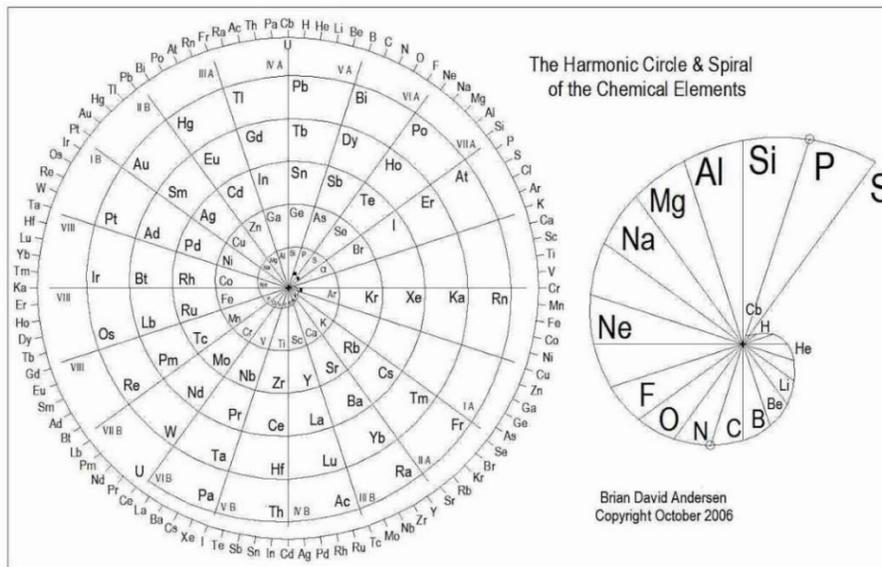
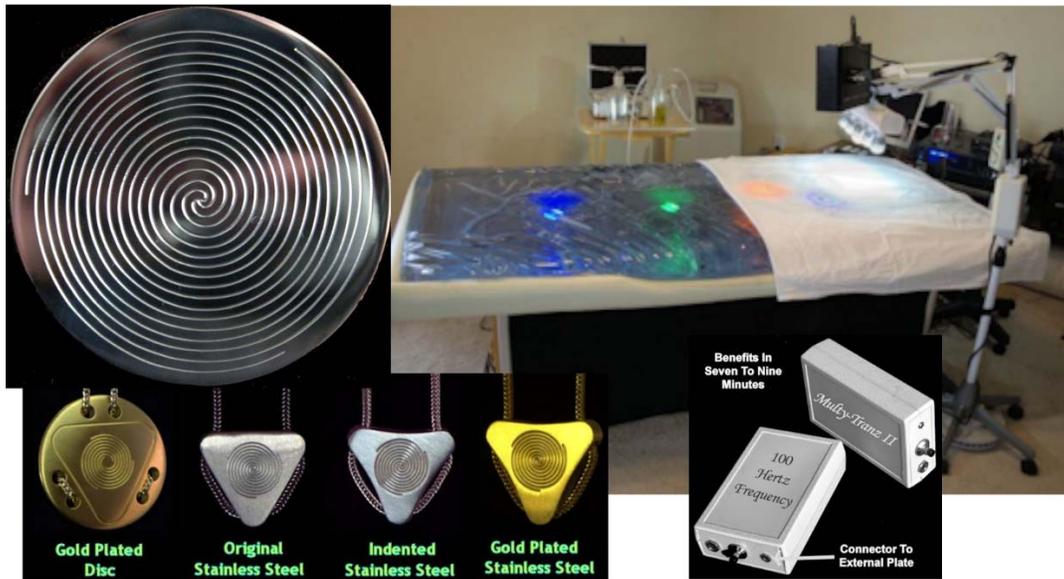


## Nano Oxygen Accelerator – NOA Inflammation Detection & Release

My name is Brian David Andersen, an independent researcher, inventor and scientist. I have previously reconfigured the periodic table of the chemical elements in spiral and circular formats. That discovery led to assigning each chemical element a specific geometric pattern and electromagnetic frequency.



Those discoveries in turn were the foundation for products called *Multy-Tranz*, the *Tri-Vortex Disc*, the *Tri-Vibes* and the *Stem Cell Stimulator (SCS)*. All of those products provide increased energy levels and pain relief for humans. The *Multy-Tranz* involved the application of metal oxide and harmonic frequencies. <http://trivortex.com>



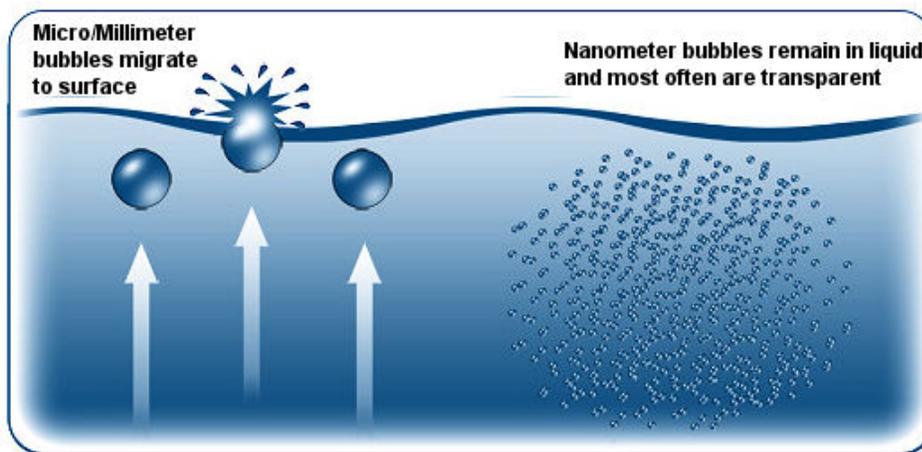
Inflammation is one of the most detrimental conditions in humans and animals. My latest invention is a simple and low-cost technology that both detects and releases overt and hidden inflammation. Each page of this paper details abilities and accomplishments of my invention that have not occurred before in the history of health care. The **Nano Oxygen Accelerator** (NOA) is the cutting-edge approach to inflammation.

Interestingly, governmental agencies do not address the general condition of inflammation in their regulations. Only specific conditions such as pelvic inflammation is under government regulation. NOA detects and releases general inflammation in the body. Furthermore, the primary objective of highly complex devices such as *Positron Emission Tomography* (PET) is to detect general inflammation throughout the body.

### Nano Oxygen Bubbles

Over the years, I have collected a wide variety of electronic related items in the quest to develop various types of medical and non-medical inventions. In the fall of 2016 I began researching a new field coined *nano oxygen bubbles* that have benefits for both industry and human health. Below are the sizes of oxygen bubbles in meters

Prefix	Analog value
p (pico)	$10^{-12}$ - picometers
n (nano)	$10^{-9}$ - nanometers
$\mu$ (micro)	$10^{-6}$ - micrometers
m (milli)	$10^{-3}$ - micro and millimeters



*Ordinary bubbles (>1nm diameter) quickly rise to the surface and burst but the smaller nano bubbles (<100 nm diameter) have a lower buoyancy and will remain suspended in liquids for an extended period of time.*

In mid-April 2017, a female presented with a history of recurrent ovarian cancer treated by conventional means. Earlier in January 2017, a biopsy was performed after a new tumor appeared. Subsequent to that biopsy, six more large tumors formed on the torso of her body and she then underwent 10 SCS sessions.

