



# How I Started with Rife

It was 1985 and I was determined to learn as much as possible to help as many people as I could. But I was a student, and a naïve one at that. Studying chiropractic while spending every free hour in the school library digging into the shelved books that had the oldest looking bindings was my “thing.” I thought that there must exist some ancient wisdom, lost secrets of healing, or suppressed knowledge that I needed to uncover.

There is much truth in the fact that modern medicine, now lorded over by the pharmaceutical empires, has made every effort to mute those who have drifted from their gospel. You needn't be wearing a tinfoil hat to grasp the reach of their propaganda and ability to sway the public from straying from their dogma. But I was determined; I knew there existed courageous practitioners willing to risk all to help some, and I felt called to be counted with these brave souls one day.

Many years have passed since I first learned about Max Gerson, Dr. William Kelley, George Goodheart, Nikola Tesla, and Harry Hoxsey. Reading of these brave, brilliant men simply whet my appetite for what these trailblazers taught. However, one man - Royal Raymond Rife - drew a particular interest in my heart. I was drawn to the technology - light therapy. I read how he studied quantum physics and the work of Tesla, about his genius in microscope manufacturing, and about his drive to heal those who had no hope. I dreamed of owning a Rife machine and experimenting with the science; I hoped for a future clinic filled with miraculous testimonies.

God's path for man is never a smooth vector; His glorious leading is often crowded with terrifying trials and enigmatic adversities. But that radiant, though often distant, glow of knowing you are obedient to a higher calling prompts you to

wake another day to forge through the tribulations of swimming against the current; and for this we press on.

That being said, my path in using Rife's technology has been difficult. I've had attacks from state boards, Attorney Generals, and even other colleagues. But that's okay; it strengthens my resolve. I've seen miracles as well as failures, but I'm the first to admit that Rife is *not* a magic wand nor a panacea, yet I'd never try to address cancer or a serious disease without one. I've seen too many successes to dismiss its efficacy.

This booklet is to shed a little light on Rife, the man. But more so, it is to introduce Rife's work to those who, like me, have that curious soul, seeking truths suppressed by the powers that wish to control healthcare and dictate their own recommended care. May you always stay open to honest discussion of "something else" that could possibly help heal.

## Royal Raymond Rife

Here's a man who spent multiple decades of his life in painfully laborious research, studying, discovering. Put yourself in his shoes and imagine yourself the mad scientist working tirelessly with little funding, focused on finding a cure. Now imagine that in doing so, you discovered an incredibly simple, electronic approach to helping literally every disease on the planet? That would be great; you'd be a hero, a rich hero! Your discovery would help end the pain and suffering of countless millions and change life on Earth forever. Certainly, you would think, the medical world would rush to embrace you with every imaginable accolade and financial reward imaginable. You would think so, wouldn't you?

Unfortunately, arguably one of the greatest medical genius in all recorded history suffered a fate literally the opposite of the foregoing logical scenario. In fact, the history of medicine is replete with stories of geniuses betrayed by backward thought and jealousy, but most pathetically, by greed and money.



In the nineteenth century, Semmelweiss struggled mightily to convince surgeons that it was a good idea to sterilize their instruments and use sterile surgical procedures. Pasteur was

ridiculed for years for his theory that germs could cause disease. Scores of other medical visionaries went through horrible ridicule and even lost their ability to practice simply for challenging the medical status quo of that day. These include such legends as Roentgen and his X-rays, Morton for promoting the “absurd” idea of anesthesia, Harvey for his theory of the circulation of blood, and many others in recent decades (W.F. Koch, Revici, Burzynski, Naessens, Priore, Livingston-Wheeler, and Hoxsey.)

Most have never heard of Royal Rife or many of the others who have been slandered and destroyed. How many have fallen into obscurity, their work destroyed, their name disgraced? We may never know. Orthodox big-money medicine resents and seeks to neutralize and/or destroy those who challenge its beliefs. Often, the visionary who challenges it pays a heavy price for his/her “heresy.”

