

Silicon Valley Health Institute

host of the Smart Life Forum

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NEXT MEETING: Thursday, May 17, 2012, at 7pm

Robert Jay Rowen, M.D., on *Ultraviolet Blood Irradiation* and a short presentation on *Fraudulent Monetary System*

Meet Dr. Robert Jay Rowen



Dr. Robert Jay Rowen, a Phi Beta Kappa graduate of Johns Hopkins University and graduate of the University of California, San Francisco School of Medicine is internationally known for his work in the field of complementary/alternative/integrative medicine. He is affectionately known as the

“Father of Medical Freedom” for pioneering the nation’s first statutory protection for alternative medicine in 1990 in Alaska, against a concerted opposition from the organized medical community and an imported “quackbuster”. A few years later, the Alaska governor appointed him to a term on the state medical board against overwhelming opposition from the medical establishment. His appointment was ultimately confirmed by the legislature with overwhelming public support.

The rare medical freedom he enjoyed in Alaska enabled him to greatly expand knowledge and experience in a multitude of disciplines and

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Presentation Location:

Cubberley Community Ctr.
Room H1
4000 Middlefield Rd.
Palo Alto, California

Driving directions on our website,
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we have live streaming
and video archiving at
<http://www.SVHI.com/live>*

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Foundation for Mind Being Research (www.FMBR.org)

May 25 Meeting: Russell Targ will speak about The Reality of ESP -- A Physicist's Proof of Psychic Abilities. His website, www.espresearch.com

August 24 Meeting: Dr. Ibrahim Karim, will be our speaker (more later) www.biogeometry.com/english/ (his website).

(MEET DR. ROWEN, continued)

therapies not normally found in medicine. Jumping into alternativemedicine in 1983 through a practice in acupuncture, he quickly expanded to nutritional medicine, chelation therapy, oxidation therapy, homeopathy and herbal medicine, and took intensive training in neural therapy and prolotherapy to help treat and eliminate acute and chronic pain. Alaska's laws enabled him to work extensively with innovative cancer therapies, ozone, and ultraviolet blood irradiation therapy. He is internationally known and respected for training hundreds of open-minded physicians in these techniques from around the world.

In 2001, he became editor in chief of Second Opinion Newsletter, one of the nation's leading monthly publications revealing the frontiers of medicine. Thus, he reduced his practice load considerably to write and teach, and relocated from Alaska to North Bay area, California where he provides part time consultation with his like-minded talented partner and wife, Terri Su, MD.

Main Presentation:

Ultraviolet Blood Irradiation by Dr. Robert Jay Rowen

Niels Rybers Finsen was the father of Scientific Ultraviolet Radiation Therapy. He treated skin and mucus membranes as far back as the 1880's. He treated 2000 patients with various skin conditions achieving a success rate of 98%. For his efforts, he was awarded the Nobel Prize in 1903.

http://www.nobelprize.org/nobel_prizes/medicine/laureates/1903/press.html

Dr. Walter H. Ude of Minneapolis General Hospital reported a series of 100 cases in which he claimed an almost 100% rate for cure with ultra-violet skin irradiation (mumps included).

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Future Speakers:

June 21:

Ron Rothenberg, MD,
on Hormones

July 19:

Frank Shallenberger, M.D.

September 20:

Dr. Tel-Oren

October 18:

Steve Blake

About Smart Life Forum

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For questions, please contact Mike Korek at (650) 941-3058.

(MAIN PRESENTATION, continued)

Proposed mechanisms of action (Miley, Knott, Rebbeck, Hancock)

- Coagulation of bacteria by creation of an autogenous vaccine
- Increase germicidal properties of the blood and increase number of antibodies or 'Stimulation of the Immune System'
- Secondary radiation treated by blood cells
- Increased oxygen absorption by the blood

There are tiny emanations called 'Mitogenic Rays' given off by body tissue in different wavelengths, all in the Ultra-violet Spectrum and varying in wavelengths according to the organ emanating the rays. People sick emit more UV energy.

(Gurwitsch, "Invisible Radiations of Organisms, Protoplasm-Monographin, Berlin, Boratraeger," 1936, Vol. 9.)