On April 18, 2017, I hypothesized the pumpless lymphatic system needs to reduce the oxygen in waste liquids to pico and nanometer sized oxygen bubbles for transport to the kidneys and colon. In addition, the lymphatic system has to form a positive charge in the waste liquids. In turn, the kidneys and colon must emit a negative charge to attract the positively charged waste materials.

Furthermore, the positive charge of the waste materials in the lymphatic system has to be created or assisted by the electrical discharges emitted by the nervous system.

The lymphatic and the nervous systems can be traumatized by blunt or sharp force, poisoned by chemicals that cause diseases such as Lyme Disease or damaged by a needle during a routine biopsy. The trauma, poisoning and damage cause pathology in the lymphatic/nervous systems normal activity, whereby the physiologic creation of pico and nanometer bubbles is disrupted. The pathologic impaired lymphatic/nervous systems create larger oxygen air pockets, called micro and millimeter oxygen bubbles, that cause unwanted and oftentimes lethal congestion in the lymphatic vessels.

As the micro and milli bubbles rise and separate from body fluids, they become trapped in between the body liquids and the tissues of the lymphatic system thus causing inflammation and eventually tumors. A healthy body is able to maintain the status of nano and picometer bubbles at the cellular level with proper water hydration and numerous other factors.

Do insects carry or create toxins that damage the lymphatic and nervous systems, and hence, impair or stop the creation of pico and nanometer oxygen bubbles? Do the ensuing micro and millimeter oxygen bubbles create the symptoms for numerous diseases such as Lyme Disease?

The congestion created by micro and millimeter oxygen bubbles causes a build-up of lymphatic fluid that leads to deterioration and/or malfunctioning of organs and organ systems and ultimately the formation of tumors. In the laboratory, pico and nanometer sized oxygen bubbles most often cannot be detected by the naked eye. Micro and millimeter bubbles can always be detected by the naked eye.

### **The Objective**

The primary objective is to insert pico or smaller oxygen bubbles into congested areas to break-up the micro and millimeter oxygen bubbles. This can restore normal physiology and therefore proper oxygen bubble creation by the lymphatic and nervous systems. Pico and nanometer bubbles coalesce into micro and millimeter oxygen bubbles during lung inhalation. Therefore, a simple and efficient modality to deliver pico or smaller oxygen bubbles into the human body would be greatly advantageous.

### **Metal Oxides**

Naturally occurring metals compound with oxygen atoms to create metal oxides. The bonds of some metal oxides are very weak and therefore the oxygen can be displaced

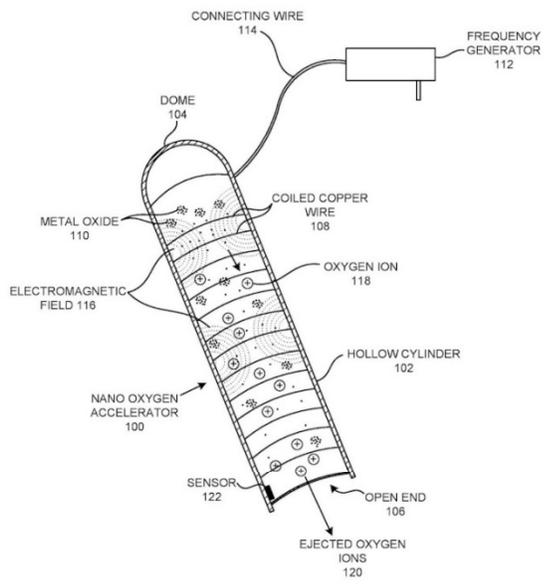
when exposed to heat and pressure. Once all the oxygen atoms have detached, the metal is no longer a component of an oxide and becomes strictly a metal ion.

After the discovery of small sized oxygen bubbles, I determined that proprietary frequencies will displace oxygen bubbles from a metal oxide. These infinitesimal oxygen bubbles are called molecular ions. Theoretically, when the oxygen ions encounter micro and millimeter sized congestive oxygen bubbles in the body, the micro and millimeter bubbles will be gradually or rapidly dispersed into pico or nanometer oxygen bubbles. The rate of transformation depends upon the physical condition and hydration level of the individual.

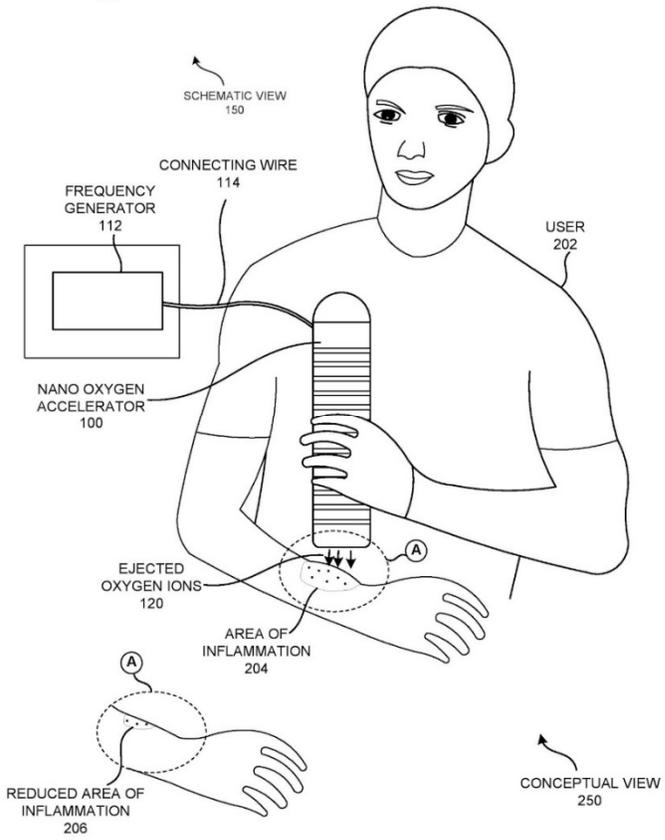
Through the gathering of electronic parts and chemical materials for numerous scientific experiments over the past 30 years, the necessary components for the new device were ready available. The key components are a copper coil of wire wrapped around a hollow cylinder, a frequency generator and metal oxide enabling the creation of the first prototype of the NOA. The silent energies emitted by NOA are detected by a common sound level meter at a range of 65 to 100 dBs – sound meter below.



Prototype tube 12 inches long and three inches in diameter



**Nano Oxygen Accelerator – NOA  
Patent Pending 62514843 (= 33)**



**Production Units Now on Sale  
See Next Page**



## First Case Study

On April 18, 2017, a medical doctor physically examined the cancerous tumors of the above subject female. The energies of NOA were only applied to the biopsied tumor at the mid upper back one-inch left of the spine, as well as the mid-left back below the scapula and the axillary (arm pit) largest tumor measuring approximately 3.5 inches in diameter.



