

Electrolytic Diffusion - Non Invasive Cancer Treatment

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Rejuvenated immune system strengthening and cancer recovery For Foot and Hand Syndrome Neuropathy Damage

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Neuropathy damage is a serious and lamentable chemotherapy side-effect generally recognized and identified by oncologists as "Foot and Hand Syndrome". In this presentation symptoms are addressed to alleviate debilitating restrictions of acute pain; numbness; retarded motor reflexes; cramps; relentless tingling sensations; general motor and visuo-motor coordination, encompassing physical and psycho immune system strengthening for recovery.

In 1998, during five months intensive weekly chemotherapy and attempted experimental chemo', the author's biopsy-proven tumor spanning a distance of 13cm measuring 8.5cm and 6.4cm side to side, aggressively re-grew twice. This massive undifferentiated tumor deformed the heart and dislodged his trachea. In March 1999, his oncologist explained, "Statistically there is only a (2.5%) chance of recovering from this aesophageal adenocarcinoma". Accompanied by his wife Dr Costello was then told, "You have 12-18 months for remaining life expectancy at the outer limits. The tumor still remains too expansive for radiotherapy gridding for the remote possibility of a radical aesophagectomy, at best offering 3-5 years to live".

Electrolytic diffusion is one of 20 integrative medicine techniques originated by the author, humbly with God's grace and help, in self-treatment as his own doctor and as a research scientist. On achieving complete recovery, replication is currently underway at the GSIM University Hospital with large chemotherapy patient treatment samples for conclusive scientific evidence. Emphatically electrolytic diffusion is NOT recommended as an alternative to chemotherapy or radiotherapy. However, the technique may be administered during or after mainstream chemotherapy without side effects because external voltage is not applied.

Procedures do not in any way resemble naturotherapy herbal mixture immersion or aromatherapy. Instead, a sacrificial terminal is used for a specific pharmaceutical electrolyte formulation. Hypotheses evolved from cybernetic axioms for psychology, physics, biochemistry and Mind-Body Medicine. Presentation offers medical documentation from 14 JUN 1998 onwards; Clinical ms from 15 March 1999; Article revisions 21 SEP 2000, 21 JUL 2001 and 27 APR 2002; Finally CBC, CT & Neurology for MAY 2002 re the AAIM SEP 2002.

Hypotheses:

1. IF residual cisplatin Pt as a heavy metal is retained in the extremities of hands and feet during chemotherapy, THEN this can be diffused or even eliminated for consequent neuropathy, and alleviate pain and numbness side-effects.
2. IF calcium Ca reduction is demonstrated through electrolysis by chemical dissociation, this is replicable. THEN similarly, the technique may be used for post accident lesion de-calcification leeching for osteoarthritis conditions.

Experiment:

Immersing hands and feet in solution formulation including weak sodium carbonate bath salts, a Zinc alloy plate used similarly for cleaning cutlery, was used as the cathode terminal. Through cybernetic theory, the CNS was postulated as a human battery. The patient's fingers and toes retained heavy metal platinum deposits as a result of chemotherapy, thus became the pseudo anode terminals for the weak electrolyte solution.

The Electrochemical Galvanic Series in Summary:

Chemical ion dissociation is determined by the direction of the classic Galvanic electrochemical series from the direction: Carbon > Platinum > Gold > Silver > Copper > Antimony > Bismuth > Iron > Lead > Tin > Cadmium > Zinc. Each metal is placed in such an order that the first is always positive to that or any others following. Obviously, the greatest difference in potential will occur between the first and last elements, namely Carbon and Zinc. Notably, Platinum and Zinc are remarkably distant providing potential electrochemical reaction, similar to zinc and carbon as terminals used for dry cell batteries. Transitional elements behave uniquely in contrast.

Anecdotal Evidence for N=1 (Stanley & Campbell)

- (a) The author was diagnosed with inoperable oesophageal adenocarcinoma too massive for radiotherapy gridding. He was immediately prescribed 24 hr slow release morphine which he discarded promptly while quickly becoming his own doctor and praying much more than usual.
- (b) As a clinical neuropsychologist and research scientist, with God's help over 20 newly devised techniques were constructed for pain-control including Visual Afterimage (Costello 1999 and Walsh 2002), Modified computerised biofeedback (Cassel and Costello 1987-96), Buoyancy flotation (Costello 2001) and modified Percept techniques (Crum, 2000).
- (c) Twenty new techniques were self-administered in concert from 1998 onwards while terminally diagnosed and fighting to facilitate accelerated immune recuperation. This was beyond three years mainstream oncology for the massive biopsy proven oesophageal adenocarcinoma tumour.
- (d) Comprehensive medical documentation including CT's, Gastroscopies, Biopsies, Neurology reports, emergency ward and discharge summaries and weekly CBP's are provided during presentation. These include: Pre-post 20 weeks intensive chemotherapy for 1998. Later in 1999, six (6) weeks daily palliative radiotherapy at 6 Million Volts. Documentation concludes with final CT and Neurology examination reports for MAY 2002.

