

Energy therapy effects, by M.A.R.S. III radionic device, on biochemical changes in different diseases

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Summary:

This study included a number of cases which were presented in the study on survey of 2000 cases diagnosed and treated by MARS III radionic device in the first Bruce Copen congress in Fulda 2006.

My goal was to prove that MARS III radionic device had a role in treating many diseases. This role was not completed in many of them because I was not the only one who treated the case, but I was one of a number of physicians treated the case through a long period of time. In spite of this there were an improvement in the clinical, pathological and biochemical changes of the patients during the short period of using MARS III in treating these diseases. Also it gives us an idea about the effects of antibiotics, cortisone and cytotoxic drugs that interfere with energy therapy and obstruct, decrease or even reverse its effects.

Introduction:

The basis of the universe is data and intelligence (Foster 1997). Reyner in 1974 said that full understanding of the physical mechanisms would ultimately provide a cure for all ailments of the flesh. Every substance had specific oscillation information and every functional disorder and pathological phenomenon in the body is accompanied or caused by electromagnetic oscillations. Disease occurred through a disturbance of the electromagnetic field of the cell due to incorrect oscillations caused by toxins, chemicals and viruses. The biological systems had the property of storing electromagnetic oscillations and incorrect oscillations could also occur which stubbornly remain in the organism and led to incorrect regulation (Popp 1993). If the oscillations from the remedy had the same resonance of the pathological oscillations in the body it will deleted it (Brugemann 1993).

Homeopathic effects can be explained in that the substance – specific electromagnetic oscillations which originally came from the toxin and were still stored in the organism, were through the resonance coupling to the system in which the toxin was present at a substantially lower dose made capable of unloading these waves and thereby as it were rinsing out the disease (Popp 1993). All vital processes in the organism were influenced and controlled by electromagnetic oscillations which controlled all biochemical processes. The disturbance of biochemical sequences in biological system could be regarded as a disturbance to the order of electromagnetic oscillations in the body. The electromagnetic processes were

functionally superordinate to the biochemical processes (Ludwig 1993). The biochemical processes were controlled by biophysical processes (Brugemann 1993).

The electromagnetic oscillations regulated the growth of the cell and ensured the exchange of information mutually between the cells and evidently controlled the biochemical processes (Kohler 1993).

The aim of this study was to prove that energy therapy using MARS III radionic device has biochemical and clinical effects, which representing the basis for evaluation of the patients in western medicine.

Cases studies

Case 1:

A male patient 65 years old, was diagnosed by ultrasound on 9/6/2006, that he had small sized left kidney, bilateral mild nephrotic changes and enlarged prostate, with no signs of obstructive uropathy. His blood urea was 39 mg/dl (10 – 50) and his serum creatinine was 0.72 mg/dl (0.5 – 1.5).

On 24/4/2004 his blood urea was increased to 255 mg/dl and his serum creatinine was increased to 18 mg/dl. By ultrasound examination, he had right hydronephrosis with features of obstructive nephropathic changes and minimal parynchymal atrophic changes. Multiple small stones at the distal part of dilated right ureter, with multiple urinary bladder stones and features of chronic cystitis and enlarged prostate. Endoscopic destruction of the stones was done and renal dialysis started.

At that time MARS III diagnosis and therapy were done and my early diagnosis was that he had bacterial infection which could not be treated by continuous antibiotic therapy through the whole period of the disease.

Along one year I repeated his blood tests on MARS III and gave him the homeopathic remedies both by direct and by broadcast because he was at a distance of about 150 km.

After a year of dialysis 3 times per week he stopped by accident for about one month. His blood urea and serum creatinine were within normal limits, he refused to continue the dialysis, and continued on my therapy and up to writing his case after about one and half year he lived without dialysis and with normal kidney functions with 37 mg/dl blood urea and 0.9 mg/dl creatinine. For me it was a very abnormal case but surely MARS III had restored the normal kidney functions.

Case 2:

58 years old male, had recurrent kidney stones and was under medical treatment. During routine biochemical analysis he discovered increase of white blood cells count. Bone marrow aspiration biopsy showed that he had chronic lymphatic leukemia. MARS III diagnosis was done and the therapy was given both as homeopathic remedies and as teletherapy.