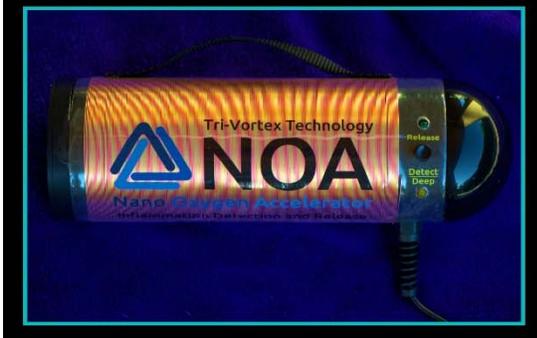
After one hour of exposure to the energies of NOA, the medical doctor did a follow-up exam. The largest tumor reduced in size by 90 percent. The biopsied tumor reduced by 50 percent. Interestingly, the remaining four tumors **ALSO** reduced in size.



A possible mechanism was hypothesized: when a specific location of the adjoining sections of the lymphatic and nervous systems is ***damaged or healed***, entire regions of the lymphatic and nervous systems are also ***damaged or healed***. There is a linked communication between different regions of the lymphatic and nervous systems.



When one section of the lymphatic system creates micro and millimeter bubbles, in-turn entire regions of the lymphatic system will create micro and millimeter bubbles. In one section of the damaged lymphatics, NOA oxygen ions encounter micro and millimeter bubbles and begin to reduce their size to nano and picometer bubbles. In adjoining congested lymphatic vessels, remaining micro and millimeter bubbles will also reduce to nano and picometer bubbles.



The most logical area to concentrate the NOA ions is on the tumor that was damaged during the biopsy and therefore created an interference field throughout the entire segment of the lymphatic system.

Also study <https://nieuws.kuleuven.be/en/content/2016/tumour-oxygen-supply-could-be-key-factor-in-the-fight-against-cancer/view>

## Repelling Motion

The ions emitted by NOA do not react to human or animal pico and nanometer oxygen bubbles in healthy tissues. However, the NOA ions seem to repel from human micro and millimeter size bubbles. As the open end of the NOA hovers over an area of congestion such as a tumor, the repelling motion is as if the NOA tube is the positive pole of a magnet and the tumor also functions as a positive pole of a magnet.

The NOA and the target area of inflammation do not possess known magnetic properties nor magnet components. Therefore the “push” felt when the NOA is placed directly over and near as possible to the area of inflammation, without actually touching, is probably the oxygen ions interacting with the micro and millimeter sized bubbles contained within areas of inflammation. Again, there is no repelling motion when the open end of the NOA tube is held over healthy tissues.

Inflammation or a tumor (stagnant or trapped water) in a human or animal can be replicated with a simple balloon filled with any kind of water. The repelling motion between a tumor or inflammation and the oxygen ions emitted by the NOA is duplicated when the end of the NOA tube is passed over any portion of a water balloon. The oxygen ions emitted by the NOA create the repelling motion as they encounter the micro and millimeter sized oxygen bubbles contained within the balloon.

When this paper was written, NOA had been in existence for about two months. **This case study and others indicate the NOA is most effective when two or more units are pointed at the target area and creating angles between 90 and 180 degrees.**

A water balloon will not gyrate when one or more NOA units are pointed at the water balloon while the water balloon is resting on a table top. When the water balloon is gently placed into a cupped human hand and one NOA unit is hovered and circulated over the surface of the water balloon as close as possible yet not touching the surface the surface of the water balloon, the water balloon gyrates and pulses. The gyration and pulsing increases when a second NOA unit is placed on the opposite side of the hand and remains still or is rotated. The motion of the water balloon, when subjected to one or more NOA units, is similar to the motion of coagulated gelatin (Jell-O) when the dish containing the gelatin is slightly rotated at various angles and circular movements.

The water balloon protocol is a significant asset as laymen and medical professionals become familiar with the functions and nuances of the NOA repelling motion before or after applying the NOA unit to the body.

## Infrared Lights and Blue Laser Versions

NOA now features four wavelengths of infrared light pulsed between 10hz and 110hz. Also there is a version with a blue laser pulsed between 10hz and 110hz – call for further details – 760 999-3344



## Tumors Ebb and Flow

By the next day, the tumors of the subject patient were 30 to 50 percent larger than the NOA post treatment size. They were considerably smaller versus pre-treatment. Each successive treatment yielded a slow progressive decline in tumor size. The subject patient can constantly feel and sometimes she and her family can view ripples of movement within the tumors and adjacent lymphatic tissue. She did not report these feelings and symptoms prior to the NOA treatment.

Over the next 14-days, as hydration was increased and diet remained the same, the bowel movements of the patient contained various types of colored materials with white pebble, marble and string shapes. On the 15<sup>th</sup> post treatment day, the patient expelled dark black stool and her mood and energy levels improved substantially. Two days later she expelled white balls of stool. The colors and shapes continue to vary.

The tumor structure fluctuates between a hard-boiled egg and a watery mush consistency while the lymph glands fill with liquid and then return to normal size during

the one-hour NOA sessions that continue Monday through Friday. One of the small tumors has totally disappeared and a large tumor on her abdomen fractured into smaller distinct tumors.

The patient became very cold and clammy to the touch. To remain comfortable and avoid debilitating cold, she required an ambient indoor temperature of 85 to 90 degrees Fahrenheit. After the fifth NOA session, her thermal regulation normalized, and she is comfortable with an indoor ambient temperature of 70 to 75 degrees.

In order to stimulate the lymphatic system, the subject stands on *Turbo-Sonic* vibration plate for 15 minutes before each NOA session. During the NOA sessions the female patient breathes oxygen bubbled through a proprietary blend of Hemp & CBD oils.

The patient's appetite has increased but her weight has fluctuated by no more than five pounds daily. Intravenous saline with vitamins have been administered three times since the NOA sessions began and are planned at least once a week until the tumors disappear. The patient's energy levels fluctuate between restful to poor.

On the 12<sup>th</sup> day, the patient experienced shooting pains in the largest and biopsied tumors. Applying a device called the *Tri-Vortex Disc* (see picture above) abates all of this intermittent pain.

The patient has also received *Transformed Plant Oils* rectally once a day and she completed a protocol that cleanses the gums and teeth of bacteria.

### **Phosphorous Sheath**

In the early 20<sup>th</sup> century, German scientists discovered that the nervous system is covered with a phosphorous based sheath. In the late 20<sup>th</sup> century an international team of academic and private scientists discovered all biological cells are covered with a phosphorous based sheath. Both the nervous system and cellular based phosphorous sheaths have spiral wormhole patterns according to the research findings.

Are the spiral wormhole patterns of the phosphorous based sheaths of the nervous system and biological cells of the lymphatic system key components to creating nano and picometer waste product oxygen bubbles for transport to the kidneys and colon?

Did the biopsy needle puncture of the initial tumor cause a catastrophic injury to the spiral wormhole patterns of the phosphorous sheaths of the nervous system and lymphatic cells? Did this damage then exacerbate a pathological and potentially catastrophic production of micro and millimeter oxygen bubbles and eventually tumors at the puncture site, and all along that specific vessel of the lymphatic system?

