

HOMEOPATHY AND ELECTROMAGNETIC DEVICES

PART 1



by **Thomas R. Firor, MD** © 2004

Over two hundred years ago, Dr. Samuel Hahnemann developed a cogent and coherent empirical theory and practice of energy medicine. This was “medicine” in the sense that one dissolved a remedy under the tongue; empirical because remedy selections were based on the provings of symptoms collected into multiple data bases; and, energy medicine since the “ultra high dilutions”—remedies that is—signal the human being on quantum electro-thermodynamic levels [see *Fundamental Research in Ultra High Dilution and Homeopathy*, by Endler and Schulte (Editors,) 1998].

Unlike many other non-mainstream systems, homeopathy also meets the tests of validity and reliability through multiple clinical trials and several positive meta-analyses, a fact little known or accepted by conventional medicine¹. In addition, the conceptual importance of homeopathy is highly neglected.

In fact, I believe that if one can understand classical homeopathy, this understanding will yield the concepts for understanding most EM applications. The concepts required in this understanding are as follows:

- Human physical, emotional, behavioral and mental symptoms reflect multiple levels of energy, from crude to subtle. Neither frequency, nor even resonance, as we currently measure these concepts, fully account for the energetic signaling that occurs in healing. In other words, some energy messages involved in the healing mechanism are subtle and not directly measurable by standard technology.
- Healing effects might appear to occur in a defined location—e.g. skin rash disappears—and appear to be isolated; yet, in fact, all healing is also a non-local and multi-systemic phenomenon. There is, in other words, an energetic propensity toward forming a skin rash, and a dynamic relationship between the skin rash and multiple other aspects of the individual.
- Symptomology, in one way or another, is a reflection of the energy input required to restore health. That which might create illness in crude or inappropriately applied form, will cure in subtle and finely tuned application.

A common and integrated theory for the most sophisticated energy devices does not exist; hence one would have to detail a number of theories or partial theories to cover EM device healing.

In most examples of alternative therapeutic machines, researchers and users, unfortunately, have only a preliminary theoretical explanation of device functioning, not to mention device reliability and precision in application. We are therefore at a stage in which we must not only define such concepts as those above, in relation to machines, but also have to formulate questions, or criteria, that can be applied to any such devices presented as healing tools.

The important questions regarding EM devices are as follows:

- Is the application local or non-local? If local in application, does the device, or does it not, “fit” with non-local ordering? For example, if the machine dissolves a wart, is the underlying propensity to form warts addressed? If not, what will be the consequence of that remaining propensity?
- If a machine is non-local in application, since theory v. application will be somewhat incoherent at this point in history, what are the results in terms of consistency? This question is often not looked at, and research designs need to be made very ingenious to provide an answer.
- How does a particular device (and its technician) measure multiple levels of symptomatic input, then decide what signals to give back? Does the device’s health/signaling performance meet the major statistical criteria of reliability and validity?

- Also, we should not leave out concern over EM pollution, and many of the same people using electronic devices are also concerned about EM pollution. Specifically, is the device in question non-toxic when applied? Also, does ambient, or environmental, EM pollution affect the measurement and/or treatment by the EM device?
- Finally, as in homeopathy, if working on subtle levels of energy, to what degree does the subtle energy device [or the high potency remedy for that matter] act under the cofactor of human intention, which also has subtle effects? Put another way, depending on the EM devices degree of subtlety, is it truly acting as an electromagnetic machine, independent of technician influences, or instead as an aid to the healing intention of the practitioner?

One researcher who understands a lot about intentional effects is William Tiller PhD [See, ***Conscious Acts of Creation: The Emergence of a New Science***, by Tiller, Dibble, and Kohane; Pavior publishing 2001]. Tiller starts with the storage and application of human intention itself, using simple oscillatory devices as repositories for such storage [IIEDs, or Intentional Imprinted Electronic Devices], leading to the documented effect of intention, or what Tiller refers to as “conditioned space.” Conditioned space then allows the intentional effect—e.g. lowering medication requirements—to occur as a result of immediate, or possibly even remote, contact with that space.

Jacques Benveniste and others have engaged in attempts at the digital transfer of subtle information in an effect to demonstrate its repeatable effect on living systems. Ironically, in attempting to replicate Benveniste’s experiments, an American team found that positive effects were due to a technician on Benveniste’s team who came from a long line of eastern European healers, and thus the prime experimental “evidence” was due to that technician’s intention.

Probably because Benveniste received a very unfair evaluation of his work in Europe by a trumped up international team of “expert” evaluators, his work is still referred to by healer/entrepreneurs as justification for the validity of the mechanical or computer generated transfer of subtle energy. Such acceptance is often presented with a crusading flare.

