

ELECTROMAGNETIC FIELD THERAPY

Data compiled by;
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I. Introduction

A. Mode of Action (presumptive)

By subjecting conductive particles (e.g., bacteria & viruses) to an intense electromagnetic field, which is specifically modulated to approach that particle's inherent resonant frequency, we presume that such a particle might disintegrate. The following table gives the critical resonant frequencies of several viruses and bacteria (presumptive).

<u>MICRO-ORGANISM</u>	<u>FREQUENCY IN C.P.S.</u>
Tetanus	120
Treponema	660
Gonorrhea	712
Staphylococci	728
Pneumococci	776
Streptothrix (fungus)	784
Streptococci	880
Typhoid bacteria	712
Typhoid virus	1862
Bacillus Coli Rod Form	800
Bacillus Coli Virus	1552
Tuberculosis Rod Form	803
Tuberculosis Virus	1552
Sarcoma (all forms, ?)	2008
Carcinoma (all forms, ?)	2128

B. Physical Properties

Radio Wave transmission is used as a carrier wave. We use between 3100 KO and 3300 KC (This does not appear to be a critical value). The carrier wave is modified with specific cycles per second modulations. We believe that the CPS is a critical value and it actually may prove to be the most important factor which this research may offer.

C. Equipment

1. A 5 Watt Radio Transmitter with a preauditory Oscillator circuit attached to give specific CPS modulations to the 3100 KC carrier wave.
2. A Hewlett-Packard Electronic Counter to give CPS control.
3. A Heathkit Radio wave meter to evaluate the intensity and

field of radiowave output.

d. History

In the 1930's, a Mr. Royal R. Rife, then of Chicago and later of California, believed he could destroy bacteria if he could make them vibrate at their inherent resonant frequency. Being an engineer as well as a bacteriologist, and having been impressed with studies of the radio under Marconi, he observed the effects of various physical modalities on bacterial cultures. After numerous attempts to impress the cultures with various radio-band frequencies (diathermy), he finally noted favorable results when using modulated frequencies. He persued his work and developed the critical CPS modulations as listed above in I-A.

Apparently, Mr. Rife was unwilling to divulge his entire findings to those in the medical profession whose endorsement he sought. Consequently, his entire research was set aside as quackery. In the 1950's, Mr. Rife gave his entire data on the Electromagnetic Field Therapy (EFT) to another engineer, Mr. Crane. Through Mr. Crane, I was able to obtain, in 1957, the original data of Mr. Rife. Since the presumptive mode of action of EFT seemed plausible to me, and since the physical properties used in these low intensities seemed reasonably safe, I felt compelled to investigate the data further.

II. Clinical and Laboratory Experiences Conducted in Dayton, Ohio from 1957 to 1963, using the Specifically Modulated EFT Modality.

A. Rat Experiment

This experiment was conducted under the observation and attestation of Robert Zipf, M.D., Director of Medical Research at Miami Valley Hospital (also Montgomery County coroner), and B. J. Katchman, Ph. D., Director of the Laboratory. Chloroleukemic Sprague-Dawley rats were used.

1. Experimental Plan. The plan called for 16 suckling rats to be injected with standard doses of rat leukemic whole blood, of which 8 were to be treated with EFT, the other 8 to serve as controls. In addition, 8 suckling rats, without injection, were to be treated with EFT.
2. Treatment. The rats were to receive treatment the day following injection, every Monday, Wednesday, and Friday at 10:00 A.M. during the experiment. Dr. Stafford gave the treatments, using 3100 KC carrier waves modulated as follows:

784 cps for 4 minutes
728 cps for 4 minutes
880 cps for 4 minutes
2128 cps for 4 minutes
2008 cps for 4 minutes

The rats, both injected and non-injected, were placed in a container and treated at the same time.

