Healing With the Power of Light

How To Feel Better Without Drugs Using our Ultra-Violet Light System

AscEpi MEDICAL™

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Disclaimer

This booklet is not intended for medical advice or diagnosis. No medical treatment should be administered solely based on the information herein. This book is not in any way associated with a specific clinic or physician. It is intended to provide information both clinical and experimental regarding a treatment that has been used in hundreds of clinics and hospitals for over 80 years.

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Chapter One
What is Ultraviolet Blood Irradiation (UBI)?

Photoluminescence Therapy also known as UBI, UVBI, photoluminescence and, most referred to as, Bio-Photonic Therapy or BT, is not an emerging or new treatment. It was first developed in the 1930's as a treatment for the polio virus and other viral and bacterial infections, but with the advent of vaccines and antibiotics it was put on the side burner and almost forgotten. Now with the feared dangers or lack of efficacy of vaccines, the development of dangerous antibiotic resistant species of bacteria, and the difficulty eradicating many viruses, including those involved in AIDS, photoluminescence (UBI) has once again become a viable alternative therapy. Over 65 years of research and clinical data now exist to vouch for the safety of this treatment, and it is making resurgence in the hands of a small but growing number of practitioners.

The actual UBI procedure is simple, safe, and effective against a broad spectrum of viruses and bacteria. It takes just 5% of the patient's blood to be treated over a 60-minute period using the accepted therapeutic UV band of light waves. The effect on the blood which is treated spreads throughout the body and clinical improvement is ordinarily rapid. The procedure and devices used are safe, non-toxic, easy to apply, and use no drugs. UBI is a viable and effective treatment option for many diverse medical conditions.

Ultraviolet Blood Irradiation produces a rapid detoxifying effect that results in a waning of toxic symptoms. The concentration of venous oxygen is increased in those with depressed blood oxygen values. There is a rapid increase in resistance to both acute and chronic viral and bacterial infection and no harmful effects have been observed. Diseases which have been successfully treated include viral infections, corona virus, hepatitis, bacterial infections, auto-immune diseases, hypoxemia, and many others in the category of blood borne infections. Results have been seen in as little as one treatment but even the most extreme cases need only three to five treatments to inactivate most viruses. There is no risk, hazard or pain to the patient. Costs for this treatment are low. Photo luminescent therapy is available now for use by licensed health practitioners. Look for those with FDA approved devices for potential insurance coverage when the government catches up with its value and it is covered by insurance. Studies are being conducted right now in the treatment of Alzheimer's disease, malaria, cancer, and chronic fatigue syndrome.

Source: Dr. Ron Kennedy MD

Chapter Two
History

Over 100 years ago, Faroese-Danish physician/ researcher Niels Finsen found that ultraviolet light could effectively treat skin disorders. He was awarded the 1903 Nobel Prize for Medicine due to his findings on the effectiveness of UV light in treating lupus vulgaris (tuberculosis of the skin).

In the 1920's, Walter Ude, an MD from Minneapolis, treated a series of 100 cases of Erysipelas (acute streptococcus bacterial infection) claiming nearly 100% cure rate with UV skin irradiation.

Known as the father of UBI in the USA, Emmett Knott pioneered the irradiation of autologous (from the same body) blood treatment. He first used it on dogs before treating a woman near death with post-abortion sepsis in 1933. She recovered amazingly when thought near death and went on to have children. Knott went on to build and receive patents for equipment[i] that would remove a small amount of blood volume, add an anti-coagulant, expose that blood to UVB and UVC lights, and then pump that treated blood back into the body. The successful results of his first tests were compiled into a report[ii] and it was published in 1934.

By 1942, obstetrician Dr. Virgil K. Hancock joined with Knott and they had successfully treated 6,520 patients using UBI, without any harmful effects. Nearly every time treatment was administered, it cured infections and toxicity!

The most prolific American researcher was Dr. George Miley, a clinical Professor at Hahnemann Hospital and College of Medicine. In 1942, he also reported success with 103 consecutive cases of acute pyogenic infections. Results of recovery were 100% for early infections, 46 out of 47 for moderately advanced and 17 out of 36 of those who were moribund (near death).

In the mid 1940's and early 50's, Dr. E.W. Rebbeck used UBI for patients experiencing septicemia (systemic infection) following childbirth and abortion. While many of his patients were near death when they came to him at Shadyside hospital in Pennsylvania, all responded in a positive fashion and many recovered completely.

