

White Paper XVII

On the Importance of a Coherent Radiation Delivery System for Homeopathic Remedies

by

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Introduction

The key part of this White Paper came from some very important experimental findings in Steven Tonsager's practice and he has allowed me to help share it with the world via this medium, as well as another⁽¹⁾.

Case I: Helen, an elderly woman with acute shingles pain of the upper arm (an axillary region) for about 3 years presented herself for treatment. Field Control Therapy (FCT)⁽²⁾ identified the problem as Herpes Zoster. S.T. would normally have treated her with homeopathic remedies made in his homeopathic potentizer administered in the usual fashion. Instead, he prepared a high potency remedy (10MM) in a thin glass vial which he placed over the shin of the affected area. Next, he took one of his cold lasers (635 nm, 5 mw)⁽³⁾ and programmed the laser for common nerve and muscle modulation frequencies (9 and 16 mHz), directing it to the affected skin area through the thin glass vial. In less than 5 seconds, Helen felt a soothing warmth in the affected area and, in 3 minutes (normal exposure time), the pain was completely gone. Mild pain returned in 6 days and one more duplex treatment was given. Simply lasering directly into the tissues without first passing through the homeopathic remedy does not appear to be strongly therapeutic.

Case II: Daulton, a 14 year-old boy, was a baseball pitcher with a history of shoulder troubles. S.T. noted that his entire body was very stiff. He could only bend

over and touch his fingers to slightly below the mid-shin area. The boy said that he has been that way all his life no matter how much school PT or stretching exercises he did. Via FCT, S.T. determined that the boy had tetanus so his treatment consisted of lasering (same light wavelength and modulation frequencies as Helen) through a high potency vial of tetanus (10MM) to his atlas plus to a few other acupuncture points on DU meridian⁽⁴⁾. Less than 5 minutes later, and much to both Daulton's and his father's surprise, Daulton was able to bend over and touch his fingers to the floor. The identical treatment was applied to the boy's shoulder and the sore shoulder problem completely disappeared.

In both cases, the lasering was for a duration of only 3 minutes. From this very small case study, our working hypothesis is that (1) information entanglement between an effective homeopathic remedy and a coherent electromagnetic (EM) carrier wave in the optical range of 635 nm is a very fast-acting medical therapeutic treatment for humans (and probably all vertebrates) and (2) either the EM-emission spectrum of the allopathic chemical involved or its thermodynamic equilibrium homeopathic counterpart are capable of superposing with the coherent laser EM carrier wave or its homeopathic counterpart. More detailed studies of this duplex modality merit serious attention by others!

Let us try to understand why this might be happening. In White Paper I(5), both the uncoupled state of physical reality (our electric charge-based atom/molecule world with U(1) electromagnetic (EM) Gauge symmetry state mathematics and behavior (see pages 11 to 14 of White Paper VII⁽⁶⁾) and the coupled state of physical reality (our combined electric charge-based substance plus magnetic charge-based substance with SU(2) EM Gauge symmetry state⁽⁶⁾) was discussed. Our psychoenergetic science strongly suggest that, although the coarsest layer of the human body is comprised of U(1) Gauge electric charge-based materials where everything is constrained to travel at subliminal ($v < c$) speeds, the uncoupled magnetic charge-based materials are constrained to travel at superluminal velocities ($v > c$) so that they cannot interact with each other via relativistic mechanics. However, through the use of a higher dimensional "coupler" medium (deltrons), these two uniquely different kinds of substance can begin to interact without violating distance/time relativity theory. This is labeled the coupled state of physical reality and our experiments with DC magnetic field polarity effects have indicated that the human acupuncture meridian system is at the coupled state of physical reality.