So, you have just discovered a new therapy, which can eradicate any microbial disease and could affect cancer cells to stimulate their death but, so far, you and your amazing cure aren’t very popular. What do you do next? Well, certainly the research foundations and teaching institutions would welcome news of your astounding discovery. Won’t they be thrilled to learn you have a possible cure for the very same diseases they are receiving hundreds of millions of dollars per year to investigate? Maybe not, if it means the end of their “grave train.” These people have mortgages to pay and families to support. A friend of mine, a cancer researcher at a major university once told me that when he questioned his authority about their purpose he was told, “We’re not here to find a cure for cancer, we’re here to get our next grant.”

Regardless of what you may believe, all that the “Walk-for-a-Cure” and cancer fundraising does is feed countless organizations with voracious appetites and no desire to solve the problem that feeds them. Let’s get real for a moment: if you owned a drug company and your researchers came to you with

a discovery that a new rainforest herb cured lung cancer, an Indian spice that cured brain cancer, a common herb mixture that cures most cancers, and an electrical frequency device that cures all cancers, you'd have a choice: 1) declare it to the world and bankrupt the corporation, putting thousands of individuals with families out of work, turning the entire pharmaceutical industry into an unnecessary entity, or 2) tell them to figure out a way they can synthesize a byproduct that can be patented and thereby make the company extremely profitable and destroy any evidence that may reveal the simplicity of the cure.

I can understand that we live in a capitalistic culture; I understand that profits must be made, and people need to feed their families. I do *not* understand the evil conspiracies to forcefully shutdown and shut-up anything and anyone revealing the truth. Hollywood couldn't write a better story.

Here follows the story of exactly such a sensational therapy and what happened to the man who discovered it. It was a dark time in medical history when doctors and clinics would claim all sorts of "cures" and new devices popped up to solve all our ills. Many were nothing more than snake oil salesman, attempting to steal from the hurting population, but many were sincere, sacrificing their lives to find help for their patients. Raymond Rife was the later, and his discovery of the benefits of light frequency, a remarkable electronic therapy, was sabotaged and buried by a ruthless group of men who, under the pretense of "protecting the innocent" would squash anything that they could not financially profit from. Rife's work would re-emerge in the underground medical/alternative health world only since the 1970's when it was re-introduced by some physicists. This is the story of Royal Raymond Rife and his fabulous discoveries and electronic instruments.

If you have never heard of Rife before, prepare to be angered and incredulous at what this great man achieved for all of us, only to have it practically driven from the face of the planet. But

reserve your final judgment and decision until after you have read this.

Of course, some may regard this as just an amusing piece of fiction. However, for those who are willing to do some investigating on their own, there will be mentioned several highly respected doctors and medical authorities who worked with Rife as well as some of the remarkable technical aspects of his creation. In the final analysis, the only real way to determine if such a revolutionary therapy exists is to experience it yourself. The medical literature is full of rigged “double-blind” clinical research tests, the results of which are often determined in advance by the vested corporate interests involved.

Royal Raymond Rife was a brilliant scientist born in 1888 who died in 1971. After studying at Johns Hopkins, Rife developed technology which is still commonly used today in the fields of optics, electronics, radiochemistry, biochemistry, ballistics, and aviation. It is a fair statement that Rife practically developed bioelectric medicine himself. He received 14 major awards and honors and was given an honorary Doctorate by the University of Heidelberg for his work. During the 66 years that Rife spent designing and building medical instruments, he worked for Zeiss Optics, the U.S. Government, and several private benefactors, most notable was millionaire Henry Timkin, of the Timkin roller bearing fame. Timken was inducted into the National Inventors Hall of Fame on September 19, 1998.

Because Rife was self-educated in so many different fields, he intuitively looked for his answers in areas beyond the rigid scientific structure of his day. He had mastered so many different disciplines that he literally had at his intellectual disposal, the skills and knowledge of an entire team of scientists and technicians from a number of different scientific fields. So, whenever new technology was needed to perform a new task, Rife simply invented and then built it himself, as was necessary for many scientists of his day.