As long as the spiral wormhole patterns of the phosphorous sheath of the damaged nervous and lymphatic cells remain dysfunctional, do micro and millimeter oxygen bubbles produced at the puncture site create a cascade of additional micro and millimeter oxygen along the vessels of the lymphatic system? Can the damaged spiral wormhole patterns of the phosphorous based sheaths at the puncture site be repaired?

All of these questions were addressed by the formulation of a proprietary blend of metal oxides that have the potential to repair biological phosphorous based sheaths. Exclusively during the patient's five sessions, the metal oxides were attached to an ordinary piece of paper that was rolled and inserted into the NOA tube. The NOA tube with the additional metal oxides was held only over the puncture site and surrounding lymphatic glands. No other tumors were exposed to the NOA tube with the special metal oxides.

A soft cleanse colonic and a NOA session were completed on May 17, 2017 because the patient experienced constipation for the seven day prior. Patient had dark bruises in the left and right bilateral axilla. After 20 minutes of exposure this bruising totally dissipated and did not return. No treatment was given on May 18, 2017. A second soft cleanse colonic was completed on May 19, 2017. NOA session was not administered to allow for more patient rest.

All the tumors were examined by three individuals before the patient departed. Upon examination, the biopsied tumor located in the mid upper back and one inch to the left of the spine was not palpable nor tender to touch. The biopsied tumor was also not palpable before her NOA sessions on May 22 & 24, 2017.

The 5'6" tall patient weighed 240 pounds in April of 2016. She weighed 140 pounds before starting the colonic therapy. After the second colonic therapy, she weighed 130 pounds.

Another tumor emerged on the mid-left back near the spine but two inches below the original tumor that was biopsied. That tumor also has an ebb and flow of partially reemerging and then totally dissipating. As of June 7, 2017, the once largest tumor below the scapula has migrated to the edge of the tumor under the axilla with a canal of liquid connecting the two.

Smaller tumors have emerged at various locations around the upper body, but return to normal tissue after the *Tri-Vortex Disc* has been applied for six to ten hours.  
<http://trivortex.com/Disc.htm/>

At the time of distribution of this document, the NOA inflammation clearing continues for one hour twice a week.

### **Colon/Gastric Issues**

While visiting the Palm Desert, California area, an 83-year-old male suffered a gut infection compounded by consumption of magnesium. Subsequently the patient had uncontrollable diarrhea and stomach cramps that caused dehydration. Traditional and integrative doctors could not bring the diarrhea under control, as the patient refused pharmaceutical intervention.

The patient refused to seek additional medical services and his condition deteriorated to intermittent unconsciousness and he displayed shallow breathing. At this point the

patient refused emergency medical service and the family believed he would not survive the night.

The NOA was placed over his stomach and intestines. After 15 minutes, the stomach cramps were relieved and his breathing returned to normal. The NOA treatment was continued for two hours. The patient had a very restful sleep and had two regular bowel movements the next morning. The evening after the first NOA session, a second two hour NOA session was performed and the patient was asymptomatic. The male patient departed the Palm Desert area and the diarrhea returned 10 days later. He was successfully treated with a pharmaceutical regimen, although he suffered side-effects.

### **Food Poisoning Incident**

A healthy 64-year-old male had digestive stress from an unidentified spoiled food source that caused a build-up of gas and liquids in the ascending and descending colon. A small amount of gas and watery loose stool was discharged. Two NOA units were immediately applied for 30 minutes to the ascending and descending colon and 90 percent of the colon stress due to the gas was relieved. A normal bowel movement occurred 10 hours later.

### **Worm Released**

A 57-year-old woman presented with right elbow and knee swelling. She and her cousin were exposed to pesticide saturated ticks as children. The child who picked off the highest number of the ticks at the end of their playtime was the winner. Both were diagnosed with Lyme disease and the cousin died 15 years ago due to complications of the disease.

Two NOA units were applied to the inflamed joints for one hour. Ten hours later, a 12-inch long worm was discharged in her stool. She had not had such a discharge of a large parasite in over 10 years. Worms may instigate inflammation of the joints. The NOA sessions are continuing to address the etiology of her condition.

Would NOA provide benefits to those individuals experiencing dysentery and other digestive and inflammation conditions in economically distressed areas?

In just minutes, the NOA has been used to relieve headaches, back pain, swollen knees, and ankles, as well as other conditions. NOA has no known side effects or contraindications. NOA is projected to have significant impact on sport workout and injury recovery. An athletic body transforms the trapped micro and millimeter oxygen bubbles much faster and more thoroughly than individuals in disease stress. Consumer NOA units can be applied to adults, children and animals.

### **NOA Utilized as a Detection Tool for the SCS Applicators**

The positive and ground applicators of the SCS are always placed on the obvious areas experiencing health challenges. But what about other subclinical inflamed areas which contribute to the disease process? How can those hidden in plain sight inflammation areas be identified and addressed? Can the repelling motions of the NOA over unrecognized areas of inflammation provide clues to health challenges? <http://trivortex.com/stem-cell-stimulator/>

A 36-year-old male with Multiple Sclerosis presented with insomnia and chronic fatigue. He does not have any known digestive system pathology. In 2006, he was diagnosed with Multiple Sclerosis after experiencing classic symptoms and exhibiting brain lesions on radiologic scanning.

The patient was an amateur and professional motorcycle competitor from age 10 to 25 years old, and sustained multiple serious injuries. The practitioner was blinded to the specific areas of pain and injury, as well as the location of the brain lesions.

He completed multiple traditional stem cell protocol available after enduring three years of traditional treatments for MS while neither modality addressed the causes and symptoms. Mature umbilical cord stem cells injected at the base of the spine provided benefits for about two years. Today, at the age of 48, the patient's main symptoms are insomnia and chronic fatigue.

Patient's hydration levels were challenged by the daily consumption of one to two cups of coffee but he drinks at least a half-gallon of water per day. The issue of proper hydration as related to health conditions is addressed in my booklet titled *Super Hydrate & Charge Your Cells* that is posted as a PDF online at no charge. <http://trivortex.com/hydration-booklet/>

After removing all clothing excluding his underwear, two NOA units were slowly glided over all surfaces of his body. The first repelling motion occurred over the right collarbone. The repelling motion could not be felt by the patient. Patient confirmed he sustained a major collarbone fracture over 20 years ago. Five more distinct areas of the body exhibited repelling motions upon NOA application. The patient confirmed as an area of pain or a previous injury site. The NOA examination did not generate any side-effects.

The strongest repelling motion occurred from the mid spine (T5) to the upper neck (C1) and the left lateral portion of the occipital bone of the cranium. Is the repelling motion over the occipital bone the location of his brain lesions?

The inflammation from T5 to C1 could not be detected upon viewing the spine from behind the patient. However, when the upper spine was viewed laterally from either side of the body, a slight canal of edema representing micro and millimeter bubbles could be observed on the surface of the spine. When the area was palpated, pitting edema remained for five to ten seconds. The patient confirmed the area had been in chronic discomfort and pain for over two decades.

