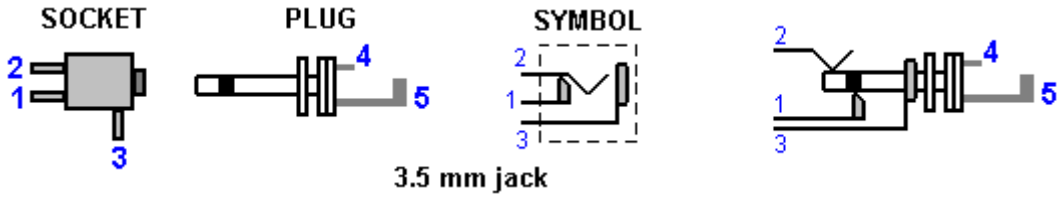
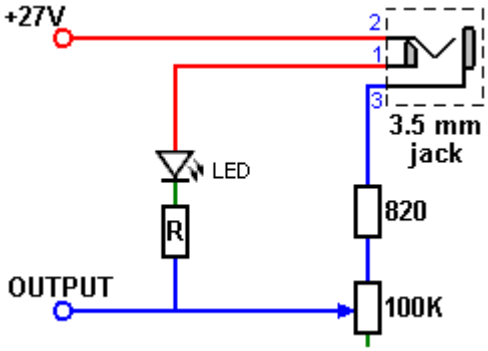
Extract from Chapter 12 of the Practical Guide to Free-Energy Devices at www.free-energy-info.com

Bob Beck's design calls for the LED display to be running when the unit is switched on and then be disconnected when the electrodes are plugged into a 3.5 mm socket mounted on the case containing the circuit. The switched socket looks like this:

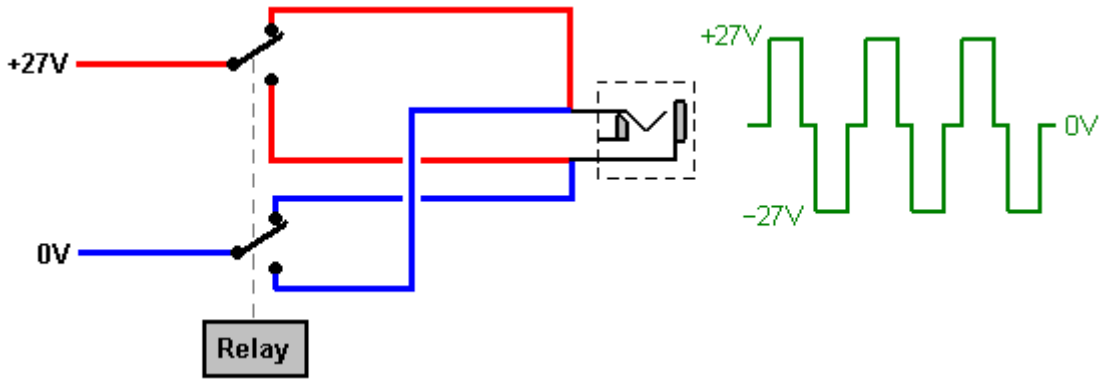


When the plug is not inserted into the socket, pin 1 connects to pin 2 and pin 3 is not connected to anything. When the plug is inserted, then pin 1 is isolated, pin 2 is connected to plug pin 4 and pin 3 is connected to plug pin 5.

The Beck circuit is connected to the output socket like this:



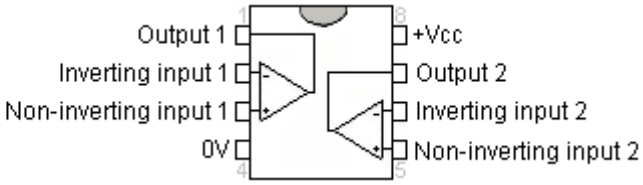
This arrangement will give a 27V 4Hz square wave output through the jack socket. But, Bob Beck's original circuit did not do that. Instead, it was like this:



Here, a relay operates two change-over switch contacts which are used to reverse the battery bank contacts four times per second. That is different from just producing a positive-going square wave voltage between the two output terminals. If you were to consider a resistor connected across the output socket, then with the relay switching, the direction of the current reverses four times per second, but with the square wave, while it starts and stops four times per second, the direction of the current is always the same and there is no reversal of direction.

