constant monitoring of socially prolific germ populations could be maintained by continual public health "broadcasts".

He ran his entire staff through varied frequency exposures. Infections of all kinds each dissolved before The Ray. Dr. Rife was able to isolate the pathogens of infection and destroy them with the mere turn of a dial. The specificity of the Raytube device was so precise that singular germ strains could be individually mass-targeted. Cured by the flick of a switch!

Firing the tube in the lab provided a continual source of inoculation. After a time, so little toxicity was present in staff members' bodies that the drowsy effects were never again encountered. They did not contract any illnesses. Not even colds.

After a time, Dr. Rife rarely used gloves when handling the viral specimens. Furthermore, neither he nor his technicians ever contracted any of the diseases, which were handled. The Raytube "inoculated" them all against every disease. He reported these findings to the community, while himself remaining the designer and developer of the system.

Dr. Rife, a research pathologist, never used these devices in medical practice. Other physicians desired the units for their own purposes, recognizing the potential for curing human suffering. Dr. Lee De Forest supervised the design and assembly of many oscillator components for the Rife System. W. D. Coolidge himself (General Electric) willingly sent Dr. Rife hundreds of X-Ray tubes, which were altered, with a mixture of hydrogen and helium by Rife and his technicians. These improved tubes were tested so that they would project only the desired electro-impulse rays. These noteworthy references best recommended the Rife Raytube System to medical practitioners of the day.

Hearing of these wonders, numerous physicians began requesting that smaller, more portable units be designed. Soon, Rife Raytube devices were being assembled and given to physicians for limited use in their own practice. When properly operated, these devices returned successful reports, effecting complete eradications of infections and cures of various conditions.

There were never any adverse reports concerning the Rife Raytube Instruments. Neither could there be. Rated at such safe peak performance levels, no harm could possibly come from the portable devices.

The careful and reasonable monitoring of patient progress, the Rife frequency devices were bringing about a therapy revolution. Strep throat could be cured in an instantaneous exposure, seated in a physician's office. A specially designed gargling solution was given to remove the resultant toxicity from the site.

In 1934 Dr. Milbank Johnson, Chief Medical Director of Pacific Mutual Life Insurance Company, established a therapy center for cancer treatment in Scripps Castle, San Diego. A staff was brought together from specific institutions including Dr. G. Dock (Professor of Medicine, Tulane University), Dr. C. Fischer (Children's Hospital, N.Y.), Dr. W. Morrison (Chief Surgeon, Santa Fe Railway), Dr. R. Lounsberry, Dr. E. Copp, Dr. I Burger, Dr. J. Heitger, Dr. O. C. Grunner

(Archibald Cancer Research Committee, McGill University), Dr. E. C. Rosenow (Mayo Clinic). Dr. Rife functioned as a general consultant in matters of system therapy.

Using a Rife Raytube system, the team received cancer and tuberculosis patients. Fifteen cancer patients, each pronounced hopeless by medical experts, arrived at the clinic. Each evidenced progressive states of the disease. A few patients were ambulatory. Treatments with the Rife Raytube method were routinely applied. The dream was becoming real. Humanity was at last receiving its help.

Recognizing the critical condition of their patients, it was decided that exposure time would be raised to three minutes duration. It was discovered that exposures could not be repeated daily without necessary long rest periods. These critically ill patients could not withstand the extreme resultant toxicity released into the system, as BX viruses were shattered. Emotional depression often resulted until the ray-dose was safely assessed. The team conferred hourly to assess the progress of each patient. Excessive exposure to the rays could result in severe lymphatic infections and blood poisoning. Therefore three-minute treatments were repeated every third day, the rest periods necessary for blood detoxification.

Soon, the ray had done its work on the once-terminal victims. Constant blood and tissue samples revealed no BX viral presence in these now fortunate individuals. In sixty days' treatment time, and after examination by several physicians, each was released as cured.

Though under continual surveillance, no relapses occurred. The treatment was revolutionary. The results, thrilling and complete. Moreover, they were confirmed by a special medical research committee of the University of Southern California. Three more clinics were opened with Dr. Johnson as General Medical Supervisor. Other participating physicians included Dr. James Couche, Dr. Arthur Yale, Dr. R. Haimer, Dr. R. Stafford with a mounting number of participating physicians. Clinics were operated between 1934 and 1938 having such a number of cures that it is difficult to list them all without simply reprinting the Rife files. Each of these cases were sent out and corroborated by other (non-participating) physicians.

In 1939 Dr. Rife was formally invited to address the Royal Society of Medicine, which had recently corroborated his findings. He was requested to bring all possible films, slides, and apparatus with great enthusiasm. Dr. R. Seidel reported these findings and formally announced the Rife Raytube System therapy for cancer in the Journal of the Franklin Institute. (Vol. 237 no. 2 February 1944).

The formation of the Ray Beam Tube Corporation was announced, through which several models would become available to the medical world within a short time. Highly skilled hospital staff members and leading physicians were very receptive to the proliferation of this therapy. Here was a new means for controlling and eradicating any kind of disease by the press of a switch. This therapy would

inadvertently challenge pharmacological methods, raising human standards to a new and lofty height. The dream seemed ready to materialize.

INQUISITION

Rife found both himself and his staff members under a strange series of attacks by unknown agencies. During this time, and under very mysterious circumstances, Dr. Johnson died in a hospital bed. Brought there for completely minor reasons, he was found in bed. The local chapter of the Medical Association proceeded to bring Dr. Rife to the San Diego Supreme Court, but lost their case (1939). Dr. Rife could not be charged with malpractice, being a research pathologist and designer of medical instruments.

This repugnant offense unmasked the heinous resentment behind which many powerful individuals had previously been camouflaged. The court action itself caught Dr. Rife quite unaware. A visionary, his entire life had been dedicated to humanity. Alleviating human suffering was his life theme. Here now was strong evidence that factions within the Medical Establishment were actually mobilizing against proven therapeutic methods. Cancer itself and other equivalent maladies were being Cured. Why then the assault?

— The Opposition Speaks —

"In our dreams, we have limitless resources and the people yield themselves with perfect docility to our molding hands. The present educational conventions fade from our minds and unhampered by traditions, we work our own good will upon a grateful and responsive rural folk!"

"We shall not try to make these people or any of their children into philosophers or men of learning, or men of science. We have not to raise up from among them authors, editors, poets or men of letters. We shall not search for embryo great artists, painters, musicians nor lawyers, doctors, preachers, politicians, statesmen, of whom we have an ample supply.

The task we set before ourselves is very simple as well as a very beautiful one, to train these people as we find them to a perfectly ideal life just where they are. So we will organize our children and teach them to do in a perfect way the things their fathers and mothers are doing in an imperfect way, in the homes, in the shops and on the farm."

Rev. Fred T. Gates – General Education Board – 1904
Board's Occasional Letter No. 1

The General Education Board was founded and funded by J. D. Rockefeller and Carnegie as a tax shelter, and a way of promoting their industrial interests — oil, chemicals, drugs, etc. They provided collages with lots of money to study and teach drug therapy. As you know, this

group did anything they could — legal or not — to stamp out their competition, and control their workers. If they couldn't buy and control a business, they would seek to destroy it.

Reverend Fred Gates, a Baptist Minister, worked for J. D. Rockefeller as a "spin doctor" and media consultant. The above appeared in the first issue of their publication.

This group had business agreements with I.G. Farben in Germany, involving resource exploitation, product development and marketing rights. They expected to realize a 100 to 1 return on their "philanthropic contributions". (On the eve of World War II the German chemical complex of I.G. Farben was the largest chemical manufacturing enterprise in the world.)

The Rockefeller Institute for Medical Research, was established in 1902 and by 1928 had received from John D. Rockefeller $65 million in endowment funds. (That would be close to a billion in today's dollars.)

An estimate in 1945 put the research expenditures of the drug companies at $40 million compared to $25 million for all the foundations, universities, and research institutes combined.

The Memorial Sloan-Kettering Cancer Center in New York, established in 1884, was the first cancer hospital in America. From 1940 through the mid-1950s it was the center for drug testing for the largest pharmaceutical companies. Cornelius P. Rhoads, who had spent the 1930s at the Rockefeller Institute, became the director at Memorial Sloan-Kettering in 1939. He remained in that position until his death in 1959. Rhoads was the head of the chemical warfare service from 1943-1945, and afterwards became the nation's premier advocate of chemotherapy. According to Dr. Virginia Livingston-Wheeler, "Dr. Rhoads was determined to dictate the cancer policies of the entire country."

Memorial Sloan-Kettering is closely tied to the American Cancer Society. The American Cancer Society was founded in 1913 by John D. Rockefeller, Jr. and his business associates. Reorganized after the war, the power positions on its board were taken by pharmaceutical executives, advertising people, Sloan-Kettering trustees, and other orthodox treatment proponents.

For more information about the people involved, what they did, and when, you should read ...

"The Cancer Cure That Worked" by Barry Lynes — ISBN 0-919951-30-9

More information about I.G. Farben and Standard Oil is discussed Here.
Dr. Mengele received support for his death camp experiments from I.G. Farben.

Here is the story of B–17 and the politics of the "American" Medical Profession — Indeed, the story of "Orthodox Medicine" on our planet. This is a transcript of a lecture given by G. Edwards Griffin, Author of "World Without Cancer: The Story of Vitamin B–17". This lecture contains much additional information about I.G. Farben and Standard Oil's involvement in the "Medical Industry".

We must not judge these men too harshly, for they were unfortunate victims of their environment. They were exposed to large quantities of mind-altering substances, and these substances had a profound effect on their health, happiness, and personality development. Reviewing the science involved, should give one an empathic sense of forgiveness, and can offer an approach for our Planetary Advancement.

- **Behavioral Influences of Heavy Metals — Symptoms of Elemental Toxicities**
- **A Careful Look at Heavy Metal Intoxication — Mercury is able to hide in body.**
- **The Problem With Mercury — No Amount can be considered Safe !!!**
- **Heavy Metal Toxicology — Virtually all metals can produce toxicity.**
- **Using Disodium EDTA as an Anionic Surfactant, and for chelating lead (Pb).**

— Related Material —

Growing opposition from deeper factions of the Medical Association brought pressure on Rife Treatment clinic staff members. Threats and other unprofessional pressure tactics forced members to leave the team in quick succession. In campaigns clearly waged to malign Rife and his findings, the Medical Association assailed remaining participants in the clinics until Dr. Rife stood alone.

Deeper than the verbal show of malignancy by other colleagues was the horrifying and insidious motivation, the implication behind the attack. Why would anyone wish to destroy so great a world-advancement? Who was betraying civilization in this critical instance? Of all betrayals and of all personnel, who in the Medical Profession would seek the eradication of such monumental discoveries? Dr. Rife's mind reeled under the weight of these thoughts. This was not mere resistance to a new idea in a time of ignorance. Pasteur experienced that indignity. No. This was a willful, calculated resistance in a supposed enlightened time.

Horribly shocked at the entire scenario, Dr. Rife literally became unhinged in court. Trembling and weeping, he could not come to terms with the sheer hatred and vehemence exhibited by his antagonists. "Why ... why are you doing this?" he repeated. The prosecution could not have produced a better effect. Seeing this weakness as the very means by which to eradicate Rife and his discoveries, they continued to attack Dr. Rife openly. Calling him continually to the witness stand, they succeeded in destroying this frail hearted man of humble greatness. In short, the prosecution forced his total collapse.

Dr. Couche was compelled to desist operating Rife Therapy clinics under threat of malpractice. The Medical Association ruled that no society member who maintained use of the Rife Raytube System would be permitted to continue medical practice in the United States. Morris Fishbein, major AMA stockholder,

treasurer, censor, editor, and controller extended his legal arm to inform each member of the Rife team of the impending legal process. All Raytube units would be recalled, impounded, and destroyed by Federal Court order, under penalty of fines and imprisonment.

LIGHT

All participants willingly returned their Rife units except Dr. Couche and Dr. Yale. These two surgeons later stated that for twenty-two years after this action, they continued to successfully treat and cure thousands of patients with the Rife Raytube devices, which they secretly maintained. Dr. Yale published a large and concise chronological account of patients treated and cured in his practice throughout that twenty-two year period. Notwithstanding the fact that sixty percent of severe (cancer) cases brought him were medically inoperative, incurable, and hopeless, Dr. Yale confirmed that all of these persons were yet alive and living happy, full lives.

The Rife Microscopes challenged RCA and its lucrative electron microscopes. The Rife Raytube System would eradicate the accepted lucrative pharmacological methods everywhere. Such developments did not inspire challenged corporations. Dr. Rife developed a therapeutic means, which works. This is all too evident by the rage of those who assailed him.

Systematic eradications of this priority level speak of social control on a vast and hideously deep-rooted scale. Implications necessarily involve corporate trusts and governmental agencies. The notion that disease proliferation is permitted for the continuance of pharmaceutical interests is too terrible to reasonably consider. Federal Officers came to impound the entire Rife laboratory all too late. Several faithful technicians had already purloined every piece of the priceless equipment, taking laboratory components and valuable documents across the Mexican border where they yet remain. John Crane maintains the priceless surplus.

Fishbein, the editor and chief censor of the AMA saw that Rife's name would be stricken from all previous publications, that no professional journal would dare publish anything by Rife, and that no mention would ever be made of Rife's achievements in formal proceedings. Inescapably linked with the pharmaceutical trusts, Fishbein's actions were all too conspicuous.

Social control has become a dominant theme since the Second World War. Modifying and regulating social thought through both legal and financial steerage has brought natural discovery and true technological development to a standstill. World changing discoveries can be made but not proliferated. Cures for diseases can be proven, but not implemented.

