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Instrumental techniques and methods which make the therapist's working methods clear and available for everyone by using measuring techniques and standardisation, and which can be utilised by therapists.

Human vital processes are defined by measurable parameters, and it is a known fact that everything that can be described in words can, sooner or later, also be measured. How can human beings perceive the signs of their environment? How is it possible to live in harmony and to have an overall connection with our environment? These questions have made people ponder for a long time. And surely, all of us have had a sensation of having impressions or opinions that are based on intuition rather than our senses.

By now it became apparent that intuitions can either help or deceive us depending on the circumstances, and not only external factors are taken into consideration when examining these conditions. More precisely, we could say that extra sensory activity can be improved by practising, that is with the help of appropriate exercises intuition and other intuitive activities can be the subject of learning and self-observation. In order to accelerate this process it can be rewarding to analyse the results of our intuitive activities as well as to rationalise the adaptation of the knowledge we acquired intuitively. To achieve this, apperception of the operational mechanism is important and systematic observation and measuring give a helping hand.

People would like to know the answer to simple questions like: Why do I feel better physically in the company of a certain person than an other? Why do our efficiency or self-healing ability improve without any traditional way of assistance (e.g. chemical, social, verbal)? (Medicines often take the expected effect only if the right person gives them to us).

Phrases such as 'healing presence' or 'healing thought' are very popular in these days. They received even more recognition in the past. Due to the technical progression most scientists and physicians abandoned the direct use of vital energy while some of them still tried to demonstrate its existence with the help of different devices.

Modern measuring techniques now enable us to study self controlling processes and communication systems of cells on the photon level. This intense progress in biophysics led to the discovery of the interactions of the vital processes' organisation that were previously described only by cosmological thesis, and, due to the latest measuring techniques several physiological approaches gain their – this time scientific - topicality again. For example electrophysiology helped to understand (at least partly) the working mechanisms of acupuncture while pharmacology, physical and chemical researches were essential in the cognition of the mechanisms of homoeopathy. Theoretically, there is no obstacle in the way of their spreading. Radiation of the human body is still an interesting area for scientific research, and, apart from the fact that emission of both electromagnetic (EM) and mechanic (mainly ultra-sound [US]) waves of biological systems are already known and used for diagnostic and therapeutic purposes, future researches may still have a significant effect in our approach. However, because of their holistic aspect and high conformity with natureopathy the recently developed instrumental diagnostic and therapeutic methods – despite their technical origin - are concerned as natureopathy methods. Which is quite understandable since biophysics considers the stimulation and restoration of the organisation's inner controlling systems (also responsible for adaptation) as the main point of the efficient medical activity, while diagnostically attaches importance to the accuracy of non-invasive measurements. Maximum sufficiency cannot be achieved either diagnostically or therapeutically when intense and often irreversible reactions of side-effects make impossible to identify the main problem.

From the instrumental methods take a look at the prevailing one, the electric testing (EAV = Elektroakupunktur nach Voll) introduced by Dr Reinhold Voll.

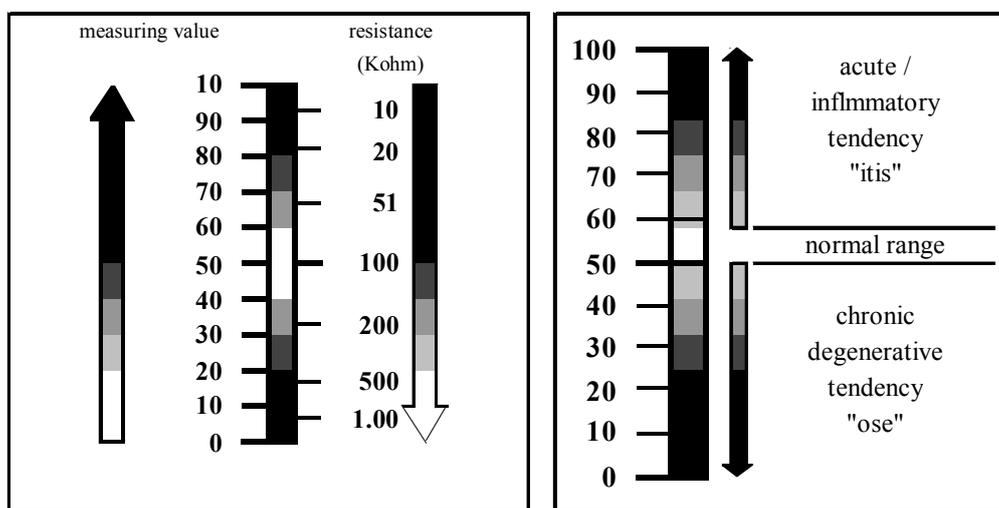
EAV

The name of the method has been changed several times (Dr. Voll's electroacupuncture, Voll's drug testing, Voll's organ testing), but the abbreviation remained and even large professional association use this initial word. Formerly the method was referred to with the name of the testing device or the manufacturer (Vegateszt, Innomed, Pitterling, etc.), but these names always represented the device developed by Dr. Voll and his colleagues.

Operating principle of the EAV

EAV testing is used to examine the reactions of the body to a low-voltage (usually $U < 3V$) direct current load. During the testing conductivity between topologically determined low-resistance points of the skin (electrically active points = EAP) and reference diodes is measured. If the measured EAP (and the physiological unit represented by it) functions normally, that is usually $95k\Omega$ or equivalent, then the apparatus will show a value of 50 (after normalisation). If the EAP's resistance decreases because of acute processes then its conductivity increases and the device shows a value higher than the normal value. However, when testing a zone suffering from chronic disorder with its information channels damaged, significant dropping in the conductivity can be measured because of the increased skin resistance. Since measured values may vary between wide ranges ($\approx 1k\Omega$ - $1M\Omega$) the values indicated by the device are normalised values. The following diagram shows the relations:

Diagram 1-2



Relation between measuring value and resistance

Measuring values and their meanings

This method also proves that only holistic diagnostic is able to suit the requirements of our times. Today natural sciences have become technically developed enough to synthetise and visualise partial results of each special field of science. This has led to the reevaluation of the 'Wholeness' after a long period of reductionism when parts were examined without taking into consideration the whole biological (and cosmic) system. Bioelectrical researches, as well as using physical methods in biology or generally in physiology have/had great effect on our approach:

- self-organisation and adaptive activity of biological systems are not linear;
- interactions in physiologic processes can be understood through the examination of biological communication;
- organisations can only be analysed correctly in their own environment considering the dynamism of their communication with this environment;

- biological information exchange is carried out primarily electromagnetically (EM), biochemical reactions are only dependent of it.

The breakthrough in measuring an organism's bioinformatic processes came in the fifties. In Germany Dr. Reinhold Voll also began his researches in this field and developed a diagnostic method that became the most up-to-date support of casual treatment. This method treats separate organs as a whole system. With his bioelectrical device Dr. Voll wanted to identify the disintegrating unit of the organism by making a survey of its functional condition. This way he succeeded in identifying the origin of different disorders in the organism that caused functional and organic/histic decompensation by blocking the bioinformatic system. This method covers the dynamic testing of different controlling systems of an organism, and is a huge step compared to the static morphologic method which was generally adopted earlier.

The most representative electrophysical measurements could be carried out on skin surfaces where, due to the morphological and bioelectric nature, electrical resistance was much lower than that of their environment.