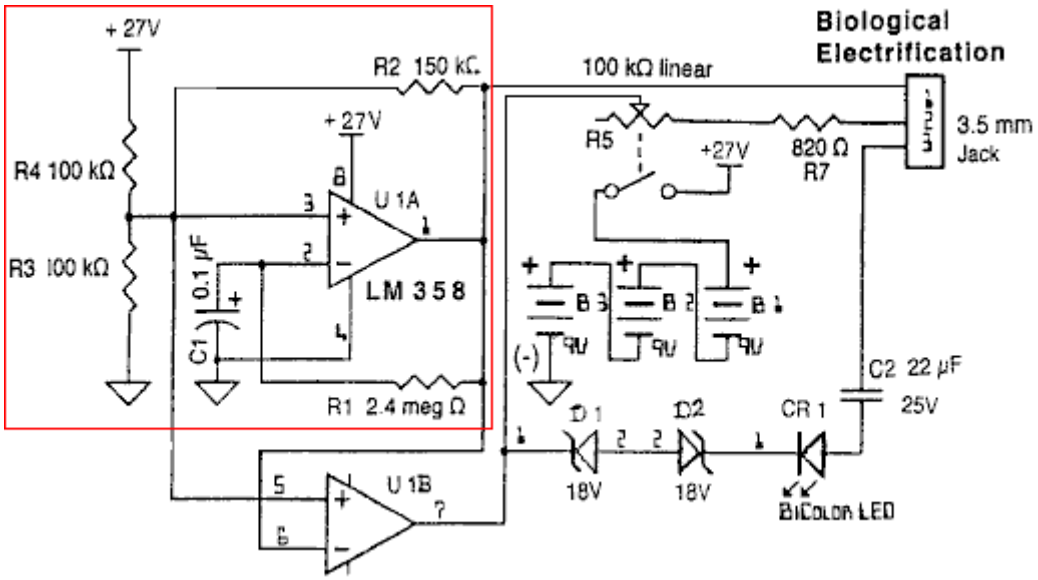
As Bob wanted to avoid using a relay which clicks four times per second all the way through the two-hour treatment described in chapter 11 and in the "Take Back Your Power" pdf on the http://www.free-energy-info.tuks.nl/ web site, he redesigned the circuit using the very impressive LM358/A integrated circuit:

LM358



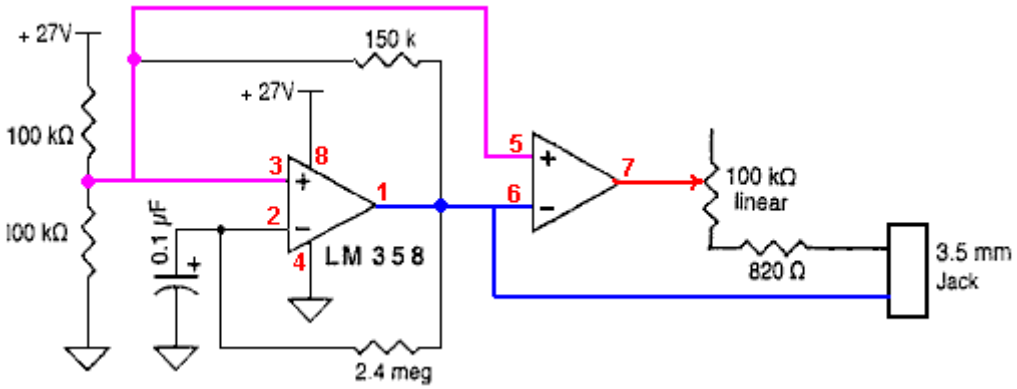
This chip draws only half of one milliamp, has two very high-gain operational amplifiers and can operate with a wide range of supply voltages. It is also inexpensive.

Bob displays the circuit as:



Bob states that the first section acts as a 4Hz square-wave signal generator, the frequency being controlled by the 2.4M resistor “R1” and the 100nF capacitor “C1”. The data sheet for the LM358 states that the output voltage swing is between zero volts and 1.5V less than the supply voltage “Vcc” (which is +27V in this case). That implies that, as would be expected, the pin 1 output voltage from the first stage will switch sharply from 0V to +25.5V and sharply back again, four times per second.