All the results during the follow up period of treatment were documented in the following table(1):

Date	W.B.Cs count (4 –11 thousand/cmm)	Platelets (150–250 thousand/cmm)	Lymphocytes % (20 – 45)%
11/10/2003	31.400	197	84
29/11/2003	21	133	76.7
3/1/2004	16.4 cortisone	149	76.2
6/3/2004	20	168	76.2
3/4/2004	55.3 M.A.R.S.III	197	75.2
8/5/2004	15.9	134	77.2
7/6/2004	12.1 normal	184	68.6
6/7/2004	14.4 antibiotics	162	73.0
9/8/2004	19.7	170	81.1
26/1/2005	16.7 endoxane	121	74.8
23/2/2005	25.6	186	80.6
23/3/2005	24.7	163	77.2
8/6/2005	21.6	152	85.6
19/7/2005	20.5	131	81.6
17/9/2005	24.8	103	99
17/1/2006	34.2	145	87
18/2/2006	28.2	123	92
18/3/2006	32.4	113	81.6
15/4/2006	31.3	169	74
13/5/2006	29.3	116	78.5
10/6/2006	31.3	108	99.6
1/7/2006	31.4	132	82.5
29/8/2006	39.52	140	82.8

From the table it was clear that in the first 3 months leucocytes count decreased from 31.400 to 16.400. At that time the patient had acute attack of rhinitis and diagnosed as allergic by his physician which gave him treatment including cortisone.

In the next test leucocytes elevated to 20 thousand/cmm and reached 55.3 after 3 months of cortisone therapy. When I was faced with that result I was obliged to stop cortisone which increased the leucocytes count and deteriorated the patient condition because I did not see the patient during that period. I tested the patient again with

MARS III device and gave him both remedies and teletherapy which reduced the leucocytes count down to 12.1 thousand/cmm (4 –11) in 4 months which explained the effect of energy medicine on the patient white blood cells count.

On 6/7/2004 he got an acute attack of tonsillitis and was given an antibiotic which led to elevated leucocytes count to 14.4, then to 19.7.

On 26.1.2005 his leucocytes count returned to 16.7 after stoppage of antibiotics.

When he visited his army physician for follow up and saw the fluctuations of up and down in the results he decided to give him endoxane and since that time fluctuations of the results increased and in the presence of endoxane, therapy by MARS III failed to reduce the leucocytes count towards the normal levels.

This case explained how cortisone therapy, antibiotics and endoxane interfere with energy therapy and blocked its effects on the body even antagonized it and at the same time showed the therapeutic effect of energy therapy if given alone and how it changed the results towards the normal levels.

Case 3:

A male patient 40 years old with liver adenocarcinoma and multiple bone metastasis, he was not started any chemo or radio therapy when he came to me because he did not decided to start it as his case was advanced case.

I used MARS III device for diagnosis and therapy, within about 2 months I had the following results (table 2):

Tests	18/3/2006	4/4/2006	27/4/2006
Alphafetoprotien (up to 7 IU/ml)	15.6	8.14	9.9
CA 19.9 (up to 33 u /ml)	82	20.7	43
CRP (up to 6 mg/l)	22	10	64

It was clear from the previous table that, after improving the results on 4/4/2006, it deteriorated again on 27/4/2006, because on 6/4/2006 he started chemo- and radio-therapy and I failed to control it after this, what was of importance for me from this case that therapy by MARS III device had a role in changing the biochemical results even in cancer patient.

Case 4:

A female patient 20 years old suffered from severe arthritis. By pendulum diagnosis she had mixed bacterial infections. She was under methotrexate, plequanil and hydrocortisone therapy.

By MARS III radioing device she was diagnosed and treated, her biochemical tests changed as follows(table 3):

Tests	1/8/2004	24/11/2004	8/5/2005	16/7/2005
C-Reactive protein (< 6 mg /l)	48	28	6	6
Rheumatoid factor (< 20 mg/l)	192	136	- ve	- ve
W.B.Cs (4 - 11 thousand/cmm)	28.2	12.8	9.5	6.3
Platelets (150 - 400 thousand/cmm)	475	270	240	242
Urine albumin in 24 hours (10 - 140 mg /24 hours)	299	214	138	96

She was advised to reduce the dose of methotrexate and cortisone after improving the results on 24/11/2004 gradually according to the improvements in pain and swellings which accompanied arthritis and the last results on 16/7 2005 were without taking medical treatment for one month.