However, Benveniste’s work, if anything, proves that healers can exert influence through their intention. Nonetheless, the sale of multiple energized water products and even herbs and nutrients “energized” with “subtle energy” abound on the Internet. Despite the fact that some such products might have an effect, the “proving” stage—the demonstrated configuration of such energy and its exact effects—is not, and has not been, forthcoming.

Subsequently, we must come to the realization that research designs now have to account for intentional effects, among others. All too often, EM devices come packaged with non-substantiated theories as to the electromagnetic, electronic, or “scalar” mechanisms of effect; yet these claims often occur without any sorting as to what effects are indeed mechanical and measurable, or which effects are subtle, requiring more sophisticated research efforts.

Another problem is that many “cutting edge” devices receive verification of their effects with other “cutting edge” devices, none of which have a true standard of reference.

For research purposes, then, a division of machines into to three conceptual categories might help define the development of their EM applications:

- a. Intentional EM devices, or IIEDs, to use Tiller’s term.

b. Classical (theoretical) EM devices. One might also refer to these as more "mechanical" or "engineered." The typical "TENS" unit for disrupting pain signals might be an example.

c. Comprehensive energetic systems [perhaps ultimately including mechanical devices], homeopathy being one of the very few systems that are truly comprehensive as verified by clinical trials, statistics and meta-analysis.

One must understand the confusion created by such simplification, however. For one thing, even a TENS unit, by using a "carrier" wave generating multiple frequencies, has potentially unknown and unmeasured effects. To the extent that we have not incorporated a complete theory of subtle energetics into our intellectual framework, we do not understand true and complete mechanics per se.

That is to say, all healing is ultimately a function of non-local and multi-systemic effects, regardless of any mechanical reduction in our understanding.

This paradox takes us to the conceptual dilemma with machines already mentioned: To what extent is the apparent local effect aligned or misaligned with non-local intention? A simpler way of understanding this is to think of allopathic v. homeopathic effects, as explained so long ago by Hannehman. Are treatments curative, or merely "suppressive."?

The sad fact is that despite the underground revolution in energetic healing devices, some if not most are being promoted with claimed effects that are often allopathic and potentially merely suppressive of illness rather than curative. For example, if a device shrinks tumors, but tumors continue to arise despite shrinking each tumor as it arises, then, regardless of that particular device's theoretical framework, the problem is not solved. The cause of the arising—non-local and multi-systemic—has not been addressed. If over time, this continues to be the case, then the device is no better than a scalpel applied too late or partially effective chemotherapy, albeit potentially less invasive and/or less toxic.

This is not to undermine the usefulness of such an application, but to distinguish between the management of an illness and the cure of an illness, a distinction still vastly ignored in conventional and non-conventional healing today. After all, the intention should be, "no more expressions of illness", not, "keep treating tumors".

One problem contributing to this potential lack of therapeutic efficacy is perhaps confusion over the term "machine" as well as significant misperceptions of just what mere mechanics can achieve.

As Tiller points out, the objective in intentional applications is to connect U1 (local, linear, three-dimensional) space with U2 (non-local, non-linear, 12 or more dimensional) space, and this requires a machine. However, the healer's mind and hands, in essentially manifesting the piezo-electric conveyance of intention, can act as the EM device. Healing in such instances is deceptively simple in appearance, in actuality being the transmission of U2 signaling to everyday (U1) reality through an ultimately complex (biodynamic) system taking the role of machine.

The replication of such a system via mechanics is currently not a reality either on a mechanical or theoretical level to the extent that the mechanics are divorced from the human "machine." Thus it is possible that no mechanical device will find its full efficacy without the input of human intention, heretofore considered to be subjective, intuitive, or placebo.

Indeed, we see devices that are not delivering healing per se, but do so through affecting the human system through an additional pathway, such as acupuncture meridians. The meridian system has millennia of trial and error compilation as to diagnosis and effect; hence we are merely tweaking an ancient subtle energy system with electronics rather than with simpler mechanics such as needles or acupressure from the human hand.

The inception of any EM device, then, will have to struggle with issues of diagnosis in an energetic sense. How do we measure the human bio-electromagnetic field and how to we, with what are still fairly crude devices, balance that field. In addition, how to we create non-local signaling that inputs to this system with equations that address quantum electrodynamics and quantum thermodynamics?

To the extent the device is allopathic, it will pre-define disease and attempt to eradicate the perceived physical or biochemical expression of that definition, leaving a truly comprehensive balance to chance, luck or time.

To the extent the device is homeopathic, it will assess the balance of the human being, and input appropriate information to re-establish what was already, at least potentially, present. The success of this endeavor will depend on an ability of the device to operate on subtle levels, allowing a chain reaction, or unfolding of the healthy human system.

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ⁱ For a general but relatively complete review of research and theory, see: *The Emerging Science of Homeopathy—Complexity, Biodynamics, and Nanopharmacology*, by Paolo Bellavite, MD and Andrea Signorini, MD, North Atlantic Books, 2002.