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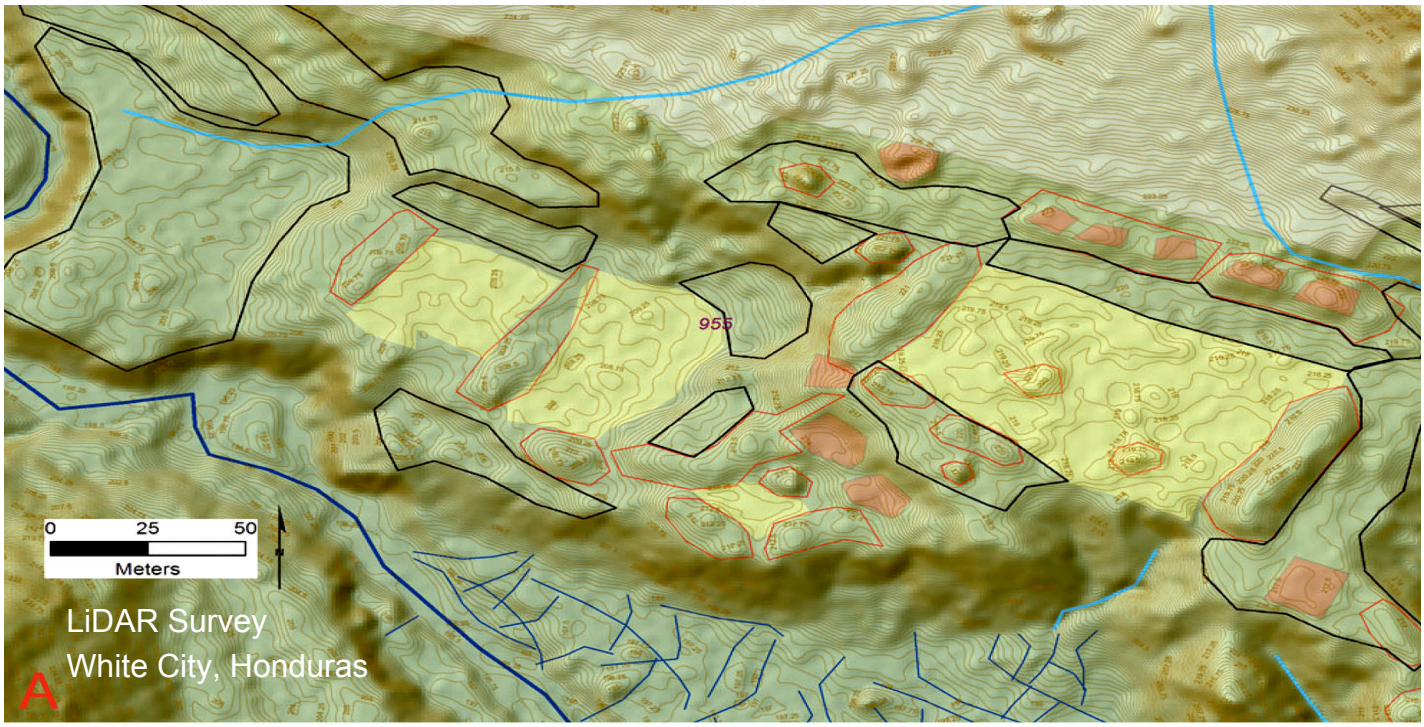
Nano-Iodine
vs.
Leishmania Protozoa

Nano-Iodine vs. Leishmania Protozoa

The rapid succession of technological innovations now unfolding among diverse scientific fields of inquiry has offered a dazzling array of remote sensing technologies that have unveiled the great antiquity of advanced human civilizations stretching far into the Paleolithic Era, and even beyond.

Pyramid constructions have been identified by side-scanning sonar and bathymetric techniques on the seafloor in various parts of the world, including the Caribbean Sea and multiple sites in the Atlantic and Pacific Oceans.[1,2] Giant megalithic temple constructions have even been identified by satellite-based radar techniques below the ice sheets of Antarctica, yet have been highly classified by world governments and only recently disclosed publicly as unusual natural mountain formations.



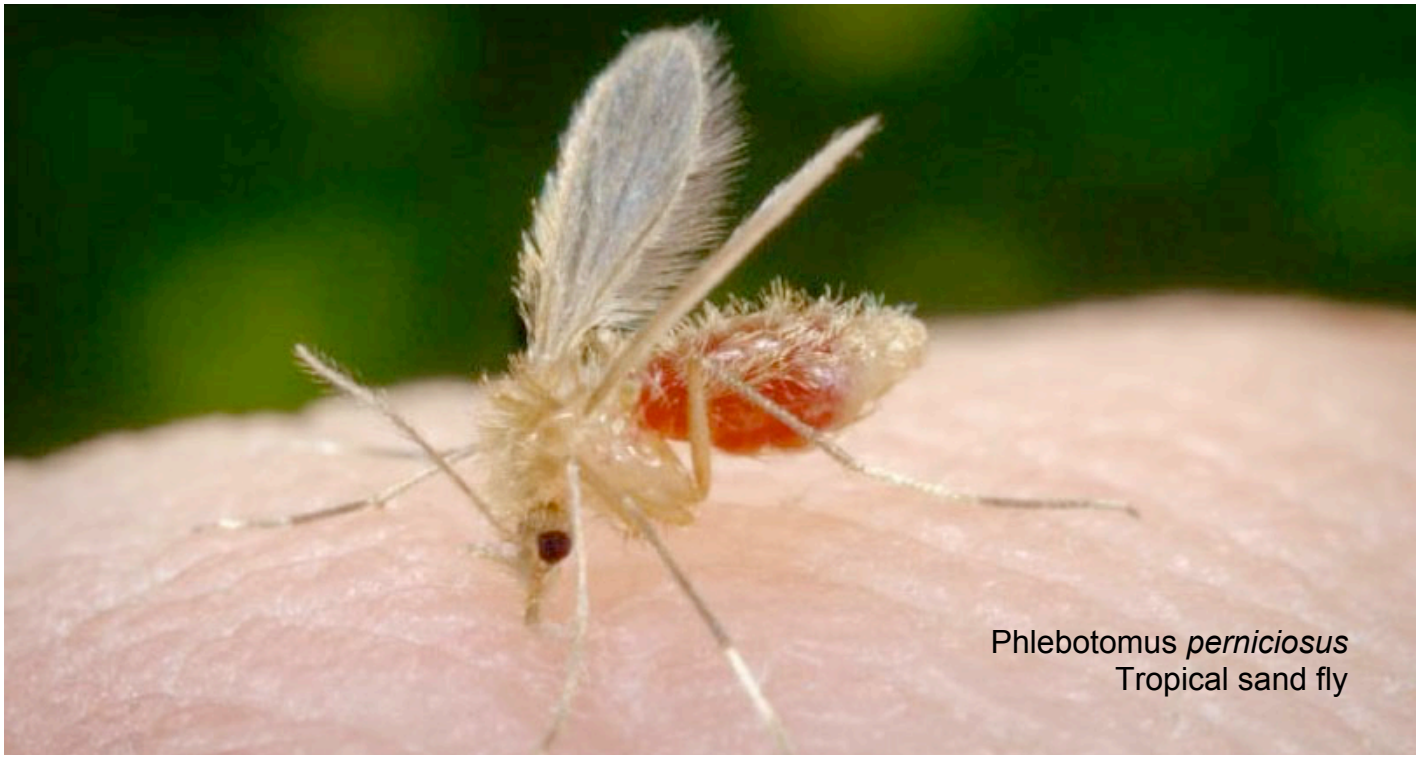
Airborne LiDAR surveys of rainforest-covered regions of the planet have been able to strip away the dense vegetation to visualize the geometric topography of many man-made monumental temples in the Yucatan Peninsula. More recently, another pyramid complex was imaged by LiDAR scanning in the rainforests of the Mosquitia region of Honduras (above)[3], yet no comprehensive archeological evidence has been presented by the most recent, well-funded 2016 expedition, which was entirely abandoned without any significant findings having been reported publicly. Why?