3. Results

- a. Injected and Non-treated Group.
Only three rats were available as controls at the time this experiment was begun. These animals were all positive with respect to chloroma at death:

Days Post - Injection (death):

	43 days	
	39 days	
	<u>49 days</u>	
3)	131	= 43.6 average date of death

- b. Injected and Treated Group.
In this group, there are recorded 7 injected animals. Of these, 4 animals died and were positive for chloroma as follows:

Days Post-Injection (death):

	55 days	
	53 days	
	48 days	
	<u>46 days</u>	
4)	202	= 50.5 average date of death

One experimental animal surviving the experiment was sacrificed at 98 days and found positive; in addition to the usual autopsy identification, whole blood from this animal had the ability to transplant leukemia in suckling rats. The remaining two rats were asymptomatic, both during the experiment and at autopsy. It is possible that these animals never had a good injection, or that the animals had rejected the transplant.

- c. Non-Injected and Treated Group.
All 9 animals in this group were sacrificed at the end of the experiment (98 days). No abnormalities were noted.
4. Conclusion. The paucity of data precludes any firm or positive conclusions. However, the data do indicate that the treatment has some effect, at least insofar as one is able to interpret the apparent increase in life-span in the treated animals. This preliminary study indicates, at least, that more elaborate experiments will be necessary if this type of treatment is to be effectively evaluated.

B. Dog Experiment

The first animate object which we treated here in Dayton in 1957 was my 10 year old dog, Skipper. Skip had always been a very active dog until he began to develop cataracts in 1956. Concurrently, he showed signs of arthritis and he became quite weak in his hind quarters. He could no longer jump into the car nor sit up on his haunches to beg for food as had been his custom previously. When he ate, his hind quarters showed a marked tremor. He frequently had a purulent conjunctivitis. I felt that he would not live more than another year at the most. So I treated Skipper with EFT.

A most remarkable improvement occurred in Skip even after the first treatment. He was able to sit up and beg. After several more treatments he was able to jump into the car. The tremor in the hind quarters disappeared. The purulent conjunctivitis cleared, and old Skip acted like a young pup again for the next 3 years. Skipper's cataracts gradually matured and he became nearly totally blind. Finally at the age of 13 years, we felt that the most humane action would be to have Skipper destroyed - which we did. But to the very end, Skip remained strong, his coat was beautiful, and I sincerely believe that the EFT extended his happy and useful canine life at least 2 extra years.

C. Observed Effects of EFT on 16 cases of Advanced, Terminal Malignancy.

As yet, we have failed to "cure" any case of advanced, terminal malignancy. It appears in several instances that we may have impressed the disease favorably, temporarily. It is difficult to rule out the psychological, morale booster effect to the terminal patient when some definitive effort is made again in his behalf. However, several improvements have appeared to be more physical than emotional, as is demonstrated in Case #1 below. All the patients in this series were treated with the same frequencies (e.g., 728-784-880-2008-2128). Perhaps these frequencies may be wrong, or only nearly correct.

1. Case L.B., age 79 years, was admitted to College Hill Hospital, Dayton on 9/11/1957, in severe congestive heart failure and with an associated diagnosis of advanced, metastatic breast carcinoma. Her admission weight was 136 lbs. Three weeks later, her weight was 110 lbs after digitalization and diuretic regimen. However, the Ca of breast had metastasized to the cervical nodes and apparently to the para-esophageal nodes. She was having increased difficulty swallowing even liquids. Biopsy confirmed Ca (slides available) and consultation confirmed the terminal status of her malignancy.

She was given 13 EFT. During the treatments, the cervical nodes softened; the patient was able to resume her regular eating habits, including solid foods such as fried chicken, etc. Her strength improved. She became ambulatory and desired to go home. Soon thereafter, she fell at the bedside. Although she apparently did not sustain fracture or tissue injury, her condition deteriorated

rapidly after the fall, and intractable decompensation developed. She died on her 94th hospital day.