In this case I allowed my self to discuss a critical point regarding microbiological causes in some rheumatic arthritis cases. In Bruce Copen catalogue it was found the known micro-organisms were about 780 micro-organism, and what really

investigated in the routine laboratory tests and cultures were not exceeding 100 micro-organisms, what about the other 680 types which were only diagnosed by bioresonance devices, this specific advantage of MARS III bioresonance device, helped us to diagnose and treat such cases.

Case 5:

A female patient 48 years old, married and had 3 children, 2 males and one female, since 1994 she complained of general body aches and arthritis of all joints, at that time 12/2/1994 her erythrocyte sedimentation rate in the first hour was 18 mm (1 – 7) and in the second hour was 53 mm (7 – 17). For about 10 years, she was examined by many physicians. On 3/1/1997 her ESR was 29 and 67 mm in the first and second hours. Through 10 years she had received the following drugs: hostacortin, plaqunil, methotrexate, endoxan, urbazone, after she was diagnosed as rheumatoid arthritis case.

On 2004 the main complaint was recurrent tonsillitis and pain in both flanks. By pendulum I diagnosed her that she had bacterial infection in both kidneys and tonsils in addition to stiffness of whole body and joints.

MARS III diagnosis and therapy was done, homeopathic medicines were given. Pain and stiffness improved for the first time, ESR became 9 mm and 18 mm, in the first and second hours, and for about 2 years her general condition was improved and also tolerated, except that she complained of arthritis and body ache from time to time especially after she stopped all her cytotoxic and cortisone drugs and used only analgesic – antirheumatic drugs.

Case 6:

A male patient, engineer, 50 years old, complained of continuous fever for 2 months not returning to its normal level in spite of recurrent different antibiotics therapy which were tried during that period. This was also accompanied by gradual decrease of hemoglobin from 13 g/dl (normal 13 – 18 g/dl) to 7.6 and erythrocyte sedimentation rate was 148 mm (0 –10) in the first hour and 152 mm (5 –20) in the second hour. According to these results his physician planned to start with him chemotherapy and preparing him for bone marrow transplantation.

On 22/7/2005 he visited me, I took from him blood sample and tested it by MARS III radioing device. My early diagnosis that, there was bacterial infection, in addition to severe internal organ energy disorder.

I prepared homeopathic remedies by the same device and at the same time I broadcasted him with the same therapy for 2 months.

On 30/9/2005 his hemoglobin increased to 11 g/dl, his erythrocyte sedimentation rate was 131 (0 – 10) in the first hour and 136 (5 – 20) in the second hour, with improvement of his general condition with no fever at all since the first week of treatment.

After another 2 months on 5/12/2005 his hemoglobin became 13.7 g/dl, and his erythrocyte sedimentation rate became 30 in the first hour and 44 in the second hour. I retested him again by MARS III device and gave him the homeopathic remedies for the third time for another two months and I did not see him again after being escaped from chemotherapy and bone marrow transplantation.

Case 7:

A female patient 47 years old, had hepatoma, liver cirrhosis, portal hypertension and splenomegally. She visited me on 18/2/2006 her red blood cells were 3.9 million / cm (4 – 5), her white cells were 2.9 thousands / cmm (4 – 11), platelets were 85 (150 – 450) and her alpha feto protiens were thousand IU / ml (N < 5.8).

On 11/3/2006 after about 3 weeks of taken the homeopathic remedies made by MARS III device, her red blood cells increase 4.16 million / cm, white blood cells became 3.7 thousand / ml , her platelets became 122 and her alpha fetoprotien became 584.2 IU / ml .

This explain that the therapy prepared by M.A.R.S.III device, had a very good effect in very short time and its biochemical and organic effects were very clear, which means that energy had organic and biochemical therapy effect.

Case 8:

A male patient 49 years old with liver cirrhosis, gall bladder stone sized 14 mm and splenectomy was done before. On 16/6/2006 his serum bilirubin was 3.11 mg/dl.

Diagnosis and therapy were done by MARS III radionic device. Homeopathic remedies were prepared for him and sent for him also by broadcasting.

On 29/6/2006 his serum bilirubin decreased to 2.7 mg/dl, then to 1.7 mg/dl on 26/7/2006 and to 1.3 mg/dl on 20/8/2006. The normal range was between (0.1 – 1.2) mg /dl. Also his gall bladder stone decreased to 11 mm in size.