[i] Patent no. 1,683,877 (1928): "Means for Treating Bloodstream Infections." Patent no. 2,308,516 (1943) was an update.
condition being treated.
[ii] Knott EK, Hancock VK. "Irradiated blood transfusion in treatment of infections." *Northwest Med.* 1934; 33:200-204.

Chapter Three
Modern History

(This information is attributed to the Tahoma Clinic)

In 1942, Professor George Miley at Hahnemann Hospital in Philadelphia reported[iii] using UBI (which he named the "Knott Technic") on 103 patients with life-threatening infections. At that time, antibiotic treatment was barely getting started. The only antibiotics available were sulfa drugs, so most of these patients usually died.

Dr. Miley classified the patients into early, moderately advanced, and moribund (close to death) groups. The diagnoses included sepsis (infection throughout the body), septic (badly infected) abortion, peritonitis, pneumonia, abscess in the appendix, pelvic abscess, wound infection, and similar conditions. He treated all of them with ultraviolet blood irradiation and reported that all 20 of the early patients, 46 of 47 of the moderately advanced patients, and 17 of 36 moribund patients fully recovered.

In 1943, Professor Miley reported[iv] on 40 patients with generalized peritonitis (a usually fatal infection of the abdominal cavity). All 23 moderately advanced patients and 9 of 17 moribund patients recovered after blood irradiation.

In 1947, Professor Miley (yes, he published more research about UBI than anyone else) reported[v] what might be the largest case series involving UBI: 445 patients with a variety of life-threatening infections treated for six years. All the "early" infection patients, 98% of the "moderately advanced," and 45% of moribund (remember, nearly dead) patients recovered after treatment with Knott's UBI—results that would rival those obtained today. The only side effect noted was skin flushing, which occurred in most treated patients and lasted up to 30 days. They also noted that treatment of staph aureus septicemia with sulfa drugs reduced the effectiveness of UBI.
In 1948, Dr. Miley reported[vi] excellent results with UBI treatment of viral pneumonia. Within a few days of one treatment, fever disappeared, and symptoms abated. There are dozens of other research reports about effective treatments of non-infectious disease problems with UBI.

For all this information and more, please see the book *Into the Light*[vii] by Dr. William Campbell Douglass, Sr., who reports effective treatment of thrombophlebitis, bronchial asthma, polio, and HIV with UBI, as well as descriptions of UBI use in Russia and Africa, and much more. The chapter on HIV includes a report on his own case written by a physician whose own HIV was treated successfully with UBI.

From the *New York Herald Tribune*, April, 1949

SUNDAY, APRIL 17, 1949

New York Infirmary Uses New Ally in Research Against Rheumatic Fever

Research workers find evidence that the heart recovers more rapidly from the ravaging effects of rheumatic fever when the blood of the patient is irradiated with ultra-violet light. To date, ninety-eight children have already been returned to good health by this simple new treatment. This is another way electricity supplied by CON EDISON helps make New York City a healthier, more pleasant place to live.

Dozens of reports documenting the effectiveness of UBI against a wide variety of infections were published before 1950, but many fewer after were reported after that. What happened? Adverse effects weren't an issue. Dr. George Rebbeck of Shadyside Hospital in Pittsburgh reported, "There have been no signs of harmful effects in approximately 4,000 blood irradiation treatments under my direct supervision at Shadyside Hospital in the past five years."[viii]

Two things happened to bring the use of UBI to a nearly dead halt. The first was the development of numerous antibiotics by patent medicine companies. With apparently no thought at all given to the very significant disruption of the normal intestinal (and other) bacteria by antibiotics (like "collateral damage" in wartime), or to the possibility of microorganisms not at all liking being killed and fighting back by developing "antibiotic resistance," antibiotics were pushed by patent medicine company representatives to physicians at their offices and at conventions. One big selling point was the "ease of administration," since no intravenous treatment was needed at all.

Secondly, the American Medical Association went to war against UBI with an article published[ix] in 1952. They focused on their finding that blood irradiation didn't sterilize the blood, which to them meant it couldn't be effective in killing germs, even though there had been hundreds of reports from universities and hospitals reporting effective treatment—including life-saving treatment—with UBI! These researchers also gave UBI to 68 patients with a wide range of diseases and found it safe, but claimed it was ineffective—although apparently it was effective enough to keep all of their patients from dying of those diseases.