- * Smokers emit twice as much energy as nonsmokers
- * Quitting smoking reduces emission
- * Blood components absorb UV and store the energy, and over time re-emit it at a slightly longer wavelength (according to the laws of physics), hence the term photo-illuminescence. A small amount of blood treated will redistribute its released UV energy throughout the body.
- * Cholesterol will absorb UV, and continue to expose a photographic plate for up to 42 weeks (10 months!)

Emmett Knott

Knott believed the UV of the sun had a material effect on the carcasses in preventing decomposition. Knott developed the technique of extracorporeal blood UV exposure, and tested it in dogs. Dogs were given infections, whole blood irradiated, infections cleared but dogs died. Knott found irradiating 1 1/2 cc per lb. for 20 seconds with a 1/2 sec shutter (50% exposure) caused no harm, and exposure up to 70 seconds associated with virtually no RBC morphology changes. The source was a liquid mercury bulb, water cooled, equivalent of 200 watts.

First human case was in 1928 on a terminally septic woman, result of an illegal therapeutic abortion. With 1-2 irradiation treatments, she recovered completely, and lived on to have subsequent pregnancy and delivery. The technique was born and took on the name the "Knott technique of ultraviolet blood irradiation therapy".

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(MAIN PRESENTATION, continued)

Following Knott's successful introduction of the therapy into American medicine, a plethora of literature appeared beginning in the late 30's through the early 50's. George Miley was among the most prolific of the writers. Others included Hancock, Rebbeck, and others. The clinicians were so astounded that they took pains to detail many of the nearly incredulous recoveries of violently and terminally ill patients with untreatable infections.

Mechanism of Action

Highly reactive singlet oxygen - molecular oxygen activated to by a quantum of UV energy to an activated state. An oxygen molecule is technically a di-radical with unpaired electrons on each oxygen atom, but is not considered a free radical since the electrons are not exposed. Singlet oxygen is technically not a free radical but highly activated oxygen.

UBI very effective in treatment of viral pneumonias, causing Complete subsidence of toxic symptoms, 24 to 76 hours after a single treatment (Bacteriology, 45:303, June, 1942), with regard to viral pneumonias:

Jim Hutton, ND of Sedona Arizona has demonstrated to Dr. Rowen lab verification of *complete viral clearance of Hepatitis C* after 10 UBI sessions with an original Knott machine. One patient has remained viral free for over a year. Hutton has the last known original Knott machine in continuous use according to Knott's specifications.

Treatment Program consists of 10 consecutive daily sessions (off on weekends), 1 1/2 cc per pound Paralyticileus (paralysis of the intestine so food can't pass through) can be resolved and restored to normal in 12 to 24 hours.

Allergic Asthma has a dramatic response which can be attributed to the effect of treatment on the autonomic nervous system, specifically with regard to the smooth muscle of the bronchial tubes.

By June of 1942, 6,520 patients had been treated with ultraviolet therapy. Except in moribund patients where results might only be 40-50%, it worked nearly every time, with complete absence of any harmful effects.

Summary of the American Literature

General Indications include: Infections of all types, both acute and chronic, (bacterial, viral fungal & protozoa), Asthma, Acute & Chronic inflammatory conditions, Skin Disorders (psoriasis, proliferative skin disorders), Trauma, Toxic conditions of all types (endogenous, pregnancy, exogenous, such as snake bites or any organic poisoning), Thrombophlebitis, Cancer, General Detoxification (bacterial toxins, vaccinations), Spasms, bursitis, Rheumatic fever, Non vegetative endocarditis (NOT vegetative), Trauma, Pre and post-surgery

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(MAIN PRESENTATION, continued)

Hematology (blood) changes from UBI:

- Increase in erythrocytes
- Increase in hemoglobin
- Increase in white blood cells (leukocytosis)
- Increase in basophilic granulocytes
- Increase in lymphocytes
- Lowering of thrombocytes
- Lowering of fibrin
- Normalization of fibrinolysis
- Trend towards normalization of fibrin-split products
- Lowering of platelet aggregation

Blood parameter changes from UBI:

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

Metabolic Changes from UBI: Improvement in oxygen utilization

- Increase in venous P_{O2}
- Increase in 2,3 DGP
- Increase in arterial venous oxygen difference (increased oxygen release)
- Increase in peroxide count
- Fall in oxidation state of blood (increase in reduction state)
- Increase in acid-buffering capacity and rise in blood pH
- Reduction in blood pyruvate content
- Reduction in blood lactate content
- Improvement in glucose tolerance
- Reduction in cholesterol count, transaminases, creatinine levels and uric acid
- Increase in RBC's ATP (coenzyme used as an energy carrier in the cells of all known organisms)

Hemodynamic (blood movement) changes

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

Improvement in immune defenses

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

Indications From German Research

- Peripheral and central arterial occlusive disease (including stroke, including geriatrics).
- Ulcus Cruris (venous ulcers of the leg),

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(MAIN PRESENTATION, continued)

- Liver Disease (nutritive-toxic, inflammation)
- Raynaud's Disease
- Thrombosis and or increase in blood coagulability
- Migraine
- Skin Disorders (acne, zoster, psoriasis), keloid formation following an injury or surgery
- Chronic intestinal inflammation.
- Cancer (as an adjunct treatment for chemotherapy and radiation).
- Eye Diseases (retinal disease, diabetic retinopathy, chorioretinopathy, macular degeneration, uveitis pigmentosa).
- Pre/Post-Operative preparation and management of patients
- Multiple Sclerosis
- Kidney Disease (glomerulonephritis)
- Orthopedic, metabolic & neurological condition, such as reflex sympathetic dystrophy, rheumatoid arthritis, arthritic joints with acute flare-ups, fibromyalgia, osteoporotic pain, soft tissue rheumatism.

UBI Contraindications

- Porphyria
- Photosensitivity
- Acute Hemorrhagic Diseases (such as, hemophilia, not including routine medical anti-coagulation)
- Fever of unknown origin
- Hyperthyroidism
- Sub acute appendicitis and cholecystitis
- Immediately after a myocardial infarction

Note well that pregnancy is not a contraindication for UBI**Adverse Reactions due to UBI**

Due To Death Of Bacteria - Reactions due to death of bacteria - frequently in acute pyogenic infections, especially those associated with a bacteria or septicemia, may occur in the first twenty-four hours following a UBI due to the rapid death of large numbers of bacterial organisms (Herxheimer Reaction).

Photosensitization - photosensitive drugs and light combined may produce a rapid increase in tissue permeability, especially of pulmonary, cerebral or subcutaneous edema, ascities and even edema of the kidneys.

Possibility of Producing Shock - The withdrawal of blood from a patient in profound shock has been performed frequently in the Knott Technique with no untoward effects. On the contrary, the rapid disappearance of shock following re-injection of irradiated blood has been observed.

Parameters of Therapy

1. The amount of blood taken from the patient (Knott: 1 ½ cc/lb.)

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(MAIN PRESENTATION, continued)

2. Time of exposure to the light
 - a. Knott: 20 sec, on/off shutter 1/2s, total 10 second
 - b. we are using 2cc/3 sec. for syringe method.
3. Intensity of energy
 - a. Knott: 200 watts
 - b. available today: 8-10 watts
4. Wavelength
 - a. 253nm peak. Knott's device had other specific peaks. Today's bulbs are typically germicidal Hg vapor with 253nm peak.
5. Photoactive drug or agent if any.

Photo-Sensitizers

Cortisone with diazo or azide, Erythrosin, Rose Bengal, Rhodamine, Acridine Dyes, Some Amino Acids (aromatic amino acids) - Many bacteria are loaded with aromatic amino acids, Tetracyclines, Methylene Blue, Quinine, Adriamycin, Porphyrins, 8-MOP.

Photo-Desensitizers

Sulfa being of primary concern when using Ultra-violet Light Therapy

Ultraviolet Blood Irradiation Therapy, Recent Reports

Source: "Into the Light" by William Campbell Douglass

Douglas reports on Russian findings from Mordovsky University, Saransk, Russia
16 cases of severe 2nd and 3rd degree burns, covering as much as 69% of body surface area.