Has the world now entered a new barbaric and vulgar time where medical wonders have become a regulated property? The historical evidence proves out these thought lines. Balancing profit against cost, it is clear that outright cures are far less profitable than exceedingly prolonged and profit-effective "treatments". Statistical analysis of social "disease incidence" mark the yearly expected gross earnings, a profit margin of untabulated measure.

Would the honor once laid upon the development of wondrous disease cures now be shunned, the cures themselves being suppressed at will by business managers? Would compassion for suffering humanity, concern for the elevation of human living standards on a worldwide scale no longer be a major medical theme?

World Society is driven by the unmodified flow of natural scientific discovery. At the fundamental level, such discoveries are truly socio-providential. While previous epochs simply endorsed and socialized each new natural discovery, newer attitudes have suffused the world from financial "sites of infection".

In the past, medical discoveries were never questioned or resisted. They were always looked upon as absolutes: if a medical cure for disease was found, it was taken as it truly is ... a miraculous providence. Not even the most ruthless financier would dare interrupt the flow of medical discoveries in past times. This state of ethical acumen has not continually been honored.

When the records are actually examined, when the billions of research dollars have been computed and balanced against the true research effectiveness, we find a staggering disproportion. How is it that medical research of the nineteenth century, far less equipped and funded, produced definitive cures which have become medical "standards"; while contemporary medical research, best equipped and super-funded, has not produced a single cure of equal social importance in the last thirty years? Dr. Rife had the answer toward eradicating all virus potentials. Perhaps, because it was not a pharmacological one, his devices have been "legally restrained" from social proliferation.

A few moments' calculation reveals the effective ability of research to find a chemotherapeutic vaccine against each deadly virus. The calculated time exceeds several millennia. But Rife found the only reasonable technique for destroying any virus infection at will. The answer was not a pharmacological one. Eradication of his techniques at this early stage of development would be reasonable if one were heavily invested in chemotherapies. The systematic eradication of many such (recorded) cures is revealing.

Medical authorities have stated that "no means has been found by which viruses may be destroyed". Recent evaluations of "recaptured" Rife Raytube units contradict this statement. Dr. Rife treated germs as mechanical systems, not chemical systems. Vibration killed pathogens by the flick of a switch. A single

such device could be easily tuned to destroy all deadly pathogens. His is the only device, which can destroy viruses.

UCLA Medical Laboratories, Kalbfeld Lab, Palo Alto detection Laboratory, and San Diego testing Lab all had stated that the Raytube System is absolutely safe to use. The FDA went out of its way to publish and maintain Federally directed rulings on the Rife Raytube System, refusing to make further statements concerning its historically proven effectiveness in thousands of cured cancer cases.

A great gathering of esteemed colleagues of the medical and research professions came to honor and support Dr. Rife after the entire court affair. Friends who were too frightened to stand and fight at his side were now smiling, drinks elevated. But the man who was asked to stand and receive honor saw through the charades.

The seer saw the thick shadows, which enveloped the professionals and other dinner guests. Armadas of pathogens were drumming their war drums again. Soon on the march, they would devastate humanity once again. It seemed that not one of the esteemed guests cared. The Rife Raytube Therapy was the only time in history that viruses could be selectively and dynamically destroyed. No chemotherapeutic agencies were ever required in the process. The mere closing of a switch could achieve these undreamed wonders.

Dr. Rife had developed and implemented what no contemporary medical research group has ever conceived. And, by the end of World War II, was prevented from ever doing so again on American ground. The cheers and accolades rang on, while standing ovations lasted for more than fifteen minutes. The now frail and ghostlike discoverer looked away.

Far off and away. Searching through the shadows, searching in his own darkness ... for new light.

Vassilatos Christopher Bird investigates Rife Foye Gaston Naessens' Microscope Nanobacteria Tec Talk

[I was given two more books to read about Dr. Rife, by Dr. D. E. Kough. "The Cancer Cure That Worked" covers the politics of who did what when in suppressing the successful work of Royal Raymond Rife. It is Very Very Good. Below are some "snips" that add to the understanding of the science. — Tommy C —]

The Cancer Cure That Worked

by Barry Lynes — ISBN 0-919951-30-9

The health of the people is really the foundation upon which all their happiness and all their powers as a State depend.
— Benjamin Disraeli —

Truth will come to light; Murder cannot be hid.
— Shakespeare —

What autopsies show: "I studied autopsies of ... patients who had been treated with massive doses of antibiotics for weeks before death: the antibiotics failed to kill the cancer microbes. I saw the microbe in tissues that had been burned with massive doses of radiation ... I saw the microbe thriving in cancerous tissue that had been blitzed with chemotherapy; the cancer cells were destroyed, but the ... microbe remained! Nothing fazed the cancer microbe: not surgery, not radiation, not antibiotics, not chemotherapy ..."
(Alan Cantwell, Jr. M.D., "The Cancer Microbe", 1990, p 115.)

In 1942, ... Dr. Raymond E. Seidel began investigating the microscope for an article. At one point, he spent 3 weeks in Rife's Laboratory. In February 1944, the article appeared in the Journal of the Franklin Institute. It was reprinted later that year in the Annual Report of the Smithsonian Institution. Because Seidel was a medical doctor and not a microscope expert, his description was not in the technical terminology to which narrow-minded microscope authorities were accustomed. Microscope experts in the 1980s have sneered at his lack of technical vocabulary. Nevertheless, more open-minded experts then and now were excited by his report. Letters from laboratories came to Rife as much as 4 years after the publication, pleading for information. Unfortunately, by then Rife's laboratory was closed and Rife was slowly selling it off piece-by-piece in order to eat. Dr. Seidel mentioned the 5,682 parts of the Universal Microscope and then described how it differed from ordinary microscopes:

"Between the source of light and the specimen are subtended two circular, wedge-shaped, block crystal quartz prisms for the purpose of polarizing the light passing through the specimen, polarization being the practical application of the theory that light waves vibrate in all planes perpendicular to the direction in which they are propagated. Therefore, when light comes into contact with a polarizing prism, it is divided or split into two beams, one of which is refracted to such an extent that it is reflected to the side of the prism without, of course, passing through the prism while the second ray, bent considerably less, is thus enabled to pass through the prism to illuminate the specimen. ... Now, when the portion of the spectrum is reached in which both the organism and the color band vibrate in exact accord, one with the other, a definite characteristic spectrum is emitted by the organism. ...

"Now, instead of the light rays starting up the tube in a parallel fashion, tending to converge as they rise higher and finally crossing each other, arriving at the ocular separated by considerable distance as would be the case with an ordinary microscope, in the universal tube the rays also start their rise parallel to each other but, just as they are about to cross, a specially designed quartz prism is inserted which serves to pull them out parallel again, another prism being inserted each time the rays are about to cross. ...

Thus, the greatest distance that the image in the universal is projected through any one media, either quartz or air, is 30 millimeters instead of the 160, 180, or 190 millimeters as in the empty or air-filled tube of an ordinary microscope. ...

"Under the universal microscope disease organisms such as those of tuberculosis, cancer, sarcoma, streptococcus, typhoid, staphylococcus, leprosy, hoof and mouth disease, and others may be observed to succumb when exposed to certain lethal frequencies peculiar to each individual organism, and directed upon them by rays covering a wide range of waves. By means of a camera attachment and a motion-picture camera not built into the instrument, many 'still' micrographs as well as hundreds of feet of motion-picture film bear witness to the complete life cycles of numerous organisms. It should be emphasized, perhaps, that invariably the same organisms refract the same colors when stained by means of the mono-chromatic beam of illumination on the universal microscope, regardless of the media upon which they are grown.

The virus of the Bacillus typhosus is always a turquoise blue, the Bacillus coli always mahogany colored, the Mycobacterium leprae always a ruby shade, the filter-passing form or virus of tuberculosis is always an emerald green, the virus of cancer always a purplish red, and so on."

Rife's copyrighted explanation of 1953 describes the Universal Microscope's unique design as follows:

"The prime reason that viruses have never been observed in their true form of their association with a disease is because the best standard research microscopes will not show them; first, on account of the lack of great enough magnification and second, owing to the minuteness of these particles, it is impossible to stain them with any known method or technique using acid or aniline dye stains hence a substitute stain was found. The viruses were stained with a frequency of light that coordinates with the chemical constituents of the particle or micro-organism under observation.

"The variation of the light frequency is accomplished by use of a variable monochromatic beam of light that is tuned to coordinate with the chemical constituents of particle, virus, or micro-organism. Visibility of the particle, virus, or micro-organism is observed by use of the core beams from the patented Rife Microscope Lamps, which provide illumination through a series of rotating quartz prisms in the universal microscope and thence through the slide containing the

specimens and on to the eyepiece. Rotation of the light beams in the quartz prisms controls the increase or decrease of the light frequency. With complete control of the illuminating unit, a frequency is created that is in coordination with the chemical constituents of the virus under observation and thus it is possible to observe the virus in its true chemical refractive index. The control of the illumination (in the universal microscope) is a most important factor in visualizing the virus of any pathogenic micro-organism. This cannot be accomplished by any conventional source of illumination. This points out why other research groups have failed to find cancer virus."

The Frequency Instruments were steadily improved from the early version of 1920 to the clinical versions of 1934-38 and then, in the 1950s, improved again to the point where Rife could assert, "they are infallible and simple to operate."

The May 6, 1928 Evening Tribune of San Diego described what the Frequency Instrument did:

"Just what this Ray does to the organisms to devitalize them is not yet known. Because each organism requires a different wave length, it may be that whatever befalls these tiny slayers of man is something similar to the phenomenon occurring when the musical tuning fork is set in vibration by sound waves emanating from another fork struck nearby. ...
[This at the time was a good explanation and still has some validity. But, (it) is very incomplete. The effect is multifaceted. — James Bare —]

"Rife thinks that the lethal frequencies for various disease organisms are, as in the sound waves, coordinates of frequencies existing in the organism themselves. If this is the explanation, it means that the Rife Ray probably causes the disease organisms to disintegrate or partially disintegrate, just as the vase and the glass. Several bits of evidence indicate that this is exactly what happens. ...

"When the ray is directed upon them, they are seen to behave very curiously; some kinds do literally disintegrate, and others writhe as if in agony and finally gather together in deathly unmoving clusters.

"Brief exposure to the tuned frequencies, Rife commented, brings the fatal reactions. In some organisms, it happens in seconds.

"After the organisms have been bombarded, the laboratory reports show, they are dead. They have become devitalized — no longer exhibit life, do not propagate their kind and produce no disease when introduced into the bodies of experimental animals.

"Now, he reported, the mortal oscillatory rates for many, many organisms have been found and recorded and the ray can be tuned to a germ's recorded frequency and turned upon that organism with the assurance that the organism will be killed."

In 1950, after an absence of four years, including two years in an alcohol rehabilitation "prison" from which he finally escaped, Rife returned to his great work. In 1953, his cancer report was published — History of the Development of a Successful Treatment for Cancer and Other Virus, Bacteria and Fungi.

Three years later, in 1956, he wrote a letter describing the safety of the Frequency Instrument and also its advanced development:

"I have operated the 'Frequency Instrument' since 1921. I have watched it advance in style and performance with the advancement of electronics.

"In the many years I used this equipment in my research, I have never suffered an injury or any ill effects whatsoever. I found it reliable in performance and efficient in results. The most recent model is infallible and simple to operate."

[A] new Frequency Instrument was finished in September 1935 … Milbank Johnson explained the process:

"The new Rife Ray Machine had arrived at its point of construction, when elaborate tests had to be made in order to synchronize the M.O.R. produced by it with the M.O.R. produced by the old machine. Now, we are in the throes of accurately charting the 14,000 possible settings on the new machine. Our next process, beginning next week, is to test its penetration, the time required in the different exposures, the different depths of lesions. So, take it altogether we are just about as busy as a bear in berrytime."

Rife provided a brief description of his old Frequency Instrument:

"The basic principle of this device is the control of a desired frequency. These frequencies varying upon the organism being treated.

The frequency is set which controls the initial oscillator, which in turn is run through six stages of amplification, the last stage driving a 50 watt output tube.

The frequency with its carrier wave is transmitted into an output tube similar to the standard X-ray tube, but filled with a different inert gas. This tube acts as a directional antenna.

The importance in the variable control of these frequencies is that each pathogenic organism being treated is of a different chemical constituency, the consequence being they carry a different molecular vibratory rate. Each one in

turn under these conditions requires a different frequency or vibratory rate to destroy."

The new instrument was light-socket powered and had an output of 500 watts. Furthermore, it was equipped to deliver two distinct frequencies simultaneously and both variable. [There were two output tubes places next to each other.] This apparatus proved to be more efficient with decidedly fewer factors of error.

On May 28, 1937, Dr. Milbank Johnson ... wrote to his friend Dr. Joseph D. Heitger in Louisville, Kentucky, the eye specialist to whom he had sent Rife:

"I closed my clinic on May 28, having been running it for eight months. Our special effort this past winter has been working on cataracts, and while we have treated a number of other infectious conditions (if cataract is an infection), still our principle work has been on the eye.

The application of the Rife Ray as we have used it, does, in the majority of cases, restore the full visual function of the eye; that is, the portion of the visual disturbance due to opacities in the lens. How it does it and why it does it, I do not know, but the above statement is an actual fact, supported now by many cases.

How I wish we could get together and go over this work. I believe it will result in epochal changes in the profession's handling of cataract cases."
[I think Jane Kress' find regarding nano-bacteria is relevant here.]