Autopsy was performed, and carcinoma cells were found only at the site of the original Ca in the left breast. Despite the positive findings of Ca in the pretreatment biopsies of the right breast and neck, no evidence remained of Ca in these areas at autopsy. The pathological Dx given at autopsy was:

- a. Bronchopneumonia, bilateral
 - b. Generalized arteriosclerosis
 - c. Arterial nephrosclerosis
 - d. Carcinoma of left breast with metastasis locally. Status post-irradiation. (N.B. No X'ray or radium therapy had been given to this woman at any time). 35 mm color slides are available in this case. Also, microscopic slides of pretreatment node biopsy are available.
2. Case D.C. had been admitted to C.H.H. on 9/20/1957, ten months after surgery and post-surgery irradiation for advanced cervical Ca. She had a recto-vaginal fistula. She had extreme paroxysms of pain and was very weak and bedfast. She began having rather profuse bleeding from the lower intestinal tract. During the next two months, 15 EFT were given. The intestinal bleeding stopped promptly. Her pain decreased, and her demand for narcotics practically ceased. Her strength improved, and she was able to be up in a chair at the bedside.

Her general condition improved to the point where I suggested that a colostomy be performed so by-pass the recto-vaginal fistula. This was done. No Ca was noted in the abdomen at surgery, but both ureters were markedly dilated from the obstruction of the pelvic scarring and mass. She recovered from the surgery and went home, but soon thereafter, the ureters became more obstructed, uremia developed and the patient expired. An autopsy was performed with the findings as follows:

- a. Confluent bilateral bronchopneumonia
 - b. Hydronephrosis of the right kidney
 - c. Pyonephrosis of the left kidney
 - d. Uremia (clinical)
 - e. Carcinoma of the uterus (clinical)
3. Case K.M., age 60 years. This patient had terminal breast Ca., with pleural metastasis which had been treated by bilateral radical mastectomy and the injection of nitrogen mustard intrapleurally prior to EFT. She was bedfast and having extreme tightness in her chest and severe racking paroxysms of coughing three or four times a day. The first EFT was given on 2/22/58; the patient noted an immediate

decrease in the tight feeling in the left axilla and in the upper anterior chest. Her coughing spells reduced to once daily and were less severe after the second EFT. She was more comfortable henceforth, but her weakness progressed and dyspnea increased. She expired on 3/12/58. At the time of her sixth EFT, both her husband and I were certain that many of the metastatic nodules on her chest wall were softer and smaller than at the beginning of treatment.

4. Case R.W., age 54 years. Dx: Carcinoma of breast with recurrent skin metastasis. After EFT in Oct., 1960, there was some softening and a slight decrease in erythema of the superficial metastatic nodules. Then there was gradual recurrence and extension of the lesions (slides available).
5. Case F.S., age 64 years. Dx: Carcinoma of breast with large left axillary nodes. (concurrent CVA). After EFT in March 1961, there was softening and decrease in size of the axillary nodes. There was no apparent effect on the primary site (her general condition was too deteriorated for surgery). After several weeks of encouraging progress at the metastatic sites, there was again resumption of unfavorable progress. (slides available)
6. Case H.B., age 73 years. Dx: Ca of prostate, surgically removed but evidence present of bony metastasis. (elevated serum phosphatase). Patient lived 6 years after surgery. EFT was given him with clinical relief of bladder irritation and decrease of low back pain. There was gradual deterioration; and eventually, intractable cardiac decompensation caused his death.
7. Case E.K., age 61 years. Dx: Ca of breast; mastectomy with recurrent superficial metastasis. After EFT, the local lesions decreased in size, hardness and erythema. Death occurred suddenly from a pulmonary embolus.
8. Case J.G., age 37 years. Dx: Astrocytoma diffusum. Following surgery by Dr. Wilder Penfield of Montreal, there was evidence of recurrence. After EFT, the use of his right hand improved and his faltering speech improved for over a year. Then deterioration progressed with increasing weakness and death.
9. Case P.Z., age 40 years. Dx: Ca of breast; post-surgery bone metastasis (terminal state). Patient noted some temporary decrease in back pain for 12 to 20 hours after each EFT. However, no signs of improvement (objective) followed EFT.

