

CLINICAL STUDIES FOR THE COLD SORE INHIBITOR AT NATIONAL PREVENTION, A CALIFORNIA STATE LICENSED MEDICAL OFFICE UNDER

SUPERVISION OF A CALIFORNIA LICENSED M.D., DR. MIRKA JAROS

Dr. Peter H. Lathrop proposed that low voltage electrical current actually recharges the energy level of the cell, which changes the biochemical working of the cell at micro levels. This has been shown in recent studies to increase ATP energy production by up to 500%, and increased protein absorption into the cell between 30 and 40 %.

Recent studies have shown that diseased or damaged cells give off mitogenic radiation at a different frequency than healthy cells. Treating the cell with a defined frequency can oscillate the cell back to its healthy state. As an aside, this may be demonstrated by laser research. The property of semi-conductivity is ascribed to biological structures due to intricately organized zones of conductants and delocalized electrons that create a bioplasma; this gives the cell the properties of a crystal. When a homogenous substance such as a crystal or metal tuning fork vibrate at one frequency, it will affect another substance or tuning fork some distance away. Both will end at some harmonious, but different vibration. Taking into account that particles and waves are believed to be completely interchangeable at the atomic and subatomic levels, the electrodynamic field is the interrelationship of particles that are affecting each other through change and movement. These relationships are refineable in terms of oscillation and vibrations.

During electrical stimulation of pathological tissue, the electrons react with water molecules at the cathode side to produce hydroxyl ions, while at the anode side, protons are formed. Thus, between the anode and cathode interface, a proton gradient and a potential gradient across the tissue and the medium are created. Hence, protons under the influence of the concentration difference should move from anode to cathode. Since the rate of proton formation at the anodic interface is equal to the rate of proton consumption at the cathodic interface, the net pH of the system, medium and tissue, remains undisturbed. As the migrating protons reach the mitochondrial membrane-bound ATPase, AD will be formed.

Thus, when we discuss the current passing through the membrane capacitance, the changes haven't physically penetrated the membrane itself; the current can pass through the membrane even though ions cannot. And so, by increasing the cell's potential, we increase the cell's own ability to produce energy.

Thus, it would appear that we may use low voltage electrical fields to penetrate the protein envelope of the **Herpes virus**, stimulate the cell capacitance via the increase of mitochondrial function, return the cell to normal functioning, and break up the polypeptide structure of the **virus core**.

In order to test this theory, the subject, to the potential lesion site created a small low voltage electrical device.

The subjects carried on clinical studies over a period of six years both in-house, and privately.

SUBJECTS

Ninety-six men and women between the ages of 19 and 37 participated in the study that took place over a period of five years of clinical trials.

Subjects were placed in one of three groups as follows: Group One -23 controls. These subjects were administered no electrical stimulation. Some of these subjects sporadically used some form of drug therapy. Group Two consisted of 50 subjects who were seen in a medical clinic with their treatment supervised by a MD. These patients took no drugs and were treated solely with electrical stimulation. Group Three consisted of 23 subjects who were issued a small electrical stimulation device designed by Dr. Peter Lathrop and Steve Johnston.

All of the subjects in this study suffered from either Herpes Simples 1 (mouth herpes), or Herpes Simplex 2 (genital herpes). Prior onset of the disease ranged from 1.5 to 5 years. Other staff included Chiropractors, RN's, Medical Scientists, a California licensed Psychologist and Licensed Medical Assistants. This facility was one of 19 offices participating in a Nationwide Herpes Research and Treatment program.

The study was designed by Dr. Peter Lathrop and supervised by Mirka Jaros, M.D. Data analysis took place at the University of California, San Diego by a physician and graduate students in the Departments of Biochemistry and Medicine as part of a university sponsored internship program in Biomedical Electronics.

The following persons took part in this analysis: Katharina Sunnerhagen, M.D., Brenda Dudas, and Robert Wester.

Group One subjects reported onset, progress and resolve of their lesions on a daily basis.

Group Two subjects were treated in the clinic commencing with the onset of the lesion and four times a week until the lesion resolved. Treatment consisted of the application of low voltage electrical stimulation delivered to the lesion by the use of a non-invasive stainless steel probe.