Ben Cullen, the present of Beam Ray, later recalled what happened once Dr. Hamer had his own office:

"Hamer ran an average of forty cases a day through his place. He had to hire two operators. He trained them and watched them very closely … Hamer was very well known on the Pacific Coast. His case histories were absolutely wonderful.

We would go in there and see rectal cancers and stuff of that sort. He cleaned them up completely, absolutely clean. People would come in there with syphilis — not for that purpose — but those that had developed cancers, he'd find they had syphilis or gonorrhea. By golly he'd clean those up completely. Not a doggone taint of it in the blood stream at all. Clinically cured.

I would go down to Dr. Hamer and he would painstakingly pull out those case histories showing improvement day by day of everyone of them."

[In the past, mercury was used to treat syphilis. The mercury produced horrible side effects, and even madness.]

Dr. Gruner of Canada wrote to Milbank Johnson:

… "Dr. Rife has, of course, the indispensable tool to effect the proofs. To this day the opticians say that what he did cannot be done. The people in London, whom I interviewed last year about it, were very scornful, and brought out the age-old argument about wave-lengths (I think Dr. Archibald quietly is amused at them, too; it is so like the Galileo business) ... The BX may not be 'ultramicroscopic', it is just not seen because the light used does not show it up, as Dr. Rife demonstrated in his laboratory that time.

All this goes to show that I myself support Rife's findings as much as ever. I still think his instrument is of supreme value. But even if it were available in many more places, few there are who will trouble to scrutinize the things they work with. We established that with few exceptions the people who work with viruses never look at their material microscopically; they never look at their tumors except with routine haematoxylin sections; they certainly never examine the living tissues. Even the wonderful cinematograph pictures of the Lewises contain the particles we consider etiological, and they never notice these objects at all — dancing about all over the place, much like BX — but the dance does not interest them!"

This inability to "see" what is right in front of them is one of the reasons cancer researchers have failed to find the cause of cancer (the other reason is the politics involved).

Evelyn Fox Keller describes how Nobel Prize winner McClintock and other first class scientists looked and "saw" in a special way:

"For all of us, our concepts of the world build on what we see, as what we see builds on what we think. Where we know more, we see more ...

What is it in an individual scientist's relation to nature that facilitates the kind of seeing that eventually leads to productive discourse? What enabled McClintock to see further and deeper into the mysteries of genetics than her colleagues?

Her answer is simple. Over and over again, she tells us one must have the time to look, the patience to 'hear what the material has to say to you', the openness to 'let it come to you'. Above all, one must have a 'feeling for the organism'.

This intimate knowledge, made possible by years of close association with the organism she studies, is a prerequisite for her extraordinary perspicacity. 'I have learned so much about the corn plant that when I see things, I can interpret (them)

right away'. Both literally and figuratively, her 'feeling for the organism' has extended her vision."

Rife sitting in his chair with the microscope for as long as 48 hours without moving demonstrates the extent to which he was devoted to this process of "seeing".

Dr. Livingston-Wheeler in her 1972 book:

"In thirteen years the NCI has spent five hundred million dollars and has tested 170,00 poisonous drugs for possible use in the fight against cancer. The results have been zero except in a few rare types of cancer. Over 100,000 cancer patients have been used as guinea pigs without their full knowledge and informed consent."

Vassilatos Christopher Bird investigates Rife Lynes Gaston Naessens' Microscope Nanobacteria Tec Talk

Royal R. Rife

[Dr. Royal Raymond Rife]

by Gerald F. Foye — ISBN 0-9659613-3-8 © 2001

In the 1950's, Congressman Charles Tobey enlisted Benedict Fitzgerald, an investigator for the Interstate Commerce Commission, to investigate allegations of conspiracy and monopolistic practices on the part of orthodox medicine. This came about as the result of the son of Senator Tobey who developed cancer and was given less than two years to live by orthodox medicine.

However, Tobey Jr., discovered options in the alternative field, received alternative treatment and fully recovered from his cancerous condition!

That is when he learned of alleged conspiratorial practices on the part of orthodox medicine. He passed the word to his father, Senator Charles Tobey, who initiated an investigation. The final report clearly indicated there was indeed a conspiracy to monopolize the medical and drug industry and to eliminate alternative options.

The "Fitzgerald Report" was submitted into the Congressional Record Appendix August 3, 1953.

Rife studied …

[Cancer], Tetanus, typhoid, gonorrhea, syphilis, staphylococci, pneumonia, streptococci, tuberculosis, sarcoma, carcinoma, leprosy, polio, cholera, actinomycosis, glanders, bubonic plague, anthrax, influenza, herpes, cataracts, glaucoma, colitis, sinus, ulcers, lock-jaw bacillus, and many other virus bacteria and fungi.

[He was successful — using simple electronic equipment — in destroying them all without any significant side effects. The reason he was so successful was that his microscope allowed him to watch the living pathogens while he subjected them to resonate energy.]

One issue modern, orthodox medicine still fails to accept or take seriously, is "cause" and "maintenance". That is to deal not just with surgery of sick tissue; but, to deal with the cause of the problem, to try to prevent it in the first place; and, further, to try to prevent it from recurring!

Rife was able to prove that virus forms could be altered with chemicals. Thus, he could create disease-producing viruses by manipulation of chemical structures. Again, he proved this over-and-over.

Rife stated viruses to be a group of chemical constituents, which could be altered by applying specific chemicals — parts per million — creating different organisms. By applying the proper chemicals, Rife could alter a given microorganism into a specific pathogen, at will, and back again; as long as they were within a specific group, of which Rife had identified about ten groups at that point.

Inoculation of experimental animals had demonstrated the disease causing properties of each virus isolated, according to Rife!

Rife stated he worked seven years straight and studied 20,000 cultures searching for a cancer virus, finally suspending the search since he had found nothing.

Rife was later joined by Dr. Arthur Kendall, head of the department of bacteriology at Northwestern University Medical College. Dr. Kendall suggested a culture medium [his K-medium — a protein mixture], which proved to be the secret to success as Rife was able to press on and did eventually discover and isolate the cancer virus.

Rife commented that his special illumination (under his scope) reveals the filter-passing organisms in individual, characteristic colors. He stated that no two kinds or forms of organisms have been found to have the same colors. However, one form was found to have dual colors. The center portion of the rod form responded to one frequency (of illumination) while the ends responded to another. This required dual frequencies for devitalization. (If the two frequencies are used simultaneously or one after the other over the same carrier wave, the patient gets well.)

According to Rife, if a single frequency was applied and that portion of the organism was devitalized, it would release the other constituent. Depending on which constituent was devitalized, either nothing would happen or the patient would die! [His lab animals]

The reason for the above, according to Rife's explanation is, if the bacilli of tuberculosis is killed, a virus — the 'poison of Vaughn' — is released which reacts with the dead bodies of the rod form and produces toxemia and death.

"It was found that by using combinations of these frequencies for different microorganisms that many other diseases could be helped like sinus, ulcers, cataract, arthritis and poliomyelitis."

Each pathogen or virus has a frequency of its own — natural resonate frequency. A healthy cell has a frequency; but, when that cell becomes contaminated or altered, the frequency is altered.

That is one reason why frequency treatment can safely be applied. The correct frequency will affect only the unhealthy cell, or diseased tissue, while leaving healthy areas untouched. Rife proved this beyond any doubt. Still the closed minds of higher medical superiors would like us to believe frequency healing is unsafe.

In some cases, frequency treatments result in virus destruction and rapid recovery. In other cases frequency healing appears to work by alerting the depressed immune system to become more aggressive, thus causing the immune system to attack the disease as nature intended.
[This is the same principle used in the formation of devitalized vaccines. The body can determine the virus' "finger print" from the dead virus parts and create antibodies against the live ones.]

Rife made a statement that patients who had radiation treatments prior to frequency therapy, did not respond well to frequency therapy. Rife also stated that he could detect radiation in organ tissue up to six months after radiation therapy; and, up to two years after radium therapy.

Another intriguing discovery made by Rife was polarization of microorganisms. Under the scope, if polarity was applied, the constituents would separate to the poles; a portion to the negative pole, a portion to the positive pole. Neither would culture individually; but, placed together, they would culture into a microorganism structure. As Rife put it, sort of, "male, female"!

Another important discovery was the pH factor. (Acid-base balance.) Rife stated if the pH was neutral he could not produce a culture. But, if the Ph was altered to either base or acid, it would culture. Based on this information, Rife felt that if the human body remained in a neutral pH state, it was impossible to develop a disease.

Correspondence from Milbank Johnson to Rife, 1935: "Now that we have a machine in which we can give two frequencies at one time, it would be easy to treat all forms of tuberculosis both for the tubercle bacilli and Much's granules." (Granules in sputum from TB patients, possibly degenerated tubercle bacilli. Re: Dr. Hans Christian Much.)

Rife: "I studied leprosy and I isolated a virus which we jointly demonstrated was common to rat, soil, and human leprosy and I found a frequency which would eliminate leprosy."

A doctor in Dayton Ohio; I have used it on several persons with fungus infections of the feet (athletes foot). The results in the fungus cases have been most spectacular.

Here is an excerpt of a letter from one doctor to another doctor, dated June 1, 1937;

"We treated the 'dewy' cornea condition empirically with the same MOR that we used on the cataracts and the dewy condition disappeared very promptly …

Every case we have treated, with the exception of one which was a traumatic cataract where the lens was absolutely opaque and of recent origin, has benefited. The process of coagulation has been stopped and there has been a distinct retrogression of the opacities resulting in most cases, in a complete restitution of the function of the eye."

Ph: The pH level may play a role in effectiveness of frequency healing as well as other phases of healing. [Balanced blood (Electrolytes!)]

Dr. Hett of Windsor, Canada developed a cancer serum from a virus, which was successful in combating cancer. He felt that if the germ theory was correct, then cancer could be considered a communicable disease. (This is endorsed by a number of researchers.)

From a news article; "One revolutionary ides after another followed in the evolution of this apparatus. In its final form the juice runs all around the room, through one gadget or another, and finally feeds through a platinum electrode in a quartz tube filled with helium gas. These are a few of the refinements that make it 17 times as penetrating as the x-ray."

The Case For Audio Frequencies:

Among researchers of Rife technology, debate continues regarding the issue of audio frequencies. Here are statements from Rife taken from an interview, which took place in Tijuana, Mexico. (There is no date on this document. But, it must have related to the John Crane trial of 1960–1961.)

"Initially, I (Rife) worked with loose couplers to get an audio oscillation and then with the use of transmitters I tried to balance the audio and modulate the audio on a carrier wave to transmit the audio energy. But, I found that both the audio and the audio transmitted through a tube as an antenna worked equally well in a painless and harmless method to human tissue."

Thumbing through the pages of historical data regarding Rife, Crane and frequency technology, one issue stands out, clearly — lack of stability.

It seems this problem prevailed through the years. Researchers would achieve marvelous results for a period of time, then, suddenly the system would fail to produce much of anything. Even from one day to the next.

This seems to still be "somewhat" true with our meager equipment and attempts at repeatability. It's not so much a failure of the technology; but, appears to be an atmospheric variation and other surrounding conditions. Changes in atmospheric pressure, temperature, magnetic earth fields and other surrounding natural forces affect electronics in strange ways.

A suggested approach is to begin at 20 Hz and work up in 10 cycle increments. … It is suggested (that) a beginner should avoid frequencies above 5,000 Hz. Interestingly, an amazing number of pathogens seem to respond in the low range from 20 Hz to 900 Hz.
[The healing power of sound comes to mind here.] [My work with resonance has proven to me that intervals of 5 Hz or even less might be more appropriate. — Tommy C. —]

A duration of 3-minutes is standard protocol while searching or scanning for a usable frequency.

Disastrous medical bills play a huge roll in personal bankruptcies in the U.S. accounting for about 40% of bankruptcy filings ... SDUT 11–12–2000

Vassilatos Christopher Bird investigates Lynes Foye Gaston Naessens' Microscope Nanobacteria Tec Talk

Report of the British Rife Group

Presented to the International Rife Technology Conference.
Las Vegas March 2002

[This report is a pdf file and has pictures, schematics with part values, plus functional circuit descriptions, along with circuit wave form pictures. The "Plasma Ray Tube" itself is currently being manufactured.]

... The use of a Wien-bridge oscillator in this machine [an original 1939 unit discovered walled up in the closet of a former Doctors' surgery in Britain] gives us our first and most surprising conclusion: that beam ray machines used sine waves, and NOT square waves! ...

Another surprise followed when we set the Wien-bridge oscillator to the dial settings for BX [the cancer virus] (band 4, dial 10) given on the hand-written pencil notes [found with the machine]. We obtained a frequency of 21,275 Hz or 21.275 KHz. We then set the machine to the other dial settings in the notes, and found that in all cases the active frequencies produced by this 1939 machine were 10x that of the standard Crane-Stafford frequencies of the 1950s.

This reminded us of a very strange letter written by Dr. Millbank–Johnson on November 4th 1936. Johnson stated that while working in the laboratory, they had found "a new wave band" of frequencies. Johnson goes on to mention that this new band broke glass in the laboratory.

Frequencies of 21,275 Hz etc. are supersonic [ultrasonic] in that they cannot be heard by the human ear. But, when generated at a sufficiently high amplitude, they have the capability to cause resonant destruction of glass and other fragile materials. Our conclusion then, is that this explains the effect that Johnson observed in 1936.

The use of 10x Crane frequencies may be of great significance to the actual operational uses of modern Rife technology. We urge researchers to try this out. ...