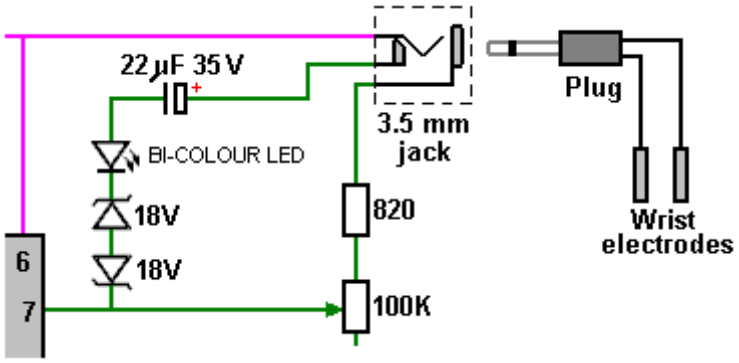
It is difficult to follow the circuit as it is drawn, so it might be a little easier to follow when drawn like this:



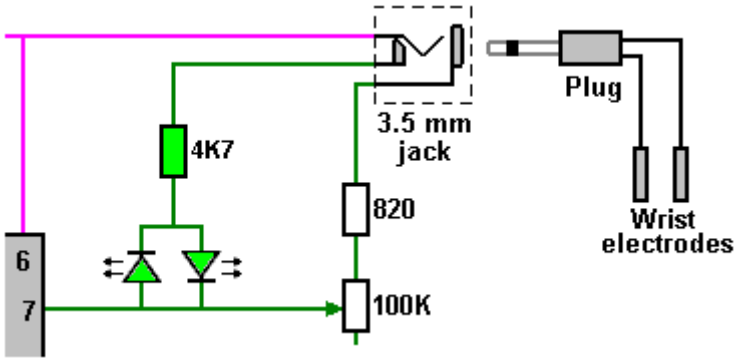
The output from the first amplifier inside the LM358 package is on pin 1 and it can supply a large amount of current (if a large current is ever needed). That output goes straight to one of the jack socket connections. It also goes the pin 6 input of the second amplifier inside the chip and that causes the high-power output of that amplifier on pin 7 to be the opposite of the pin 1 voltage. When pin 1 goes high to +25.5 volts, then pin 7 goes low, to about zero volts. That output is also fed to the other jack socket connection, placing 25.5 volts across the electrodes when they are plugged in to the jack socket.

When the oscillator circuitry connected to the first amplifier causes the voltage on pin 1 to go low, then the output on pin 7 inverts it and so it goes to +25.5 volts. You will notice that while the overall voltage of 25.5 volts is applied again to the jack socket, the polarity is now reversed, achieving what the relay circuit does (although 1.5 volts is lost in the process). This is a neat solution.

Bob uses a two-colour LED to confirm that the circuit is working correctly before the electrodes are plugged in. He chooses to do it this way:



The two 18V zener diodes drop off 18.7 of the 25.5 volts as one will be forward biased dropping 0.7 volts and the other reversed biased, dropping off 18 volts. That leaves a 7V drop for the LED, which is a bit excessive, so Bob says that he uses a capacitor to limit the current. As there is already an 820 ohm resistor in the LED current path through the socket, the capacitor is not needed. The variable resistor need to be set to it's minimum resistance by rotating it's shaft fully clockwise so that it does not affect the LED brightness as the zeners also show when the battery voltage has dropped as there will no longer be sufficient voltage to light the LED brightly, indicating that the batteries need to be replaced (or recharged if they are rechargeable batteries). When testing the circuit, an alternative to the two zeners is to use a 4.7K resistor and if a bi-colour LED is not to hand, then two ordinary LEDs can be used back to back like this:

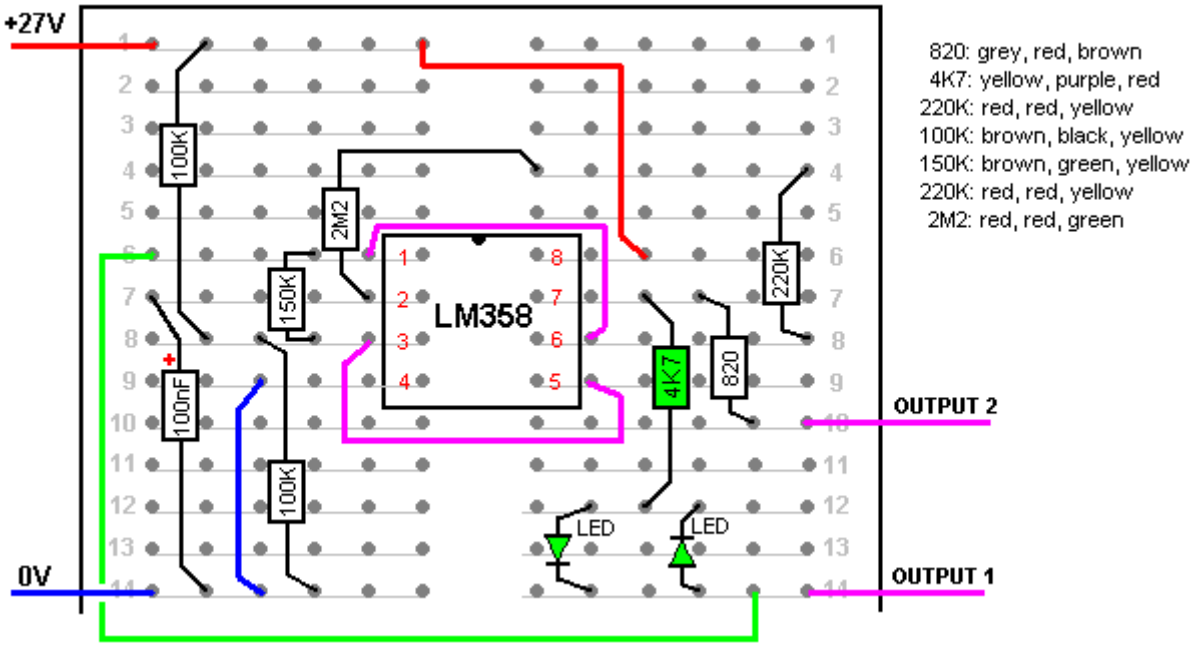


With this arrangement, the two LEDs flash alternately. In any circuit, a capacitor with a higher voltage rating can always be used if the capacitance values are the same. The Beck external circuit is completed through the body of the user, so there is just one electrode connected to each side of the output jack socket.

The electrodes are not particularly important and various methods of construction work well. One simple method is to strip the insulation from the last few centimetres of the connecting wire, fold the bare wire back on itself to give two or three lengths of perhaps 40 mm in length, and then cover those with a scrap of cotton or linen material which is then held in place with widely-spaced turns of cotton thread. If the wire rusts after a while, then the rusted wire can be cut off and the next few centimetres of wire used as a replacement.