Expeditions undertaken in the 1939 by Theodore Morde to this Honduran pyramid complex were also abandoned after megalithic limestone statues of “monkey gods” were described, and the site named the White City. Seeking funding for further expeditions, Morde was later murdered in 1954. The White City (14.4024°N, 85.7322°W) is situated 7,248 miles from the Orion Pyramids of Giza, Egypt, a resonant distance corresponding to 29.1% of Earth's mean circumference of 24,892 miles.

The mystery surrounding the Honduran pyramid complex endures, yet quite similar prosimian-type statues have since been uncovered at San Augustin, Colombia[4], suggesting a shared origin for the White City of Honduras. Abandonment of the 2016 White City expedition was announced in a short news article on February 4, 2017. Rather than presenting partial findings or any significant photographic evidence obtained by researchers at the site, the bulk of the article went into propaganda books on the site and cleverly explained why no further research would be conducted. This article appears to have been crafted to specifically deter all future investigations:

Q: While you were there, you and several other researchers were infected with Leishmaniasis, a disease caused by protozoan parasites.

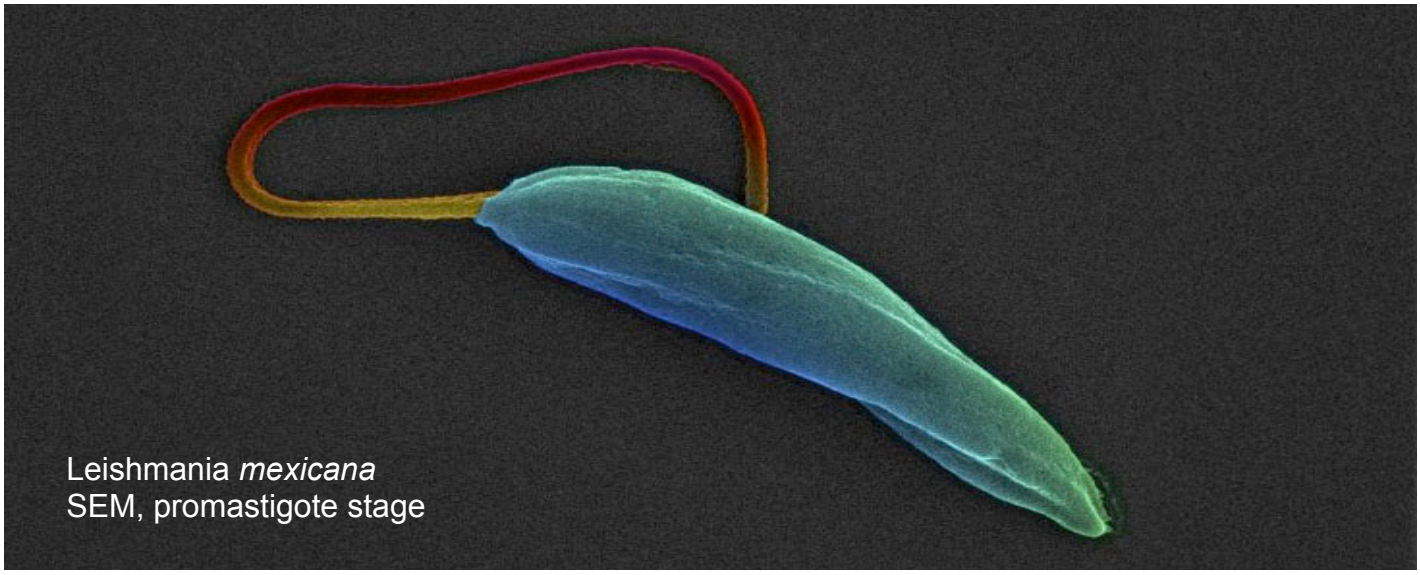
A: Mucosal leishmaniasis struck down two-thirds of the expedition — Hondurans, Americans and Brits alike. It is a very persistent disease, a flesh-eating parasite that attacks the face and eventually causes your lips and nose to slough off, leaving a weeping sore where your face used to be. (I would not recommend Googling pictures of the disease!) It has returned in a number of people. But we are getting the best medical care in the world from doctors at the National Institutes of Health, who are studying us and our disease, which appears to be a unique form. It makes for a fascinating medical mystery.[5]



Phlebotomus *perniciosus*
Tropical sand fly

Seemingly, despite all of the medical advances of our present day, archeological investigations of the White City have been prohibited due to the presence of Phlebotomus *perniciosus* tropical sand flies (above) carrying infectious Leishmania protozoa (below). These intracellular parasites quickly infected researchers with cutaneous leishmaniasis, which can eventually progress into the mucosal form of the flesh-eating disease. Mucosal leishmaniasis is a more rapidly spreading variety of infection that, if untreated by proper medication, can destroy the tissues of the sinuses, mouth, nose and eyes, and can in turn lead to intestinal leishmaniasis.

One would assume from this news article that proper medication is simply not available, yet this is certainly not the case. The same situation encountered by American archeologists in Honduras has hindered archeological investigations by this author, and partner Suzanne Benoit, of a large ancient pyramid city complex in La Maná and La Envidia, Ecuador,[6] where similar rainforest conditions exists and associated leishmaniasis-infecting sand flies are abundant.



Leishmania *mexicana*
SEM, promastigote stage

Contrary to the false assertions promulgated by the Honduras pyramids expedition leaders, effective medical treatments for all forms of leishmaniasis have been known for many decades. However, the availability of these most effective remedies has been blocked by governmental restrictions in all Central and South American countries, In fact, even in the United States, access to these leishmaniasis medications is not offered by doctors, as all sources of information regarding these medications and their active compounds has been restricted to both scientists and the general public alike. *Why?*

Years of focused research by this author have yielded a clear answer to this question: *the Leishmania protozoa has been weaponized by governmental restrictions on information and access to effective medication for the specific purpose of preventing archeological investigations of these jungle-shrouded pyramid complexes.*


Eupatorium *perfoliatum*

The faces of many of the residents of these areas, both young and old, bear the scars of surgical removal of skin lesions to prevent the spread of cutaneous leishmaniasis, which had undoubtedly killed thousands of Spanish conquistadors during their decades-long genocidal eradications of the Inka peoples native to the Andean region, who protected themselves by applying a natural herbal remedy to cure such infections.

This sacred healing plant is endemic to the coastal rainforests west of the highlands of the Andes mountain range, yet has recently become an endangered species due to the destruction of wetland habitats in many areas where the estuary variety of this plant once grew.

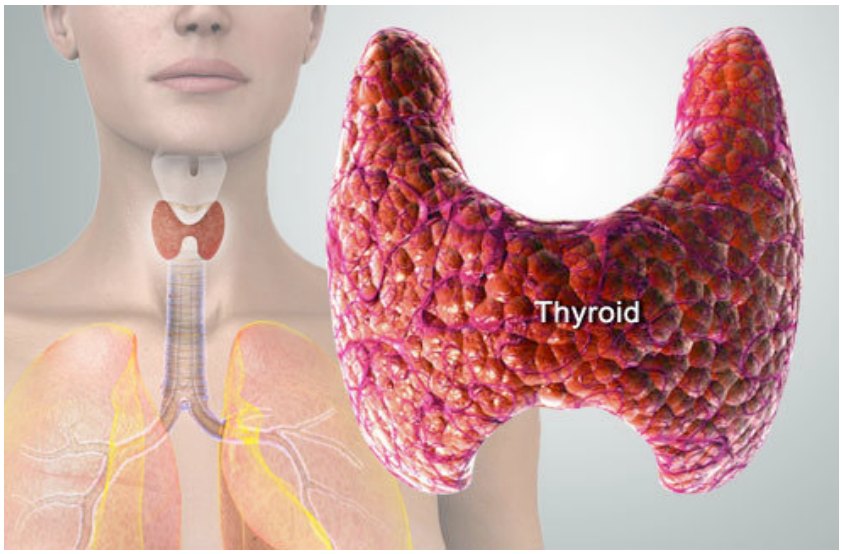
Likewise, the ancient indigenous cultures of eastern North America applied a different species of this sacred healing plant, commonly referred to today as boneset, feverwort, thoroughwort and Indian sage (above), among other names. For centuries before the widespread use of antibiotics, this remedy was traditionally used for treating fevers, colds, coughs, headaches and rheumatism (Howell, 2006). A tea was also used for consumption and as a laxative (Krochmal *et al.,* 1969).