Why did the American Medical Association oppose a treatment which had been found so effective? For insight, let's look at the Fitzgerald Report to the Senate Interstate Commerce Committee, published on August 3, 1953, in the *Congressional Record*.[x] Here's a verbatim excerpt: "There is reason to believe that the AMA has been hasty, capricious, arbitrary, and outright dishonest . . . The alleged machinations of Dr. J.J. Moore (for the past 10 years the treasurer of the AMA) could involve the AMA and others in an interstate conspiracy of alarming proportions."

Cooperation among the AMA, "Big Pharma," and *los federales* to eliminate competition with "approved" therapies was known in 1953 and—unfortunately—has continued until now. As that's not the main topic here, let's return to UBI.

Reports about research and treatment with UBI has continued outside these United States, in Africa, Germany, and particularly Russia. In 2006, Dr. John Cannell wrote a report[xi] listing sixteen reports published from 1982 to 2002 in Russia; he notes that hundreds more were published there.
In April 2016, researchers from Harvard University and Guangxi Medical University published a research review[xii] titled "Ultraviolet Blood Irradiation: Is It Time to Remember 'The Cure that Time Forgot'?" They wrote:
Ultraviolet blood irradiation (UBI) was extensively used in the 1940s and 1950s to treat many diseases including septicemia, pneumonia, tuberculosis, arthritis, asthma, and even poliomyelitis.

[i] Patent no. 1,683,877 (1928): "Means for Treating Bloodstream Infections." Patent no. 2,308,516 (1943) was an update.
[ii] Knott EK, Hancock VK. "Irradiated blood transfusion in treatment of infections." *Northwest Med.* 1934; 33:200-204.
[iii] Miley GP. "The Knott Technic of Ultraviolet Blood Irradiation in Acute Pyogenic Infections." *New York State Journal of Medicine* 1942;42(1):38-46.
[iv] Miley GP, Rebbeck EW. "The Knott Technic of Ultraviolet Blood Irradiation as a Control of Infection in Peritonitis. *Review of Gastroenterology* 1943;10:1
[v] Miley GP, Christensen JA. "Ultraviolet blood irradiation therapy: further studies in acute infections." *American Journal of Surgery* 1947; 73: 486-493.
[vi] Miley GP, Chritiansen JA. "Ultraviolet blood Irradiation therapy in acute viral infections." *Review of Gastroenterology* 1948; 15:271-277.
http://www.newmediaexplorer.org/chris/Fitzgerald%20Report%201953.pdf /.
[xi] [vii] William Campbell Douglas Sr., MD. *Into the Light.* Second Opinion Publishing, 1973, 133–136.
[viii] George Rebbeck, MD, in William Campbell Douglas Sr., MD. *Into the Light.* Second Opinion Publishing, 1973, 89.
[ix] Schwartz S. et al. "Ultraviolet irradiation of blood in man; studies of sixty-eight patients." JAMA 1952;149(13):1180-3.
[x] To download your own PDF copy of this report: https://www.vitamindcouncil.org/newsletter/newsletter-is-vitamin-d-an-antibiotic/ .
[xii] Wu X, Hu X, Hamblin MR. "Ultraviolet Blood Irradiation: Is It Time to Remember 'The Cure That Time Forgot'?" *J Photochem Photobiol B*. 2016 Apr;157:89-96.
[xiii] https://www.vitamindcouncil.org/blog/the-cure-that-time-forgot-the-knott-technique/.

Patent Filed: June 17, 2020 – Patent Pending -63/037,253 Filed – Blood irradiation Device - AscEpi Medical Group, LLC – John Scordos

Chapter Four
UBI Uses

In Ultraviolet Blood Irradiation, UV/C (Ultraviolet C wavelength) combined and calibrated with UV/A (Ultraviolet A wavelength) the light dismantles the exact virus or bacteria that you have in your blood. It is then reintroduced into your blood stream acting like an individually tailored vaccine. This uniquely personal "vaccine" has been shown to be very effective against illnesses such as shingles, MRSA and a host of other hard to treat microbes when other medicines or vaccines are not.