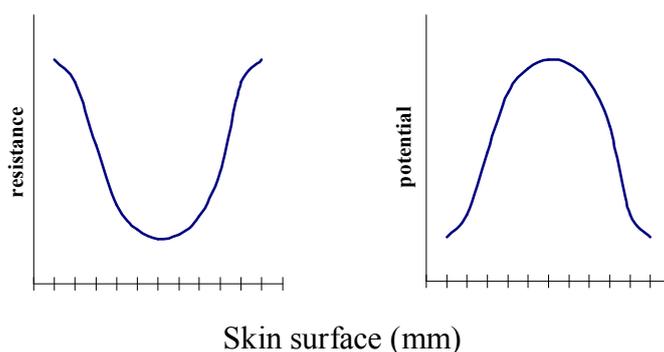
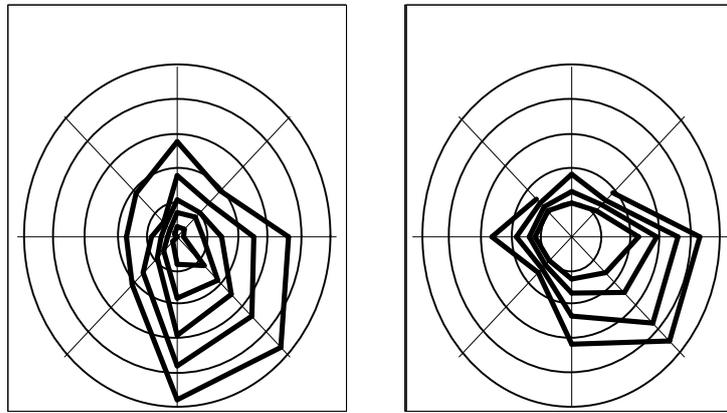


Diagram 3-4

Besides the fact that these areas partly coincide with the acupuncture points known from the classic Far Eastern literature, they also serve as a kind of 'gate' through which an organism's biocybernetic units can communicate with the external world. (This is the reason for their dual nature: mirroring the condition of the represented biological unit as well as its usability in the therapy of the certain unit. The 5000 year old Chinese stimulation methods are also based on the fact that there is a direct energetic and informatic connection between these areas and certain regulating subsystems of the organism.)



Electrical conductivity map of the skin at acupuncture points

Although electro-acupuncture and functional bioelectrical organ testing use technical terms 'electrically special' or 'electrically active point' (EAP), they are not correct philologically, since the word 'point' usually describes something without dimensions, while in this case the areas in question have a diameter of approximately 2-3 millimetres.

Diagram 5-6

The systematic mapping of the skin's electrical conductivity has begun with the testing of the acupuncture points. The second step was the definition of the direct-current fields between different parts of the body, which was followed by the study of the polarisation effects emerging during wound healing processes. The object of today's researches is the complex analysis of the organisms' EM field – and even a so small energy amount as $1-10 \text{ foton/sec./cm}^2$ can be detected.

THE TESTING

Place the 'point electrode' in the middle of the reference area (EAP) smoothly. The movement should be definite and square to the point but still careful enough in order to feel the plateau. The plateau (the area between B and C) is the bend of the measurement where the resultant information is constant while the pressure is increasing: this value is the test result of the EAV.

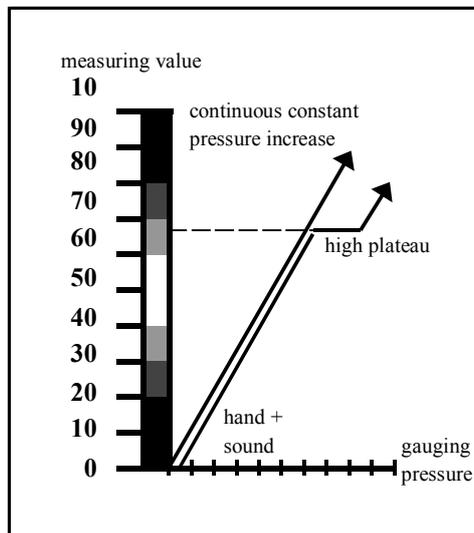


Diagram 7

The so called 'hand drop' has also an important diagnostic meaning by indicating the functional stability of the represented area. In case the value of the plateau is unstable while the pressure on the detecting head is slowly increasing, that is the first measured maximum value is continuously decreasing, we can have important information about the severity of the pathologic processes in the measured area. This parameter is a significant index in EAV as it does not only generally mark the patient's regulating ability but also gives information whether a certain physiological unit of the patient can be treated with gentle treatments or not.

The following parameters influence this value (disregarding the condition of the represented area):

- size of the applied pressure,
- angle and place of the applied pressure,
- humidity of the skin,
- general hydration condition of the patient,
- environmental incommunities (e.g. electrosmog).

The above list shows that EAV cannot be carried out without the necessary routine.

DRUG TESTING

The real significance of EAV testing is that from a 'resonance test' the agent causing the pathological value can also be determined. According to the biocybernetic approach of an organism's adaptation processes pathological state means the decompensation of the certain biocybernetic unit.

Diagram 8: schematic diagram of a normal conditioned biocybernetic system

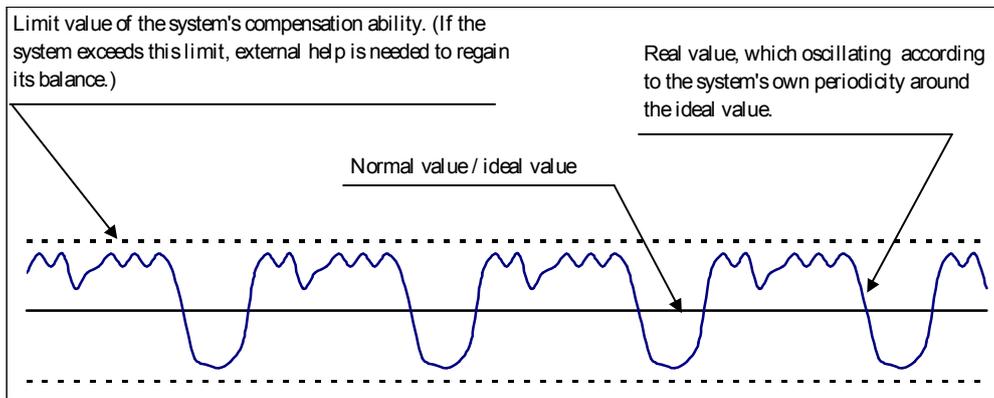


Diagram 9: schematic diagram of a cybernetic system after decompensation (illness). The biophysical approach replace the traditional phrase for illness by the expression 'exceeding compensation limit' or 'decompensation of the biocybernetic system'.

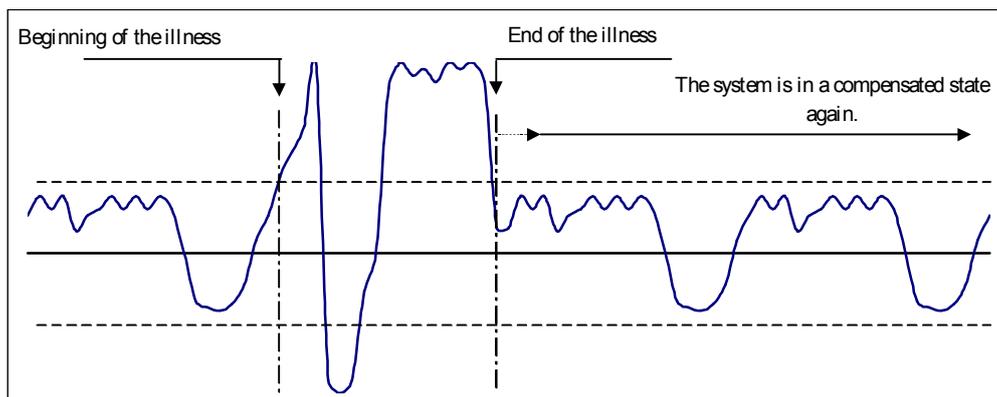
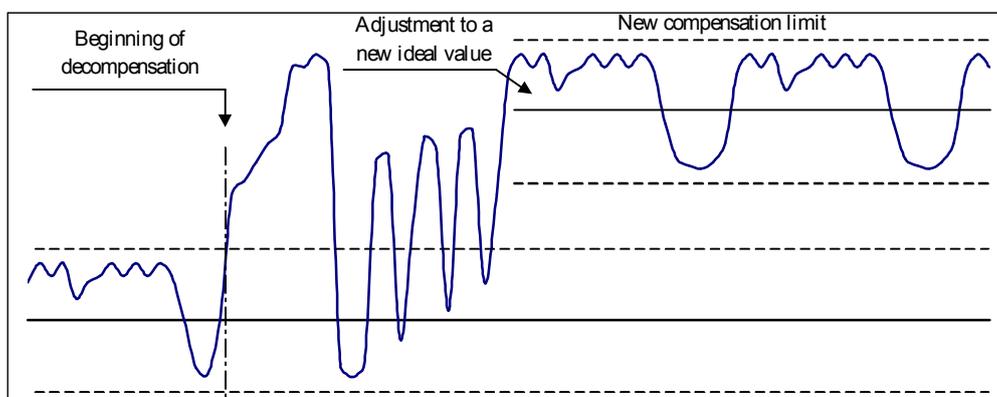