[On the Issue of Stability]

... the main RF tuning capacitor C1 is series fed to ground by the plasma tube (at Jack point J1). This means that the plasma tube itself forms part of a variable capacitor, and that it will be reactive when brought near any object or patient. This means that the main frequency tuning of the RF oscillator will change according to the individual capacitance of a patient [or weather conditions]. We believe this to be significant, particularly as contemporary accounts describe the tube being placed within 10 inches of the patient.

... The 812A triode produces an output in the region of 40 watts RF, and Rife researchers will appreciate that this is a far lower power [level] than we have been led to believe was used in 1939.

Beam Ray Machine Analysis

Leading causes of death in 1997 and the number of "Americans" who died from each. The data are based on an annual review of death certificates by the National Center for Health Statistics. (Laws have recently been passed forbidding the listing of the cause of death, on death certificates! — [Out of sight, out of mind?])

1. **Heart disease*, 725,790 — 83 people per hour.**
2. **Cancer*, 537,390 — 61 people per hour.**
3. **Stroke*, 159,877 — 18 people per hour.**
4. **Lung disease, 110,637.**
5. **Accidents**, 92,191.**
6. **Pneumonia* and influenza*, 88,383.**
7. **Diabetes, 62,332.**
8. **Suicide, 29,725.**
9. **Kidney disease*, 25,570.**
10. **Liver disease, 24,765.**
11. **Blood poisoning, 22,604.**
12. **Alzheimer's disease, 22,527.**
13. **Homicide, 18,774.**
14. **HIV and AIDS*, 16,685.**
15. **Hardening of arteries*, 15,884 — 2 people per hour.**
16. **All other causes, 361,635.**

** "Bad reactions to prescription and over-the-counter medicines kill more than 100,000 "Americans" and seriously injure an additional 2.1 million every year." — Reference —

That totals to 2,314,769 deaths reported in the U.S. in 1997, of which at least 1,569,579 deaths* could have been prevented, If the U.S. represents 5% of the world population, then this means that 31,391,580 deaths could have been prevented. Assuming these numbers are typical for a ten year period, one counts 313,915,800 deaths !!! And yet, the Rife Ray Device was in full operation in 1939. The number of possible deaths resulting from the suppression of this knowledge, goes beyond my imagination.

Another Reason to Perfect This "Resonate Energy Technology"

If the above list hasn't convinced you, maybe this reason will. There is a lot of energy being spent on the goal of traveling in space. One must first ask, what will be done if someone gets sick on the trip? Are we to send thousands of bottles of pills along? What if we don't include the right pills? I won't belabor this point.

How are we going to prevent taking our diseases to another planet? Remember what happened when European sailors first came to the Americas carrying their homeland diseases. Many Millions of natives died because their bodies couldn't respond fast enough. What if there is an organism on a distant planet that will affect our space travelers in this way?

If we allow them to return, how are we to be sure they don't bring something back? Re-entry will only disinfect part of the spacecraft.

Sending along a microscope and an electronic device is the only thing that really makes sense.

Appendix A

What Has Become of the Rife Microscope?

[Originally published in New Age Journal – March 1976]

The Persecution and Trial of Gaston Naessens

by Christopher Bird
Coauthor of the International Best–selling
"The Secret Life of Plants" and "Secrets of the Soil"

The True Story of the Efforts to Suppress an Alternative Treatment for Cancer, AIDS, and Other Immunologically Based Diseases.

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This article, like an embryo or any living thing, is still growing. A continuum of this growth may depend upon the assistance of N.A.J. readers, their colleagues, and their friends.

Originally I intended to write a short note on what was known about the Rife microscope. Precious little is in print on the subject.

One day, while waiting for some material to come up from the cellar stacks of the National Library of Medicine in Bethesda Maryland, considerably frustrated by the lack of leads and data concerning the demise of the Rife microscope, I wandered by the Subject card catalogue and casually flipped at random to a card in the middle of a drawer labeled "Microscopes."

The card was filed under "Allied Industries," as if that firm was the author. The company's address was stated to be 4246 Pepper Drive, San Diego, California. The title referenced was "History of the Development of a Successful Treatment for Cancer and Other Virus, Bacteria, and Fungi."

At the bottom of the card was a single line: "Written by Dr. R. R. Rife."

Entirely by accident, I had stumbled upon what looked to be only one of a series of reports written by Royal Raymond Rife. Fourteen pages long, it was numbered Dev–1042. It was approved and signed by I. F. Crane, manager; Don Tully, development associate; and Verne Thompson, chief electrical engineer.

Are any of these gentlemen alive today?

Was Allied Industries a research corporation established by Rife?

How many other reports did it publish and where are they?

The report so riveted my attention that I was compelled to explore some of the history of microbiology and its connection to cancer and other disease. The present article, much longer than originally planned, is thus the result of a fortuitous finding – perhaps an example of what Jung has called synchronicity – and the consequent preliminary exploration.

Much more needs to be done to tell the story of Rife and his microscope, a fascinating episode in the history of science.

The Microscope of Microscopes

In February 1944, the Franklin institute of Philadelphia published an article, "The New Microscopes," in its prestigious journal devoted to applied science.

Founded in 1824 by "philosopher–mechanics," the institute, which recently made studies in its physics laboratory on the best way to move the Liberty Bell to its new Bicentennial Year location, is a smaller analogue of the huge world–famous Smithsonian Institution in Washington, D.C., which reprinted the same article in its own journal shortly after its first appearance.

Authored by R. E. Seidel, M.D., a Philadelphia physician and his research assistant, M. Elizabeth Winter, the essay opened with a six–page discussion of the electron microscope, which had only recently been put on the market by the Radio Corporation of America. This microscope is today standard equipment in modem laboratories.

The article closed with a ten–page treatment of a "Universal Microscope," the brainchild of a San Diego autodidact, Royal Raymond Rife, who developed it with the financial assistance of the rollerbearing and axle magnate Henry H. Timken, for whose family Rife at one time served as handyman and chauffeur.

Rife's scope, the largest model of which consisted of 5,682 parts and required a large bench to accommodate it, overcame the greatest disadvantage of the

electron microscope, its inability – because tiny living organisms put in it are in vacuum and subject to protoplasmic changes induced by a virtual hailstorm of electrons – to reveal specimens in their natural living state.

With his invention, Rife was able to look at living organisms. What he saw convinced him that germs could not be the cause, but the result, of disease; that, depending on its state, the body could convert a harmless bacterium into a lethal pathogen, that such pathogens could be instantly killed, each by a specific frequency of light; and that cells, regarded as the irreducible building blocks of living matter, are actually composed of smaller cells, themselves made up of even smaller cells, this process continuing with higher and higher magnification in a sixteen–step, stage–by–stage journey into the micro–beyond.

Though, with the aid of Rife's device, thousands of still pictures and hundreds of feet of movie films were made to reveal these facts, all of this material and the Rife microscopes seem to have disappeared without a trace.

Or have they?

Calls to the U.S. Armed Forces Institute of Pathology Medical Museum, which has hundreds of different microscopes in its historical collection, to the National Library of Medicine's Historical Division, to the Smithsonian Institution and the Franklin Institute (both repositories for outstanding scientific inventions) and to a dozen establishments dealing daily in microscopy elicited from curators, medical pathologists, physicians, and other scientific specialists only the complaint that none of them had ever heard of Royal Raymond Rife and his microscope.

What has become of the Rife microscope?

The question is not rhetorical. For if even half of the possibilities described for this astounding discovery are true, a massive effort to hunt it down and reactivate its potential might not only save billions of dollars in biological and medical research but open a fascinating new vista onto the nature of life.

From the start, Rife's main goal was to find cures for disease, especially the most intractable of all diseases, cancer. Because he had a hunch that some as yet undiscovered microorganism would prove to play a crucial role in the onset of this malignancy, he tried unsuccessfully to find one by observing all types of malignant tissue with a variety of standard research microscopes.

In the 1920s it became obvious to Rife that a better means of scrutinizing the microworld than had been developed was indispensable. During that decade, he designed and built five microscopes with a range from 5,000 to 50,000 diameters at a time when the best laboratory microscopes in use could achieve not more than 2,000 diameters of magnification.

At the Rife Research Laboratory on Point Loma, California, he worked at magnifications of 17,000 and higher, to reveal a host of cells and microorganisms never before seen and to photograph them. The work required a saint's patience. It could take the best part of a day to bring a single target specimen into focus.

The Rife microscope had several arresting features. Its entire optical system of fourteen lenses and prisms, as well as an illuminating unit, were made of crystal quartz, which is transparent to ultraviolet radiation. In the scope, light was bent and polarized in such a way that a specimen could be illuminated by extremely narrow parts of the whole spectrum, one part at a time, and even by a single frequency of light.

Rife maintained that he could thus select a specific frequency, or frequencies, of light that coordinated and resonated with a specimen's chemical constituents so that a given specimen would emit its own light of a characteristic and unique color. Specimens could be easily identified, thus solving one of microscopy's greatest bugaboos. It was control of illumination that turned the trick.

Another feature was the Microscopes extraordinary resolution, its ability to reveal the most minute of component parts of any specimen so that each may be seen distinctly and separately from the others. Imagine two extremely thin parallel lines. When they can be clearly distinguished, you are still within the microscope's range of resolution. If the parallel lines blur together, high magnification will only enlarge the distortion and limit of resolution has been attained. With a resolving power of 31,000 diameters – as against 2,000 to 2,500 for the laboratory microscopes in common use in that day–Rife's device could focus clearly on five lines of standardized grid, whereas an ordinary microscope could do no better than examine fifty lines, and that with considerable aberration.

This is somewhat equivalent to one aerial camera's being able to spot individual houses in city blocks from a very great height, while another is able only fuzzily to distinguish the single city blocks themselves, Controversial Discoveries Beginning in the 1920s and continuing over seven years, Rife and his colleagues worked on more than 20,000 laboratory cultures of cancer obtained from the Paradise Valley Sanitarium in National City, California, in what appeared at first to be a fruitless effort to isolate microorganisms that he felt should somehow be associated with the disease.

Up until then, bacteria had clearly been proven to be linked with a wide variety of ills including tuberculosis, leprosy, cholera, gonorrhea, syphilis, typhoid, bubonic plague, pneumonia, and others. But no one had found them in association with cancer.

In contrast to the much smaller viruses, bacteria were widely considered to be unicellular, monomorphic (meaning one shape and one shape only) forms. A quarter of a million of them can occupy a space no larger than the period at the

end of this sentence. They come in various shapes. Cocei are round, bacilli rod–like, to offer two examples.

There are various forms for each shape. Of the round–shaped ones, monococci appear singly, diplococci come in pairs, staphylococci in clusters resembling a bunch of grapes, streptococci, which under certain conditions can produce a painful sore throat, in chains.

While outside a host, or body, bacteria are hard to raise, or culture. Each type has been studied as a pure culture type by isolating it upon a specific nutrient called media.

Bacteria also have specific maximum, minimum, and optimum temperatures in which they will live and multiply. Some, like polar bears, are addicted to arctic temperatures and even live in ice. Others prefer water so hot it would kill most animals. A great many enjoy the temperature of the human body. Millions of them are living, harmlessly, inside you right now...

But they are not always harmless. They can acquire virulence, or the power to cause disease, under some conditions but not others, although even today no one knows exactly why.

This mystery, in the 1920s, was closely connected to a debate in microbiology so hot as to seem almost a war. On one side were those who affirmed – as do many textbooks today – that bacteria were eternally monomorphic. They could not assume other or smaller forms, as small, say, as a virus.

Originally, virus – the word means "poison" in Latin – was the name generally applied to any microscopic agent injurious to living cells. Now it is much more narrowly defined as "one of a unique group of very small infectious agents that – grow only in cells of animals (including humans), plants, and also bacteria."

Because they were so small, viruses would pass through filters that did not allow the passage of bacteria, said to be monomorphic, just as a net of small enough mesh will allow minnows to pass through it but bring the fish that are preying upon them up short. It is this filter–passing ability of viruses that is widely held today – along with their inability to grow on artificial media – to be one of the main criteria separating them from bacteria.

For several decades, however, another school of microbiologists maintained that, far from holding everlastingly to one shape, bacteria were pleomorphic, or form changing. They could be caused, under the right conditions of culture, to metamorphose into forms small enough to pass through filters just like viruses.

Because of their sharp disagreement on the filterability of bacteria, the two camps came to be called "filtrationist and "nonfiltrationist."

One of the earliest of the filtrationists was a Swedish physician and explorer, Ernst Bernhard Almquist, for whom islands off the north Siberian coast are named. Almquist made hundreds of observations of pleomorphic bacteria in his laboratory, as did researchers in Italy, Russia, France, Germany, and the United States. In 1922, after two decades of work, Almquist came to the conclusion that "nobody can pretend to know the complete life cycle and all the varieties of even a single bacterial species. It would be an assumption to think so."

Way back in 1914, the American bacteriologist Dr. Edward C. Rosenow had the gall to assert that bacteria were not unalterable and that various strains, or what one might call sub–subspecies of them, could, when suitably treated, become any of the other strains. It was Rosenow's contention, too, that he found a form of the streptococcus bacterium, which caused poliomyelitis, commonly known as infantile paralysis.

What Rife's opinions were about this heated controversy are not known. He followed the standard bacteriological practice of the day, first implanting small patches of cancer tissues on various nutritive media including a special "K" medium developed by another filtrationist, Dr. Arthur Isaac Kendall, at the Northwestern University School of Medicine in Chicago, Illinois. The medium, which bore the first letter of Kendall's name, seemed to have the faculty of transforming bacteria into the transitional forms alleged for them by the filtrationist school, No matter how often he changed menus for his sought–after cancer microbe, no matter how he altered the temperature of incubation, Rife seemed unable to coax it to appear in his cultures.