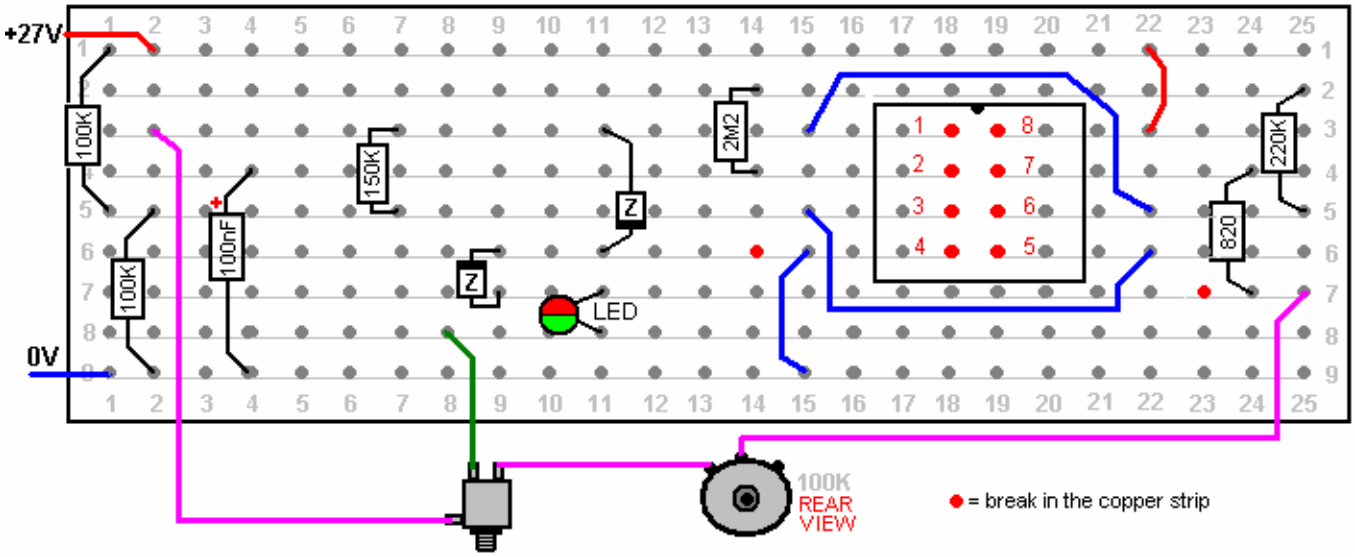
If the circuit and batteries are installed in a small plastic box, then that box can be attached to your forearm using one or more loops of elastic strip 25 mm wide which can be found very cheaply on eBay. The wrist electrodes can also be clamped to your wrists using elastic loops. That arrangement allows you to do things quite freely during treatment. I have built and used this pulser.

A possible plug-board layout is:



The 4.7K resistor and LEDs are only on the board for testing purposes and when the circuit is built in permanent form, then the LED chain connects to pin 1 of the jack socket so that the LEDs are disconnected during the two hours of daily treatment recommended when using the device.

One stripboard layout using the standard 9-strip 25-hole board and incorporating the two 18V zener diodes for voltage sensing is:



When using a Beck device, it is very important to pay attention to the precautions which Bob sets out. These are in his "Take Back Your Power" pdf document: http://www.free-energy-info.tuks.nl/Beck.pdf which includes the following, which, while it refers to treatment to deal with HIV, presumably applies to all treatments with his device:

EXPANDED INSTRUCTIONS FOR EXPERIMENTAL / THEORETICAL HIV BLOOD NEUTRALIZATION

HYPOTHETICAL PROTOCOLS FOR EXPERIMENTAL SESSIONS

PRECAUTIONS: Do NOT use wrist to wrist current flow with subjects who have cardiac pacemakers. Any applied electrical signals may Interfere with 'demand' type heart pacers and cause malfunction. Single wrist locations should be acceptable. Do NOT use on pregnant women, while driving or using hazardous machinery.

Users MUST avoid Ingesting anything containing medicinal herbs, foreign or domestic, or potentially toxic

medication. nicotine, alcohol, recreational drugs. laxatives, tonics. and certain vitamins etc., for one week before starting because blood electrification can cause electroporation which makes cell membranes pervious to small quantities of normally harmless-chemicals in plasma. The effect Is the same as extreme overdosing which might be lethal. See *Electroporation: a General Phenomenon for Manipulating Cells and Tissues;* J.C. Weaver, Journal of Cellular Biochemistry 51:426-435 (1993). Effects can mimic increasing dosages many fold. Both the magnetic pulsar and blood purifier cause electroporation.

Do NOT place electrode pads over skin lesions, abrasions, new scars, cuts, eruptions, or sunburn. Do NOT advance output amplitude to uncomfortable levels. All subjects will vary. Do NOT fall asleep while using. The magnetic pulser should be safe to use anywhere on body or head.

Avoid ingesting alcohol 24 hours before using. Drink an 8 oz. glass of distilled water 15 minutes before and immediately following each session end drink at least four additional glasses daily for flushing during 'neutralization' and for one week thereafter. This Is imperative. Ignoring this can cause systemic damage from unflushed toxic wastes. When absolutely essential drugs *must* be ingested, do so a few minutes *after* electrification then wait 24 hours before next session.