From our last dozen years of experimentation, we have observed/postulated the following:

1. Our four initial intention experiments⁽⁷⁻⁹⁾ indicated that such intentions act on the magnetic charge-based level of nature (functioning in the physical vacuum) to change the properties of materials and **not** on the electric charge-based materials,

2. when the coupled state of physical reality is present in an experimental space, our various experimental observations exhibited both coherence-like and magnetic behaviors⁽¹⁰⁾,
3. we have expanded the theoretical reference frame (RF) for viewing nature's many phenomena to a duplex RF consisting of reciprocal subspaces, one of which is distance-time (D-space) for the subliminal electric charge-based substance while the other is a frequency domain (R-space) for the superluminal magnetic charge-based substance and
4. our working hypothesis is that (a) the human unconscious, (b) the human acupuncture-meridian system and (c) homeopathy all function in the R-space aspect of the human body.

Before bringing the items of the previous paragraph to bear on S.T.'s Case I and Case II experimental data, let me first remind the reader of WAT's "silver colloid metaphor" ⁽¹¹⁾.

Begin by considering what this author calls his "silver colloid" metaphor because it delineates three different kinds of medicine.

If one takes a beaker of water with some bacteria in it and then shakes some silver (Ag) colloid particles into the water, we all know that the bacteria will probably be killed via the bactericidal action of the Ag particles. The general conclusion drawn from this observation is that the physical contact between Ag and the bacterium is a necessary condition for killing of bacteria. This, in turn, has led to the assumption that pharmaceuticals do their work in the human body via contact-types of chemical reactions and this has led to what is labeled as today's **chemical medicine**.

What most people do not know is that, if one takes a fluorescent tube held horizontal and places silver colloid particles in it and then focuses the output light from the ignited tube onto the beaker of water containing bacteria, one also kills the bacteria. Such an experiment shows that it is not the physical contact between Ag and the bacterium that is necessary for the killing process to occur. Rather, it is one or more different types of photons from the electromagnetic (EM) emission spectrum of Ag, that entangle with the EM carrier wave from the fluorescent tube and are transported to the beaker of water that are the actual killing mechanism involved in the demise of the bacteria. Pursuing this line of research will inevitably lead to tomorrow's **EM medicine**.

Over the past few years, this author and his colleagues have shown that one can imbed a specific intention, from a deep meditative state, into a simple electronic device and have that device, in turn, "condition" a laboratory space wherein the proper experiment is running to test the efficacy of this intention procedure. This procedure has been successful with four uniquely different target experiments: (1) increase the pH of highly purified water by one pH unit, (2) decrease the pH of the same type of water by one pH unit, (3) increase the in vitro

thermodynamic activity of the liver enzyme alkaline phosphatase (ALP) by $\sim 25\%$ at $p < 0.001$ and (4) increase the in vivo [ATP]/[ADP] ratio in the cells of fruit fly larvae by $\sim 15\%$ at $p < 0.001$ to make them more physically fit and significantly reduce the larval development time to the adult fly stage. Replication of the first of these target experiments at 10 other laboratories in the US and Europe shows that this is a viable procedure that will ultimately lead to the day-after-tomorrow's **information medicine**. By this labeling, I am proposing that it will come into common practice and usage.

In all three categories of medicine mentioned, one must not forget that human consciousness is involved both from the medical practitioner's end and the patient's end. Thus, in practice, they all fall in the general category of psychophysiological medicine where one can expect that both unconscious and conscious expectations of either or both practitioner and/or patient can significantly influence the outcome of the treatment modality.

Today's cold-laser therapy is an example of a combined **EM / information medicine** where one, in principle, delivers periodic bursts of EM or higher dimensional information on an EM carrier wave. The lower is the frequency of the carrier wave, the deeper does it penetrate into the body. The length of a burst, the spacing between bursts and the frequency of the EM waves within the bursts all contribute to the time rate of flow of information into the body. Considering today's homeopathic medicine in this list of medicine types, it probably belongs in the **information medicine** category even though it has been practiced for ~ 200 years.

Unfortunately, the viability of homeopathic medicine as a medical treatment modality produces a serious "boggle effect" in the minds of both chemists and allopathic medicine practitioners. Their mind-boggling question is "How can there possibly be a chemical reactivity effect when the aqueous solution concentration of the treatment molecule is less than (Avogadro's number)⁻¹?" However, based on standard thermodynamics, it shouldn't be mind-boggling. We explore the whys and wherefores of this in the next section.