Given the species designation Eupatorium *perfoliatum*, the leaves and flowers of this plant are now known to contain a variety of bioactive compounds, most notably sesquiterpene lactones such as guaianolides and the germacrolanolides (Herz, Kalyanaraman, & Ramakrishnan, 1977). Four recently discovered guaianolides (Maas *et al.*, 2011) showed antiprotozoal activity against the malaria vector Plasmodium *falciparum* and other protozoa (Maas *et al.*, 2011).[7]

However, a thorough review of available data on the medical uses of this natural remedy *does not include any information on its effectiveness against Leishmania protozoa, nor any information on what effective compounds may be related to such an application.* The only fact that implicates Eupatorium *perfoliatum* as an effective remedy for leishmaniasis infection is one of the plant's common names used during 1800s: *"vegetable antimony"*.

Despite brief mention of this antiquated common name, pharmacological data given by sources for Eupatorium *perfoliatum* excludes any mention of antimony among known bioactive agents contributing to its many medical applications. *Now, why would that be the case?*

Medical clinics in all countries where leishmaniasis is prevalent offer only one medication for its treatment, called Glucantime or Meglumine antimoniate, which consists of a *glucose solution with suspended particles of pentavalent antimony*. Rather than offering the easily obtainable herbal extract of Eupatorium *perfoliatum* (containing antimony particles without any glucose, a sugar), this antimony-containing product has been rendered only partly effective *–as the added glucose feeds the infectious Leishmania protozoa, thereby greatly reducing its efficacy.* Once again… why?



Government weaponization of this flesh-eating disease is the answer. If this conclusion seems too extreme or erroneous, consider another effective medication for treatment of leishmaniasis and the identical circumstances surrounding its availability in these same countries where the Leishmania protozoa is prevalent: *aqueous iodine/iodide solutions.*

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Iodine has a long history of medical use worldwide, having been well known throughout the last century for killing pathogenic microbes of all kinds, and typically used in topical skin applications, as well as for rapid sterilization of surgical instruments and water sources. Protection of the thyroid gland (above, right) from uptake of radioactive cesium particles has also been widely promoted as a primary use for iodine. One might assume that it has been well tested for treatment of leishmaniasis infections, yet this data is not available among any research papers in medical journals.

In a government-contrived scenario identical to that of sugar-loaded antimony medications (ie. Glucantime), all iodine/iodide solutions made widely available in Ecuador for farm and veterinarian use contain molasses, such as Yodotópic[8] and Yodotónico[9], which *(unlike all commonly sold junk food items) do not list the sugar content under the ingredients on the label, instead hiding it under the misleading terms 'c.s.p vehicle' or 'c.s.p excipient'.* One of only two pure aqueous iodine/iodide products available in Ecuador is Lugols Colorant[10], which is even more deceptively labeled. It reads: "For laboratory microscopy use only. Toxic – Do not ingest. Contains resublimated iodine <0.5%" *–when it actually contains 2.5% aqueous iodine/iodide solution that cures leishmaniasis infection.*

Lugol's iodine is a pure aqueous iodine/iodide solution that can only be found at one store in Ecuador, located in the city of Cuenca. Cleverly named 'Nectar', this store enjoys a monopoly on Lugol's iodine and extorts their clients by selling it at 7% an 3% concentrations, in tiny bottles at a *~1000% markup* (to ensure few clients can afford the high doses required to cure leishmaniasis). The only available information sources detailing the efficacy of iodine formulations for eliminating Leishmania protozoa are found in patents for medical treatments published decades ago. Granted in 1993, US Patent WO 1993004731 A1 discloses an 'Iodine-Iodide Treatment of Red Blood Cells':

> Iodide is used to describe a compound which disassociates in aqueous solution to produce iodide ions. Potassium iodide and sodium iodide are considered to be the optimum iodides suitable for use in this invention. It has been discovered that the antimicrobial effect iodine in red blood cell containing preparations is greatly enhanced by pre-treating the red blood cells with iodide or treating the red blood cells with iodide and iodine contemporaneously...
>
> Protozoa give rise to many diseases, some of great medical and economic importance. Examples of such protozoa are the genus Plasmodium, e.g. P. *falcipamm*, P. *malariae*, P. *ovale* and P. *vivax*, which causes malaria, Trypanosoma, which causes Chagas' disease, and Leishmania, which cause a variety of leishmaniasis. The method of this invention is effective in eliminating these causative organisms in blood and blood products... The mechanism by which iodide enhances the antimicrobial activity of iodine not known.[11]

US Patent WO 2000074691 A1, published in 2000, discloses the 'Treatment of Cutaneous Leishmaniasis and Other Dermatological Diseases... by Idogenos Sanhory':

> A method of substantially treating of cutaneous leishmaniasis and other dermatological diseases by idoeugenol Sanhory compound (leishmanol). Dosage formulation being from about 15 to 17.5 gm Eugenic acid, 2.5 gm iodine, 2.5 gm potassium iodide, 50 ml ethanol and purified water (USP), required to treat and control cutaneous leishmaniasis [in] approximately 100% of patients... The antimonials, amphotercin and pentamidinde, are complicated to use and are not suitable for extensive use in chronic cases of cutaneous leishmaniasis... [as they] are highly toxic and are recommended for use only in cases that fail to respond to pentavalent antimonials or are suffering from diffuse cutaneous leishmaniasis.[12]

Clearly, aqueous iodine/iodide solutions can effectively eliminate Leishmania protozoa, despite the paucity of published data concerning relevant clinical studies. The best source of information regarding the most effective form of iodine emerged in the 1920s through the readings of trance medium Edgar Cayce, whose holistic healthcare gained worldwide attention over 100 years ago. Cayce's specifications for the manufacture of an electrified iodine formulation containing iodine nanoparticles in distilled water were executed in 1928 by a medical associate Dr. Sunker A. Bisley, and marketed widely under the product name 'Atomidine' (Reading 757-1):

