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## Editorial

Following the pattern set in our previous two volumes, this fourth issue of Volume 26 is solely devoted to a relevant conference. Included in this issue are selected papers from the 2nd meeting of SIBE, the Italian Society for Biophysical Electrodynamics, held on April 21, 2007 at the Medical Faculty at the University of Bologna.

All the papers and case reports presented in this issue deal with the clinical use of a fascinating new (dating from 2000) medical device called Seqex, which combines two established medical technologies, Bioimpedance diagnostics, and Ion Cyclotron Resonance therapy. The marriage of these two very dissimilar techniques has resulted in something unique, not resembling either of its parents.

When pulsed electromagnetic field (PEMF) therapy was first introduced commercially by the late Dr. Bassett to treat bone in the 1970s, he also introduced a clever stratagem, namely freely supplying these devices to interested researchers for what was euphemistically called an "indefinite loan". This had the salubrious effect of quickly producing many research papers on PEMF.

In a somewhat similar manner, Seqex has been widely distributed to clinical centers, and is receiving attention for its many apparent medical applications, a number of which are reported here.

Special thanks is due to Dr. Marie Theresa Corsetti of the University Hospital San Martino in Genoa for her kind assistance in helping with translations from the Italian. Additional acknowledgments are directed to Valerio Dallago, owner of Sistemi, srl, who patiently responded to all our questions about the Seqex device.

*A. R. Liboff*

## The Autistic Syndrome and Endogenous Ion Cyclotron Resonance: State of the Art

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*The autistic syndrome is a multigenic disease whose expression is different according to the level of involvement of different structures in the central nervous system. The pathogenesis is unknown. No completely effective medical therapy has yet been demonstrated.*

*Accepting the request of the families of eight autistic children in Lomazzo, Milan and Naples, we used ion cyclotron resonance (Seqex® therapy) therapeutic support after many other therapies had been already carried out on these patients.*

*After regimens consisting of 20–30 treatments with ICR, improvements were noted in all cases.*

**Keywords** Autism; Electromagnetic therapy; Ion cyclotron resonance.

### Introduction

What is autism? The following criteria are given by

1. Diagnostic and Statistical Manual of Mental Disorders: DSM IV and
2. International Statistical Classification of Diseases and Related Health Problems (ICD-10):
  - Serious alteration in social reciprocity.
  - Important compromise of the communication (verbal and non verbal).
  - Narrow behavioural repertoire, with poverty of fantasy, stereotypes, and repetitiveness of actions.
  - Frequent presence of hyper/hypo sensibility to sensory stimuli.
  - Cognitive and learning deficit and lack of attention.

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### Materials and Methods

Seqex<sup>®</sup> therapy (Endogenous Ion Cyclotron Resonance) was employed, with automatic and manual programming. Following a self-learning test, the main fields of disturbance were documented, and based on the outcome, in terms of frequency, intensity and geometry of deployment of magnetic field, therapeutic "smart cards" were manually programmed.

Therapy was dosed as follows:

20–30 applications each lasting 9–12 minutes with multifrequential sequences, using 9 codes in the smart card for a single applied therapy. Reprogramming of the smart card every 5–10–15 therapies. The first 5 treatments were applied on alternate days, the following treatments every three days until the tenth treatment, and the remaining treatments once a week until there were 20–30 total treatments. Following a set of 20–30 therapies, an interruption of at least 45 days.

There were 8 patients, 5 males and 3 females, ages 4 to 12. They were homogeneous as per ICD-10 diagnostic criteria for autism syndrome. The disease had been diagnosed for all the children before they were three years of age. In 7 patients the pathology set in after vaccinations. All were affected by intestinal disease and parasitism. Seven patients presented self-agressiveness and aggressiveness towards school friend and relatives. All the children were already in therapy with allopathic and homotoxicological drugs.

We eliminated from this study some children that were affected by serious cerebral lesions.

### Results

Within the first 5 treatments, the children had accentuated the stereotypes, and showed internal hyperstimulation with elimination of great amounts of parasites. Parents reported finding in the feces something like "colorful leaves". All the children produced smelly feces, urines of darker color, also very smelly. But nearly all seemed to demonstrate more attention and interested in their surroundings. Within 10 therapies, and re-programming the therapeutic cards, the children substantially changed the relationship with their relatives. At school, the teachers said that the children were unrecognizable. The physical therapist, the speech pathologist, and the doctors who aided with psycho-linguistic rehabilitation found many changes. Three of the 8 began to relate with their school friends and, to go to the toilet by themselves. The stereotypes had diminished and the children demonstrated interest for games differently from the obsessive way they had done before.

All the children showed less opposition to their parents and followed orders with little or no difficulty. One key indicator were the comments by mothers. They told of the improvements obtained with phrases such as: "now my son is a child, I did not know what he was before" or "my son has reawakened, now he begins to have contacts with the world", etc.

The greatest surprise was tied to a series of contemporary events: Three children had therapy scheduled in the same day. All had had a complete stop of language from the time they were 3 or 4 years old. All had begun the ion cyclotron resonance therapy at the same time as they were being treated at a speech rehabilitation center. All three children began to speak at the same time, expressing some words in the

same day after an identical number of therapies (five). Two of them constructed some phrases following the 15th treatment. This observation concerning an apparent synchronous response in these three patients suggests that the dose dependence and/or timing of the treatments is quite critical.

The children were followed for 6 month and improvements were evident for all the 8 children in different ways, but with constant incremental improvements over the course of the 20–30 therapies.

## Conclusions

The therapeutic objectives were:

- To clean the extracellular matrix of heavy metals, chemical-pharmacological excess and toxins.
- To control oxidative stress
- To modulate internal peptide function
- To obtain immunomodulation
- To stimulate the central nervous system and to modulate the peripheral nervous system.
- To operate on the corticothalamic circuit
- To operate on serotonin receptors
- To operate on cell interconnection systems

We will use the DSM-4 criteria to indicate the targets. We will signal with the symbol ■ the targets for which there is evidence of obvious improvement.

(I) A total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

(A) qualitative impairment in social interaction, as manifested by at least two of the following:

- 1. marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction
- 2. failure to develop peer relationships appropriate to developmental level
- 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
- 4. lack of social or emotional reciprocity

(B) qualitative impairments in communication as manifested by at least one of the following:

- 1. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
  - 2. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
  - 3. stereotyped and repetitive use of language or idiosyncratic language
- 4. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(C) restricted repetitive and stereotyped patterns of behavior, interests and activities, as manifested by at least two of the following:

- 1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
- 3. stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
- 4. persistent preoccupation with parts of objects

(II) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years:

- (A) social interaction
- (B) language as used in social communication
- (C) symbolic or imaginative play

(III) The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder

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