### **Repelling Motion Weakens and Ceases**

Having the awareness of the specific locations of the inflammation was very valuable when placing the applicators of the SCS for a 40-minute duration. ***This information provided at***

***a very low cost with no side-effects is also very valuable when applying additional health care modalities that address inflammation.***

The NOA was then applied to all inflammation areas for 20 minutes during all sessions. The repelling motions of all inflammation areas were far weaker than before the SCS and NOA sessions. The inflammation from T5 to the C1 was no longer detectable and there was absence of pitting edema upon palpitation. The patient experienced significant pain relief and had a deep restful nap between the first and second SCS and NOA sessions that were completed the same day. The night after the two sessions, the patient stated he had the best sleep in years.

During the third session, NOA tube number one was slowly panned back and forth over the lower portion of the frontal bone of the cranium while NOA tube number two was slowly rotated over the left lateral occipital bone (left back of skull). The repelling motion was very strong for both NOA tubes. However, an even stronger repelling motion was generated when NOA tube number two was placed over the junction of the C7 and T1 vertebrae.

Both NOA operators assumed the strong repelling motion was due the close proximity of both NOA tubes to each other. However, as the NOA tubes remained at these same locations for 15 minutes, the repelling motions became weaker. At this same time, the entire back portion of the cranium exhibited high blood flow by turning a deep bright red color that lasted for about 15 minutes.

During the beginning of the fourth session on the same day, the NOA tubes were placed again at the frontal bone and between the C7 and T1 vertebrae. After 20 minutes, all repelling motions on the entire cranium and between C1 and T7 completely dissipated. Was all the inflammation in these areas released? What is the condition of the lesions in the brain? Was the release of the inflammation a long-term condition?

The next day during the fifth and sixth sessions, there was no repelling motion when the NOA tubes were placed on the frontal bone and between the C7 and T1 vertebrae. The patient was informed that according to the NOA examination and treatment, the inflammation in his head, neck and spine was resolved. This inflammation was probably a major contributing factor in his MS condition. No statements or implications were made as to an MS cure.

Most importantly, the patient reported his energy levels were at the highest level he had experienced in nine years. After completing six of his 10 scheduled treatments, the patient achieved his two goals of higher energy levels and improved sleep patterns.

During the 10<sup>th</sup> session, a slight repelling motion occurred when the NOA tube was placed over the left lateral occipital bone. The repelling motion ceased after three minutes of exposure to the oxygen ions of the NOA. The patient was advised that the major challenge was to maintain the current status of no inflammation in the head, neck and spine areas so his energy and sleep patterns would remain normal. Patient was further informed that the task of preventing the inflammation from returning would require a life-long commitment. To that end, the patient was provided several items sold by *Tri-Vortex Technology* on a trial basis. The items were the *Tri-Vortex Disc*, *Tri-Vibes* and *Tri-Intra Sound Unit*.

## **Resolving an Episodic Back Condition**

This same patient with a five-year history of periodic back spasms, presented with an acute exacerbation of unrelenting spasms after laying on a soft hotel bed during his SCS/NOA sessions. Normally when the spasms occurred, his recovery time was about one month. After two SCS/NOA sessions his pain was reduced by 50 percent. A rapid full recovery is expected. The patient was impressed with the fast recovery. He stopped drinking coffee and has committed to a long-term muscle stretch regimen.

## **NOA Potential Application**

A 56-year old woman presented with chronic pain in the shoulders and neck area. Two PET scans completed just over those specific areas during a one-year period indicated no inflammation or tumors in either area. A third PET scan mistakenly included the chest area where the tip of a tumor was discovered in the left lung near the spine. A fourth PET scan targeted over the lungs discovered a four-inch diameter tumor that eventually broke two ribs and was the cause of death.

Based upon all previous applications of NOA, there is a high probability that the NOA would have generated the one-of-a-kind repelling motion before the area became tumorous and was experiencing lite to intense inflammation. Thus, the first PET scan would have included the area where the NOA repelling motion was generated when passed over the lungs.

## **Clinical Application**

A cornerstone of the SCS is powering the lasers and lights with computer signals pulsed through the two positive poles of an amplifier rather than being inserted into a standard electrical wall power outlet. Applicators connected to the two negative poles of the amplifier are placed on the target area in need of healing. The positively charged stem cells or stem cell energies are attracted to the negatively charged target area.

This same configuration will be set up for NOA, whereas the electrical power is provided by the computer/ amplifier set-up, while applying the negative applicators to the target area. This special *Tri-Vortex Technology* procedure will concentrate all the NOA oxygen ions onto a target area.

SCS and NOA sessions are not completed simultaneously. A NOA session will always follow a SCS session. Both the SCS and NOA can be applied independently but maximum benefits occur when both are completed the same day.

The SCS is strictly a clinical application. The NOA can be used clinically as well as applied in the field via operating on a long extension cord or an external battery pack. Clinical versions of NOA will include two NOA tubes, computer, amplifier and four applicators. The cost will increase as additional tubes and applicators are added.

## **NOA On Rolling Stand**

An experimental prototype NOA unit was mounted on a rolling stand with extending arms and rotating head – the NOA tube can be placed into any position and most times

the end of the NOA tube is less than 1/8 inch from the inflammation while remaining steady and true. Hands free is a great mode for one's arms.

A 72-year old female presented with arthritis on hands and left foot, cystic fibrosis, throat congestion and a nodule on her left lung with the clinic version featuring the computer/amplifier powering the NOA units and ground applicators.

During first session, her daughter and a potential NOA therapist named Lisa did the NOA detection protocol – this was the first time either had a NOA unit in their hands. Patient had a full body PET scan 10 days before the NOA detection and the patient knew the inflammation/tumor locations diagnosed by the PET scan but the daughter and Lisa did not.

### **NOA REPELLED EXACTLY IN EVERY AREA THAT THE PET SCAN DETERMINED WAS INFLAMMED!**

During the third session one NOA unit was put on back of her head while the NOA unit rested on the horseshoe neck pillow of a massage table, one NOA on the left foot while NOA unit rested on table, one NOA unit placed over right hand (rolling stand NOA). Put left hand over area where nodule is on right lung and then put ground disc over left hand. Put second ground disc over throat.

For the first time ever the NOA operator simply observed the patient for an entire NOA session. Half way through the session the NOA unit on right hand and the ground disc over left hand were exchanged.

Before the next session the patient declared the third session was much more productive and powerful than the first two sessions that did not have a NOA unit on her skull and the other NOA units were rotated over the inflammation rather than remaining in a static position. Patient was really impressed that her throat had reduced flam and congestion. And there are no contra-indications whatsoever.

Most individuals become very sleepy when one or two NOA units are continuously placed anywhere on the skull. Because one NOA unit remains close to the skull, the arthritis patient remains asleep during most of her sessions. Placing one or two NOA unit(s) on the skull during an entire NOA session is now a standard procedure because the healing is so much more intense when the patient is in a sleep or drowsy state.

Yet despite being very relaxed on the table during the NOA session, the individual awakens with more energy and vitality than before the NOA session began.

The patient's husband is a medical doctor and she says he is astounded by the reduction of the inflammation throughout her entire body – never seen anything like it. Her general appearance and demeanor are so much better than before the NOA sessions.