Following UV:

1. The patients' "common state" improved almost immediately after re-infusion of the UV-irradiated blood. Their appetite improved markedly.
2. The severe pain subsided and they were able to stop injections of narcotics in many patients.
3. Because of these favorable changes, pts. were able to fall asleep since for the first time post injury.

The protein content of the blood usually increased after the first UV - a very good sign as protein loss causes great morbidity in burns.

Douglas further reports that atopic dermatitis, can be treated but with caution. More spacing between treatments and less blood treated.

Sinusitis could be put into remission for many years, post surgical healing time sharply reduced.

43 of 250 pts. with bacterial endocarditis non responsive to antibiotics and steroids were able to avoid surgical repair of valves after UV therapy, and those who had surgery fared much better with shorter hospital stays than those without.

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(MAIN PRESENTATION, continued)

Chemical and Drug Intoxication

128 pts. had organophosphate or psychotropic drug intoxication.

Recovery from coma on average was twice as fast with UV. These pts. had 50% fewer complications such as pneumonia.

40% reduction of mortality in UV treated group.

Vascular Disease

34 patients with refractory severe hypertension received 5-10 treatments every other day. Dramatic reductions in BP were seen with “drastic” reductions in medication.

In 145 pts. with severe CAD who had suffered a previous MI, and were unresponsive to conventional therapy:

1. Significant improvement was registered in 137 as compared to controls.
2. Pain was quickly relieved and analgesics often discontinued.
3. The dosage of heart meds such as beta blockers were reduced in, most and angina attacks were less frequent than in controls.

Dr. Lev Kukui of the Lenin Hospital followed 256 pts. with serious heart disease over a 14 year span. 95% showed at least partial amelioration of symptoms and only 9% could not return to their usual occupation. Nitroglycerine was reduced from 10 per day to 3 per day as compared to controls not receiving therapy

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Short Presentation:

Fraudulent Monetary System

by

Dr. Robert Jay Rowen

He became very interested in the hidden political workings of the state and federal governments ever since watching esteemed colleagues lose their licenses for doing good medicine and hurting no one. The road was very long, with a lot of bumps and collisions in the way. But, there's an old saying that all roads lead to Rome. He has discovered that all roads in the economic catastrophe now unfolding and loss of our freedoms lead to one simple, yet amazingly hidden fact: that our monetary system is beyond corrupt. It has compelled us into a legal status of peonage, enabling the government through courts that are protecting the hidden creditor to affirm we are all in commerce, placing us under draconian agency/Admiralty law.

Topic One: The real cause of both the loss of our freedoms and the economic meltdown.

Regarding the monetary system, we need to trace the roots and history of our country, the truth of which is not taught in schools or civics class.

Our nation was founded on the English common law of the land. It is based on the Mosaic law (10 commandments). Rights were enshrined in the Magna Charta which firmly stated that no freeman could be disposed of his freedom or property without trial by jury according to the law of the land.

The founding document of the USA was the Declaration of Independence. It's quite important. It speaks loudly that our rights come from the Creator, not from government. And, that the rights are unalienable. A debtor has no rights, only the privileges his creditor allows. One must be solvent. To be solvent, one must have property/money. Gold/silver was money, representing portable land. If you were insolvent, you were literally owned by your creditor. You could even be tossed in jail. It was considered theft, a common law crime. We will discuss common law payment and extinguishment of debt.

With the War of Independence, the sovereignty of the king descended upon the people. According to a Supreme court case, the people became "Sovereigns without subjects." Now that's a pretty incredible term for the status of the individual man/woman.

A constitution was drafted to succeed the Articles of Confederation. The states were actually independent nations. They needed a compact to cooperate – the Constitution. That document recognized three areas of law: admiralty/maritime, equity, and common law. We will discuss these differences. The document recognized what money was and still is: gold and silver coin. We will discuss this in depth.

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(SHORT PRESENTATION, continued)

How did we descend from the Sovereign, who created the government with extremely limited powers, to subjects, to be ruled virtually from cradle to grave by government?