Rife's inventions include a heterodyning ultraviolet microscope, a micro-dissector, and a micromanipulator. When you thoroughly understand Rife's achievements, you may well decide that he had one of the most gifted, versatile, scientific minds in human history. By 1920, Rife had finished building the world's first virus microscope. By 1933, he had perfected that technology and had constructed the incredibly complex Universal Microscope, which had nearly 6,000 different parts and was capable of magnifying objects 60,000 times their normal size. With this incredible microscope, Rife became the first human being to actually see a live virus, and until quite recently, the Universal Microscope was the only one which was able view live viruses.

Modern electron microscopes instantly kill everything beneath them, viewing only the mummified remains and debris. What the Rife microscope can see is the bustling activity of living viruses as they change form to accommodate changes in environment, replicate rapidly in response to carcinogens, and transform normal cells into tumor cells.

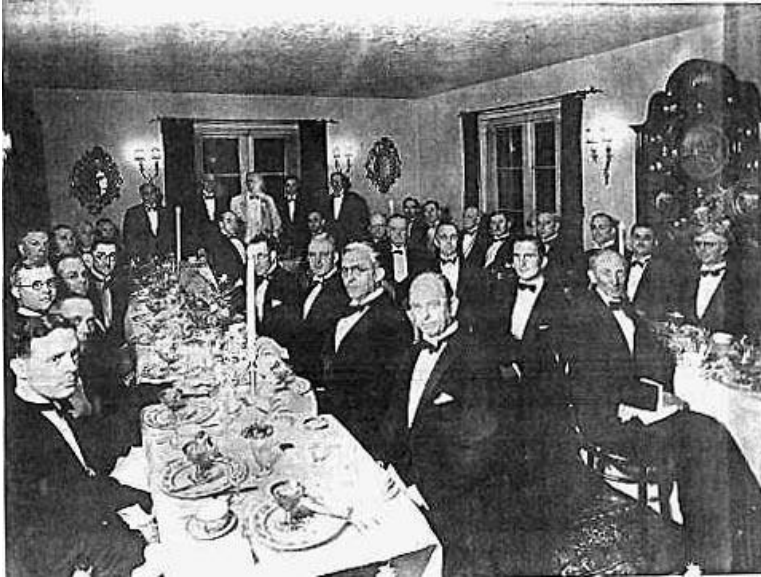
But how was Rife able to accomplish this, in an age when electronics and medicine were still just evolving? Here are a few technical details to placate the skeptics.

Rife painstakingly identified the individual spectroscopic signature of each microbe, using a slit spectroscope attachment. Then, he slowly rotated block quartz prisms to focus light of a single wavelength upon the microorganism he was examining. This wavelength was selected because it resonated with the spectroscopic signature frequency of the microbe based on the now-established fact that every molecule oscillates at its own distinct frequency.

The atoms that come together to form a molecule are held together in that molecular configuration with a covalent energy bond which both emits and absorbs its own specific electromagnetic frequency. No two species of molecule have the same electromagnetic oscillations or energetic signature.



Resonance amplifies light in the same way two ocean waves intensify each other when they merge together.



*On November 20, 1931, forty-four of the nation's most respected medical authorities honored Royal Rife with a banquet billed as "The End To All Diseases" at the Pasadena estate of Dr. Milbank Johnson.*

The result of using a resonant wavelength is that microorganisms which are invisible in white light suddenly become visible in a brilliant flash of light when they are exposed to the color frequency that resonates with their own distinct spectroscopic signature. Rife was thus able to see these otherwise invisible organisms and watch them actively invading tissue cultures. Rife's discovery enabled him to view organisms that no one else could see with ordinary microscopes.

More than 75% of the organisms Rife could see with his Universal Microscope are only visible with ultra-violet light. But ultraviolet light is outside the range of human vision; it is invisible to us. Rife's brilliance allowed him to overcome this limitation by heterodyning, a technique which became popular in early radio broadcasting. He illuminated the microbe (usually a virus or bacteria) with two different wavelengths of the same ultraviolet light frequency which resonated with the spectral signature of the microbe. These two wavelengths produced interference where they merged. This interference was, in effect, a third, longer wave which fell into the visible portion of the electromagnetic spectrum. This was how Rife made invisible microbes visible without killing them, a feat which today's electron microscopes cannot duplicate.