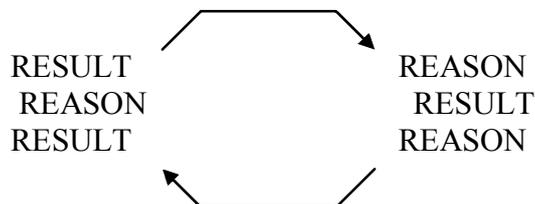
Diagram 10: the change-over to a new normal value usually occurs at the time of phase changes relating to the age (e.g. hebetetic hormonal changes or climax), but radical changes in living conditions can also be the reason for such a switch (e.g. moving to a place of a higher altitude changes the numbers of red blood cells.) It is noticeable, like in case of an illness, phase changes to an ideal value also begin with a decompensation – this proves the similar symptoms.



Instead of a linear casual-type approach the research of multidimensional, netted regulating circles is emphasised, where the focus is on the mutual controlling based on feedback. From this

aspect it is apparent that the reason for a certain circle can also be a casual element in an other one and vice versa.

Diagram 11: what is a reason or a result in a connected system is only the question of the view-point. Periodic nature of the feedback will respond to the 'reason' in any case, and will cause changes that can be considered as a 'result'.



Since these systems are connected to each other synchronous events often occur.

Therefore, if with the bioenergetical (oscillating) regulating circuit which is in reflex connection with the tested point contacts with a material that is resonance-conform with it, then a quick change can be observed. Electrical values change quasi immediately, and the display of these changes is also very informative.

This type of measurements use materials made mainly by potentiating. Sarcodes, isodes, nosodes and allersodes can be used in the identification of stressors – factors that disintegrate the system – and anatomic units mainly affected in pathological (decompensating) processes.

The most prevailing resonance-based manual measuring method of our days was developed by a German physician and electrophysiologist, Reinhold Voll.

Reinhold Voll (1909-1989) originally was an architect. Later, due to his illness, he went to a medical school, and after his graduation first he worked as an anatomist, then as a general physician. In the last ten years of his life he carried out research on the electrophysiology of acupuncture as well as developed the Voll's electroacupuncture diagnostic and therapeutic method. His publications have been published from the fifties and the EAV-diagnostic was finalised in the middle of the seventies, while in therapeutic utilisation of his method the improvement is still continuing.

“How could we see the light if our eyes were not like the Sun?”-said Goethe.

Under resonance we usually mean the effect when two systems connect with each other because of their common nature. The word is originated from the Latin word *resonare* = rings back, i.e. originally it was used to express an acoustic effect, and later it was adopted by electromagnetic, emotional, morphogenetical and information effects as well. An appropriate medium between the similar systems is one of the preconditions of the resonance-based effects: e.g. air in case of sound-waves and EM field for electromagnetic waves. (Electronic resonance means the oscillation of a oscillating circuit together with the signal source that energise it. The resonance occurs when frequencies of the two separate circuits are the same. In telecommunication we meet this phrase every day, e.g. when tuning our radio or television sets searching for the required station.)

Therefore, life is impossible without resonance communication, sensation or adaptation,. Laws of informatics are valid in the human body, too: we cannot receive signals for which we have no receivers; the frequency or amplitude ranges that our bodies are not oscillating with, cannot be sensed by a certain organ – let's just take the example of the eyes or ears, the mechanisms of

seeing and hearing: our organs are able to receive external signals only of a discreet range of frequency and intensity, while all other signals out of these limits will not be processed due to the lack of resonance.

Special signals of the external world like EM fields emitted by different medicines also take effect on the organism's regulating circuits through the resonance: from biophysical point of view, every signal that compensates any decompensated regulating circuit (adjusts the actual value between the compensating limits) serves as medicine.

This interaction gave the base impulse for Voll to develop his drug testing (later functional organ testing) method. He used not only allopathical and phytotherapeutic materials in his research but, according to the hormesis theory and results of histological tests of other study groups, all kind of components of an organism.

THE LAW OF HORMESIS:

Dosage-dependent contrasting biological effect which can be detected in low or extreme-low dosage ranges. The phrase mainly describes therapies in which stimulating materials of low dosages or otherwise poisonous materials, that extends a certain living being's duration of life or increase its vitality, are used.

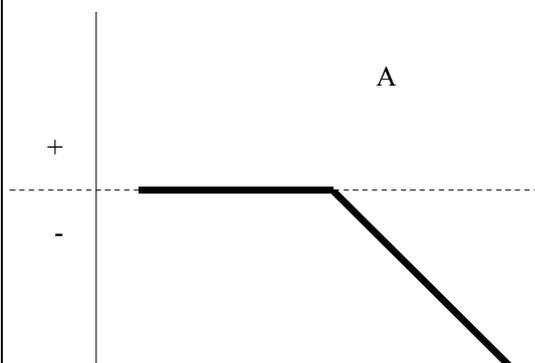
The study of this effect began 110 years ago with Hugo Schulz's microbiological tests: in these tests Schulz noticed that mushroom's vitality was increased greatly by smaller dosages of materials that are usually deleterious to them (e.g. iodine, bromine, salicylic acid, chrome acid, silver chloride.) Later, together with Rudolf Andrt psychiatrist, they framed the Arndt-Schulz law, which said: "every stimulus having effect on a living cell causes a biological response (activity) that is reciprocally proportional to the intensity of the stimulus." Furthermore, Schulz believed that if his discovery stands its ground then "with low-dosaged usage of the appropriate, organ-specific materials it should be possible to increase the vitality of certain organs again to the maximum extent, that is, to its respective physiological limit."

At the end of the 19th century another scientist, I. Hueppe got to similar results in his researches with bacteria. The theory of hormesis got to the centre of interest in the 1920s: this time the effects of low-degree-concentration toxic materials on several types of biological systems were studied. Due to this analyses it was found that the theory of hormesis is a universal law and valid to every living being. Additionally, in case of other physical elements (like heating – heat-removal, concentration of oxygen, ionising radiation) the law of hormesis seemed also to be valid. In the forties Soutman and Emrlim gave the name hormesis to the effect, after a Greek word which means "to increase" – and gave the following definition to it as well: "stimulating effect of a toxic material's dosage which does not cause inhibition on a living being."

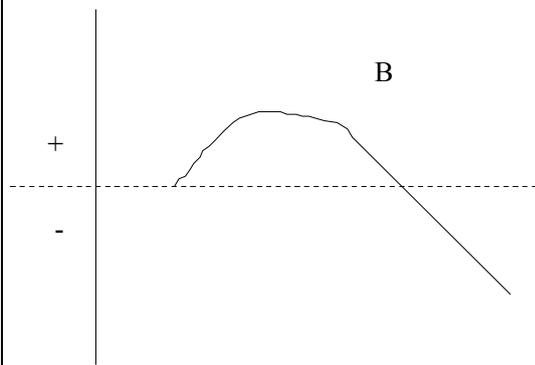
Observations about hormesis multiplied in the fifties. In his publication Wilder established that the stimulating effect grows reciprocally, proportionally to the actual operating level of the respective organ. He also stated that by reason of individual characteristics the meaning of "low-dosage", or "high-dosage" is different for everyone. Similarly, depending on the changes in the condition of a person the same stimulus once might be considered as a small dosage and later as a large or middle dosage, and may induce different biological answers.

