

Considerations about the influence of colloidal solutions on human energy informational field. Part II: Testing with GDV Compact Camera

Medical physics, biophysics and bioengineering

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Abstract— The study conducted on a lot of 3 people aimed to highlight the effects upon the human body of a dose of electro colloidal silver (ECS) within more than 5 hours after ingestion by repeated measurements with a GDV (Gas Discharge Visualization) Camera. The results were processed and rendered graphically to allow verify the empirical hypotheses about these effects and draw some preliminary conclusions. The GDV method is non-invasive, as it consists of electromagnetic field stimulation and the photography of electro photonic brightness produced by stimulation around the 10 fingers, followed by the processing with dedicated software. This human energy field reacts much faster to stimuli than the physical body, i.e. physical stimuli acting upon the body are reflected more quickly in ideal condition bio-energo-informational field research by using the GDV. The study was an attempt to demonstrate that colloidal silver is more than a mere antiseptic solution.

Keywords— GDV camera, electro colloidal silver, bioenergy field, chakras.

I. INTRODUCTION

Bio-energy field measured by the GDV method shows the distribution model of the photon around the body. The field of a healthy active person is dense, uniform, with small changes of colour from blue to orange and yellow. Colour mixing, holes and bursts are indicators of a disorderly energy field distribution. They indicate the level of mental, functional and organic disorder. The right projection characterizes the logical cerebral hemisphere, whereas the left one characterises the intuitive hemisphere. [1]

Left hand diagram can be associated with the mental and physical condition diagram with the right hand. [1]

The stress level is based on the comparison of the measurement results while using a polymer filter (physical condition) and without using a filter (mental state).

By studying stress index, we can estimate the character of the individual's interaction with the environment. Any psycho-emotional tension that causes these activations can be interpreted as stress.

II. MEASUREMENTS USING GDV COMPACT CAMERA

Objective measurements consisted of observing and interpreting changes in the fluorescence patterns of human energy informational matrix under the influence of the ingestion of a colloidal silver solution by measuring the changes in the parameters that can be measured with the GDV Camera (frontal area, F_c -frontal, stress index, J_s average, average RMS, average entropy, value and asymmetry of the chakras).

A. Tests protocol

The established protocol followed those recommended by Dr Korotkov [1], and answered to two mean conditions:

- All the consecutive GDV-gram images of the same patient should be taken at the same time, by the same operator, in the same room with constant temperature, moisture content and air quality.

- The measurements will be made before taking any medication, or at least three hours after any ingested food.

In this experiment the changes occurring in the following parameters were analysed [1], p.273-275]:

- *frontal area* - scale 0-16210 pixels on the PC screen – Joules/cm²;

- *frontal FC* - (scale 0 to 63.2);

- *Stress Index* (T) - (scale from 0.3 to 7.37);

- *average Js* - (normal values -0.6/ +1.0) (the person's health index);

- *Average RMS* (root mean square) - standard deviation of intensity, is a statistical measure with positive values;

- *average entropy* - scale (0-4). Global entropy indicates the full operating status of the cells, organs and the human body - normal entropy characterizes the active progress of all reactions, growing entropy indicates the existence of new process initiated by cells and organs activity and, the decrease in entropy marks the inhibition of all catabolism and anabolism reactions.

-*value of the chakras* - the average of the whole GDV area of right and left hand;

-*asymmetry of the chakras* - deviation of the positions of the chakras from the vertical axis.

On 9/9/12 a GDV camera measurement session was made to verify some empirical hypotheses and determine the organization of some future measurement sessions to be performed on a group of at least 30 persons (a statistically representative number). During this meeting seven sets of measurements were made and repeated on a number of three persons at time intervals, distributed as follows:

- 1) t_0 (control measurement) - before the ECS ingestion;
- 2) t_1 - immediately after ingestion that will be further called "the procedure" herein below (a 5-minute interval);
- 3) t_2 - 30 minutes after t_1 ;
- 4) t_3 - 60 minutes after t_1 ;
- 5) t_4 - 120 minutes after t_1 ;
- 6) t_5 - 240 minutes after t_1 ;
- 7) t_6 - 300 minutes after t_1 .