By this time, Rife was so far ahead of his colleagues of the 1930's that they could not comprehend what he was doing without actually traveling to San Diego to visit Rife's laboratory to look through his Virus Microscope for themselves. And many did exactly that.

One was Virginia Livingston. She eventually moved from New Jersey to Rife's Point Loma (San Diego) neighborhood and became a frequent visitor to his lab. Virginia Livingston is now often given the credit for identifying the organism which can cause human cancer, beginning with research papers she began publishing in 1948.

In reality, Royal Rife had identified a human cancer virus first, in 1920! Rife then made over 20,000 unsuccessful attempts to transform normal cells into tumor cells. He finally succeeded when he irradiated the cancer virus, passed it through a cell-catching, ultra-fine porcelain filter, and injected it into lab animals. Not content to prove this virus would cause one tumor, Rife then created 400 tumors in succession from the same culture. He documented everything with film, photographs, and meticulous records. He named the cancer virus "Cryptocides primordiales."

Virginia Livingston, a physician and cancer researcher, in her papers, renamed it Progenitor Cryptocides. Royal Rife was never given credit nor even mentioned in her papers. In fact, Rife seldom got credit for any of his monumental discoveries. He was a quiet, unassuming scientist, dedicated to expanding his discoveries rather than to ambition, fame, and glory. His distaste for medical politics (which he could afford to ignore thanks to generous trusts set up by private benefactors) left him at a disadvantage later, when powerful forces attacked and finally destroyed him. Coupled with the influence of the pharmaceutical industry in purging his papers from medical journals, it is hardly surprising that few have heard of Rife today.

**Note:** Though both Rife and Livingston purported that cancer was always caused by an organism, viral or bacterial, I do *not* hold that belief, nor does the American Cancer Society. There are also books written that claim cancer is a fungus. Throughout this book, the reader will see that both my belief as well as the current understanding in medicine is that cancer is a rapid replication of cells *caused* by something disrupting the cell's replication mechanism. While that "something" could be a fungus, bacteria, or virus, there are thousands of other things that can set this in motion. While Rife's belief that cancer was always caused by a specific, identifiable virus may have proved to be incorrect, it no less discounts his contributions to medicine.

Meanwhile, debate raged between those who had seen viruses changing into different forms beneath Rife's microscopes, and those who had not. Those who condemned without investigation, such as the influential Dr. Thomas Rivers, claimed these forms didn't exist. Because his microscope did not reveal them, Rivers argued that there was "no logical basis for belief in this theory." The same argument is used today in evaluating many other "alternative" medical treatments; if there is no precedent, then it must not be valid. Nothing can convince a closed mind. Most had never actually looked through the San Diego microscopes; air travel in the 1930's was uncomfortable,

primitive, and rather risky. So, the debate about the life cycle of viruses was resolved in favor of those who never saw it (even modern electron microscopes show frozen images, not the life cycle of viruses in process.)

Nevertheless, many scientists and doctors have since confirmed Rife's discovery of a cancer virus and its pleomorphic nature, using darkfield techniques, the Naessens microscope, and laboratory experiments. Rife also worked with the top scientists and doctors of his day who also confirmed or endorsed various areas of his work. They included E.C. Rosenow, Sr. (longtime Chief of Bacteriology, Mayo Clinic), Arthur Kendall (Director, Northwestern Medical School), Dr. George Dock (internationally-renowned), Alvin Foord (famous pathologist), Rufus Klein-Schmidt (President of USC), R.T. Hamer (Superintendent, Paradise Valley Sanitarium, Dr. Milbank Johnson (Director of the Southern California AMA), Whalen Morrison (Chief Surgeon, Santa Fe Railway), George Fischer (Childrens Hospital, N.Y.), Edward Kopps (Metabolic Clinic, La Jolla), Karl Meyer (Hooper Foundation, S.F.), M. Zite (Chicago University), and many others.