In their publication from the sixties, Townsend and Luckey introduced the four base types of the dosage-dependent reactions:

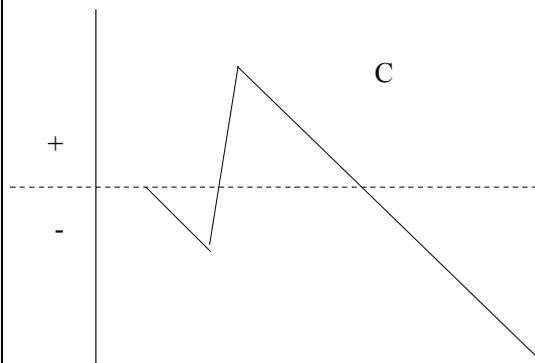
- A - increasing the dosage the toxic effect also increases continually



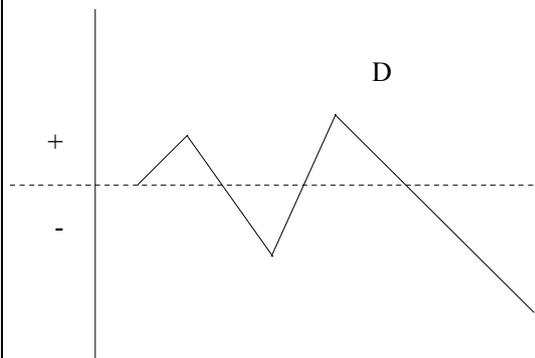
- B – stimulating effect at the beginning is followed by increasing toxicity



- C – depressing effect at the beginning followed by stimulating effect, and later increasing toxicity

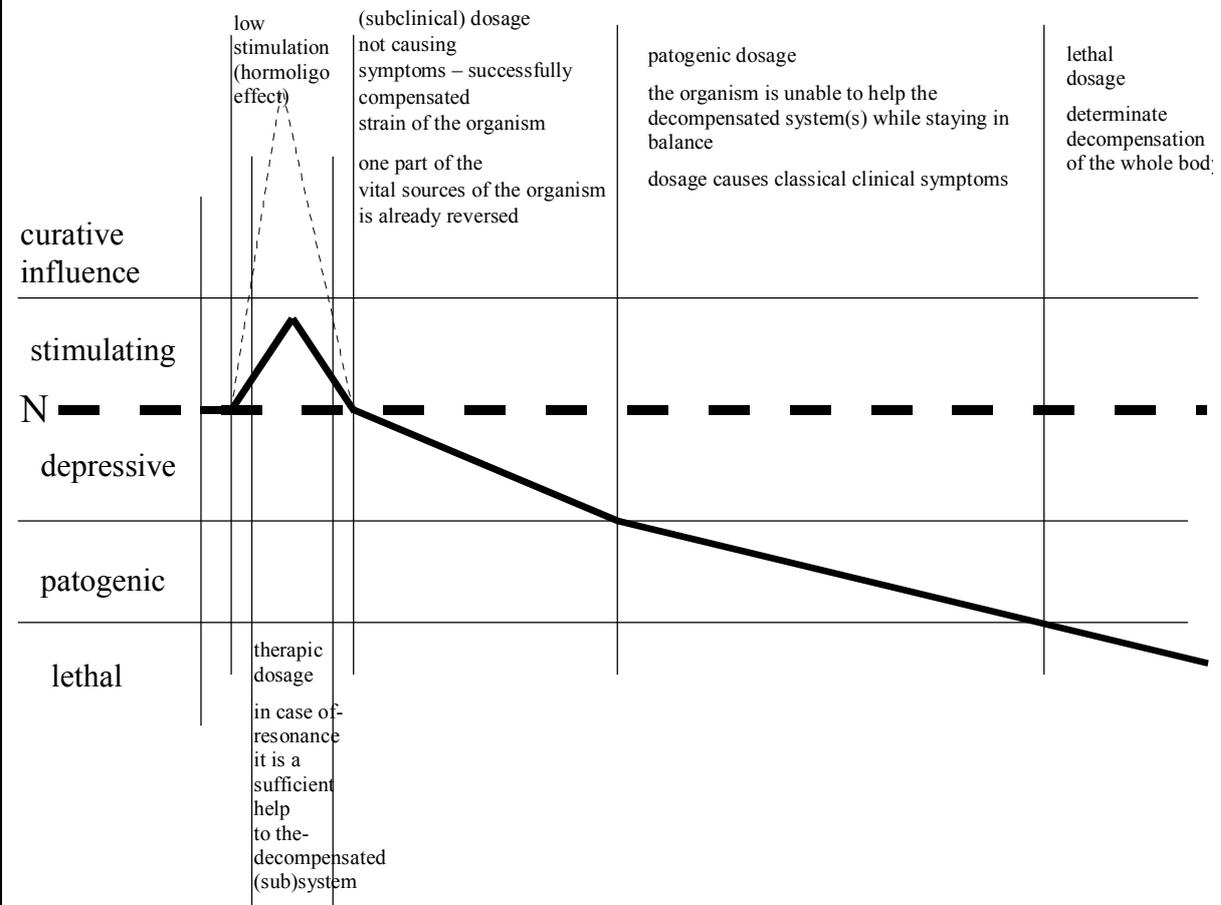


- D – alteration of a depression after a stimulation compensated by an increased dosage which ends in a final toxic state



The conception of hormesis was later expanded by Luckey: “every agent, physical, chemical, or biological, has a stimulating effect if it is used in a dosage much smaller than that of the biologically detrimental”.

Diagram 12



EAV and FEDT testing also use micro-dosage formulations based on the hormesis theory, since adaptation without the pressure to any compensation can be generated by hormoligo (hormo = increase/stimulate, oligo = small portion).

An EAP with an actual value different from the normal value should be chosen to the measurements with different test materials as well as a test ampulla that balances this value and stabilise the occurrent fall of the finger. Essentially, the measurement is to show harmonising or adaptation reactions, and this way the positive test result can be considered as direct indication (or medicine).

EAV diagnostics today can choose from thousands of test materials, which are usually sold in the form of ampullae. To make the measuring process easier several attempt have been made to

automatise it: placing the test amplullae separately is very time-consuming, and the kinetic component (manual performance) of the point measuring contains too many problematic factors. One of such attempts was the digital recording of the test material's EM spectrum, which is already in use at a number of companies (some of the technical details are not clear yet, but the analogue method for spectrum storage in low intensity ranges has been known for a long time); the other is a computerised method in which, similarly to EKG or EEG, measuring is carried out through fixed diodes.

A 12-channel device developed in Hungary utilises this computerised method and can be a real breakthrough in the holistic diagnostics: in not more than 4-5 minutes approximately 2000 materials can be tested on the patient and, from his/her organism's reaction, to draw a conclusion regarding the agents (stressors) disturbing the patient's metabolism. The procedure is called Functional Electrodynamical Testing (FEDT), and besides some analogies, in the following points:

EAV

- to be performed on a topologically determined small skin area (EAP)
- only information of the areas/pathological processes represented by the EAV can be gained
- comparatively a static method; the fall of the finger is the only dynamic parameter
- the result of the measuring depends on the abilities of the person carrying out the measurement, and
 - the exact placing of the measuring head,
 - the size and dynamics of the applied pressure,
 - to ensure steady humidity of the EAP surface is also very important.
- there are assisting measurements which help to determine the result of the actual measurement
- provides direct information which can be used in the therapeutic plan

FEDT

- there is no topological requirements, the placement of the diodes occurs accordingly to the different parts of the body
- provide global information about the whole organism regarding the used test material
- provide information on the dynamism of the adaptation processes, a functionally more exact classification can be achieved
- automatic realisation of the measurement after the diodes have been placed
 - there is no source of errors arising from the kinetics of the measuring
 - humidity of the skin under the diodes is constant during the process, or if it changes, then it changes evenly under all of the diodes
- after the first test phase it can be decided whether the method is acceptable or further preparative treatments are necessary
- from the extent of the material specific adaptive tendencies of the organism the direct classification of the stressors can be achieved
- provides direct information which can be used in the therapeutic plan – gives information about therapeutic signals the organism can utilise at the moment

Implementing FEDT

With the help of diodes placed on the extremities and the forehead we can get detailed information about every components, organs and function circles of an organism. Since this is a dynamic measuring technique, and results provided by the 12 channels will be displayed on the monitor after a computerised process, this way we can performance an in vivo spectroscopic analysis of the living organism as well as produce functional data regarding to the organism's activity under real circumstances.