B. Target group

The aim was to determine the body response curve, by analysing the parameters derived from the measurements.

Group 3 consisted of 2 female subjects 56 aged (subject 1) and, respectively, 58 (subject 3), and a male subject, 37 aged (subject 2). Subject 3 practiced meditation for many years (more than 10) which is why she was selected in the group.

III. RESULTS AND DISCUSSIONS

Based on the GDV Compact Camera software the results of seven sets of measurements were obtained, each set being done for all the 10 fingers, in two versions, namely a version in which a filter was used (to determine physical parameters) and another one where no filter was used to determine psychological and emotional parameters. The Parameters measured using a filter (the sympathetic system) may differ from those measured without a filter (the parasympathetic system).

The following parameters were determined: the average area, the average FC, the stress index, the average JS, the average RMS, the average entropy, the symmetry, asymmetry and value of the 7 chakras. These measurements were processed and were obtained the graphs in Figures 1 – 6:

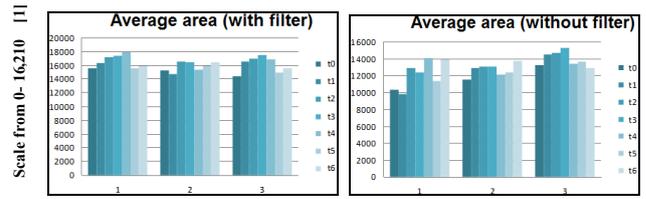


Fig. 1. Average area with and without filter.

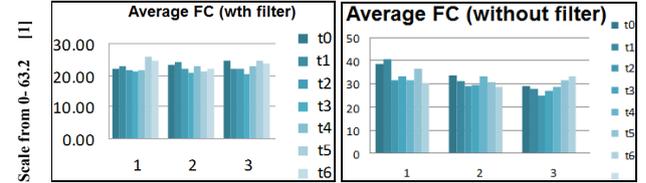


Fig. 2. Average FC with and without filter.

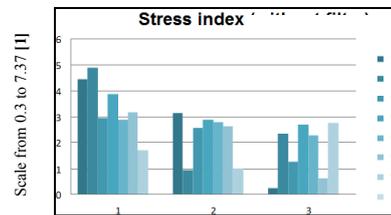


Fig. 3. Stress Index (the same for measurement with or without filter).

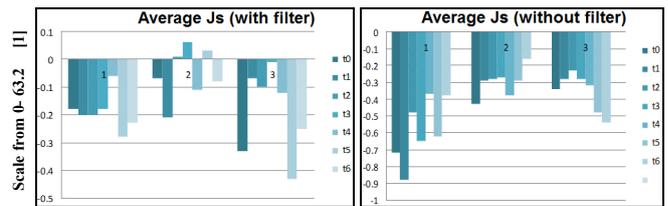


Fig. 4. Average JS with and without filter.

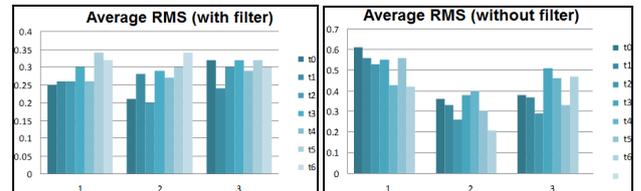


Fig. 5. Average RMS filter and without filter.

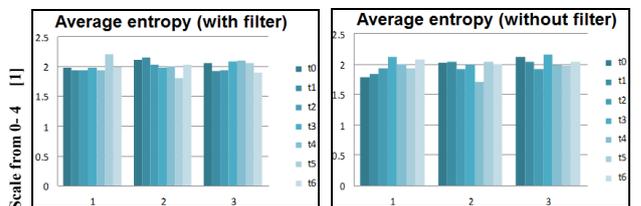


Fig. 6. Average entropy with and without filter.

Parameters obtained with regard to the value of the chakras and their asymmetry are shown in the graphs in Figures 7, and 8.