Rife ignored the debate, preferring to concentrate on refining his method of destroying these tiny killer viruses. He used the same principle to kill them, which made them visible: resonance. By increasing the intensity of a frequency which resonated naturally with these microbes, Rife increased their natural oscillations until they distorted and disintegrated from structural stresses. Rife called this frequency "the mortal oscillatory rate," or MOR, and it did no harm whatsoever to the surrounding tissues.

This principle can be illustrated by using an intense musical note to shatter a wine glass: the molecules of the glass are already oscillating at some harmonic (multiple) of that musical note; they are in resonance with it, vibrate, and can no longer remain in configuration. Because everything else around it has a different resonant frequency, nothing but the glass's molecular

configuration is destroyed. There are literally hundreds of trillions of different resonant frequencies, and every species, tissue, cell, and molecule has its very own.

**Understand, when you use a Rife machine, programmed to a frequency of a cancer, you will cause vibration of the cells just like hitting the molecules of a crystal goblet with sound frequencies. The frequencies are not changing the molecular structure nor its properties, however, vibration can have serious healing benefits.**

It took Rife many years, working 48 hours at a time, until he discovered the frequencies which specifically helped destroy herpes, polio, spinal meningitis, tetanus, influenza, and an immense number of other dangerous disease organisms. Understand, he was destroying these in test tubes, slides, and petri dishes (in vitro) using light frequencies. Destroying them in someone's body is much more complex, but knowing the correct frequencies is a beginning.

In 1934, the University of Southern California appointed a Special Medical Research Committee to bring terminal cancer patients from Pasadena County Hospital to Rife's San Diego Laboratory and clinic for treatment. The team included doctors and pathologists assigned to examine the patients, if they were still alive, in 90 days. This was obviously a *different age!* I don't believe I'll be seeing the University of Minnesota bringing any patients my way anytime soon. Remember, 1934 was pre-big-money-chemo!

After the 90 days of treatment, the Committee concluded that 86.5% of the patients had been completely cured. The treatment was then adjusted and the remaining 13.5% of the patients also responded within the next four weeks. The total recovery rate using Rife's technology was 100%. Now understand, we do not know how this was determined. No CT scans, PET scans, nor MRIs were available then so we can assume that x-ray was the mode of reassessment. I highly doubt that 100% of the people were cured and I would add that I don't

believe that anyone is really every “cured” or “cancer free.” While I just might be the biggest advocate of Rife technology currently on the planet, I will be the first to say that it is *not* a magic bullet that cures everyone!

The pre-Big Pharma days were good to Royal Rife. On November 20, 1934, forty-four of the nation’s most respected medical authorities honored Royal Rife with a banquet billed as “The End To All Diseases” at the Pasadena estate of Dr. Milbank Johnson. His fame was celebrated, yet short-lived.

By 1939, almost all of these distinguished doctors and scientists were denying that they had ever met Rife. What happened to make so many brilliant men have complete memory lapses? It seems that news of Rife’s miracles with terminal patients had reached other ears. Remember our hypothetical question at the beginning of this report: What would happen if you discovered a cure for everything? You are now about to find out that it wouldn’t end well.

At first, a token attempt was made to buy-out Rife. Morris Fishbein, who had acquired the entire stock of the American Medical Association by 1934, sent an attorney to Rife with “an offer you can’t refuse.” Rife refused. We many never know the exact terms of this offer. But we do know the terms of the offer Fishbein made to Harry Hoxsey for control of his herbal cancer remedy. Fishbein’s associates would receive all profits for nine years and Hoxsey would receive nothing. Then, if they were satisfied that it worked, Hoxsey would begin to receive 10% of the profits. Hoxsey decided that trusting Fishbein would mean an end to his remedy. When Hoxsey turned Fishbein down, Fishbein used his immensely powerful political connections to have Hoxsey arrested 125 times in a period of 16 months. The charges (based on practicing without a license) were always thrown out of court, but the harassment drove eventually Hoxsey out of the country.

Fishbein must have realized that this strategy would backfire with Rife. First, Rife could not be arrested like Hoxsey for

practicing without a license since he had a license. A trial on trumped-up charges would mean that prominent medical authorities working with Rife would introduce testimony supporting Rife, and the defense would undoubtedly take the opportunity to introduce evidence such as the 1934 medical study done with USC. The last thing in the world that the pharmaceutical industry wanted was a public trial about a painless therapy that cured 100% of the terminal cancer patients and cost nothing to use but a little electricity; it might give people the idea that they didn't need drugs! Though the drug industry was still in its infancy in 1934, it was becoming a very naughty teenager by 1939.