This method helps to select and classify materials regarding which metabolism of the patient should be modified. This classification provides us with important information on what necessary steps should be taken in order to consolidate the integrity of the organism, thereby the diagnostics serves the development of the therapeutic plan directly: during treatment those materials should be used on appropriate areas that showed pathological reactions (positive result).

In the first step, after the realisation of all the automatic measuring processes regarding every test material has been finished, we get information about the general regulating condition of the patient. From the overall measuring result we can also decide whether the actual test method can be applied to a certain patient presently or not: if the patient is in an extreme hypoerg or extreme hyperg state (producing extremely low or extremely intensive reactions), then a short preliminary treatment is suggested before the testing procedure or FEDT measuring can also be postponed to a later time.

Diagram 13: Normerg-type distribution curve – middle peak of the curve indicates the normal integrity while two sides of the curve shows that the level of adaptive ability is satisfactory.

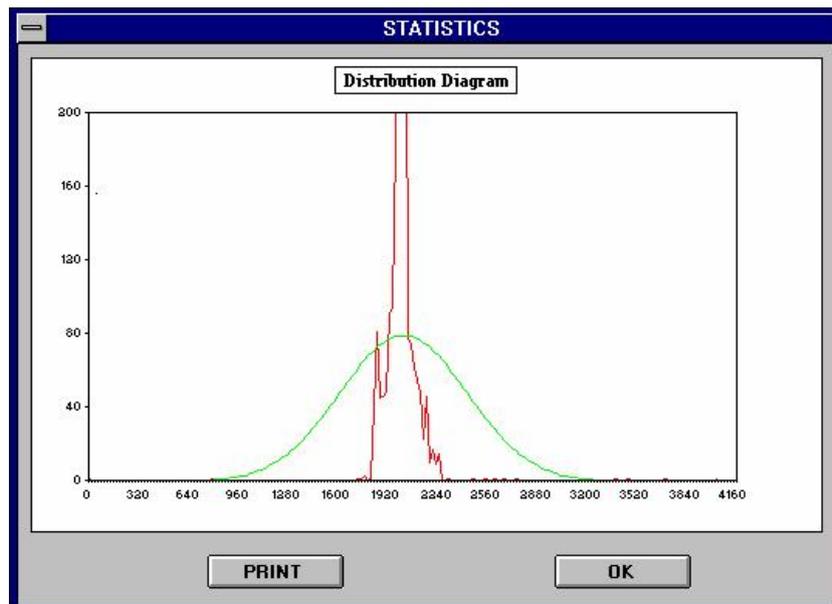
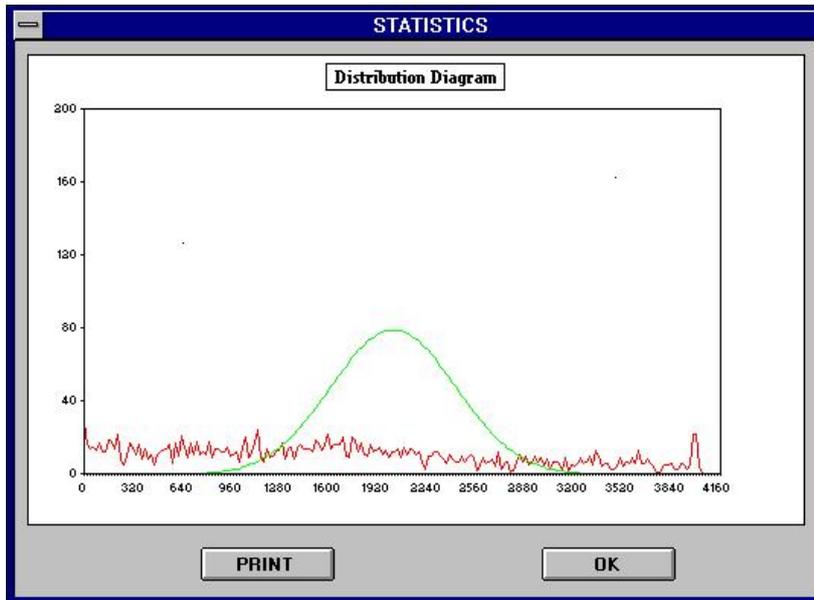
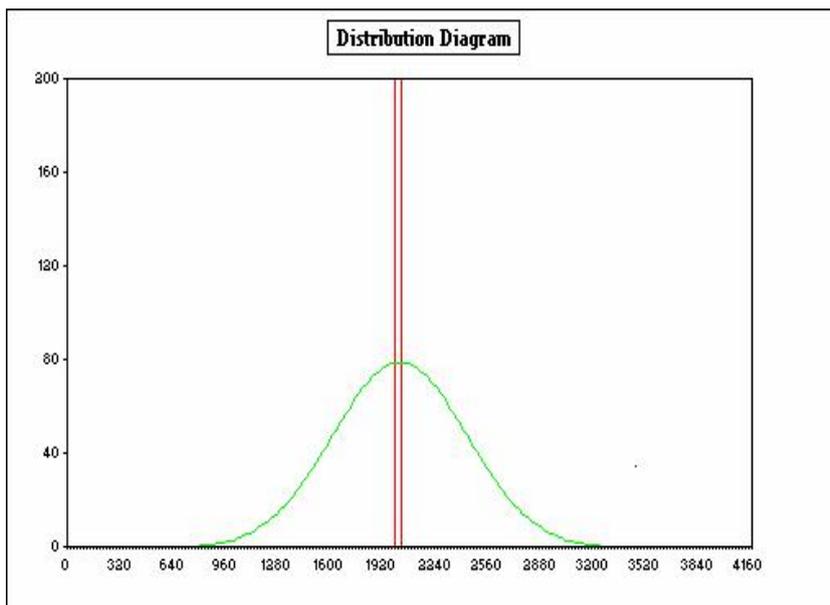


Diagram 14: extreme hyperg-type distribution curve – in case of active phased poliallergic patients the middle peak of the curve (the intensity) is usually lower. Longer preliminary treatment (elimination of the general decompensation of the organism) is required in this case. This can either be performed in the form of detoxicating treatments or by eliminating the stressor (e.g. antigen) causing the decompensation (allergy-carentia).



Distribution diagram of a hypererg-state patient

Diagram 15: hypoerg distribution curve – indicates a blocked state, side wings indicating the missing adaptive ability. As a preliminary treatment short two or eight-minute treatment with delta and theta waves (0-8 Hz) is usually adequate (the device contains a separate program for this purpose).



Distribution diagram of a patient with reduced adaptive ability.

Absolute and personally normalised test results regarding the entire test material will be obtained at the same time. Normalisation is very important since the evaluation of the changes in the adaptive tendencies of a patient with a decreased regulation ability is different from that of a normerg or hyperg-state patient.