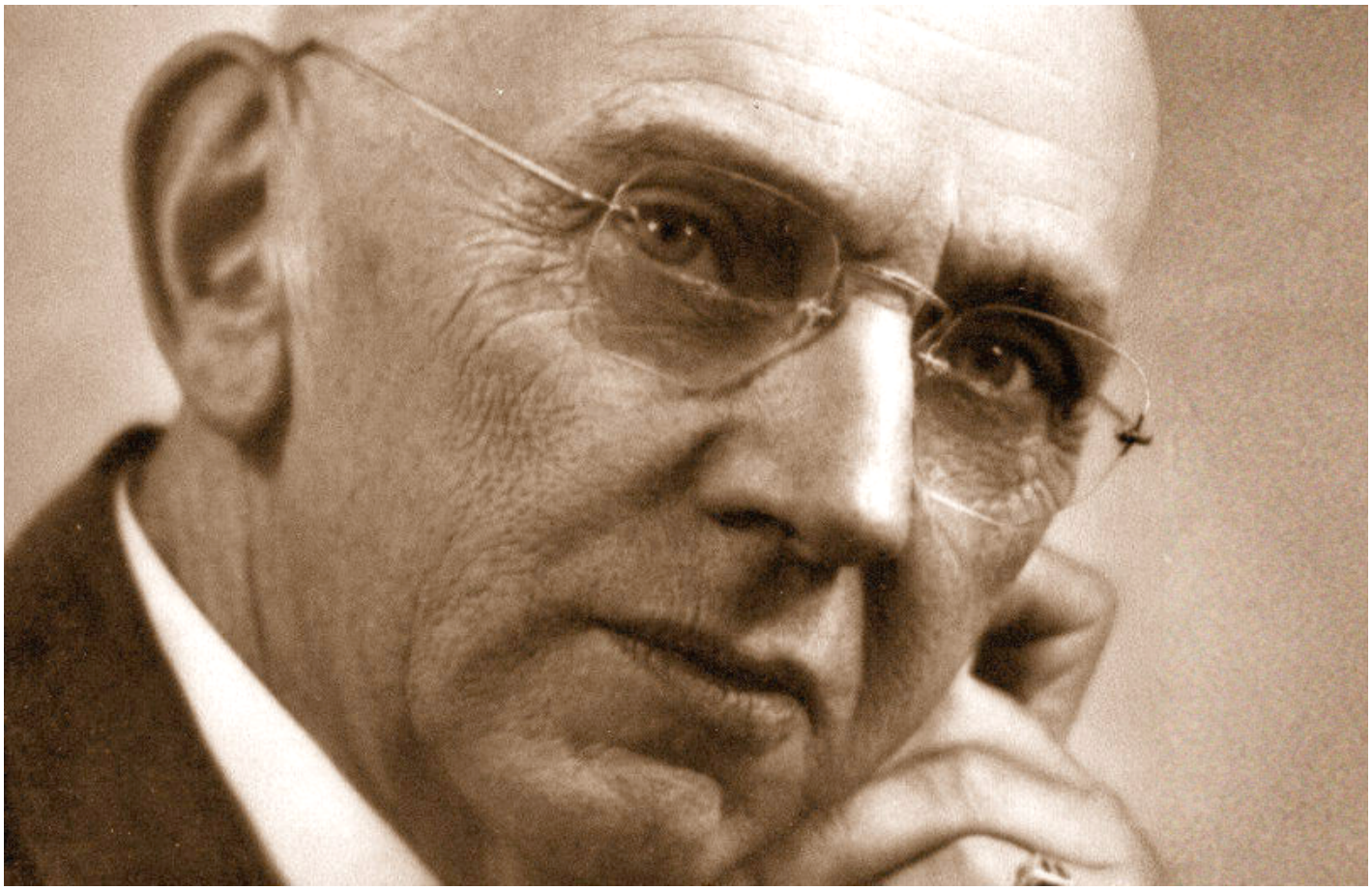
> Atomidine is manufactured by Schieffelin & Co., New York. I do not know whether you will be able to obtain this locally or not, but it has been on the market for several years. This is iodine with the poison removed, yet giving the iodine the effect in the system, as indicated from the very name of the product itself. The company will be able to furnish you with a great many reports of what it has done in hospitals, as well as in local practice.[13]

Cayce also advised lowering Atomidine dosages when receiving natural bioelectrification through barefoot contact with beach sands, composed of piezoelectric quartz crystals which effectively transduce ambient electrical currents generated by the activity of ocean waves (Reading 308-8**)**:

Q: What causes the ends of my hair to split and prescribe treatment necessary to correct this condition?

A: Lack of the proper activity of the thyroid gland. This is to be changed by not burning the hair, not taking too much of the oil out of the body, but by taking occasionally a little Atomidine; not too much, if the body is close to or upon the seashore regularly, but three days in succession during one week out of the month, take one drop in half a glass of water before the morning meal. Don't take it the rest of the time.[14]

After Cayce's stroke-induced death on January 3, 1945, under the guise of World War II economic controls, the Atomidine product was entirely suppressed by US government regulations. Likewise, many other advanced medical devices developed by Cayce's associates were banned, including Violet Ray (ultraviolet-A) and Infrared Ray healing instruments, as well as electrotherapy appliances such as the Radial Appliance and Wet Cell Battery, among so many others.



The suspicious death of Edgar Cayce *–and that of his wife Gertrude from liver cancer less than three months later on April 1, 1945–* directly followed the political assassinations of Nikola Tesla in 1943 and Georges Lakhovsky in 1942, which altogether implicate the controlling Nazi/CIA forces within the US government in a comprehensive medical conspiracy against all of humanity.

The resurgence of information concerning the medical application of ingested iodine/iodide particles in aqueous solutions[15] only occurred many decades later through the research of Dr. Guy Abraham starting in 1998 and later replicated and published in a book by Dr. David Brownstein, entitled *"Iodine: Why You Need It, and Why You Can't Live Without It"* (2009).[16]

However, the research conducted by both Abraham and Brownstein has not gone as far as to state that iodine formulations are capable of eliminating all pathogens from the body. This comprehensive conclusion has only been offered through channeled communications by the psychic medium Laura Knight-Jadczyk, given in a group ouija board session conducted on November 21, 2015:

Q: (L) So, on that point, let me ask about this iodine therapy. I just read this iodine book by a David Brownstein: "Iodine: Why You Need It, Why You Can't Live Without It". This [author] talks about how iodine can kill fungi, bacteria, viruses, detox heavy metals from the body, even the ones that other detox methods don't get... He says that 96% of all people on the planet are iodine deficient. When people come to him, he generally starts them off at pretty high doses, like 50 to 100mg a day, and sometimes twice a day. This is supposed to not only replenish the body's iodine, but also to detox bromines, fluorines, metals, etc... So, some people have started slow and as soon as they have a few drops, they start having symptoms. What are these symptoms from? Is it detox or what?

A: Activation of microbes drawing on the enhanced energy.

Q: (L) We sort of wondered if that was the case. Several of us, as soon as we had been taking iodine a few days, old issues started coming up, like cold sores and such. Several of us started having pains and tiredness and activation of some kind of viral condition, stiff neck, and a bunch of other things. It was similar to the herx reactions we had with the anti-biotic protocol. On the other hand, it seemed more like the viruses got energized by the iodine… So, Instead of backing off like this other book says you should do, she just went full bore... Is that advisable?

A: Indeed. The battle is difficult to win if you keep supplying the "critters" with food and energy.

Q: (L) You're just taking enough to energize yourself, which then feeds them because you're not taking a microbicidal dose... So, let me ask you: Could iodine combat AIDS? A: Yes.

Q: (L) Ebola? A: Yes… As you have learned it is good to start the day with a glass of warm salted water. Then you can take more a couple of hours after your iodine.[17]

The exact mechanism by which iodine effectively kills all known pathogens has not been fully elucidated in any medical research journals, and is extrapolated here from concepts clearly related in the Cassiopaea information in relatively non-scientific terms.

Iodine/iodide formulations taken by ingestion, such as Lugol's iodine, are typically composed of potassium iodide/iodine particles suspended in distilled water at ratios of 75% iodide - 25% iodine or 65% iodide - 35% iodine. Upon binding to cell surfaces, potassium iodide and iodine particles become ionized by bioelectrical currents, undergoing gradual dissociation and effectively transporting nano-iodine (iodine ions) through cell membrane barriers via aquaporins.

Potassium iodide is employed in Lugol's iodine formulations for facilitating the solubility of iodine particles in distilled water (pure particulate iodine will not maintain suspension on its own), as well as reducing the deleterious effects of over-alkalization of cells when binding to cell walls that occurs at high concentration.