In 1939, a mysterious lawsuit against Beam Ray Corporation, the only company manufacturing Rife's frequency instruments (Rife was not a partner), tied the company up in court and legal expenses in the middle of the Great Depression and ultimately bankrupted the company. Fishbein and the AMA had won; commercial production of Rife's frequency instruments ceased completely.

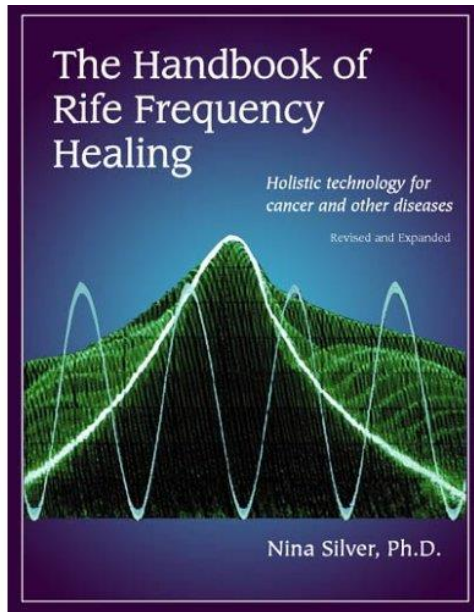
**Often the tactics of our foes involve a character smear; often they use the strong arm of law. The evil can go as deep as their desire to destroy us.**

On the other hand, big money was spent ensuring that doctors who had seen Rife's therapy would forget what they saw. Almost no price was too much to suppress it. Remember that, today, treatment of a single cancer patient averages over \$300,000. It's *big* business.

Thus, Arthur Kendall, the Director of the Northwestern School of Medicine who worked with Rife on the cancer virus, accepted almost a quarter of a million dollars to suddenly "retire" in Mexico. That was an exorbitant amount of money in the Depression. Dr. George Dock, another prominent figure who collaborated with Rife, was silenced with an enormous grant, along with the highest honors the AMA could bestow. Between the carrots and the sticks, everyone except Dr. Couche and Dr. Milbank Johnson gave up Rife's work and went back to prescribing drugs.

To finish the job, the medical journals, supported almost entirely by drug company revenues and controlled by the AMA, refused to publish any paper by anyone on Rife's therapy. Therefore, an entire generation of medical students graduated into practice without ever once hearing of Rife's breakthroughs in medicine. The magnitude of such an insane crime eclipses every mass murder in history. Cancer picks us off quietly, but by 1960 the casualties from this disease exceeded the carnage of all the wars America ever fought. In 1989, it was estimated that 40% of us will experience cancer at some time in our lives.





In Rife's lifetime, he had witnessed the progress of civilization from horse-and-buggy travel to jet planes. In that same time, he saw the epidemic of cancer increase from 1 in 24 Americans in 1905 to, partially because his work was squashed, 1 in 3 today.

He also witnessed the phenomenal growth of the American Cancer Society, the Salk Foundation, and many others, collecting hundreds of millions of dollars for diseases that were successfully treated long before in his own San Diego laboratories. In one period, 176,500 cancer drugs were submitted for approval. Any that showed "favorable" results in only one-sixth of 1% of the cases being studied could be licensed. Some of these drugs had a mortality rate of 14-17%. When death came from the drug, not the cancer, the case was recorded as a "complete" or "partial remission" because the patient didn't actually die from the cancer. It's just absurd!! In reality, it has become a race to see which would kill the patient first: the drug or the disease.

The inevitable conclusion reached by Rife was that his life-long labor and discoveries had not only been ignored but probably would be buried with him. At that point, he ceased to produce much of anything and spent the last third of his life seeking oblivion in alcohol. It dulled the pain and his acute awareness of half a century of wasted effort (ignored) while the unnecessary suffering of millions continued so that a vested few might profit. Profit they did, and profit they do.