If subject feels sluggish, faint, dizzy, headachy, light-headed or giddy, nauseous. bloated or has flu-like symptoms or rashes after exposures, reduce pulsing per session and/or shorten applications of electrification. Drink more water-preferably ozonized -to speed waste oxidation and disposal. Use extreme caution when treating patients with impaired kidney or liver function. Start slowly at first like about 20 minutes per day to reduce detoxification problems.

To avoid shock liability, use batteries only. Do NOT use any line-connected power supply, transformer, charger, battery eliminator, etc. with blood clearing device. However line supplies are OK with well-insulated magnetic pulse generators (strobe lights).

Health professionals: Avoid nicotine addicts, vegans, and other unconsciously motivated death-wishers and their covert agendas of 'defeat the healer'. Tobacco, the most addictive (42 times more addictive than heroin) and deadly substance of abuse known, disrupts normal cardiovascular function. True vegetarian diets are missing essential amino acids absolutely necessary for the successful rebuilding of AIDS-ravaged tissues. Secondary gains (sympathy / martyrdom, work avoidance, free benefits, financial assistance, etc.) play large roles with many AIDS patients. “Recovery guilt” as friends are dying has even precipitated suicide attempts masked as 'accidents'. Avoid such entanglements, since many have unconscious death wishes.

SUPERIOR ELECTRODES: Excellent, convenient and vastly superior electrodes, reusable indefinitely can be made by butt-soldering lead wires to ends of 1” long by 3/32” dia. blanks cut from type 316 stainless steel rods available from welding supply stores (Cameron Welding Supply. 11061 Dale Ave., Stanton, CA 90680). Use 'Stay Clean' flux before soldering (zinc chloride/hydrochloric acid). Shrink-insulate TWO tight layers of tubing over soldered joints to prevent flexing/breaking and lead/copper ions from migrating. Wrap three or four turns of 100% cotton flannel around rods. Spiral-wrap with strong thread starting from wire side to end, tightly pinch cloth over the rod’s end so as to leave no metal exposed by wrapping 6 or 7 turns of thread TIGHTLY just off end of rod, then spiral wrap back to start and tie tightly with four knots then cut off excess cloth at end close to pinch -wraps. Treat end windings and knots with clear fingernail polish or Fray Check®(fabric & sewing supply stores) to prevent ravelling. Soak in a strong solution of sea salt (not table salt) containing a little wetting agent like Kodak Photo Flow, ethylene glycol, or 409 kitchen cleaner. Add a few drops of household bleach, sliver colloid, etc., for disinfectant. Store solution for reuse. Tape soaking-wet electrodes tightly over pulse sites with paper masking or Transpore™ tape or with 1 inch wide stretch elastic bands with tabs of Velcro ® at ends to fasten. Electrodes should closely conform *precisely* along blood vessels, not skewing ever so slightly over adjacent flesh. This insures better electrical conductivity paths to circulating blood and insures very low internal impedance. (~2000W). Rinse and blot-dry electrodes and skin after each use. NEVER allow bare metal to touch skin as this will cause burns manifested as small red craters that heal slowly. The objective is to get maximum current into blood vessels, not leak it over to adjacent tissue. Therefore never use any electrode wider that about 1/8 inch (3 mm).

ELECTRODE PLACEMENTS: Locate *maximum* pulse position *(NOT* to be confused with acupuncture, reflexology, Chapman, etc. points) on feet or wrists by feeling for maximum pulse on inside of ankle about 1 inch below and to rear of ankle bone, then test along top centre of instep. Place electrode on whichever pulse site on that foot that feels strongest. Scrub skin over chosen sites with mild soap and water or alcohol swab. Wipe dry. Position the electrodes lengthwise along each left and right wrists blood vessel. Note: with subjects having perfectly healthy hearts and not wearing pacers, it is convenient to use left wrist to right wrist exactly over ulnar arterial pulse paths instead of on feet. Recent (Dec. 1995) research suggests that placing both electrodes over different arteries on the same wrist works very well (see pg. 7), avoids any current through heart, and is much more convenient and just as effective. An 8” long, 1” wide elastic stretch-band with two 1.5” lengths of 3/4” wide Velcro ® sewn to ends of opposite sides makes an excellent wrist band for holding electrodes snugly in place.