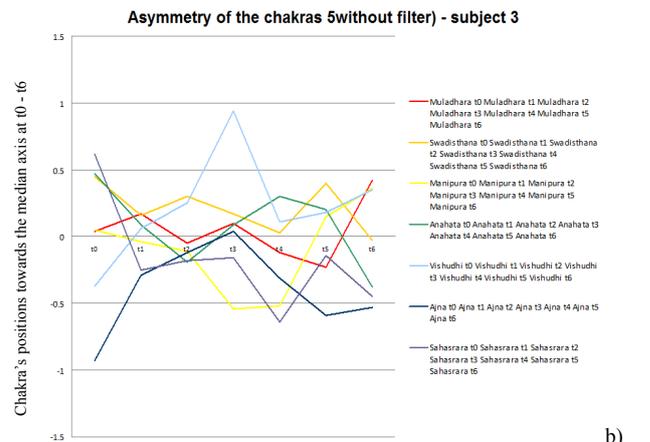
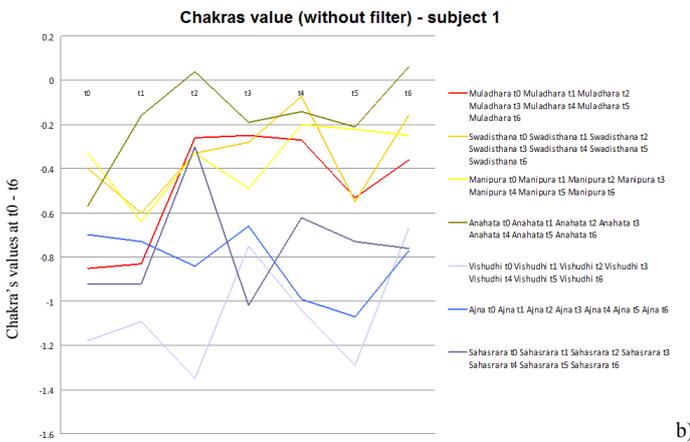
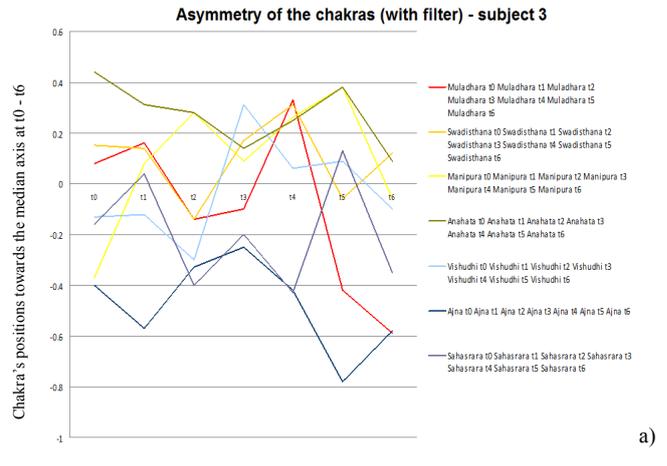
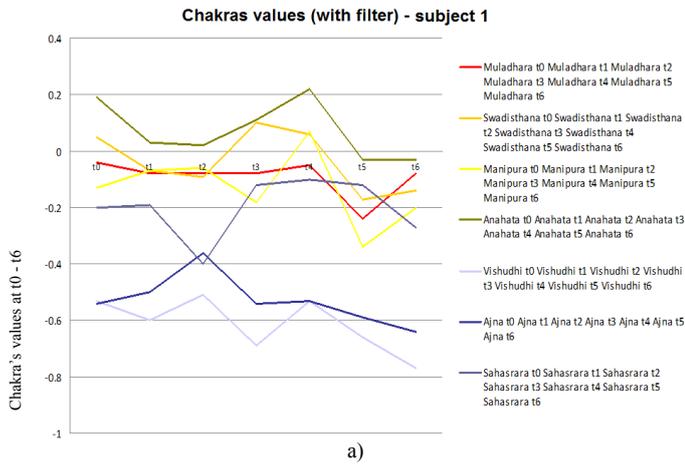


Fig. 7. Subject 1 measured chakras: with (a) and without filter (b).