*I am not so ignorant to think that there are powers that want me destroyed as well. I remain to be a very small fish in a very big pond, and this gives me some protection. However, I know that we are protected by a power greater than ourselves and God alone holds the final say in all of this. In this I find strength.*

Fortunately, his death was not the end of his electronic light therapy. A few humanitarian doctors and engineers reconstructed his frequency instruments and kept his genius alive. Rife technology became public knowledge again in 1986 with the publication of *The Cancer Cure That Worked*, by Barry Lynes, and other material about Royal Rife and his monumental work.

There is wide variation in the cost, design, and quality of the modern portable Rife frequency research instruments available. Costs vary from about \$500 to \$26,000 with price being no legitimate indicator of the technical competence in the design or performance of the instrument. Some of the most expensive units have serious technical limitations and are essentially a waste of money. At the other extreme, some researchers do get crude results from inexpensive, simple, unmodified frequency generators; but this is just as misguided as spending too much money. Without the proper modifications, the basic frequency generator gives only minimal and inconsistent results. Rife's work was always with *light frequency*. In my opinion, a *real* Rife unit must use a Tesla bulb.

Other theories abound on exactly why and how Rife technology works. Dr. Robert O. Becker, MD, in his book, *The Body*

*Electric*, published by Harper in 1985, gives an exciting report in chapter 15 regarding the fact that photons in light act as an electron “donor” to tissue cells which stimulates mitochondrial function, raises tissue pH, and increases healing. There are dozens of other theories purported by people much smarter than I that explain the success of light therapy.

One day, the name of Royal Raymond Rife may ascend to its rightful place as the giant of modern medical science. Until that time, his fabulous technology remains available only to the people who have the interest to seek it out. While perfectly legal for veterinarians to use to save the lives of animals, Rife’s brilliant frequency therapy remains taboo to orthodox mainstream medicine because of the continuing threat it poses to the international pharmaceutical medical monopoly that controls the lives (and deaths) of the vast majority of the people on this planet.

Recent studies on Rife’s work have been published in peer-reviewed medical journals. The *Journal of Exp Clinical Cancer Research* 2009 Apr 14; 28: 51, published a paper titled, **Amplitude-modulated electromagnetic fields for the treatment of cancer: discovery of tumor-specific frequencies and assessment of a novel therapeutic approach.** The paper revealed, “CONCLUSION: Cancer-related frequencies appear to be tumor-specific and treatment with tumor-specific frequencies is feasible, well tolerated and may have biological efficacy in patients with advanced cancer.”

Their results were remarkable: “RESULTS: We examined a total of 163 patients with a diagnosis of cancer and identified a total of 1524 frequencies ranging from 0.1 Hz to 114 kHz. Most frequencies (57-92%) were specific for a single tumor type. Compassionate treatment with tumor-specific frequencies was offered to 28 patients. Three patients experienced grade 1 fatigue during or immediately after treatment. There were no NCI grade 2, 3 or 4 toxicities. Thirteen patients were evaluable for response. One patient with hormone-refractory breast

cancer metastatic to the adrenal gland and bones had a complete response lasting 11 months. One patient with hormone-refractory breast cancer metastatic to liver and bones had a partial response lasting 13.5 months. Four patients had stable disease lasting for +34.1 months (thyroid cancer metastatic to lung), 5.1 months (non-small cell lung cancer), 4.1 months (pancreatic cancer metastatic to liver) and 4.0 months (leiomyosarcoma metastatic to liver.)”