It was apparently only when, as a result of his continuing physical experimentation with the effects of light frequencies, he discovered that many microbes respond to the effects of light from noble gases, such as neon, xenon, and argon, by changing their growth patterns that Rife hit upon a solution to the problem that was nagging him.

He placed a sealed test tube containing cancer tissue into a closed loop filled with argon gas. After creating a vacuum within the loop, he charged the gas with electricity, just as one does when one throws the switch to light up the neon lamps in modem offices, though in Rife's case the charge was 5,000 volts. While he still could not reveal any microbes, he noted a certain cloudiness in the nutritive medium, which, through chemical analysis, he ascribed to ionization caused by the electronic bombardment.

Readers may well wonder why he adopted so strange and novel a process. The question is just as unaswerable as if put about Rife's next step: In order, he said, to counter the ionization, he placed the tube into a two–inch water vacuum and heated it for twenty–four hours at near body temperature.

Under his microscope, at 20,000 X, the tube now teemed with animated forms measuring only 1/20 by 1/15 of a micron–much smaller than any known bacteria. They refracted a purplish red color in the specific light beam.

He called this form Bacillus X and, later, because it was so much smaller than other bacilli, and perhaps because of the filterability controversy, BX virus. This problem of nomenclature can be resolved herein by referring to Rife's organism as a BX form, or simply BX.

Rife writes that "this method of ionization human tumor does not necessarily imply that they are its cause. To make sure, it is held they must be reinjected into animals and seen to cause the same or nearly similar disease, after which they must then be reisolated and shown to resemble the original organism. These were the postulates propounded by the German pioneer bacteriologist Robert Koch, who proved that tuberculosis was apparently caused by the tubercule bacillus.

Following this accepted procedure, Rife inoculated the new BX forms into over 400 rats in all of which there subsequently appeared "tumors with all the true pathology of neoplastic tissue."

Some of the tumors became so large they exceeded the total weight of the individual rats in which they were developing. When the tumors were surgically removed, the BX form was recovered from them in all cases. Koch's postulates were fulfilled.

More Startling Discoveries

By continued microscopical study and repeated photography to stop their motion, Rife and his co–workers next came to the baffling conclusion that the BX, far from remaining always what he had seen as the purplish red bodies a fraction of a micron in dimension, could change into not just fairly similar forms as Rosenow had previously discovered, but into completely different forms simply by altering the medium on which they were living only very slightly.

"Slightly" in Rife's case meant an alteration in the nutrient environment of only two parts per million by volume. Those who would consider this unlikely may recall that in homeopathic medicine doses of remedies are given in dilutions of this weakness and beyond. Even though they have nothing chemically analyzable in them, they are effective.

One such alteration caused the BX to become what Rife called a Bacillus Y, or BY. It was still the same purplish red color as the BX but so enlarged that it would not pass through a filter.

With the second change of the medium, the BY enlarged still further into a monococcoid or single disk form which, when properly stained, could be viewed under a standard research microscope. Rife claimed that these forms could be found in the blood of over ninety percent of cancer victims.

By removing this form from the fluid medium it inhabited and depositing it onto a hard base of asparagus or tomato agar, Rife then saw it miraculously develop into a fungus, making it kin to a yeast, mold, or mushroom.

Any of these succeeding forms, Rife stated, could be changed back within thirty–six hours into a BX form capable of producing cancer tumors in experimental animals from which, in turn, the same BX form could again be recovered.

The transformation did not stop with the fungus, which, if allowed to stand dormantly as a stock culture for a year and then replanted onto the asparagus medium, would then change into bacillus coli, millions of which live in the human intestine. This common bacillus could pass, in Rife's words, "any known laboratory method of analysis."

Because he had found that microorganisms had the ability to luminate when stimulated by given frequencies of light, it occurred to Rife that they might also be devitalized by beaming radiations of specific frequencies upon them. One source has it that the harmonics of these frequencies ranged from 10 meters to 20,000 meters.

To this end, he had been developing concurrently with his microscopic equipment a special frequency emitter, which he continued to improve, up to at least 1953, as steady advances in electronics continued. The killing waves were projected through a tube filled with helium gas and said to be efficient in destroying microorganisms at a distance of as much as one thousand feet.

With this device, he noted that when the proper mortal oscillatory rate was reached, many lethal organisms such as those of tuberculosis, typhoid, leprosy, hoof–and–mouth disease, and others appeared to disintegrate or "blow up" in the field of his microscope. This "death ray" principle was also effective when applied to cultured BX.

The obvious next step was to determine whether similar radiation would affect the BX, not in culture, but in the bodies of cancer–afflicted animals. It apparently did so, for Rife states he got rid of BX in over 400 experimental rats and other animals in his lab. If it worked on animal cancers, wondered Rife, why not on human cancers?

The answer was so resoundingly "Yes" that, in our day when billions are being spent each year to find a cure for cancer, it is prudent to quote Rife's report word–for–word:

The first clinical work on cancer was completed under the supervision of Milbank Johnson, M.D., which was set up under a special medical research committee of the University of Southern California. Sixteen cases were treated at the clinic for many types of malignancy. After three months, fourteen of these so–called hopeless cases were signed off as clinically cured by a staff of five medical doctors and Alvin G. Foord, M.D., pathologist for the group. The treatments consisted of three minutes duration, using the frequency instrument, which was set on the mortal oscillatory rate for BX, or cancer, at three–day intervals. It was found that the elapsed time between treatments attains better results than cases treated daily.

The News Leaks Out

News of Rife's work began to leak out to the world of medicine at the end of the 1920s. One of the first to learn of it was Arthur W. Yale, M.D., who lived in San Diego, not far from Rife's laboratory. He acquired a frequency emitter and began to treat cancerous patients.

In 1940, reporting to his fellow physicians on some of his decade–long results, Yale wrote that because the whole of Rife's extraordinary findings constituted an "entirely new theory of the origin and cause of cancer, and the treatment and results have been so unique and unbelievable," he was making his findings available in the hope that "after further research we may eliminate the second largest cause of deaths in the United States."

Yale had had limited success in treating cancerous tumors with X-rays and with the use of what he called "static wave current for some three decades. When he began to use Rife's device, he sometimes employed it alone, sometimes together, with the two methods with which he was familiar. Both methods brought startlingly successful results. Yale was careful to note that, when he added the use of the Rife ray to his other radiation, cancerous masses "have disappeared in about one–tenth the time and so far with no reoccurrences."

Dr. Arthur Isaac Kendall, whose "K" medium Rife had used in his experimentation, was also determined to check whether viable bacteria in the filterable state could be unequivocally seen by Rife's microscope. Kendall had been working with cultures of typhoid bacillus and, under a standard microscope, had been able to detect a swarm of active granules that could be seen only as tiny motile points. Because nothing of their individual structure could be ascertained, Kendall could not diagnose them with certainty to be filterable forms of the bacillus.

In order to make certain, he went to California in late November of 1931 and examined his cultures under a Rife microscope at 5,000 diameters in the Pathological Laboratory of the Pasadena Hospital. The facilities were afforded through the offices of the same Drs. Johnson and Foord who had worked with Rife on the BX.

When Rife finally got them in focus, the tiny granules were seen to be bright, highly motile, turquoise–blue bodies, which, to quote the report he coauthored with Kendall, "contrasted strikingly both in color and in their active motion with the noncolored debris of the medium." The same observations were repeated eight separate times, the complete absence of similar bodies in uninoculated control media being noted.

To further confirm their findings, Rife and Kendall next examined eighteen–hour–old specially cultured and inoculated colonies of the same bacillus because they had determined that it was precisely at this stage of growth that they became filterable. Now they could see three transitional forms of the same organism: one, the normal bacillus itself, almost devoid of color; two, the same bacillus but with a prominent turquoise blue granule at one end of it; and three, the same turquoise blue granules moving about independently.

This was somewhat equivalent to being able to observe a caterpillar, its cocoon, and the butterfly that emerges from the cocoon, all simultaneously.

When they transplanted the filter–passing granules into a broth medium, they were seen under the, Rife microscope to revert back to their original bacillus, or rod–like, form.

At this juncture, the American bellwether journal Science got wind of Kendall's work and, in a news story devoted to it, referred to the new "supermicroscope" invented by Royal Raymond Rife. The same month, December 1931, the Rife–Kendall account was published in California and Western Medicine, the official mouthpiece of the state medical associations of California, Nevada, and Utah. This magazine also commented editorially that the Kendall–Rife article was to be particularly recommended to its readers because of its "calling the attention of the world to a new type of microscope which, if it fulfills its apparent advantages over any microscope thus far developed, bids fair to lay the basis for revolutionary discoveries in bacteriology and the allied sciences."

The editorial was significantly entitled "Is a New Field About to Be Opened in the Science of Bacteriology?" Apparently it was about to die aborning.

The Opposition Mounts

The following month, Kendall was invited to give the De Lamar lecture at the Johns Hopkins University School of Hygiene and Public Health in Baltimore, Maryland, before the Association of American Physicians. As a leader of the filtrationist school, he attracted the attention of his adversaries, two of whom were invited as discussants.

The first was an irascible, pugnacious curmudgeon, Dr. Thomas Rivers, of the well–heeled Rockefeller Institute of New York City, who was described by one of his institute colleagues as a "difficult and formidable person to oppose and [he] could be stubbornly inflexible in maintaining a position."

When he learned of his invitation to discuss Kendal's presentation of the work with the typhoid bacillus, Rivers hurriedly repeated experiments on which Kendall had worked for years and, by his own account, got no proof of Kendall's claim. Based on this thin evidence, he arose at the Johns Hopkins meeting and, to quote him "in a very temperate manner called the fellow a liar. Not in so many words. Actually, all I said was that I couldn't repeat this experiment and I therefore didn't believe his findings were true."

Rivers was followed in the discussion by the Harvard microbiologist, Dr. Hans Zinsser, also a "nonfiltrationist," who, to quote Rivers anew, "just gave Kendall bloody hell. I'd never seen Hans so hot in my life. I had to agree with everything he said – but I really felt sorry for poor old Kendall he just sat there and took it."

In the midst of the venom and acerbity, the only colleague to come to Kendal's aid was the grand old man of bacteriology, and first teacher of the subject in the United States, Dr. William H. "Popsy" Welch, who evidently looked upon Kendall's work with some regard.

What is of interest today is that at the Baltimore meeting there seemed to be no mention of the Rife microscope. Also, in the light of the apparent victory of the "nonfiltrationists" over those who claimed that bacteria were filterable, it was curious that Rivers could claim to have repeated Kendal's work without the use of the instrument Kendall had found so necessary to clearly reveal his filterable forms.

Kendal's work, however, attracted the rapt attention of the same Dr. Edward C. Rosenow who, in 1914, had been able to prove that strains of streptococcus were able, under the right conditions, to transmute one into the other. In that day, he had written that these "conditions were more or less obscure. They seem to call forth new or latent energies which were previously not manifest and which now have gained the ascendancy."

As a filtrationist, Rosenow was a maverick among bacteriologists up to his death at ninety–four in the 1960s. His work had convinced him, also prior to World War I, that organisms in sera – the fluids from tissues of immunized animals commonly used as antitoxins to neutralize microbes in the body – might in some patients have dangerous biological side effects.

The main implication of Rosenow's work in his own eyes was that bacteria were not as important to disease as the terrain on which they found themselves. "It would seem," he wrote in his 1914 article, "that focal infections are no longer to be looked upon merely as a place of entrance of bacteria but as a place where

conditions are favorable for them to acquire the properties which give them a wide range of affinities for various structures."

Rosenow first became aware of the Rife technique through a patient at the Mayo Clinic in Rochester, Minnesota, where Rosenow was employed. The patient was none other than the same Henry H. Timken, who had financially aided Rife to develop his microscope and begin his research in the 1920s.

Rife came to Chicago with his microscope. Kendall invited Rosenow down to the Northwestern University Medical School to work with himself and Rife on 5 May 1932. For three days, they made a restudy of the Kendall forms, Rosenow working with a Zeiss microscope, Kendall with an oil immersion dark–field instrument, and Rife with his special device. "The oval, motile, turquoise blue bodies," wrote Rosenow of this work, "described previously by Kendall and Rife were unmistakably demonstrated."

The three next decided to filter cultures of the streptococcus bacteria that Rosenow had found to be associated with poliomyelitis to see what the Rife scope might reveal. What they saw were not the blue bodies linked to the typhoid bacillus, but cocci and diplococci of a brownish gray color each surrounded by a strange halo. These could only be observed in the Rife microscope.

Moreover, filtrates of a virus considered to be the cause of encephalitis showed a considerable number of round forms, singly and in pairs, which under the special Rife illumination were pale pink in color and somewhat smaller than those seen in the poliomyelitis preparations.

Rosenow's work was panned by Rivers in public forum just as viciously as was Kendall's. This was before Rosenow had worked with the Rife microscope. "I had one run–in with him," said Rivers, "at a meeting held before the Association for Research in Nervous and Mental Diseases during Christmas week in 1931. I was pretty savage with him. Do you think that helped? Hell, no, if you ask me for my candid opinion, I think that most of the audience believed Rosenow."

This belief did not last for long. For a variety of reasons, including the very difficult methods of culturing the filterable forms of bacteria – and lack of the Rife microscope to observe them – the "church" of nonfiltrationist bacteriology, of which Rivers was later proclaimed "the apostolic father" (does one need better evidence of hierarchical priesthoods and priest craft in science?), was putting the filtrationist camp on the defensive.