The inhabitants were Citizens of the states they lived in. They had no connection to the limited power central government. All their protection came from the state, not from the Constitution (Supreme Court case). The central government was actually

defined as a "corporation" in court cases. A corporation? How does the Creator of the corporation (or Trust) become subject to the trust.

Until the War Between the States, the system worked exactly as above, except for the African slaves who had not rights under the law. They had no status or standing in court. They were property.

Along came the war. The slaves, property, became captured property of war, property of the victorious Union. The problem of status could have easily been remedied by mandating that all states admit all human beings to the common law.

Instead the north insisted on the 14th amendment creating a second class of citizen in the country called a "citizen of the United States", subject to the jurisdiction thereof. Herein, all privileges and immunities came from the Government, rather than the Creator.

The southern states realized that the amendment was turning the constitution inside out and balked at passing it. The victorious north kicked out the duly elected representatives of Congress from those states, by martial law, appointed their own desired representatives, and forced the amendment through. President Johnson was adamantly opposed. Now for the first time, we had people in the country subject to the jurisdiction of the central government under its municipal powers.

The government gradually enlarged after the war. New types of taxes were created. The central government expanded its powers within the commerce clause to powers never intended by the Framers.

So how did the rest of us get roped into citizen-subject status?

In 1913, Congress passed the Federal Reserve Act. The Federal Reserve Bank is a privately owned corporation. Site of incorporation is unknown. Owners are important but not relevant to what use of its currency has done to us.

Title 12 §411 defines FRN as "obligations of the United States" "denominated as dollars". Hence, these are debts of the corporate government. They are not really dollars. At one time they could be redeemed in real dollars.

Comes 1933. The central government unlawfully commits theft. It steals (literally at gunpoint) the gold money of the people. They lost their ability to pay debt. Instead, they were handed pieces of paper called FRNs to replace their gold. A house valued at 10,000 in gold yesterday became valued at 10,000 pieces of paper.

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(SHORT PRESENTATION, continued)

Shortly thereafter, we saw the introduction of agency/administrative law – a tyrannical type of law where, when you are attacked, you are guilty until proven innocent. Admin law is actually admiralty law. And, you did not likely know that.

With the introduction of FRNs, we've seen a rise of draconian rules and regulations over just about every part of our lives, coming from the central government. These are NOT independent. We have been compelled to use foreign product, FRNs, in our daily lives. This has compelled us into the commercial jurisdiction from which Obamacare, income taxes and most other Federal edicts arise. Income taxes are Admiralty. Court cases cited in book. How did you get into Admiralty? Simple – your use of FRNs, which are property of the FRB on loan to the central government. Use of these can be legally (but fraudulently) regulated in every aspect by the real party in interest or the central government who owes the obligation.

The use of this privately owned property has stripped us of our rights and forced us to submit to “privileges” for its use. You have been lifted off the land, from whence your unalienable rights arise within the common law, and placed in Admiralty, the law of the sea in a time of emergency. For example, the \$10,000 limit on transactions unreported does not apply to lawful coined money. For the “privilege” of passing on say 10M you have already paid taxes on, you must pay a “transfer” inheritance tax on TOP of the taxes you already paid. This does not apply to lawful money which lie outside their jurisdiction.

We will discuss the case of a man who recently took a gold coin case all the way to the Supreme Court and its ramifications to us all. In this case, a lower court determined that a gold coin submitted (to the government) in payment of taxes allegedly owed had no “monetary value” and ordered its return to the defendant while the court found that he owed a fortune in taxes!

We will discuss the ramifications of the money of accounts of California being lawful coined money, and the ramifications of the FTB recently returning lawful coined money duly submitted in payment of alleged California taxes as an “invalid financial document”. That means that debt notes are the only valid financial document in a system operating under fraud and in violation of California law.

We will discuss how use of these instruments has literally compelled us into peonage for inability to pay our debts. We do not own anything at all, as we have never paid for anything. We simply discharged debt without extinguishing it. There is a lien remaining on everything you own, and its holder is the FRB.

We will discuss in depth the real meaning in law of coined gold and silver coin. These coins were “lawful tender” not “legal tender”. That's a huge difference. In Title 28 the federal government is defined as a CORPORATION for debt collection purposes. It can only collect what is “legal”.