She signed on for five sessions and re-upped for another five and said she would continue the sessions but she and her husband are taking a 45 day holiday to Europe and she is very excited that she feels and looks so much better. NOA is her first stop when she returns from Europe and she has made a deposit on purchasing one of the first NOA production prototypes with a clear shrink sleeve. Prepaid production prototypes should be shipped in about 30 days.

**Go to <https://vimeo.com/227397867> for case study on Parkinson's Disease.**

### **Therapist Purchased Two NOA Units**

Jackie De Vries was Former Staff Member at IBM Research and currently is the Director at Crossroads Center of New Jersey in Ridgewood, NJ and White Space Technologies for Human Wellness

<https://www.crossroadscenterofnj.com/>

- She also:
- Studied Take One Guess at [JSG School of Massage Therapy](#)
- Studied Corporate and Organizational Communications at [Corporate Coach](#)
- Studied Energy Medicine at [Barbara Brennan School of Healing](#)
- Studied Computer science at [Columbia University](#)
- Studied Computer science at [Ramapo College of NJ](#)

Jackie purchased two NOA units in November 2017.

Her experiences...

I am using two NOA units simultaneously with three different populations: metastasized cancer, autism, chronic health issues.

Brian recommends using NOA on the stomach, starting with the small intestine (center of abdomen) and then rotating out thru the ascending large intestine, across the top of the large intestine and then down the descending colon. That is a recommended approach.

#### **Inflammation Detection**

When you put one NOA unit on deep setting (and the second unit on release setting), I can feel where there is energetic resistance (inflammation) and I also hold it there (wherever an individual's inflammation is located).

#### **Inflammation Release & More**

I have also been using it on the feet, both by the toes where all the meridians end (or start) and progressively down the bottom of the foot to the heel.

In metastasized cancer I am seeing enormous detoxification occur - in an advanced case where it was being used every other day along with Spooky2 frequency sessions, it was too much for the body to effectively detox and the person experienced waves of energy and wellness combined with longer periods of deeper pain.

On Brian's recommendation, the client is starting colonics next week and adding Myers cocktail IVs the following week (when she can get access) and we will use NOA after those sessions.

Another metastasized cancer person who is stronger experienced heightened energy, then about one hour of fatigue and then again more heightened energy and wellbeing plus better sleep. Because her tumor markers have increased so much over the past 6 months, she is in Germany for a consult and we will see what she decides to do while she is there - I will learn more this coming week.

I have used it with several ASD children with fascinating results.

With one 10 year old boy, although I felt to have the NOAs pointed on his frontal lobes, he wanted them placed over his ears, I complied. This has been repeated about 5 sessions, he still wants them over his ears. I aimed them at his hips when he was moving around the room and he went down on our giant pillow and just lay there. This is an extremely active boy so this was a big deal - I was aiming from the side and behind so I was not getting a direct hit on his intestines, it leaves me wondering... After all these sessions (I have been working with this boy for many years) what we are observing is a depth of calm that is building and yet the father is seeing is more extreme detox, he is smelling Sulphur now whereas before he mostly smelled metals, so he thinks we are finally hitting really deep detox that is producing some behaviors.

The next one is a 4 year old boy who has been making stellar progress with ISF neurofeedback and RENS plus some cranial sacral and fascia unwinding when we can. With NOA pointed at his hips, he went right down on the pillow while my colleague Sue and I exchanged glances! I was also able to get some time with his head and he decided to play with a farm toy set and he was naming everything that was in the barn including building blocks in shapes like hexagon and octagon and diamond and triangle. His ability to say extended sentences is increasing even more and he is increasingly interacting directly with people including eye contact. At his next session he went to our storage shelf in the room and started naming everything that was there including some things that we could not

recognize what he was saying but many that we could. His level of engagement just keeps increasing, and we have been able to use NOA directly on his belly.

Then we used the NOA units during a cranial session with an 18 year old who is developmentally delayed and has had a tumor removed from his brain at age 10. This young man is usually tired and pretty quiet. I only used NOA on his feet while cranial work was being done by his head. He told me at the end of his 30 minute session that he did not feel anything (sometimes I feel like the emperor with no clothes with the invisible things we are using). I told his mother to watch and report. She texted me 20 minutes later and told me he had a giant surge of energy and was very talkative. At 10pm he came out of his room and told his mother NOA really oxygenated him (I told her he had some visual memory!!!) as I did not tell him or show him anything but he obviously looked at the tubes when he was leaving the room and the word oxygen is on there.

We had a chance to use NOA yesterday with a 3 year old ASD girl. She tried to escape from NOA. My colleague made the comment that she is on fire (her brain) and so I tried the pelvis/hip aiming approach (we were curious) and she just ran away. Then I targeted where I felt it by her head, she could clearly feel it and tried to get away so we decided to try swinging her in a sheet. She liked the swinging and then we had her mom pick-up the NOAs and first target her head which seemed to calm her down (as did the swinging) and then she started a low range babble, I started toning to her low vocal range and she melted and started having deep eye contact with each of us. Her right hip was calling for NOA so we had her mom aim it there while we kept swinging her and while I kept toning. Ok so yes, we will try just about anything and it helps us figure out how to help each person... Even after her session I was toning and she was so grounded - the low tones were allowing her to ground and connect - so by getting the inflammation off of her right frontal quadrant many things changed and we got new insights into her auditory nature which has also given us new ideas...

We used NOA on a woman who had a severe head injury 6 years ago. We used on her abdomen as recommended, on her head and then in a separate session I worked with her feet while she had cranial therapy and low and behold the TMJ alignment issue that has been causing her so much pain and the occipital issue (that she had surgery for) both released in dramatic ways. My colleague says cranial sacral therapy in conjunction with NOA really rocks!

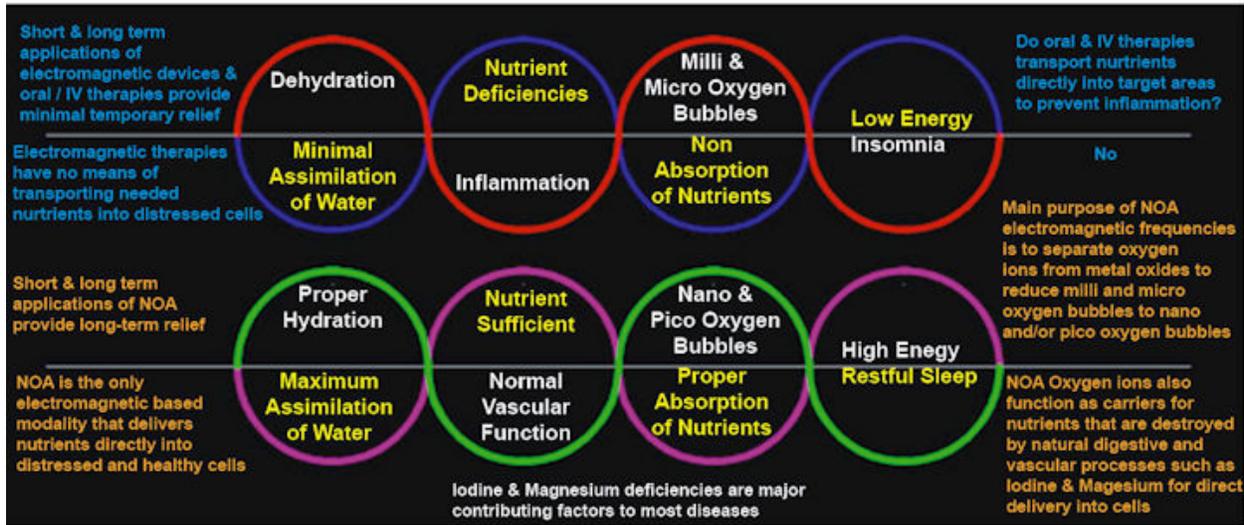
In other cases the reports are - I feel more open, I feel more mobile, more energetic. NOA has helped clear some gall bladder pain and illness too. I have used NOA on my brain and I am more able to "see" (a capability I had before becoming very ill a decade ago) and so it is easier for me to work with NOA as I can see what or where to target energetically besides feeling the body response

to it. So that is my NOA update after using two NOA units simultaneously for the past 3 weeks...