A Brief Reminder About Some Aspects of Chemistry

All processes in nature appear to be driven by differences in thermodynamic free energy functions that involve energy (enthalpy), entropy and temperature. For chemical reactions between multiple species, we generally know the free energy change, ΔG_0 , defining the reaction at thermodynamic equilibrium. As such, it is always given by a relationship between the natural logarithms of the various equilibrium chemical activities, a_j^e , for the j 'th species (see Equation I-2a of Appendix I). The actual thermodynamic driving force for change, ΔG , is given in terms of ΔG_0 and the same logarithm relationship between the **actual** chemical activities. However, for our interests, it is the definition of a_j that is important; i.e.,

$$\mathbf{a}_j = \gamma_j \mathbf{c}_j \quad (1a)$$

and

$$\ln \mathbf{a}_j = \ln \gamma_j + \ln \mathbf{c}_j \quad (1b)$$

Here, \mathbf{c}_j = the concentration of j-species in the solvent, γ_j = the thermodynamic activity coefficient of the j-species and \ln is the natural logarithm. As such, γ_j **relates to the sum of all the environmental effects stored in the solvent that act on this j-type of molecule.** Such environmental effects could be electric field, \mathbf{E} , and magnetic field, \mathbf{H} , effects or a wide variety of anomalous chemical potential effects. In most chemical texts, it is assumed that, as the chemical concentration of j goes to very small values, the solution becomes an ideal solution so $\gamma_j \rightarrow 1$. However, this need not be so when special environmental thermodynamic effects have been mathematically convoluted into a modified activity coefficient, $\hat{\gamma}_j$, (see Appendix I, Equations I- 4).

Homeopathic Remedy Preparation

In homeopathic remedy preparation, one does two things, (1) one sequentially dilutes the solution of j-species; i.e., reduces c_j and (2) one, simultaneously, sequentially succusses the solution; i.e., one alters γ_j via the succussion process and, because a specific intention underlies this process, the infrastructure stored in the solvent can increase significantly. Thus, instead of Equation I-1 in Appendix I, we have



and

$$a_j \rightarrow a'_j \quad (2b)$$

where c_j is reduced to c'_j by dilution while water goes to water^* by succussion and dilution. The most compelling message to note from Equations 2 is that, even when c_j drops below one j-molecule per cc via dilution, γ_j can increase significantly via intention-directed succussion. Thus, from Equation 1b, $\ln a_j$ can increase significantly even when $\ln c_j$ is negative. Both chemists and allopathic medical practitioners tend to focus their attention on the $\ln c_j$ term and generally neglect the environmental information storage latent in the $\ln \gamma_j$ term and yet a standard thermodynamic treatment says it can become the dominant term as dilution continues.

We are all familiar with the technology of audio and video EM information caused to entangle with EM carrier waves so that this information can be effectively transported via D-space to our home receivers/converters back to perceivable video pictures with sound

accompaniment. Likewise with the fluorescent tube/silver electrodes example of the previous paragraph, the silver EM spectral photons entangle with the tube's EM carrier wave to be delivered to the bacteria containing water glass. Metaphorically, at a higher dimensional level, the intention host device (IHD) is thought to generate ME (magnetolectric) carrier waves as R-space carrier waves that entangle mental and emotional information associated with the specific intention and deliver it to a specific target in D-space. The ME carrier waves appear to be significantly more coherent than normal EM carrier waves so that less "noise" is expected to be generated in the information signal.

Likewise, when one uses a coherent EM carrier as in Tonsager's Case I and Case II events, much less "noise" is delivered to the target. Since homeopathic information is presumed to be inherently an R-space information, entangling it with a coherent EM carrier should add, and does appear to add, great therapeutic efficacy to the healing process. It would be interesting to compare healing results with an incoherent EM carrier vs. a coherent EM carrier, both with the same homeopathic remedy and both at the same power and wavelength level.

These considerations appear to open a new doorway for serious medical opportunities.

References

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