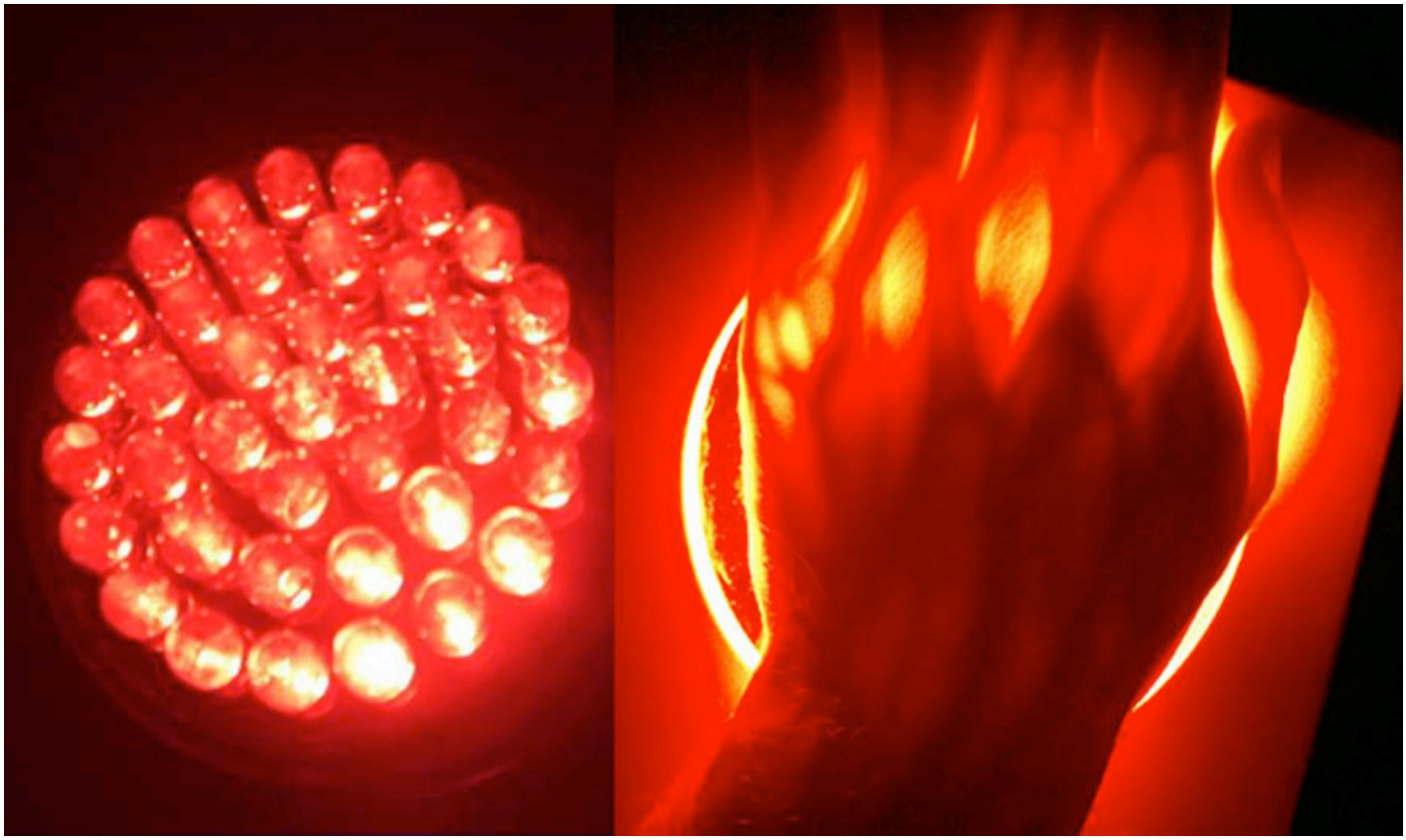
The necessity of potassium iodide for generating nano-iodine is negated when iodine nanoparticle solutions are ingested, as iodine nanoparticles easily penetrate cell membrane barriers and also maintain suspension in aqueous colloidal solutions when kept in proper storage conditions (protected from sun in tinted glass).

Due to their ultrafine size-range of <10nm, iodine nanoparticles bypass cell membranes through aquaporins that block the transport of all larger particles into cells, thereby significantly limiting the efficacy of conventional iodine formulations used topically for disinfecting skin surfaces, surgical equipment, water sources, etc…

Electrical stimulation of this process through application of a low-level alternating current, whether by natural barefoot contact with beach sands, river stones, waterfalls or by using bioelectrification devices, induces electroporation of cell aquaporins for intracellular transport of nano-iodine.

Medical restrictions on the manufacture and sale of nano-iodine have not been overcome since Cayce's time, and are still not available at present. Despite significant governmental restrictions and limited information such as that offered by Dr. Brownstein, more comprehensive data obtained through the Cassiopaea transmissions informs us that *all diseases can be successfully treated by aqueous solutions of both nano-iodine and particulate iodine/iodide formulations.*

Fortunately, recent laboratory findings have also demonstrated the efficacy of chromotherapy against Leishmaniasis. Easily manageable photonic methods for healing of Leishmaniasis infections were first reported by Azeemi *et al.* in 2011. Despite the inexpensive and easy application of these new healing modalities, such findings have been largely ignored by media and subsequent scientific journal publications on the same subject.



Quoted here at length, these outstanding results were reported as 'Effects of Different Colours in the Visible Region on Leishmania *tropica*' (Azeemi *et al.*, 2011):

> Abstract
>
> The aim of this study was to investigate the wavelength-dependency of chromotherapy effects on cutaneous Leishmaniasis parasite growth. Chromotherapy uses visible range radiations to improve healing; however, its effects on parasite are not well understood. Leishmania tropica was irradiated using seven (7) different wavelengths of visible region. Optical density was observed, which showed that red colour (644 nm) wavelength inhibited the growth of parasite while other colour wavelengths also affected the growth of parasite. It is, therefore, suggested that as red colour inhibits the growth of parasite so patients suffering from L. *tropica* can be treated with the application of red colour.
>
> Results
>
> After initial incubation [of Leishmania *tropica*] for production, out of six samples two were found positive and other four were contaminated with bacteria and fungus. Yellow (590 nm) and purple light (464 nm) increased the size of the parasite (Figures 1 and 2). Red (644 nm), blue (483.5 nm) and violet (400 nm) decreased growth considerably; the size as well as the number of counts of the parasite, with red the most effective (Figures 3-5). Orange colour (610 nm) increased growth incredibly while in green colour (538 nm) the promastigotes appeared to change their size and shape and somewhat converted into rounded form (Figures 5 and 6). In the sample irradiated with red colour wavelength, the parasites were observed as lethargic... as well as least number of counts was observed...

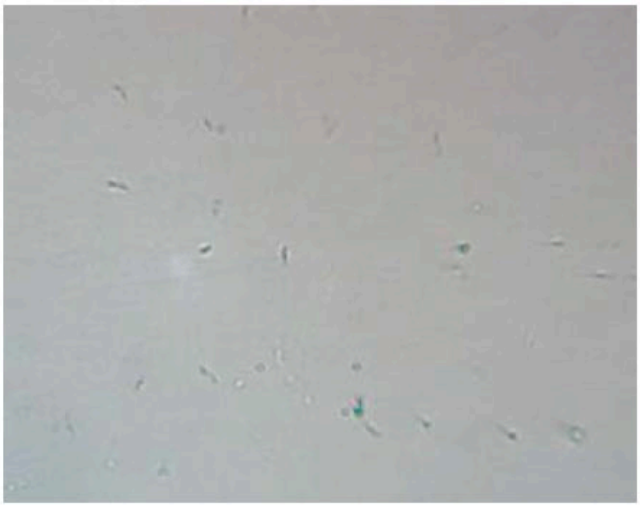


Figure 1. Yellow—parasites irradiated with 590 nm wavelength monochromatic light.

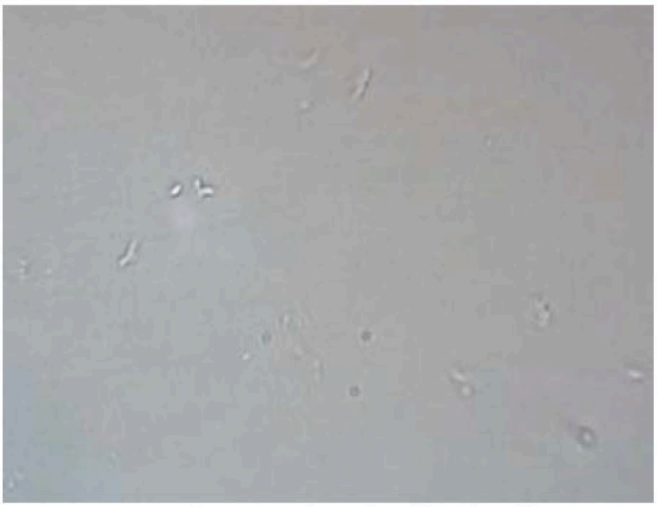


Figure 2. Purple—parasites irradiated with 464 nm wavelength monochromatic light.

Figure 3. Red—parasites irradiated with 644 nm wavelength monochromatic light.