10. Case B.H., age 55 years. Dx: Malignant melanoma; post-amputation with groin metastasis. EFT failed to effect patient either beneficially or adversely.
11. Case E.W., age 58 years. Dx: Ca of lung, far advanced, inoperable. His cough was very distressing and hemoptysis had become quite a problem. After EFT, both the cough and hemoptysis were decreased during the two weeks before his death.
12. Case M.J., age 40 years. Dx: Ca of ovary with generalized carcinomatosis. In April 1959, EFT was given without benefit.
13. Case O.D., age 38 years. Dx: Ca of colon; post-surgery with liver and mesenteric node metastasis. In Oct., 1959, EFT was given without appreciable benefit.
14. Case J.B., age 55 years. Dx: Ca of stomach; post-surgical with liver metastasis. In March 1959, EFT was given without appreciable benefit.
15. Case B.B., age 58 years. Dx: Osteosarcoma of tibia, with metastasis. In Oct., 1958, EFT (modified) was given with some momentary relief of pain following each treatment. However, it was not felt that the course of the disease was influenced by EFT.
16. Case M.B., age 40 years. Dx: Ca of cervix, with generalized pelvic metastasis. In Nov., 1958, EFT (modified) was given with no appreciable benefit.

D. Observed Effects of EFT on 16 Cases with Dermatological Problem.

As one might suppose, my primary aspiration in evaluating this modality has been to add a weapon to our armamentarium in the fight against cancer. Never-the-less, I find evidence in my investigation that this modality may be of more immediate value in the field of dermatology.

Using EFT, we have treated 16 people with dermatological problems, including 7 different diagnoses. Three cases of opidermophytosis of the feet (athlete's foot) all responded very favorably.

1. Case R.W., age 16 years. Dx: Severe epidermophytosis, with secondary infection, of feet, toes and finger nails. Wet and crusted lesions for 3 weeks. The weeping stopped on the day after the first EFT. After the third EFT, the skin cleared and no more cracking of the skin occurred. Six months later, in response to a questionnaire. R.W.'s mother stated, "Roger was better after the treatments. We all feel the treatments helped".

2. Case P.G., (a surgical resident at Good Samaritan Hospital) He states, "moderately severe athlete's foot over 15 years, associated with cracking between toes, scaling of skin over plantar surface of feet and between toes, and at times, slight localized infection associated with cracking. Desenex gave only partial control." Three EFT were given in September 1960.

On June 14, 1961, Dr. P.G. states, "There was prompt disappearance within 48 - 72 hours of all signs of athlete's foot after the first EFT. No recurrence has been noted except for a very localized recurrence under a toenail in May 1961. This was successfully treated with 3 more EFT. The toenail, under which the fungus grew, was one which had been completely avulsed 6 months before and was now almost completely grown out."

Two cases of seborrhea dermatitis capitis with secondary infection responded favorably.

3. Case E.M., age 74 years. She had three open, crusting lesions of the scalp over the parietal area which had persisted for 17 years following "shingles". E.M. stated, "the scalp sores have been treated by various medicines but would never heal. After the first EFT, they have now healed - which is an amazing thing to me and my beauty operator who has taken care of my hair for 10 years".

Two cases of pyoderma were treated with very good results.

4. Case B.W., age 2 years. She had a one year history of multiple recurrent pustular lesions appearing over both buttocks (slides available). These lesions cultured out Staph. aureus. She had been treated with auto-immune vaccines, antibiotics and local hygiene measures, all of which failed to rid patient of these lesions. Immediately within one week following the last of three EFT, the lesions almost completely cleared on both buttocks. For the following month, scattered lesions did appear over the buttocks and posterior thighs. Following this, all lesions have disappeared with no return. (Since December 1960)

5. Case F.S., age 30 years. She had been treated with the usual medications for a pustular, weeping, eczematoid type lesion of both hands. Usual therapy had failed, and her hands were very swollen and painful. EFT was started on Monday, June 19, 1961. I shall quote verbatim from F.S.'s own report as follow:

Mon. 6/19/61. "Felt like needles when light got close. Most of the weeping stopped during treatment. But started again after." "Not as sore after first treatment. Some infection showed on right hand knuckle about two hours after first treatment; they itched badly."

Tues. 6/20/61. "Have a terrible odor and weeping from

both hands very heavy. Very sore in and around yellow blisters.