I retested him by M.A.R.S.III device and gave him therapy both by remedies and by broadcasting for 30 min every 6 hours, and I did not saw him again. This case showed the effect of energy therapy on the level of serum bilirubin and the size of gall bladder stone in very short time, about 2 months, which is promising for the future of M.A.R.S.III device after wide scale researches, and explained how the patient neglected the follow up of the therapy plan once his symptoms improved.

Case 9:

Female patient 40 years old, lost 15 kg of her body weight in two months follow severe attack of influenza. Her physician diagnosed her hyperthyroidism after he found that there was an increase in both thyroid hormones T3 and T4 on 30/11/2004:

T3	263 ug/dl	(N 81 – 191)
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T4	18.7 ug/dl	(N 4.5 – 12.5)
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She had given neomercazol 2 tablets 3 times daily and inderal, with no effect on T3 and T4 for 3 months. Pendulum diagnosis proved presence of bacteria. Diagnosis was made by M.A.R.S.III device and therapy was given by prepared medicines and bybroadcast.

On 9/1/2005 :

T3	205 ug/dl
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T4	15.7 ug/dl
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New therapy both by homeopathy medicines and by broadcast was given for another 2 months with gradual reduction of neomercazol and inderal.

On 20/3/2006 :

T3 142 ug/dl
T4 6.2 ug/dl

The last result was after stoppage of neomercazol for 10 days. Follow for another 4 months. She was in good health and her body weight increased 10 kg and her thyroid functions maintained normal.

Case 10:

54 years old male with mild enlarged liver and multiple left hepatic lobe focal lesions, thrombosis of main portal vein and left main division and left lung basal consolidation. The diagnosis was hepato cellular carcinoma grade II.

On 16/4/2006 :

Alpha feto protein 1118.00 ng/ml normal up to 10.9
SGOT 105 u/l normal (0 – 37)
SGPT 101 u/l normal (0 – 40)

On 1/ 5/ 2006 :

A.F.P. 776.8 ng/ml
SGOT 84 u/l
SGPT 72 u/l

From this case, it was found that alpha feto protein was reduced from 1118.00 to 776.8 in about two weeks under therapy by M.A.R.S.III radionic device and also there were improvement in SGOT and SGPT within this short period.

In most cases I was not the only one who share in treating the case, and this is the main problem which facing the natural therapies now, either from the patient side, because he want to be treated, but he could not neglect the other advices of other doctors and in this case he tried to get benefits from both types of therapies and so I could not follow the case for the end alone.

Case 11:

A male patient 54 years old, has virus – c hepatitis with diffuse liver pathology. He was under chemical medical treatment for 3 years and in the last few months he lost about 12.5 kg from his body weight which was 67 kg and when he visited me, he was 54.5 kg on 23/5/2006.

MARS III radionic diagnosis and therapy were done for him for 2 months and repeated for another 2 months, and the new biochemical results were correlated with the old results and was presented in the following table(table 4) :

Test	Results	
	23/5/2006	3/9/2006
ESR:		
1 st hour(5 – 7 mm)	34	15
2 nd hour(7- 15 mm)	60	35
Blood sugar:		
Fasting (70 – 110)mg/dl	200	114
Postprandial (80- 130 mg/dl)	285	153
SGOT (0 – 37 u/l)	46	13
SGPT (0 – 40 u/l)	70	17

I can concluded that radionic therapy by MARS III device in the form of homeopathic medicine as charged water bottles or sugar tablets improved the biochemical tests as erythrocyte sedimentation rate, blood sugar and liver enzymes , after 3 months of therapy and after failure of medical chemical treatment for 3 years. But the most important observation in this case was that it is not my own case, but I was the last one and may not be the last to diagnose and treat it. Because after more than 3 years of follow up with other western medicine practitioners, I only shared 4 months of the whole history of the disease and this was the problem which was facing me in most cases which came for me for help by natural therapy methods by means of MARS III. In my previous survey study on 2000 cases diagnosed and treated by MARS III device it was difficult to do statistical analysis for many diseases because I shared in its diagnosis and treatment during a localized period of time through the case history which was not enough for clinical evaluation, but I could say that when these patients were treated by MARS III within a localized period of time, good results were achieved which encouraged every practitioner not to refuse such cases and at the same time it widen the scope of MARS III device in different diseases .