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(SHORT PRESENTATION, continued)

We will discuss who the real party in interest is in the courts and the difference between the current courts and the original constitutional courts. We will discuss how there effectively is no longer a Constitution, and how a single act of Congress and President Roosevelt, shredded it completely.

So, ask yourself, how did you wind up in Admiralty and subject to a corporation? How did you lose your unalienable rights, which came from the Creator and compelled to accept privileges, like licenses, etc. How has religious freedom been thwarted? How are they managing to take out most every other freedom that might be remaining including freedom of speech?

This is what we will be discussing. In short – it is the story of the differences between lawful money and FRNs.

Many attorneys have read the book. None could find any legal fault in what is presented and proven. Everything in the book is hard referenced with one exception. We know that the FRB is not incorporated in the USA and that it is not an agency of the government. We do NOT know what country in which it is incorporated.

ALL CURRENCY IN AMERICA (AND THE WORLD) IS TOXIC RESULTING IN THE FOLLOWING:

1. You are legally a debtor and chattel (property) owned by a hidden creditor.
2. There is a hidden lien on everything transacted for by or with a Federal Reserve Note.
3. Your entire alleged wealth is/has been liened, you don't own anything! You merely have possession by privilege. This privilege may be yanked at any time if you don't obey the real owner.
4. The Federal Reserve Note is a foreign product owned by a foreign corporation, and not by you or the U.S. government.
5. The States and the United States courts are bankruptcy courts representing the interests and property of the foreign creditor.
6. Without knowing it, you have been compelled into international commercial law, where you have none of your unalienable rights. Hence, you have been insulated from your birthright, the common Law from which your rights are immutable.
7. You are charged an income (excise) tax for transacting in the foreign commodity known as Federal Reserve Notes.
8. You have been divested of the rights to, value of, and profits from your labor, which has been stolen.
9. Lawful gold coin (pre 1933) money transactions are invisible to the states and national government(s)
10. The real cause of draconian governmental regulation and your loss of rights is the toxic currency.
11. The United States lost its sovereignty in 1933. It is in receivership to the hidden creditor. The bankrupt government is a puppet to the real master, as declared by Banker Rothschild on the cover of the book.
12. The real cause of the current economic calamity is the toxic currency.
13. The hidden creditor (international bankers) owns everything, including you.
14. You have been living within an illusion, believing that you are free, but in reality you are owned!

APPENDIX: Literature Citations

Anesteziol Reanimatol 1990 Jul-Aug;(4):55-6

[Complications in ultraviolet irradiation of the blood]. [Article in Russian]

Marochkov AV, Doronin VA, Kravtsov NN

2380 sessions of ultraviolet blood irradiation has been analyzed. A DRB-8 lamp was used as a source of irradiation. The complications observed were divided into 2 groups. Group 1 comprised complications associated with the technical performance of the manipulation, their rate being 1.3%. Group II comprised complications developed in ultraviolet blood irradiation. The complications observed in group II were as follows: rigor in 4 cases, hypotension in 2 cases, nasal bleeding in 3 cases, hypoglycemia in 1 patient, bronchospasm in 1 patient and urticaria in 1 patient. To prevent the onset of complications medical care and the oral intake of carbohydrates are recommended for 1.5-2 h after the session. Intramuscular injections are to be avoided for 1.5 h for fear of the appearance of hematomas

Lik Sprava 1993 Jul;(8):52-5

[The effect of ultraviolet-irradiated blood on the factors determining an unfavorable prognosis in patients with progressive stenocardia]. [Article in Russian]

Sirenko IN, Sychev OS, Malinovskaia IE, Mironova OV, Tashchuk VK, Martsovenko IM, Babii LN, Shchupak MB

Effect of auto-hemotransfusions of ultraviolet-irradiated blood (UVIB) on ventricular arrhythmias and electric stability of myocardium were studied in 85 patients with advancing stenocardia. Bicycle ergometry [correction of Veloergometry], Holter's monitoring and invasive programmed cardio-stimulation were used. Results of examination carried out before and after the treatment suggest anti-ischemic effect of PVIB and beneficial influence electrophysiological properties of myocardium which manifested in reduced periods of ventricular tachycardia and onsets of twin extra systoles.