Wed. 6/21/61 Second EFT. "Still a heavy weeping but able to bend fingers a litter after second treatment. First time in over a week. Still have a terrible odor but very little soreness."

Thurs. 6/22/61 "Can almost close fingers completely on my right hand. Still have an odor. No soreness. Dead skin beginning to peel. A few small yellow blisters. Feet completely dried and no swelling."

Fri. 6/23/61 Third EFT. "Fingers starting to crust over. No more weeping but very tender. Still a few water blisters and also some small yellow blisters. Still have an odor but not so bad.

Sat. 6/24/61 "Odor is gone. Fingers and hands completely crusted. Still have a few yellow blisters. They itch but not sore. Still pretty stiff. Crust beginning to peel between fingers. Feet are fine.

Sun. 6/25/61 "Hard crust has begun to peel off fingers. No more infection, just tender new skin."

Mon. 6/26/61 "Hard crust all off. Can close fingers completely for first time in $2\frac{1}{2}$ weeks. Can do house work and care for family with gloves. Skin very red and tender."

Thurs. 6/29/61 "Put hands in water today without rubber gloves and no discomfort. No more peeling. Able to do anything."

Three cases of acne were treated with EFT with favorable results.

6. Case R.D., age 21 years. He developed a severe case of acne at the age of 13. At age 16, he was treated with X'ray (also diet and local regimen) with only temporary improvement. Then he had the skin of his face sandpapered, which again only gave temporary relief. Ultra-violet light therapy also failed. When I saw this boy, he was very despondent. Actually, I felt he might be considered a suicide risk, since he was withdrawing from social events because of his severe acne. EFT was given in Mar. 1961 (4 treatments). He states, "A few days after the last treatment, the results started to show. There was tremendous improvement."

His skin is now clear, and he married in 1962. His personality has changed completely. He is now very happy and "outgoing". (slides available)

7. Case C.W., age 22. (R.N. in my office) Dx: Pustular acne. Three EFT given in Oct. 1957. Within one week the lesions had dried considerably. In March 1958, she stated, "I believe that the treatments did help to improve this skin condition. The lesions are now healed and the scars are gradually fading.
8. Case A.S. and 9. Case S.S. my two teen-age daughters, who both developed acne at adolescence. I treated them with EFT. Their acne improved promptly and is under good control now.
- Four cases of poison ivy were treated with EFT with apparently good results.
10. Case D.J., age 35 years. In Feb 1958, EFT was given empirically to this woman for her poison ivy which involved both lower extremities rather severely. The bottom of both feet were heavily blistered. She states, "for four days, the discomfort of itching was unbearable". EFT was given at the end of the fourth day. She states, "that night, itching was arrested and no further discomfort felt. The process of healing required about two weeks. No further spreading during this time was manifested.
11. Case C.D., age 12. Case B.L. age 13 Case A.S. (my daughter) All three girls had very bothersome effects from poison ivy, contracted while practicing with the Fairview High School band in a recently cleared field which was lined with rampant poison ivy plants. The usual therapy failed to give relief so, remembering the case of D.J. (D-10 above), I treated all 3 girls with EFT. They all had immediate relief and proceeded to complete recovery within the next two weeks.

N.B.: I do not understand the relationship of poison ivy to infectious diseases. However, Mr. Rife presumed that there may be a fungus involved in poison ivy, if so, then a logical explanation might be assumed for its response to EFT.

Two cases of atopic dermatitis and one case of leukoplakia on the scalp were treated with EFT with no effect or improvement. No detrimental effects were noted, however.

E. Miscellaneous Data and Case Reports.

Since 1957, I have treated 60 people with the EFT, including myself, my wife, and my four children on several different occasions. Of the 60 people, 16 were cases of malignancy as described in II-C of this report. Sixteen others had dermatological problems as described in II-D of this report. The remaining 28 persons had various and sundry illnesses or complaints. Admittedly, my scientific approach to some of the problems could be criticized justifiably. Fortunately,

in all the cases treated, not one worrisome or detrimental side effect has been noted. Because of this apparent lack of danger in the use of EFT, perhaps I have been a bit lax in my use of EFT. I feel that we are operating well below the 10 milliwatts per square centimeter of body surface which the Navy Medical Department has considered conservatively safe for personnel. (see Bibliography, section III of this report).