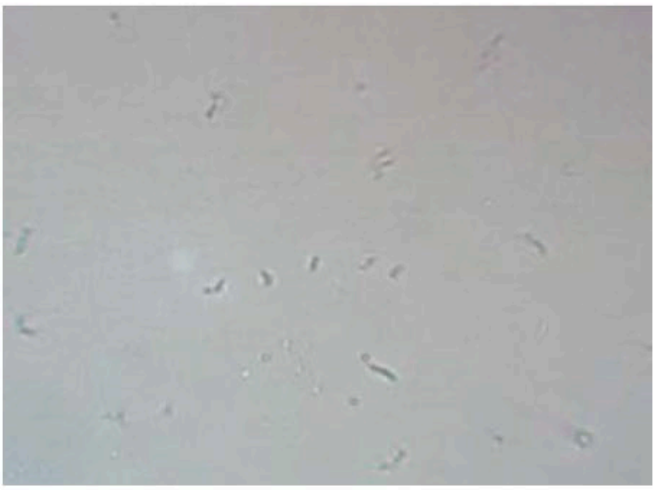


Figure 4. Blue—parasites irradiated with 453.5 nm wavelength monochromatic light.

Figure 5. Violet—parasites irradiated with 400 nm wavelength monochromatic light.

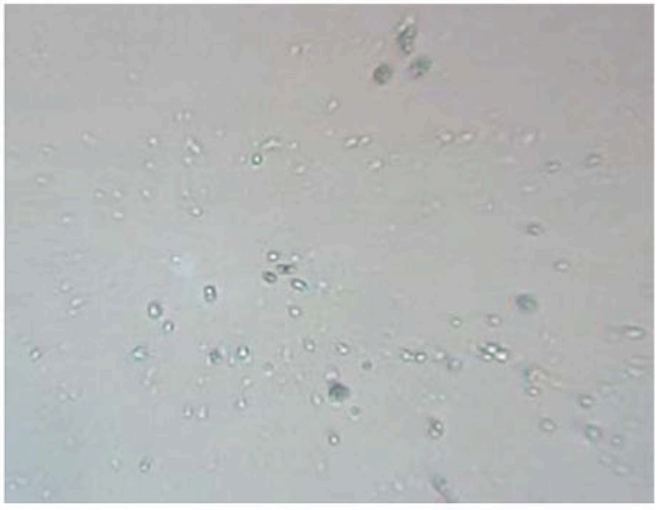


Figure 6. Orange—parasites irradiated with 610 nm wavelength monochromatic light.

Discussion

It was discovered that Monochromatic Single-Wavelength Light Beams had an excellent therapeutic effect on afflicted cell tissue. This occurs through a process called "Photo-Stimulation." The low intensity (non-coagulative) visible laser radiation has been successfully used in some areas of medicine (photodynamic therapy of tumors, therapy of infant hyperbilirubinemia, some dermatological diseases, etc.) [Pratesi *et al.*, 1980].

Also the therapy with red (632.8 nm) laser light (stimulation of tissue regeneration) used for irradiation of the patients with trophic and indolent wounds has gained acceptance in the clinical practice [Karu *et al.*, 1984]. The biomodulatory effect can have a positive effect on the repair of cutaneous wounds [Mendez *et al.*, 2004]. Various studies have been carried out that show the effect of monochromatic light on cells, but the research lacks empirical data regarding effects on parasites...

Figures 1-8 are self explanatory to reflect the image of optical density of Leishmaniasis. L. tropica when exposed to red light (644 nm), the decay in this case followed the Gaussian tail and finally to a ramp function. This is an indication that the cutaneous Leishmaniasis, after decay, just disappears because the parasites die...

Although Low Level Laser Therapy (LLLT) has been used previously in most studies, coherence is not important when photo-biological effects are expected because both coherent and non-coherent light have been shown to be effective [Karu *et al.*, 1987].

In our study it is observed that red light showed a great change to inhibit the growth of Leishmania tropica organisms. From this study it is evident that cutaneous Leishmaniasis can be eliminated with higher wavelength, i.e., at 644 nm and with least energy (filtered light beams).

Conclusion

[In vitro testing demonstrates that red light] (644 nm) inhibits the growth and becomes responsible for the decay of leishmania parasite while orange color (610 nm) increases the growth of parasite. Undoubtedly this makes the procedure of chromotherapy for treatment of leishmaniasis cost effective and easy approachable. The response of Leshmania parasite to each color is unique and this confirms Chromotherapy (with 644 nm wavelength), to be very easily manageable by the patient with no problems during treatment.[18]

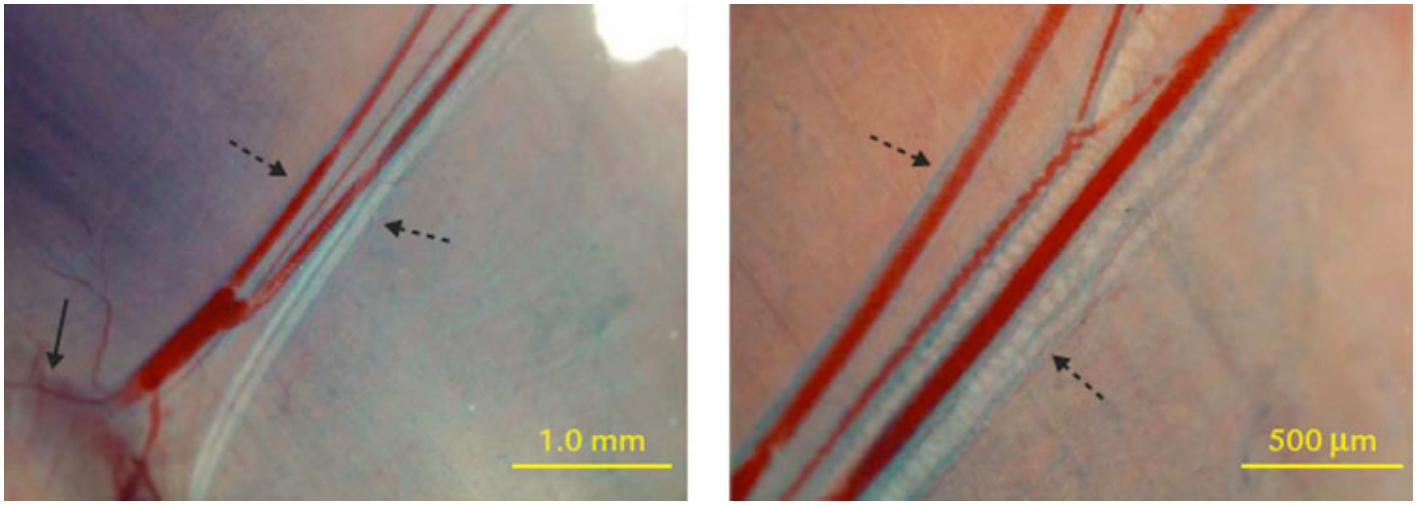
While these breakthrough findings conform to a rapidly expanding class of non-invasive biophotonic treatments that are cheaper, simpler and far more effective than conventional chemical-based medications, the exact physiological mechanisms behind their greater efficacy have not been clearly identified.

The authors of this straight-forward chromotherapy study characterized their findings as effects of 'photo-stimulation' that engages cellular regeneration processes in the body for enhanced wound healing. In the years following this study, investigations of the qi meridian system of the human body have successfully identified the production of stem cells in the qi meridians that dramatically enhances cellular regeneration.

First conducted by Korean biophysicist Bonghan Kim and reported in 1965, Kim's findings have since been confirmed and expanded upon by dozens of other research teams. The structure of the qi meridian system is composed of Bonghan ducts (transparent channels), Bonghan corpuscles (duct junctures) with Bonghan granules, also called microcells or sanals, containing DNA fragments that trap ambient light as they flow through the channels.