With electrode cable unplugged, turn switch ON and advance amplitude control to *maximum*. Push momentary SW. 2 'Test' switch and see that the red and green light emitting diodes flash alternately. This verifies that polarity is reversing about 4 times per second (frequency is *NOT* critical) and that batteries are still good. When LED's don't light replace all three 9V batteries. Zener diodes will extinguish the LEDs when the three 9V battery's initial 27V drops below 18V after extended use. Never use any electrode larger than 1.125" (28 mm) long by 1/8" wide to avoid wasting current through surrounding tissue. Confine exactly over blood vessels only. Apply drops of salt water to each electrode's cotton cover about every 20 minutes to combat evaporation and insure optimum current flow. Later devices are solid-state, use only three batteries and no relays, and are much smaller.

Now rotate amplitude control to *minimum* (counter-clockwise) and plug In electrode cable. Subject now advances dial slowly until he feels a "thumping" and tingling. Turn as high as tolerable but don't advance amplitude to where It is ever uncomfortable. Adjust voltage periodically as he adapts or acclimates to current level after several minutes. If subject perspires, skin resistance may decrease because of moisture, so setting to a lower voltage for comfort is indicated. Otherwise it is normal to feel progressively less sensation with time. You may notice little or no sensation at full amplitude immediately, but feeling will begin building up to maximum after several minutes at which time amplitude must be decreased. Typical adapted electrode-to-electrode impedance is on the order of 2000W. Typical comfortable input (to skin) is about 3 mA, and maximum tolerable input (full amplitude) is about 7 mA but this 'reserve' margin although harmless is unnecessary and can be uncomfortable. Current flowing through blood Is very much lower than this *external* input because of series resistance through skin, tissue and blood vessel walls, but 50 to 100 µA through blood is essential.

Apply blood neutralizer for about 2 hours daily for ~2 months. Use judgment here. The limiting factor is detoxification. Carefully monitor subject's reactions (discomfort, catarrh, skin eruptions, weeping exudates, rashes, boils, carbuncles, coated tongue, etc.). With very heavy infections, go slower so as not to overload body's toxic disposal capability. With circulation-impaired diabetics, etc., you may wish to *extend* session times. Again, ***have subject drink lots of water***. Recent changes in theoretical protocol being currently tested suggest following up the three weeks of treatments with a 24 hours per day (around the clock) continuous electrification of blood for two days to deal a knockout blow to the remaining HIV's 1.2 day life cycle. (A. Perelson; Los Alamos Biophysics Group, Mar. 16, 1996 "Science" Journal.) Remember to remoisten electrodes regularly. If you absolutely ***must*** ingest prescription drugs, do so immediately ***after*** turning off instrument and allow 24 hours before next treatment to let concentrations in blood plasma decay to lower levels.

Remember, if subjects ever feel sleepy, sluggish, listless. nauseous, faint, bloated, or headachy, or have flu-like reactions they may be neglecting sufficient water intake for flushing toxins. We interpret this as detoxification plus endorphin release due to electrification. Let them rest and stabilize for about 45 minutes before driving if indicated. If this detoxing becomes oppressive, treat every *second* day. Treating at least 21 times should 'fractionate' both juvenile and maturing HIV to overlap maximum neutralization sensitivity windows and interrupt 'budding' occurring during HIV cells' development cycles. Treatments are claimed to safely neutralize many other viruses, fungi, bacteria, parasites, and microbes in blood. See patents US 5,091,152 US 5,139,684 US 5,188,738 US 5,328,451 and others as well as numerous valid medical studies which are presently little known or suppressed. Also. ingesting a few oz. of about 5 parts per million of silver colloid solution daily can give subjects a 'second intact immune system' and minimise or eliminate opportunistic infections during recovery phase. This miracle substance Is pre-1938 technology, and unlike ozone is considered immune from FDA harassment. Silver colloid can *easily* be made at home electrolytically in minutes and in any desired quantities and parts per million strength for under 14 cents per gallon plus cost of water. It is ridiculous to purchase it for high prices. Colloid has no side effects, and is known to rapidly eliminate or prevent hundreds of diseases. Sliver colloids won't produce drug resistant strains as will all other known antibiotics. No reasonable amount can overdose or injure users either topically, by ingestion, or medical professional injection.