Treatments have been effective for over 60 different diseases including the following:

VIRAL INFECTIONS
- HIV
- Hepatitis
- Influenza
- Herpes simplex/zoster
- Mononucleosis
- Mumps
- Measles Infections
- Viral Pneumonia
- Polio

BACTERIAL INFECTIONS
- Pneumonia
- Wound Infections
- Septicemia (staphylococcus, streptococcus, pneumococcus)
- Lymphatic infections (lymphangitis)
- Peritonitis
- Recurrent skin infections (furunculosis, carbunulosis)
- E-coli / **Covid-19**
- Necrotizing infections

AUTOIMMUNE DISEASES
- Fibromyalgia
- Lupus
- Rheumatoid Arthritis
- Psoriasis
- Psoriatic Arthritis
- Raynaud’s Disease
- Sclera derma
- Multiple Sclerosis

CLOTTING CHANGES
- Lowering of fibrin
- Normalization of fibrinolysis
- Trend towards normalization of fibrin-split products
- Lowering of platelet aggregation

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

METABOLIC CHANGES - IMPROVEMENT IN OXYGEN UTILIZATION
- Increase in arterial P02
- Increase in venous P02
- 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, and creatinine levels

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

IMPROVEMENT IN IMMUNE DEFENSES
- Increase in phagocytosis capability
- Increase in bactericidal capacity of blood
- Modulation of the immune system

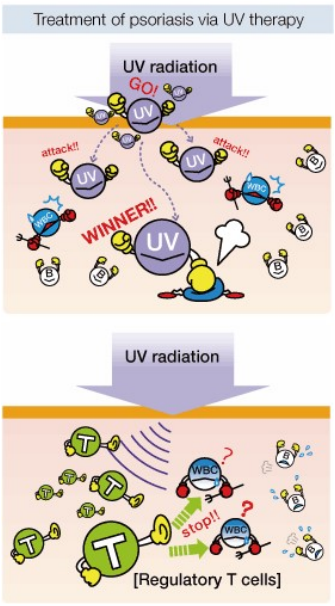
INFLAMMATORY CONDITIONS
- Arthritis
- Fibrositis
- Bursitis
- Iritis
- Uveitis
- Pancreatitis

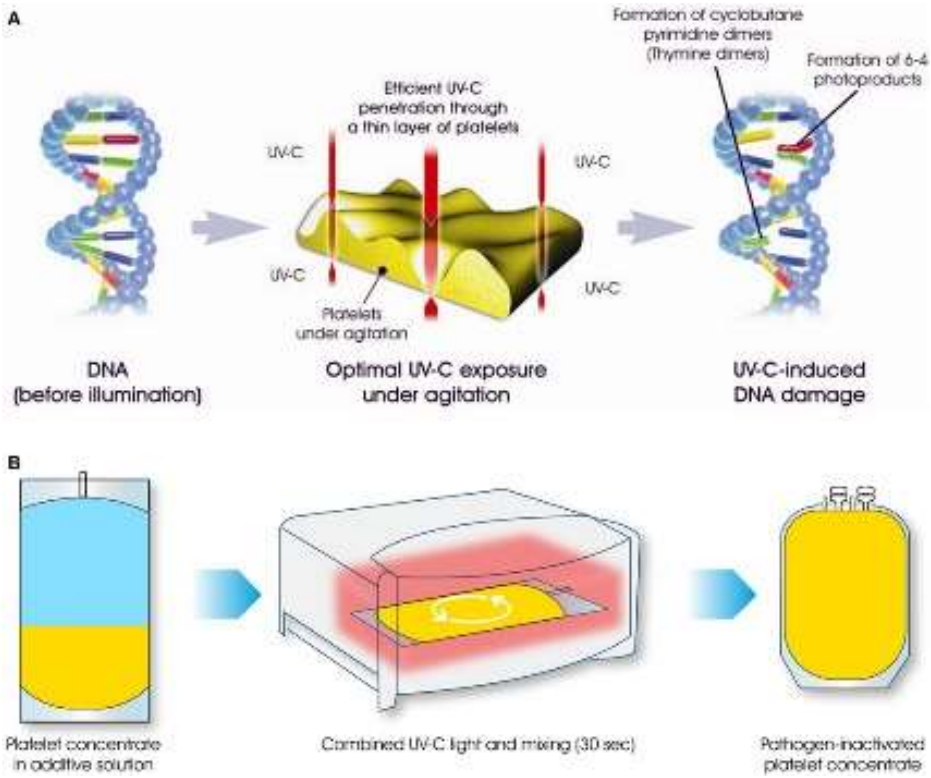
CIRCULATION CONDITIONS

- Varicose Veins
- Peripheral Vascular Disease
- Gangrene
- Vascular Headaches
- Deep Vein Thrombosis
- Claudication
- Diabetic Ulcers
- Thrombophlebitis

RESPIRATORY DISEASES

- COPD
- Asthma
- Emphysema
- Sinusitis
- Bronchitis
- Tuberculosis





Chapter Five
The Photoluminescence Procedure

Originally performed therapy would remove 250ml of blood from the patient into a sterile, vacuum bottle where an anticoagulant was then added, and this mixture was channeled past the UV light and back into the patient.