- (e) Incidental pedicures, manicures and massage with relaxing naturopathic hand and footbaths were used gently during the author's chemotherapy. Curiously, it was uncertain whether the natural therapist's manner was an extraneous stimulus, considering rejuvenated feelings of wellbeing.
- (f) These fragrant naturotherapy hand and footbaths achieved positive therapeutic benefits so the notion was further explored, substituting the solution NaCo_3 , thus originating the electrolytic diffusion technique.
- (g) Curiously, after self-treatments two later CT Scans revealed calcification leeching, previously unreported in four earlier CT's. Amounts of Sodium carbonate electrolyte were varied. The sacrificial zinc terminal used, was unchanged for all treatments for three years.
- (h) Confirmation by the manufacturer of the Soda Washing & Bath Crystals revealed that NaCo_3 (and without additives) was contained in the bath salts product modified in Dr Costello's formulation.
- (i) Curiously, the product's renowned users were two Australian National League Football teams. Players consistently reported reduced swelling with minor sports injuries, after matches and heavy weekly training.
- (j) Anecdotally from time immemorial, ancient cultures used Natural Mineral Spars reporting health-giving benefits supported by historically related positive anecdotal results.
- (k) Historically likewise at Daylesford, Victoria Australia and numerous EU like Barden Barden and US geologically volcanic locations, some mineral spar baths employed external voltage through metal terminals to generate increased mineral water conductivity.

Results for N=1 during Intensive and Experimental Chemotherapy:

1. Effervescent clockwise and anticlockwise convection was visible around Pt cisplatinum damaged fingers and toes, indicative of electrolytic current flow and simultaneously observable sacrificial terminal reduction.
2. Conductivity convection flow was facilitated when the electrolyte was dyed for increased suspension visibility.
3. No external voltage was applied to generate electrolysis current for the pseudo terminals.
4. Electrolyte surface effervescence was viewed as a typical chemical reaction occurring in dissociative breakdown.
5. Concentrated resultant electrolyte surface bubbles were gathered and tested, confirming the presence of hydrogen gas.
6. Displaced hydrogen was confirmed by these bubbles ignition through the simple "Hydrogen popping sound test".
7. The hydrogen gas presence test was repeated in nine separate consecutive treatments to obtain the same result.
8. Decreases in H effervescence samples collection were rapid and decreased gradually until concluding the daily treatment period.
9. Treatment immersion concluded when experiencing tear duct and salivary dryness. This physical reaction and lacrimal response was not understood.
10. Experimentally and without inserting the zinc terminal, neuropathic tingling sensations did not occur while using the electrolyte as a foot/hand bath only.
11. When later introducing the sacrificial zinc terminal, increased but non-painful tingling sensations were experienced with "increased intensity and decreased threshold".

12. Increased neural sensitivity was “specifically localised” in overtly affected (Pt) cisplatinum damaged and discoloured toe and fingernails. Discoloration was clearly visible through UV filter immersion.
13. On inspection post-treatment, the “used up electrolyte” contained a dark-blackish-brown solute residue like sediment which was then gathered for analysis. This sample was remarkably visible and prominent.
14. On each occasion after electrolytic diffusion treatment, the zinc terminal was stained with blackened oxidation discolouration. This was revealed through finger and toe print-like-silhouettes marking the terminal. Notably, terminal reduction scaling was removed periodically for daily self-treatment.
15. Multimeter connections to separate right and left toes and fingers, compared with the terminal, gave different potential differences and resistances. (PD measured in microvolts and resistance micro-ohms).
16. Acute neuropathically damaged fingers and toes revealed higher divergent readings in multimeter measurement.
17. Dark brown discolouration of fingernails and toenails gradually disappeared during the extended daily treatment period.
18. Following each treatment, reduction of pain and numbness was experienced.
19. Fingernails, toenails and hair growth were regenerated although plausibly this was also due to multifactorial variables in autoimmune recuperation.
20. Treatment resulted in measured pre-post specific localised pain relief sites, accompanied by reduced neuropathic over-sensitivity and numbness.
21. Quinate tablets and tonic water containing quinine were taken daily to alleviate acute nocturnal muscular cramp side-effects of chemotherapy.
22. Luria Nebraska neuropsychological visuo-motor sub-tests assessment was ongoing to reveal faster reaction time which on improved neurological assessment, doubled “normal” pre-intervention results compared with norms.
23. The CSIRO Materials Characterisation Group X-Ray Diffraction (XRD) Laboratory notes 24th March reported, “One particle resembling platinum was obtained with the Brucker GADDS X-Ray microdiffractometer operating at 40 mA, 45kV, and CuKa radiation monochromatised with an incident beam graphite sample monochromator”. This result however, is inconclusive because only one particle of Pt was discerned.
24. The 20 weeks intensive chemotherapy treatment and unsuccessful experimental chemotherapy concluded in November 1998 before leaving for the ACFE NY Convention.
 - (a) Electrolysis intervention treatment had near reached completion in 1999.
 - (b) By that time presumably there was less metallic platinum to collect from the remaining used up electrolyte sample.
 - (c) A third deep penetration EMG assessment for feet and hands nerve conduction was administered for post intervention comparison neurology examination.
25. Computerised surface frontalis EMG assessment recording was completed weekly throughout the entire experimental treatment period.

Technical Report CSIRO Extract 24th March 1999

“Eventually, the diffraction pattern labeled “Brian Costello Deposit” was obtained from the centre of one particle. Whilst this pattern has poor signal to noise ratio, a number of distinct peaks are evident (as labeled on the trace). Those at $d=2.28$ angstrom and $d=1.98$ angstrom are not inconsistent with peaks expected for metallic platinum (peak positions and intensities overlaid on the trace as straight lines terminating in a black square), though it must be said that this is far from conclusive evidence of metallic Pt. The remaining peaks were unidentified.”

Footnote:

If desired, please visit website www.cassel.edu.au clicking onto the “2001 Update” for Ten Pain Control Experiments and accompanying published research articles with references 1969 onwards for fast downloading.