**Post Note**

As I have been reflecting today on what I am seeing thru the different things I am using, I am beginning to think that if you have inflammation in an area, what that might mean is that nutrition cannot really get there... And if you have inflammation in your intestines then maybe you can't really absorb nutrition in general. Just mulling things over.

**Cycles of Disease & Health**



Inflammation suppresses nutrient absorption while nutrient deficiencies contribute to inflammation

**New Circuit Board**

With some fantastic luck and finding the right person, the new NOA frequency board for the production prototype is complete and cost under \$3,000.00.

The board features an auto mode that sweeps through the five frequencies. Each frequency pulses for 22 seconds with a 2.2 second blank interval between each frequency. This pattern will generate the most powerful modulation to reduce the Micro and Milli sized oxygen bubbles in the inflammation to nano and pico levels.

Board also has a timer that illuminates a LED light to inform the customer that the unit has run 1,000 hours.

So, there will be a one button switch and when pushed each time the mode transitions from auto to manual or manual to auto.

A green LED will be auto mode and a yellow LED will be manual mode

The manual mode features just one frequency that is the best for detecting inflammation and creating the repelling motion when hovered over inflammation.

Again, auto sweeps through the frequencies for the release of the inflammation

However, the labeling on the NOA tube adjacent to the green and yellow LED lights will be **Detection/Deep** (yellow LED) rather than manual and **Release** (green LED) rather than auto. Very simple application.

## Patent Search

*Legal Force RAPC Worldwide* that is headquartered in Mountain View, California conducted a patent search and stated –

As per your request, we have prepared a Patent Search report, based on the information you have provided.

The references we found for your invention indicate that the method of producing and using Nano Oxygen Accelerator – NOA for treatment of lesion, inflammation, cancer, pain relief, reduction in swelling have not been introduced.

The technique of producing nano oxygen bubbles and using it for various treatments you have disclosed is unique. Most of the treatment methods involve producing and applying chemical compositions or radiation therapy which are different than your technique. Our search report reflects that your technique is novel and unique.

## Recycle

The lifetime of a NOA unit is approximately 1,000 hours and that usage amount will be tracked by a built-in timer. When the NOA unit has been operated for 1,000 hours, a LED light on the back panel illuminates therefore the customer has three choices – deposit the NOA at a recycling center, keep applying the NOA or return the NOA to *Tri-Vortex Technology* for recycling – the cardboard is deposited at a local recycle center while all the electronic components are placed into new units. The customer receives a rebate on a new NOA unit when the expired NOA unit is returned. The projected time period is five years.

## Enhancements

Brian David Andersen created new shapes and purposes of three, four and five sided pyramids that produce very special left-turn electromagnetic fields. Traditional science has determined that all molecules in biological lifeforms have a variety of left turn spins.

But how was this discovery going to be integrated with the Nano Oxygen Accelerator?

Andersen separated the components of the pyramids over 10 pieces of paper and then printed the lines of the pyramids on 10 separate colored papers.

When the Oxygen ions emitted by the Nano Oxygen Accelerator (NOA) encounter the separated lines of the pyramids and the color vibrations in the papers, an array of special healing patterns are emitted from the open end of the NOA tube.

Now NOA not only functions as a subtle but powerful pyramid energy plant but also as a unique color therapy device.

This enhancement is a continuing series of enhancements of the NOA.

### **NOAz ARC**

The following is a summary of the first patient who has been treated by NOA and my latest invention called NOAz ARC simultaneously.

Patient has not been treated by the Stem Cell Stimulator.

A 79-year-old female with breast cancer that spread to the lungs and liver and she had lymph nodes removed around the left shoulder.

Poor diet and hydration habits.

For the past month 450cc of fluid has been suctioned out each lung every two days.

Also, one month ago the left arm developed severe edema.

Skin color gray with blackish eyeballs

Suppressed appetite

Continued weight loss that threatens patient being removed from lung fluid removal protocol and put into hospice.

Ambulatory but very weak and unstable.

Severe pain in left arm.

Deep depression.

Prognosis is two months to live.

After nine sessions where patient is exposed to the special six-inch diameter copper coils of the NOAz Arc, four NOA units, the Cling Wrap Protocol of both feet and left arm and inhalation of a proprietary blend of Hemp related oils via an oxygen concentrator and a water purifier and

Patient is receiving saline vitamin IVs once a week.

Patient bought and is applying a NOA unit on a daily basis

Patient bought and is applying Tri-Vibes and treating all consumed liquids and solid foods with the Tri-Vortex Gold Disc to improve absorption.

(Cling Wrap Protocol - <http://trivortex.com/Oils-Final.pdf> <http://trivortex.com/King-Cellulitis.pdf> )

Result:

Pain in left arm reduced 90 percent

Significant skin and eye color improvement.

Increased appetite

Improved walking ability.

Edema in left arm fluctuates but is on a downward trend.

Elevated emotional attitude as friends and family make positive comments about improved skin & eye color, reduced pain and swelling of the left arm and better walking ability.

Diet and hydration habits have improved slightly.

My personal goal is to reduce fluid level in lungs with the NOAz ARC coils that have been and will continue to be placed directly over the lungs for 30 minutes and the ground applicators placed on the lungs for 30 minutes.

Follow-up **Date 11-21-2017**

At the bottom of the first report I state my personal goal was lower the amount of fluid removed from the cancer patient's lungs every two day that averaged from 450cc to 500cc per lung.

After eight NOA and NOAz ARC sessions the amount of liquid was reduce to 375cc and 390cc. After the ninth session the next two evacuation sessions removed between 325cc & 340cc per lung.

After the ninth session the patient's children in their mid-40s set-up residence with her. The children did not read the NOA paper nor were they familiar with the appearance, pain level, lung fluid removal level and over health and energy of their mother before the NOA and NOAz ARC sessions began.

The children berated their mother and the husband (not the father of the children) non-stop for "grasping at straws of false hope" therefore the patient has now been turned over to hospice.

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A 61-year-old woman had silicone breast implants eight years ago and is featured on the surgeon's website

<http://www.drconnall.com/images/pdfs/11-26-2017-1-44-05-PM.pdf>

Two years-ago she had surgery for a right torn rotator cuff therefore she had an opportunity for bacterial overload.