Case 12:

Two years old child had recurrent attacks of acute tonsillitis since the 6th month old which was complicated with chronic asthmatic bronchitis. He was diagnosed as a rheumatic fever case due to increase of both erythrocyte sedimentation rate and c-reactive protein in spite of negative rheumatoid factor and had given many types of antibiotics and cortisone therapy and started on long acting penicillin every month at one year old . His father was afraid in the last few months of recurrent fever after one to two days after stopping of antibiotic therapy and of his asthma with its cortisone therapy. I tested him with pendulum for presence of bacteria, virus, parasite or fungus infection and I found bacterial infection. Then I made diagnosis using MARS III radionic device and I gave therapy in form of remedies made by the same device together with teletherapy. Within one week the general condition of the child was stabilized; no fever, dyspnea or cough, then he stopped antibiotics and cortisone. After two months all his blood tests improved, his appetite improved and his father was satisfied by the results and was surprised because the pediatriation told him that the long acting penicillin must continued until 21 years old, and no other substitution for cortisone . Also the pediatriation was surprised how erythrocyte sedimentation rate returned to near normal in two months and this is rarely occur by drugs. The results presented in the following table (5) :

Tests	8/12/2006	27/2/2007
ESR 1st h	20mm (3 – 5)	7 mm
2nd h	47mm (7 – 15)	16 mm
CRP	24 mg/dl (< 6)	– ve
ASOT	– ve	– ve
R.F	– ve	– ve

Case 13:

A male patient 60 years old, had renal disease for 3 years with increased serum creatinine to 2.3 with no return to normal by any medical treatment. At the start of this year 2007 he deteriorated suddenly and was diagnosed as having chronic pyelonephritis, depending on the increase of serum creatinine to 6.5. The MRA showed attenuated caliber of both renal arteries with no segmental stenosis or other vascular malformations and Renal CFDI showed relatively decreased vascular flow inside both kidneys arteries with bilateral non-obstructive parenchymal disease grade II. The 24 hour proteins in urine was 4390 mg in 24 hours urine volume of 3600 ml .In urine analysis pus cells was 20—25 , red blood cells was 50—55 , with granular and hayaline casts. Culture showed gram negative bacilli.

This patient was prepared for dialysis three times per week. On 31/1/2007 he visited me asking my help hoping not to start dialysis. I tested him by MARS III radionic device and gave him therapy both by remedies and by teletherapy. Improvement recorded in the following table (6):

Date	Serum creatinine (0.5 – 1.5)mg/dl	Proteins in 24h urine (10–140) mg/24	Urine volume in 24h (600 – 1600)ml	Urine analysis
17/1/2007	6.5	4390	3600 ml	Protein: ++ Pus cells: 20 – 25 RBCs: 50 – 55 Casts: granular & hyaline
30/1/2007	5			Protein: ++ Pus cells: 8 – 6 RBCs: 2 – 4 Casts: No
8/2/2007	4.4			Protein: ++ Pus cells: 50 – 60 RBCs: 4 – 6 Casts: hyaline
13/2/2007	3.8	3360	3750	Protein: ++ Pus cells: 8 – 10 RBCs: 7 – 9 Casts: hyaline & granular
28/2/2007	3.6	277	3100	Protein: ++ Pus cells: 6--8 RBCs: 4--6 Casts: no

From the table it was clear that there was decrease in serum creatinine from 6.5 mg/dl to 3.6 and 24 hour proteins in urine from 4390 mg to 277 mg in about 40 days. . Urine analysis showed pus cells 6 – 8, red blood cells 4 – 6. This case is still under homeopathic and teletherapy treatment but I found that its important during preparing this study to mention these data about it to show how energy therapy can change the biochemical parameters of a disease like chronic pyelonephritis and

change the future of the patient which escaped from dialysis for the rest of his life. I had before a female patient like this patient with increased serum creatinine to 7.2 followed cholecystectomy operation. This patient was 65 years old and had a very bad general condition which may be affected more by dialysis. I had treated her with homeopathy and acupuncture and serum creatinine level was maintained around 3 for 10 years with fluctuations up and down, but she escaped dialysis until she died naturally at 75 years old.

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