Three filtrationists, writing of discoveries similar to those of Kendall, just prior to Kendal's Johns Hopkins lecture, thus considered it necessary to state in their introduction: "It has come about these days that to express convictions that differ from the consensus gentium becomes almost professional foolhardiness: It brings down the strictures of one's friends and enemies alike."

They added: "But we are also conscious of the fact that, beneath the tumult of controversy between monomorphism and pleomorphism, there is being born a new epoch in bacteriology, the limits of the significance of which and the possible expansion of which no one can yet surmise."

Like all scientific revolutions, the epoch would have to wait patiently for its time to come. Rosenow was held by his adversaries to be 100 percent wrong in many of his observations. His son, Dr. Edward C. Rosenow, Jr., chief administrative officer of the American College of Physicians, asserts that his father was all but accused by Rockefeller Institute research moguls of experimental dishonesty.

How was it that none of Kendall's or Rosenow's attackers bothered to use the Rife microscope? Rife himself admitted that he was not confident that his experiments, revealing the BX form, could ever be repeated without the use of his scope. "We do not expect any laboratory," he wrote, "to be able to produce the BX on account of the technique involved and adequate optical equipment. This is why we have never publicly announced that BX is the cause of cancer but we have succeeded in producing from its inoculation tumors with all the true characteristics and pathology of neoplastic tissue from which we have repeatedly recovered the BX virus."

At the end of his life, Rosenow was philosophic about lack of acceptance for his findings among his colleagues. "There is no way," he told his son, "to convince one's peer group of something new until their attitude of receptivity changes. They simply won't listen." This echoes the German Nobel Laureate in physics Max Planck, who stated that for new ideas to be accepted, one had to wait for a generation of scientists to die off and a new one to replace it.

The Search Continues

With respect to Rife's cancer observations, it may be that this process of replacement is now taking place.

Rife's work has a possible connection with research performed over the last twenty years by several pioneers. One pair of them are Dr. Irene Diller, a former long–time associate of the Institute for Cancer Research in Philadelphia, and Dr. Florence B. Seibert, professor emeritus of biochemistry, University of Pennsylvania.

One day in the late 1950s, Diller called Seibert, who won many awards and five honorary doctorates for her more than thirty–year–long work on tuberculosis, and asked her to come and look at some microbes on slides. On the slides, Seibert observed tiny round organisms. When Seibert learned that Diller had isolated them regularly from many other tumors, as well as from the blood of leukemia

patients, she hastened to ask whether Diller could find them in a sarcoma tumor she, Seibert, was studying.

After several weeks, Diller showed Seibert a tube filled with a slightly grayish and moist–looking culture fined with small round cocci. Injected into mice, they produced cancerous tumors.

Seibert became convinced that Diller might have found a link to cancer. Because so many scientists, believing Diller's new forms to be merely "ubiquitous contaminants" in her cultures, were writing off her work as spurious, Seibert decided to continue working on the problem during her Florida retirement, first at the Mound Park – today the Bay Front – Hospital in Saint Petersburg, later at a Veterans Administration Hospital.

Blood samples from cancer patients with varying types of leukemia were obtained and from every one of them Seibert was able to isolate pleomorphic microbes. These bacterial forms were also isolated from tumors, and with a homologous vaccine they decreased tumors in mice. Just like those of the Rife–Kendall–Rosenow research, they could change from round to rod shaped and even could become long threadlike filaments, depending on what medium they were grown in and for how long. They would pass a filter and at this stage in their life cycle they were about the same size as Rife's BX forms.

Today there is great stir about, and much money devoted to, viruses in relation to the cancer problem. The most recent edition of the Encyclopedia Britannica states that "sufficient evidence has been acquired to indicate that one or more viruses probably cause cancer in man," and that carcinogens, or cancer–producing agents, "are suspected of producing cancers by activating viruses latent in the body."

But, so far, little support is given to those who ascribe bacteria and the forms into which they transmute the ability for close association with cancer. This legacy of the Nonfiltrationist School persists in the face of mounting evidence that the filtrationists may have been right all along.

These days, because various bacterial forms have been noted to have anomalies in their cellular walls – how could they develop into smaller forms if they could not leap beyond or through the walls that imprison them? They are known as Cell Wall Deficient Forms. A revolutionary new book about them has been written by the Wayne State University microbiologist Dr. Lida H. Mattman, Her text opens with the statement: "Clandestine, almost unrecognizable, polymorphous bacterial growth seems to occur as often as the stereotyped classical boxcars of bacilli and pearls of cocci ..." The book's contents would seem to indicate that the new era predicted in 1931 for filtrationist microbiology is dawning, though presently its adherents are having great difficulty both in publishing their work and getting grants for further research.

Sufficient data, writes Mattman, have been amassed to warrant reinvestigation, and adds: "There is no subject generally viewed with greater skepticism than an association between bacteria and human cancer. However, the medical profession may look back with irony at the stony reception given by his home colleagues to Koch's paper elucidating the etiology of tuberculosis. Similarly, medical students were once taught that whooping cough vaccination was an unrealistic dream reported only by two women at the Michigan Public Health Laboratories and by a pediatrician named Sauer."

Most importantly, she concludes: "One must always consider that most malignancies are accompanied by an immunodeficiency ... Therefore, we could be dealing with a microbe that finds such a host merely a suitable environment for habitation."

This is very close to Rife's own statement that he had unequivocally demonstrated that "it was the chemical constituents and chemical radicals of an organism which enacted upon the unbalanced cell metabolism of the human body to produce disease." Before he died, Rife stated: "We have in many instances produced all the symptoms of a disease chemically in experimental animals without the inoculation of any virus or bacteria into their tissues."

What, then, of Royal Raymond Rife and his microscope?

Lingering Questions

How is it that biologists and physicians, other than Kendall and Rosenow, did not rush to investigate it? Why haven't physicists looked into the effects Rife achieved with electromagnetic waves of specific frequencies upon disease, including cancer?

Similar effects were observed by Dr. Georges Lakhovsky in Paris, who developed a wave emitter called a multiwave oscillator with which he cured cancer as well as other diseases in plants and humans. The multiwave oscillator is today banned by the FDA as quackery. They have also been noted in Bordeaux by another inventor, self–taught as was Rife, Andrè Priorè, whose apparatus combines the use of electromagnetic radiation with a plasma of helium or noble gases reminiscent of Rife's method used in detecting and devitalizing BX.

Are the strange blue, motile forms that Dr, Wilhelm Reich discovered in the late 1930s and for which he coined the word bions related to the foregoing? Reich observed the bions to spontaneously proliferate from specially treated organic matter and even from coal and sand! Spontaneous generation of life was supposed to have been laid to rest in Reich's time, as it is in ours, and he was accused by fellow scientists of confusing Brownian movement of subcellular

particles or debris in his cultures with the new subcellular forms he claimed to have discovered.

In cancerous patients, Reich observed the bions to degenerate into what he called T–bacilli (the T coming from the German word Tod, meaning death). When injected into mice, they caused cancer just like Rife's BX forms.

In Copenhagen, a biophysicist named Scott Hill reports that a new book written in Russian by two researchers at the Kazakh State University in the U.S.S.R. deals with a whole new branch of medical science in which "healing" of various disorders is being accomplished by the use of ultra weak, monochromatic laser light. Shades of Rife!

The Lee Foundation for Nutritional Research in Milwaukee, Wisconsin maintains that Rife, his microscope, and his life work were tabooed by leaders in the U.S. medical profession and that any medical doctor who made use of his practical discoveries was stripped of his privileges as a member of the local medical society.

Rife himself died three or four years ago. Considerable digging has not established what happened to his estate. The remarkable instrument he conceived and developed and its photographic evidence may still be in existence. They are worth looking for.

The assistance of NAJ readers is solicited.*

[*After the above article was published, further investigation located Rife's "Universal Microscope" in a sorry state of disrepair in the San Diego home of John Crane. Efforts to rebuild it have so far been unsuccessful. A fascinating book on Rife's saga, The Cancer Cure That Worked, by Barry Lynes, was published in 1987 by Marcus Books, Toronto, Canada.]

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The Earthshaking Discoveries of Gaston Naessens

Reported by Christopher Bird

- **A MICROSCOPE that permits practitioners to view living matter at degrees of resolution far greater than state–of–the–art microscopes currently available.**
- **THE SOMATID, an ultramicrosopic subcellular living and reproducing entity, which many scientists believe is the precursor of DNA and which may be the building block of all terrestrial life.**
- **THE SOMATID CYCLE — visible in the blood of every human — which, when properly interpreted, can prediagnose degenerative diseases by up to eighteen months.**
- **714–X, a compound that has restored the perfect health of 750 out of 1,000 cancer victims and that has had equally dramatic effects with AIDS patients.**

714–X is licensed for export from Canada to any other country via a doctor's prescription mailed or faxed to C.O.S.E., 5260 Rue Fontaine, Rock Forest, Quèbec, Canada JIN 3B6; fax: (819) 564–4668; tel.: (819) 564–7883.

[Not all cancers are caused by a virus. A somewhat rare group of cancers have other causes. 714–X should be the next treatment of choice, for follow-up. Since 714–X addresses the metabolism of the cancer cell itself — which is carefully explained in the book — it would be perfectly appropriate, and safe to administer the two sequentially. The 714–X should be administered, after the body has been detoxified following the "ray treatment".]

A fifteen–page cover story, including three articles, on Gaston Naessens and his research was published in the December 1990 issue of Health Consciousness (Roy Kupsinel, M.D., editor–publisher), P.O. Box 550, Oviedo, FL 32765; fax: (407) 365–1834; tel.: (800) 727–7521. Copies can be obtained from the magazine.

A cover story on Gaston Naessens and his microscope was published in the January 1992 issue of The international Journal of Alternative and Complementary Medicine, United Kingdom. Copies can be obtained from C.O.S.E. and Writers and Research.

For physicians and biomedical professionals, the new light–gathering condenser for retrofitting to any standard dark–field microscope can be obtained from C.O.S.E.

The most experienced medical professional in the use of the condenser–retrofitted dark–field microscope is David Ganong, D.M.D., 51 Hill Street, Hanover, MA 02339; tel.: (617) 829–9066. Dr. Ganong has made extensive video footage of the somatid and its cycle.

More About Gaston Naessens

Once again; if you can see it, you can study it.

Dr. John Holt

Using 434 MHz Ultra High Frequency Radio waves To Kill Cancer Cells

I discovered in 1973 that this frequency (used throughout the continent of Europe as the standard frequency for medical purposes) will temporarily activate cancer's burning of glucose without oxygen for between 20 and 30 minutes. Millions of patients throughout Europe have been treated since 1948 with this frequency for stimulating the repair of injuries, fractures, wound healing etc without any side effects being discovered. It stimulates normal cell division, which is self limiting when repair is complete.

If the cancer cells' uptake of glucose from the blood can be blocked before applying UHF radiation the cancer cell will die. This is selective killing because it ONLY acts on the Glucose to Lactic Acid system. read more

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Vassilatos Christopher Bird investigates Rife Lynes Foye Gaston Naessens' Microscope Tec Talk

What are Nanobacteria ?

[Cause calcification in coronary artery disease]

[Now that we can see them ... We can Zap them !!!]

Nanobacteria are "Pleomorphic" which means that they have different physical forms and shapes during their life cycle. They can also change appearance, form and can alter function in response to various changing environmental conditions and factors.

NanoBacLabs

The term Nanobacteria is short for its scientific genus and species name Nanobacterium sanguineum, a Latin scientific term that means blood nanobacteria. Nanobacteria are nano-sized in that they are from 20-200 nanometers in size and are the smallest known self-replicating bacteria (a nanometer is 1 billionth of a meter and is approximately the width of ten hydrogen atoms side-to-side).

Nanobacterium sanguineum is recognized as an emerging infectious disease. Nanobacteria have been shown to cause the calcification in coronary artery disease and vascular disease atherosclerotic plaque. (Miller V, et al, Mayo Clinic, Journal American College of Cardiology, March 2002 and Submitted to CIRCULATION August, 2002; Laszlo Puskas, PhD, University of Szeged, Hungary, Unpublished study submitted to CIRCULATION).

Nanobacterial infection has also been shown by multiple researchers to be the cause of other disease-related pathological calcification. Nanobacterial DNA / RNA and Lipopolysaccaride (LPS) profiles have been mapped by scientists at multiple universities. The discoverers of nanobacteria, Drs. Neva Ciftcioglu, PhD and Olavi Kajander, MD, PhD have developed the patented antigen and antibody blood and urine tests for nanobacterial infection. NanobacLabs offers these tests as the NanobacTEST-S (blood) and NanobacTEST-U/A (urine). NanobacLabs has also developed prescription nanobiotics: NanobacTX and UroBac for the treatment of nanobacterial infections, with more nanobiotics in the development stage.

Nanobacteria are extremely small, slowly growing bacteria that can be cultured from the blood of humans and mammals. When compared to regular bacteria, these Nanobacteria are 1/100 to 1/1,000 the size, allowing them to easily move around into other cells and invade/infect them. Nanobacteria have the ability to kill human tissue cells, human immune system cells and other bacteria. Nanobacterial infection can cause alteration of cellular RNA and DNA gene-expression patterns in infected cells... this process can lead to genetic alteration, abnormal cell growth or proliferation rates.

When compared to other bacteria, Nanobacteria grow very slowly, only reproducing every 3 to 6 days, whereas regular bacteria reproduce in minutes or hours. Nanobacteria cannot be grown in standard culture media and can only be grown in mammalian blood or serum.