Following the normalisation the main measuring step of the testing occurs: that is performing the adaptive testing with test materials which proved to be positive during the automatic testing and the anamnesis. During the adaptive test we analyse the dynamics of the patient's adaptivity while

the hormologic test material interacts with the patient for a longer period. This method provides a quality order of the stressors as well as important data for the composition of the therapeutic plan. Dynamics of the adaptive ability helps us to determine the material and system specific vital resources of the organism – to decide in which areas will the stimulating (only enhancing the self-regenerating mechanisms of the organism) methods be useful or, if necessary, where should invasive methods be used.

Diagram 16: curve of a positive adaptation test – the diagram indicates that the test substance, the microdose material made from paprika, generated high-intensity regulating processes. This means paprika can be considered as a stressor. This can either mean hypersensitivity or real allergy.

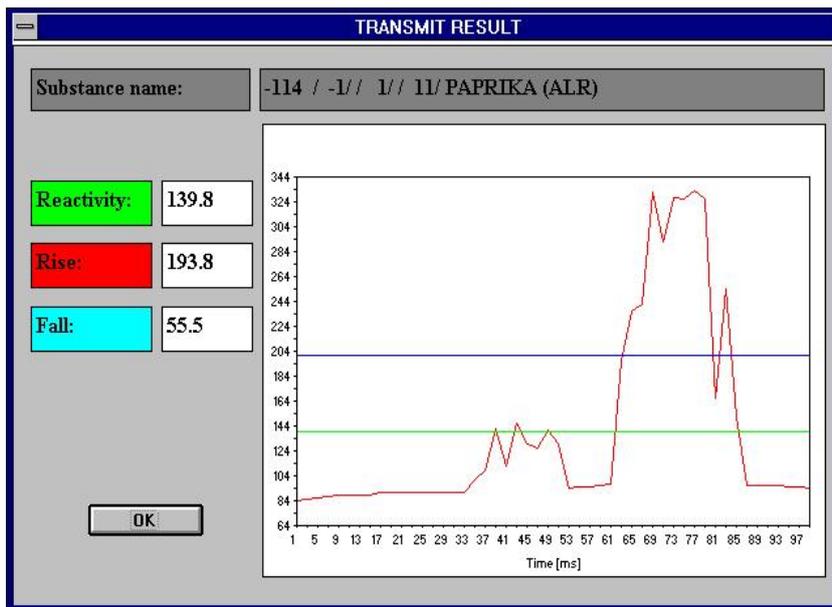
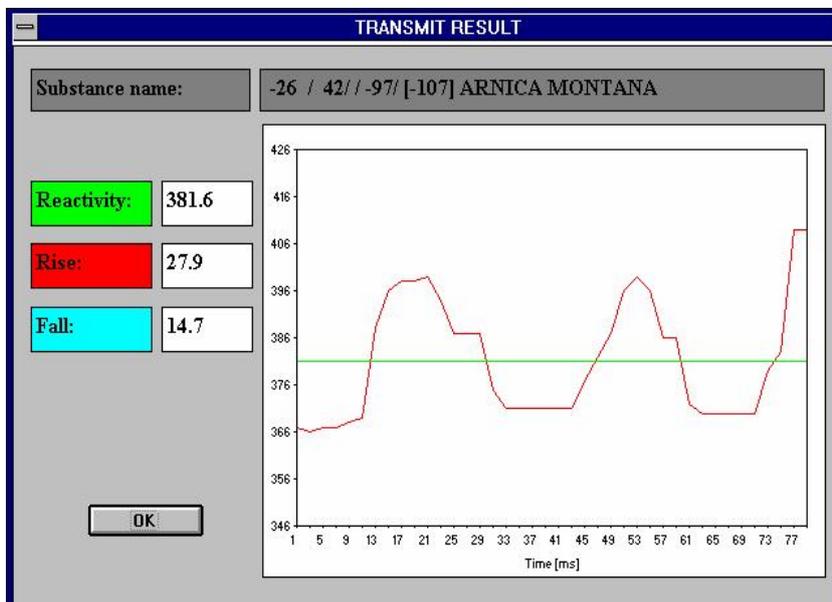
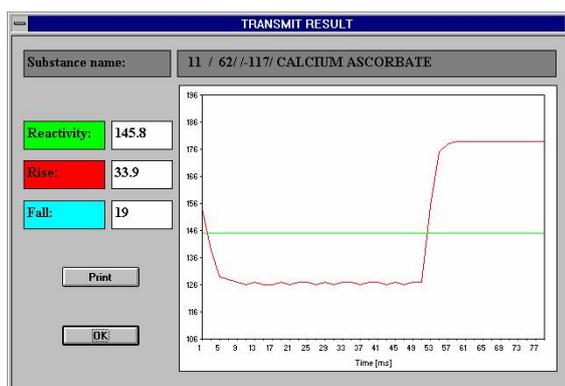
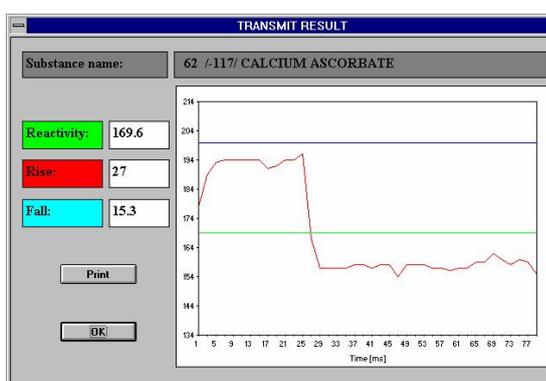
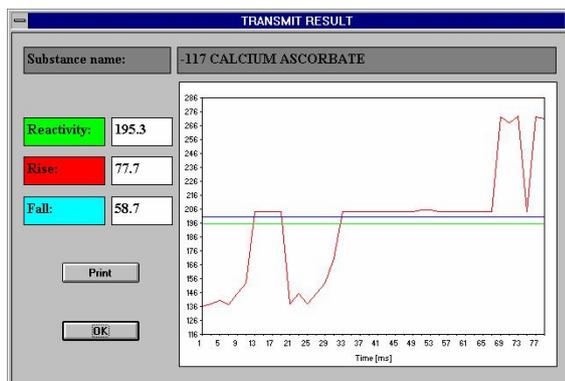


Diagram 17: similarly to EAV, the FEDT method can also be used in testing which homeopathic materials and potencies generate the most intensive reaction from an organism.





Diagrams 18-20: from the dynamics of the adaptive test curves we can conclude the role of certain substances in the metabolism; in this case the lack of calcium.

Isotherapeutic (using the same factors in the treatment that caused the illness/decompensation) efforts did not settle for the exclusive use of the test materials in the diagnostics, but in the seventies direct therapeutic utilisation of endogenous signals also began, from which, by the middle of the eighties, a relatively homogenous bioresonance conception developed: centres, informatic and circulatory disorder fields, subtoxic intoxications and incustrations of deleterious substance causing functional disturbances were drawn directly, personally in the treatment according to the feedback of individual signals. This method ensures the most individual and effective elimination of sub-clinical states (condition not causing clinical symptoms yet) and also effective in the healing processes of several illnesses that can not be treated by other medicine (see allergy and certain chemical intoxications).

BRT: BIORESONANCE THERAPY

Bioresonance therapy is based on the mechanism of bio-feedback and uses electromagnetic signals of the treated organism or one of its elements in the healing process.

BRT considers organisms as cybernetic systems or self-regulating circles that continually attempt to adjust its values to the ideal ones (adaptation). Since the environment of a living system constantly changes, perpetual adaptation to it is essential. Only vital resources limit the self-adjusting processes.

The number of chemical reactions in a cell per second (7000 reactions/sec) shows that adaptive processes and continual changes never stop. Considering the number of the concurrent reactions and time factors arising from it the co-ordination of such processes cannot happen only at a

biochemical level. With modern measuring techniques the photon-level measuring of biological communication is possible. In this detailed resolution operating mechanisms that make living system's co-ordination complex can be well observed. This already proved level of information transmitting is known as electromagnetic biocommunication.

Electromagnetic biocommunication theory is based on the wave-nature of the material and deals with the analyses of the organisms' EM spectrum and its time dynamism.