The 28 persons under discussion in this section had clinical diagnoses as follow:

U.R.I.	6 cases
Acute Bronchitis	4 cases
Chronic Pulmonary Disease	2 cases
Fibrositis, (low back)	2 cases
Cystitis	2 cases
Bursitis	1 case
Osteo-arthritis	1 case
Acute Follicular Tonsillitis	1 case
Scleroderma	1 case
Non-specific complaints	8 cases

On file, I have signed testimonial statements in which more than 50% of the above listed patients make definitely favorable comments that their illness or complaints improved after EFT, and that they definitely attribute this improvement to the EFT. For purposes of illustration, I shall include in this section several of these cases. A questionnaire was sent to those persons treated, six months after EFT. Many of the comments quoted here were obtained on return of these questionnaire.

1. Case H.B., age 73 years. Dx: Cystitis
Survey question: "Did the symptoms of your illness disappear after the electrical treatment?"
Patients answer: "Shortly thereafter the urgency for urination was greatly decreased."
2. Case R.C., age 58 years. Dx: Chronic Cystitis
He had a T.U.R. in Feb., 1957 and had heraturia and dysuria since then. EFT was given in Oct., 1957.
Survey question: "Did the symptoms of your illness disappear after the electrical treatments?"
Patient's answer: "Yes, after the fifth treatment, I felt much better for about 3 months, then another hemorrhage occurred."

Subsequently, on cystoscopy a urinary bladder calculus was found and removed with complete relief.

3. Case S.S., age 4 years. Dx: Subacute Trachcobronchitis
She had had a severe, dry, rasping cough for 2 weeks which was especially distressing at night. There were fine crepitant rales heard over both lung fields. EFT was given. The rales disappeared, promptly.
Survey question: "Did the symptoms of your illness disappear after the electrical treatments?"

Answer (by patient's mother) "Yes. Within a 24 hour period, I believe. I definitely believe treatment improved Sandra's condition."

4. Case H.Y., age 26 years (one of my office nurses)
Dx: Acute Follicular Tonsillitis with cervical adenitis. She developed a sore throat on 10/9/57. She was treated with aureomycin and other adjunctive therapy through 10/13/57. She continued to feel terrible, with generalized aching and difficulty in swallowing. Her temperature averaged 102'. Since she had seen some good results with EFT in the office, she requested EFT for herself. This was given. Twelve hours after the first and only EFT was given her, she felt much better, she was afebrile, and the membrane was leaving the lower part of her left tonsil. By 10/16/57 she was feeling fine; and by 10/18/57, the tonsils were normal in appearance.
Survey question: "Do you believe that the electrical treatments were a definite cause of your improvement?"
Patient's answer: "Yes, partially in 12 hours, then I felt completely recovered in four days."
5. Case P.G., (surgical resident at Good Samaritan Hospital)
Dx: U.R.I. Hx: 4/12/61. "I had 24 hours Sx of clear rhinorrhea, cough, and a mild sore throat."
Patient's statement: "The rhinorrhea, cough, and sore throat disappeared and was not present the following day, nor afterward. No other Rx. was used."
6. Case E.M., age 74 years. Dx: Subdeltoid Bursitis
In Aug., 1958, bursitis started in her left shoulder, associated with severe pain and almost complete loss of the use of her left arm. Intrabursal cortisone, diathermy, and ultrasonic therapy, as well as Decadron-p.o., was given without much relief. In May, 1959, EFT was used.
She stated, "This helped immediately. Within 24 hours after the treatment (first), I noticed quite an improvement in my shoulder and arm. I could use the arm more each day and the pain had lessened so that I slept more in the next 24 hours than I had for a whole week."
Good progress continued, and the patient obtained use of her arm again.