Nanobacteria were discovered in 1988 by the Finnish scientists, Neva Ciftcioglu, PhD and Olavi Kajander, MD, PhD as a contaminant that killed cell cultures. They have been the lead researchers in nanobacterial physiology and pathology for nearly 14 years and are regarded by scientists as the definitive experts on nanobacteria. They currently guide and teach nanobacterial researchers all over the world. — Source + Pictures —

Chronic inflammatory responses are seen in areas where nanobacteria are found. Nanobacteria can infect any tissue or cell and have even been photographed actively killing T-6 Lymphocytes, an important component of our immune defense system. Nanobacteria have been isolated from IPV polio vaccine, Human Immune Gamma Globulin (IgG), Fetal Bovine Serum (FBS) and are therefore expected as potential contaminants in other human biologicals made with FBS. Nanobacteria

are known to cause infections in humans, cattle, deer and are suspected to be infectious agents in other mammals.

The nanobacteria-secreted calcium biofilm hardens around the nanobacteria forming a hard calcium apatite protective shell. In the calcified state, nanobacteria can either reproduce upon themselves forming aggregate budding-like clusters or they can just remain in a state of calcified dormancy. Our body does not recognize dormant calcified nanobacteria as a foreign substance or pathogen.

When in calcified form, our bodies see nanobacteria as common calcium, a substance found throughout our bodies at all times. It is ONLY when they secrete their irritating endotoxic biofilm that our immune system becomes alarmed and responds with inflammation.

Dormant Nanobacteria have the ability to be dormant and to become active at a later time.

Because of the unique genetic characteristics of Nanobacterium sanguineum, its pleomorphism, its incredibly small size and extremely slow growth rate, it had eluded scientific detection until discovered by Drs. Ciftcioglu and Kajander.

NanobacLabs now has available the nanobacTEST-S, the only blood test for Nanobacteria Antigen and Antibodies. The NanobacTEST-S checks for active nanobacterial infection and/or recent exposure to nanobacteria. NanobacLabs also has the NanobacTEST-U/A, a rapid urine screening test for nanobacteria that can be done in a doctor's office with results available in minutes.

For 20+ years, researchers have been trying to implicate the involvement of Chlamydia in atherosclerostic plaque development. Because atherosclerotic plaques have occasionally been found to be positive to Chlamydia ELISA tests, researchers in the past thought that Chlamydia was involved as a cause of atherosclerosis. Researchers have not been able to routinely culture Chlamydia from atherosclerotic plaque. The lack of Chlamydia on culture has caused medical researchers to abandon this line of thought (American Heart Association recommendations). Nanobacteria cause a "false positive" on Chlamydia ELISA testing. Since researchers have not cultured Chlamydia from atherosclerotic plaque after much effort, it seems probable that the positive Chlamydia ELISA tests were actually caused by Nanobacterium sanguineum.

As reported at the 101st (May 23, 2001) and 102nd (May 22, 2002) General Meetings of the American Society for Microbiology, Nanobacteria has been found to be a contaminant in previously assumed-to-be-sterile medical products, specifically IPV Polio Vaccine and Human Immune Gamma Globulin (IgG). Most human biologicals and vaccines are made in fetal bovine serum, a medium that is known to be contaminated with nanobacteria. In order to prevent this problem in the future, human biological products must be made in Nano-Free Culture medium (filtered first through 20 nanometer filters, Gamma-Irradiated with 150

megarads and then heated to 90 degrees Centigrade for at least an hour to kill any nanobacteria present).

Nanobacteria has been shown by multiple scientific researchers to be the cause of pathological (disease-causing) calcification deposits in humans and mammals. If you have calcification deposits in your body that you were not born with, they are probably secondary to a nanobacterial infection. Some of the diseases involved with pathological calcification deposits are: Atherosclerotic Plaque, Coronary Artery Disease, Heart Plaque, Kidney Stones, Polycystic Kidney Disease (PKD), Cataracts, Glaucoma, CREST, Scleroderma, Psoriasis, Eczema, Lichen planus, Liver Cysts, Breast Calcification, Prostate Calcification, Dental Plaque, Periodontal Disease, Dental Pulp Stones, Arthritis, Fibromyalgia, Brain Sand and some Cancers.

We have also been led to study potential nanobacterial involvement in the development of other disorders such as Multiple Sclerosis, Lou Gehrig's and Alzheimer's Disease and Autism. Our NanobacLabs Research Institute is dedicated to studying nanobacteria and how they may be involved in the development of these diseases. If the association between nanobacterial infection is made, then our goal is to develop effective diagnostics and prescription treatment.

Prior to the nanobacterial infection explanation, there was no valid medical or scientific explanation for pathological calcification in humans and mammals. Nanobacterial infection is the only valid explanation. Only nanobacteria cause tissue calcifications that grow at sub-saturation tissue levels. When explained to most physicians, their general response has been profound. They usually say something to the effect: "Wow, it All makes sense now!"

Submitted by Jane Kress

Vitamin C can Help Control Nanobacterial Infections

Using Di-sodium EDTA to dissolve the shells of Nanobacteria

Vassilatos Christopher Bird investigates Rife Lynes Foye Gaston Naessens' Microscope Nanobacteria

The "Ergonom 500"

A Modern Ultra-Microscope

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Latest Information

Bernard Muschlein, [a] German gentleman, heads a research team which uses a powerful new microscope, the Ergonom 400, to study illnesses such as cancer, AIDS and Legionnaire's Disease. The group's findings are challenging long-held assumptions on the nature of disease itself.

Until now, light-source microscopes could reach magnifications of about 2,000 times allowing limited live observation of bacteria, but not of smaller, virus-sized micro-organisms. Electron microscopes can reach magnifications of up to 400,000 times but because they work with x-rays and an evaporated vacuum, cannot be used to view living cultures. The Ergonom 400, a 'light-source-like' microscope with magnification capability of 25,000 times allows observers to view, for long periods, the development cycle of living micro-organisms as small as viruses. ...

... "In the beginning, facts do not speak for themselves," Muschlein says in one of [his] videos. "One has to speak for them until they become the common knowledge of humanity."

The "facts" referred to by Muschlein run "contrary to orthodox medicine, and completely contrary to orthodox research." But not contrary to some unorthodox, or at least largely unknown, research conducted over the past 100 years. In the late 19th century, Antoine Bechamp, a French biochemist and toxicologist, discovered tiny, moving bodies in everything from human beings, animals, and plants, to soil, swamps, air, and water. He called these microscopic forms 'microzymas', and believed they were one of the fundamental building blocks of life. Bechamp found that when a life-threathening trauma occurred in an organism, the microzymas could change form and begin destroying the body of their host. Similarly, these microbes could 'devolve' back into their previous, benign state.

Bechamp concluded that certain conditions in an organism evoked the appearance of specific micro-organisms, and that such micro-organisms were, therefore, a symptom rather than a final cause of disease. Changes which took place within the body led to disease states, he said.

Bechamp's theory of pleomorphism (the occurrence of more than one distinct form of an organism in a single life cycle) contradicted the 'germ' theory espoused by his more famous contemporary and rival, Louis Pasteur, who

determined that germs from outside the body caused disease. Pasteur's theory has held sway in Western medicine for over a century.

But Bechamp was only the first in a long line of researchers who have found evidence of pleomorphism. Gunther Enderlein, in the first third of the 20th century, discovered form-changing micro-organisms which he called 'endobionts'. Von Brahmer later called them 'Siphonosospora polymorpha'. The contemporary Canadian biologist, Gaston Naessens, has viewed and studied the life cycle of such bodies, which he calls 'somatids'. Over the years, others, including the extraordinary microscope inventor and scientist, Royal Rife, have also provided evidence of pleomorphism.

Muschlein's work with the Ergonom 400 follows in this tradition. "Von Brahmer and others found a special microbe in the human blood," Muschlein says. "This microbe is present in all human beings. In its early stages of development, it is symbiotic, living friendly within the body, in harmony with the immune system. When a person becomes weakened, by surgery, infection, vaccination, stress, and so on, the microbe changes its cyclogenia (cycle of development). It becomes larger, aggressive, pathogenic, parasitic. These larger forms are found in the blood of people threatened by, or suffering from, cancer. With the Ergonom 400 one can observe at what stage this microbe exists."

By examining the stage of development of this micro-organism in the blood, Muschlein says, one can determine the state of health, or conversely, the level of pre-cancerous or cancerous conditions in the body. One substance that tends to change this micro-organism into larger, more aggressive forms is that old nemesis, sugar. "That means a cancer patient cannot eat refined sugar," Muschlein says. Beyond that, anyone who is sick who wants to heal should also not eat sugar, he contends.

Which foods tend to strengthen the immune system? "Salads," he says. "But for that observation, you don't need the Ergonom 400." ...

The full article by Monte Leach

Top of page — This Page's Introduction

The Tortoise Shell "Hydroponic Reference Center"

Vassilatos **Christopher Bird investigates Rife** **Lynes** **Foye** **Gaston Naessens' Microscope** **Nanobacteria**

**Real Scientific Progress is achieved by looking at things from many different view points,
discussing possibilities, doing experiments and then going through the whole cycle again.**

We know, that Rife's "ray machine" was generating a special form of light. However, Dr. Rife lacked the language and paradigm to properly describe what he was seeing and doing. [The fact that the rays would penetrate metal cabinets is an important clue.]

The scientific community was introduced to this paradigm, when the study of "Superconductivity" was undertaken. Here we learned about "Cooper Pairs" — pairs of electrons with complementary spins that are coupled together magnetically. We learned that current only flows through a superconductor as Cooper Pairs — single electrons find super conducting materials to be a perfect insulator!

We then learned, that light was actually Cooper Pairs, which have been given oscillatory energy — (any part of the electromagnetic spectrum)— and accelerated away from their source. This is what gives light its wave properties — what are known as "Hertzian Waves".
(I then realized what was going on within the broadcast equipment that I shepard.)

Cooper Pairs can also be accelerated in a straight line, giving them the properties of "rays" and "beams". Our tube TV's are designed to safely do this, in order to scan a picture for us. Cooper Pairs are formed in a vacuum, and then are accelerated and focused on a phosphor coating to produce the picture. Change things around a little bit and you have an X–Ray tube.

Using his special microscope Dr. Rife was able to observe LIVING organisms — something that an electron microscope can't do — while he performed his experiments. He learned that because of their small size, viruses strongly process the characteristics of crystals, allowing for resonate destruction. With his equipment, he was able to scientifically determine that viruses are 2,000 times more sensitive to pulsed electronic radiation, than our normal cells.

Dr. Rife used gentle, perfectly timed, sine wave pulses of Cooper Pairs to literally shatter viruses and bacteria, just as the "Crystalline Entity" was destroyed on Star Trek. The problem of how to get gentle pulses to penetrate the body properly and completely was also addressed.

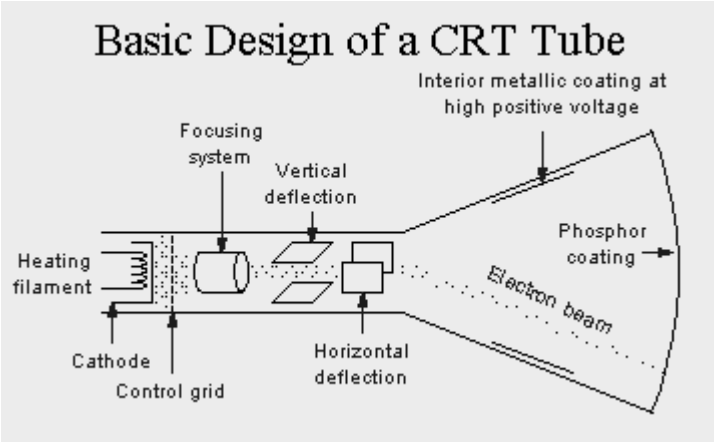
Engineering Cooper Pairs

– Modified Atmosphere X-ray Tube –

X-rays are members of the electro-magnetic spectrum and therefore are a form of light. Dr. Rife knew he needed to explore light energy with a lower frequency than X-rays, and he wanted the light photons in the form of rays, rather than light photons with Hertzian wave movements — which are quickly absorbed by the surface of our skin, etc. His idea of using an X-ray tube that no longer would produce X-rays was a brilliant idea, since the tube was still able to produce abundant "Cooper Pairs" at lower frequencies.

At the time he was doing his research, these tubes were perhaps the best choice possible. However, today we have ways of producing "light rays" in a much more efficient and controllable manner.

The key is to realize, that we are working with "Cooper Pairs" — coupled pairs of electrons that are being accelerated in a straight line, thereby producing rays, rather than Hertzian waves — which give light the quality of color, etc. Because "Rays" are going in a straight line — Hertzian Waves move side to side also — they can travel with a forward velocity that is greater than "C". It is also possible to make them stand still, and in superconductors, it is reported that they travel "at the speed of sound" through a loss less nodal complex of "high spin state" mono-atomic atoms — an atom free of chemical bonds.



Nikola Tesla measured speeds of 157% "C" — 471,240 Kilometers per second — across the "ideal" surface of the earth, when he studied electric resonance, and I have measured speeds of around 130+% in several of my resonate coil experiments — a value, which broadcast engineers would expect in a medium. Many times, when Tesla would talk "Wave Length", he was thinking of this velocity. [A recent lab experiment measured a velocity of 1.7 times the speed of light.]

Electrons, and Cooper Pairs especially, possess optical qualities. Sir William Crookes observed this in 1890, but many have overlooked this engineering possibility.

A "Cathode Ray Tube" is designed to utilize these qualities and can be optimized to create, focus and direct "Cooper Pairs" of the desired qualities in order to recreate Dr. Rife's desired effects.