Many more articles are coming out on what is now being termed Energy Medicine or Biofield Therapies.<sup>1 2 3 4 5 6 7 8 9</sup>

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<sup>1</sup> Cancer Journal 2006 Sep-Oct;12(5): 425-31. Complementary medicine in palliative care and cancer symptom management

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<sup>3</sup> Prim Care. 2010 Mar;37(1): 165-79. Biofield therapies: energy medicine and primary care

<sup>4</sup> Ann N Y Acad Sci. 2009 Aug;1172: 297-311. Bioelectromagnetic and subtle energy medicine: the interface between mind and matter

<sup>5</sup> J Altern Complement Med. 2009 Aug;15(8): 819-26. An HMO-based prospective pilot study of energy medicine for chronic headaches: whole-person outcomes point to the need for new instrumentation

<sup>6</sup> Integr Med Insights. 2009; 4:13-20. Epub 2009 Oct 19. Integral healthcare: the benefits and challenges of integrating complementary and alternative medicine with a conventional healthcare practice

<sup>7</sup> Altern Ther Health Med. 2008 Jan-Feb;14(1): 44-54. Six pillars of energy medicine: clinical strengths of a complementary paradigm

<sup>8</sup> Explore (NY). 2006 Nov-Dec; 2(6): 509-14. World hypotheses and the evolution of integrative medicine: combining categorical diagnoses and cause-effect interventions with whole systems research and nonvisualizable (seemingly “impossible”) healing

<sup>9</sup> Biomed Sci Instrum. 2006; 42: 428-33. Localized pulsed magnetic fields for tendonitis therapy





## How I Use My Rife

Let's get practical. I use my Rife machine every day; well, more exactly, every night. I turn it on before bed and snuggle with the bulb all night. I'm not suggesting that everyone must do this but I, through the help of Rife, overcame a serious diagnosis. You can read about my health challenges in our website under the tab, "My Personal Journey" but in short, I had cancer. Snuggling with the bulb all night long is exactly what I recommend to all our clinic members with cancer.

You may not have cancer, so an appropriate use of the Rife will look different. There are over 2,000 programs that come pre-installed on the TrueRife. So, it is important to note that though cancer may be the most well-known use case for Rife technology, there are thousands of people that use it or dealing with everything from bacteria and viruses to Lyme Disease and Autoimmune Disorders. My children (and grandchildren) use them in their daily lives dealing with colds and flus, even covid and related illnesses. TrueRife is constantly updating their programs to the latest flu strain, covid variant, and more.

If you get on their email list, they send out anecdotal recommendations based on what is working for the cold going around at the time. All of this is community-driven; many

people who have a passion for holistic health and sharing with others send in what's working for them!

I currently use the TrueRife brand because I believe it to be the best on the market. I have no ties to the company and my opinion may change if a different piece of equipment arises that I deem superior.

## **My 4-Point Standard for True, Quality Rife Technology**

### **1. The Machine *Must* Use Light**

The frequencies from the machine must be carried on a photon light wave using a Tesla or Plasma tube. Many "Rife" machines utilize sticky pads or hand-held devices and electrical frequencies. While these may have merit, they don't qualify as Rife in my book.

### **2. The Machine *Must* Penetrate the Body**

A good Rife machine needs to be able to produce enough power to allow the light frequencies to traverse the body. Small, pocket-sized devices simply cannot make this happen. If your device sends out correct frequencies but can't affect the body and its cells, it serves no purpose.

### **3. The Machine *Must* be Programmable**

If the operator or a skilled practitioner cannot program specific frequencies for the specific condition you desire to affect, then the machine is worthless. It *must* be easily programmable!

## 4. The Machine *Must* be Simple to Operate

If the learning curve to use the device is too steep and it goes unused, then no one is served.

In my humble opinion, the TrueRife machine fits my criteria best. When someone seeks help in programming a machine for personal use, usually because they have a cancer diagnosis or some other disorder for which they seek help, I will write daytime programs, overnight programs, and Ion Pro Wave foot bath programs. I strongly encourage people to use the 2400 other programs that are available to use as well.

While this short booklet gives some worldly glory to a man and his accomplishments, I want to point out that I believe that God our heavenly Father is our ultimate healer. People seek my services when they are sick, and I pray that I am a tool of God in their lives. I pray that I can lead them to seek a deeper relationship with their creator in the process.

*“For in him all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things have been created through him and for him. He is before all things, and in him all things hold together.”*

*- Colossians 1:16-17*



## Own a Programmed Rife Machine



To purchase a Rife machine personally programmed by me for you or your family's specific health state/condition, visit [shop.ConnorsClinic.com/rife](http://shop.ConnorsClinic.com/rife)

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