Eighteen months ago a lump was detected in the left breast just above the nipple.

A trough area grew across the breast that had a fine stitch appearance.

The length of the oblong lump grew to about three and half inches long that also invaded the upper nipple.

Through her Naturopath, Thermography pictures were taken with a medical doctor appraisal that detected an increase in size and heat over a one year period.

Patent does not want standard mammogram and biopsy.

Patent booked a week at a health spa and Desert Hot Springs, CA that specializes in a detox diet and procedures such as colonics, juicing and fasting.

The 80-year-old owner of the health spa has completed numerous Nano Oxygen Accelerator (NOA) & NOAz ARC sessions for a variety of reasons.

Patient could only book five NOA/NOAz ARC sessions till returning to her home in Oregon. In the patient's own words:

Below is my layman's summary of my experience

Five (5) treatment over a consecutive three-day period

Day 1 - one treatment

Day 2 - two treatments

Day 3 - two treatments

**Areas treated**

Left breast-lump-primary focus

Right shoulder

Abdomen

Edfn#

The main reason I sought treatment was for a lump in my left breast. The lump was initially noticed about 1 1/2 years prior. Over the 1 1/2 year period the lump had changed in shape and size. At the time treatment was sought, the lump was the shape and size of my index finger above the knuckle. It has very hard and felt to be attached to

the top of my nipple. It lay in the center of the breast from the nipple up toward the body approximately 1.5-2 inches in length.

Patient observations from day one:

During treatment I had no sensation from the lenses focused on different areas of my body. After the one hour treatment, a solution was applied to the left breast area and wrapped with cellophane. When wrapping was removed by me prior to sleep that evening, the treatment area on left breast was blotchy with red spots. The surface was warm to the touch. During the night on two occasions I noticed an intermittent and very mild sensation of effervescence in the treatment area.

Patient observation from day two:

After the first treatment I noticed a slight change in texture to the left breast area. There was increased red blotchiness. During the three-hour break between treatments I noticed mild heat in the treatment area.

After the second treatment the area was moderately softened from its original condition. There was increased redness. During the night I experienced intermittent mild itchiness. Upon self-examination in the morning a reduction in size and density of the lump was noticeable.

Patient observation from day three:

After the first treatment the texture and feeling of the skin attachment of the lump was noticeably smoother. The area around the lump had noticeably softened. The size of the lump had been reduced and the shape was more oval than finger shaped

After the second treatment the breast area was red and itchy. The size had been reduced once again incrementally over the previous session. The breast tissue around the lump was softer and fuller. There had been an indentation due to the lump adhering to the surrounding tissue and nipple that was now barely apparent. The morning following the last treatment there were 4 small red raised bumps resembling moles on the surface of the treated area. There was no sensation to them when touched.

**Overall observations:**

The five treatments rendered significant reduction in the size of the lump. In addition the treatments eliminated by some 70% the indentation. The entire breast area including the lump were softened significantly.

Pictures taken after third and fifth session <http://trivortex.com/Breast-NOA.pdf>

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In 2007 a mid-40s male named Mike underwent a non-insurance covered \$140,000.00 operation to cauterized the nerves in his heart to address his severe condition of Atrial fibrillation (AF or A-fib).

Often this condition starts as brief periods of abnormal beating which become longer and possibly constant over time. The individual had the debilitation symptoms of heart palpitations, fainting, lightheadedness, shortness of breath and chest pain with this type of supraventricular tachycardia. The disease is associated with an increased risk of heart failure, dementia, and stroke.

In early November of 2017, the severe A-fib symptoms reappeared while Mike's digestive track was in severe stress due to extreme sluggish performance. Mike was not looking forward to a second operation.

In mid-November of 2017 Mike applied the Nano Oxygen Accelerator (NOA) to the ascending intestine on the right side of the digestive track for 15 minutes, and then applied NOA one inch above the belly button for 15 minutes and then applied the NOA on the descending intestine on the left side of the body for 15 minutes. This protocol was repeated three times a day. During the entire sleep time the NOA was applied to the colon between the pubic bone and the belly button.

On the morning after the first night of applying the NOA to the colon, Mike had a very cleansing and massive bowel movement.

The A-fib symptoms disappeared after the bowel movement and have not returned for seven days. The cleansing and now normal bowl movements continue to occur.

Mike also applies the NOA to the upper left chest area for 15 minutes three times a day.

Updates will be made every seven days and on the 30th day Mike will write his personal report.

Mike has a special connection to NOA. His experience and genius designed and created the one-of-a-kind circuit board of the NOA.

Mike is also involved in the upcoming improved design and performance of NOA with his experience in 3D printing.

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Laura Catlin completed nine *Nano Oxygen Accelerator (NOA)* and *NOAzARC* clinical sessions over four and half days.

She explains why and the results in the video at this link

[Go to video](#)

**Laura's Journey to Balance**  
<https://vimeo.com/253378882>

The clinical version of NOA & NOAzARC is available for purchase.

The Tri-Vortex Institute of Palm Desert is most likely the prototype health and wellness clinic of today and tomorrow.

**Nano Oxygen Accelerator – NOA** – Patent Pending #62514843 (=33

## **Instructions**

### **Nano Oxygen Accelerator**

### **Nano Oxygen Laser**

### **NOA/NOL**

Recommend connecting power plug into extension cord and unplug and plug in extension cord only.

Recommend connecting extension cord into power strip and use on/off switch on power strip when using and not using the NOA and NOL.

Press button on top of unit to shift 10Hz to 110Hz mode.

Hold the two units at 90- and 180-degree angles from each other while making a circular motion over the target area (left hand/counter clockwise is optimal). Gradually move the units over the large and small intestine and colon areas.

Hold a steady motion when applying over joints and specific area of pain.

Saturation of a target area is between 40 to 50 minutes but even three minutes should produce benefits.

However, one can sleep while applying either unit to a specific target area for entire sleep time.

NOA can be applied to open or closed eyes but do not apply NOL to open or closed eyes. Apply NOA to eyes only in a dark room or room with natural sunlight. Notice if applying NOA to eyes improves vision.

## **Teeth Cleanse**

Use distilled water in Water Flosser

Turn power to lowest level

Add 22 drops MMS (use dropper in DMSO bottle)

Add three drops DMSO

Point water spout into gums and very slowly move the pick over each tooth and between each tooth.

Do four session four days in a row then reduce to two times a week for one month and the reduce to once a month

### **Gut Cleanse**

Two ounces of aloe juice and two ounces silver hydrosol before breakfast and dinner.

One probiotic before sleep and continue to take probiotic until bottle is empty.

Repeat again one month later and then repeat once every six months.

### **Tri-Intra-Sound**

Be sure to keep flathead of unit flat on skin and do not place on edge.

Run for 20 minutes and then rest for 30 minutes or place into refrigerator for 10 minutes or freezer for five minutes before conduction a second consecutive application.

When applying to face turn knob to far right and when applying skull area turn knob to the far left.

For most body tissue keep in the mid range between far right and left.

For achieving low blood sugar levels apply to each shin bone for 10 minutes.

Keep flat head on area for two to three minutes and move and hold in next are for two to three minutes. Avoid constant movement of unit.