[Let's quickly go through this: Opposite charges attract, Like charges repel. Points are good electron emitters. If electrons are placed inside a negatively charged tube, they will gather along the center axis. If electrons are freed from the electro-magnetic influences of atomic nuclei, they will magnetically couple and form Cooper Pairs. It appears that, if electrons experience a strong electrical impulse, they can materialize their complement from "Zero Point Energy".

The CRT: The tube heater raises the temperature of the cathode to increase emissivity. The cathode is connected to a source of electrons. The first control grid controls the flow of electrons into the focus tube, and can alternately be biased to prevent back-flow. The focus tube concentrates the electrons along its center axis and frees them from nuclear influences. A second control grid on the focus tube output would control the exit properties of the system. The negative charges are accelerated towards the screen / exit by a high positive voltage on the metallic coating on the tube interior. The phosphor coating adds Hertzian wave properties to the energy flow, and we now have a spot of visible light in the center of the screen. Complementary charges on the deflection plates can direct the spot of light to any part of the screen. The shape of many CRTs is engineered, so that the voltage applied to the interior metallic coating produces an electrostatic field, that assists the beam deflection when directed toward the outer edges.

Project Considerations: Applying a strong pulse or waveform to the focus tube's bias voltage may enhance the formation of Cooper Pairs. There is a good chance, however, that enough will be created naturally to kill viruses in biological life forms. Placing a positive voltage on All Four focus plates will cause the target spot to become diffused over a larger area such as that encompassed by your subject. The penetrating power — immunity from capture by an atom — of Cooper Pairs is increased if there is a large angular momentum imparted into their new axis of possible rotation. Pulse timing is EXTREMELY Critical! If the timing is off by only a few cycles per second, the pulse energy won't couple into the resonate domain. One must consider the influences of temperature, etc. on the resonate properties of the target.

Since the tube's anode is designed to aid beam deflection, the positive field is not being applied at the optimum geometric location. Painting a conductive mask over the "unused center portion" of the tube's face — around the exit area — wiring it, and then covering it with high voltage insulation (corona dope) will enhance forward acceleration of the Cooper Pairs.

A Possibly IDEAL arrangement: The cathode point(s) are heated, and a negative pulse is applied. The voltage will determine the number of electrons sent into the focus tube. The pulse width and timing must be in the proper sequence. The focus tube exit control grid is set very negative, allowing electrons to accumulate inside the focus tube. A high positive voltage on the first control grid will help pull and direct electrons from the cathode into the tube. Once past the control grid, the electrons will experience a breaking effect on their forward velocity. Once the electrons have entered the focus tube, the first control grid is biased very negative, and the electrons thus are totally confined. Next, a very, very short high voltage pulse is applied to the focus tube (and grids) to facilitate Cooper Pair formation. Then, the exit control grid is briefly made positive, while a high voltage pulse is applied to the anode. The voltage of the pulse will determine the forward velocity of the Cooper Pairs and the anode should go negative as soon as the Cooper Pair pulse passes.

The pulse duration needs to be a nanosecond, or even much less, to be properly effective. The pulse frequency needs to range from a few per second to around 50 million. This timing can easily be accomplished with today's "off the shelf" ICs.

We must remember, that the X-ray tube Rife used is basically a form of an arc light — an electric spark gap. Spark gap technology generates a large number of energy components, which may or may not involve themselves in producing the desired effect. This means simply, that the Cooper Pair concept may need a helping hand in order to reproduce Dr. Rife's experiments. Dr. Rife used a "Heath Kit" field strength meter to determine the output pattern, and the field intensity from his "X-ray" tubes. Maybe we can find another use for all those black and white TVs we are suppose to throw away in a couple of years.]

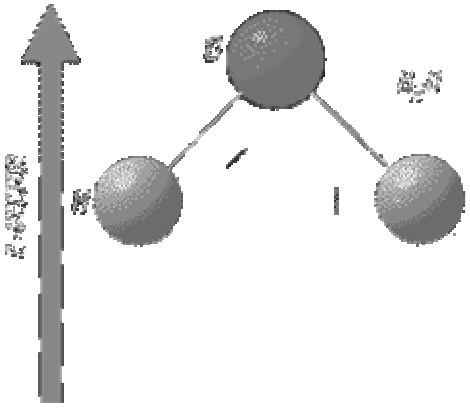
Why Use Pulsed Cooper Pairs?

... to Destroy Harmful Organisms, instead of ...

Pushing a Swinger

We can start with the analogy of a swing and some one pushing it. One quickly learns that the most effective way of putting energy into the swing is to apply a strong push impulse at just the right moment.

If we keep adding energy to the swing, at one point it will move up and over the pole and will attempt to continue in a circular motion. The same laws of motion, that the swing follows here in our "mechanical universe", also apply to micro-organisms and molecular structures — All chemical bonds behave a bit like the swing.



Oxygen-Hydrogen Bond Oscillation

Chemical bonds also behave, in some ways, like a "rubber-band" stretching back and forth, plus wiggling / vibrating. We call these energies "Heat". If there is no vibratory motion here, we have achieved "Absolute Zero".

Chemical Bonds each have unique resonate qualities, which allows the bond to collect and hold energy. This resonance allows the chemical bond to accumulate energy to the point, where enough energy can be gathered to counter the force that is bonding the atoms together, and the valence bond then breaks. **Action — Reaction**

The uniqueness of these resonate qualities, allows one to target specific bonds between atoms. In fact, resonance is one method we use to identify atomic bonds, and is a well-known technology. The sample is "pinged" and we then listen for the unique resonances that define the sample's properties.

Continuous Force Application

Much of our technology however, is based on systems that apply energy to the whole period of the oscillation cycle. This is very much like having the one pushing the swing, run back and forth with the swing while adding energy to it. Try it sometime. It's not at all easy, and really not very effective. As we learned above, timed pulses produce the best results for this type of resonance.

One of the problems this poses for broadcast engineers is that since the swing (antenna) and pusher (transmitter) are coupled together and interact, if your timing is not perfect with respect to phase relationships, the swing can "hit the chin of the pusher". Many radio transmitters have been destroyed as a result of this type of timing mismatch.

In addition, the swing isn't fully expressing its natural resonate abilities, since the properties of the transmitter are being reflected into the antenna. Bouncing, twisting, and side-to-side motions are inhibited by the transmitter properties.

Another issue is that the transmitter can be "tuned" to cause the antenna to "work" at a point, that is not its optimum resonate frequency. This greatly affects the swing's ability to accumulate and store energy and an antenna's ability to create Cooper Pairs efficiently.

Normal Electron Flow — a current of individual atoms — moves through a material's lattice network by hopping from atom-to-atom along the valence orbitals. There is the possibility, that some of the electrons, which are sent into a material never come out. Other electrons from the material can be sent out in their place to continue the current.

Because these electrons actually occupy an atom's orbital, they can and do establish magnetic relationships with the atom's nucleus. In so doing, it is possible for them to alter chemical reactions by disrupting valence bonds. Expressed another way, single (unpaired) electrons cause ionization in fluids.

Electrons follow the path of least resistance, not the shortest route between points. Because, like charges repel each other, electrons mostly flow on the surfaces of wires and skin. When bipolar wires are attached to the skin, one finds very little energy actually flowing through the body internally.

A most important issue regarding "current electricity" is what happens when electrons are added or removed from the body's chemistry. The chemistry in our bodies runs on electricity and is in a very delicate state of balance — this is what allows life to work through the chemical exchange process. The electrical state of our body's chemistry is expressed with the term "Zeta Potential".

Zeta Potential is a voltage expression that correlates to the virtual electrical potential between entities in a fluid. In essence and fact, it is "Mother Nature's Anti-collision System" and is responsible for keeping things separated. Although positive values of Zeta Potential have industrial applications, it is the negative voltage potential that our bio-system operates through. The large negative potential that Nature creates, allows body fluids to carry large quantities of solute, and a large number of items in suspension — blood cells etc.

Since Zeta Potential is the primary influence that keeps things in solution / suspension, any device which removes electrons from the body can cause blood cells to clump together creating blockages, and minerals to come out of solution creating plaque. Cooper Pairs on the other hand, can pass through the body without engaging in chemical reactions and their large negative voltage value can actually enhance body chemistry. They can actually be within a chemical system, enhancing it, without occupying an atom's orbital.

Single electrons possess an uncommitted magnetic component, which is "reaching out" attempting to make a connection with the nucleus of an atom. In a dynamic medium, this is visualized by imagining two tornado type vortices emerging from the ends of the axis of rotation. A free electron has a large magnetic component. Cooper Pairs, on the other hand, are connected by short tight helixes, between the axis of rotation. Therefore, Cooper Pairs have a large electrical component and a small magnetic one — this of course, is part of the classic definition of a light photon.

Mechanism of Resonate destruction: When one visualizes the structure of the atomic world, one is most impressed by the fact, that from a "Matter View Point" there is MOSTLY NOTHING THERE !!! Even the densest matter is mostly empty space.

Visualizing an atom on the scale of our solar system with comets included provides one with a good approximation of the ratios we are talking about. This means that a particle as small as a Cooper Pair (a small planet) has an extremely small chance of actually hitting the nucleus of an atom (the sun), when it passes through matter (the solar system) in a straight line. So thinking in terms of transferring energy through mechanical impacts is quite unproductive. The idea is to add energy to a portion of the atomic system, without destroying atoms and creating a further mess in the process — unlike charges cancel each other.

Lessons from our space program can allow us to better visualize the effect we desire to create. We have learned how to project our spacecraft past a planet in a manner, that allows the craft to increase its momentum by transferring some of the planet's to itself. The reverse is true also. A passing object can transfer some of its energy to another body, if there is an energy connection. The connection here is the electric force. If the timing is perfect, energy can be transferred as the Cooper Pair approaches and then again as it moves away. What we are looking at is basic orbital mechanics — on the atomic scale — engineered with the electric force. This means we can effectively transfer momentum from the Cooper Pair to the atom without physical contact.

Therefore, by determining a critical bond in our target, and then identifying its resonate frequency (period of rotation), we can project short pulses of energy into our target, which will cause only this specific bond to come apart.

Cooper Pairs constitute a wonderful cosmic toy for us to play with here. Knowingly and unknowingly, we have brought many devices to the market place, which take advantage of the properties of these little entities.

- **Cooper Pairs have a "double electron charge" in a small geometrical space.**
- **We can put a lot of momentum into them.**
- **They can be focused.**
- **They can easily be manipulated.**
- **They respond well to applied impulse energy.**

They are indeed, very well suited for this type of atomic "Pin Ball Game".

Officially published on March 12, 2003
Put this knowledge to good use.

More Coming ...

The 1939 Rife "Beam Ray Machine"

Actual Pictures and Diagrams - enough info to build one

This page is dedicated to my sister Jean Beyers (Cichanowski), who would be alive today, if this technology had not been suppressed. A million dollars spent at the Mayo Clinic on current practices didn't save her life. This would have.

**[My father's Mayo Clinic bill (2002 – 2003) was over $500,000.00. That is more money than he earned during his entire working life !!! There is no way the current system can work with numbers like these. Jean, her mother, and grandmother, All died leaving very young children to learn about life on their own.
It's no wonder that history like this gets lost.]**

Don't wait until you are sick !!! Tell others about this now !!!

Join the "Cosmic Mind" and Visualize "Wellness" for All.

—— Tommy Cichanowski ——
Send me an Email
Your thinking and comments are invited.

The Mind Body Connection

I have always known that one's mental state controls one's physical state. The problem has always been to show that scientifically.

Dr. Hamer of Germany has been able to do this !!!

[Dr. Hamer has had an exceptionally high success rate with his cancer therapy, by far the highest I have seen of any therapy — Walter Last.]

Dr. Hamer focuses on conflict-shock. He determined that a short circuit occurs in a pre-determined place of the brain at the time when severe stress occurs. This can be photographed with computed-tomography (CT) and looks like concentric rings on a shooting target or like the surface of water after a stone has been dropped into it.

Later on, if the conflict becomes resolved, the CT image changes, an edema develop, and finally scar tissue.

People, who do not resolve their mental issues, almost always have the disease or another reoccur.

Laughter Is The Best Medicine

Native American Indian Healers Stress "Harmony" in Treating Illness

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Vassilatos Christopher Bird investigates Lynes Foye Gaston Naessens' Microscope Nanobacteria Tec Talk

" The Royal Rife Story "

(MP3 Audio Clips from a MPEG Video Documentary — about 1 hour total time.)

Desposition of Royal R Rife

Taken in the city of Tijuana, Baja California, Republic of Mexico - March 7, 1961
[This is very informative — Dr. R. Raymond Rife's own description of his work.]

The Web Site of Dr. R. Raymond Rife

The "Ergonom Series" of Ultra-Microscopes

The Importance of Detoxification Treatments

A Radical Cancer Treatment Using Electromagnetism

The Art of Healing Ourselves

Hydrazine Sulfate

Using Hydroponics to Understand the Earth's Life Processes

On the Atomic Level

Tommy's History of Western Technology

Understanding that Nature Obeys Rules !

Living Without War

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The Tortoise Shell "Science of Health" Newsletter

— Putting an End to Disease on Our Planet —

Why Animals Don't Get Heart Attacks ... But People Do!

Matthias Rath, MD discusses his studies with Vitamin C and other Nutrients

Animals have an Enzyme in their Livers that makes Vitamin C !!! Lots of it !!!
Vitamin C controls "Free Radicals" a major factor in Curing Cancer

Tortoise Shell Life Science Puzzle Box - Front Page

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