Our procedure is done by withdrawing 1.5 cc's of blood per total patient body weight (up to 250 cc's – **Maximum!**) of blood from the patient using a butterfly needle or catheter needle and syringe. Heparin is then added to the blood and then it is combined with approximately 50ml of saline. The IV tube is attached to the needle in the patient's arm and then gravity fed past the UV light and right back to the patient using the same needle used to withdraw the blood. This procedure takes approximately one hour in most clinics.

Our uniquely designed device, the PL2020 uses a patented calibrated combination of UV/A and UV/C to eliminate germs and bacteria, as well as activate your own body's immune system to flush out pathogens, germs, diseases and alike.

To make sure you get the full extent of the procedure, please follow the directions below:

A few days prior to treatment:

- Drink at least 60 oz of water each day prior to your scheduled procedure.

An hour prior to treatment:

- Drink at least 20 oz of water. Also, taking an aspirin may help in allowing your blood to flow if you are not a hemophiliac.

After your treatment:

- To assist your body in eliminating toxins that will be flushed by this therapy, you should drink six to eight glasses of pure or natural spring water daily. This assists in the effectiveness as it is flushing out the impurities through the liver and kidneys. Drinking water helps with the flushing out.

Chapter Six
The Safety of the PL2020

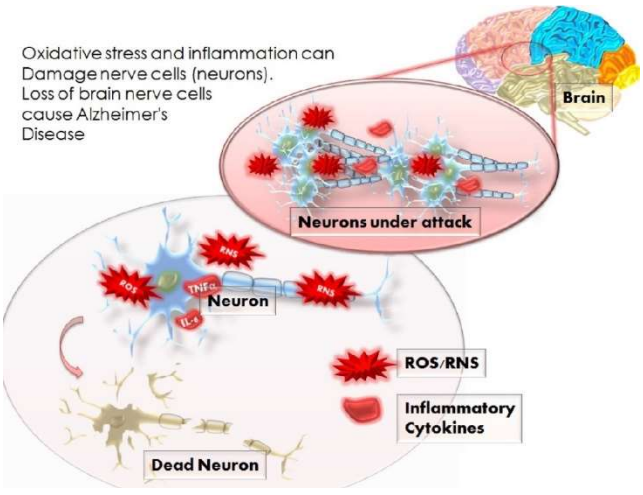
Our uniquely designed device is focused on maximizing the exposure of your blood to our calibrated light chamber, giving you the best possible procedure in the world! We have selected and scientifically tested and use special materials, proven calibrated light exposure and with our patented and pure crystal cuvette system, you will receive the newest and proven photoluminescence therapy procedure possible.

The most common side effect known to UBI is flushing of the skin caused by increased blood flow. Occasionally patients will experience light flu-like symptoms when excessive pathogen die-off occurs and creates a mildly toxic situation. When this takes place, the body can become overloaded and must work to get rid of the unwanted intruder. This is often referred to as a "Herxheimer Response" and is short lived.

A Russian study assessing complications in 2,380 sessions of UVBI therapy reported that 1.3% of the sessions had *"complications associated with the technical performance of the manipulation"*. Also, twelve patients reacted to the ultraviolet blood irradiation itself resulting in, *"shivering (four cases), hypotension (two cases), nasal bleeding (three cases).*

*Please talk to your doctor regarding supplements or drugs that you are taking as UBI may diminish or enhance their effectiveness. UBI is not recommended for patients with a history of photosensitivity or those taking sulfa drugs. Marochkov AV, Doronin VA, Kravtsov NN. "Complications in ultraviolet irradiation of the blood" Anesteziol Reanimatol. 1990 Jul-Aug;(4):55-6. http://www.ncbi.nlm.nih.gov/pubmed/2077972

Researching our procedure to reduce Alzheimers



[1] Marochkov AV, Doronin VA, Kravtsov NN. "Complications in ultraviolet irradiation of the blood" Anesteziol Reanimatol. 1990 Jul-Aug;(4):55-6. http://www.ncbi.nlm.nih.gov/pubmed/2077972

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