INTERNAL AND EXTERNAL PACERS:

Timing of an organism's metabolic processes and adaptive activities is ensured by endogenous and exogenous pacers. Out of the internal pacers DNSs and membranes have been identified so far; external pacers include signal sources of our closer or broader living spaces (e.g. biosphere, globes of our solar system, etc.).

Internal pacers provide inner processes (biochemical reactions) with rhythm, while the rhythm necessary to their own operation is given by the external pacers. Signal emitting inside an organism is coherent, that is able to interfere, therefore ensures very accurate data transfer at a relatively low energy consumption.

Due to the coherence of EM biocommunication an organism is able to maintain its order and integrity in an outer space the intensity of which is much higher than the field intensity of the biological control signals. A further characteristic of the inner pacers is synchronicity, the state of the coherent inducing, through which larger biological units (e.g. organs) organise the activity of their cells.

NATURAL SELECTIVITY:

By selecting from stimuli (signals), natural selectivity prevents our organs from the insufficient use of our vital. In biocommunication signal filtering it is achieved through the so called biological window (range that is capable to resonance, that is communication is also called Adey-window, after the American Ross Adey. He was the first scientist who released a publication on cell- and tissue-level informatic selectivity). In point of fact these 'windows' are discrete (definable with exact limit values) ranges projected on different characteristics of the wave, e.g. certain frequency ranges typical to a given system. To achieve an effective information transfer beside frequency all other characteristics of the given wave package (e.g. amplitude and phase) should also resonate with the respective pathological unit (the one which the signal refers to) and its structural oscillation.

Only biological windows that are active at the moment can be used in information transfer and encourage adaptive activities. Alteration of biological windows of a system, which causes functional changes as well, is called phase change.

Pathological aspects of natural selectivity are very important, since a depression in its quality has a negative effect on the processed information and, consequently, on the adaptability. Considering bioinformatical aspects degeneration in the natural selectivity of the organism (or one of its units) is the cause of different functional disorders; consequently the main aim of the therapy should be the reconstitution of this degeneration, without which neither correct biological information flow nor adaptability can serve the continual integrity of the organism.

Bioresonance-based procedures provide diagnostically valuable data on this pathological level and thus therapeutic solutions as well;-that is why they are considered as procedures operating at the most casual level.

SCHEMATIC DIAGRAM OF BIOCOMMUNICATION

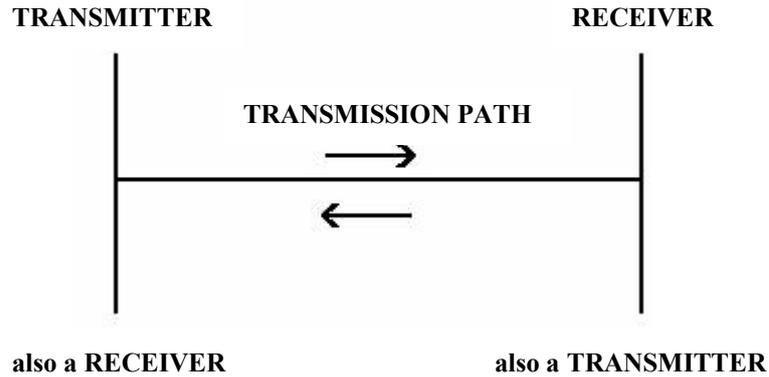


Diagram 21: Every biological unit has communication connections with its (endogenous and exogenous) environment, that is it is active either as a transmitter and a receiver. These two features are inseparable from its existence. The quality of the signal transfer highly depends on the condition of the intercellular substance.

If signal transfer and processing is not satisfactory in an organism neither is the adjusting process (pacing) of the organism's metabolic activities. This dysfunction first leads to functional and a histic/organic impairment.

The above mentioned functional level is the main object of bioresonance therapy (BRT).

BIORESONANCE THERAPY (BRT)

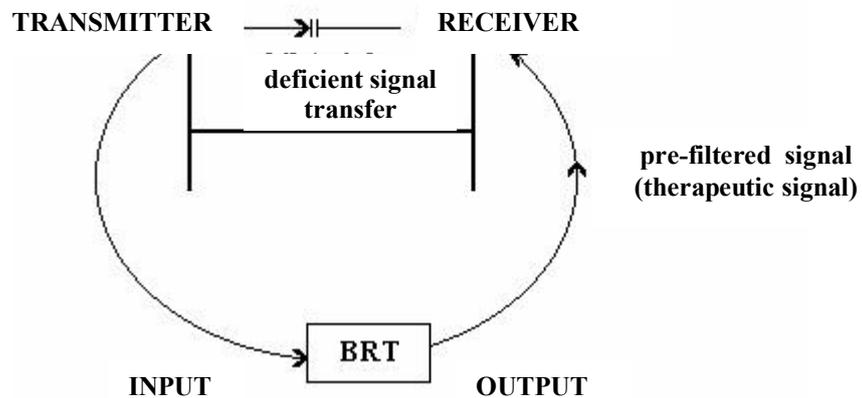


Diagram 22: BRT supplement deficient signal transfer in extracorporeal ways: the appropriate information always exists but sometimes cannot be processed adequately because the transmission path is blocked and/or detecting ability (natural selectivity) of the receiver is insufficient.

SCHEMATIC MODEL OF BRT IMPLEMENTATION:

1. Extracorporal transfer of therapeutic signals. Increasing information exchanges between reflex areas (e.g. neurologic, electrophysiological, or other reflexologically connected areas) with the use of devices. (Decreased natural selectivity can be compensated by, after a pre-filtering process, the feedback/transfer of the active range (= biological window).
2. Eliminating non-physiological signals. Those information that are not required by an organism can be eliminated by BRT (by temporal creation of standing waves that call the organism's attention to the disturbance field; similarly to the customary way, however, sudden drop in the clock beating, that forces the organism's compensation in some ways, has an immediate effect). This way the organism can be unburdened and physiological controlling signals get the chance to exercise their influence. (Necessary, when several different decompensating stress factors have an impact on the organism and vital resources of the organism have already been reduced.)

ELIMINATING PATHOLOGICAL SIGNAL

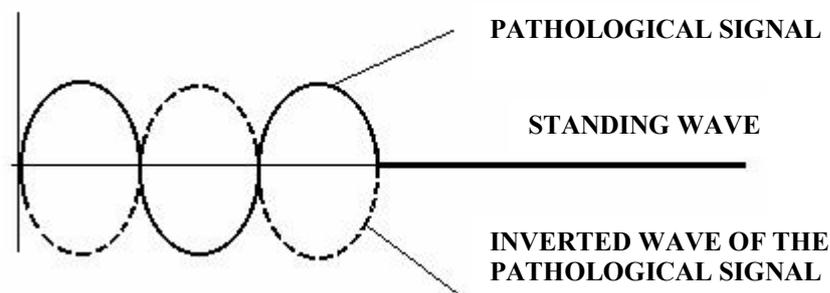


Diagram 23: by inverting the phase with an angle of 180° the bioresonance therapy eliminates the biological efficiency of the disturbing signal resource. Thus bioresonance therapy makes it possible to the organism to perform normal bioinformatic processes as well as (due to the increased reactivity and specific bioinformatic or warning signal resulting from the treatment) to eliminate the signal resource that caused decompensation previously.

THERAPY WITH EXTERNAL PACERS – MULTI-RESONANCE THERAPY OR EXOGENOUS BRT

Environmental signals helping the tasks of the internal (endogenous) pacers are vital to maintain the periodicity of our metabolism. For that very reason their lack might cause serious pathological disorders depending on the depletion of the organism's own system specific vital resources. Artificial signal resources produced by urbanisation and technical civilisation both reduced the intensity of external pacer signals available for an organism. Besides, artificial EM fields modulate the natural environmental signals of the biosphere (by interfering with them) thus organisms get wrong information.