Group Three subjects were issued low voltage electrical stimulators and told to take them with them and keep them handy at all times. These subjects were further instructed to be acutely aware of the onset of the next occurrence of itching, tingling, pain, or ache in the area. They were further instructed that it was crucial that they be not only aware of the onset, but immediately be able to access the stimulation unit and use it at the site of the potential lesion as follows: **"Use the Cold Sore Inhibitor to make contact with the potential lesion site for 15 seconds. Continue this procedure once per hour for eight hours without interruption on the first day of recognition of preliminary symptoms."** These subjects were further told that if a lesion should begin to occur, they should continue this procedure until the lesion resolved itself.

RESULTS

The results of this study are outlined in Table 1.

Table 1: Comparison of Treatment Procedures

STUDY GROUPS	SEX		HERPES SIMPLEX	AVG LENGTH OF LESION (DAYS)	
	Males	Females		Males	Females
Controls	7	4	I	9	7
	6	6	II	10	8
Total = 23			Average = 8.5		
Clinically - Treated	13	15	I	3	4
	12	10	II	4	3
Total = 50			Average = 3.5		
Self - Treated (Cold Sore Eliminator)	5	6	I	0	0
	4	8	II	0	1
Total = 23			Average = 0.25 Days		

As can be seen, the three groups studied were compared as to sex, number of days of persistence of lesion, and type of herpes.

The most successful treatment groups were those subjects who treated themselves with the Cold Sore Inhibitor prior to onset of the lesion. Average length of the lesion for this group was .25 days.

Group Two, or the clinically treated subjects, averaged 3.5 days of persistence of lesion.

Group One controls fared the worst in comparison with the treatment groups' average length of lesion for this group was 8.5 days.

A three-way analysis of variance was performed in order to compare the results of the three groups. When compared with the control group, both the clinically treated and the self-treated groups demonstrated a shorter time of persistence significant at the .001 level. The self-treated group demonstrated an even more significant reduction in time of lesion persistence than the clinically treated group at the .001 level.

The data presented appears to support the hypotheses that low voltage electrical current, when applied to the lesion site, can significantly reduce the time of persistence of that lesion resulting from either Herpes Simplex 1 or 2.

Data further demonstrates more dramatically that self-treatment with low voltage electrical current within the first 15 minutes of the occurrence of a Herpes Simplex lesion, can prevent the occurrence of a lesion at the site of stimulation.

Data further indicates that there was no significant difference in results of treatment with regard to sex or type of simplex manifested.

DISCUSSION

The hypothesis proposed at the beginning of the paper was supported by the data. The average length of persistence of a Herpes Simplex lesion in controls who underwent no electrical stimulation, average 8.5 days (this figure being affected somewhat by the spurious use of drugs by some of the patients some of the time). As can be seen in Table 1, intervention by low voltage electrical current appeared to have a significant effect on shortening the length of persistence of the lesion, the self-treated group demonstrating the most significant results in terms of little or no manifestation of the lesion. Low voltage electrical current, when applied to the lesion site, or the possible lesion site, appears to, as proposed earlier, penetrate the protein envelope barrier which protects the virus from destruction.

As the herpes virus manifests itself via the nervous system. a treatment route was designed to pervade that system and attack the virus using the electrical properties of the nervous system at the cell level to combat the virus.

An electrical current can, therefore, be assumed to be able to radically change the response of the healthy cell to the invading virus. This appears to be accomplished by stimulating the mitochondrial function of the cell to return to normal the ionic balance inside and outside the cell. This study has been an example of the electrical manipulation of the biochemistry of pathological cells in a viral medium. It was found that both pathological cells and virus might possibly be affected to a significant extent with the application of low voltage electrical stimulation at the site of the interaction. The most significant affect appears to be created by the treatment of a virus produced pathological state at the onset, whereby the virus has not had an opportunity to fully invade the system, or reach its fullest strength.

The key to effective treatment of the Herpes virus, whether it is Herpes Simplex 1 or Herpes Simplex 2, is the treatment by low voltage electrical stimulation at the possible site of a lesion, as indicated by tingling or other pre-lesion symptoms, as soon as the symptoms are felt.

The results of this study would further indicate the need for the Herpes virus patient to be provided with and carry with them at all times, the Cold Sore Eliminator, that they would be able to use immediately upon manifestation of a pre-lesion condition.