The flow speed of DNA-containing granules within qi meridians on the surfaces of mammalian organs has been reported (Sung *et al.*, 2008), while exposure to ultraviolet A (360 nm) light was shown to increase the flow rate of granules within the meridians in a report titled: 'UV-A Induced Activation of Bonghan Granules in Motion' (Sung *et al.*, 2005). A subsequent paper identified the 'Bonghan System as Mesenchymal Stem Cell Niches and Pathways of Macrophages in Adipose Tissues' comprising the mechanism behind *adipogenesis*: the cellular differentiation process generating adipocytes (Lee *et al.*, 2009).

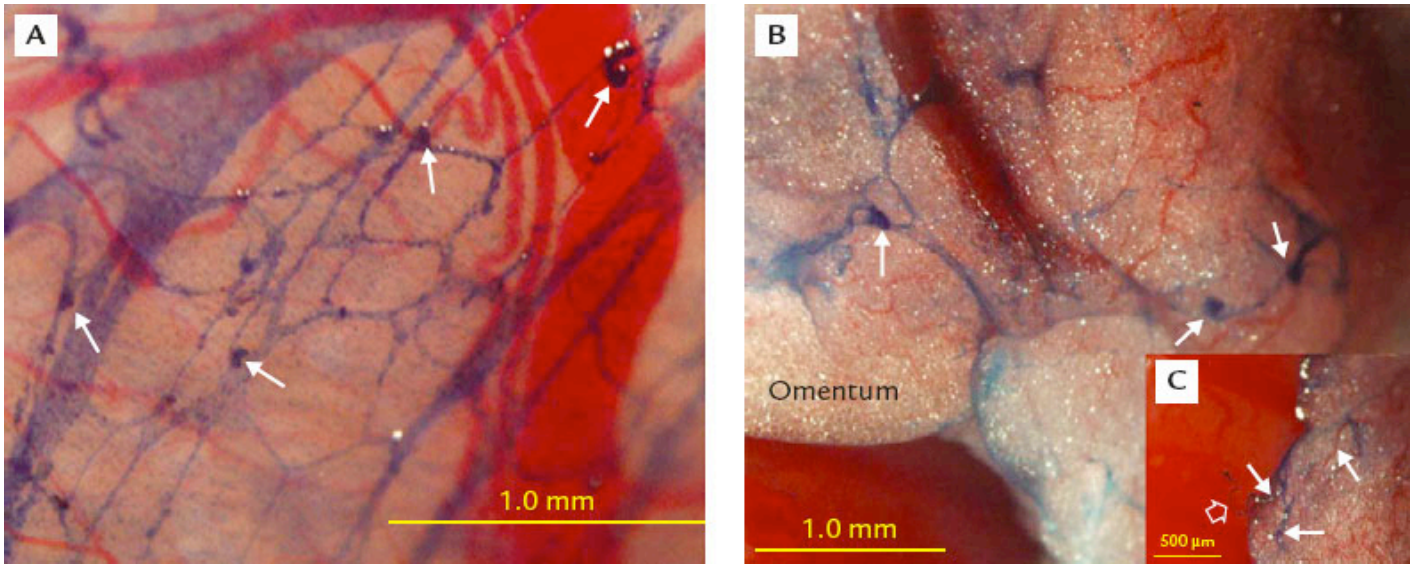
A concise summary of diverse findings related to the light-enhanced regenerative effects of stem cell production by the qi meridian system was presented in a contemporary paper entitled 'Bonghan Circulatory System as an Extension of Acupuncture Meridians' (Soh, 2009):



Trypan blue technique revealed Bonghan ducts (dotted arrows) along bundle of blood vessels and nerves; right panel, magnified view clearly showing duct along blood vessel; bundle of blood vessels and nerves connect tumor tissue (arrow) at lower left corner to outside skin (Yoo *et al.*, 2009).

The Bonghan system is a newly-discovered circulatory system, which corresponds to classical acupuncture meridians and was discovered in the early 1960s by Bonghan Kim. Despite its potential importance in biology and medicine, it has been ignored or forgotten for a long time. Only recently have most of its significant parts, such as the Bonghan system inside blood or lymph vessels, on the surfaces of internal organs, and in brain ventricles, been confirmed...

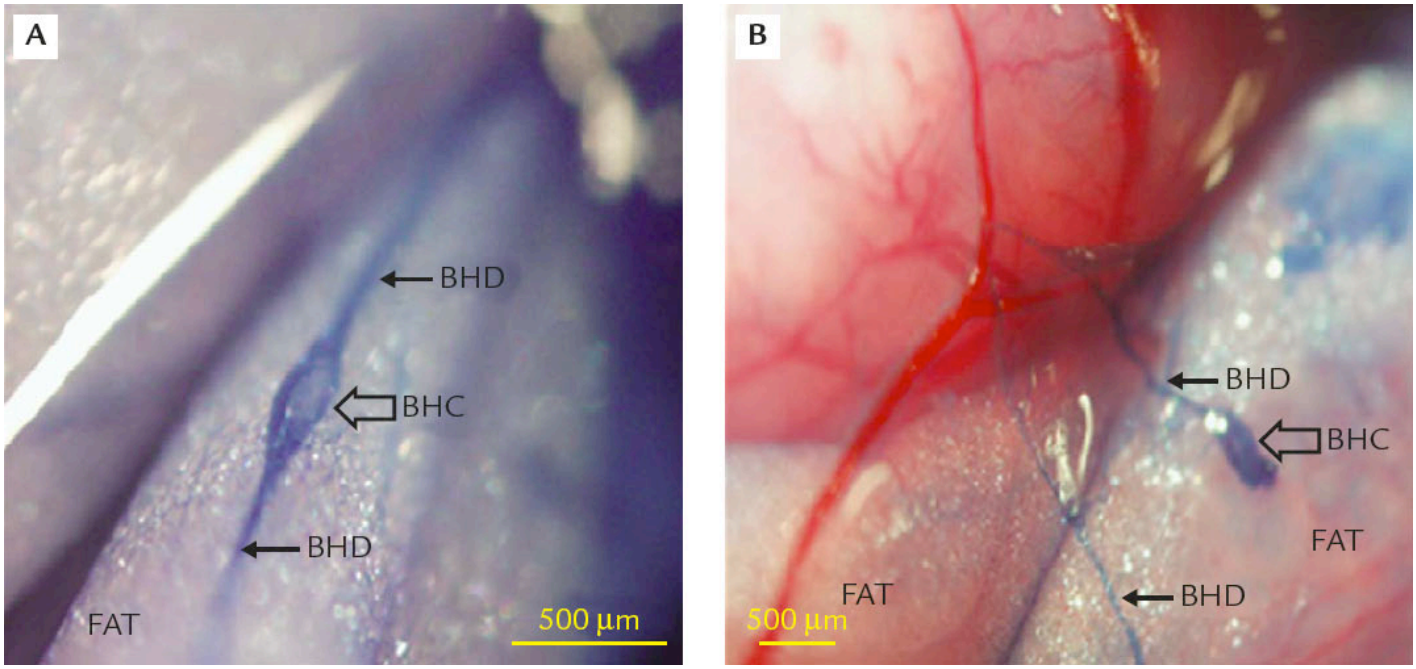
A direct test to demonstrate liquid flow, performed by injecting fluorescent nanoparticles into an organ-surface Bonghan corpuscle, revealed a oneway flow, as expected for a circulation system (Lee *et al.*, 2005). The average flow speed, recently measured by injecting Alcian blue into a Bonghan corpuscle on the surface of a rabbit liver (Sung *et al.*, 2008), was 0.3 ± 0.1 mm/s, in agreement with Bonghan Kim's data (Kim, 1965). Liquid flow through a Bonghan duct from the skin toward the internal organs was observed by injecting chrome-hematoxylin and fluorescent nanoparticles in the skin near a rat testis...



Weblike network of Bonghan ducts revealed by using trypan blue. (A) Web of Bonghan ducts on visceral peritoneum around stomach near rat sleen; several small Bonghan corpuscles at crossing points (arrows); blood capillaries not stained. (B) Network of Bongan ducts on omentum below stomach and over small intestine; threee small corpuscles at crossing points of Bonghan ducts (arrows). (C) Inset: another part of same omentum as (A); floating Bonghan duct (open arrow) connected to Bonghan ducts (arrows) in omentum, showing Bonghan ducts on omentum as part of larger network of freely movable Bonghan ducts on internal organ surfaces (Lee *et al.*, 2007).