III. Bibliography

At present, there is evidence that others are investigating the use and value of radio frequencies in the medical and para-medical sciences. Some of the references listed below may throw light on the physiological effects of EFT. Especially, I call your attention to some parallel work on magnetism and cell growth reported in Medical World News on 4/12/63. (III-L)

- A. A New Physical Method of Creating Chromosomal Aberrations, by John H. Heller - New England Institute for Medical Research. Nature, Vol 183, pp 905-906, March 28, 1959.
1. In this article, Dr. Heller has described some effects which can be obtained from a radio frequency source in the megacycle range.
 2. This same reearch was depicted in Life Magazine last year.
- B. Microwave Injury Reports Untrue, Engineer Panel Told, by Nat Snyderman in Electronic News, Monday, October 12, 1959.
1. Col. George M. Knauf, of the Air Force Missile Test Center, Patrick Air Force Base, Fla., told engineers attending a session on "Biological Effects of Micro waves." He stated, "Stories of injuries and death to personnel through microwave radiation are untrue, despite reports to the contrary in the general press and even in a reputable medical journal.
- C. Radio Waves Stop Cells from Dividing, by Dr. John Heller, The A.M.A. News, April 6, 1959.
1. Headlined on front page - more on Dr. Heller's work.
- D. The Egg and the Light Bulb. Dispulse Manufacturing Corporation of America (advertisement) Modern Medicine, November 15, 1960.
- E. From a Sick Chicken, Time Magazine, October 27, 1958 pg. 64.
Article gives specific data on safe level of microwaves as set by Navy Medical Dept. They said 10 milliwatts per square centimeter of body surface is conservatively safe per personnel.
- G. Radio Waves Peril C.M.S., N.I.H. Testimony Reveal, Medical News, 5/13/59.
Dr. Pearce Bailey describes damaging effects on monkeys using ultra-high frequency radio waves.
- H. Study of Microwave Throat Begun, Medical News, January 27, 1960.
Speculative article indicating that the Air Force plans to study effects of radiowaves following Dr. Heller's basic research (III-A&C) The protocol for the long range study was formulated by Col. George M. Knauf, (III-B)
- I. Virus in Tissues Linked to Cancer, but Role Unclear, Scope, Vol. 5, No. 41, October 12, 1960.

1. An article discussing relationship of viruses to cancer tissues.
- J. Rhythmicity, Resonance, and Wave Length, Medical Tribune, May 9, 1960.
 1. For what it may be worth.
- K. Failure is Our Most Important Product, New Medical Materia, Jan, 1961 pg. 64
 1. Humor is sometimes good for the soul, especially when anticipated results in research are not always forthcoming.
- L. Magnetism Repels Cell Growth, Medical World News, April 12, 1963.

(Copy enclosed) This interesting review may indicate the manner in which EFT effects the physiology of tissue.
- M. Body Electricity Generates New Medical Ideas, Medical World News, April 12, 1963. (copy enclosed)

IV. Conclusion.

Having worked with the specifically modulated electromagnetic field modality for the past six years, I am convinced that there exists some effective force in this form of therapy. This modality seems to exert some modifying force on the animal and human body. Unfortunately, I am equipped with neither the time nor the material to do justice to the needed research in this field.

Should a research organization become interested in further investigation of EFT, I would suggest, initially, that the Rat Experiment described in II-A of this report be repeated, using much larger numbers of animals, and varying exposure times and frequencies, etc.

Perhaps some value would result in correlating the work of Dr. Heller (III-A), whose work with the effects of radar on chromosomes may be of some parallel, but not necessarily identical effect as EFT.

If Mr. Rife's theory is right, then a method must be developed to isolate the offending organism in each specific case and find the exact frequency which causes that organism to disintegrate. These facts should be determined before treating each patient in every instance. With data of this sort available for each specific case before treatment, more consistent results should be obtained. To date, we are merely using data developed by Mr. Rife years ago. We only can hope that we are approaching the critical resonant frequency of the suspected pathogen. This is a very blind and unscientific approach, admittedly. Perhaps with adequate research, these weakness may be overcome.