Anesteziol Reanimatol 1990 Jan-Feb;(1):22-4

[An initial experience of extracorporeal irradiation of the blood in heart surgery patients].

[Article in Russian]

Soboleva ER, Samsonova NN

Ultraviolet (UV) blood irradiation has been performed in 11 patients with postoperative sepsis. UV blood irradiation was not accompanied by blood cell damage and stress reaction to irradiation. Already after the first session all the patients demonstrated a decrease in the maximum daily body temperature. Most patients revealed improvement in their somatic condition. Positive clinical effect was observed in 8 patients, 4 patients recovered completely. UV blood irradiation in combination with conventional therapeutic techniques may be used in the management of postoperative septic complications in cardiosurgical patients.

Vestn Khir 1988 Apr;140(4):113-5

[Autologous transfusion of UV-irradiated blood in occlusive vascular diseases of the legs].

[Article in Russian]

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(APPENDIX, continued)

Alekseva GI, Veretnik GI, Alekseeva AN, Archvadze VG

Under analysis were observations of 34 patients with obliterating diseases of the lower extremity vessels. All of them were treated by auto transfusion of ultraviolet irradiated blood. It was noted that the patients' state improved, pains subsided and the ulcers were epithelized. Control examinations have revealed better blood filling of the tissues and increased oxygen saturation of blood.

Probl Tuberk 1998;(3):48-50

[Effectiveness of extracorporeal ultraviolet blood irradiation in treatment of chronic obstructive bronchitis in pulmonary tuberculosis].

[Article in Russian]

Kuvshinchikova VN, Shmelev EI, Mishin VIu

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

Lik Sprava 1993 Jul;(8):59-62

[The clinico-immunological characteristics of bronchial asthma patients undergoing autologous ultraviolet blood irradiation]. [Article in Russian]

Tkachenko IuIa, Kovalenko NN, Kogosova LS, Gumeniuk NI, Karnakh RI, Lineva EI, Panashchuk IA

Ultraviolet irradiation of blood studied in 201 patients with various forms of bronchial asthma proved to be the most effective in "aspirin" and infectious-allergic forms of the disease. Analysis of immunological changes showed that ultraviolet irradiation of blood brings to the norm content of IgG in serum, influence beneficially quantity and functional activity of T-lymphocytes, and reduces auto-immunization and sensibilization to Streptococcus.

Lik Sprava 1993 Jul;(8):59-62

[The clinico-immunological characteristics of bronchial asthma patients undergoing autologous ultraviolet blood irradiation]. [Article in Russian]

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Probl Tuberk 1998;(1):42-4

[Effectiveness of extracorporeal ultraviolet blood irradiation in patients with chronic obstructive bronchitis]. [Article in Russian]
Kuvshinchikova VN, Selina LG, Shmelev EI

The use of extracorporeal ultraviolet blood radiation (EUVBR) in the treatment of 67 patients with chronic obstructive bronchitis (COB) showed some specific features of the clinical course of bacterial complications of the basic process. With EUVBR, most patients exhibited normal temperatures, less signs of intoxication and coughing, and rare rale in the lung than in the controls. A most objective criterion for the efficiency of EUVBR was a marked increase in the forced expiratory volume per sec after the first 3 procedures, which improved the patients' condition, diminished exercise-induced dyspnea. The hemogram of the patients undergone EUVBR in combination with antibiotic therapy indicated a substantial drop in erythrocyte sedimentation rates following the first 3 procedures. The growth of pathogenic and opportunistic microbes from the sputum showed a great (10-fold) reduction when EUVBR and antibiotic therapy were concurrently used. The findings suggest that EUVBR has high therapeutical benefits in the treatment of COB.

Russian Additions to Indications for use of UBI

- Infants and children, including premature babies
- Tuberculosis
- Radiation exposure
- Chemical poisoning
- Heart and circulation Disease
- Infection
- Surgery
- Burns
- Pancreatitis
- Eye disorder (keratitis, retinal disease)