Fig. 8. Subject 3 measured chakras asymmetry for different times: with (a) and without filter (b).

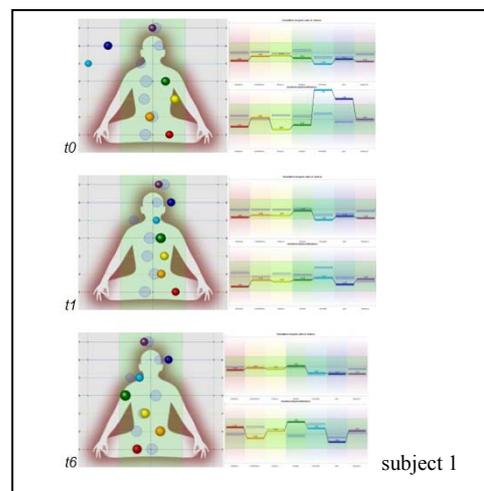
For subject 1, the amplitude of the chakra values seemed to be the highest at the t_2 interval, 30 min after the procedure, then it dropped at the t_3 interval, which led to the selection of these two intervals for the next measurement session.

Figure 8 depicts the chakra's asymmetry measured without a filter at 7 different times (subject 3).

It is visible that at first measurements made after the (t_1) procedure there is a significant drop in ALL seven chakras, which demonstrates that the procedure caused a rapid approach of their position to the central axis. In the view of Indian medicine, chakra alignment is much desirable, as they operate better when positioned closer to the axis.

The second important moment is t_3 , when large amplitude of the asymmetry of the Vishudhi and Swadisthana chakras can be noticed, whereas all the other five chakras are closer to the centreline.

In figure 9, chakras charts of the 3 subjects, obtained after measurement of control - t_0 , measurement t_1 (3-5 min after the procedure), and t_6 (5 hours after the procedure), are presented). It is to note that subject 3, chakras are virtually aligned almost in ideal position at t_1 .



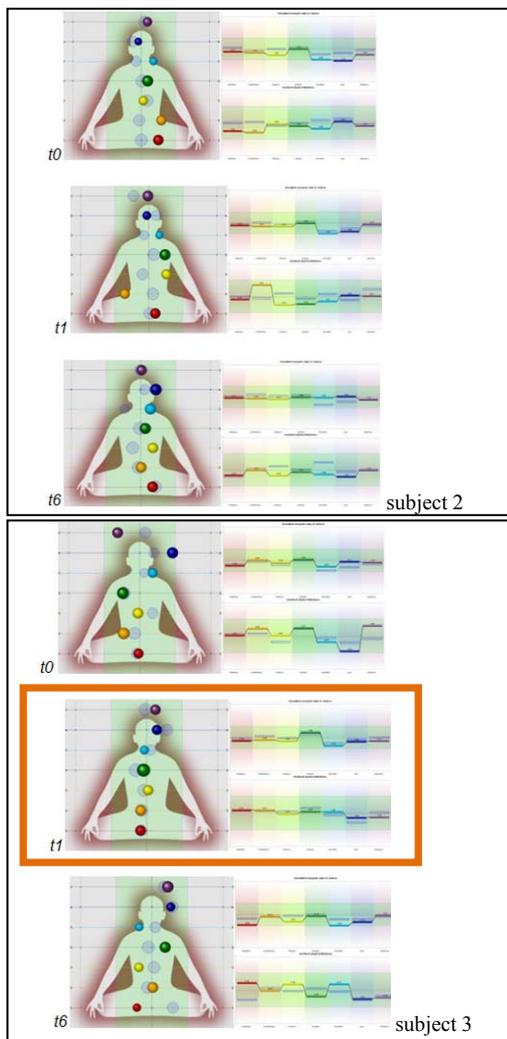


Fig. 9. Chakra charts asymmetry of the 3 subjects, obtained after t_0 , t_1 (3-5 min after the procedure), and t_6 (5 hours after the procedure).