In these days application of external pacers in therapies is proved to be one of the most efficient treatment methods since through the correction of the internal pacers it is able to activate vital processes of an organism within minutes. This type of treatments include techniques utilising fundamental vibration of the biosphere (e.g. structure vibration of Schumann-waves, crystals,

minerals, different kind of metals, polarised light and its harmonics) as therapeutic signals and exercising their impact on the organism through modulated electromagnetic field. However, complex multi-resonance treatments utilising all the different external pacers of a certain pathological system turned to be the most effective methods.

While in endogenous BRT it is very important to expose only the given reflex zone to radiation, in exogenous BRT, treatment of the entire body is successful; such treatments showed that natural selectivity of patients, who were in chronic conditions, relating to external pacers were efficient. Experiences proved that devices emitting such signals can eliminate even stubborn bioinformatical blockades. Since these treatments ensure the lacking essential environmental conditions necessary to the metabolism, they are effective in case of low vitality and chronic tiredness as well.

The features of BRT:

- There are two types of BRTs: endogenous therapy, e.g. using the organism's own signals, and exogenous therapy which utilises environmental pacers.
- During the BRT prefiltered pacing signals are ensured to the organism.
- In endogenous BRT signals to be filtered are gained from the organism itself, thus endogenous information will be used in the treatments in order to improve inner informatic processes as well as the adaptive activity of the organism.
- Filtering is necessary because of the decreased natural selectivity, and it supports the organism's signal recognition ability.
- Main technical parameters of the preparation of the endogenous signal: frequency, amplitude and phase.
- Endogenous BRT is the most known individual therapeutic method: it uses the patient's own signals, during the therapy it takes the reactions of the organism into consideration continually (deals with the actual state of the patient) thus practically exempt from side-effects.
- Exogenous BRT uses environmental signals for therapeutic purposes that are essential for the harmonic operation of internal pacers.
- Effective for chronic regulating problems: as a side-effect of civilisation the number of environmental signals that organisations could utilise freely has decreased, and lead to the formation of information blockages and functional disorders.
- Both in endogenous and exogenous BRT the natural selectivity of an organism determines what the patient can utilise from the therapeutic signals; information transfer as well as initialisation of the biohybernetic unit's phase change can only be achieved through resonance with the biological windows.

COST-REIMBURSEMENT OF BIOELECTRICAL TESTING AND BRT

In several European countries the EAV is already contained in the different insurance packages of insurance companies. In Holland, for example, cost-reimbursement of testing is included in every base package, although the extent of the reimbursement is very small and patients still have to pay huge amounts of money to the therapist.

One of the most frequent base question of non-conventional medicine arises again: is the service worth drawing it into the orbit of the activities financed by insurance companies. Namely, if the reimbursement for the given activity is not proportional to the time and energy invested in it, it might be better (in order to avoid further conflicts) to keep these services as paying intervention. In several Western-European countries complementary insurance covers BRT as well, and in case of a successful therapy (usually later and for allergic patients) people not owning such a

complementary insurance will also get back the cost of the entire therapy. This provision is quite logical since earlier insurance companies had to spend much more money on these patients every year. In the countries of the former Soviet Union bioresonance-type treatments in certain academic institutions began approximately 15 years ago.

SCIENTIFIC GROUNDING OF BRT

In the last decade countless studies were published on the operational mechanism of bioresonance based biological communication systems and their biological adaptability; several articles and books described the methodics of their clinical application and efficiency. According to these publications the following conclusions can be made:

- every biochemical process is controlled by EM – inner signal transmitter centres identified at cellular level: DNSs and membranes
- every anatomic unit/pathological process has its own special frequency range typical of it, and can be influenced through the wave-length and amplitude pertaining to this frequency range
- pathogenic reactions such as allergic reactions can also be provoked by vibration (electromagnetic and mechanic waves), and healed with the appropriate vibration
- it has also been proved that between frequencies that generate, compensate and neutralise certain symptoms there are periodic connections
- through tissue-specific stimulation any organ's and pathological system' activity can be stimulated directly, thus either the immune system or the efficiency of the assimilation and selection can be improved by BRT
- with bioresonance-based testing methods stimuli facilitating the organism's self-regulating processes (pacer signals) can be determined, and stressors (chemical and electromagnetic agents) which can be considered as maintaining factors of chronic symptoms can be defined
- direct stressor-specific treatments became available: the treatment uses the vibrations of a certain agent
- knowing the operating mechanisms it became clear that this is a 100 % non-invasive medical area, and this fact is also proved by the clinical experiences of the last decades. Bioresonance-based methods are diagnostic and therapeutic procedures that have no side-effects, and only the frequent and permanent courses might cause an increase in the symptoms if the adopted therapy or the adaptive activity resulting from it requires too much vital energy compering to the patient's status

IMPULSE AND DECODER DEMOGRAPHY

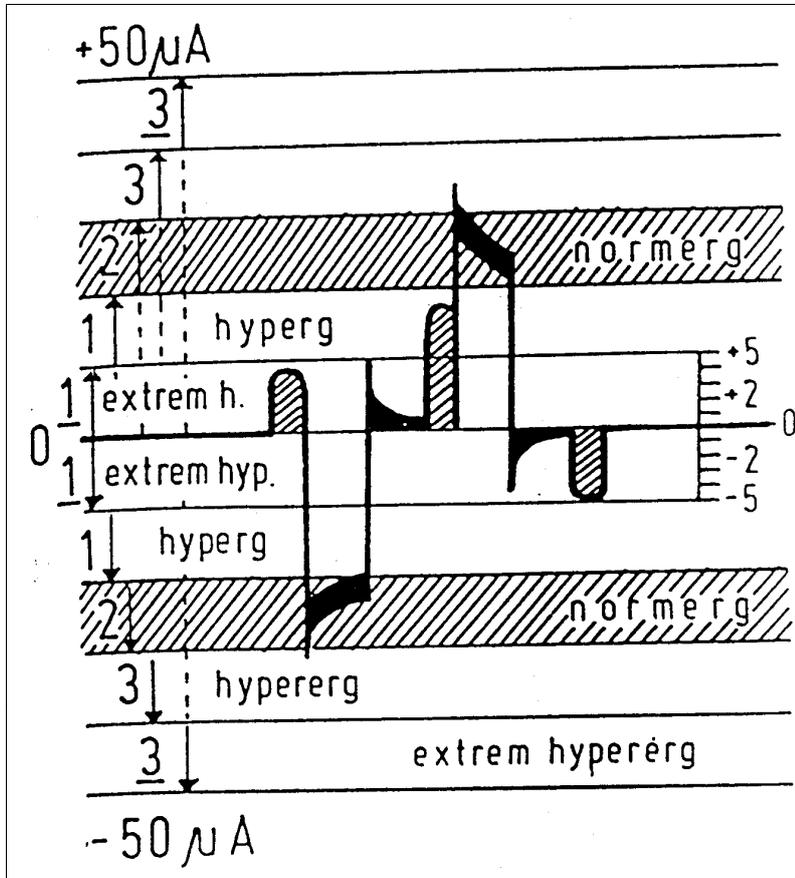
This chapter introduces two methods: the impulse and the decoder demography. These methods aim at taking a survey of the operation of Pischinger's base system as well as the localisation of the base substance's regulating pathology.

Regulating states between different segments of an organism can be measured with these methods by recording the frequency between the segments and its modifications caused by direct current impulse packages (stimuli). Depending of the placing of the diodes it can be decided whether the respective part of the body suffers from acute or chronic degenerative processes or not.

However, these methods require concentration and familiarity from the user and perhaps this is the reason why it is not widespread enough. Another problem of these methods is that single

measurements can be considered only as snapshots, therefore, serial measurement should be performed to draw a conclusion.

Diagram 24: from the responds given to positive and negative stimuli a conclusion can be drawn regarding the actual condition of the patient's member between the two diodes; however, for a certain conclusion a series of measurements carried out between different conditions should be performed.



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