Improved immune function and beneficial effects on inflammation are often described after acupuncture treatment (Son *et al.*, 2002) and an abundance of mast cells is reported at acupuncture points (Hwang, 1992). We observed that the organ-surface Bonghan corpuscle and Bonghan duct contained a significant number of monocytes, eosinophils, mast cells, and macrophages (Lee *et al.*, 2007; Yoo *et al.*, 2007; Ogay *et al.*, 2009). The abundance of such immune cells in the Bonghan duct supported evidence for the related therapeutic effects of acupuncture treatment and for Bonghan Kim's claim that the organ-surface Bonghan duct is an extension of the classical acupuncture meridian system.

Blood cells are known to be generated in the bone marrow but Bonghan Kim claimed that the intravascular Bonghan duct is another hematopoietic organ (Kim, 1965). Indeed, we observed here that the Bonghan duct became thicker and thus easier to detect when anemia was induced by the injection of phenylhydrazine. Many red blood cells in early stages of maturation were observed in organ-surface Bonghan corpuscles when anemia was induced.



Trypan blue staining of Bonghan duct and Bonghan corpuscle inside adipose tissues. (A) Bonghan corpuscle and connected Bonghan duct inside adipose tissue around rat small intestine. (B) Bonghan corpuscle and two Bonghan ducts near same rat small intestine; blood vessels and adopise tissues not stained (Lee *et al.*, 2009).

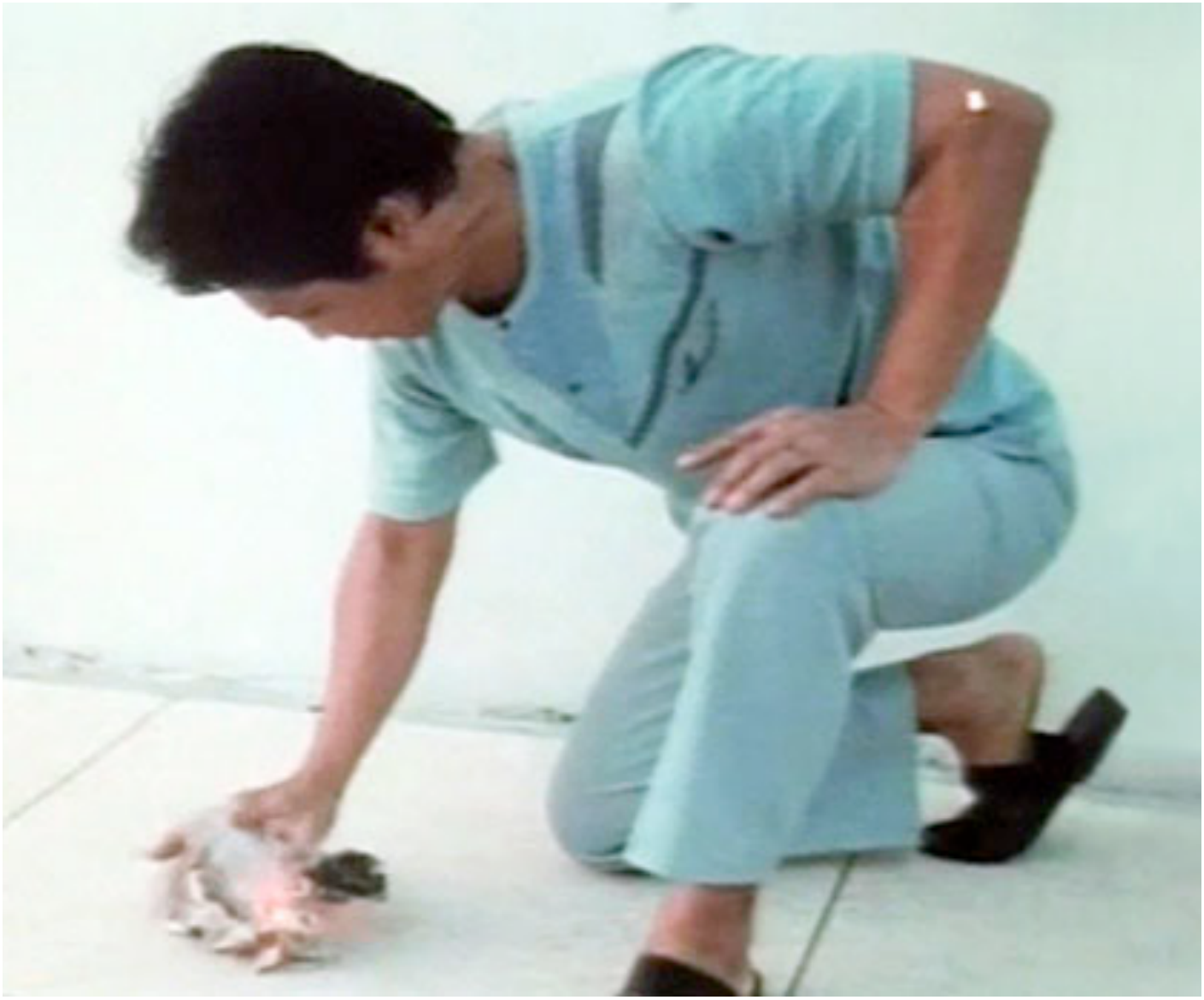
Regeneration of damaged liver cells was reported in Bonghan Kim's fourth article (Kim, 1965). Considering this claim, we hypothesized that there might be adult stem cells in Bonghan corpuscles and to verify this hypothesis, we stained sliced Bonghan corpuscles and Bonghan ducts with stem cell marker antibodies. We observed that mesenchymal stem cell markers were strongly expressed in a manner similar to bone marrow...

[Specific] protein profiles suggested that Bonghan Ducts located on organ surfaces have roles as temporary depots and points of differentiation of stem cells for tissue regeneration. Damaged liver tissues are regenerated by the gathering of sanals that had migrated through the Bonghan ducts (Kim, 1965). This process has not been specifically investigated here, but some basic studies have been performed on Bonghan microcells, revealing that their motion appeared to be Brownian, but that they also showed some peculiar light interactions. Their average speed was not affected by visible light, but was significantly increased by UV-A (360 nm) (Sung *et al.*, 2005). The presence of DNA inside a sanal was identified using various types of DNA-specific staining,... and the state of the DNA shown to be fragmented... (Ogay *et al.*, 2006).[19]

These remarkable findings concerning the structural features and flow dynamics of the qi meridian system reveal the complete mechanism by which tissue regeneration is stimulated by exposure to red light (644 nm), and more significantly enhanced by exposure to ultraviolet A light (360 nm), whereby mesenchymal stem cells are produced, distributed and assembled at wound sites requiring regeneration.

This extremely well supported conclusion informs a paradigm-shifting reinterpretation of chromotherapy as an effective method for achieving stem cell regeneration treatments that cost thousands of times less than present-day stem cell injection methods, by directly stimulating the qi meridian system itself.

Irradiation of specific acupressure nodes along the qi meridians by traditional Chinese medicine moxa (infrared) treatment has been extensively studied through biophotonic imaging processes, revealing electro-stimulation of nodal points significantly enhances known acupressure and acupuncture modalities.



Through the use of ancient Atlantean healing techniques, still practiced in secret in various parts of the world to this day, Qigong and Mo Pai practitioners such as John Chang of Java, Indonesia *are able to apply electrical currents to acupressure needles by consciously focusing qi energy stores in their own bodies, for emission through their bare hands. Chang can even ignite paper with his palms* (above).[20]

Synthesis of ancient healing modalities with modern medical breakthroughs offers not only the alleviation of disease factors in the body, but furthermore significantly enhances the human lifespan by cellular regeneration through the process of autophagy, whereby damaged organelles within cells are repaired and the aging process is reversed. Through these ancient means, newly rediscovered, the mystical pursuit of enhanced longevity finds its fulfillment.

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