From graphs analysis many observations and hypotheses that can be drawn:

- parameters measured at t_1 , a few minutes after the procedure (within 5 minutes) show that it has immediate influence on the human body;

- the average area parameter increased steadily during the 7 measurements in all three subjects, indicating that the energy informational field increased;

- there are significant differences between the three subjects, especially in what the stress index parameter is concerned. In the two subjects who did not practice any form of meditation, the stress index dropped steeply after the procedure, whereas in the third subject, this parameter, whose value was initially very low, i.e. of 0.2, increased. (Therefore, we may formulate the hypothesis that the stress index in persons who practice meditation is lowered by mental control processes that lead to a state of balance, and extra energy input takes the body out of the self-imposed state of balance. If people don't practice mental methods of meditation the energy system takes over and redistributes the extra energy due to the ECS ingestion, thus leading to a decrease of the stress index);

- Between the t_3 and t_4 measurements there was a 2-hour interval, during which the subjects dined, which was contrary to Dr. Korotkov's protocol, and which should be avoided in the next measurement session.

IV. CONCLUSION

These conclusions based on empiric observation will be verified through parameters measured with GDV Camera.

- 1) ECS ingestion produces a rapid modification in parameters.

- 2) ECS effect decreases in time, and GDV's parameters will reflect that.

- 3) The ECS effect beyond people practicing meditation is different from ordinary folk.

- 4) The changes occurring in all the parameters at the t_1 time, measured with and without a filter, show, first of all, that the procedure produces effects upon the energy body, and that said effects become manifest in a very short amount of time, which confirms the initial empirical hypothesis. The parameter least influenced is entropy.

- 5) The observed effect was stronger upon subject 3, who practiced meditation. Fig 14, s3, t1 shows that chakras were virtually aligned along the median line, reaching close to the ideal position.

- 6) The GDV results showed that the measured parameters evolve differently for each subject. At t_6 , the average area had a greater value than the t_0 (standard) measurement made for all 3 subjects, but the stress index had a lower value than the t_0 only for the 2 non-meditating subjects.

- 7) The effect ECS fade in time. At the end of the 5 hours of measurements of the asymmetry of chakras, for 7 of them chakras tends to approach baseline t_0 at time t_6 .

- 8) As a future research path the following are recommended: the measurements intervals should be as follows: t_1 (immediately after the procedure), t_2 -30 min after t_1 , t_3 -90 min after the procedure. This way will be have attained comparable results to those that were gathered in this series of measurements, but without the excessive duration of the measurement session conducted with the GDV camera. Measurements should be done over a larger group of subjects, a statistically significant one.

REFERENCES

- [1] S. Poli, V. Barbaro, P. Bartolini, G. Calcagnini, F. Censi, "Prediction of atrial fibrillation from surface ECG: review of methods and algorithms", *Ann I-st Super Sanità*, **39**(2), pp.195-203, 2003.
- [2] A. Bollmann, D. Husser, L. Mainardi, *et al.*, "Analysis of surface electrocardiograms in atrial fibrillation: techniques, research, and clinical applications", *Europace*, **8**, pp. 911-926, 2006.
- [3] F. Chiarugi, "New developments in the automatic analysis of the surface ECG: the case of atrial fibrillation", *Hellenic Journal of Cardiology*, **49**, pp. 207-221, 2008.
- [4] L. Sörnmo, M. Stridh, D. Husser, A. Bollmann, S. Bertil Ollsen, "Analysis of atrial fibrillation: from electrocardiogram signal processing to clinical management", *Philosophical Trans. of the Royal Society, A*, 367, pp. 235-253, 2009.
- [5] G.B. Moody, *et al.*, "Predicting the onset of paroxysmal atrial fibrillation: the Computers in Cardiology Challenge 2001", *Computers in Cardiology*, **28**, pp. 113-116, 2001.
- [6] P. de Chazal, C. Heneghan, "Automated assessment of atrial fibrillation", *Computers in Cardiology*, **28**, pp. 117-120, 2001.