

- → ☐ Clinical Electric Field paper
- → □ Charge Distributive Network as Meridians

## MESS 0044

MED 2.1 - Dermal electro-pyrrification: the release of unwanted charges finally photographed; the connection of plasma, foil, and acupuncture treatment.

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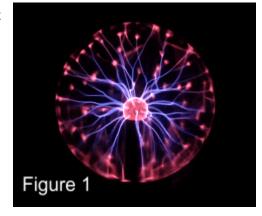
Best viewed at: <a href="https://bit.ly/3JNZbbj">https://bit.ly/3JNZbbj</a>

#### **ABSTRACT**

56yo female, negative for rheumatoid arthritis, fibromyalgia, dermatitis, parasites, or Lupus. Signs of internal and external heat (occasional rash and permanent petechiae and numerous nevi). Typical chief complaints of GERD, anxiety and pain, particularly in the upper body, and also general feelings of unease, disharmony, and a desire for rest and balance. Tests for parasites and metals are all negative, but a general Chinese medicine diagnosis of "internal heat" from a combination of yin

deficiency heat (post menopausal) and Du/toxin. The tongue is crimson red, desiccated, and shiny, without coat, and tender (beat up). The pulse is typically thready, with pockets of "extra" energy in the upper pulse (cun) region, but there are no reported cardiovascular issues, or allergies, etc. Patient is generally energetic, and healthy.

In this paper the author shows examples of the energetic charge removal found in previous results<sup>1</sup>, and hypothesized in CDN theory (from the author). In personal experiments, an individual can experience the effect of placing aluminium foil over the plasma globes, whose electric fields then move charges on the foil (without direct contact to internal plasma arcs).



Enough charge is therein moved to create strong, painful sparking and even light burns to the skin. When we place the "space blanket" foil over the patient, according to the three-phase clinical trials, it is the equivalent basic setup; an electric field is present in pathological conditions and then as the charges evacuate (as hypothesized), the foil gathers the charge. The resulting currents enable the herein photographed dermal electro-pyrrification (DEP), resulting in "squiggles" of lines (Lichtenburgs) where the foil 'touches' the skin, at a sliver of a gap. The following photos are the first seen in the author's clinic in over ten years, and represent the first excellent opportunity to prove the CDN theory, without the use of the electromagnetometer, in situ.

Keywords: charge distributive networks - meridian - acupuncture - electricity - plasma - dermatology

<sup>&</sup>lt;sup>1</sup> E Clinical Electric Field paper











#### Discussion

Figures 2 & 3 are also unique for other reasons. They represent unique results within the case, as well. There are in the first photo, several unique current pathways in areas of frequent complaint: shoulders and trapezius tissues, and the outer rhomboid minor region, and within the diaphragm level. These are all patterns indicative for her case.

But Figure 3 is far more intriguing, located again over the "Fire" region, covering the rhomboids and regions proximal to the scapula, where "work stress" is often stored (clinically observed in many cases), usually as a knot in the muscle.

The function, energetically, for the UB43 point, near to such knots and this formation, is to nourish "Qi, blood, yin, and yang," meaning - everything being drained. Why all of these are nourished here is unclear, except to mean that if the point is needed, then all of them are being drained. There must be some connection to collection of these 'bad' charges here, for a reason.

Unfortunately, this is all the analysis that is possible at this time. The author did not record the solar data at the time. The following is the suspected day previous measured values:

Solar wind

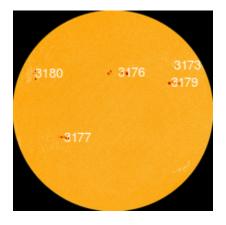
speed: **529.3** km/sec density: **9.15** protons/cm<sup>3</sup>

X-ray Solar Flares

6-hr max: C3 2316 UT Jan01 24-hr: C3 0229 UT Jan01 Daily Sun: 01 Jan 23

Sunspot number: 82

Updated 01 Jan 2023



### Conclusion

The results shown are fairly conclusive that some form of charge redistribution is occurring, due to the treatment. However, without direct measurement, there is no way to know the exact amount of voltage or current in the localized regions. But what is clear is that at present the author's hypothesis is the best explanation for the marks viewed. Further experimentation is justified and suggested.

#### References

- 1. "Clinical Electric Field Measurements; In situ pre and post treatment measurement data with weather and space-weather, lunar and solar data, with self-reported pain and significance scales, in three phases of experimentation," ResearchGate, Sf. R. Careaga, 2018, https://www.researchgate.net/publication/328697566 Clinical Electric Field Measurements In situ pre and post tr eatment measurement data with weather and space-weather lunar and solar data with self-reported pain and significance scales in three phases
- "Charge Distribution Networks (CDN) as Meridians Utilizing conductivity as replacement 'structure' for meridians; comparison with neural, muscular, and fascial models," Academia, Sf. R. Careaga, 2019, https://www.academia.edu/38098436/Charge Distribution Networks CDN as Meridians Utilizing conductivity as r eplacement structure for meridians comparison with neural muscular and fascial models